MDwise Formulary Introduction – Healthy Indiana Plan Plus (HIP Plus)

HIP members must use MDwise network pharmacies to access their prescription drug benefit.

How do I use the formulary?

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

Medical Condition

Drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Disease". Then look under the category name for your drug.

Alphabetical Listing

The Index provides an alphabetical list of all of the drugs included in this formulary. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list. The formulary provides coverage information about drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index.

All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the Index, either by generic or proprietary name or by therapeutic drug category. In situations where an FDA-approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand name, unless specifically noted. All drugs are listed in each category in alphabetical order by generic name. Where an FDA-approved generic is available for the listed generic name, the generic name is bolded.

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A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA), which assures that the following conditions are met.

- The generic drug must contain the same active ingredients, be the same strength, and the same dosage form as the brand name drug.
- The FDA has given an "A" rating compared to the brand name drug and thus the generic drug is determined to be therapeutically bioequivalent.
- When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product.

Additional Requirements

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** MDwise requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the pharmacy benefits manager (MedImpact) before you fill your prescription. If you don't get approval, the drug may not be covered. Drugs that are subject to a prior authorization will have a "PA" symbol next to the drug. Physicians and Pharmacies call (844) 336-2677 or FAX: (858) 790-7100.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that is covered. Drugs that are subject to a quantity limit will have a "QL" symbol next to the drug.
- **Refill Limitations:** Prescriptions may be refilled when 75% or more of the days' supply has been used.
- **Step Therapy:** In some cases, the plan requires you to first try certain drugs to treat your medical condition before it will cover another drug for that condition. 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 for you, we will then cover Drug B. Drugs that are subject to Step Therapy will have a "ST" symbol next to the drug.
- **Age Limit:** In some cases, drugs are only available to a member in a select age category. Drugs that are subject to an Age Limit will have an "AGE" symbol next to the drug.
- **Gender Limit:** Some drugs are only available to members of a certain gender. Drugs that are available to only a certain gender will have a "G" symbol next to the drug.

You can find out if your drug has any additional requirements or limits by looking in the formulary starting on the next page.

If you have any additional questions, please visit our website at mdwise.org or contact the customer service center at (844) 336-2677.

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
All Day Allergy-D	Tier 1	
Allergy and Congestion Relief	Tier 1	
Allergy Complete-D	Tier 1	
Allergy Relief D12	Tier 1	
Allergy Relief D-24hr	Tier 1	
Allergy Relief,Nasal Decongest	Tier 1	
Allergy Relief-D (cetirizine)	Tier 1	
Allergy-Congest Relief-D(fexo)	Tier 1	
cetirizine-pseudoephedrine	Tier 1	
Clarinex-D 12 HOUR	Tier 2	ST; QL (2 EA per 1 day)
fexofenadine-pseudoephedrine	Tier 1	
lorata-dine D	Tier 1	
Loratadine-D	Tier 1	
Allergenic Extracts, Therapeutics		
Oralair	Tier 2	PA
Palforzia (Level 1)	Tier 2	PA
Palforzia (Level 2)	Tier 2	PA
Palforzia (Level 3)	Tier 2	PA
Palforzia (Level 4)	Tier 2	PA
Palforzia (Level 5)	Tier 2	PA
Palforzia (Level 6)	Tier 2	PA
Palforzia (Level 7)	Tier 2	PA
Palforzia (Level 8)	Tier 2	PA
Palforzia (Level 9)	Tier 2	PA
Palforzia (Level 10)	Tier 2	PA
Palforzia (Level 11 Up-Dose)	Tier 2	PA; QL (15 EA per 1 day)
Palforzia Initial Dose	Tier 2	PA; QL (13 EA per 90 days)
Palforzia Level 11 Maintenance	Tier 2	PA; QL (15 EA per 1 day)
Antihistamines - 1St Generation		
Ahist (chlorcyclizine)	Tier 2	
Ala-Hist IR	Tier 1	
Aller-Chlor	Tier 1	
Aller-G-Time	Tier 1	
Allergy (chlorpheniramine)	Tier 1	
Allergy (diphenhydramine) oral capsule	Tier 1	
Allergy (diphenhydramine) oral tablet	Tier 1	
Allergy oral liquid	Tier 1	
Allergy Relief(chlorpheniramn)	Tier 1	
Allergy Relief(diphenhydramin) oral capsule	Tier 1	
Allergy Relief(diphenhydramin) oral liquid	Tier 1	

Drug	Status	Notes
Allergy Relief(diphenhydramin) oral tablet	Tier 1	
Allergy-Time	Tier 1	
Banophen	Tier 1	
carbinoxamine maleate oral liquid	Tier 1	
carbinoxamine maleate oral tablet 4 mg	Tier 1	
Children's Allergy (diphenhyd)	Tier 1	
Children's Diphenhydramine	Tier 1	
chlorpheniramine maleate oral tablet extended release	Tier 1	
clemastine oral tablet 2.68 mg	Tier 1	
Complete Allergy Medicine oral capsule	Tier 1	
Complete Allergy oral capsule	Tier 1	
cyproheptadine	Tier 1	
Diphedryl	Tier 1	
Diphenhist	Tier 1	
diphenhydramine HCl oral capsule	Tier 1	
diphenhydramine HCl oral liquid	Tier 1	
diphenhydramine HCl oral tablet	Tier 1	
ED Chlorped Jr	Tier 1	
Histex (triprolidine)	Tier 2	
Histex PD	Tier 2	
Histex PDX	Tier 2	
hydroxyzine HCl oral solution	Tier 1	QL (100 ML per 1 day)
hydroxyzine HCl oral tablet 10 mg, 25 mg	Tier 1	QL (4 EA per 1 day)
hydroxyzine HCl oral tablet 50 mg	Tier 1	QL (8 EA per 1 day)
hydroxyzine pamoate	Tier 1	QL (4 EA per 1 day)
Karbinal ER	Tier 2	ST; QL (960 ML per 30 days)
PediaClear-8	Tier 2	
Pediavent	Tier 2	
promethazine injection	Tier 1	
promethazine oral	Tier 1	
Siladryl SA	Tier 1	
triprolidine HCl oral drops 0.625 mg/mL, 0.938 mg/mL	Tier 1	
Antihistamines - 2Nd Generation		
24HR Allergy Relief	Tier 1	
All Day Allergy (cetirizine)	Tier 1	
Aller-ease	Tier 1	
Allergy Relief (cetirizine) oral capsule	Tier 1	
Allergy Relief (cetirizine) oral tablet	Tier 1	
Allergy Relief (fexofenadine)	Tier 1	
Allergy Relief (levocetirizin)	Tier 1	
Allergy Relief (loratadine)	Tier 1	
cetirizine	Tier 1	
Child Allergy Relf(cetirizine)	Tier 1	

Drug	Status	Notes
Children's Allergy Relief(lor)	Tier 1	
Children's Cetirizine	Tier 1	
Children's Loratadine	Tier 1	
Child's All Day Allergy(cetir)	Tier 1	
desloratadine oral tablet	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating	Tier 1	ST; QL (1 EA per 1 day)
fexofenadine oral tablet	Tier 1	
levocetirizine oral solution	Tier 1	ST; QL (10 ML per 1 day)
levocetirizine oral tablet	Tier 1	
loratadine	Tier 1	
Nasal Antihistamine		
azelastine nasal	Tier 1	QL (60 ML per 30 days)
olopatadine nasal	Tier 1	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
24 Hour Nasal Allergy	Tier 1	
Allergy Relief (fluticasone)	Tier 1	QL (16 ML per 30 days)
Beconase AQ	Tier 2	ST; QL (25 GM per 30 days)
budesonide nasal	Tier 1	
flunisolide	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal	Tier 1	QL (16 GM per 30 days)
mometasone nasal	Tier 1	QL (17 GM per 30 days)
Nasal Allergy	Tier 1	
Omnaris	Tier 2	ST; QL (5 GM per 12 days)
QNASL nasal HFA aerosol inhaler 40 mcg/actuation	Tier 2	ST; QL (4.9 GM per 30 days)
QNASL nasal HFA aerosol inhaler 80 mcg/actuation	Tier 2	ST; QL (10.6 GM per 30 days)
Sinuva	Tier 2	
triamcinolone acetonide nasal	Tier 1	
Xhance	Tier 2	ST
Zetonna	Tier 2	ST; QL (6.1 GM per 30 days)
Nasal Mast Cell Stabilizers Agents		
cromolyn nasal	Tier 1	
Antiemesis/Antivertigo		
Antiemetic, Cannibinoid-Type		
dronabinol	Tier 1	ST; QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents		
Akynzeo (netupitant)	Tier 2	QL (1 EA per 28 days)
Anti-Nausea	Tier 1	
Antivert oral tablet 50 mg	Tier 2	
Anzemet oral tablet 50 mg	Tier 2	ST; QL (8 EA per 1 FILL)
aprepitant oral capsule 125 mg	Tier 1	QL (3 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)

Drug	Status	Notes
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack	Tier 1	QL (3 EA per 21 days)
Bonjesta	Tier 2	ST; QL (2 EA per 1 day)
cola (syrup)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compro	Tier 1	
doxylamine-pyridoxine (vit B6)	Tier 1	ST; QL (4 EA per 1 day)
Driminate	Tier 1	
Emend oral suspension for reconstitution	Tier 2	QL (3 EA per 21 days)
granisetron HCl oral	Tier 1	ST; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
meclizine oral tablet,chewable	Tier 1	
Motion Sickness	Tier 1	
Motion Sickness (meclizine)	Tier 1	
Motion Sickness Relief	Tier 1	
Motion Sickness Relief(mecliz) oral tablet	Tier 1	
Motion-Time	Tier 1	
Nausea Relief	Tier 1	
ondansetron	Tier 1	
ondansetron HCl oral solution	Tier 1	QL (50 ML per 15 days)
ondansetron HCl oral tablet 4 mg, 8 mg	Tier 1	
prochlorperazine	Tier 1	
prochlorperazine Edisylate	Tier 1	
prochlorperazine maleate	Tier 1	
promethazine rectal	Tier 1	QL (30 EA per 30 days)
Promethegan	Tier 1	QL (30 EA per 30 days)
Sancuso	Tier 2	ST; QL (1 EA per 7 days)
scopolamine base	Tier 1	
trimethobenzamide oral	Tier 1	
Asthma And Copd		
5-Lipoxygenase Inhibitors		
zileuton	Tier 1	ST; QL (2 EA per 1 day)
Zyflo	Tier 2	ST; QL (4 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting		
Atrovent HFA	Tier 2	QL (25.8 GM per 28 days)
ipratropium bromide inhalation	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
Incruse Ellipta	Tier 2	QL (30 EA per 30 days)
Lonhala Magnair Refill	Tier 2	ST; QL (60 ML per 30 days)
Lonhala Magnair Starter	Tier 2	ST; QL (60 ML per 30 days)
Spiriva Respimat	Tier 2	QL (4 GM per 30 days)
Spiriva with HandiHaler	Tier 2	QL (1 EA per 1 day)
Tudorza Pressair	Tier 2	ST; QL (1 EA per 30 days)

Drug	Status	Notes
Yupelri	Tier 2	QL (90 ML per 30 days)
Beta-Adrenergic Agents		
albuterol sulfate oral	Tier 1	
metaproterenol oral syrup	Tier 1	
terbutaline oral	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
albuterol sulfate inhalation	Tier 1	
levalbuterol HCl	Tier 1	
levalbuterol tartrate	Tier 1	ST
Proair Digihaler	Tier 2	
ProAir RespiClick	Tier 2	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
Striverdi Respimat	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting		
arformoterol	Tier 1	QL (60 ML per 15 days)
formoterol fumarate	Tier 1	QL (120 ML per 30 days)
Serevent Diskus	Tier 2	ST; QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
Anoro Ellipta	Tier 2	QL (60 EA per 30 days)
Bevespi Aerosphere	Tier 2	ST; QL (10.7 GM per 30 days)
Combivent Respimat	Tier 2	QL (8 GM per 30 days)
Duaklir Pressair	Tier 2	ST
ipratropium-albuterol	Tier 1	
Stiolto Respimat	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
Advair HFA	Tier 2	QL (12 GM per 30 days)
AirDuo Digihaler	Tier 2	ST; QL (1 EA per 30 days)
budesonide-formoterol	Tier 1	ST; QL (30.6 GM per 30 days)
Dulera inhalation HFA aerosol inhaler 100-5 mcg/actuation, 50-5 mcg/actuation	Tier 2	QL (39 GM per 30 days)
Dulera inhalation HFA aerosol inhaler 200-5 mcg/actuation	Tier 2	QL (13 GM per 30 days)
fluticasone furoate-vilanterol	Tier 1	QL (60 EA per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated	Tier 1	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device	Tier 1	QL (60 EA per 30 days)
Wixela Inhub	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
Breztri Aerosphere	Tier 2	ST; QL (10.7 GM per 30 days)

Drug	Status	Notes
Trelegy Ellipta	Tier 2	QL (60 EA per 30 days)
General Bronchodilator Agents		
Asthmanefrin Refill	Tier 2	
S2 Racepinephrine	Tier 2	
Glucocorticoids, Orally Inhaled		
Alvesco	Tier 2	QL (12.2 GM per 25 days)
ArmonAir Digihaler	Tier 2	ST; QL (1 EA per 30 days)
Arnuity Ellipta	Tier 2	ST; QL (30 EA per 30 days)
Asmanex HFA	Tier 2	ST; QL (13 GM per 30 days)
Asmanex Twisthaler inhalation aerosol powdr breath activated 110 mcg/ actuation (30), 220 mcg/ actuation (120), 220 mcg/ actuation (30), 220 mcg/ actuation (60)	Tier 2	ST; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL	Tier 1	QL (60 ML per 15 days)
budesonide inhalation suspension for nebulization 1 mg/2 mL	Tier 1	QL (30 ML per 15 days)
Flovent Diskus inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 2	ST; QL (60 EA per 30 days)
Flovent Diskus inhalation blister with device 250 mcg/actuation	Tier 2	ST; QL (120 EA per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 110 mcg/actuation	Tier 1	ST; QL (12 GM per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 220 mcg/actuation	Tier 1	ST; QL (24 GM per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 44 mcg/actuation	Tier 1	ST; QL (21.2 GM per 30 days)
Pulmicort Flexhaler	Tier 2	ST; QL (1 EA per 30 days)
Qvar RediHaler inhalation HFA aerosol breath activated 40 mcg/actuation	Tier 2	ST
Qvar RediHaler inhalation HFA aerosol breath activated 80 mcg/actuation	Tier 2	ST; QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
Dupixent Pen	Tier 2	PA
Dupixent Syringe	Tier 2	PA
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab		
Fasenra	Tier 2	PA
Fasenra Pen	Tier 2	PA
Leukotriene Receptor Antagonists		
montelukast	Tier 1	
zafirlukast	Tier 1	
Mast Cell Stabilizers		
cromolyn oral	Tier 1	QL (20 ML per 1 day)
Mast Cell Stabilizers, Orally Inhaled		
cromolyn inhalation	Tier 1	

Drug	Status	Notes
Monoclonal Antibodies To Immunoglobulin E(Ige)		
Xolair	Tier 2	PA; QL (1 EA per 5 days)
Monoclonal Antibody - Interleukin-5 Antagonists		
Cinqair	Tier 2	PA
Nucala	Tier 2	PA; QL (1 ML per 28 days)
Phosphodiesterase-4 (Pde4) Inhibitors		
Daliresp	Tier 2	ST; QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment		
Ace Aerosol Cloud Enhancer	Tier 2	
Aerochamber Mini	Tier 2	
Aerochamber MV	Tier 2	
Aerochamber Plus Flow-Vu	Tier 2	
Aerochamber Plus Flow-Vu,L Msk	Tier 2	
Aerochamber Plus Flow-Vu,M Msk	Tier 2	
Aerochamber Plus Flow-Vu,S Msk	Tier 2	
Aerochamber Plus Z Stat	Tier 2	
AeroChamber Plus Z Stat Lg Msk	Tier 2	
AeroChamber Plus Z Stat Md Msk	Tier 2	
AeroChamber Plus Z Stat Sm Msk	Tier 2	
AeroChamber Z-Stat Plus-Flw Sg	Tier 2	
AeroTrach Plus	Tier 2	
Aerovent Plus	Tier 2	
BreatheRite MDI Spacer	Tier 2	
BreatheRite Spacer-Mask, Neo.	Tier 2	
BreatheRite Spacer-Mask,Adult	Tier 2	
BreatheRite Spacer-Mask,Child	Tier 2	
BreatheRite Spacer-Mask,Infant	Tier 2	
BreatheRite Spacer-Mask,S.Chld	Tier 2	
BreatheRite Valved MDI Chamber	Tier 2	
BreatheRite Valved MDI Spacer	Tier 2	
Clever Choice Chamber-Lrg Mask	Tier 2	
Clever Choice Chamber-Med Mask	Tier 2	
Clever Choice Chamber-Sm Mask	Tier 2	
Compact Space Chamber	Tier 2	
Compact Space Chamber-Lrg Mask	Tier 2	
Compact Space Chamber-Med Mask	Tier 2	
Compact Space Chamber-Sm Mask	Tier 2	
EasiVent Holding Chamber	Tier 2	
EasiVent Mask Large	Tier 2	
EasiVent Mask Medium	Tier 2	
EasiVent Mask Small	Tier 2	
Flexichamber	Tier 2	
Flexichamber-Lg Child Mask	Tier 2	

Drug	Status	Notes
Flexichamber-Sm Adult Mask	Tier 2	
Flexichamber-Sm Child Mask	Tier 2	
In-Check Dial Training Device	Tier 2	
InspiraChamber	Tier 2	
InspiraChamber with Mask-Large	Tier 2	
InspiraChamber with Mask-Med	Tier 2	
InspiraChamber with Mask-Small	Tier 2	
Lite Touch-Medium Mask	Tier 2	
LiteAire MDI Chamber	Tier 2	
LiteTouch-Large Mask	Tier 2	
LiteTouch-Small Mask	Tier 2	
Microchamber	Tier 2	
Microspacer	Tier 2	
MistAssist	Tier 2	
MistAssist Kit	Tier 2	
Mouthpiece	Tier 2	
One Way Valved Mouthpiece	Tier 2	
Optichamber Adult Mask-Large	Tier 2	
OptiChamber Diamond Lg Mask	Tier 2	
OptiChamber Diamond VHC	Tier 2	
OptiChamber Diamond-Med Msk	Tier 2	
OptiChamber Diamond-Sml Mask	Tier 2	
Panda Mask	Tier 2	
Pediatric Medium Mask	Tier 2	
Pediatric Panda Mask	Tier 2	
Pediatric Small Mask	Tier 2	
PFLEX Inspiratory Trainer	Tier 2	
POCKET CHAMBER	Tier 2	
PrimeAire	Tier 2	
Pro Comfort Spacer-Adult Mask	Tier 2	
Pro Comfort Spacer-Child Mask	Tier 2	
Procare Spacer With Adult Mask	Tier 2	
Procare Spacer With Child Mask	Tier 2	
ProChamber	Tier 2	
RiteFlo Aerochamber	Tier 2	
Sidestream Pediatric Face Mask	Tier 2	
Silicone Mask - Infant	Tier 2	
Silicone Mask - Pediatric	Tier 2	
Space Chamber	Tier 2	
Space Chamber with Large Mask	Tier 2	
Space Chamber with Medium Mask	Tier 2	
Space Chamber with Small Mask	Tier 2	
Threshold IMT Trainer	Tier 2	

Drug	Status	Notes
Threshold PEP Device	Tier 2	
Vortex Adult Mask	Tier 2	
Vortex Holding Chamber	Tier 2	
Vortex VHC Frog Mask-Child	Tier 2	
Vortex VHC Ladybug Mask-Toddlr	Tier 2	
WINDMILL TRAINER	Tier 2	
Xanthines		
Alertness Aid	Tier 1	
caffeine	Tier 1	
caffeine citrate oral	Tier 1	
Stay Awake	Tier 1	
Theo-24	Tier 2	
Theochron	Tier 1	
theophylline oral elixir	Tier 1	
theophylline oral solution	Tier 1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr	Tier 1	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
memantine oral capsule,sprinkle,ER 24hr	Tier 1	ST; QL (30 EA per 30 days)
memantine oral solution	Tier 1	QL (10 ML per 1 day)
memantine oral tablet	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack	Tier 1	QL (2 EA per 1 day)
Namenda XR oral cap,sprinkle,ER 24hr dose pack	Tier 2	QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
Namzaric oral cap,sprinkle,ER 24hr dose pack	Tier 2	QL (28 EA per 28 days)
Namzaric oral capsule,sprinkle,ER 24hr	Tier 2	QL (1 EA per 1 day)
Cholinesterase Inhibitors		
Adlarity	Tier 2	
donepezil	Tier 1	QL (1 EA per 1 day)
galantamine oral capsule,ext rel. pellets 24 hr	Tier 1	QL (30 EA per 30 days)
galantamine oral solution	Tier 1	QL (6 ML per 1 day)
galantamine oral tablet	Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup	Tier 1	
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release	Tier 1	
rivastigmine	Tier 1	QL (30 EA per 30 days)
rivastigmine tartrate	Tier 1	QL (2 EA per 1 day)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
mirtazapine	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
Antidepressant - Nmda Receptor Antagonist		
Spravato	Tier 2	REQUIRES CONCURRENT USE OF AN ORAL ANTIDEPRESSANT
Maois - Non-Selective & Irreversible		
Marplan	Tier 2	QL (3 EA per 1 day)
phenelzine	Tier 1	QL (6 EA per 1 day)
tranylcypromine	Tier 1	QL (6 EA per 1 day)
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
Aplenzin	Tier 2	QL (1 EA per 1 day)
bupropion HCl oral tablet	Tier 1	QL (4 EA per 1 day)
bupropion HCl oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
bupropion HCl oral tablet sustained-release 12 hr	Tier 1	QL (2 EA per 1 day)
Selective Serotonin Reuptake Inhibitor (Ssris)		
citalopram oral capsule	Tier 1	QL (1 EA per 1 day)
citalopram oral solution	Tier 1	QL (20 ML per 1 day)
citalopram oral tablet 10 mg, 20 mg	Tier 1	QL (1.5 EA per 1 day)
citalopram oral tablet 40 mg	Tier 1	QL (1 EA per 1 day)
escitalopram oxalate oral solution	Tier 1	QL (20 ML per 1 day)
escitalopram oxalate oral tablet 10 mg, 20 mg	Tier 1	QL (1.5 EA per 1 day)
escitalopram oxalate oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
fluoxetine oral capsule 10 mg	Tier 1	QL (1 EA per 1 day)
fluoxetine oral capsule 20 mg	Tier 1	QL (4 EA per 1 day)
fluoxetine oral capsule 40 mg	Tier 1	QL (2 EA per 1 day)
fluoxetine oral capsule,delayed release(DR/EC)	Tier 1	QL (4 EA per 28 days)
fluoxetine oral solution	Tier 1	QL (20 ML per 1 day)
fluoxetine oral tablet 10 mg	Tier 1	QL (1.5 EA per 1 day)
fluoxetine oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
fluoxetine oral tablet 60 mg	Tier 1	QL (1 EA per 1 day)
fluvoxamine oral capsule,extended release 24hr	Tier 1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
fluvoxamine oral tablet 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
paroxetine HCl oral suspension	Tier 1	QL (40 ML per 1 day)
paroxetine HCl oral tablet 10 mg	Tier 1	QL (1.5 EA per 1 day)
paroxetine HCl oral tablet 20 mg	Tier 1	QL (1 EA per 1 day)
paroxetine HCl oral tablet 30 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
paroxetine HCl oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
Pexeva	Tier 2	QL (1 EA per 1 day)
sertraline oral capsule 150 mg	Tier 1	QL (2 EA per 1 day)
sertraline oral capsule 200 mg	Tier 1	QL (1 EA per 1 day)
sertraline oral concentrate	Tier 1	QL (10 ML per 1 day)
sertraline oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
sertraline oral tablet 25 mg, 50 mg	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
St. John's wort oral capsule 300 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
St. John's wort oral capsule 350 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
nefazodone	Tier 1	QL (2 EA per 1 day)
trazodone oral tablet 100 mg, 150 mg	Tier 1	QL (3 EA per 1 day)
trazodone oral tablet 300 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
desvenlafaxine oral tablet extended release 24 hr 100 mg	Tier 1	QL (2 EA per 1 day)
desvenlafaxine oral tablet extended release 24 hr 50 mg	Tier 1	QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	Tier 1	QL (2 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
Drizalma Sprinkle	Tier 2	QL (2 EA per 1 day)
duloxetine	Tier 1	QL (2 EA per 1 day)
Fetzima	Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg	Tier 1	QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 37.5 mg	Tier 1	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 75 mg	Tier 1	QL (3 EA per 1 day)
venlafaxine oral tablet	Tier 1	QL (3 EA per 1 day)
venlafaxine oral tablet extended release 24hr 150 mg	Tier 1	QL (2 EA per 1 day)
venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg	Tier 1	QL (1 EA per 1 day)
venlafaxine oral tablet extended release 24hr 75 mg	Tier 1	QL (3 EA per 1 day)
Ssri & 5Ht1a Partial Agonist Antidepressant		
Viibryd oral tablets,dose pack 10 mg (7)- 20 mg (23)	Tier 2	
vilazodone	Tier 1	QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		
Trintellix	Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
amitriptyline-chlordiazepoxide	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns		
perphenazine-amitriptyline	Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
amitriptyline oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
amitriptyline oral tablet 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (3 EA per 1 day)

Drug	Status	Notes
amoxapine oral tablet 100 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
amoxapine oral tablet 150 mg, 25 mg	Tier 1	QL (2 EA per 1 day)
clomipramine oral capsule 25 mg	Tier 1	QL (2 EA per 1 day)
clomipramine oral capsule 50 mg	Tier 1	QL (5 EA per 1 day)
clomipramine oral capsule 75 mg	Tier 1	QL (3 EA per 1 day)
desipramine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
desipramine oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
desipramine oral tablet 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
doxepin oral capsule 10 mg	Tier 1	QL (4 EA per 1 day)
doxepin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
doxepin oral concentrate	Tier 1	QL (30 ML per 1 day)
imipramine HCl oral tablet 10 mg	Tier 1	QL (2 EA per 1 day)
imipramine HCl oral tablet 25 mg	Tier 1	QL (1 EA per 1 day)
imipramine HCl oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
imipramine pamoate oral capsule 100 mg	Tier 1	QL (3 EA per 1 day)
imipramine pamoate oral capsule 125 mg, 150 mg	Tier 1	QL (2 EA per 1 day)
imipramine pamoate oral capsule 75 mg	Tier 1	QL (1 EA per 1 day)
maprotiline	Tier 1	QL (3 EA per 1 day)
nortriptyline oral capsule 10 mg, 25 mg	Tier 1	QL (4 EA per 1 day)
nortriptyline oral capsule 50 mg	Tier 1	QL (3 EA per 1 day)
nortriptyline oral capsule 75 mg	Tier 1	QL (2 EA per 1 day)
nortriptyline oral solution	Tier 1	QL (20 ML per 1 day)
protriptyline	Tier 1	QL (4 EA per 1 day)
trimipramine oral capsule 100 mg	Tier 1	QL (3 EA per 1 day)
trimipramine oral capsule 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
Adzenys XR-ODT	Tier 2	QL (1 EA per 1 day)
amphetamine	Tier 1	QL (15 ML per 1 day)
amphetamine sulfate oral tablet 10 mg	Tier 1	QL (6 EA per 1 day)
amphetamine sulfate oral tablet 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral solution	Tier 1	QL (40 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
dextroamphetamine-amphetamine oral tablet	Tier 1	QL (3 EA per 1 day)
Dyanavel XR	Tier 2	QL (8 ML per 1 day)
Evekeo ODT	Tier 2	QL (2 EA per 1 day)
methamphetamine	Tier 1	
Mydayis	Tier 2	QL (1 EA per 1 day)
Vyvanse	Tier 2	QL (1 EA per 1 day)
Zenzedi oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
Zenzedi oral tablet 15 mg, 2.5 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
Zenzedi oral tablet 20 mg, 30 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
Anti-Alcoholic Preparations		
acamprosate	Tier 1	
disulfiram	Tier 1	
Vivitrol	Tier 2	QL (1 EA per 28 days)
Anti-Anxiety - Benzodiazepines		
Alprazolam Intensol	Tier 2	QL (4 ML per 1 day)
alprazolam oral tablet	Tier 1	QL (4 EA per 1 day)
alprazolam oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
alprazolam oral tablet,disintegrating	Tier 1	QL (4 EA per 1 day)
chlordiazepoxide HCl	Tier 1	QL (4 EA per 1 day)
clorazepate dipotassium	Tier 1	QL (4 EA per 1 day)
diazepam injection syringe	Tier 1	
Diazepam Intensol	Tier 1	QL (8 ML per 1 day)
diazepam oral concentrate	Tier 1	QL (8 ML per 1 day)
diazepam oral solution	Tier 1	
diazepam oral tablet	Tier 1	QL (4 EA per 1 day)
Lorazepam Intensol	Tier 1	
lorazepam oral concentrate	Tier 1	
lorazepam oral tablet	Tier 1	QL (4 EA per 1 day)
Loreev XR oral capsule,extended release 24hr 1 mg, 1.5 mg	Tier 2	ST; QL (1 EA per 1 day)
Loreev XR oral capsule,extended release 24hr 2 mg	Tier 2	ST; QL (2 EA per 1 day)
Loreev XR oral capsule,extended release 24hr 3 mg	Tier 2	ST; QL (3 EA per 1 day)
oxazepam	Tier 1	QL (4 EA per 1 day)
Anti-Anxiety Drugs		
buspirone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
buspirone oral tablet 15 mg, 5 mg, 7.5 mg	Tier 1	QL (3 EA per 1 day)
buspirone oral tablet 30 mg	Tier 1	QL (2 EA per 1 day)
meprobamate	Tier 1	QL (4 EA per 1 day)
Anti-Mania Drugs		
Equetro oral capsule, ER multiphase 12 hr 100 mg	Tier 2	QL (4 EA per 1 day)
Equetro oral capsule, ER multiphase 12 hr 200 mg	Tier 2	QL (8 EA per 1 day)
Equetro oral capsule, ER multiphase 12 hr 300 mg	Tier 2	QL (5 EA per 1 day)
lithium carbonate	Tier 1	

Drug	Status	Notes
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt		
Xyrem	Tier 2	PA; QL (18 ML per 1 day)
Xywav	Tier 2	PA
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg	Tier 1	QL (10 EA per 1 day)
pimozide oral tablet 2 mg	Tier 1	QL (5 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
Vraylar oral capsule 1.5 mg	Tier 2	PA; QL (2 EA per 1 day)
Vraylar oral capsule 3 mg, 4.5 mg, 6 mg	Tier 2	PA; QL (1 EA per 1 day)
Vraylar oral capsule,dose pack	Tier 2	
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
Abilify Maintena	Tier 2	QL (1 EA per 28 days)
Abilify MyCite Maintenance Kit	Tier 2	QL (30 EA per 30 days)
Abilify MyCite Starter Kit	Tier 2	QL (30 EA per 90 days)
aripiprazole oral solution	Tier 1	PA; QL (30 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 30 mg	Tier 1	PA; QL (1 EA per 1 day)
aripiprazole oral tablet 20 mg	Tier 1	PA; QL (2 EA per 1 day)
aripiprazole oral tablet 5 mg	Tier 1	PA; QL (1.5 EA per 1 day)
aripiprazole oral tablet,disintegrating	Tier 1	PA; QL (2 EA per 1 day)
Aristada Initio	Tier 2	QL (2.4 ML per 180 days)
Aristada intramuscular suspension,extended rel syring 1,064 mg/3.9 mL	Tier 2	QL (3.9 ML per 56 days)
Aristada intramuscular suspension,extended rel syring 441 mg/1.6 mL	Tier 2	QL (1.6 ML per 28 days)
Aristada intramuscular suspension,extended rel syring 662 mg/2.4 mL	Tier 2	QL (2.4 ML per 28 days)
Aristada intramuscular suspension,extended rel syring 882 mg/3.2 mL	Tier 2	QL (3.2 ML per 28 days)
Rexulti	Tier 2	PA; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
loxapine succinate	Tier 1	QL (4 EA per 1 day)
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate	Tier 1	PA; QL (2 EA per 1 day)
Caplyta	Tier 2	QL (1 EA per 1 day)
clozapine oral tablet 100 mg	Tier 1	QL (6 EA per 1 day)
clozapine oral tablet 200 mg, 25 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
clozapine oral tablet,disintegrating 100 mg	Tier 1	QL (6 EA per 1 day)
clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
Fanapt oral tablet	Tier 2	PA; QL (2 EA per 1 day)
Fanapt oral tablets,dose pack	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Invega Hafyera intramuscular syringe 1,092 mg/3.5 mL	Tier 2	QL (3.5 ML per 168 days)
Invega Hafyera intramuscular syringe 1,560 mg/5 mL	Tier 2	QL (5 ML per 168 days)
Invega Sustenna intramuscular syringe 117 mg/0.75 mL	Tier 2	QL (0.75 ML per 28 days)
Invega Sustenna intramuscular syringe 156 mg/mL	Tier 2	QL (1 ML per 28 days)
Invega Sustenna intramuscular syringe 234 mg/1.5 mL	Tier 2	QL (1.5 ML per 28 days)
Invega Sustenna intramuscular syringe 39 mg/0.25 mL	Tier 2	QL (0.25 ML per 28 days)
Invega Sustenna intramuscular syringe 78 mg/0.5 mL	Tier 2	QL (0.5 ML per 28 days)
Invega Trinza intramuscular syringe 273 mg/0.88 mL	Tier 2	QL (0.88 ML per 84 days)
Invega Trinza intramuscular syringe 410 mg/1.32 mL	Tier 2	QL (1.32 ML per 84 days)
Invega Trinza intramuscular syringe 546 mg/1.75 mL	Tier 2	QL (1.75 ML per 84 days)
Invega Trinza intramuscular syringe 819 mg/2.63 mL	Tier 2	QL (2.63 ML per 84 days)
Latuda oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 2	PA; QL (1 EA per 1 day)
Latuda oral tablet 80 mg	Tier 2	PA; QL (2 EA per 1 day)
Lybalvi	Tier 2	PA; QL (30 EA per 30 days)
olanzapine oral tablet 10 mg, 15 mg	Tier 1	PA; QL (2 EA per 1 day)
olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; QL (1 EA per 1 day)
olanzapine oral tablet 20 mg	Tier 1	PA; QL (3 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg	Tier 1	PA; QL (2 EA per 1 day)
olanzapine oral tablet,disintegrating 20 mg	Tier 1	PA; QL (3 EA per 1 day)
olanzapine oral tablet,disintegrating 5 mg	Tier 1	PA; QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	PA; QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 1	PA; QL (2 EA per 1 day)
Perseris	Tier 2	QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	PA; QL (3 EA per 1 day)
quetiapine oral tablet 300 mg, 400 mg	Tier 1	PA; QL (4 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	Tier 1	PA; QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 300 mg	Tier 1	PA; QL (3 EA per 1 day)
quetiapine oral tablet extended release 24 hr 400 mg	Tier 1	PA; QL (4 EA per 1 day)
quetiapine oral tablet extended release 24 hr 50 mg	Tier 1	PA; QL (2 EA per 1 day)
Risperdal Consta	Tier 2	QL (2 EA per 28 days)
risperidone oral solution	Tier 1	PA; QL (8 ML per 1 day)
risperidone oral tablet	Tier 1	PA; QL (2 EA per 1 day)
risperidone oral tablet,disintegrating	Tier 1	PA; QL (2 EA per 1 day)
Secuado	Tier 2	QL (1 EA per 1 day)
Seroquel XR oral tablet, Ext Rel 24hr dose pack	Tier 2	
Versacloz	Tier 2	QL (12 ML per 1 day)
ziprasidone HCl oral capsule 20 mg, 40 mg	Tier 1	PA; QL (2 EA per 1 day)
ziprasidone HCl oral capsule 60 mg, 80 mg	Tier 1	PA; QL (3 EA per 1 day)

Drug	Status	Notes
Zyprexa Relprevv intramuscular suspension for reconstitution 210 mg	Tier 2	QL (2 EA per 28 days)
Zyprexa Relprevv intramuscular suspension for reconstitution 300 mg	Tier 2	QL (2 EA per 21 days)
Zyprexa Relprevv intramuscular suspension for reconstitution 405 mg	Tier 2	QL (1 EA per 28 days)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene	Tier 1	QL (3 EA per 1 day)
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol	Tier 1	QL (3 EA per 1 day)
haloperidol decanoate	Tier 1	
haloperidol lactate	Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
molindone oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
Anti-Psychotics,Phenothiazines		
chlorpromazine injection	Tier 1	
chlorpromazine oral concentrate 100 mg/mL	Tier 1	QL (8 ML per 1 day)
chlorpromazine oral concentrate 30 mg/mL	Tier 1	QL (26.7 ML per 1 day)
chlorpromazine oral tablet	Tier 1	QL (4 EA per 1 day)
fluphenazine decanoate	Tier 1	
fluphenazine HCl oral concentrate	Tier 1	
fluphenazine HCl oral elixir	Tier 1	
fluphenazine HCl oral tablet	Tier 1	QL (4 EA per 1 day)
perphenazine	Tier 1	QL (4 EA per 1 day)
thioridazine	Tier 1	QL (4 EA per 1 day)
trifluoperazine oral tablet 1 mg, 2 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
trifluoperazine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
Barbiturates		
Amytal	Tier 1	
Luminal	Tier 2	
pentobarbital sodium injection solution	Tier 1	
phenobarbital	Tier 1	
phenobarbital sodium injection solution 65 mg/mL	Tier 1	
Central Nervous System Stimulants		
ammonia aromatic inhalation solution	Tier 1	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
Hetlioz	Tier 2	PA; QL (1 EA per 1 day)
Hetlioz LQ	Tier 2	PA; QL (158 ML per 30 days)
ramelteon	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
Menopausal Symptoms Suppressant - Ssris		
paroxetine mesylate(menop.sym)	Tier 1	ST; QL (1 EA per 1 day)
Monoamine Oxidase(Mao) Inhibitors		
Emsam	Tier 2	QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	PA; QL (2 EA per 1 day)
modafinil oral tablet 100 mg	Tier 1	PA; QL (1 EA per 1 day)
modafinil oral tablet 200 mg	Tier 1	PA; QL (2 EA per 1 day)
Sunosi	Tier 2	PA; QL (1 EA per 1 day)
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
Wakix	Tier 2	PA; QL (2 EA per 1 day)
Narcotic Antagonists		
Kloxxado	Tier 2	
naloxone injection solution	Tier 1	
naloxone injection syringe	Tier 1	
naloxone nasal	Tier 1	
naltrexone	Tier 1	
Zimhi	Tier 2	
Pineal Hormone Agents		
Children's Sleep (melatonin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Medi-Doze	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Meladox	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Melatonin (with B6)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral capsule 10 mg, 5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral capsule 3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral drops 1 mg/4 mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral drops 3 mg/4 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral liquid 1 mg/mL, 2.5 mg/10 mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral liquid 5 mg/15 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral lozenge	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet 1 mg, 10 mg, 12 mg, 3 mg, 300 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
melatonin oral tablet 5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet extended release 1 mg, 3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet extended release 10 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet, IR and ER, biphasic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet,chewable 2.5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet,chewable 5 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet,disintegrating 10 mg, 12 mg, 3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet,disintegrating 5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin oral tablet,ext release multiphase	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin sublingual tablet 1 mg, 10 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin sublingual tablet 5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin sublingual tablet,disintegrating	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Melatonin-B6 (pyridoxal phos)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-herbal complex #184	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-lemon balm leaf extr oral tablet 10-1 mg, 5-500 mg-mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-pyridoxal phos (B6)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-pyridoxine (vit B6)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-pyridoxine HCl (B6) oral tablet 1-10 mg, 3-1 mg, 3-10 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-pyridoxine HCl (B6) oral tablet 5-10 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-pyridoxine HCl (B6) oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-pyridoxine HCl (B6) oral tablet, IR and ER, biphasic 10-10 mg, 3-10 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-pyridoxine HCl (B6) oral tablet, IR and ER, biphasic 5-10 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
melatonin-theanine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MidNite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Sintralyne-PM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Somnicin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VitaJoy Melatonin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Wrestone	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sedative-Hypnotics - Benzodiazepines		
estazolam	Tier 1	QL (1 EA per 1 day)
flurazepam	Tier 1	QL (1 EA per 1 day)
lorazepam injection solution	Tier 1	
midazolam oral	Tier 1	
temazepam	Tier 1	QL (1 EA per 1 day)
triazolam	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotics,Non-Barbiturate		
Belsomra	Tier 2	QL (1 EA per 1 day)
Dayvigo	Tier 2	QL (1 EA per 1 day)
doxepin oral tablet	Tier 1	QL (1 EA per 1 day)
Edluar	Tier 2	QL (1 EA per 1 day)
eszopiclone	Tier 1	QL (1 EA per 1 day)
Lydia Pinkham Herbal oral elixir	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NightTime Sleep Aid (diphen) oral capsule 50 mg	Tier 1	
NightTime Sleep Aid (diphen) oral tablet	Tier 1	
Sleep Aid (diphenhydramine)	Tier 1	
Sleep Aid (doxylamine)	Tier 1	
Sleep Time	Tier 1	
Sleep-Tabs	Tier 1	
tryptophan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zaleplon	Tier 1	QL (2 EA per 1 day)
zolpidem	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
Nuplazid	Tier 2	PA; QL (1 EA per 1 day)
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
olanzapine-fluoxetine	Tier 1	PA; QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
clonidine HCl oral tablet extended release 12 hr	Tier 1	QL (4 EA per 1 day)
guanfacine oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
Adhansia XR	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Azstarys	Tier 2	QL (1 EA per 1 day)
Cotempla XR-ODT oral tablet,disinteg ER biphase 24h 17.3 mg, 25.9 mg	Tier 2	QL (2 EA per 1 day)
Cotempla XR-ODT oral tablet,disinteg ER biphase 24h 8.6 mg	Tier 2	QL (1 EA per 1 day)
Daytrana	Tier 2	QL (1 EA per 1 day)
dexmethylphenidate oral capsule,ER biphasic 50-50	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
dexmethylphenidate oral tablet 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
Jornay PM	Tier 2	QL (1 EA per 1 day)
methylphenidate HCl oral cap,ER sprinkle,biphasic 40-60	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral capsule, ER biphasic 30-70	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral capsule,ER biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral capsule,ER biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate HCl oral solution 10 mg/5 mL	Tier 1	QL (30 ML per 1 day)
methylphenidate HCl oral solution 5 mg/5 mL	Tier 1	QL (60 ML per 1 day)
methylphenidate HCl oral tablet	Tier 1	QL (90 EA per 30 days)
methylphenidate HCl oral tablet extended release	Tier 1	QL (3 EA per 1 day)
methylphenidate HCl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg, 72 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate HCl oral tablet,chewable	Tier 1	QL (90 EA per 30 days)
QuilliChew ER oral tablet,chew,IR-ER.biphasic24hr 20 mg, 40 mg	Tier 2	QL (1 EA per 1 day)
QuilliChew ER oral tablet,chew,IR-ER.biphasic24hr 30 mg	Tier 2	QL (2 EA per 1 day)
Quillivant XR	Tier 2	QL (12 ML per 1 day)
Relexxii	Tier 2	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
Qelbree oral capsule,extended release 24hr 100 mg	Tier 2	QL (1 EA per 1 day)
Qelbree oral capsule,extended release 24hr 150 mg, 200 mg	Tier 2	QL (2 EA per 1 day)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
amiodarone oral	Tier 1	
disopyramide phosphate oral capsule	Tier 1	
dofetilide	Tier 1	
flecainide	Tier 1	
mexiletine	Tier 1	

Drug	Status	Notes
Multaq	Tier 2	
Norpace CR	Tier 2	
Pacerone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
propafenone	Tier 1	
quinidine gluconate oral	Tier 1	
quinidine sulfate oral tablet	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
epinephrine injection syringe 0.1 mg/mL	Tier 1	
Digitalis Glycosides		
Digitek	Tier 1	
Digox	Tier 1	
digoxin oral solution	Tier 2	
digoxin oral tablet	Tier 1	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
amlodipine-benazepril	Tier 1	
trandolapril-verapamil	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
benazepril-hydrochlorothiazide	Tier 1	
captopril-hydrochlorothiazide	Tier 1	
enalapril-hydrochlorothiazide	Tier 1	
fosinopril-hydrochlorothiazide	Tier 1	
lisinopril-hydrochlorothiazide	Tier 1	
quinapril-hydrochlorothiazide	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
carvedilol	Tier 1	
carvedilol phosphate	Tier 1	
labetalol oral	Tier 1	
Alpha-Adrenergic Blocking Agents		
Cardura XL	Tier 2	
doxazosin	Tier 1	
phenoxybenzamine	Tier 1	PA
prazosin	Tier 1	
terazosin	Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hcthiazid	Tier 1	
olmesartan-amlodipin-hcthiazid	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
candesartan-hydrochlorothiazid	Tier 1	

Drug	Status	Notes
Edarbyclor	Tier 2	ST
irbesartan-hydrochlorothiazide	Tier 1	
losartan-hydrochlorothiazide	Tier 1	
olmesartan-hydrochlorothiazide	Tier 1	
telmisartan-hydrochlorothiazid	Tier 1	
valsartan-hydrochlorothiazide	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
amlodipine-olmesartan	Tier 1	
amlodipine-valsartan	Tier 1	
telmisartan-amlodipine	Tier 1	
Antihypertensives, Ace Inhibitors		
benazepril	Tier 1	
captopril	Tier 1	
enalapril maleate oral solution	Tier 1	ST; QL (1200 ML per 30 days)
enalapril maleate oral tablet	Tier 1	
fosinopril	Tier 1	
lisinopril	Tier 1	
moexipril	Tier 1	
perindopril erbumine	Tier 1	
Qbrelis	Tier 2	ST; QL (1200 ML per 30 days)
quinapril	Tier 1	
ramipril	Tier 1	
trandolapril	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
candesartan	Tier 1	
Edarbi	Tier 2	ST
eprosartan	Tier 1	
irbesartan	Tier 1	
losartan	Tier 1	
olmesartan	Tier 1	
telmisartan	Tier 1	
valsartan oral tablet	Tier 1	
Antihypertensives, Ganglionic Blockers		
Vecamyl	Tier 2	PA
Antihypertensives, Miscellaneous		
Demser	Tier 2	
metyrosine	Tier 1	
Antihypertensives, Sympatholytic		
clonidine HCl oral tablet 0.1 mg, 0.2 mg	Tier 1	QL (10 EA per 1 day)
clonidine HCl oral tablet 0.3 mg	Tier 1	QL (8 EA per 1 day)

Drug	Status	Notes
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	Tier 1	QL (1 EA per 7 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	Tier 1	QL (2 EA per 7 days)
guanfacine oral tablet	Tier 1	
methyldopa	Tier 1	
methyldopa-hydrochlorothiazide	Tier 1	
Antihypertensives, Vasodilators		
hydralazine oral	Tier 1	
minoxidil oral	Tier 1	
Beta-Adrenergic Blocking Agents		
acebutolol	Tier 1	
atenolol	Tier 1	
betaxolol oral	Tier 1	
bisoprolol fumarate	Tier 1	
Hemangeol	Tier 2	ST; QL (360 ML per 30 days)
Inderal XL	Tier 2	ST
InnoPran XL	Tier 2	ST
Kapspargo Sprinkle	Tier 2	ST
Levatol	Tier 2	
metoprolol succinate	Tier 1	
metoprolol tartrate oral	Tier 1	
nadolol	Tier 1	
nebivolol	Tier 1	
pindolol	Tier 1	
propranolol oral	Tier 1	
Sorine	Tier 1	
Sotalol AF	Tier 1	
sotalol oral	Tier 1	
Sotylize	Tier 2	ST; QL: 8 BOTTLES IN 30 DAYS
timolol maleate oral	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
atenolol-chlorthalidone	Tier 1	
bisoprolol-hydrochlorothiazide	Tier 1	
metoprolol ta-hydrochlorothiaz	Tier 1	
nadolol-bendroflumethiazide	Tier 1	
propranolol-hydrochlorothiazid	Tier 1	
Calcium Channel Blocking Agents		
amlodipine	Tier 1	
Cardizem LA oral tablet extended release 24 hr 120 mg	Tier 2	
Cartia XT	Tier 1	
diltiazem HCl oral	Tier 1	

Drug	Status	Notes
DILT-XR	Tier 1	
felodipine	Tier 1	
isradipine	Tier 1	
Katerzia	Tier 2	ST
levamlodipine	Tier 1	
Matzim LA	Tier 1	
nicardipine oral	Tier 1	
nifedipine	Tier 1	
nimodipine	Tier 1	
nisoldipine	Tier 1	
Norliqva	Tier 2	
Nymalize oral solution 60 mg/10 mL	Tier 2	PA
Nymalize oral syringe	Tier 2	PA
Taztia XT	Tier 1	
Tiadylt ER	Tier 1	
verapamil oral	Tier 1	
Loop Diuretics		
bumetanide oral	Tier 1	
ethacrynic acid	Tier 1	
furosemide oral solution 10 mg/mL, 40 mg/5 mL (8 mg/mL)	Tier 1	
furosemide oral tablet	Tier 1	
torsemide oral	Tier 1	
Osmotic Diuretics		
Ure-Na	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Potassium Sparing Diuretics		
amiloride	Tier 1	
CaroSpir	Tier 2	ST; QL (20 ML per 1 day)
eplerenone	Tier 1	
Kerendia	Tier 2	PA
spironolactone	Tier 1	
triamterene	Tier 1	
Potassium Sparing Diuretics In Combination		
Aldactazide oral tablet 50-50 mg	Tier 2	
amiloride-hydrochlorothiazide	Tier 1	
spironolacton-hydrochlorothiaz	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet	Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
Adempas	Tier 2	PA

Drug	Status	Notes
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
Alyq	Tier 1	PA; ST; QL (2 EA per 1 day)
sildenafil (pulm.hypertension) oral suspension for reconstitution	Tier 1	ST; QL (224 ML per 30 days)
sildenafil (pulm.hypertension) oral tablet	Tier 1	PA; QL (3 EA per 1 day)
tadalafil (pulm. hypertension)	Tier 1	PA; ST; QL (2 EA per 1 day)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
ambrisentan	Tier 1	PA; QL (1 EA per 1 day)
bosentan	Tier 1	PA; QL (2 EA per 1 day)
Opsumit	Tier 2	PA; QL (1 EA per 1 day)
Tracleer oral tablet for suspension	Tier 2	PA; QL (4 EA per 1 day)
Pulmonary Antihypertensives, Prostacyclin-Type		
epoprostenol	Tier 1	PA
epoprostenol (glycine)	Tier 1	PA
Orenitram	Tier 2	PA
treprostinil sodium	Tier 1	PA
Tyvaso	Tier 2	PA
Tyvaso DPI	Tier 2	PA
Tyvaso Institutional Start Kit	Tier 2	PA
Tyvaso Refill Kit	Tier 2	PA
Tyvaso Starter Kit	Tier 2	PA
Uptravi oral tablet 1,000 mcg, 1,200 mcg, 1,400 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 2	PA; QL (2 EA per 1 day)
Uptravi oral tablet 200 mcg	Tier 2	PA; QL (8 EA per 1 day)
Uptravi oral tablets,dose pack	Tier 2	PA; QL (200 EA per 365 days)
Veletri	Tier 2	PA
Ventavis	Tier 2	PA
Renin Inhibitor, Direct		
aliskiren	Tier 1	
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
Tekturna HCT	Tier 2	
Thiazide And Related Diuretics		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
Diuril	Tier 2	
hydrochlorothiazide	Tier 1	
indapamide	Tier 1	
metolazone	Tier 1	
Thalitone	Tier 2	ST
Vasodilators, Combination		
BiDil	Tier 2	
isosorbide-hydralazine	Tier 1	

Drug	Status	Notes
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
ezetimibe-simvastatin	Tier 1	ST; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
Nexletol	Tier 2	PA
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
Altoprev	Tier 2	ST; QL (1 EA per 1 day)
atorvastatin oral tablet 10 mg, 20 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
Ezallor Sprinkle	Tier 2	ST; QL (1 EA per 1 day)
fluvastatin oral capsule	Tier 1	ST; $0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr	Tier 1	ST; $0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
Livalo	Tier 2	ST; $0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
lovastatin oral tablet 40 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (2 EA per 1 day)
pravastatin oral tablet 10 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE
pravastatin oral tablet 20 mg, 40 mg, 80 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)

Drug	Status	Notes
rosuvastatin oral tablet 10 mg, 5 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND USED FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	ST; QL (1 EA per 1 day)
Zypitamag oral tablet 2 mg, 4 mg	Tier 2	ST; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
Juxtapid oral capsule 10 mg, 5 mg	Tier 2	PA; QL (1 EA per 1 day)
Juxtapid oral capsule 20 mg	Tier 2	PA; QL (3 EA per 1 day)
Juxtapid oral capsule 30 mg, 40 mg, 60 mg	Tier 2	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
Praluent Pen	Tier 2	PA
Repatha Pushtronex	Tier 2	PA
Repatha SureClick	Tier 2	PA
Repatha Syringe	Tier 2	PA
Antihyperlipidemic-Acly And Choles Absorp Inhib		
Nexlizet	Tier 2	PA
Bile Salt Sequestrants		
cholestyramine (with sugar)	Tier 1	
Cholestyramine Light	Tier 1	
cholestyramine-aspartame	Tier 1	
colesevelam oral powder in packet	Tier 1	QL (1 EA per 1 day)
colesevelam oral tablet	Tier 1	QL (6 EA per 1 day)
Colestid Flavored oral packet	Tier 2	
colestipol	Tier 1	
Prevalite	Tier 1	
Lipotropics		
Algal Omega-3 DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Algal-900 DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Antara oral capsule 30 mg	Tier 2	
Antarctic Krill Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Atabex DHA 200	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cardio Omega Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
CardioSterol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cholest Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
choline bitartrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cod liver oil oral capsule 240-1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complete Omega	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Coromega oral emulsion in packet 284-850 mg/2.5 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DHA Algal-900	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
docosahexaenoic acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EPA-DHA 720	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Extreme Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ezetimibe	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized	Tier 1	
fenofibrate nanocrystallized	Tier 1	
fenofibrate oral capsule	Tier 1	
fenofibrate oral tablet 120 mg	Tier 1	ST
fenofibrate oral tablet 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid	Tier 1	
fenofibric acid (choline)	Tier 1	
Fish Oil Extra Strength	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish Oil oral capsule 1,000 mg (120 mg-180 mg), 1,200 (144-216) mg, 100-160-1,000 mg, 120-180 mg, 120-180-500 mg, 300-1,000 mg, 300-500 mg, 340-1,000 mg, 360-1,200 mg, 60-90-500 mg, 900 mg-360 mg- 455 mg-1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish Oil oral capsule 350-600 mg, 900 mg (320 mg-580mg)-1,360 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish Oil oral capsule,delayed release(DR/EC) 120 mg-180 mg- 60 mg-1,200 mg, 150-217-840 mg, 300-1,000 mg, 300-108-162-600 mg, 360 mg-144 mg- 216 mg-1,200 mg, 360-1,200 mg, 900-1,400 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish Oil oral capsule,delayed release(DR/EC) 60-90-500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish Oil oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish Oil Pearls	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish Oil-Vit D3 oral capsule 300-1,000-1,000 mg-mg-unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Fish Oil-Vit D3 oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish, Flax andBorage Oil(Prim)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
fish,bora,flax oils-om3,6,9no1	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fish-Flax-Borage Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
gemfibrozil	Tier 1	
Gram-O-Leci	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
icosapent ethyl	Tier 1	QL (4 EA per 1 day)
inositol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Krill Oil (Omega 3 and 6)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
krill oil oral capsule 1,000-170-50-80 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
krill oil oral capsule 300-90-24-50 mg, 500-150-45-75 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
krill oil oral capsule 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
krill oil-omega-3-dha-epa	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
krill-om-3-dha-epa-phospho-ast oral capsule 1,000-170-50-80 mg, 500-110-28-60 mg, 500-86-25-40 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
krill-om-3-dha-epa-phospho-ast oral capsule 1,000-230-60 mg, 300-90-24-50 mg, 500-115-30-64 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
krill-omega-3-dha-epa-lipids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lecithin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lecithin, soy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipochol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipochol Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Luvira	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MaxEPA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Maximum Red Krill Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Megared Adv Total Body Refresh	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MegaRed Advanced 4-in-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Megared Advanced Total Body	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MegaRed Omega-3 Krill Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
niacin oral tablet extended release 24 hr	Tier 1	
Nuretin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocean Blue Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocean Blue Omega-3 Plus D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
om-3-dha-epa-fish oil-vit D3 oral capsule 120 mg-180 mg -1,000 unit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega 3-6-9	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega 3-6-9 (with lipase)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega 3-6-9 Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg), 250-500-1,000 mg, 300-1,000 mg, 360 mg-108 mg- 180 mg-1,200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega 3-dha-epa-fish oil oral capsule 1,200 (144-216) mg, 300 mg (120 mg- 180mg)-1,000 mg, 60-90-500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega 3-dha-epa-fish oil oral capsule,delayed release(DR/EC) 300 mg (120 mg- 180mg)-1,000 mg, 300-1,000 mg, 600 mg-216 mg- 324 mg-1,200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega 3-dha-epa-fish oil oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega 3-dha-epa-fish oil-krill	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega Essentials	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega Essentials Basic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega MonoPure DHA EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega MonoPure EPA EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega Power	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-3 (with dpa)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-3 2100	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
omega-3 acid ethyl esters	Tier 1	QL (4 EA per 1 day)
omega-3 fatty acids oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega-3 fatty acids-fish oil oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega-3 fatty acids-fish oil oral capsule,delayed release(DR/EC)	Tier 1	
Omega-3 Fish Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-3 Krill Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-3 Plus Vitamin D3 oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-3 Plus Vitamin D3 oral capsule,delayed release(DR/EC)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-3 Plus Vitamin D3 oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega-3-dha-epa-ala-vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega-3s-dha-epa-fish oil oral capsule 300-250-1,000 mg, 720-1,200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega-3s-dha-epa-fish oil oral capsule 600-1,200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega-3s-dha-epa-fish oil oral capsule,delayed release(DR/EC)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega-3s-dha-epa-fish oil-D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OmegaPure 600 EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OmegaPure 780 EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OmegaPure 900 EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-Per-Day Omega-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ovega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Policosanol-Garlic-Niacin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Premium Omega-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Restora	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
salmon oil-omega-3 fatty acids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super DHA Gems	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Super Omega-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Twin EPA-DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TherOmega	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TherOmega Sport	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Triple Omega 3-6-9	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra Omega-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vascazen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vascepa oral capsule 0.5 gram	Tier 2	QL (8 EA per 1 day)
Zyncol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Niacin Preparations		
Endur-Acin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Endur-amide oral tablet extended release 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Endur-amide oral tablet extended release 750 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Endur-Thine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
niacin (inositol niacinate) oral capsule 455 mg niacin (500 mg), 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
niacin (inositol niacinate) oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Niacin (niacinamide)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Niacin Flush Free oral capsule 400 mg niacin (500 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Niacin Flush Free oral capsule 750 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
niacin oral capsule, extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
niacin oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
niacin oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
niacinamide	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
droxidopa	Tier 1	PA

Drug	Status	Notes
midodrine	Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
Entresto	Tier 2	
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
Corlanor oral solution	Tier 2	PA; QL (20 ML per 1 day)
Corlanor oral tablet	Tier 2	PA; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
amlodipine-atorvastatin	Tier 1	QL (1 EA per 1 day)
Protein Stabilizers		
Vyndamax	Tier 2	PA
Vyndaqel	Tier 2	PA
Soluble Guanylate Cyclase (Sgc) Stimulator		
Verquvo	Tier 2	PA
Cardiovascular Disease - Vasodilation		
Cardiovascular Diagnostics-Radiopaque		
Omnipaque	Tier 2	
Vasodilators,Coronary		
GoNitro	Tier 2	ST
isosorbide dinitrate oral tablet	Tier 1	
isosorbide mononitrate	Tier 1	
Nitro-Bid	Tier 2	
Nitro-Dur transdermal patch 24 hour 0.3 mg/hr, 0.8 mg/hr	Tier 2	
nitroglycerin sublingual	Tier 1	
nitroglycerin transdermal patch 24 hour	Tier 1	
nitroglycerin translingual	Tier 1	
Nitro-Time	Tier 1	
Vasodilators,Peripheral		
ergoloid	Tier 1	QL (3 EA per 1 day)
isoxsuprine	Tier 1	
papaverine injection solution	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
Annovera	Tier 3	ST; QL (1 EA per 365 days)
EluRyng	Tier 3	QL (1 EA per 28 days)
etonogestrel-ethinyl estradiol	Tier 3	QL (1 EA per 28 days)

Drug	Status	Notes
Contraceptives,Implantable		
Nexplanon	Tier 3	QL (1 EA per 365 days)
Contraceptives,Injectable		
Depo-SubQ provera 104	Tier 3	QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular	Tier 3	QL (1 ML per 84 days)
Contraceptives,Oral		
Afirmelle	Tier 3	
Altavera (28)	Tier 3	
Alyacen 1/35 (28)	Tier 3	
Alyacen 7/7/7 (28)	Tier 3	
Amethia	Tier 3	QL (91 EA per 84 days)
Amethyst (28)	Tier 3	
Apri	Tier 3	
Aranelle (28)	Tier 3	
Ashlyna	Tier 3	QL (91 EA per 84 days)
Aubra	Tier 3	
Aubra EQ	Tier 3	
Aurovela 1.5/30 (21)	Tier 3	
Aurovela 1/20 (21)	Tier 3	
Aurovela 24 Fe	Tier 3	
Aurovela Fe 1.5/30 (28)	Tier 3	
Aurovela Fe 1-20 (28)	Tier 3	
Aviane	Tier 3	
Ayuna	Tier 3	
Azurette (28)	Tier 3	
Balcoltra	Tier 3	ST
Balziva (28)	Tier 3	
Blisovi 24 Fe	Tier 3	
Blisovi Fe 1.5/30 (28)	Tier 3	
Blisovi Fe 1/20 (28)	Tier 3	
Briellyn	Tier 3	
Camila	Tier 3	
Camrese	Tier 3	QL (91 EA per 84 days)
Camrese Lo	Tier 3	QL (91 EA per 84 days)
Caziant (28)	Tier 3	
Charlotte 24 Fe	Tier 3	
Chateal (28)	Tier 3	
Chateal EQ (28)	Tier 3	
Cryselle (28)	Tier 3	
Cyred	Tier 3	
Cyred EQ	Tier 3	
Dasetta 1/35 (28)	Tier 3	
Dasetta 7/7/7 (28)	Tier 3	

Drug	Status	Notes
Daysee	Tier 3	QL (91 EA per 84 days)
Deblitane	Tier 3	
desog-e.estradiol/e.estradiol	Tier 3	
desogestrel-ethinyl estradiol	Tier 3	
Dolishale	Tier 3	
drospirenone-e.estradiol-lm.FA	Tier 3	
drospirenone-ethinyl estradiol	Tier 3	
EContra EZ	Tier 3	
Econtra One-Step	Tier 3	
Elinest	Tier 3	
Ella	Tier 3	
Enpresse	Tier 3	
Enskyce	Tier 3	
Errin	Tier 3	
Estarylla	Tier 3	
ethynodiol diac-eth estradiol	Tier 3	
Falmina (28)	Tier 3	
Femynor	Tier 3	
Gemmily	Tier 3	ST
Hailey	Tier 3	
Hailey 24 Fe	Tier 3	
Hailey Fe 1.5/30 (28)	Tier 3	
Hailey Fe 1/20 (28)	Tier 3	
Heather	Tier 3	
Iclevia	Tier 3	QL (91 EA per 84 days)
Incassia	Tier 3	
Isibloom	Tier 3	
Jaimiess	Tier 3	QL (91 EA per 84 days)
Jasmiel (28)	Tier 3	
Jencycla	Tier 3	
Jolessa	Tier 3	QL (91 EA per 84 days)
Juleber	Tier 3	
Junel 1.5/30 (21)	Tier 3	
Junel 1/20 (21)	Tier 3	
Junel FE 1.5/30 (28)	Tier 3	
Junel FE 1/20 (28)	Tier 3	
Junel Fe 24	Tier 3	
Kaitlib Fe	Tier 3	
Kalliga	Tier 3	
Kariva (28)	Tier 3	
Kelnor 1/35 (28)	Tier 3	
Kelnor 1-50 (28)	Tier 3	
Kurvelo (28)	Tier 3	

Drug	Status	Notes
L norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 3	QL (91 EA per 84 days)
L norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 3	
Larin 1.5/30 (21)	Tier 3	
Larin 1/20 (21)	Tier 3	
Larin 24 Fe	Tier 3	
Larin Fe 1.5/30 (28)	Tier 3	
Larin Fe 1/20 (28)	Tier 3	
Larissia	Tier 3	
Layolis Fe	Tier 3	
Leena 28	Tier 3	
Lessina	Tier 3	
Levonest (28)	Tier 3	
levonorgestrel	Tier 3	
levonorgestrel-ethinyl estrad oral tablet	Tier 3	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	Tier 3	QL (91 EA per 84 days)
levonorg-eth estrad triphasic	Tier 3	
Levora-28	Tier 3	
Lillow (28)	Tier 3	
Lo Loestrin Fe	Tier 3	ST
LoJaimiess	Tier 3	QL (91 EA per 84 days)
Loryna (28)	Tier 3	
Low-Ogestrel (28)	Tier 3	
Lo-Zumandimine (28)	Tier 3	
Lutera (28)	Tier 3	
Lyleq	Tier 3	
Lyza	Tier 3	
Marlissa (28)	Tier 3	
Merzee	Tier 3	ST
Mibelas 24 Fe	Tier 3	
Microgestin 1.5/30 (21)	Tier 3	
Microgestin 1/20 (21)	Tier 3	
Microgestin 24 FE	Tier 3	
Microgestin Fe 1.5/30 (28)	Tier 3	
Microgestin FE 1/20 (28)	Tier 3	
Mili	Tier 3	
Mono-Linyah	Tier 3	
My Choice	Tier 3	
My Way	Tier 3	
Natazia	Tier 3	ST
Necon 0.5/35 (28)	Tier 3	

Drug	Status	Notes
New Day	Tier 3	
Nextstellis	Tier 3	ST; QL (1 EA per 1 day)
Nikki (28)	Tier 3	
Nora-BE	Tier 3	
noreth-ethinyl estradiol-iron	Tier 3	
norethindrone (contraceptive)	Tier 3	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 3	
norethindrone-e.estradiol-iron oral capsule	Tier 3	ST
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 3	
norethindrone-e.estradiol-iron oral tablet,chewable	Tier 3	
norgestimate-ethinyl estradiol	Tier 3	
Norlyda	Tier 3	
Nortrel 0.5/35 (28)	Tier 3	
Nortrel 1/35 (21)	Tier 3	
Nortrel 1/35 (28)	Tier 3	
Nortrel 7/7/7 (28)	Tier 3	
Nylia 1/35 (28)	Tier 3	
Nylia 7/7/7 (28)	Tier 3	
Nymyo	Tier 3	
Ocella	Tier 3	
Opcicon One-Step	Tier 3	
Option-2	Tier 3	
Philith	Tier 3	
Pimtrea (28)	Tier 3	
Pirmella	Tier 3	
Portia 28	Tier 3	
Previfem	Tier 3	
Reclipsen (28)	Tier 3	
Rivelsa	Tier 3	
Setlakin	Tier 3	QL (91 EA per 84 days)
Sharobel	Tier 3	
Simliya (28)	Tier 3	
Simpesse	Tier 3	QL (91 EA per 84 days)
Slynd	Tier 3	ST; QL (1 EA per 1 day)
Sprintec (28)	Tier 3	
Sronyx	Tier 3	
Syeda	Tier 3	
Tarina 24 Fe	Tier 3	
Tarina Fe 1/20 (28)	Tier 3	
Tarina Fe 1-20 EQ (28)	Tier 3	
Taysofy	Tier 3	ST

Drug	Status	Notes
Tilia Fe	Tier 3	
Tri Femynor	Tier 3	
Tri-Estarylla	Tier 3	
Tri-Legest Fe	Tier 3	
Tri-Linyah	Tier 3	
Tri-Lo-Estarylla	Tier 3	
Tri-Lo-Marzia	Tier 3	
Tri-Lo-Mili	Tier 3	
Tri-Lo-Sprintec	Tier 3	
Tri-Mili	Tier 3	
Tri-Nymyo	Tier 3	
Tri-Sprintec (28)	Tier 3	
Trivora (28)	Tier 3	
Tri-VyLibra	Tier 3	
Tri-VyLibra Lo	Tier 3	
Tulana	Tier 3	
Tyblume	Tier 3	
Tydemy	Tier 3	
Velivet Triphasic Regimen (28)	Tier 3	
Vestura (28)	Tier 3	
Vienva	Tier 3	
Viorele (28)	Tier 3	
Volnea (28)	Tier 3	
Vyfemla (28)	Tier 3	
VyLibra	Tier 3	
Wera (28)	Tier 3	
Wymzya Fe	Tier 3	
Zarah	Tier 3	
Zovia 1-35 (28)	Tier 3	
Zumandimine (28)	Tier 3	
Contraceptives,Transdermal		
Twirla	Tier 2	
Xulane	Tier 3	QL (3 EA per 28 days)
Zafemy	Tier 3	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
Caya Contoured	Tier 3	
Oxytocics		
Cervidil	Tier 2	
methylergonovine oral	Tier 1	QL (28 EA per 30 days)
Prepidil	Tier 2	

Drug	Status	Notes
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
Alahist D	Tier 2	
Alahist PE	Tier 2	
Aprodine	Tier 1	
Brohist D	Tier 1	
Children's Cold-Allergy (PE)	Tier 1	
Children's Dibromm Cold-Allerg	Tier 1	
Cold and Allergy (bromphen-PE)	Tier 1	
Conex oral tablet	Tier 1	
dexbrompheniramine-phenyleph	Tier 1	
doxylamine-phenylephrine	Tier 1	
Ed A-Hist	Tier 1	
Histex PE	Tier 1	
Lodrane D	Tier 2	
LoHist - D	Tier 1	
Nasopen PE	Tier 2	
NoHist-LQ	Tier 1	
Poly Hist Forte	Tier 2	
Promethazine VC	Tier 1	
promethazine-phenylephrine	Tier 1	
Rescon	Tier 2	
Ru-Hist D	Tier 1	
Rymed (dexchlorpheniramine-PE)	Tier 2	
Rynex PE	Tier 1	
Rynex PSE	Tier 1	
Sinus and Allergy PE	Tier 1	
Stahist AD	Tier 2	
Stahist TP	Tier 2	
SudoGest Cold and Allergy	Tier 1	
1St Gen Antihistamine-Decongestant-Analgesic Comb		
Allergy Multi-Symptom	Tier 1	
Allergy Sinus Headache (PE)	Tier 1	
Contac Cold-Flu Day and Night	Tier 2	
Contac Cold-Flu Max Strength	Tier 2	
Cough and Severe Cold	Tier 1	
Sinus Congestion-Pain(chlorph)	Tier 1	
Sinus Congest-Pain Day-Night	Tier 1	
Sinus-Headache Day-Night	Tier 1	
1St Gen Antihist-Decon-Analgesic, Salicylate		
Cold Relief Plus	Tier 1	

Drug	Status	Notes
Analgesic, Non-Sal.- 1St Generation Antihistamine		
Acetaminophen PM	Tier 1	
Coricidin HBP Cold and Flu	Tier 1	
Headache PM	Tier 1	
Non-ASA Ex St Pain/Sleep Aid	Tier 1	
Non-Aspirin PM	Tier 1	
Pain Relief PM	Tier 1	
Pain Reliever AM/PM	Tier 1	
Pain Reliever PM Ex-Strength	Tier 1	
Analgesic,Nsaid-1St Gen.Antihistamine,Sedative Cmb		
Ibuprofen PM oral tablet	Tier 1	
Analgesics,Salicylate & Non-Salicylate Combination		
Pain Relief PM (w-aspirin)	Tier 1	
Antitussives,Non-Narcotic		
benzonatate	Tier 1	
Children's Cough DM ER	Tier 1	
Cough DM ER	Tier 1	
Cough Gels (DM)	Tier 1	
Delsym Cough	Tier 2	
dextromethorphan HBr	Tier 1	
dextromethorphan polistirex	Tier 1	
Mucinex Instasoothe Cough	Tier 2	
Sore Throat and Cough	Tier 1	
Tussin Cough (DM only) oral liquid	Tier 1	
Cough And/Or Cold Preparations		
Cough Drops (with eucalyptus) mucous membrane lozenge 6.5 mg, 7 mg	Tier 1	
Cough Drops mucous membrane lozenge 5.4 mg, 5.8 mg, 7.5 mg, 7.6 mg, 9.1 mg	Tier 1	
Little Remedies Honey Cough	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mucinex Instasoothe Comfort	Tier 1	
Mucinex Instasoothe Pain(hexy)	Tier 2	
Throat Drops mucous membrane lozenge 2.8 mg	Tier 1	
Vaporizing Steam	Tier 1	
Decongest-Analgesic,Non-Salicylate Comb.		
Contac Cold-Flu Day	Tier 1	
Sinus Congestion and Pain	Tier 1	
Sinus Headache PE	Tier 1	
Sinus Pain-Pressure (PE) oral tablet 5-325 mg	Tier 1	
Decongestant-Analgesic-Expectorant Combination		
Cold Head Congest(gg-pe-acetm)	Tier 1	

Drug	Status	Notes
Head Congestion-Mucus	Tier 1	
Severe Sinus	Tier 1	
Sinus Congestion-Pain(guaif)	Tier 1	
Decongestant-Expectorant Combinations		
Chest Congestion Relief PE	Tier 1	
Chest-Sinus Congestion Relief	Tier 1	
Deconex IR	Tier 2	
Duravent PE	Tier 2	
ED Bron GP	Tier 1	
Liquibid D-R	Tier 1	
Liquibid PD-R	Tier 2	
Mucus D oral tablet extended release 12 hr 60-600 mg	Tier 1	
Mucus Relief D (pseudoephed) oral tablet extended release 12 hr 60-600 mg	Tier 1	
Mucus Relief PE	Tier 1	
Poly-Vent IR	Tier 2	
pseudoephedrine-guaifenesin	Tier 1	
Tusnel Pediatric (Guaifen-PE)	Tier 2	
Decongestant-Nsaid, Cox Non-Spec Comb.		
Ibuprofen Cold	Tier 1	
Ibuprofen Cold-Sinus(with PSE)	Tier 1	
Decongestants, Oral		
Nasal Decongestant (PE)	Tier 1	
Nasal Decongestant (pseudoeph) oral tablet extended release	Tier 1	
phenylephrine HCl oral	Tier 1	
pseudoephedrine HCl oral tablet 60 mg	Tier 1	
pseudoephedrine HCl oral tablet extended release	Tier 1	
Sinus 12 Hour	Tier 1	
Sudogest 12-hour	Tier 1	
Suphedrine PE	Tier 1	
Expectorants		
Adult Tussin Chest Congestion	Tier 1	
Chest Congestion Relief	Tier 1	
Child Mucus Relief Expectorant	Tier 1	
guaifenesin oral liquid	Tier 1	
guaifenesin oral tablet 200 mg	Tier 1	
guaifenesin oral tablet extended release 12hr	Tier 1	
Liquituss GG	Tier 1	
Mucosa	Tier 1	
Mucus Relief ER	Tier 1	
Mucus Relief oral tablet 400 mg	Tier 1	
Mucus-ER MAX	Tier 1	

Drug	Status	Notes
Robafen	Tier 1	
Siltussin SA	Tier 1	
Tusnel-Ex	Tier 2	
Tussin Mucus-Chest Congestion	Tier 1	
Tussin oral tablet	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
CapCof	Tier 2	
Histex-AC	Tier 2	
Mar-Cof BP	Tier 1	
M-END PE	Tier 2	
Poly-Tussin AC	Tier 2	
Promethazine VC-Codeine	Tier 1	
promethazine-phenyleph-codeine	Tier 1	
Rydex	Tier 1	
Narcotic Antituss-Decongestant-Expectorant Comb		
Guaifenesin DAC	Tier 1	
Virtussin DAC	Tier 1	
Narcotic Antitussive-1St Generation Antihistamine		
hydrocodone-chlorpheniramine	Tier 1	
promethazine-codeine	Tier 1	
Narcotic Antitussive-Anticholinergic Comb.		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 mL	Tier 1	
hydrocodone-homatropine oral tablet	Tier 1	
Hydromet	Tier 1	
Narcotic Antitussive-Expectorant Combination		
codeine-guaifenesin	Tier 1	
Guaiatussin AC	Tier 1	
Guaifenesin AC	Tier 1	
Mar-Cof CG	Tier 1	
M-Clear WC	Tier 2	
Ninjacof-XG	Tier 1	
Non-Narc Antitus-1St Gen Antihist-Decon-Analges Cb		
Cold Head Congestion Day/Nite	Tier 1	
Cold Head Congestion Nighttime	Tier 1	
Cold Max Day-Night	Tier 1	
Cold Multi-Symptom Day/Night	Tier 1	
Daytime-Nighttime	Tier 1	
Mucinex Nightshft Sevr Cld-Flu	Tier 2	
Mucinex Nightshift Sinus oral tablet	Tier 2	
Multi-Symptom Cold Night Time	Tier 1	

Drug	Status	Notes
Severe Cold and Flu Nighttime	Tier 1	
Tussin Cough-Cold-Flu	Tier 1	
Non-Narc Antituss-1St Antihist-Decong-Analg-Expect		
Mucinex Fast-Max Cold-Nghtshft	Tier 2	
Mucinex Fast-Max Cong-Nghtshft oral tablets, sequential	Tier 2	
Mucinex Fast-Max Day-Nt(doxyl)	Tier 2	
Mucinex Sinus-Max Day-Night	Tier 2	
Mucinex Sinus-Max Dy-Nt (dxyl)	Tier 2	
Non-Narc Antituss-1St Gen Antihist-Analgesic Comb.		
All-Nite Cold-Flu	Tier 1	
Contac Cold-Flu Night	Tier 1	
Flu HBP oral tablet 2-10-325 mg	Tier 1	
Mucinex Nightshift Cold-Flu oral tablet	Tier 2	
Night Time	Tier 1	
Night Time Cold and Flu Relief	Tier 1	
Nighttime Cold-Flu	Tier 1	
Nighttime Cold-Flu Relief	Tier 1	
Ninjacof-A	Tier 2	
Nite Time Cold-Flu	Tier 1	
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
Alahist CF	Tier 2	
Alahist DM	Tier 2	
AP-Hist DM	Tier 1	
Bromfed DM	Tier 1	
brompheniramine-pseudoeph-DM	Tier 1	
Brotapp DM	Tier 1	
Children's Cold and Cough (PE)	Tier 1	
Chlo Tuss	Tier 2	
Cold and Cough Elixir	Tier 1	
dexchlorphen-PSE-chlophedianol	Tier 1	
Dimaphen DM	Tier 1	
Ed A-Hist DM	Tier 1	
EndaCof - DM	Tier 1	
Histex DM	Tier 2	
LoHist-DM	Tier 1	
M-End DMX	Tier 2	
Ninjacof-D	Tier 2	
NoHist-DM	Tier 1	
Pediatric Cough and Cold	Tier 1	
Poly-Hist DM (thonzylamine)	Tier 2	

Drug	Status	Notes
Polytussin DM(dexbromphenirmn)	Tier 2	
Rescon-DM	Tier 2	
Rynex DM	Tier 1	
Trexbrom	Tier 2	
Vanacof	Tier 2	
WesTussin DM	Tier 1	
Non-Narc Antituss-Decongestant-Analgesic-Expect Cb		
Cold and Flu Severe	Tier 1	
Cold Max Severe Daytime	Tier 1	
Cold Multi-Symptom Daytime	Tier 1	
Duraflu	Tier 2	
Mucinex Fast-Max Cold-Flu oral capsule	Tier 2	
Mucinex Fast-Max Cold-Flu-Thrt oral capsule	Tier 2	
Mucinex Sinus-Max Pressure-Cgh oral capsule	Tier 2	
Mucus Relief Cold-Flu-Sore Thr oral liquid	Tier 1	
Multi-Symptom Cold (PE)	Tier 1	
Severe Cold and Flu (PE)	Tier 1	
Tussin CF Max Severe M-S Cold	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
Capron DM	Tier 2	
Capron DMT	Tier 2	
Children's Dayclear Allergy	Tier 2	
Chlo Hist	Tier 2	
Cough and Cold (chlorphen-DM)	Tier 1	
Cough-Cold Relief HBP	Tier 1	
DayClear Allergy Relief	Tier 2	
NightTime Cough	Tier 1	
Ninjacof	Tier 2	
promethazine-DM	Tier 1	
Non-Narcotic Antituss-Decongestant-Expectorant Cmb		
Adult Tussin Multi-Symp Cold	Tier 1	
Aquanaz	Tier 2	
Aquanaz PSE	Tier 2	
Capmist DM	Tier 2	
Certuss-D	Tier 2	
Child's Mucus Relief M-S Cold	Tier 1	
Deconex DMX oral tablet 10-17.5-400 mg	Tier 2	
Duravent DM	Tier 2	
Nivanex DMX	Tier 1	
phenylephrine-DM-guaifenesin	Tier 1	

Drug	Status	Notes
Poly-Vent DM	Tier 2	
Robafen CF (phenylephrine)	Tier 1	
Tusnel DM	Tier 2	
Tusnel DM Pediatric(phenyleph) oral drops	Tier 2	
Tusnel DM Pediatric(phenyleph) oral liquid	Tier 1	
Tusnel New Formula	Tier 2	
Tussin CF (PE-DM-guaif)	Tier 1	
Vanacof DMX	Tier 2	
VanaTab DM	Tier 2	
Non-Narcotic Antitussive And Expectorant Comb.		
Adult Tussin Cough Congest DM	Tier 1	
Adult Tussin DM	Tier 1	
Chest Congestion Relief DM	Tier 1	
Chest Congestion-Cough Relief	Tier 1	
Child Mucus Relief Cough	Tier 1	
Cough Syrup DM	Tier 1	
dextromethorphan-guaifenesin oral liquid	Tier 1	
dextromethorphan-guaifenesin oral tablet extended release 12 hr	Tier 1	
Diabetic Siltussin-DM Max Str	Tier 1	
Mucosa DM	Tier 1	
Mucus DM	Tier 1	
Mucus DM Max ER	Tier 1	
Mucus Relief Cough	Tier 1	
Mucus Relief DM	Tier 1	
Mucus Relief DM Cough	Tier 1	
Mucus Relief DM Max	Tier 1	
Robafen DM Cough	Tier 1	
Robafen DM Cough-Chest Congest	Tier 1	
Siltussin DM DAS	Tier 1	
Siltussin-DM	Tier 1	
Tusnel Diabetic	Tier 1	
Tussin DM	Tier 1	
Tussin DM Clear	Tier 1	
Tussin DM Cough and Chest	Tier 1	
Tussin DM Max oral liquid 5-100 mg/5 mL	Tier 1	
Non-Narcotic Antitussive-Decongestant-Analgesic Cb		
Cold Head Congestion Daytime	Tier 1	
Cold Max Daytime	Tier 1	
Cold Multi-Symptom	Tier 1	
Day Multi-Symp Flu-Severe Cold	Tier 1	
DayTime	Tier 1	

Drug	Status	Notes
Daytime Cold-Flu	Tier 1	
Daytime Cold-Flu Relief (PE)	Tier 1	
Flu-Severe Cold-Cough Daytime	Tier 1	
Mapap Cold Formula	Tier 1	
Mucinex Fast-Max Cong-HA (DM)	Tier 1	
Mucinex Sinus-Max Cng-Pain(DM)	Tier 1	
Nose Preparations, Vasoconstrictors(Otc)		
Benzedrex	Tier 2	
Fast Acting Nasal	Tier 1	
Nasal Decongestant (oxymetazl)	Tier 1	
Nasal Four	Tier 1	
Nasal Spray (oxymetazoline)	Tier 1	
Nasal Spray 12Hr(oxymetazoline nasal mist	Tier 1	
Nasal Spray Extra Moisturizing	Tier 1	
Nasal Spray Sinus	Tier 1	
Neo-Synephrine (phenylephrine) nasal spray,non-aerosol 0.25 %, 0.5 %	Tier 2	
No Drip	Tier 1	
Nose Drops	Tier 1	
Nose Drops Extra Strength	Tier 1	
Original Nasal Spray	Tier 1	
Sinus Nasal Spray	Tier 1	
Sinus Relief (phenylephrine)	Tier 1	
Vapor Inhaler	Tier 1	
Sympathomimetic Agents		
12 Hour Nasal Decongest (PSE)	Tier 1	
Children's Silfedrine	Tier 1	
Nasal Decongestant (pseudoeph) oral tablet	Tier 1	
pseudoephedrine HCl oral tablet 30 mg	Tier 1	
Sudogest	Tier 1	
Suphedrin	Tier 1	
Suphedrine 12 Hour	Tier 1	
Dermatology - Acne		
Acne Agents,Systemic		
Absorica LD	Tier 2	ST
Absorica oral capsule 10 mg, 20 mg, 40 mg	Tier 2	
Absorica oral capsule 25 mg	Tier 2	ST
Amnesteem	Tier 1	
Claravis	Tier 1	
isotretinoin	Tier 1	
Myorisan	Tier 1	
Zenatane	Tier 1	

Drug	Status	Notes
Acne Agents,Topical		
adapalene-benzoyl peroxide	Tier 1	ST; QL (1 GM per 23 days)
clindamycin-benzoyl peroxide topical gel	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump	Tier 1	QL (50 GM per 30 days)
clindamycin-tretinoin	Tier 1	ST
dapsone topical	Tier 1	
DermacinRx Atrix topical liquid	Tier 2	
Epiduo Forte	Tier 2	ST; QL (1 GM per 23 days)
Neuac	Tier 1	
Onexton	Tier 2	
sulfacetamide sodium (acne)	Tier 1	
Twyneo	Tier 2	ST
Anticorrosive Agents		
butylated hydroxytoluene	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sodium bisulfite (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Astringents		
Bay Rum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gordomatic topical powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
witch hazel topical solution	Tier 1	
Rosacea Agents, Topical		
azelaic acid	Tier 1	
Epsolay	Tier 2	
Finacea topical foam	Tier 2	
ivermectin topical cream	Tier 1	
metronidazole topical	Tier 1	
Mirvaso topical gel with pump	Tier 2	QL (30 GM per 30 days)
Noritate	Tier 2	ST
Rhofade	Tier 2	ST; QL (30 GM per 30 days)
Rosadan topical cream	Tier 1	
Topical Antiandrogenic Agents		
Winlevi	Tier 2	ST
Topical Preparations,Antibacterials		
ammonium and potassium iodides	Tier 1	
Antimicrobial	Tier 2	
Antiseptic Skin Clnsr(chlorhe)	Tier 1	
Benz-All	Tier 1	
Betasept Surgical Scrub	Tier 1	
DermaFix topical aerosol,spray	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dyna-Hex (isopropyl alcohol)	Tier 1	

Drug	Status	Notes
Dyna-Hex topical liquid 4 %	Tier 1	
ethyl alcohol topical solution	Tier 2	
Foaming Antibacterial Soap	Tier 1	
Germ Bloc topical lotion	Tier 2	
Hand Wash	Tier 1	
hydrocortisone-iodoquinol	Tier 1	
Instant Hand Sanitizing	Tier 2	
Iodides Tincture	Tier 1	
iodine-sodium iodide topical tincture 2 %	Tier 1	
Lugols topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Obstetrical Antiseptic	Tier 2	
silver nitrate topical solution 0.5 %	Tier 1	
Thera Body Cleanser	Tier 1	
Vitamin A Derivatives		
adapalene topical cream	Tier 1	
adapalene topical gel	Tier 1	
adapalene topical gel with pump	Tier 1	
Aklief	Tier 2	ST
Altreno	Tier 2	
Avita	Tier 1	
Differin topical lotion	Tier 2	
Retin-A Micro Pump topical gel with pump 0.06 %, 0.08 %	Tier 2	ST
tretinoin	Tier 1	
tretinoin microspheres	Tier 1	
Vitamin A Derivatives, Topical Acne Agents		
Arazlo	Tier 2	ST
Fabior	Tier 2	ST
tazarotene topical foam	Tier 1	ST
Dermatology - Antiinfective		
Insect Repellants		
Cutter Backwoods	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cutter Backwoods Dry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cutter Lemon Eucalyptus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cutter Natural Insect RepellInt	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cutter Natural Repellent2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cutter Skinsations	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Insect Repellent (DEET)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mosquito Eliminator	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Off Active	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Off Deep Woods	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Off Deep Woods Dry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Off Deep Woods Sportsmen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Off FamilyCare (with DEET)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Off FamilyCare(with picaridin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ranger Ready Repellent	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Repel 100	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Repel Family	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Repel Hunter's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Repel Lemon Eucalyptus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Repel Sportsmen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Repel Sportsmen Dry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Repel Sportsmen Max	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Repel Tick Defense	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Total Home Insect Repellent	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultrathon topical aerosol,spray	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Topical Antibiotics		
Amzeeq	Tier 2	
Antibiotic (bacitracin zinc)	Tier 1	
Antibiotic Plus (pramoxine)	Tier 1	
bacitracin topical	Tier 1	
bacitracin zinc	Tier 1	
clindamycin phosphate topical foam	Tier 1	
clindamycin phosphate topical gel	Tier 1	
clindamycin phosphate topical gel, once daily	Tier 1	ST; QL (75 ML per 30 days)
clindamycin phosphate topical lotion	Tier 1	

Drug	Status	Notes
clindamycin phosphate topical solution	Tier 1	QL (120 ML per 30 days)
clindamycin phosphate topical swab	Tier 1	
Double Antibiotic (b.tracn Zn) topical ointment	Tier 1	
Ery Pads	Tier 1	
erythromycin with ethanol topical gel	Tier 1	
erythromycin with ethanol topical solution	Tier 1	QL (120 ML per 30 days)
erythromycin-benzoyl peroxide	Tier 1	
First Aid Antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram	Tier 1	
gentamicin topical	Tier 1	QL (90 GM per 30 days)
mupirocin	Tier 1	QL (90 GM per 30 days)
mupirocin calcium	Tier 1	ST; QL (90 GM per 30 days)
Poly Bacitracin (zinc)	Tier 1	
Triple Antibiotic	Tier 1	
Triple Antibiotic Plus	Tier 1	
Triple Antibiotic-Pain Relief	Tier 1	
Xepi	Tier 2	ST
Zilxi	Tier 2	
Topical Antifungal/Antiinflammatory,Steriod Agent		
clotrimazole-betamethasone	Tier 1	
Topical Antifungals		
Alevazol	Tier 2	
Anti-Fungal	Tier 1	
Antifungal (clotrimazole)	Tier 1	
Antifungal (tolnaftate) topical cream	Tier 1	
Antifungal (tolnaftate) topical powder	Tier 1	
Athlete's Foot (clotrimazole)	Tier 1	
Athlete's Foot (terbinafine)	Tier 1	
Athlete's Foot (tolnaftate) topical aerosol powder	Tier 1	
Athlete's Foot (tolnaftate) topical aerosol,spray	Tier 1	
Athlete's Foot topical aerosol powder	Tier 1	
butenafine	Tier 1	
Ciclodan Kit topical combo pack	Tier 2	
ciclopirox topical cream	Tier 1	QL (180 GM per 30 days)
ciclopirox topical gel	Tier 1	
ciclopirox topical shampoo	Tier 1	
ciclopirox topical solution	Tier 1	QL (13.2 ML per 30 days)
ciclopirox topical suspension	Tier 1	QL (120 ML per 30 days)
ciclopirox-ure-camph-menth-euc	Tier 1	QL (13.2 ML per 30 days)
clotrimazole topical	Tier 1	
econazole	Tier 1	QL (85 GM per 30 days)
Ertaczo	Tier 2	
Exelderm	Tier 2	

Drug	Status	Notes
Fungoid-D	Tier 1	
gentian violet topical solution 1 %	Tier 1	
Jublia	Tier 2	PA
ketoconazole topical cream	Tier 1	QL (120 GM per 30 days)
ketoconazole topical foam	Tier 1	
ketoconazole topical shampoo	Tier 1	QL (200 ML per 30 days)
Ketodan	Tier 1	
Ketodan Kit	Tier 2	
Loprox Kit topical combo pack	Tier 2	
luliconazole	Tier 1	ST; QL (60 GM per 28 days)
Mentax	Tier 2	
miconazole nitrate topical cream	Tier 1	
miconazole nitrate-zinc ox-pet	Tier 1	
Miconazorb AF	Tier 1	
Micotrin AC	Tier 1	
Micotrin AL	Tier 1	
Micotrin AP	Tier 1	
Mycozyl AC	Tier 1	
Mycozyl AL	Tier 1	
Mycozyl AP	Tier 1	
naftifine topical cream 1 %	Tier 1	
naftifine topical cream 2 %	Tier 1	QL (90 GM per 30 days)
Naftin topical gel 2 %	Tier 2	
Nyamyc	Tier 1	QL (60 GM per 30 days)
nystatin topical cream	Tier 1	
nystatin topical ointment	Tier 1	QL (90 GM per 30 days)
nystatin topical powder	Tier 1	QL (60 GM per 30 days)
nystatin-triamcinolone topical cream	Tier 1	
nystatin-triamcinolone topical ointment	Tier 1	QL (120 GM per 30 days)
Nystop	Tier 1	QL (60 GM per 30 days)
oxiconazole	Tier 1	QL (90 GM per 30 days)
Oxistat topical lotion	Tier 2	
tavaborole	Tier 1	PA
terbinafine HCl topical	Tier 1	
Thera Antifungal	Tier 1	
tolnaftate topical cream	Tier 1	
tolnaftate topical powder	Tier 1	
Triple Dye	Tier 1	
Topical Antiparasitics		
Crotan	Tier 2	
Eurax	Tier 2	
Insect Repellent (picaridin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
ivermectin topical lotion	Tier 1	QL (120 GM per 14 days)
Lice Killing	Tier 1	
Lice Killing (permethrin)	Tier 1	
Lice Solution	Tier 1	
Lice Treatment	Tier 1	
Lice Treatment (permethrin)	Tier 1	
lindane topical shampoo	Tier 1	
malathion	Tier 1	
Natrapel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
permethrin	Tier 1	
spinosad	Tier 1	QL (120 ML per 5 days)
Ultrathon topical lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VanaLice	Tier 2	
Topical Antivirals		
acyclovir topical cream	Tier 1	ST; QL (5 GM per 10 days)
acyclovir topical ointment	Tier 1	QL (30 GM per 10 days)
Denavir	Tier 2	ST; QL (5 GM per 14 days)
docosanol	Tier 1	
Topical Antivirals/Antiinflammatory, Steroid Agent		
Xerese	Tier 2	ST; QL (10 GM per 365 days)
Topical Genital Wart-Hpv Treatment Agents		
Veregen	Tier 2	ST
Topical Sulfonamides		
Avar LS topical foam	Tier 2	
Avar LS topical pads, medicated	Tier 2	
Avar topical pads, medicated	Tier 2	
BP 10-1	Tier 1	
Cleansing Wash topical cleanser	Tier 1	
mafenide acetate	Tier 1	
Rosula	Tier 2	
Rosula cleansing cloths	Tier 1	
silver sulfadiazine	Tier 1	
SSD	Tier 1	
SSS 10-5	Tier 1	
sulfacetamide sodium-sulfur topical cleanser	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	Tier 1	

Drug	Status	Notes
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea	Tier 1	
sulfacetamide-sulfur-cleansr23	Tier 1	
Sulfamylon	Tier 2	
Sumadan XLT	Tier 2	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
Adbry	Tier 2	PA
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
Eucrisa	Tier 2	ST
Topical Antibiotics/Antiinflammatory,Steroidal		
Neo-Synalar	Tier 2	ST
Neo-Synalar Kit	Tier 2	ST
Topical Anti-Inflammatory Steroidal		
alclometasone	Tier 1	
amcinonide topical cream	Tier 1	ST
Anti-Itch (HC) topical cream	Tier 1	
Anti-Itch(hydrocortisone)-Aloe	Tier 1	
ApexiCon E	Tier 2	ST
Aqua Glycolic HC	Tier 2	
Aquanil HC	Tier 1	
betamethasone dipropionate	Tier 1	
betamethasone valerate	Tier 1	
betamethasone, augmented	Tier 1	
Bryhali	Tier 2	ST; QL (200 GM per 30 days)
Capex	Tier 2	QL (120 ML per 30 days)
clobetasol	Tier 1	
clobetasol-emollient	Tier 1	
clocortolone pivalate	Tier 1	
Clodan Kit	Tier 2	
desonide topical cream	Tier 1	
desonide topical lotion	Tier 1	
desonide topical ointment	Tier 1	
desoximetasone topical cream	Tier 1	
desoximetasone topical gel	Tier 1	
desoximetasone topical ointment	Tier 1	
desoximetasone topical spray,non-aerosol	Tier 1	ST
diflorasone topical cream	Tier 1	ST
diflorasone topical ointment	Tier 1	
fluocinolone	Tier 1	
fluocinolone and shower cap	Tier 1	

Drug	Status	Notes
fluocinonide topical cream 0.05 %	Tier 1	
fluocinonide topical cream 0.1 %	Tier 1	ST
fluocinonide topical gel	Tier 1	
fluocinonide topical ointment	Tier 1	
fluocinonide topical solution	Tier 1	
flurandrenolide topical cream	Tier 1	ST
flurandrenolide topical lotion	Tier 1	
flurandrenolide topical ointment	Tier 1	
fluticasone propionate topical	Tier 1	
halcinonide	Tier 1	ST; QL (60 GM per 30 days)
halobetasol propionate topical cream	Tier 1	
halobetasol propionate topical foam	Tier 1	ST; QL (100 GM per 30 days)
halobetasol propionate topical ointment	Tier 1	
Halog topical ointment	Tier 2	ST
Halog topical solution	Tier 2	
hydrocortisone acetate topical cream	Tier 1	
hydrocortisone acetate topical ointment	Tier 1	
hydrocortisone butyrate topical cream	Tier 1	ST
hydrocortisone butyrate topical lotion	Tier 1	ST
hydrocortisone butyrate topical ointment	Tier 1	ST
hydrocortisone butyrate topical solution	Tier 1	
hydrocortisone butyr-emollient	Tier 1	ST
Hydrocortisone Plus	Tier 1	
hydrocortisone topical cream	Tier 1	
hydrocortisone topical cream in packet	Tier 1	
hydrocortisone topical cream with perineal applicator	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone valerate	Tier 1	
hydrocortisone-aloe vera topical cream 1 %	Tier 1	
Impeklo	Tier 2	ST
Lexette	Tier 2	ST; QL (100 GM per 30 days)
mometasone topical	Tier 1	
Pandel	Tier 2	
prednicarbate	Tier 1	
Procto-Med HC	Tier 1	
Procto-Pak	Tier 1	
Proctosol HC topical	Tier 1	
Proctozone-HC	Tier 1	
Sernivo	Tier 2	ST
Synalar Cream Kit	Tier 2	
Synalar Ointment Kit	Tier 2	
Synalar TS	Tier 2	

Drug	Status	Notes
Texacort	Tier 2	
triamcinolone acetonide topical	Tier 1	
Trianex	Tier 1	
Ultravate topical lotion	Tier 2	ST; QL (60 ML per 20 days)
Topical Anti-Inflammatory, Nsaids		
Arthritis Pain (diclofenac)	Tier 1	ST
diclofenac epolamine	Tier 1	ST; QL (2 EA per 1 day)
diclofenac sodium topical drops	Tier 1	ST; QL (300 ML per 30 days)
diclofenac sodium topical gel 1 %	Tier 1	ST
diclofenac sodium topical solution in metered-dose pump	Tier 1	
Licart	Tier 2	ST
Pennsaid topical solution in packet	Tier 2	
Topical Anti-Inflammatory, Other		
MSM/Glucosamine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Topical Janus Kinase (Jak) Inhibitors		
Opzelura	Tier 2	ST; QL (60 GM per 30 days)
Dermatology - Antipruritic Drugs		
Antipruritics,Topical		
Anti-Itch(diphenhyd) with Zinc topical cream 2-0.1 %	Tier 1	
Banophen Anti-Itch	Tier 1	
Caladryl	Tier 1	
Caladryl Clear	Tier 1	
Calamine Clear	Tier 1	
Calamine Plus (pramox-calamin)	Tier 1	
Caldyphen	Tier 1	
Caldyphen Clear	Tier 1	
Dermagesic (pramox-calamine)	Tier 2	
doxepin topical	Tier 1	ST
Itch Relief topical aerosol,spray	Tier 1	
Itch Relief topical cream 2-0.1 %	Tier 1	
ITCH-X	Tier 2	
Dermatology - Miscellaneous		
Antiperspirants		
Drysol	Tier 2	
Drysol Dab-O-Matic	Tier 2	
Xerac AC	Tier 2	
Antiseborrheic Agents		
Anti-Dandruff	Tier 1	
Dandruff Shampoo (pyrithione)	Tier 1	
Dandruff Shampoo (selenium)	Tier 1	
DHS Zinc	Tier 1	

Drug	Status	Notes
Ovace Plus Shampoo	Tier 2	
Ovace Plus topical cream	Tier 2	
Ovace Plus topical foam	Tier 2	
Ovace Plus topical lotion	Tier 2	ST
selenium sulfide topical lotion	Tier 1	
selenium sulfide topical shampoo 2.25 %	Tier 1	
sulfacetamide sodium topical cleanser	Tier 1	
sulfacetamide sodium topical cleanser, gel	Tier 1	
sulfacetamide sodium topical shampoo 10 %	Tier 1	
Antiseptics,General		
Alcohol Pads	Tier 2	
Alcohol Prep Pads	Tier 2	
alcohol swabs	Tier 2	
Alcohol Wipes	Tier 2	
Alcohol-Benzocaine	Tier 1	
BD Alcohol Swabs	Tier 2	
CareTouch Alcohol Prep Pad	Tier 2	
Curity Alcohol Swabs	Tier 2	
DropSafe Alcohol Prep Pads	Tier 2	
Easy Comfort Alcohol Pad	Tier 2	
Easy Touch Alcohol Prep Pads	Tier 2	
Germ Bloc topical foam	Tier 1	
inControl Alcohol Pads	Tier 2	
isopropyl alcohol topical swab	Tier 2	
IV Prep Wipes	Tier 2	
Pro Comfort Alcohol Pads	Tier 2	
Pure Comfort Alcohol Pads	Tier 2	
Sure Comfort Alcohol Prep Pads	Tier 2	
Sure-Prep Alcohol Prep Pads	Tier 2	
tea tree oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
True Comfort Alcohol Pads	Tier 2	
True Comfort Pro Alcohol Pads	Tier 2	
Ultilet Alcohol Swab	Tier 2	
Webcol	Tier 2	
Antiseptics,Miscellaneous		
Castellani Paint Modified	Tier 2	
Cetylcide II Concentrate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
phenol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Deodorants		
Dr Scholl's Foot Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
FreshNet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gordon's No. Five	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hex-On Light Odor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nullo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Odor Eliminator Drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra-Fresh topical	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Yodora	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Emollients		
Absorbase	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aloe Grande	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
aloe vera topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aloe Vesta Body Wash/Shampoo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aloe Vesta Cleansing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aloe Vesta Perineal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AlphaBath	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AlphaSoft	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ameristore	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ammonium lactate	Tier 1	
Aqua Glycolic topical lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aqua Lacten	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aquaphilic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Arthricream Rub	Tier 1	
Aveeno Intense Relief	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Avosil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Balneol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Beta Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Cam	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cavilon Moisturizing Body	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ceracade	Tier 2	
CeraVe Daily Moisturizing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraVe PM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraVe SA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraVe SA (with niacinamide) topical cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraVe topical cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cetaphil DailyAdvance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Coats Aloe	Tier 2	
Coats Aloe Moisturizing	Tier 2	
Cocoa butter cream	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Coconut Oil Cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complex 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dermacerin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dermacloud	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermaDaily	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermaPlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermaVantage	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dermend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dexeryl	Tier 2	
DML Facial Moisturizer	Tier 2	
DML Forte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Draw Out Salve	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Elon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Emollia	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Emu-Lac	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Eucerin Advanced Repair	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eucerin Intensive Repair	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eucerin Intensive Repair Cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eucerin Skin Calming	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Foot Emollient	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glycerin topical liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glycerin topical solution	Tier 1	
Glycine Soya Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gold Bond Ultimate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gold Bond Ultimate Healing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gordon's Vite A	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gordons-Vite E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hydrolatum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hyper-Heal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Keradan	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lac-Hydrin Five	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lanolin (HPA)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Lysine-VitA-D-E-Cocoa Butter	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lobana Bath	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lobana Body	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lobana Peri-Garde	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lubriderm Advanced Therapy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lubriderm Daily Moisture	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lubriderm Skin Nourishing	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LubriSilk	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
LubriSoft	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Luxamend	Tier 2	
Mapo Bath	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mederma SPF	Tier 2	
Miaderm	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Minerin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Minerin Creme	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Moisture Recovery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Moisturizing Cream	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Moiturizing Lotion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natural Care Gel	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neutrogena Hand	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nivea	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nivea Soft	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocean with Hyaluronan	Tier 2	
olive oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-Step Skin Care Lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pen-Kera	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PeriScent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
petrolatum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Purelan	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Remedy Phytoplex Moisturizer	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Secura Moisturizing topical cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Secura Moisturizing topical lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sensi-Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Skarjel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Skin Protectant (Lanolin)	Tier 1	
Skin Protectant A and D	Tier 1	
Skin Repair	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Soothe and Cool	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Soothe and Cool Body Lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Soothe and Cool Perineal Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Soothe And Cool Skin Cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Soothe-Cool Moisturize Body	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Studio 35 Beauty Cocoa Butter	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Studio 35 Moisturizing Skin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Summers Eve Cleansing Cloths	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Supersoft	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sween	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sween Cream	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sweet Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
thera BATH	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thera-Derm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Therapeutic Moisturizing	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Therapeutic Moisturizing Cream	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Uniderm Moisturizer	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Unscented Cold Cream	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vit E-wheat germ-aloe vera	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E (dl, acetate) topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin E and C Beauty Lotion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin E and K Beautiful Skin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Vitamin E Beauty	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin E plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E-safflower oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamn E Beauty with Safflower	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vita-Ray	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vits A and D-white pet-lanolin topical ointment	Tier 1	
Wibi	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Xtracare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Iodine Antiseptics		
Betadine Ophthalmic Prep	Tier 2	
Betadine topical cream	Tier 2	
Betadine topical spray,non-aerosol	Tier 2	
povidone-iodine topical solution 10 %	Tier 1	
povidone-iodine topical swab	Tier 1	
PVP Prep	Tier 1	
Summer's Eve Douche	Tier 2	
Irrigants		
acetic acid irrigation	Tier 1	
lactated Ringers irrigation	Tier 2	
neomycin-polymyxin B GU	Tier 1	
Physiolyte	Tier 2	
Physiosol Irrigation	Tier 2	
Ringer's irrigation	Tier 1	
sodium chloride irrigation	Tier 1	
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol	Tier 1	
Tis-U-Sol Pentalyte	Tier 2	
water for irrigation, sterile	Tier 1	
Irritants/Counter-Irritants		
Anti-Dandruff (coal tar)	Tier 1	
Anti-Itch (menthol-camphor)	Tier 1	
Arthricream	Tier 1	
Arthritis Pain Relief(capsaic) topical cream 0.075 %	Tier 1	
Blue Gel	Tier 1	
Campho-Phenique topical solution	Tier 2	
camphor	Tier 1	

Drug	Status	Notes
Camphor Blocks	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Camphotrex	Tier 2	
Camphotrol	Tier 2	
Capasil	Tier 2	
capsaicin topical adhesive patch,medicated	Tier 1	
capsaicin topical cream 0.025 %, 0.1 %	Tier 1	
capsaicin topical liquid	Tier 1	
Chest Rub (with pine oil)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Chest Rub topical ointment	Tier 1	
coal tar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Coats Aloe Analgesic	Tier 2	
Cold and Hot (m.salic-menthol) topical ointment	Tier 1	
Cold and Hot (menthol)	Tier 1	
Cold Therapy (menthol)	Tier 1	
DermacinRx Circata	Tier 2	
DermacinRx Circatrix	Tier 2	
eucalyptus oil oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
eucalyptus oil topical	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gordobalm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gordomatic topical lotion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ice Blue Gel	Tier 1	
Ionil T	Tier 1	
Medicated Chest Rub	Tier 1	
Medicated Relief	Tier 1	
methyl salicylate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
methyl salicylate topical liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mobisyl	Tier 1	
Muscle Rub	Tier 1	
Muscle Rub Ultra-Strength	Tier 1	
Neuracin	Tier 2	
Pain Relief (trolamine salicy)	Tier 1	
Pain Relief Instant Antiseptic	Tier 1	
Pain Relieving (m-salic-men)	Tier 1	
Pain Relieving Cream	Tier 1	
Pain Relieving(cam-m.sal-ment) topical adhesive patch,medicated 3.1-10-6 %	Tier 1	

Drug	Status	Notes
pine tar (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Qutenza	Tier 2	PA
Thera-Gel	Tier 1	
Thera-Gesic	Tier 1	
Thera-Gesic Plus	Tier 2	
Therapeutic Blue	Tier 1	
Keratolytics		
Acne Medication topical gel	Tier 1	
Acne Medication topical lotion 10 %	Tier 1	
Acne Medication topical lotion 5 %	Tier 2	
AcneFree Acne Clearing System	Tier 1	
AcneFree Severe Acne Clearing	Tier 2	
Bensal HP	Tier 2	ST
benzoyl peroxide topical cleanser 10 %, 5 %, 6 %	Tier 1	
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	Tier 1	
BPO	Tier 1	
Callus Removers	Tier 1	
Condylox topical gel	Tier 2	ST
Corn Remover	Tier 1	
Corn-Callus Remover topical liquid	Tier 1	
DermacinRx Atrix topical cleanser	Tier 1	
DermacinRx Atrix topical cream	Tier 2	
DHS Sal	Tier 1	
Pacnex HP	Tier 2	
Pacnex LP	Tier 2	
Panoxyl topical cleanser 10 %	Tier 1	
Podocon	Tier 1	
podofilox	Tier 1	
salicylic acid topical cream	Tier 1	
salicylic acid topical film forming liquid w/appl	Tier 1	
salicylic acid topical foam	Tier 1	
salicylic acid topical gel	Tier 1	
salicylic acid topical lotion	Tier 1	
Sal-Plant	Tier 1	
Scalp Relief topical liquid	Tier 1	
Sebex	Tier 1	
silver nitrate applicators	Tier 1	
Therapeutic Dandruff Shampoo	Tier 1	
Uramaxin GT topical kit,cream and gel	Tier 2	
Uramaxin topical foam	Tier 2	
Uramaxin topical lotion	Tier 2	
urea topical cream 39 %, 40 %	Tier 1	

Drug	Status	Notes
urea topical foam	Tier 1	
urea topical lotion 40 %	Tier 1	
Wart Remover topical adhesive patch,medicated	Tier 1	
Wart Remover topical liquid	Tier 1	
X-Seb T Pearl	Tier 1	
Oxidizing Agents		
H-Chlor 12	Tier 1	
H-Chlor 6	Tier 2	
hydrogen peroxide	Tier 1	
HySept	Tier 1	
Protectives		
AmeriCerin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AmeriPhor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby Skin Protectant (pet)	Tier 1	
benzoin	Tier 1	
calamine phenolated	Tier 1	
calamine-zinc oxide topical lotion 8-8 %	Tier 1	
calamine-zinc oxide-phenol	Tier 1	
Cocoa Butter Petroleum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cozima	Tier 2	
DermacinRx Skin Repair Complex	Tier 1	
Diaper Rash topical ointment	Tier 1	
DML	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dr. Smith's Adult Barrier	Tier 2	
Dr. Smith's Diaper	Tier 1	
Dr. Smith's Diaper Rash	Tier 2	
Gold Bond Triple Action	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Moisturel Therapeutic	Tier 2	
PeriShield topical ointment	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Risamine	Tier 1	
Shield Skin topical aerosol,spray	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Skin Protectant topical cream 5 %	Tier 2	
Tetrix	Tier 2	
Thera Moisturizing	Tier 2	
TheraSeal	Tier 1	
white petrolatum topical ointment 42 %	Tier 1	
Z-Bum	Tier 2	
zinc oxide topical cream	Tier 1	

Drug	Status	Notes
zinc oxide topical ointment 20 %, 25 %	Tier 1	
Shampoos/Lotion		
Aqua Glycolic topical shampoo	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DHS	Tier 2	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
Analpram-HC topical	Tier 2	
Epifoam	Tier 2	
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine HCl-hydrocortison ac topical	Tier 1	
Pramosone topical cream 1-1 %	Tier 2	
Pramosone topical lotion	Tier 2	
Pramosone topical ointment	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
bexarotene topical	Tier 1	PA
diclofenac sodium topical gel 3 %	Tier 1	PA; ST; QL (100 GM per 30 days)
fluorouracil topical	Tier 1	
Targretin topical	Tier 2	PA
Tolak	Tier 2	
Valchlor	Tier 2	PA
Topical Local Anesthetics		
Burn Relief with Aloe topical aerosol,spray	Tier 1	
Burn Relief with Lidocaine	Tier 1	
DermacinRx Lidogel	Tier 2	
DermacinRx Lidorex	Tier 2	
dibucaine topical	Tier 1	
First Aid (lidocaine-benzalk)	Tier 1	
LidaFlex	Tier 2	
lidocaine HCl laryngotracheal	Tier 1	
lidocaine HCl topical cream 3 %, 4 %	Tier 1	
Lidocaine Pain Relief topical adhesive patch,medicated	Tier 1	
lidocaine topical adhesive patch,medicated 4 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical cream 4 %	Tier 1	
lidocaine topical ointment	Tier 1	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream	Tier 1	
Poison Ivy Wash (pramoxine)	Tier 1	
pramoxine topical lotion	Tier 1	
Synera	Tier 2	
SynoFlex	Tier 2	
ZTlido	Tier 2	ST; QL (90 EA per 30 days)

Drug	Status	Notes
Topical Preparations,Miscellaneous		
Antibacterial Soap (benzethon)	Tier 1	
Aquamed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Astringent	Tier 1	
Cetaphil Gentle Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eyescrub	Tier 1	
Gentle Skin Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gordomatic topical crystals	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Maxilube	Tier 1	
Nail Scrub	Tier 2	
Pedi-Boro Soak	Tier 1	
Proshield Foam/Spray Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Skin Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Surgilube	Tier 1	
Vagisil topical powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Topical/Mucous Membr./Subcut. Enzymes		
bromelains	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HyQvia HY Component	Tier 2	
Pineapple Extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dermatology - Pigmentation Disorders		
Hypopigmentation Agents		
hydroquinone topical cream	Tier 1	
Tri-Luma	Tier 2	
Sunscreens		
CeraVe AM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cetaphil Daily Facial	Tier 2	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin	Tier 1	
Cosentyx	Tier 2	PA
Cosentyx (2 Syringes)	Tier 2	PA
Cosentyx Pen	Tier 2	PA
Cosentyx Pen (2 Pens)	Tier 2	PA
Ilumya	Tier 2	PA
methoxsalen	Tier 1	

Drug	Status	Notes
Siliq	Tier 2	PA
Skyrizi subcutaneous pen injector	Tier 2	PA
Skyrizi subcutaneous syringe	Tier 2	PA
Skyrizi subcutaneous syringe kit	Tier 2	PA
Taltz Autoinjector	Tier 2	PA
Taltz Autoinjector (2 Pack)	Tier 2	PA
Taltz Autoinjector (3 Pack)	Tier 2	PA
Taltz Syringe	Tier 2	PA
Tremfya	Tier 2	PA
Antipsoriatics Agents		
calcipotriene	Tier 1	ST
calcitriol topical	Tier 1	ST
Duobrii	Tier 2	ST; QL (200 GM per 28 days)
Psoriatar	Tier 1	
Sorbolene	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sorilux	Tier 2	ST
tazarotene topical cream	Tier 1	
Topical Agents,Miscellaneous		
AcuWash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aqua Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aquanil Skin Cleanser	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aveeno Baby topical cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Betamide	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cavilon Skin Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraVe Foaming Facial	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraVe SA (with niacinamide) topical cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraVe topical cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cetaphil topical bar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cetaphil topical cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Conti Castile Soap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cutemol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Flexitol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gormel Ten	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
green soap	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Johnson's Foot	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mederma AG	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neutrogena Acne Cleansing Soap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neutrogena Facial Soap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neutrogena Toner	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OcuSoft Hand Soap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Perianal Cleansing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PeriFresh	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenol EZ	Tier 2	
Rehyla	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rehyla Hair-Body	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tecnu	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tena	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Toetal Fresh	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra Mide 25	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Unicare Moisturizing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
urea topical cream 10 %, 20 %	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ureacin-10	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Topical Immunosuppressive Agents		
pimecrolimus	Tier 1	ST
tacrolimus topical	Tier 1	ST
Topical Vit D Analog/Antiinflammatory, Steroidal		
calcipotriene-betamethasone	Tier 1	ST
Enstilar	Tier 2	ST

Drug	Status	Notes
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
alogliptin-metformin	Tier 1	ST; QL (2 EA per 1 day)
Janumet	Tier 2	QL (2 EA per 1 day)
Janumet XR oral tablet, ER multiphase 24 hr 100-1,000 mg	Tier 2	QL (1 EA per 1 day)
Janumet XR oral tablet, ER multiphase 24 hr 50-1,000 mg, 50-500 mg	Tier 2	QL (2 EA per 1 day)
Jentadueto	Tier 2	QL (2 EA per 1 day)
Jentadueto XR oral tablet, IR - ER, biphasic 24hr 2.5-1,000 mg	Tier 2	QL (2 EA per 1 day)
Jentadueto XR oral tablet, IR - ER, biphasic 24hr 5-1,000 mg	Tier 2	QL (1 EA per 1 day)
Kombiglyze XR oral tablet, ER multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg	Tier 2	ST; QL (1 EA per 1 day)
Kombiglyze XR oral tablet, ER multiphase 24 hr 5-500 mg	Tier 2	ST; QL (2 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
alogliptin-pioglitazone	Tier 1	ST; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
Adlyxin	Tier 2	ST; QL (6 ML per 28 days)
Bydureon BCise	Tier 2	ST; QL (3.4 ML per 28 days)
Byetta subcutaneous pen injector 10 mcg/dose(250 mcg/mL) 2.4 mL	Tier 2	ST; QL (2.4 ML per 30 days)
Byetta subcutaneous pen injector 5 mcg/dose (250 mcg/mL) 1.2 mL	Tier 2	ST; QL (1.2 ML per 30 days)
Ozempic subcutaneous pen injector 0.25 mg or 0.5 mg(2 mg/1.5 mL)	Tier 2	QL (1.5 ML per 28 days)
Ozempic subcutaneous pen injector 1 mg/dose (4 mg/3 mL), 2 mg/dose (8 mg/3 mL)	Tier 2	QL (3 ML per 28 days)
Rybelsus	Tier 2	QL (1 EA per 1 day)
Trulicity	Tier 2	QL (2 ML per 28 days)
Victoza 2-Pak	Tier 2	ST; QL (9 ML per 30 days)
Victoza 3-Pak	Tier 2	ST; QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
Farxiga	Tier 2	QL (1 EA per 1 day)
Invokana	Tier 2	ST; QL (30 EA per 30 days)
Jardiance	Tier 2	ST; QL (1 EA per 1 day)
Steglatro oral tablet 15 mg	Tier 2	QL (1 EA per 1 day)
Steglatro oral tablet 5 mg	Tier 2	QL (2 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
Cycloset	Tier 2	ST

Drug	Status	Notes
Antihyperglycemic - Incretin Mimetics Combination		
Mounjaro	Tier 2	
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose	Tier 1	
miglitol	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SymlinPen 120	Tier 2	
SymlinPen 60	Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors		
alogliptin	Tier 1	ST; QL (1 EA per 1 day)
Januvia	Tier 2	QL (1 EA per 1 day)
Onglyza	Tier 2	ST; QL (1 EA per 1 day)
Tradjenta	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
glimepiride	Tier 1	
glipizide	Tier 1	
glyburide	Tier 1	
glyburide micronized	Tier 1	
nateglinide	Tier 1	
repaglinide	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
pioglitazone	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
Glyxambi	Tier 2	QL (1 EA per 1 day)
Qtern oral tablet 10-5 mg	Tier 2	ST
Qtern oral tablet 5-5 mg	Tier 2	ST; QL (1 EA per 1 day)
Steglujan	Tier 2	ST; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
metformin oral solution	Tier 1	ST; QL (750 ML per 30 days)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	
metformin oral tablet extended release 24 hr	Tier 1	
metformin oral tablet extended release 24hr	Tier 1	ST
metformin oral tablet,ER gast.retention 24 hr	Tier 1	ST
Riomet ER	Tier 2	ST; QL (20 ML per 1 day)
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
Soliqua 100/33	Tier 2	ST; QL (30 ML per 28 days)
Xultophy 100/3.6	Tier 2	ST; QL (15 ML per 28 days)

Drug	Status	Notes
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
glipizide-metformin	Tier 1	
glyburide-metformin	Tier 1	
repaglinide-metformin	Tier 1	
Antihyperglycemic,Insulin-Response & Release Comb.		
pioglitazone-glimepiride	Tier 1	ST
Antihyperglycemic-Glucocorticoid Receptor Blocker		
Korlym	Tier 2	PA; QL (4 EA per 1 day)
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
Invokamet	Tier 2	ST; QL (2 EA per 1 day)
Invokamet XR	Tier 2	ST; QL (2 EA per 1 day)
Segluromet	Tier 2	QL (2 EA per 1 day)
Synjardy	Tier 2	ST; QL (2 EA per 1 day)
Synjardy XR oral tablet, IR - ER, biphasic 24hr 10-1,000 mg, 25-1,000 mg	Tier 2	ST; QL (1 EA per 1 day)
Synjardy XR oral tablet, IR - ER, biphasic 24hr 12.5-1,000 mg, 5-1,000 mg	Tier 2	ST; QL (2 EA per 1 day)
Xigduo XR oral tablet, IR - ER, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	Tier 2	QL (1 EA per 1 day)
Xigduo XR oral tablet, IR - ER, biphasic 24hr 2.5-1,000 mg, 5-1,000 mg	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
pioglitazone-metformin	Tier 1	ST
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
Trijardy XR	Tier 2	ST
Blood Sugar Diagnostics		
Accu-Chek Aviva Plus test strp	Tier 2	QL (5 EA per 1 day)
Accu-Chek Guide test strips	Tier 2	QL (5 EA per 1 day)
Accu-Chek SmartView Test Strip	Tier 2	QL (5 EA per 1 day)
Freestyle InsuLinx strip	Tier 2	QL (5 EA per 1 day)
Freestyle InsuLinx Test Strips	Tier 2	QL (5 EA per 1 day)
FreeStyle Lite Strips	Tier 2	QL (5 EA per 1 day)
FreeStyle Test	Tier 2	QL (5 EA per 1 day)
True Metrix Glucose Test Strip	Tier 2	QL (5 EA per 1 day)
Diabetic Supplies		
Accu-Chek FastClix Lancing Dev	Tier 2	QL (1 EA per 365 days)
Accu-Chek Guide L1-L2 Ctrl Sol	Tier 2	
Accu-Chek Multiclix Lancet	Tier 2	
Accu-Chek Soft Dev Lancets	Tier 2	QL (1 EA per 365 days)

Drug	Status	Notes
Accutrend Glucose Control	Tier 2	
Dexcom G6 Receiver	Tier 2	PA
Dexcom G6 Sensor	Tier 2	PA
Dexcom G6 Transmitter	Tier 2	PA
Enlite Glucose Sensor	Tier 2	PA
Eversense E3 Smart Transmitter	Tier 2	PA
Eversense Smart Transmitter	Tier 2	PA
FreeStyle Control	Tier 2	
FreeStyle Libre 14 Day Reader	Tier 2	PA
FreeStyle Libre 14 Day Sensor	Tier 2	PA
FreeStyle Libre 2 Reader	Tier 2	PA
FreeStyle Libre 2 Sensor	Tier 2	PA
FreeStyle Libre 3 Sensor	Tier 2	PA
Glucose Ketone Control Soln	Tier 2	
Guardian Connect Transmitter	Tier 2	PA
Guardian Link 3 Transmitter	Tier 2	PA
Guardian Sensor 3	Tier 2	PA
Medisense	Tier 2	
Medisense Controls 1-Hi 1-Lo	Tier 2	
Medisense Glucose Ketone	Tier 2	
Medisense Mid Control	Tier 2	
MiniMed 770G Insulin Pump	Tier 2	PA
Omnipod 5 G6 Intro Kit (Gen 5)	Tier 2	PA
Omnipod 5 G6 Pods (Gen 5)	Tier 2	
Omnipod Classic PDM Kit(Gen 3)	Tier 2	PA
Omnipod Classic Pods (Gen 3)	Tier 2	
Omnipod Dash Intro Kit (Gen 4)	Tier 2	PA
Omnipod DASH PDM Kit (Gen 4)	Tier 2	PA
Omnipod Dash Pods (Gen 4)	Tier 2	
OneTouch SureSoft Lancing Dev 18 gauge, 21 gauge	Tier 2	
Precision Glucose Control Soln	Tier 2	
Precision Glucose/Ketone Contr	Tier 2	
t:slim X2 Basal-IQ Insulin Pmp	Tier 2	PA
T:Slim X2 Control-IQ	Tier 2	PA
Unistik 2 Extra	Tier 2	
Unistik 2 Normal Lancet,Device	Tier 2	
V-GO 20	Tier 2	PA
V-GO 30	Tier 2	PA
V-GO 40	Tier 2	PA
Hyperglycemics		
Baqsimi	Tier 2	QL (2 EA per 30 days)
Dex4 Glucose Bits	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Dex4 Glucose oral gel in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dex4 Glucose oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dex4 Glucose oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dex4 Glucose Pouch Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dex4 Glucose Quick Dissolve	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
dextrose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
diazoxide	Tier 1	
Glucagon (HCl) Emergency Kit	Tier 1	
Glucagon Emergency Kit (human)	Tier 2	QL (2 EA per 30 days)
Gluco Burst	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucose Bits	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucose Gel	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucose Powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glutose-15	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glutose-45	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glutose-5	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gvoke	Tier 2	ST; QL (0.4 ML per 30 days)
Gvoke HypoPen 1-Pack subcutaneous auto-injector 0.5 mg/0.1 mL	Tier 2	ST; QL (0.2 ML per 30 days)
Gvoke HypoPen 1-Pack subcutaneous auto-injector 1 mg/0.2 mL	Tier 2	ST; QL (0.4 ML per 30 days)
Gvoke HypoPen 2-Pack subcutaneous auto-injector 0.5 mg/0.1 mL	Tier 2	ST; QL (0.2 ML per 30 days)
Gvoke HypoPen 2-Pack subcutaneous auto-injector 1 mg/0.2 mL	Tier 2	ST; QL (0.4 ML per 30 days)
Gvoke PFS 1-Pack Syringe subcutaneous syringe 0.5 mg/0.1 mL	Tier 2	ST; QL (0.2 ML per 30 days)
Gvoke PFS 1-Pack Syringe subcutaneous syringe 1 mg/0.2 mL	Tier 2	ST; QL (0.4 ML per 30 days)
Gvoke PFS 2-Pack Syringe subcutaneous syringe 0.5 mg/0.1 mL	Tier 2	ST; QL (0.2 ML per 30 days)
Gvoke PFS 2-Pack Syringe subcutaneous syringe 1 mg/0.2 mL	Tier 2	ST; QL (0.4 ML per 30 days)

Drug	Status	Notes
Insta-Glucose (with dextrin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Microdot Glucose Gel	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ReliOn Glucose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SugarUp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sweet Cheeks	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TRUEplus Glucose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zegalogue Autoinjector	Tier 2	ST; QL (2.4 ML per 1 FILL)
Zegalogue Syringe	Tier 2	ST; QL (2.4 ML per 1 FILL)
Insulins		
Admelog SoloStar U-100 Insulin	Tier 2	QL (30 ML per 28 days)
Admelog U-100 Insulin lispro	Tier 2	QL (40 ML per 28 days)
Afrezza	Tier 2	PA; QL (180 EA per 28 days)
Apidra SoloStar U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Apidra U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Basaglar KwikPen U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Fiasp FlexTouch U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Fiasp Penfill U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Fiasp U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Humalog KwikPen Insulin subcutaneous insulin pen 200 unit/mL (3 mL)	Tier 2	ST; QL (12 ML per 28 days)
Humalog Mix 50-50 Insuln U-100	Tier 2	QL (40 ML per 28 days)
Humalog Mix 50-50 KwikPen	Tier 2	QL (30 ML per 28 days)
Humalog Mix 75-25(U-100)Insuln	Tier 2	QL (40 ML per 28 days)
Humalog U-100 Insulin subcutaneous cartridge	Tier 2	ST; QL (30 ML per 28 days)
Humulin 70/30 U-100 Insulin	Tier 2	QL (40 ML per 28 days)
Humulin 70/30 U-100 KwikPen	Tier 2	QL (30 ML per 28 days)
Humulin N NPH Insulin KwikPen	Tier 2	QL (30 ML per 28 days)
Humulin N NPH U-100 Insulin	Tier 2	QL (40 ML per 28 days)
Humulin R Regular U-100 Insuln	Tier 2	QL (40 ML per 28 days)
Humulin R U-500 (Conc) Insulin	Tier 2	QL (40 ML per 28 days)
Humulin R U-500 (Conc) Kwikpen	Tier 2	QL (24 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen	Tier 1	ST; QL (30 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous solution	Tier 1	ST; QL (40 ML per 28 days)
insulin aspart U-100 subcutaneous cartridge	Tier 1	ST; QL (30 ML per 28 days)
insulin aspart U-100 subcutaneous insulin pen	Tier 1	ST; QL (30 ML per 28 days)
insulin aspart U-100 subcutaneous solution	Tier 1	ST; QL (40 ML per 28 days)
insulin glargine subcutaneous insulin pen	Tier 1	ST; QL (30 ML per 28 days)
insulin glargine subcutaneous solution	Tier 1	ST; QL (40 ML per 28 days)
insulin glargine-yfgn subcutaneous insulin pen	Tier 1	QL (30 ML per 28 days)

Drug	Status	Notes
insulin glargine-yfgn subcutaneous solution	Tier 1	QL (40 ML per 28 days)
insulin lispro protamin-lispro	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen	Tier 1	ST; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit	Tier 1	ST; QL (30 ML per 28 days)
insulin lispro subcutaneous solution	Tier 1	ST; QL (40 ML per 28 days)
Levemir FlexTouch U-100 Insuln	Tier 2	ST; QL (30 ML per 28 days)
Levemir U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Lyumjev KwikPen U-100 Insulin	Tier 2	ST; QL (30 ML per 28 days)
Lyumjev KwikPen U-200 Insulin	Tier 2	ST; QL (12 ML per 28 days)
Lyumjev U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Myxredlin	Tier 2	
Novolin 70/30 U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Novolin 70-30 FlexPen U-100	Tier 2	ST; QL (30 ML per 28 days)
Novolin N Flexpen	Tier 2	ST; QL (30 ML per 28 days)
Novolin N NPH U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Novolin R Flexpen	Tier 2	ST; QL (30 ML per 28 days)
Novolin R Regular U-100 Insuln	Tier 2	ST; QL (40 ML per 28 days)
Toujeo Max U-300 SoloStar	Tier 2	ST; QL (18 ML per 28 days)
Toujeo SoloStar U-300 Insulin	Tier 2	ST; QL (13.5 ML per 28 days)
Tresiba FlexTouch U-100	Tier 2	ST; QL (30 ML per 28 days)
Tresiba FlexTouch U-200	Tier 2	ST; QL (18 ML per 28 days)
Tresiba U-100 Insulin	Tier 2	ST; QL (40 ML per 28 days)
Urine Glucose/Acetone Test Aids,Strips		
Keto-Diastix	Tier 2	
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
fluocinolone acetonide oil	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
acetic acid otic (ear)	Tier 1	
hydrocortisone-acetic acid	Tier 1	
Ear Preparations, Miscellaneous (Otc)		
Ear Drops For Swimmers	Tier 1	
Ear Preparations,Antibiotics		
ciprofloxacin HCl otic (ear)	Tier 1	
Cortisporin-TC	Tier 2	
neomycin-polymyxin-HC otic (ear)	Tier 1	
ofloxacin otic (ear)	Tier 1	
Ear Preparations,Ear Wax Removers		
Ear Drops (carbamide peroxide)	Tier 1	
Ear Wax Removal Drops	Tier 1	
Ear Wax Removal Kit	Tier 1	
Otic Preparations,Anti-Inflammatory-Antibiotics		
Cipro HC	Tier 2	

Drug	Status	Notes
ciprofloxacin-dexamethasone	Tier 1	
ciprofloxacin-fluocinolone	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
tolvaptan oral tablet 15 mg	Tier 1	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 1	QL (60 EA per 365 days)
Electrolyte Depleters		
Auryxia	Tier 2	QL (12 EA per 1 day)
calcium acetate(phosphat bind)	Tier 1	
Fosrenol oral powder in packet	Tier 2	
lanthanum	Tier 1	
Lokelma	Tier 2	
MagneBind 300	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Magnebind 400	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phoslyra	Tier 2	
sevelamer carbonate	Tier 1	
sevelamer HCl	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
SPS (with sorbitol) oral	Tier 1	
SPS (with sorbitol) rectal	Tier 2	
Velphoro	Tier 2	
Veltassa	Tier 2	PA
Electrolyte Maintenance		
Biolyte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraLyte 50	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ceralyte 50 Potassium Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraLyte 90	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraLyte-70 oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraLyte-70 oral powder in packet 2.3-1.5-2.9-160 g-g-g-kcal/50 g	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraLyte-70 oral powder in packet 440-300-32 mg-mg-kcal/10 g	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraLyte-70 oral solution	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CeraSport	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cerasport Endurance	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
CeraSport EX1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cerasport Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DripDrop	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
electrolytes-dextrose	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Rapid Hydration	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hydralyte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Normalyte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NormaLyte ORS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oralyte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pedialyte oral powder in packet 10.6-4.7 mEq/9 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pedialyte Sparkling Rush	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Electrolyte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Freezer Pops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaVance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Replace SR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thermotabs	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phosphate Replacement		
Phosphorous Supplement	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
potassium, sodium phosphates	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Potassium Replacement		
Effer-K oral tablet, effervescent 10 mEq, 20 mEq	Tier 2	
Effer-K oral tablet, effervescent 25 mEq	Tier 1	
Klor-Con M10	Tier 1	
Klor-Con M15	Tier 1	
Klor-Con M20	Tier 1	
magnesium, potassium aspartate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Medi-Lyte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
potassium	Tier 1	

Drug	Status	Notes
potassium chloride oral capsule, extended release	Tier 1	
potassium chloride oral liquid	Tier 1	
potassium chloride oral packet	Tier 1	
potassium chloride oral tablet extended release	Tier 1	
potassium chloride oral tablet,ER particles/crystals 10 mEq, 20 mEq	Tier 1	
potassium citrate oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
potassium gluconate oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
potassium gluconate oral tablet extended release	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sodium/Saline Preparations		
sodium chlor 0.9% bacteriostat	Tier 1	
sodium chloride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sodium chloride 0.45 % intravenous parenteral solution	Tier 1	
sodium chloride 0.9 %	Tier 1	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; ST; ONLY COVERED FOR BPH; QL (1 EA per 1 day)
Pregnancy Maintaining Agent,Hormonal		
hydroxyprogest(PF)(preg presv)	Tier 1	
hydroxyprogesterone cap(ppres)	Tier 1	
Makena (PF)	Tier 2	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
Isturisa	Tier 2	PA
Recorlev	Tier 2	PA
Adrenocorticotrophic Hormones		
Acthar	Tier 2	PA
Cortrophin Gel	Tier 2	PA
Antidiuretic And Vasopressor Hormones		
desmopressin injection	Tier 1	
desmopressin nasal spray with pump	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 mL)	Tier 1	
desmopressin oral	Tier 1	
Nocdurna (men)	Tier 2	QL (1 EA per 1 day)
Nocdurna (women)	Tier 2	QL (1 EA per 1 day)
Noctiva	Tier 2	QL (3.8 GM per 30 days)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
Eligard	Tier 2	

Drug	Status	Notes
Eligard (3 month)	Tier 2	
Eligard (4 month)	Tier 2	
Eligard (6 month)	Tier 2	
leuprolide subcutaneous kit	Tier 1	
Lupron Depot (3 month) intramuscular syringe kit 22.5 mg	Tier 2	
Lupron Depot (4 month)	Tier 2	
Lupron Depot (6 Month)	Tier 2	
Lupron Depot intramuscular syringe kit 7.5 mg	Tier 2	
Bone Formation Agents - Sclerostin Inhibitor, Mono		
Evenity	Tier 2	PA
Bone Formation Stim. Agents - Parathyroid Hormone		
Forteo subcutaneous pen injector 20 mcg/dose (600mcg/2.4mL)	Tier 2	PA; QL (2.4 ML per 28 days)
teriparatide	Tier 1	PA; QL (2.4 ML per 28 days)
Bone Formation Stimulating Agts - Pth Rel Peptides		
Tymlos	Tier 2	PA
Bone Resorption Inhibitor & Vitamin D Combinations		
Fosamax Plus D	Tier 2	
Bone Resorption Inhibitors		
alendronate oral solution	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	
calcitonin (salmon)	Tier 1	
etidronate disodium oral tablet 200 mg	Tier 1	
ibandronate oral	Tier 1	
pamidronate	Tier 1	PA
Prolia	Tier 2	PA
raloxifene	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg	Tier 1	ST; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (DR/EC)	Tier 1	ST; QL (1 EA per 7 days)
Xgeva	Tier 2	PA
zoledronic acid intravenous solution	Tier 1	PA
zoledronic acid-mannitol-water	Tier 1	PA
zoledronic ac-mannitol-0.9NaCl	Tier 1	PA
Calcimimetic,Parathyroid Calcium Enhancer		
cinacalcet oral tablet 30 mg, 60 mg	Tier 1	QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	Tier 1	QL (4 EA per 1 day)

Drug	Status	Notes
Growth Hormone Receptor Antagonists		
Somavert	Tier 2	PA
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
Egrifta SV	Tier 2	PA; QL (2 EA per 1 day)
Growth Hormones		
Genotropin	Tier 2	PA
Genotropin MiniQuick	Tier 2	PA
Humatrope	Tier 2	PA
Norditropin FlexPro	Tier 2	PA
Nutropin AQ Nuspin	Tier 2	PA
Omnitrope	Tier 2	PA
Saizen	Tier 2	PA
Saizen saizenprep	Tier 2	PA
Serostim subcutaneous recon soln 4 mg, 5 mg, 6 mg	Tier 2	PA
Skytrofa	Tier 2	PA
Zomacton	Tier 2	PA
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral	Tier 1	
paricalcitol oral	Tier 1	
Rayaldee	Tier 2	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
Increlex	Tier 2	
Leptin Hormone Analogs		
Myalept	Tier 2	QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
Myfembree	Tier 2	PA
Oriahnn	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
Lupron Depot (3 month) intramuscular syringe kit 11.25 mg	Tier 2	
Lupron Depot intramuscular syringe kit 3.75 mg	Tier 2	
Synarel	Tier 2	
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
Orilissa	Tier 2	PA
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty		
Lupron Depot-Ped	Tier 2	
Lupron Depot-Ped (3 month)	Tier 2	
Natriuretic Peptides		
Voxzogo	Tier 2	

Drug	Status	Notes
Parathyroid Hormones		
Natpara	Tier 2	PA
Pituitary Suppressive Agents		
cabergoline	Tier 1	
danazol	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil	Tier 1	
Iodine Containing Agents		
potassium iodide oral drops	Tier 1	
potassium iodide oral solution	Tier 1	
Thyroid Hormones		
Armour Thyroid	Tier 2	
Euthyrox	Tier 1	
levothyroxine oral capsule	Tier 1	ST
levothyroxine oral tablet	Tier 1	
liothyronine oral	Tier 1	
NP Thyroid	Tier 1	
Thyquidity	Tier 2	ST
Thyrolar-1	Tier 2	
Thyrolar-1/2	Tier 2	
Thyrolar-1/4	Tier 2	
Thyrolar-2	Tier 2	
Thyrolar-3	Tier 2	
Tirosint-Sol	Tier 2	ST
Eye - General Disorders		
Eye Antibiotic-Corticoid Combinations		
neomycin-bacitracin-poly-HC	Tier 1	
neomycin-polymyxin B-dexameth	Tier 1	
neomycin-polymyxin-HC ophthalmic (eye)	Tier 1	
Neo-Polycin HC	Tier 1	
Pred-G	Tier 2	
Pred-G S.O.P.	Tier 2	
TobraDex ophthalmic (eye) ointment	Tier 2	
Tobradex ST	Tier 2	
tobramycin-dexamethasone	Tier 1	
Zylet	Tier 2	
Eye Antihistamines		
Alaway	Tier 1	
azelastine ophthalmic (eye)	Tier 1	QL (12 ML per 30 days)
bepotastine besilate	Tier 1	ST; QL (10 ML per 30 days)
Children's Alaway	Tier 1	

Drug	Status	Notes
epinastine	Tier 1	QL (10 ML per 30 days)
Eye Allergy Itch Relief	Tier 1	ST; QL (1 ML per 23 days)
Eye Allergy Itch-Redness Rlf	Tier 1	
Eye Itch Relief	Tier 1	
ketotifen fumarate	Tier 1	
Lastacaft	Tier 2	ST; QL (6 ML per 30 days)
Lastacaft Once Daily Relief	Tier 2	ST; QL (6 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 1	ST; QL (1 ML per 23 days)
Pataday Once Daily Relief ophthalmic (eye) drops 0.7 %	Tier 2	ST; QL (1 ML per 23 days)
Zerviate	Tier 2	QL (60 EA per 30 days)
Eye Antiinflammatory Agents		
Acuvail (PF)	Tier 2	ST; QL (60 EA per 15 days)
Alrex	Tier 2	ST; QL (10 ML per 14 days)
bromfenac	Tier 1	ST; QL (3.4 ML per 16 days)
BromSite	Tier 2	ST; QL (5 ML per 16 days)
dexamethasone sodium phosphate ophthalmic (eye)	Tier 1	QL (15 ML per 14 days)
Dextenza	Tier 2	
diclofenac sodium ophthalmic (eye)	Tier 1	QL (10 ML per 14 days)
difluprednate	Tier 1	
Eysuvis	Tier 2	QL (8.3 ML per 14 days)
Flarex	Tier 2	ST; QL (15 ML per 14 days)
fluorometholone	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium	Tier 1	
FML Forte	Tier 2	ST; QL (10 ML per 14 days)
FML S.O.P.	Tier 2	ST; QL (3.5 GM per 14 days)
Ilevro	Tier 2	ST; QL (3.4 ML per 16 days)
Inveltys	Tier 2	ST; QL (5.6 ML per 14 days)
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	QL (20 ML per 30 days)
Lotemax ophthalmic (eye) ointment	Tier 2	QL (7 GM per 14 days)
Lotemax SM	Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension	Tier 1	QL (20 ML per 14 days)
Maxidex	Tier 2	ST; QL (25 ML per 14 days)
Nevanac	Tier 2	ST; QL (9 ML per 16 days)
Pred Mild	Tier 2	ST; QL (20 ML per 14 days)
prednisolone acetate	Tier 1	QL (20 ML per 14 days)
prednisolone sodium phosphate ophthalmic (eye)	Tier 1	QL (20 ML per 14 days)
Prolensa	Tier 2	ST; QL (3 ML per 16 days)

Drug	Status	Notes
Eye Antivirals		
trifluridine	Tier 1	
Zirgan	Tier 2	
Eye Local Anesthetics		
Akten (PF)	Tier 2	
Alcaine	Tier 1	
fluorescein-benoxinate	Tier 1	
proparacaine	Tier 1	
tetracaine HCl	Tier 1	
tetracaine HCl (PF) ophthalmic (eye)	Tier 1	
Eye Sulfonamides		
Bleph-10	Tier 1	
Blephamide	Tier 2	
Blephamide S.O.P.	Tier 2	
sulfacetamide sodium ophthalmic (eye)	Tier 1	
sulfacetamide-prednisolone	Tier 1	
Eye Vasoconstrictors (Otc Only)		
Eye Drops (tetrahydrozoline)	Tier 1	
Eye Drops (with povidone)	Tier 1	
Eye Drops Advanced Relief	Tier 1	
Eye Irritation (with povidone)	Tier 1	
Lumify	Tier 2	
Redness Relief ophthalmic (eye) drops 0.012-0.25 %	Tier 1	
Sterile Eye Drops	Tier 1	
Eye Vasoconstrictors (Rx Only)		
phenylephrine HCl ophthalmic (eye)	Tier 1	
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
Tyrvaya	Tier 2	ST; QL (8.4 ML per 30 days)
Ophthalmic Antibiotics		
AK-Poly-Bac	Tier 1	
Azasite	Tier 2	
bacitracin ophthalmic (eye)	Tier 1	
bacitracin-polymyxin B	Tier 1	
Besivance	Tier 2	
Ciloxan ophthalmic (eye) ointment	Tier 2	
ciprofloxacin HCl ophthalmic (eye)	Tier 1	
erythromycin ophthalmic (eye)	Tier 1	
gatifloxacin	Tier 1	
Gentak ophthalmic (eye) ointment	Tier 1	
gentamicin ophthalmic (eye) drops	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye)	Tier 1	

Drug	Status	Notes
neomycin-bacitracin-polymyxin	Tier 1	
neomycin-polymyxin-gramicidin	Tier 1	
Neo-Polycin	Tier 1	
ofloxacin ophthalmic (eye)	Tier 1	
Polycin	Tier 1	
polymyxin B sulf-trimethoprim	Tier 1	
tobramycin ophthalmic (eye)	Tier 1	
Tobrex ophthalmic (eye) ointment	Tier 2	
Ophthalmic Antifungal Agents		
Natacyn	Tier 2	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
Cequa	Tier 2	ST; QL (60 EA per 30 days)
cyclosporine ophthalmic (eye)	Tier 1	ST; QL (60 EA per 30 days)
Restasis MultiDose	Tier 2	ST; QL (5.5 ML per 30 days)
Xiidra	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
Oxervate	Tier 2	PA
Ophthalmic Mast Cell Stabilizers		
Alocril	Tier 2	ST; QL (20 ML per 30 days)
Alomide	Tier 2	ST; QL (40 ML per 30 days)
cromolyn ophthalmic (eye)	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
Gonak	Tier 1	
Muro 128	Tier 1	
sodium chloride ophthalmic (eye)	Tier 1	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide	Tier 1	
methazolamide	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
Alphagan P ophthalmic (eye) drops 0.1 %	Tier 2	
apraclonidine	Tier 1	
betaxolol ophthalmic (eye)	Tier 1	
Betimol	Tier 2	
Betoptic S	Tier 2	
bimatoprost ophthalmic (eye)	Tier 1	QL (1 ML per 12 days)
brimonidine	Tier 1	
brimonidine-timolol	Tier 1	
brinzolamide	Tier 1	
carteolol	Tier 1	
dorzolamide	Tier 1	
dorzolamide-timolol	Tier 1	

Drug	Status	Notes
dorzolamide-timolol (PF) ophthalmic (eye) dropperette	Tier 1	ST; QL (2 EA per 1 day)
Iopidine ophthalmic (eye) dropperette	Tier 2	
latanoprost	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
Lumigan ophthalmic (eye) drops 0.01 %	Tier 2	QL (1 ML per 12 days)
Phospholine Iodide	Tier 2	
pilocarpine HCl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Rhopressa	Tier 2	ST; QL (2.5 ML per 30 days)
Rocklatan	Tier 2	ST; QL (2.5 ML per 25 days)
Simbrinza	Tier 2	
timolol maleate (PF)	Tier 1	ST; QL (2 EA per 1 day)
timolol maleate ophthalmic (eye)	Tier 1	
Timoptic Ocudose (PF) ophthalmic (eye) dropperette 0.25 %	Tier 2	ST; QL (2 EA per 1 day)
travoprost	Tier 1	QL (1 ML per 12 days)
Vuity	Tier 2	ST; QL (5 ML per 30 days)
Vyzulta	Tier 2	ST; QL (2.5 ML per 25 days)
Xelpros	Tier 2	ST; QL (2.5 ML per 25 days)
Zioptan (PF)	Tier 2	ST; QL (1 EA per 1 day)
Mydriatics		
atropine ophthalmic (eye) drops	Tier 1	
atropine ophthalmic (eye) ointment	Tier 1	
Cyclomydril	Tier 2	
cyclopentolate	Tier 1	
Paremyd	Tier 2	
tropicamide	Tier 1	
Eye - Miscellaneous		
Artificial Tears		
Artificial Tears (polyvin alc)	Tier 1	
Artificial Tears(pvalch-povid)	Tier 1	
Bion Tears (PF)	Tier 2	
carboxymethylcellulose sodium	Tier 1	
Dry Eye Relief	Tier 1	
Dry Eye Relief (PG-PEG 400)	Tier 1	
FreshKote	Tier 1	
GenTeal Tears Mild	Tier 1	
GenTeal Tears Moderate	Tier 2	
GenTeal Tears Moderate (PF)	Tier 2	
GenTeal Tears Severe Gel	Tier 2	
Isopto Tears	Tier 1	
Lacrisert	Tier 2	
Lubricant Dry Eye Relief	Tier 1	
Lubricant Eye (PG-PEG 400)	Tier 1	

Drug	Status	Notes
Lubricant Eye (PG-PEG 400)(PF)	Tier 1	
Lubricant Eye (propyl glycol)	Tier 1	
Lubricant Eye Drops ophthalmic (eye) dropperette	Tier 1	
Lubricant Eye Drops ophthalmic (eye) drops 0.5 %	Tier 1	
Lubricating Plus	Tier 1	
Lubricating Tears	Tier 1	
polyvinyl alcohol	Tier 1	
Refresh Celluvisc	Tier 2	
Refresh Classic (PF)	Tier 2	
Refresh Contacts	Tier 2	
Refresh Digital	Tier 2	
Refresh Digital PF	Tier 2	
Refresh Liquigel	Tier 2	
Refresh Optive Advanced	Tier 2	
Refresh Optive Advanced (PF)	Tier 2	
Refresh Optive Mega-3 (PF)	Tier 2	
Refresh Optive ophthalmic (eye) drops,gel	Tier 2	
Refresh Optive Sensitive (PF)	Tier 2	
Refresh Relieva	Tier 2	
Refresh Relieva PF	Tier 2	
Systane Balance	Tier 2	
Systane Complete	Tier 2	
Systane Gel ophthalmic (eye) gel	Tier 2	
Systane Hydration PF ophthalmic (eye) drops	Tier 2	
Ultra Lubricant Eye	Tier 1	
Eye Diagnostic Agents		
Ful-Glo	Tier 2	
GloStrips	Tier 1	
Eye Irrigations		
Eye Stream	Tier 1	
Eye Wash (boric acid)	Tier 1	
Eye Preparations, Miscellaneous (Otc)		
Artificial Tears (petro/min)	Tier 1	
Cleansing Eyelid Moist Pads	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cleansing Eyelid Wipes Ext Str	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gelfilm ophthalmic (eye)	Tier 2	
GenTeal Tears Severe(petrolat)	Tier 2	
Lubricant Eye ophthalmic (eye) ointment 57.3-42.5 %	Tier 1	
Lubrifresh PM	Tier 1	
Refresh Lacri-Lube	Tier 2	
Systane Lid Wipes	Tier 2	

Drug	Status	Notes
Systane Nighttime	Tier 2	
Vista Meibo Eyelid Cleansing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ophthalmic Cystine Depleting Agents		
Cystadrops	Tier 2	PA; QL (20 ML per 28 days)
Cystaran	Tier 2	PA; QL (60 ML per 28 days)
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
ATP	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gout And Related Diseases		
Colchicine		
colchicine oral capsule	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet	Tier 1	ST; QL (4 EA per 1 day)
Gloperba	Tier 2	PA
Hyperuricemia Tx - Purine Inhibitors		
allopurinol	Tier 1	
febuxostat	Tier 1	ST; QL (30 EA per 30 days)
Uricosuric Agents		
probenecid	Tier 1	
probenecid-colchicine	Tier 1	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
Cablivi	Tier 2	PA
Anticoagulants,Coumarin Type		
Jantoven	Tier 1	
warfarin	Tier 1	
Antifibrinolytic Agents		
aminocaproic acid oral	Tier 1	
tranexamic acid oral	Tier 1	
Citrates As Anticoagulants		
anticoag citrate phos dextrose	Tier 1	
sodium citrate	Tier 1	
Complement (C3) Inhibitors		
Empaveli	Tier 2	PA
Direct Factor Xa Inhibitors		
Eliquis DVT-PE Treat 30D Start	Tier 2	QL (74 EA per 30 days)
Eliquis oral tablet 2.5 mg	Tier 2	QL (60 EA per 30 days)
Eliquis oral tablet 5 mg	Tier 2	QL (74 EA per 30 days)
Savaysa	Tier 2	ST; QL (30 EA per 30 days)
Xarelto DVT-PE Treat 30d Start	Tier 2	QL (51 EA per 30 days)
Xarelto oral suspension for reconstitution	Tier 2	ST; QL (20 ML per 1 day)

Drug	Status	Notes
Xarelto oral tablet 10 mg, 20 mg	Tier 2	QL (1 EA per 1 day)
Xarelto oral tablet 15 mg	Tier 2	QL: 1 PER DAY IF HISTORY XARELTO IN 120 DAYS|42 PER 21 DAYS THEN 1 PER DAY IF NO HISTORY OF XARELTO
Xarelto oral tablet 2.5 mg	Tier 2	QL (2 EA per 1 day)
Hematinics,Other		
Aranesp (in polysorbate) injection solution 100 mcg/mL, 200 mcg/mL, 25 mcg/mL, 40 mcg/mL, 60 mcg/mL	Tier 2	PA; ST; QL (4 ML per 28 days)
Aranesp (in polysorbate) injection syringe 10 mcg/0.4 mL, 200 mcg/0.4 mL, 40 mcg/0.4 mL	Tier 2	PA; ST; QL (1.6 ML per 28 days)
Aranesp (in polysorbate) injection syringe 100 mcg/0.5 mL	Tier 2	PA; ST; QL (2 ML per 28 days)
Aranesp (in polysorbate) injection syringe 150 mcg/0.3 mL, 60 mcg/0.3 mL	Tier 2	PA; ST; QL (1.2 ML per 28 days)
Aranesp (in polysorbate) injection syringe 25 mcg/0.42 mL	Tier 2	PA; ST; QL (1.68 ML per 28 days)
Aranesp (in polysorbate) injection syringe 300 mcg/0.6 mL	Tier 2	PA; ST; QL (2.4 ML per 28 days)
Aranesp (in polysorbate) injection syringe 500 mcg/mL	Tier 2	PA; ST; QL (4 ML per 28 days)
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	Tier 2	PA; ST; QL (12 ML per 28 days)
Mircera	Tier 2	PA; ST; QL (0.6 ML per 28 days)
Procrit injection solution 10,000 unit/mL, 2,000 unit/mL, 20,000 unit/2 mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 2	PA; ST; QL (12 ML per 28 days)
Procrit injection solution 40,000 unit/mL	Tier 2	PA; ST; QL (4 ML per 28 days)
Retacrit injection solution 10,000 unit/mL, 2,000 unit/mL, 20,000 unit/2 mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 2	PA; QL (12 ML per 28 days)
Retacrit injection solution 40,000 unit/mL	Tier 2	PA; QL (4 ML per 28 days)
Hemorrheologic Agents		
pentoxifylline	Tier 1	
Heparin And Related Preparations		
enoxaparin subcutaneous solution	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe	Tier 1	
fondaparinux subcutaneous syringe 10 mg/0.8 mL	Tier 1	QL (8 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 mL	Tier 1	QL (5 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 mL	Tier 1	QL (4 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 mL	Tier 1	QL (6 ML per 30 days)
Fragmin subcutaneous solution	Tier 2	QL (7.6 ML per 30 days)
Fragmin subcutaneous syringe 10,000 anti-Xa unit/mL	Tier 2	QL (10 ML per 30 days)
Fragmin subcutaneous syringe 12,500 anti-Xa unit/0.5 mL	Tier 2	QL (5 ML per 30 days)
Fragmin subcutaneous syringe 15,000 anti-Xa unit/0.6 mL	Tier 2	QL (6 ML per 30 days)

Drug	Status	Notes
Fragmin subcutaneous syringe 18,000 anti-Xa unit/0.72 mL	Tier 2	QL (7.2 ML per 30 days)
Fragmin subcutaneous syringe 2,500 anti-Xa unit/0.2 mL, 5,000 anti-Xa unit/0.2 mL	Tier 2	QL (2 ML per 30 days)
Fragmin subcutaneous syringe 7,500 anti-Xa unit/0.3 mL	Tier 2	QL (3 ML per 30 days)
Hep Flush-10 (PF)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 mL(100 unit/mL), 25,000 unit/500 mL (50 unit/mL)	Tier 1	
heparin (porcine) injection cartridge	Tier 1	
heparin (porcine) injection solution	Tier 1	
heparin (porcine) injection syringe 5,000 unit/mL	Tier 1	
Heparin Lock	Tier 1	
heparin lock flush	Tier 1	
heparin lock flush (porcine)	Tier 1	
heparin, porcine (PF) injection solution 1,000 unit/mL	Tier 1	
heparin, porcine (PF) injection syringe	Tier 1	
heparin, porcine (PF) intravenous solution 100 unit/mL (1 mL)	Tier 1	
heparin, porcine (PF) subcutaneous	Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor		
Soliris	Tier 2	PA
Tavneos	Tier 2	
Leukocyte (Wbc) Stimulants		
Fulphila	Tier 2	
Granix	Tier 2	
Leukine injection recon soln	Tier 2	PA
Neulasta	Tier 2	
Neulasta Onpro	Tier 2	
Neupogen	Tier 2	
Nivestym	Tier 2	
Nyvepria	Tier 2	
Releuko	Tier 2	
Udenyca	Tier 2	
Zarxio	Tier 2	
Ziextenzo	Tier 2	
Plasma Proteins		
Ryplazim	Tier 2	
Platelet Aggregation Inhibitors		
Adult Aspirin Regimen	Tier 3	
aspirin oral tablet,chewable	Tier 3	
aspirin oral tablet,delayed release (DR/EC) 81 mg	Tier 3	
aspirin-dipyridamole	Tier 1	

Drug	Status	Notes
Brilinta	Tier 2	QL (2 EA per 1 day)
Children's Aspirin	Tier 3	
cilostazol	Tier 1	
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
dipyridamole oral	Tier 1	
prasugrel	Tier 1	QL (1 EA per 1 day)
Zontivity	Tier 2	QL (1 EA per 1 day)
Platelet Reducing Agents		
anagrelide	Tier 1	
Pyruvate Kinase Activators		
Pyrukynd	Tier 2	
Sickle Cell Anemia Agents		
Droxia	Tier 2	
Endari	Tier 2	PA
Siklos oral tablet 1,000 mg	Tier 2	
Siklos oral tablet 100 mg	Tier 2	ST; QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
Tavalisse	Tier 2	PA
Thrombin Inhibitors,Selective,Direct, & Reversible		
Pradaxa	Tier 2	ST; QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists		
Doptelet (10 tab pack)	Tier 2	PA
Doptelet (15 tab pack)	Tier 2	PA
Doptelet (30 tab pack)	Tier 2	PA
Mulpleta	Tier 2	PA
Promacta	Tier 2	PA; QL (1 EA per 1 day)
Topical Hemostatics		
Astringyn	Tier 2	
Recothrom	Tier 2	
Recothrom Spray Kit	Tier 2	
TachoSil	Tier 2	
Thrombin-JMI	Tier 1	
VistaSeal-Fibrin Sealant	Tier 2	
Vitamin K Preparations		
Aqua-K Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
K1-1000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
phytonadione (vitamin K1) injection solution 10 mg/mL	Tier 1	
phytonadione (vitamin K1) injection syringe	Tier 1	
phytonadione (vitamin K1) oral tablet 100 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
phytonadione (vitamin K1) oral tablet 5 mg	Tier 1	QL (10 EA per 1 day)
phytonadione (vitamin K1) sublingual	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin K	Tier 1	
Vitamin K1 injection	Tier 1	
vitamin K2 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin K2 oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hormonal Deficiency		
Androgen/Estrogen Preps For Female Sexual Dysfunc		
Intrarosa	Tier 2	
Androgenic Agents		
Androderm	Tier 2	ST; QL (1 EA per 1 day)
DHEA oral capsule 25 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DHEA oral capsule 50 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DHEA oral tablet 25 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DHEA oral tablet 50 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Jatenzo	Tier 2	
Methitest	Tier 2	ST
methyltestosterone oral capsule	Tier 1	ST
Natesto	Tier 2	ST
oxandrolone	Tier 1	PA
prasterone (dhea)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
testosterone cypionate intramuscular oil 100 mg/mL	Tier 1	QL (10 ML per 30 days)
testosterone cypionate intramuscular oil 200 mg/mL	Tier 1	QL: 10ML VIAL: 1 VIAL PER 30 DAYS|1ML VIAL: 4 VIALS PER 28 DAYS
testosterone enanthate	Tier 1	QL (5 ML per 30 days)
testosterone transdermal gel	Tier 1	ST; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	Tier 1	ST; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 1	ST; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 1	QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	ST; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	Tier 1	ST; QL (300 GM per 30 days)

Drug	Status	Notes
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	Tier 1	ST; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app	Tier 1	ST; QL (6 ML per 1 day)
Tlando	Tier 2	
Xyosted	Tier 2	QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb		
Angeliq	Tier 2	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
Duavee	Tier 2	
Estrogen And Progestin Combinations		
Bijuva	Tier 2	
Estrogen/Androgen Combinations		
estrogens-methyltestosterone	Tier 1	
Estrogenic Agents		
Alora	Tier 2	QL (2 EA per 7 days)
Amabelz	Tier 1	
Climara Pro	Tier 2	QL (1 EA per 7 days)
CombiPatch	Tier 2	QL (2 EA per 7 days)
Delestrogen intramuscular oil 10 mg/mL	Tier 2	
Depo-Estradiol	Tier 2	
Divigel	Tier 2	
Dotti	Tier 1	QL (2 EA per 7 days)
Elestrin	Tier 2	
estradiol oral	Tier 1	
estradiol transdermal patch semiweekly	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 20 mg/mL, 40 mg/mL	Tier 1	
estradiol-norethindrone acet	Tier 1	
Evamist	Tier 2	ST
Fyavolv	Tier 1	
Jinteli	Tier 1	
Lyllana	Tier 1	QL (2 EA per 7 days)
Menest	Tier 2	
Menostar	Tier 2	QL (1 EA per 7 days)
Mimvey	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
Prefest	Tier 2	
Premarin oral	Tier 2	
Premphase	Tier 2	

Drug	Status	Notes
Prempro	Tier 2	
Lhrh (Gnrh) Agonist Analog And Progestin Comb		
Lupaneta Pack (1 month)	Tier 2	
Progestational Agents		
Crinone vaginal gel 4 %	Tier 2	
medroxyprogesterone oral	Tier 1	
norethindrone acetate	Tier 1	
progesterone	Tier 1	
progesterone micronized	Tier 1	
Provera	Tier 2	
Immunization		
Antisera		
Asceniv	Tier 2	PA
Bivigam	Tier 2	PA
Cutaquig	Tier 2	PA
Cuvitru	Tier 2	PA
Flebogamma DIF	Tier 2	PA
Gamastan	Tier 2	PA
GamaSTAN S/D	Tier 2	PA
Gammagard Liquid	Tier 2	PA
Gammagard S-D (IgA < 1 mcg/mL)	Tier 2	PA
Gammaked	Tier 2	PA
Gammaplex	Tier 2	PA
Gammaplex (with sorbitol)	Tier 2	PA
Gamunex-C	Tier 2	PA
Hizentra	Tier 2	PA
HyQvia	Tier 2	PA
HyQvia IG Component	Tier 2	PA
Octagam	Tier 2	PA
Panzyga	Tier 2	PA
Privigen	Tier 2	PA
Xembify	Tier 2	PA
Enteric Virus Vaccines		
IPOL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Rotarix	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
RotaTeq Vaccine	Tier 2	
Gram Negative Cocci Vaccines		
Bexsero	Tier 3	QL (1 ML per 365 days)
Menactra (PF) intramuscular solution	Tier 3	QL (0.5 ML per 365 days)
MenQuadfi (PF)	Tier 3	QL (0.5 ML per 365 days)

Drug	Status	Notes
Menveo A-C-Y-W-135-Dip (PF)	Tier 3	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (1 EA per 365 days)
Trumenba	Tier 3	QL (1.5 ML per 365 days)
Gram Positive Cocci Vaccines		
Pneumovax-23 injection solution	Tier 2	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
Pneumovax-23 injection syringe	Tier 2	$0 COPAY IF 65 YEARS OF AGE OR OLDER. COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (0.5 ML per 365 days)
Prevnar 13 (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Prevnar 20 (PF)	Tier 2	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
Vaxneuvance	Tier 2	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
Influenza Virus Vaccines		
Afluria Qd 2021-22(3yr up)(PF)	Tier 3	QL (0.5 ML per 180 days)
Afluria Qd 2021-22(6-35mo)(PF)	Tier 3	QL (0.25 ML per 180 days)
Afluria Quad 2021-2022(6mo up)	Tier 3	QL (0.5 ML per 180 days)
Fluad Quad 2021-22(65y up)(PF)	Tier 3	QL (0.5 ML per 180 days)
Fluarix Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flublok Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flucelvax Quad 2021-2022	Tier 3	QL (0.5 ML per 180 days)
Flucelvax Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flulaval Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flumist Quad 2021-2022	Tier 3	QL (1 EA per 180 days)
Fluzone HighDose Quad 21-22 PF	Tier 3	QL (0.7 ML per 180 days)
Fluzone Quad 2021-2022	Tier 3	QL (0.5 ML per 180 days)
Fluzone Quad 2021-2022 (PF)	Tier 3	QL (0.5 ML per 180 days)
Fluzone Quad South Hem2021(PF)	Tier 2	
Fluzone Quad Southern Hem 2021	Tier 2	
Neurotoxic Virus Vaccines		
Dengvaxia (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Vaccine/Toxoid Preparations,Combinations		
ActHIB (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.

Drug	Status	Notes
Adacel(Tdap Adolesn/Adult)(PF)	Tier 3	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (0.5 ML per 365 days)
Boostrix Tdap	Tier 3	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (0.5 ML per 365 days)
Daptacel (DTaP Pediatric) (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Hiberix (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Infanrix (DTaP) (PF) intramuscular syringe	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Kinrix (PF) intramuscular syringe	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
M-M-R II (PF)	Tier 3	QL (2 EA per 365 days)
Pedvax HIB (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Pentacel (PF) intramuscular kit 15Lf-48mcg-62DU -10 mcg/0.5mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
ProQuad (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Quadracel (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
TDVAX	Tier 3	QL (0.5 ML per 365 days)
Tenivac (PF)	Tier 3	QL (0.5 ML per 365 days)
Vaxelis (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Viral/Tumorigenic Vaccines		
adenovirus vac live type-4, 7	Tier 2	
adenovirus vaccine live type-4	Tier 2	
adenovirus vaccine live type-7	Tier 2	
Engerix-B Pediatric (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Gardasil 9 (PF)	Tier 3	$0 COPAY IF AGE 1-26 YEARS; QL (1.5 ML per 365 days)
Havrix (PF) intramuscular syringe 1,440 ELISA unit/mL	Tier 3	QL (2 ML per 365 days)

Drug	Status	Notes
Havrix (PF) intramuscular syringe 720 ELISA unit/0.5 mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Heplisav-B (PF) intramuscular syringe	Tier 3	QL (1 ML per 365 days)
Pediarix (PF)	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Prehevbrio (PF)	Tier 3	QL (3 ML per 365 days)
Recombivax HB (PF) intramuscular suspension 10 mcg/mL, 40 mcg/mL	Tier 3	QL (3 ML per 365 days)
Recombivax HB (PF) intramuscular suspension 5 mcg/0.5 mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Recombivax HB (PF) intramuscular syringe 10 mcg/mL	Tier 3	QL (3 ML per 365 days)
Recombivax HB (PF) intramuscular syringe 5 mcg/0.5 mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Shingrix (PF)	Tier 3	QL (2 EA per 365 days)
Shingrix gE Antigen Component	Tier 3	QL (2 EA per 365 days)
Twinrix (PF)	Tier 3	QL (4 ML per 365 days)
Vaqta (PF) intramuscular suspension 50 unit/mL	Tier 3	QL (2 ML per 365 days)
Vaqta (PF) intramuscular syringe 25 unit/0.5 mL	Tier 2	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.
Vaqta (PF) intramuscular syringe 50 unit/mL	Tier 3	QL (2 ML per 365 days)
Varivax (PF)	Tier 3	COVERED UNDER THE VACCINES FOR CHILDREN PROGRAM FOR MEMBERS UNDER THE AGE OF 19.; QL (2 EA per 365 days)
Immunosuppression/Modulation		
Immunomodulators		
Actimmune	Tier 2	PA
Besremi	Tier 2	
imiquimod topical cream in metered-dose pump	Tier 1	ST; QL (7.5 GM per 28 days)
imiquimod topical cream in packet 3.75 %	Tier 1	ST; QL (1 EA per 1 day)
imiquimod topical cream in packet 5 %	Tier 1	QL (24 EA per 30 days)
Intron A injection recon soln	Tier 2	PA
Zyclara topical cream in metered-dose pump 2.5 %	Tier 2	ST; QL (7.5 GM per 1 day)
Zyclara topical cream in packet	Tier 2	ST; QL (1 EA per 1 day)
Immunosuppressives		
Astagraf XL	Tier 2	
Azasan	Tier 2	
azathioprine	Tier 1	
cyclosporine modified	Tier 1	
cyclosporine oral capsule	Tier 1	
Envarsus XR	Tier 2	

Drug	Status	Notes
everolimus (immunosuppressive)	Tier 1	
Gengraf	Tier 1	
Lupkynis	Tier 2	PA
mycophenolate mofetil	Tier 1	
mycophenolate sodium	Tier 1	
Neoral	Tier 2	
Prograf oral	Tier 2	
Rapamune	Tier 2	
Sandimmune oral	Tier 2	
sirolimus	Tier 1	
tacrolimus oral	Tier 1	
Zortress oral tablet 1 mg	Tier 2	
Rho Kinase Inhibitor		
Rezurock	Tier 2	PA
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
sulfadiazine	Tier 1	
sulfamethoxazole-trimethoprim	Tier 1	
Sulfatrim	Tier 1	
Antibacterial Monoclonal Antibodies		
Zinplava	Tier 2	
Betalactams		
aztreonam	Tier 1	
Cayston	Tier 2	PA; QL (84 ML per 56 days)
Carbapenems (Thienamycins)		
ertapenem	Tier 1	
imipenem-cilastatin	Tier 1	
meropenem	Tier 1	
meropenem-0.9% sodium chloride	Tier 1	
Recarbrio	Tier 2	
Vabomere	Tier 2	
Cephalosporin Antibiotics - Siderophore		
Fetroja	Tier 2	
Cephalosporins - Extended Spectrum, Anti-Mrsa		
Teflaro	Tier 2	
Cephalosporins - 1St Generation		
cefadroxil oral capsule	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 mL, 500 mg/5 mL	Tier 1	
cefadroxil oral tablet	Tier 1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 mL, 2 gram/100 mL, 2 gram/50 mL	Tier 1	

Drug	Status	Notes
cefazolin injection recon soln 1 gram, 10 gram, 2 gram, 20 gram, 500 mg	Tier 1	
cefazolin intravenous	Tier 1	
cephalexin	Tier 1	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL, 375 mg/5 mL	Tier 1	
cefaclor oral tablet extended release 12 hr	Tier 1	
cefotetan	Tier 1	
cefotetan in dextrose, iso-osm	Tier 1	
cefoxitin	Tier 1	
cefoxitin in dextrose, iso-osm	Tier 1	
cefprozil	Tier 1	
cefuroxime axetil oral tablet	Tier 1	
cefuroxime sodium injection recon soln 750 mg	Tier 1	
cefuroxime sodium intravenous	Tier 1	
Cephalosporins - 3Rd Generation		
Avycaz	Tier 2	
cefdinir	Tier 1	
cefixime	Tier 1	
cefotaxime injection recon soln 1 gram	Tier 1	
cefpodoxime	Tier 1	
ceftazidime	Tier 1	
ceftazidime in D5W	Tier 2	
ceftriaxone in dextrose,iso-os	Tier 2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	Tier 1	
ceftriaxone intravenous	Tier 1	
Claforan injection recon soln 10 gram, 2 gram	Tier 2	
Claforan intravenous recon soln	Tier 2	
Suprax oral suspension for reconstitution 500 mg/5 mL	Tier 2	
Suprax oral tablet,chewable	Tier 2	
Tazicef	Tier 1	
Zerbaxa	Tier 2	
Cephalosporins - 4Th Generation		
cefepime in dextrose 5 %	Tier 2	
cefepime in dextrose,iso-osm	Tier 2	
cefepime injection	Tier 1	
Chemotherapeutics, Antibacterial, Misc.		
Antibacterial-Urinary Pain Rlf	Tier 1	
fosfomycin tromethamine	Tier 1	
Hyophen	Tier 1	

Drug	Status	Notes
methenamine hippurate	Tier 1	
methenamine mandelate	Tier 1	
Phosphasal	Tier 1	
trimethoprim	Tier 1	
Urogesic-Blue	Tier 1	
Ustell	Tier 1	
Cyclic Lipopeptides		
daptomycin	Tier 1	
Glycylcyclines		
tigecycline	Tier 1	
Macrolides		
azithromycin	Tier 1	
clarithromycin	Tier 1	
Dificid oral suspension for reconstitution	Tier 2	ST
Dificid oral tablet	Tier 2	ST; QL (20 EA per 30 days)
E.E.S. 400 oral tablet	Tier 1	
Ery-Tab oral tablet,delayed release (DR/EC) 250 mg, 500 mg	Tier 1	
Erythrocin (as stearate) oral tablet 250 mg	Tier 1	
Erythrocin intravenous recon soln 500 mg	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution	Tier 1	
erythromycin ethylsuccinate oral tablet	Tier 1	
erythromycin lactobionate	Tier 1	
erythromycin oral	Tier 1	
Nitrofuran Derivatives		
nitrofurantoin	Tier 1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst	Tier 1	
Oxazolidinones		
linezolid	Tier 1	
linezolid in dextrose 5%	Tier 1	
linezolid-0.9% sodium chloride	Tier 1	
Sivextro intravenous	Tier 2	
Sivextro oral	Tier 2	ST; QL (6 EA per 6 days)
Zyvox intravenous piggyback 200 mg/100 mL	Tier 2	
Penicillins		
amoxicillin oral capsule	Tier 1	
amoxicillin oral suspension for reconstitution	Tier 1	
amoxicillin oral tablet	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	

Drug	Status	Notes
amoxicillin-pot clavulanate	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
ampicillin sodium	Tier 1	
ampicillin-sulbactam	Tier 1	
Augmentin oral suspension for reconstitution 125-31.25 mg/5 mL	Tier 2	ST
Bicillin C-R	Tier 2	
Bicillin L-A	Tier 2	
dicloxacillin	Tier 1	
nafcillin	Tier 1	
nafcillin in dextrose iso-osm	Tier 1	
oxacillin	Tier 1	
oxacillin in dextrose(iso-osm)	Tier 1	
penicillin G pot in dextrose	Tier 1	
penicillin G potassium	Tier 1	
penicillin G procaine	Tier 1	
penicillin G sodium	Tier 1	
penicillin V potassium	Tier 1	
Pfizerpen-G	Tier 1	
piperacillin-tazobactam	Tier 1	
Zosyn in dextrose (iso-osm)	Tier 2	
Pleuromutilin Derivatives		
Xenleta	Tier 2	PA
Quinolones		
Baxdela intravenous	Tier 2	
Baxdela oral	Tier 2	PA
Cipro oral suspension,microcapsule recon	Tier 2	
Cipro XR	Tier 2	
ciprofloxacin	Tier 1	
ciprofloxacin HCl oral	Tier 1	
ciprofloxacin in 5 % dextrose	Tier 1	
levofloxacin in D5W	Tier 1	
levofloxacin intravenous	Tier 1	
levofloxacin oral	Tier 1	
moxifloxacin oral	Tier 1	
moxifloxacin-sod.ace,sul-water	Tier 1	
moxifloxacin-sod.chloride(iso)	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Streptogramins		
Synercid	Tier 2	
Tetracyclines		
demeclocycline	Tier 1	
Doryx MPC	Tier 2	

Drug	Status	Notes
Doryx oral tablet,delayed release (DR/EC) 80 mg	Tier 2	
Doxy-100	Tier 1	
doxycycline hyclate intravenous	Tier 1	
doxycycline hyclate oral capsule	Tier 1	ST; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg, 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg, 50 mg	Tier 1	ST
doxycycline hyclate oral tablet,delayed release (DR/EC) 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (DR/EC) 200 mg	Tier 1	ST; QL (1 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (DR/EC) 80 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 150 mg, 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,IR - delay rel,biphase	Tier 1	ST; QL (1 EA per 1 day)
doxycycline monohydrate oral suspension for reconstitution	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
Minocin intravenous	Tier 2	
minocycline oral capsule	Tier 1	
minocycline oral tablet	Tier 1	
minocycline oral tablet extended release 24 hr	Tier 1	ST; QL (1 EA per 1 day)
Minolira ER	Tier 2	ST
Nuzyra	Tier 2	PA
tetracycline	Tier 1	
Vibramycin (calcium)	Tier 2	
Xerava	Tier 2	
Ximino	Tier 2	ST; QL (1 EA per 1 day)
Infectious Disease - Fungal		
Antifungal Agents		
clotrimazole mucous membrane	Tier 1	
Cresemba	Tier 2	
fluconazole	Tier 1	
fluconazole in NaCl (iso-osm)	Tier 1	
flucytosine	Tier 1	
itraconazole	Tier 1	
ketoconazole oral	Tier 1	
Noxafil intravenous	Tier 2	
Noxafil oral suspension	Tier 2	
posaconazole oral tablet,delayed release (DR/EC)	Tier 1	
terbinafine HCl oral	Tier 1	
Tolsura	Tier 2	PA

Drug	Status	Notes
triacetin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
voriconazole	Tier 1	
Antifungal Antibiotics		
Abelcet	Tier 2	
AmBisome	Tier 2	
amphotericin B	Tier 1	
amphotericin B liposome	Tier 1	
Brexafemme	Tier 2	PA
caspofungin	Tier 1	
Eraxis(Water Diluent)	Tier 2	
griseofulvin microsize	Tier 1	
griseofulvin ultramicrosize	Tier 1	
micafungin	Tier 1	
Mycamine	Tier 2	
nystatin oral	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
amikacin injection solution 1,000 mg/4 mL, 500 mg/2 mL	Tier 1	
Arikayce	Tier 2	
gentamicin in NaCl (iso-osm) intravenous piggyback 100 mg/100 mL, 100 mg/50 mL, 120 mg/100 mL, 60 mg/50 mL, 70 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL, 90 mg/100 mL	Tier 1	
gentamicin injection	Tier 1	
gentamicin sulfate (ped) (PF)	Tier 1	
gentamicin sulfate (PF)	Tier 1	
neomycin	Tier 1	
streptomycin	Tier 1	
Tobi Podhaler inhalation capsule, w/inhalation device	Tier 2	PA
tobramycin in 0.225 % NaCl	Tier 1	PA; QL (5 ML per 1 day)
tobramycin in 0.9 % NaCl intravenous piggyback 60 mg/50 mL	Tier 1	
tobramycin inhalation	Tier 1	PA
tobramycin sulfate	Tier 1	
tobramycin with nebulizer	Tier 1	QL (5 ML per 1 day)
Zemdri	Tier 2	
Antibacterial Agents,Miscellaneous		
glycine urologic solution	Tier 1	
Antileprotics		
dapsone oral	Tier 1	
Thalomid	Tier 2	PA; QL (2 EA per 1 day)

Drug	Status	Notes
Anti-Mycobacterium Agents		
ethambutol	Tier 1	
isoniazid	Tier 1	
Paser	Tier 2	
pyrazinamide	Tier 1	
rifabutin	Tier 1	
Trecator	Tier 2	
Antitubercular Antibiotics		
Capastat	Tier 2	
cycloserine	Tier 1	
pretomanid	Tier 2	QL (1 EA per 1 day)
Priftin	Tier 2	
rifampin	Tier 1	
Sirturo	Tier 2	PA
Chloramphenicol And Derivatives		
chloramphenicol sod succinate	Tier 1	
Lincosamides		
clindamycin HCl	Tier 1	
clindamycin in 0.9 % sod chlor	Tier 2	
clindamycin in 5 % dextrose	Tier 1	
Clindamycin Pediatric	Tier 1	
clindamycin phosphate injection	Tier 1	
lincomycin	Tier 1	
Lipoglycopeptide Antibiotic		
Dalvance	Tier 2	
Kimyrsa	Tier 2	
Orbactiv	Tier 2	
Vibativ intravenous recon soln 750 mg	Tier 2	
Polymyxin And Derivatives		
colistin (colistimethate Na)	Tier 1	
polymyxin B sulfate	Tier 1	
Rifamycins And Related Derivative Antibiotics		
Aemcolo	Tier 2	
Xifaxan	Tier 2	PA
Vancomycin And Derivatives		
Firvanq oral recon soln 25 mg/mL	Tier 2	QL (300 ML per 30 days)
vancomycin in 0.9 % sodium chl intravenous piggyback	Tier 1	
vancomycin in dextrose 5 % intravenous piggyback	Tier 1	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg	Tier 1	
vancomycin oral capsule 125 mg	Tier 1	QL (56 EA per 30 days)
vancomycin oral capsule 250 mg	Tier 1	QL (112 EA per 30 days)

Drug	Status	Notes
vancomycin oral recon soln	Tier 1	QL (600 ML per 30 days)
vancomycin-water inject (PEG)	Tier 1	
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
Solosec	Tier 2	
tinidazole	Tier 1	
Amebacides		
paromomycin	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
metronidazole oral	Tier 1	
Anthelmintics		
albendazole	Tier 1	
Egaten	Tier 2	
Emverm	Tier 2	PA
ivermectin oral	Tier 1	QL (20 EA per 90 days)
praziquantel	Tier 1	
Antimalarial Drugs		
atovaquone-proguanil	Tier 1	
chloroquine phosphate	Tier 1	
Coartem	Tier 2	
hydroxychloroquine	Tier 1	
Krintafel	Tier 2	QL (2 EA per 1 FILL)
mefloquine	Tier 1	
primaquine	Tier 2	
pyrimethamine	Tier 1	
quinine sulfate	Tier 1	
Antiparasitics		
nitazoxanide	Tier 1	
Antiprotozoal Drugs,Miscellaneous		
atovaquone	Tier 1	
benznidazole	Tier 1	
Lampit	Tier 2	
Nebupent	Tier 2	
pentamidine inhalation	Tier 1	
Infectious Disease - Viral		
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
Juluca	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
Dovato	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
Symtuza	Tier 2	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
Paxlovid (EUA) oral tablet 150-100 mg	Tier 2	QL (40 EA per 365 days)

Drug	Status	Notes
Paxlovid (EUA) oral tablet 300 mg (150 mg x 2)-100 mg	Tier 2	QL (60 EA per 365 days)
Antiviral Monoclonal Antibodies		
Synagis	Tier 2	PA
Antiviral Nucleotide Analogs		
Lagevrio (EUA)	Tier 1	QL (80 EA per 365 days)
Antivirals, General		
acyclovir oral capsule	Tier 1	
acyclovir oral suspension 200 mg/5 mL	Tier 1	
acyclovir oral tablet	Tier 1	
famciclovir	Tier 1	
Livtencity	Tier 2	
oseltamivir oral capsule 30 mg	Tier 1	QL (40 EA per 183 days)
oseltamivir oral capsule 45 mg, 75 mg	Tier 1	QL (20 EA per 183 days)
oseltamivir oral suspension for reconstitution	Tier 1	QL (360 ML per 183 days)
Prevymis oral	Tier 2	PA
Relenza Diskhaler	Tier 2	QL (40 EA per 183 days)
ribavirin inhalation	Tier 1	
rimantadine	Tier 1	
Sitavig	Tier 2	ST; QL (4 EA per 365 days)
valacyclovir	Tier 1	
valganciclovir	Tier 1	
Xofluza oral tablet 20 mg, 40 mg	Tier 2	QL (4 EA per 180 days)
Xofluza oral tablet 80 mg	Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
Aptivus	Tier 2	QL (4 EA per 1 day)
Prezcobix	Tier 2	QL (1 EA per 1 day)
Prezista oral suspension	Tier 2	QL (240 ML per 30 days)
Prezista oral tablet 150 mg	Tier 2	QL (240 EA per 30 days)
Prezista oral tablet 600 mg	Tier 2	QL (60 EA per 30 days)
Prezista oral tablet 75 mg	Tier 2	QL (480 EA per 30 days)
Prezista oral tablet 800 mg	Tier 2	QL (30 EA per 30 days)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
Cimduo	Tier 2	QL (1 EA per 1 day)
Descovy oral tablet 120-15 mg	Tier 2	
Descovy oral tablet 200-25 mg	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir (TDF) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	QL (30 EA per 30 days)
emtricitabine-tenofovir (TDF) oral tablet 200-300 mg	Tier 1	QL (1 EA per 1 day)
Temixys	Tier 2	QL (1 EA per 1 day)
Truvada oral tablet 167-250 mg	Tier 2	QL (30 EA per 30 days)

Drug	Status	Notes
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
abacavir-lamivudine	Tier 1	QL (30 EA per 30 days)
lamivudine-zidovudine	Tier 1	QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
maraviroc oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	Tier 1	QL (4 EA per 1 day)
Selzentry oral solution	Tier 2	
Selzentry oral tablet 25 mg	Tier 2	QL (4 EA per 1 day)
Selzentry oral tablet 75 mg	Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
Rukobia	Tier 2	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
Fuzeon subcutaneous recon soln	Tier 2	QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
Edurant	Tier 2	QL (1 EA per 1 day)
efavirenz	Tier 1	
etravirine oral tablet 100 mg	Tier 1	QL (8 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
Intelence oral tablet 25 mg	Tier 2	QL (16 EA per 1 day)
nevirapine oral suspension	Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet	Tier 1	QL (60 EA per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 1	QL (1 EA per 1 day)
Pifeltro	Tier 2	QL (2 EA per 1 day)
Sustiva oral capsule	Tier 2	
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
abacavir oral solution	Tier 1	QL (900 ML per 30 days)
abacavir oral tablet	Tier 1	QL (60 EA per 30 days)
didanosine oral capsule,delayed release(DR/EC) 250 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine	Tier 1	QL (1 EA per 1 day)
Emtriva oral solution	Tier 2	QL (720 ML per 30 days)
lamivudine oral solution	Tier 1	QL (900 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 1	QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	Tier 1	QL (30 EA per 30 days)
stavudine oral capsule	Tier 1	QL (60 EA per 30 days)
zidovudine oral capsule	Tier 1	QL (180 EA per 30 days)
zidovudine oral syrup	Tier 1	QL (1800 ML per 30 days)
zidovudine oral tablet	Tier 1	QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
tenofovir disoproxil fumarate	Tier 1	QL (1 EA per 1 day)
Viread oral powder	Tier 2	QL (225 GM per 30 days)

Drug	Status	Notes
Viread oral tablet 150 mg, 200 mg, 250 mg	Tier 2	QL (30 EA per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
Kaletra oral tablet 100-25 mg	Tier 2	QL (300 EA per 30 days)
Kaletra oral tablet 200-50 mg	Tier 2	QL (120 EA per 30 days)
lopinavir-ritonavir oral solution	Tier 1	QL (390 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (120 EA per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors		
atazanavir oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
Evotaz	Tier 2	QL (1 EA per 1 day)
fosamprenavir	Tier 1	QL (4 EA per 1 day)
Invirase oral tablet	Tier 2	QL (120 EA per 30 days)
Lexiva oral suspension	Tier 2	QL (1680 ML per 30 days)
Norvir oral powder in packet	Tier 2	QL (12 EA per 1 day)
Norvir oral solution	Tier 2	QL (450 ML per 30 days)
Reyataz oral powder in packet	Tier 2	QL (5 EA per 1 day)
ritonavir	Tier 1	QL (360 EA per 30 days)
Viracept oral tablet	Tier 2	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
Isentress HD	Tier 2	QL (2 EA per 1 day)
Isentress oral powder in packet	Tier 2	QL (2 EA per 1 day)
Isentress oral tablet	Tier 2	QL (2 EA per 1 day)
Isentress oral tablet,chewable	Tier 2	QL (6 EA per 1 day)
Tivicay	Tier 2	QL (2 EA per 1 day)
Tivicay PD	Tier 2	QL (6 EA per 1 day)
Vocabria	Tier 2	QL (1 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
Complera	Tier 2	QL (1 EA per 1 day)
Delstrigo	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov	Tier 1	QL (30 EA per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	Tier 1	
Odefsey	Tier 2	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
Biktarvy	Tier 2	QL (1 EA per 1 day)
Genvoya	Tier 2	QL (1 EA per 1 day)
Stribild	Tier 2	QL (30 EA per 30 days)
Arv Comb-Nrtis & Integrase Inhibitor		
Triumeq	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Triumeq PD	Tier 2	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
Tybost	Tier 2	PA; QL (1 EA per 1 day)
Hepatitis B Treatment Agents		
adefovir	Tier 1	QL (1 EA per 1 day)
Baraclude oral solution	Tier 2	
entecavir	Tier 1	QL (1 EA per 1 day)
Epivir HBV oral solution	Tier 2	
lamivudine oral tablet 100 mg	Tier 1	
Vemlidy	Tier 2	ST; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
Pegasys	Tier 2	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
Cuprimine	Tier 2	PA
D-Penamine	Tier 1	
penicillamine	Tier 1	PA
Anti-Arthritic, Folate Antagonist Agents		
Otrexup (PF)	Tier 2	ST; QL (1.6 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 10 mg/0.2 mL	Tier 2	ST; QL (0.8 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 12.5 mg/0.25 mL	Tier 2	ST; QL (1 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 15 mg/0.3 mL	Tier 2	ST; QL (1.2 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 17.5 mg/0.35 mL	Tier 2	ST; QL (1.4 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 20 mg/0.4 mL	Tier 2	ST; QL (1.6 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 22.5 mg/0.45 mL	Tier 2	ST; QL (1.8 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 25 mg/0.5 mL	Tier 2	ST; QL (2 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 30 mg/0.6 mL	Tier 2	ST; QL (2.4 ML per 28 days)
Rasuvo (PF) subcutaneous auto-injector 7.5 mg/0.15 mL	Tier 2	ST; QL (0.6 ML per 28 days)
RediTrex (PF) subcutaneous syringe 10 mg/0.4 mL	Tier 2	ST; QL (1.6 ML per 28 days)
RediTrex (PF) subcutaneous syringe 12.5 mg/0.5 mL	Tier 2	ST; QL (2 ML per 28 days)
RediTrex (PF) subcutaneous syringe 15 mg/0.6 mL	Tier 2	ST; QL (2.4 ML per 28 days)
RediTrex (PF) subcutaneous syringe 17.5 mg/0.7 mL	Tier 2	ST; QL (2.8 ML per 28 days)
RediTrex (PF) subcutaneous syringe 20 mg/0.8 mL	Tier 2	ST; QL (3.2 ML per 28 days)
RediTrex (PF) subcutaneous syringe 22.5 mg/0.9 mL	Tier 2	ST; QL (3.6 ML per 28 days)
RediTrex (PF) subcutaneous syringe 25 mg/mL	Tier 2	ST; QL (4 ML per 28 days)
RediTrex (PF) subcutaneous syringe 7.5 mg/0.3 mL	Tier 2	ST; QL (1.2 ML per 28 days)

Drug	Status	Notes
Anti-Flam. Interleukin-1 Receptor Antagonist		
Arcalyst	Tier 2	PA
Kineret	Tier 2	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
Avsola	Tier 2	PA
Cimzia	Tier 2	PA
Cimzia Powder for Reconst	Tier 2	PA
Cimzia Starter Kit	Tier 2	PA
Enbrel	Tier 2	PA
Enbrel Mini	Tier 2	PA
Enbrel SureClick	Tier 2	PA
Humira Pen	Tier 2	PA
Humira Pen Crohns-UC-HS Start	Tier 2	PA
Humira Pen Psor-Uveits-Adol HS	Tier 2	PA
Humira subcutaneous syringe kit 40 mg/0.8 mL	Tier 2	PA
Humira(CF)	Tier 2	PA
Humira(CF) Pedi Crohns Starter	Tier 2	PA
Humira(CF) Pen	Tier 2	PA
Humira(CF) Pen Crohns-UC-HS	Tier 2	PA
Humira(CF) Pen Pediatric UC	Tier 2	PA
Humira(CF) Pen Psor-Uv-Adol HS	Tier 2	PA
Inflectra	Tier 2	PA
infliximab	Tier 1	PA
Renflexis	Tier 2	PA
Simponi	Tier 2	PA
Simponi ARIA	Tier 2	PA
Anti-Inflammatory, Interleukin-1 Beta Blockers		
Ilaris (PF)	Tier 2	PA
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide	Tier 1	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
Otezla	Tier 2	PA
Otezla Starter	Tier 2	PA
Anti-Inflammatory/Antiarthritics Agents, Misc.		
Arthri-Flex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azalgia	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cartivisc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cidaflex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Cidatrine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Condrolite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cosamin ASU (with AKBA)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cosamin Avoca (with Boswellia)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cosamin DS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cosamin DS (with manganese)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dona oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Endur-Flex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flexi Joint oral tablet 500-400-166.6 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Genicin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucos Chond Cplx Advanced	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosam su dip-chondroit-C-Mn	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosam-chon-collag-hyalur ac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosam-Chond-MSM(with boron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosam-chondr msm6-manganese	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosam-Chondr-MSM with vit D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosam-chondr-vit C-Mn-boron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosam-chon-msm1-C-mang-bosw oral tablet 500-416.6-20 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine 2KCl-MSM-chondroit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine Chondroitin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine Chondroitin MaxStr	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine Chondroitin PLUS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine Complex-MSM	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Glucosamine Daily Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine HCl oral tablet 1,500 mg, 750 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine HCl oral tablet 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine HCl-hyaluronic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine HCl-msm-chondroitn oral tablet 400-200-333 mg, 500-83-400 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine HCl-msm-chondroitn oral tablet 500-167-400 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine Relief oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine Relief oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine su 2KCl-chondroit oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine su 2KCl-chondroit oral tablet 500-400 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine su 2KCl-chondroit oral tablet 750-600 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine sul-chondroitn-msm oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine sul-chondroitn-msm oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine sulfate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine sulfate 2KCl oral capsule 1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine sulfate 2KCl oral capsule 750 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine sulfate 2KCl oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine sulfate-msm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine Sulf-Chondroitin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chond-MSM Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondr (boswellia)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondr (MSM-hyal)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondr-D3 (C-mang)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondroitin 3X	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Glucosamine-Chondroitin 3X Str	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondroitin Complx oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondroitin Complx oral capsule 500-400 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondroitin Complx oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondroitin DS oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondroitin Max St	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-chondroitin oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-chondroitin oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-chondroitin oral tablet 250-200 mg, 500-400 mg, 750-600 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-chondroitin oral tablet 750-60-150-1 mg, 900 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-chondroitin oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Chondroitin-UC II	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-chondroit-vit C-Mn oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-D3-Boswellia serr	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-D3-hyaluronic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-Fish Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucosamine-MSM Complex oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-msm-chondr-D3-Bosw oral tablet 25 mcg- 937.5 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosamine-msm-hyaluron acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosam-msm-chond-Bosw-hyalur	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosam-msm-chond-hrb149-hyal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glucosam-msm-chondroit-vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucos-Chond-MSM (with antiox)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
InvigoFlex AMPM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
InvigoFlex CS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
InvigoFlex D oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
InvigoFlex GS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Joint Support Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Medi-Flexx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Move Free Joint Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Move Free Plus MSM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Move Free Plus MSM-Vit D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Optiflex Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OptiFlex-G	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Osteo Bi-Flex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Osteo Bi-Flex Triple Strength	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Synovacin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SynovX DJD	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Trepadone (with bromelain)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
Orencia	Tier 2	PA
Orencia (with maltose)	Tier 2	PA
Orencia ClickJect	Tier 2	PA
Bradykinin B2 Receptor Antagonists		
icatibant	Tier 1	PA; QL (3 ML per 1 FILL)
Sajazir	Tier 1	PA; QL (3 ML per 1 FILL)
C1 Esterase Inhibitors		
Berinert	Tier 2	PA; QL (3 EA per 1 FILL)
Cinryze	Tier 2	PA; QL (40 EA per 30 days)
Haegarda	Tier 2	PA
Ruconest	Tier 2	PA; QL (4 EA per 30 days)
Glucocorticoids		
Alkindi Sprinkle	Tier 2	
budesonide oral capsule,delayed,extend.release	Tier 1	
budesonide oral tablet,delayed and ext.release	Tier 1	ST
Decadron oral tablet	Tier 1	

Drug	Status	Notes
Dexamethasone Intensol	Tier 2	
dexamethasone oral elixir	Tier 1	
dexamethasone oral solution	Tier 1	
dexamethasone oral tablet	Tier 1	
dexamethasone oral tablets,dose pack	Tier 1	ST
Emflaza	Tier 2	PA
Hemady	Tier 2	
hydrocortisone oral	Tier 1	
Medrol oral tablet 2 mg	Tier 2	
methylprednisolone	Tier 1	
Millipred DP	Tier 2	
Millipred oral tablet	Tier 2	
Ortikos	Tier 2	ST
prednisolone oral solution	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 mL, 15 mg/5 mL (3 mg/mL), 20 mg/5 mL (4 mg/mL), 25 mg/5 mL (5 mg/mL), 5 mg base/5 mL (6.7 mg/5 mL)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating	Tier 1	
prednisone	Tier 1	
Prednisone Intensol	Tier 2	
Rayos	Tier 2	ST
Solu-Cortef	Tier 2	
Solu-Cortef Act-O-Vial (PF) injection recon soln 100 mg/2 mL	Tier 2	
TaperDex	Tier 1	ST
Tarpeyo	Tier 2	PA
Gold Salts		
Ridaura	Tier 2	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
Benlysta	Tier 2	PA
Interleukin-6 (Il-6) Receptor Inhibitors		
Actemra	Tier 2	PA
Actemra ACTPen	Tier 2	PA
Enspryng	Tier 2	PA
Kevzara	Tier 2	PA
Janus Kinase (Jak) Inhibitors		
Cibinqo	Tier 2	PA
Olumiant	Tier 2	PA
Rinvoq	Tier 2	PA
Xeljanz	Tier 2	PA
Xeljanz XR	Tier 2	PA

Drug	Status	Notes
Mineralocorticoids		
fludrocortisone	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
Stelara	Tier 2	PA
Nasal Nsaids, Cox Non-Selective,Systemic Analgesic		
ketorolac nasal	Tier 1	ST; QL (1 EA per 6 days)
Sprix	Tier 2	ST; QL (1 EA per 6 days)
Nsaid & Histamine H2 Receptor Antagonist Comb.		
ibuprofen-famotidine	Tier 1	ST; QL (3 EA per 1 day)
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
naproxen-esomeprazole	Tier 1	ST
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
diclofenac-misoprostol	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
celecoxib	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type		
All Day Pain Relief	Tier 1	
All Day Relief	Tier 1	
Children's Ibuprofen	Tier 1	
diclofenac potassium oral capsule	Tier 1	ST; QL (4 EA per 1 day)
diclofenac potassium oral tablet 25 mg	Tier 1	ST; QL (8 EA per 1 day)
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral	Tier 1	
EC-Naproxen	Tier 1	
etodolac	Tier 1	
fenoprofen oral capsule 400 mg	Tier 1	ST
fenoprofen oral tablet	Tier 1	ST
flurbiprofen oral tablet 100 mg	Tier 1	
IBU	Tier 1	
IBU-200	Tier 1	
Ibuprofen IB	Tier 1	
Ibuprofen Jr Strength	Tier 1	
ibuprofen oral capsule	Tier 1	
ibuprofen oral suspension	Tier 1	
ibuprofen oral tablet	Tier 1	
ibuprofen oral tablet,chewable	Tier 1	
Indocin	Tier 2	
indomethacin oral	Tier 1	
Infant's Ibuprofen	Tier 1	
ketoprofen oral capsule 50 mg, 75 mg	Tier 1	

Drug	Status	Notes
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	Tier 1	
ketorolac injection cartridge 15 mg/mL	Tier 1	
ketorolac injection solution 15 mg/mL, 30 mg/mL (1 mL)	Tier 1	
ketorolac injection syringe	Tier 1	
ketorolac intramuscular solution	Tier 1	
ketorolac intramuscular syringe	Tier 1	
ketorolac oral	Tier 1	
Lofena	Tier 1	ST; QL (8 EA per 1 day)
meclofenamate	Tier 1	
mefenamic acid	Tier 1	
meloxicam	Tier 1	
meloxicam submicronized	Tier 1	ST; QL (1 EA per 1 day)
nabumetone	Tier 1	
Naprelan CR oral tablet, ER multiphase 24 hr 750 mg	Tier 2	ST
naproxen	Tier 1	
naproxen sodium oral capsule	Tier 1	
naproxen sodium oral tablet	Tier 1	
naproxen sodium oral tablet, ER multiphase 24 hr	Tier 1	ST
oxaprozin	Tier 1	
piroxicam	Tier 1	
Relafen DS	Tier 2	ST; QL (2 EA per 1 day)
sulindac	Tier 1	
tolmetin oral tablet 200 mg	Tier 1	
Vivlodex	Tier 2	ST; QL (1 EA per 1 day)
Zipsor	Tier 2	ST; QL (4 EA per 1 day)
Zorvolex	Tier 2	ST; QL (3 EA per 1 day)
Plasma Kallikrein Inhibitors		
Kalbitor	Tier 2	PA
Orladeyo	Tier 2	PA
Takhzyro	Tier 2	PA
Local Anesthesia		
Local Anesthetics		
Glydo	Tier 1	
lidocaine HCl mucous membrane	Tier 1	
Lidocaine Viscous	Tier 1	
Mucinex Instasoothe Pain(benz)	Tier 2	
Oral Pain Relief	Tier 1	
Orasep	Tier 2	
Phenaseptic	Tier 1	
Sore Throat (benzocaine-menth) mucous membrane lozenge 15-2.6 mg, 15-3.6 mg	Tier 1	
Sore Throat (phenol)	Tier 1	

Drug	Status	Notes
Lower Gastrointestinal Disorders - Bowel Inflammat		
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx		
mesalamine rectal	Tier 1	
mesalamine with cleansing wipe	Tier 1	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat		
balsalazide	Tier 1	
Dipentum	Tier 2	ST
mesalamine oral capsule (with del rel tablets)	Tier 1	ST
mesalamine oral capsule, extended release	Tier 1	
mesalamine oral capsule,extended release 24hr	Tier 1	
mesalamine oral tablet,delayed release (DR/EC)	Tier 1	ST
Pentasa oral capsule, extended release 250 mg	Tier 2	
sulfasalazine	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth		
hydrocortisone-pramoxine rectal cream	Tier 1	
lidocaine HCl-hydrocortison ac rectal cream	Tier 1	
lidocaine HCl-hydrocortison ac rectal gel	Tier 1	
lidocaine HCl-hydrocortison ac rectal kit 2 %-2 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe	Tier 1	
Procort	Tier 2	
Proctofoam HC	Tier 2	QL (60 GM per 30 days)
Zypram	Tier 2	
Hemorrhoidal Preparations		
Hemorrhoidal (phenyleph-cocoa)	Tier 1	
Hemorrhoidal (phenyleph-fat)	Tier 2	
Hemorrhoidal (pramoxine-zinc)	Tier 2	
Hemorrhoidal (witch hazel)	Tier 1	
Hemorrhoidal Cream	Tier 1	
Hemorrhoidal rectal cream	Tier 1	
Hemorrhoidal(PE-min oil-petro)	Tier 1	
Medi-Pads	Tier 1	
pramoxine topical foam	Tier 1	
Hemorrhoidals, Local Rectal Anesthetics		
Hemorrhoidal Relief	Tier 1	
lidocaine topical cream 5 %	Tier 1	
RectaSmoothe	Tier 1	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
Viberzi	Tier 2	PA

Drug	Status	Notes
Integrin Receptor Antagonist, Monoclonal Antibody		
Entyvio	Tier 2	PA
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
Linzess	Tier 2	QL (1 EA per 1 day)
Trulance	Tier 2	ST; QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
Rectiv	Tier 2	QL (30 GM per 15 days)
Rectal Preparations		
Anucort-HC	Tier 1	
hydrocortisone acetate rectal suppository 25 mg	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	Tier 1	ST
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
Cortifoam	Tier 2	
hydrocortisone rectal	Tier 1	
Uceris rectal	Tier 2	ST
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
Carbaglu	Tier 2	
carglumic acid	Tier 1	
Enulose	Tier 1	
Generlac	Tier 1	
Lithostat	Tier 2	
Ravicti	Tier 2	PA
sodium phenylbutyrate	Tier 1	
Antidiarrheal - G.I. Chloride Channel Inhibitors		
Mytesi	Tier 2	ST; QL (2 EA per 1 day)
Antidiarrheals		
Anti-Diarrheal (lope)-Anti-Gas	Tier 1	
Anti-Diarrheal (loperamide)	Tier 1	
Banatrol Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Banatrol TF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bismatrol oral tablet,chewable	Tier 1	
bismuth subsalicylate oral tablet,chewable	Tier 1	
Diarrhea Relief (bismuth subs)	Tier 1	
diphenoxylate-atropine	Tier 1	
Kaopectate (bismuth subsalicy) oral suspension	Tier 1	
K-Pec Antidiarrheal (bism sub)	Tier 1	
loperamide oral capsule	Tier 1	
loperamide oral liquid	Tier 1	

Drug	Status	Notes
loperamide-simethicone	Tier 1	
Motofen	Tier 2	ST
opium tincture	Tier 1	
Pink Bismuth oral tablet	Tier 1	
Pink Bismuth oral tablet,chewable	Tier 1	
Stomach Relief oral suspension	Tier 1	
Stomach Relief oral tablet,chewable	Tier 1	
Bile Salts		
Chenodal	Tier 2	PA
Cholbam	Tier 2	PA
Reltone	Tier 2	ST
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
Ocaliva	Tier 2	PA
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
Ibsrela	Tier 2	ST; QL (2 EA per 1 day)
Ileal Bile Acid Transporter (Ibat) Inhibitor		
Bylvay	Tier 2	PA
Livmarli	Tier 2	PA
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
alosetron	Tier 1	
Laxatives And Cathartics		
Benefiber Healthy Shape	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Benefiber Sugar Free (dextrin) oral powder 3 gram/4 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Benefiber Sugar Free (dextrin) oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Best Fiber	Tier 1	
bisacodyl oral	Tier 1	
castor oil oral oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
castor oil oral oil 100 %	Tier 1	
Chocolate Laxative	Tier 1	
Clear Fiber	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ClearLax	Tier 1	
Clenpiq	Tier 2	$0 COPAY IF AGE 45-75 YEARS
Colox	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Constulose	Tier 1	

Drug	Status	Notes
Daily Fiber (psyllium-aspart)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Fiber (psyllium-sucrose) oral powder 3 gram/7 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Fiber oral capsule 0.4 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Docu	Tier 1	
docusate calcium	Tier 1	
docusate sodium oral capsule	Tier 1	
docusate sodium oral liquid	Tier 1	
docusate sodium oral tablet	Tier 1	
DOK oral tablet	Tier 1	
Easy Fiber (wheat dextrin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Easy Fiber oral powder 3 gram/3.8 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Epsom Salt (laxative)	Tier 1	
Fiber (calcium polycarbophil)	Tier 1	
Fiber (dextrin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber (psyllium husk) oral capsule 0.4 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber (psyllium husk-sugar) oral powder 3.4 gram/12 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber (with aspartame) oral powder 3 gram/5.8 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber 6	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber Gummies with Vitamin D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber Laxative (ca polycarbo)	Tier 1	
Fiber Laxative (methylcellulo)	Tier 1	
Fiber Therapy (m-cell/sugar)	Tier 1	
Fiber Therapy (m-cellulose)	Tier 1	
Fiber Therapy (psyllium-sucro)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber-Caps (psyllium husk)	Tier 1	
Fiberex F15	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber-Lax	Tier 1	
Fiber-Stat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fiber-Tabs	Tier 1	
Fleet Laxative (bisacodyl)	Tier 1	
Gavilyte-C	Tier 1	$0 COPAY IF AGE 45-75 YEARS
GaviLyte-G	Tier 1	$0 COPAY IF AGE 45-75 YEARS

Drug	Status	Notes
GaviLyte-N	Tier 1	$0 COPAY IF AGE 45-75 YEARS
Gentle Laxative (bisacodyl) oral	Tier 1	
HealthyLax	Tier 1	
HyFiber with FOS oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HyFiber with FOS oral liquid in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Konsyl (sugar)	Tier 1	
Konsyl Daily Fiber (stevia)	Tier 2	
Konsyl Formula-D	Tier 2	
Konsyl Sugar-Free oral powder	Tier 2	
Konsyl Sugar-Free oral powder in packet	Tier 2	
Kristalose	Tier 2	ST; QL (3 EA per 1 day)
lactulose oral solution	Tier 1	
Laxative (bisacodyl) oral tablet,delayed release (DR/EC)	Tier 1	
Laxative (sennosides) oral tablet	Tier 1	
lubiprostone	Tier 1	QL (2 EA per 1 day)
magnesium citrate oral solution	Tier 1	
magnesium hydroxide oral suspension 400 mg/5 mL	Tier 1	
Meta Appetite Ctrl (aspartame) oral powder 3 gram/5.95 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Metamucil Fiber Thin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Metamucil Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Metamucil Plus Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Milk of Magnesia	Tier 1	
Milk Of Magnesia Concentrated	Tier 1	
Mineral Oil Heavy oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
mineral oil oral	Tier 1	
Narcosoft	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natural Fiber Laxative	Tier 1	
Natural Fiber Laxative (sugar) oral powder , 3.4 gram/7 gram	Tier 1	
Natural Fiber Laxative(aspart) oral powder	Tier 1	
Natural Veg Laxative(sennosid)	Tier 1	
Natural Vegetable	Tier 1	
Natural Vegetable Laxative	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natura-LAX	Tier 1	
OsmoPrep	Tier 2	$0 COPAY IF AGE 45-75 YEARS
Pedia-Lax (mag hydroxide)	Tier 2	

Drug	Status	Notes
Pedia-Lax Stool Softener	Tier 1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	Tier 1	$0 COPAY IF AGE 45-75 YEARS
peg3350-sod sul-NaCl-KCl-asb-C	Tier 1	$0 COPAY IF AGE 45-75 YEARS
peg-electrolyte soln	Tier 1	$0 COPAY IF AGE 45-75 YEARS
Plenvu	Tier 2	$0 COPAY IF AGE 45-75 YEARS
polyethylene glycol 3350 oral powder	Tier 1	
polyethylene glycol 3350 oral powder in packet 17 gram	Tier 1	
psyllium husk oral capsule 0.4 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Reguloid (aspartame)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Reguloid (psyllium husk)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Reguloid (psyllium husk-sucro) oral powder 3 gram/12 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Reguloid (psyllium husk-sucro) oral powder 3 gram/7 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Senexon-S	Tier 1	
Senna Lax	Tier 1	
Senna Laxative	Tier 1	
senna oral capsule	Tier 1	
senna oral syrup 8.8 mg/5 mL	Tier 1	
senna oral tablet	Tier 1	
Senna Plus	Tier 1	
Senna-S	Tier 1	
Senna-Time S	Tier 1	
sennosides oral syrup	Tier 1	
Senokot Extra Strength	Tier 2	
Senokot-Chamomile	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Senokot-S	Tier 1	
Silace	Tier 1	
SmoothLax oral powder in packet	Tier 1	
Stimulant Laxative Plus	Tier 1	
Stool Softener (docusate cal)	Tier 1	
Stool Softener oral capsule 100 mg, 250 mg	Tier 1	
Stool Softener oral liquid	Tier 1	
Stool Softener oral syrup	Tier 1	
Stool Softener oral tablet	Tier 1	
Stool Softener-Laxative	Tier 1	
Stool Softener-Stimulant Laxat	Tier 1	
Suprep Bowel Prep Kit	Tier 2	$0 COPAY IF AGE 45-75 YEARS
Sutab	Tier 2	$0 COPAY IF AGE 45-75 YEARS

Drug	Status	Notes
Unifiber	Tier 2	
Wal-Mucil with Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Gentle Laxative(bisac)	Tier 1	
Laxatives, Local/Rectal		
bisacodyl rectal	Tier 1	
docusate sodium rectal	Tier 1	
DocuSol Kids	Tier 2	
Enema	Tier 1	
Enema Disposable	Tier 1	
Enemeez	Tier 2	
Enemeez Plus	Tier 1	
Fleet Bisacodyl	Tier 2	
Fleet Enema Extra	Tier 2	
Fleet Glycerin (Adult)	Tier 1	
Fleet Glycerin Laxative	Tier 2	
Gentle Laxative (bisacodyl) rectal	Tier 1	
glycerin (adult)	Tier 1	
glycerin (child)	Tier 1	
Pedia-Lax	Tier 2	
Ready-To-Use Enema	Tier 1	
Ready-To-Use Enema (min oil)	Tier 1	
Narcotic Antagonists, Peripherally-Acting		
alvimopan	Tier 1	
Entereg	Tier 2	
Movantik	Tier 2	ST; QL (1 EA per 1 day)
Relistor oral	Tier 2	PA
Relistor subcutaneous solution	Tier 2	PA
Relistor subcutaneous syringe	Tier 2	PA
Symproic	Tier 2	ST
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
Gattex 30-Vial	Tier 2	PA; QL: 30 VIALS IN 30 DAYS
Gattex One-Vial	Tier 2	PA; QL: 30 VIALS IN 30 DAYS
Medical Supplies		
Bandages And Related Supplies		
Sterile Pads topical bandage 3 X 3 "	Tier 2	
Durable Medical Equipment,Misc(Group 1)		
1st Tier Unilet ComforTouch	Tier 2	
Accu-Chek Fastclix Lancet Drum	Tier 2	
Accu-Chek Safe-T-Pro	Tier 2	
Accu-Chek Safe-T-Pro Plus	Tier 2	
Accu-Chek Softclix Lancets	Tier 2	
Acti-Lance Lancets	Tier 2	

Drug	Status	Notes
Advanced Travel Lancets	Tier 2	
Advocate Lancet	Tier 2	
Alternate Site Lancet	Tier 2	
Assure Haemolance Plus	Tier 2	
Assure Lance	Tier 2	
Assure Lance Plus	Tier 2	
BD Microtainer Lancet	Tier 2	
BD Ultra Fine Lancets	Tier 2	
BD Ultra-Fine II Lancets	Tier 2	
Bullseye Mini Safety Lancets	Tier 2	
Butterfly Touch Lancet	Tier 2	
Careone Thin Lancet	Tier 2	
Careone Ultra Thin Lancet	Tier 2	
CareSens Lancets	Tier 2	
CareTouch Safety Lancets	Tier 2	
CareTouch Twist Lancet	Tier 2	
Clever Chek Lancets	Tier 2	
Coaguchek Lancets	Tier 2	
Color Lancets	Tier 2	
Comfort EZ Lancets	Tier 2	
Comfort Lancets	Tier 2	
Comfort Touch Plus Safety Lanc	Tier 2	
Comfort Touch Ult Thin Lancets	Tier 2	
Droplet Lancets	Tier 2	
Easy Comfort Lancets	Tier 2	
Easy Touch Lancets	Tier 2	
Easy Touch Safety Lancets	Tier 2	
Easy Touch Twist Lancets	Tier 2	
Easy Twist and Cap Lancets	Tier 2	
Embrace Lancets	Tier 2	
Embrace Safety Lancet	Tier 2	
E-Z Ject Lancets	Tier 2	
E-Z Ject Thin Lancets	Tier 2	
Ez Smart Lancets	Tier 2	
EZ-Lets	Tier 2	
Fifty50 Safety Seal Lancets	Tier 2	
Fine 30 Universal Lancets	Tier 2	
Fingerstix Lancets	Tier 2	
ForaCare Lancets	Tier 2	
FreeStyle Lancets	Tier 2	
FreeStyle Unistik 2	Tier 2	
Glucocom Lancets	Tier 2	
Gojji Lancets	Tier 2	

Drug	Status	Notes
Healthy Accents Unilet Lancet	Tier 2	
inControl Super Thin Lancets	Tier 2	
inControl Ultra Thin Lancets	Tier 2	
Inject Ease Lancets	Tier 2	
Invacare Lancets	Tier 2	
lancets	Tier 2	
Lancets, Super Thin	Tier 2	
Lancets,Thin	Tier 2	
Lancets,Ultra Thin	Tier 2	
Lite Touch Lancets	Tier 2	
Medisense Thin Lancets	Tier 2	
Medlance Plus Lancets	Tier 2	
Medlance Plus Special Blade	Tier 2	
Micro Thin Lancets	Tier 2	
Microlet Lancet	Tier 2	
Monolet Lancets	Tier 2	
Monolet Thin Lancets	Tier 2	
Myglucohealth Lancets	Tier 2	
Nova Safety Lancets	Tier 2	
Nova Sureflex Lancets	Tier 2	
On Call Lancet	Tier 2	
On Call Plus Lancet	Tier 2	
OneTouch Delica Lancets	Tier 2	
OneTouch Delica Plus Lancet	Tier 2	
Onetouch Delica Safety Lancet	Tier 2	
OneTouch SureSoft Lancing Dev 28 gauge	Tier 2	
OneTouch UltraSoft Lancets	Tier 2	
On-The-Go Lancets	Tier 2	
Pip Lancet	Tier 2	
Pressure Activated Lancets	Tier 2	
Pro Comfort Lancet	Tier 2	
Prodigy Lancets	Tier 2	
Prodigy Twist Top Lancet	Tier 2	
Pure Comfort Lancets	Tier 2	
Pure Comfort Safety Lancets	Tier 2	
Push Button Safety Lancets	Tier 2	
ReadyLance Safety Lancets	Tier 2	
ReliaMed Lancet	Tier 2	
ReliaMed Safety Seal Lancets	Tier 2	
ReliaMed Twist and Cap Lancet	Tier 2	
Rightest GL300 Lancets	Tier 2	
Safety Lancets	Tier 2	
Safety Seal Lancets	Tier 2	

Drug	Status	Notes
Safety-Let Lancets	Tier 2	
Single-Let	Tier 2	
Smart Sense Lancets	Tier 2	
Smartest Lancet	Tier 2	
Soft Touch Lancets	Tier 2	
Solus V2 Lancets	Tier 2	
Sterilance TL	Tier 2	
Super Thin Lancets	Tier 2	
Sure Comfort Lancets	Tier 2	
Sure-Lance	Tier 2	
Sure-Lance Ultra Thin	Tier 2	
Sure-Touch Lancet	Tier 2	
TechLITE Lancets	Tier 2	
Telcare Lancets	Tier 2	
Thin Lancets	Tier 2	
Topcare Universal1 Lancet	Tier 2	
True Comfort Lancet	Tier 2	
TRUEplus Lancets 28 gauge, 30 gauge, 33 gauge	Tier 2	
Twist Lancets	Tier 2	
Ultilet Basic Lancets	Tier 2	
Ultilet Classic Lancets	Tier 2	
Ultilet Lancets	Tier 2	
Ultilet Safety Lancets	Tier 2	
Ultra Fine Lancets	Tier 2	
Ultra Thin II Lancets	Tier 2	
Ultra Thin Lancets	Tier 2	
Ultra Thin Plus Lancets	Tier 2	
Ultra TLC Lancets	Tier 2	
Ultra-Care Lancets	Tier 2	
UltraLANCE Lancets	Tier 2	
Ultra-Thin II Lancets	Tier 2	
Unilet ComforTouch Lancet	Tier 2	
Unilet Excelite II Lancet	Tier 2	
Unilet Excelite Lancet	Tier 2	
Unilet GP Lancet	Tier 2	
Unilet Lancet	Tier 2	
Unilet Lancets	Tier 2	
Unilet Super Thin Lancets	Tier 2	
Unistik 3 Comfort Lancet	Tier 2	
Unistik 3 Extra Lancet	Tier 2	
Unistik 3 Gentle	Tier 2	
Unistik 3 Lancets	Tier 2	
Unistik 3 Normal Lancet	Tier 2	

Drug	Status	Notes
Unistik Comfort Lancets	Tier 2	
Unistik CZT Lancet	Tier 2	
Unistik Extra Lancets	Tier 2	
Unistik Normal Lancets	Tier 2	
Unistik Pro Lancet	Tier 2	
Unistik Safety	Tier 2	
Unistik Touch Lancets	Tier 2	
Universal 1 Lancets	Tier 2	
VivaGuard Lancet	Tier 2	
Syringes And Accessories		
Advocate Syringes	Tier 2	
Allergist Tray 1/2 mL 27Gx3/8"	Tier 2	
Allergist Tray Intradermal Bev	Tier 2	
Allergist Tray Regular Bevel	Tier 2	
Allergy Syringe	Tier 2	
Assure ID Insulin Safety	Tier 2	
BD Allergist Tray Reg Bevel	Tier 2	
BD Allergy Syringe	Tier 2	
BD Blunt Plastic Cannula syringe	Tier 2	
BD Bulk Syringe Slip Tip	Tier 2	
BD Eccentric Tip Syringe	Tier 2	
BD Eclipse Luer-Lok syringe	Tier 2	
BD Insulin Syringe	Tier 2	
BD Insulin Syringe (half unit)	Tier 2	
BD Insulin Syringe Micro-Fine	Tier 2	
BD Insulin Syringe Safety-Lok	Tier 2	
BD Insulin Syringe Slip Tip	Tier 2	
BD Insulin Syringe U-500	Tier 2	
BD Insulin Syringe Ultra-Fine	Tier 2	
BD Integra Syringe	Tier 2	
BD Interlink Blunt Plastic Can	Tier 2	
BD Interlink Syringe	Tier 2	
BD Lo-Dose Micro-Fine IV	Tier 2	
BD Lo-Dose Ultra-Fine	Tier 2	
BD Luer-Lok Bulk Syringe	Tier 2	

Drug	Status	Notes
BD Luer-Lok Syringe syringe 1 mL 20 gauge x 1", 10 mL, 10 mL 20 x 1 1/2", 10 mL 20 x 1", 10 mL 21 gauge x 1", 10 mL 21 x 1 1/2", 10 mL 22 x 1", 20 mL, 3 mL, 3 mL 18 x 1 1/2", 3 mL 20 gauge x 1 1/2", 3 mL 20 gauge x 1", 3 mL 21 gauge x 1 1/2", 3 mL 21 gauge x 1", 3 mL 22 gauge x 1", 3 mL 22 x 1 1/2", 3 mL 23 gauge x 1 1/2", 3 mL 23 x 1", 3 mL 25 gauge x 1", 3 mL 25 x 1 1/2 ", 3 mL 25 x 5/8", 3 mL 26 x 5/8", 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", 5 mL 22 gauge x 1 1/2", 5 mL 22 x 1", 50 mL	Tier 2	
BD Luer-Lok Tip Control Syring	Tier 2	
BD PrecisionGlide syringe	Tier 2	
BD SafetyGlide Allergist Tray	Tier 2	
BD SafetyGlide Insulin Syringe	Tier 2	
BD SafetyGlide Shielding Reg	Tier 2	
BD SafetyGlide Syringe	Tier 2	
BD SafetyGlide TB Reg Bevel	Tier 2	
BD Safetyglide Tuberculin	Tier 2	
BD Slip Tip Syringe	Tier 2	
B-D Slip Tip Syringe	Tier 2	
BD Syringe	Tier 2	
BD Syringe Cath Tip NonSterile	Tier 2	
BD Syringe Catheter Tip	Tier 2	
BD Syringe Luer-Lok NonSterile	Tier 2	
BD Syringe Luer-Lok Sterile	Tier 2	
BD Syringe Slip Tip NonSterile	Tier 2	
BD Syringe-Dual Cannula	Tier 2	
BD Tuberculin Slip-Tip	Tier 2	
BD Tuberculin Syringe	Tier 2	
BD Veo Insulin Syr (half unit)	Tier 2	
BD Veo Insulin Syringe UF	Tier 2	
Carepoint Luer Lock Syringe	Tier 2	
Carepoint Luer Lock Syr-needle	Tier 2	
Carepoint Luer Slip Syringe	Tier 2	
CarePoint Luer Slip Syring-Ndl	Tier 2	
CareTouch Insulin Syringe	Tier 2	
CareTouch Luer Lock Syringe	Tier 2	
CareTouch Luer Lock Syr-needle	Tier 2	
CareTouch Luer Slip Syringe	Tier 2	
Comfort EZ Insulin Syringe	Tier 2	
Davol Irrigation Syringe	Tier 2	
Davol Piston Irrigation	Tier 2	
Dover Bulb Syringe	Tier 2	
Droplet Insulin Syr(half unit)	Tier 2	

Drug	Status	Notes
Droplet Insulin Syringe	Tier 2	
Easy Comfort Insulin Syringe	Tier 2	
Easy Glide Catheter Tip Syring	Tier 2	
Easy Glide Dental Irrig Syring	Tier 2	
Easy Glide Insulin Syringe	Tier 2	
Easy Glide Luer Lock Syringe	Tier 2	
Easy Glide Luer Slip TB Syring	Tier 2	
Easy Touch FlipLock Insulin	Tier 2	
Easy Touch FlipLock Syringe	Tier 2	
Easy Touch Fluringe	Tier 2	
Easy Touch Fluringe Fliplock	Tier 2	
Easy Touch Fluringe Sheathlock	Tier 2	
Easy Touch Insulin Safety Syr	Tier 2	
Easy Touch Insulin Syringe	Tier 2	
Easy Touch Luer Lock Insulin	Tier 2	
Easy Touch Luer Lock Syringe	Tier 2	
Easy Touch SheathLock Insulin	Tier 2	
Easy Touch SheathLock Syrg-Ndl	Tier 2	
Easy Touch SheathLock Syringe syringe 10 mL, 3 mL	Tier 2	
Easy Touch syringe	Tier 2	
Easy Touch Tuberculin Fliplock	Tier 2	
Easy Touch Tuberculin Sheathlk	Tier 2	
Easy Touch Uni-Slip syringe 1 mL, 10 mL	Tier 2	
Eclipse Syringe	Tier 2	
Excel Syringe	Tier 2	
Exel Insulin	Tier 2	
Exel Syringe	Tier 2	
FreeStyle Precision	Tier 2	
HealthWise Insulin Syringe	Tier 2	
insulin syr/ndl U100 half mark	Tier 2	
Insulin Syringe MicroFine	Tier 2	
Insulin Syringe syringe 0.5 mL 29 gauge x 1/2", 1 mL 29 gauge x 1/2"	Tier 2	
insulin syringe-needle U-100	Tier 2	
Integra Syringe	Tier 2	
InterLink Syringe and Cannula	Tier 2	
Irrigation Syringe	Tier 2	
Lifeshield Blunt Cannula syringe	Tier 2	
Lite Touch Insulin Syringe	Tier 2	
Luer Lock Syringe	Tier 2	
Luer Slip Tip Syringe Tray	Tier 2	
Luer-Lok Tip	Tier 2	
Magellan Insulin Safety Syrng	Tier 2	

Drug	Status	Notes
Magellan Safety Syringe	Tier 2	
Magellan Syringe	Tier 2	
Maxicomfort Insulin Syringe	Tier 2	
Maxi-Comfort Insulin Syringe	Tier 2	
Monoject 140cc Piston Syringe	Tier 2	
Monoject 35cc Syringe Cath Tip	Tier 2	
Monoject 3cc Syr 25Gx1"	Tier 2	
Monoject Allergy Tray	Tier 2	
Monoject Allergy Tray Detach	Tier 2	
Monoject Control Syringe Luer	Tier 2	
Monoject Disposable Syringe	Tier 2	
Monoject Eccentric Non-Sterile	Tier 2	
Monoject Insulin Safety Syring	Tier 2	
Monoject Insulin Syringe	Tier 2	
Monoject Luer-Lock Tip	Tier 2	
Monoject Magellan Syringe	Tier 2	
Monoject Pharmacy Tray Luer	Tier 2	
Monoject Pharmacy Tray Reg Tip	Tier 2	
Monoject Reg Tip Non-Sterile	Tier 2	
Monoject Regular Luer	Tier 2	
Monoject Safety Luer Lock Tip	Tier 2	
Monoject Safety Syringes	Tier 2	
Monoject Smartip Cannula	Tier 2	
Monoject Syringe	Tier 2	
Monoject Syringe Eccentri Luer	Tier 2	
Monoject Syringe Luer Lok	Tier 2	
Monoject Syringe Regular Luer	Tier 2	
Monoject Syringe Toomey Type	Tier 2	
Monoject TB	Tier 2	
Monoject TB Luer Lok	Tier 2	
Monoject TB Regular Luer Tip	Tier 2	
Monoject TB Safety Syringe	Tier 2	
Monoject Tuberculin Syringe	Tier 2	
Monoject Ultra Comfort Insulin	Tier 2	
Norm-Ject	Tier 2	
Norm-Ject Tuberkulin	Tier 2	
Pro Comfort Insulin Syringe	Tier 2	
Prodigy Insulin Syringe	Tier 2	
SafeSnap Insulin Syringe	Tier 2	
SafeSnap Syringe	Tier 2	
Sure Comfort Ins. Syr. U-100	Tier 2	
Sure Comfort Insulin Syringe	Tier 2	
Sure-Ject Insulin Syringe	Tier 2	

Drug	Status	Notes
SurGuard2 Safety syringe	Tier 2	
syringe (disposable)	Tier 2	
Syringe 3cc/20Gx1"	Tier 2	
Syringe 3cc/21Gx1"	Tier 2	
Syringe 3cc/21Gx1-1/2"	Tier 2	
Syringe 3cc/22Gx1"	Tier 2	
Syringe 3cc/22Gx3/4"	Tier 2	
Syringe 3cc/25Gx1"	Tier 2	
syringe with needle	Tier 2	
syringe with needle, safety syringe 3 mL 22 gauge x 1"	Tier 2	
Syringe without Needle	Tier 2	
TechLITE Insulin Syringe syringe 1 mL 29 gauge x 1/2", 1 mL 30 gauge x 1/2", 1 mL 31 gauge x 15/64", 1 mL 31 gauge x 5/16	Tier 2	
TechLITE Insuln Syr(half unit) syringe 0.3 mL 29 gauge x 1/2", 0.3 mL 30 gauge x 5/16", 0.3 mL 31 gauge x 15/64", 0.3 mL 31 gauge x 5/16", 0.5 mL 30 gauge x 1/2", 0.5 mL 30 gauge x 5/16", 0.5 mL 31 gauge x 15/64", 0.5 mL 31 gauge x 5/16"	Tier 2	
Terumo Allergy Syringe	Tier 2	
Terumo Hypodermic Needle/Syrin	Tier 2	
Terumo Insulin Syringe	Tier 2	
Terumo Syringe	Tier 2	
Thinpro Insulin Syringe	Tier 2	
Toomey Syringe	Tier 2	
Topcare Ultra Comfort	Tier 2	
True Comfort Insulin Syringe	Tier 2	
True Comfort Pro Ins Syringe	Tier 2	
TRUEplus Insulin	Tier 2	
Tuberculin Syringe	Tier 2	
tuberculin-allergy syringes	Tier 2	
UltiCare Insulin Syringe	Tier 2	
UltiCare Insuln Syr(half unit)	Tier 2	
UltiCare Low Dead Space Syring	Tier 2	
UltiCare Safety Syringe	Tier 2	
UltiCare syringe 0.3 mL 30 gauge x 1/2", 0.3 mL 31 gauge x 5/16", 0.5 mL 30 gauge x 1/2", 0.5 mL 31 gauge x 5/16", 1 mL 25 gauge x 5/8", 1 mL 30 gauge x 1/2", 1 mL 31 gauge x 5/16	Tier 2	
UltiCare TB Safety Syringe	Tier 2	
UltiGuard SafePack-Insulin Syr	Tier 2	
Ultilet Insulin Syringe	Tier 2	
Ultra Cmft Ins Syr (half unit) syringe 0.3 mL 29 gauge x 1/2", 0.3 mL 31 gauge x 5/16"	Tier 2	
Ultra Comfort Insulin Syringe	Tier 2	

Drug	Status	Notes
Ultra Flo Insul Syr(half unit)	Tier 2	
Ultra Flo Insulin Syringe	Tier 2	
Ultracare Insulin Syringe	Tier 2	
Ultra-Thin II (Short) Ins Syr	Tier 2	
Ultra-Thin II Insulin Syringe	Tier 2	
VanishPoint Insulin Syringe	Tier 2	
VanishPoint Syringe	Tier 2	
VanishPoint Tuberculin Syringe	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
Tegsedi	Tier 2	PA
Anaphylaxis Therapy Agents		
epinephrine injection auto-injector	Tier 1	QL (2 EA per 7 days)
Symjepi	Tier 2	QL (2 EA per 7 days)
Parasympathetic Agents		
bethanechol chloride	Tier 1	
cevimeline	Tier 1	
pilocarpine HCl oral	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
Galafold	Tier 2	PA
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
Palynziq	Tier 2	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
sapropterin	Tier 1	PA
Systemic Enzyme Inhibitors		
Aralast NP	Tier 2	PA
Prolastin-C	Tier 2	PA
Vijoice	Tier 2	
Zemaira	Tier 2	PA
Zokinvy	Tier 2	
Topical Anticholinergic Hyperhidrosis Tx Agents		
Qbrexza	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		
cyclophosphamide oral	Tier 1	
hydroxyurea	Tier 1	
Leukeran	Tier 2	
melphalan	Tier 1	
Myleran	Tier 2	
temozolomide	Tier 1	PA

Drug	Status	Notes
Antiandrogenic Agents		
abiraterone	Tier 1	PA; QL (4 EA per 1 day)
bicalutamide	Tier 1	
Erleada	Tier 2	PA
flutamide	Tier 1	
nilutamide	Tier 1	QL: 2 PER DAY FOR FIRST 30 DAYS THEN 1 PER DAY
Nubeqa	Tier 2	PA
Xtandi oral capsule	Tier 2	PA; QL (4 EA per 1 day)
Xtandi oral tablet	Tier 2	PA
Yonsa	Tier 2	PA
Antibiotic Antineoplastics		
Jelmyto	Tier 2	
Antimetabolites		
capecitabine oral tablet 150 mg	Tier 1	PA; QL (28 EA per 21 days)
capecitabine oral tablet 500 mg	Tier 1	PA; QL (112 EA per 21 days)
Inqovi	Tier 2	PA; QL (5 EA per 28 days)
Lonsurf	Tier 2	PA
mercaptopurine	Tier 1	
methotrexate sodium	Tier 1	
methotrexate sodium (PF)	Tier 1	
Onureg	Tier 2	PA; QL (14 EA per 28 days)
Purixan	Tier 2	ST
Tabloid	Tier 2	
Trexall	Tier 2	
Xatmep	Tier 2	PA
Antineoplastic Aromatase Inhibitors		
anastrozole	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
exemestane	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
letrozole	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
Braftovi oral capsule 50 mg	Tier 2	PA; QL (9 EA per 1 day)
Braftovi oral capsule 75 mg	Tier 2	PA; QL (6 EA per 1 day)
Tafinlar	Tier 2	PA
Zelboraf	Tier 2	PA; QL (8 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitor		
Daurismo	Tier 2	PA
Erivedge	Tier 2	PA; QL (1 EA per 1 day)
Odomzo	Tier 2	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
Jakafi	Tier 2	PA

Drug	Status	Notes
Antineoplastic - Kras Protein Inhibitor		
Lumakras	Tier 2	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
Cotellic	Tier 2	PA; QL (63 EA per 28 days)
Koselugo	Tier 2	PA
Mekinist	Tier 2	PA
Mektovi	Tier 2	PA; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
Afinitor Disperz	Tier 2	PA
everolimus (antineoplastic) oral tablet 10 mg, 7.5 mg	Tier 1	PA; QL (2 EA per 1 day)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet for suspension	Tier 1	PA
Antineoplastic - Protein Methyltransferase Inhibit		
Tazverik	Tier 2	PA
Antineoplastic - Topoisomerase I Inhibitors		
Hycamtin oral	Tier 2	
Antineoplastic Comb - Kinase And Aromatase Inhibit		
Kisqali Femara Co-Pack	Tier 2	PA
Antineoplastic Immunomodulator Agents		
lenalidomide	Tier 1	PA; QL (1 EA per 1 day)
Pomalyst	Tier 2	PA
Revlimid	Tier 2	PA; QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
Firmagon kit w diluent syringe subcutaneous recon soln 120 mg	Tier 2	QL (2 EA per 365 days)
Firmagon kit w diluent syringe subcutaneous recon soln 80 mg	Tier 2	QL (1 EA per 30 days)
Firmagon subcutaneous recon soln 120 mg	Tier 2	QL (2 EA per 365 days)
Orgovyx	Tier 2	
Antineoplastic Systemic Enzyme Inhibitors		
Alecensa	Tier 2	PA; QL (240 EA per 30 days)
Alunbrig oral tablet 180 mg, 90 mg	Tier 2	PA; QL (1 EA per 1 day)
Alunbrig oral tablet 30 mg	Tier 2	PA; QL (4 EA per 1 day)
Alunbrig oral tablets,dose pack	Tier 2	PA; QL (1 EA per 1 day)
Ayvakit	Tier 2	PA
Balversa	Tier 2	PA
Bosulif oral tablet 100 mg	Tier 2	PA; QL (4 EA per 1 day)
Bosulif oral tablet 400 mg, 500 mg	Tier 2	PA; QL (1 EA per 1 day)
Brukinsa	Tier 2	PA
Cabometyx	Tier 2	PA; QL (4 EA per 1 day)
Calquence	Tier 2	PA
Caprelsa oral tablet 100 mg	Tier 2	PA; QL (2 EA per 1 day)

Drug	Status	Notes
Caprelsa oral tablet 300 mg	Tier 2	PA; QL (1 EA per 1 day)
Cometriq	Tier 2	PA; QL (4 EA per 1 day)
Copiktra	Tier 2	
erlotinib oral tablet 100 mg, 150 mg	Tier 1	PA; QL (3 EA per 1 day)
erlotinib oral tablet 25 mg	Tier 1	PA; QL (2 EA per 1 day)
Exkivity	Tier 2	PA
Fotivda	Tier 2	PA
Gavreto	Tier 2	PA; QL (4 EA per 1 day)
Gilotrif	Tier 2	PA
Ibrance	Tier 2	PA
Iclusig oral tablet 10 mg, 30 mg	Tier 2	
Iclusig oral tablet 15 mg	Tier 2	PA; QL (2 EA per 1 day)
Iclusig oral tablet 45 mg	Tier 2	PA; QL (1 EA per 1 day)
imatinib	Tier 1	PA; QL (2 EA per 1 day)
Imbruvica	Tier 2	PA
Inlyta oral tablet 1 mg	Tier 2	PA; ST; QL (6 EA per 1 day)
Inlyta oral tablet 5 mg	Tier 2	PA; ST; QL (4 EA per 1 day)
Inrebic	Tier 2	PA
Iressa	Tier 2	PA
Kisqali	Tier 2	PA
lapatinib	Tier 1	PA
Lenvima	Tier 2	PA
Lorbrena	Tier 2	PA
Lynparza	Tier 2	PA; QL (4 EA per 1 day)
Nerlynx	Tier 2	PA
Nexavar	Tier 2	PA; QL (4 EA per 1 day)
Ninlaro	Tier 2	PA; QL (3 EA per 28 days)
Pemazyre	Tier 2	PA
Piqray	Tier 2	PA
Qinlock	Tier 2	PA
Retevmo	Tier 2	PA
Rozlytrek	Tier 2	PA
Rubraca	Tier 2	PA; QL (4 EA per 1 day)
Rydapt	Tier 2	PA
Scemblix	Tier 2	PA
sorafenib	Tier 1	PA; QL (4 EA per 1 day)
Sprycel oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Tier 2	PA; QL (1 EA per 1 day)
Sprycel oral tablet 20 mg	Tier 2	PA; QL (2 EA per 1 day)
Stivarga	Tier 2	PA; QL (3 EA per 1 day)
sunitinib	Tier 1	PA; QL (1 EA per 1 day)
Tabrecta	Tier 2	PA
Tagrisso	Tier 2	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Talzenna	Tier 2	PA
Tasigna	Tier 2	PA; QL (4 EA per 1 day)
Tepmetko	Tier 2	PA
Truseltiq	Tier 2	PA
Tukysa	Tier 2	PA
Turalio	Tier 2	PA
Verzenio	Tier 2	PA
Vitrakvi	Tier 2	PA
Vizimpro	Tier 2	PA
Vonjo	Tier 2	PA
Votrient	Tier 2	PA; QL (4 EA per 1 day)
Xalkori	Tier 2	PA
Xospata	Tier 2	PA
Zejula	Tier 2	PA
Zydelig	Tier 2	PA
Zykadia oral tablet	Tier 2	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
Farydak	Tier 2	PA
Zolinza	Tier 2	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
Venclexta	Tier 2	PA
Venclexta Starting Pack	Tier 2	PA
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
Welireg	Tier 2	
Antineoplastic-Interleukin-6(Il-6)Inhib,Antibody		
Sylvant	Tier 2	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
Idhifa	Tier 2	PA
Tibsovo	Tier 2	PA; QL (1 EA per 1 day)
Antineoplastics,Miscellaneous		
etoposide oral	Tier 1	
Lysodren	Tier 2	
Matulane	Tier 2	
Rylaze	Tier 2	PA
Synribo	Tier 2	PA
tretinoin (antineoplastic)	Tier 1	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
Xpovio oral tablet 100 mg/week (50 mg x 2), 40 mg/week (40 mg x 1), 40mg twice week (40 mg x 2), 60 mg/week (60 mg x 1), 60mg twice week (120 mg/week), 80 mg/week (40 mg x 2), 80mg twice week (160 mg/week)	Tier 2	PA

Drug	Status	Notes
Chemotherapy Rescue/Antidote Agents		
leucovorin calcium oral	Tier 1	
Mesnex oral	Tier 2	
Selective Estrogen Receptor Modulators (Serm)		
Soltamox	Tier 2	
tamoxifen	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER
toremifene	Tier 1	PA
Selective Retinoid X Receptor Agonists (Rxr)		
bexarotene oral	Tier 1	PA
Steroid Antineoplastics		
Emcyt	Tier 2	
megestrol oral tablet	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
Aubagio	Tier 2	PA; QL (1 EA per 1 day)
Avonex intramuscular pen injector	Tier 2	PA; QL (2 ML per 28 days)
Avonex intramuscular pen injector kit	Tier 2	PA; QL (1 EA per 28 days)
Avonex intramuscular syringe	Tier 2	PA; QL (2 ML per 28 days)
Avonex intramuscular syringe kit	Tier 2	PA; QL (1 EA per 28 days)
Bafiertam	Tier 2	PA
Betaseron	Tier 2	PA; ST; QL (14 EA per 28 days)
dimethyl fumarate	Tier 1	PA; QL (2 EA per 1 day)
Extavia	Tier 2	PA; ST; QL (14 EA per 28 days)
Gilenya	Tier 2	PA; QL (1 EA per 1 day)
glatiramer subcutaneous syringe 20 mg/mL	Tier 1	PA; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/mL	Tier 1	PA; QL (12 ML per 28 days)
Glatopa subcutaneous syringe 20 mg/mL	Tier 1	PA; QL (30 ML per 30 days)
Glatopa subcutaneous syringe 40 mg/mL	Tier 1	PA; QL (12 ML per 28 days)
Kesimpta Pen	Tier 2	PA
Lemtrada	Tier 2	PA
Mavenclad (10 tablet pack)	Tier 2	PA
Mavenclad (4 tablet pack)	Tier 2	PA
Mavenclad (5 tablet pack)	Tier 2	PA
Mavenclad (6 tablet pack)	Tier 2	PA
Mavenclad (7 tablet pack)	Tier 2	PA
Mavenclad (8 tablet pack)	Tier 2	PA
Mavenclad (9 tablet pack)	Tier 2	PA
Mayzent	Tier 2	PA
Mayzent Starter(for 1mg maint)	Tier 2	PA
Mayzent Starter(for 2mg maint)	Tier 2	PA
Ocrevus	Tier 2	PA
Plegridy intramuscular	Tier 2	PA; ST

Drug	Status	Notes
Plegridy subcutaneous pen injector 125 mcg/0.5 mL	Tier 2	PA; ST; QL (1 ML per 28 days)
Plegridy subcutaneous pen injector 63 mcg/0.5 mL- 94 mcg/0.5 mL	Tier 2	PA; ST; QL (1 ML per 21 days)
Plegridy subcutaneous syringe 125 mcg/0.5 mL	Tier 2	PA; ST; QL (1 ML per 28 days)
Plegridy subcutaneous syringe 63 mcg/0.5 mL- 94 mcg/0.5 mL	Tier 2	PA; ST; QL (1 ML per 21 days)
Ponvory	Tier 2	PA
Ponvory 14-Day Starter Pack	Tier 2	PA
Rebif (with albumin)	Tier 2	PA; QL (6 ML per 28 days)
Rebif Rebidose subcutaneous pen injector 22 mcg/0.5 mL, 44 mcg/0.5 mL	Tier 2	PA; QL (6 ML per 28 days)
Rebif Rebidose subcutaneous pen injector 8.8mcg/0.2mL-22 mcg/0.5mL (6)	Tier 2	PA; QL (1 ML per 21 days)
Rebif Titration Pack	Tier 2	PA; QL (1 ML per 21 days)
Vumerity	Tier 2	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
dalfampridine	Tier 1	PA
Firdapse	Tier 2	PA
Amyotrophic Lateral Sclerosis Agents		
Exservan	Tier 2	PA
Radicava ORS	Tier 2	
Radicava ORS Starter Kit Susp	Tier 2	
riluzole	Tier 1	
Tiglutik	Tier 2	PA
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
Savella	Tier 2	
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab		
Tysabri	Tier 2	PA
Metabolic Disease Enzyme Replacement, Mocd		
Nulibry	Tier 2	
Movement Disorders(Drug Therapy)		
Austedo	Tier 2	PA
Austedo TD Titratn Pk (Wk 1-2)	Tier 2	PA
Horizant oral tablet extended release 300 mg	Tier 2	ST; QL (30 EA per 30 days)
Horizant oral tablet extended release 600 mg	Tier 2	ST; QL (2 EA per 1 day)
Ingrezza	Tier 2	PA
Ingrezza Initiation Pack	Tier 2	PA
tetrabenazine	Tier 1	PA
Neuropathic Agents		
Lyrica CR	Tier 2	PA
pregabalin oral tablet extended release 24 hr	Tier 1	PA

Drug	Status	Notes
Postherpetic Neuralgia Agents		
Gralise oral tablet extended release 24 hr	Tier 2	ST; QL (3 EA per 1 day)
Gralise oral tablet, Ext Rel 24hr dose pack	Tier 2	ST; QL (33 EA per 15 days)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
Nuedexta	Tier 2	PA; QL (2 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
Zeposia	Tier 2	PA
Zeposia Starter Kit	Tier 2	PA
Zeposia Starter Pack	Tier 2	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
chlorhexidine gluconate mucous membrane	Tier 1	
Oralone	Tier 1	
triamcinolone acetonide dental	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
cocaine	Tier 1	
ipratropium bromide nasal	Tier 1	
Numbrino	Tier 1	
Periodontal Collagenase Inhibitors		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
Mifeprex	Tier 2	
mifepristone	Tier 1	
Antidiarrheal Microorganisms Agents		
Acidophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Acidophilus Ex Str (L. sporog)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Acidophilus Probiotic Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Acidophilus Probiotic Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Acidophilus-Pectin oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Acidophilus-Pectin oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
acidophilus-pectin, citrus oral capsule 100 million cell-10 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
acidophilus-pectin, citrus oral capsule 7.5 mg (30 mill cell)-100 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
acidophilus-pectin, citrus oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Adult 50 Plus Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Advanced Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Advanced Probiotic-14	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Align	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Align Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AZO Complete Feminine Balance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AZO Dual Protection	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
BaciCap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bacid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bacid with Lactospore	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biogaia	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
BioGaia Gastrus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biogaia Protectis Baby	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biogaia Protectis with Vit D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bio-K plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
BiomePRO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Childrens Chewable Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Controlled Delivery Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Baby Calm-Comfort	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Baby Grow-Thrive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Baby Probiotic-DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Digestive Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Culturelle Immune Defense	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Kids Gentle-Go	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Kids Grow-Thrive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Kids Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Kids Immune Defense	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Kids Probiotics	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Kids Ultim Balance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Metabolism-Wt Mgmt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle oral capsule, sprinkle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Prenatal Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Pro-Well 3-In-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Total Balance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Ultimate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Women Health Balanc	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Probiotic (10 Strains)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Probiotic (S. boulardii)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite Chewable Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diff-Stat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digest Adv Probio Plus Gas	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digest Probiotic (S.boulardii)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Adv Multistrain Gmmy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantag Kid Pro-Pre	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantage Advanced	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Digestive Advantage Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantage Intens Bow	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantage Kid Probio	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantage Lactos Def	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantage Lactos Sup	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantage Prob Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantage Probio-Pre	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Advantage Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Health Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Probiotic oral capsule 10 billion cell, 3 billion cell	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Probiotic oral capsule, sprinkle	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Envive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Evivo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Evivo Starter Kit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Evivo with MCT Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Florajen Acidophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Florajen Digestion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Florajen Kids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Florajen Women	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Floranex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Floranex One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Florasave	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FlorastorKids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FloraTummys Quick Dissolve	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
FloraTummys Sprinkles Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FloraVance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortify Opt Adv (L. salivarus)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortify Optima Advanced Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortify Optima Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortify Optima Women Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortify Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortify Probiotic 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortify Women Probio(L.saliv.)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortify Women Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Freeze Dried Acidophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Gentle Probiotic-Vit D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Good Start Grow Kids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Good Start Grow Toddler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Soothe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Soothe Vit D-Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
High Potency Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Intestinex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Jarro-Dophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kala	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kids Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L.acidoph,saliva-B.bif-S.therm	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L.acidophilus-Bifido.longum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lactobac acidoph-fructooligos	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Lactobacillus acidophilus oral capsule 100 mg (1 billion cell)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lactobacillus acidophilus oral capsule 500 million cell	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lactobacillus acidophilus oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lactobacillus acidophilus oral wafer	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lactobacillus acidoph-L. bifid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lactobacillus acidoph-L.bulgar	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lacto-Pectin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mage	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mega Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Metabiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mood Support Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
More-Dophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MVW Complete Formul Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NewFlora	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Trubiotics	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pedia-Lax Probiotic Yums	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phillips' Colon Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pre B2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Preorbotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Primadophilus Bifidus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probacap	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probichew	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic (B. coagulans)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Probiotic (S.boulardii)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic (with Vitamin D3)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic 4X	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Acidophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Acidophilus Beads	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Acidophilus Biobeads	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Acidophilus-Pectin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic and Acidophilus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Colon Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Colon Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Complex (with FOS)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Digest Supp (4-strn)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Digest Supp (6-strn)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Digest(L.rham,inuln)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Digest(Lacto,Bifido)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Digestive Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Digestive System Sup	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Formula (inulin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Gold Acidophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Pearls	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Pearls Acidophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Pearls Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Probiotic Pearls Max Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Pearls Women's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Plus Colostrum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic with Prebiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic-10 (with inulin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic-Digestive Enzymes	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Promella	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Provella	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quad-Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rejuvaflor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Resistance Formula Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Restora RX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Restora Sprinkles	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
RisaQuad	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
RisaQuad-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Saccharomyces boulardii	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Senior Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Similac Probiotic Tri-Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Probiotic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TruBiotics	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TruBiotics Baby	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TruBiotics Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TruBiotics Kids Chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TruBiotics Kids Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Ultimate Flora Baby Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultimate Flora Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultimate Probiotic-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
up4 Probiotics Adult	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
up4 Probiotics Adult 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
up4 Probiotics Kids Cubes	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
up4 Probiotics Plus Prebiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
up4 Probiotics Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
up4 Probiotics Women's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
up4 Probiotics-Prebiotics Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Visbiome oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Visbiome oral drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Visbiome oral powder in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Antidotes,Miscellaneous		
Actidose/Sorbitol oral suspension 50 gram/240 mL	Tier 2	
Actidose-Aqua oral suspension 15 g/72 mL, 50 gram/240 mL	Tier 1	
Actidose-Aqua oral suspension 25 gram/120 mL	Tier 2	
activated charcoal oral capsule 200 mg, 280 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
activated charcoal oral capsule 260 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
activated charcoal oral powder	Tier 1	
EZ Char	Tier 2	
Insta-Char oral suspension 25 gram/120 mL	Tier 2	
Insta-Char oral suspension 50 gram/240 mL	Tier 1	
Insta-Char-Sorbitol	Tier 1	
Antioxidant Agents		
ALAmax CR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ALAmax Protect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
alpha lipoic acid oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
alpha lipoic acid oral tablet 200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
alpha lipoic acid oral tablet 50 mg, 600 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
alpha lipoic acid-biotin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Antioxidant A/C/E/Selenium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
E-400 C-500 and Beta Carotene	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eye Multivit (lutein-zeaxan)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Healthy Eyes Lutein-Zeaxanthin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Healthy Eyes SuperVision2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
I-Sight	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipotriad Vision Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipotriad Vision Support Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liver Protect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lutein extract-zeaxanthin ext	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lutein oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lutein oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lutein-zeaxanthin oral capsule 20 mg- 1,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lutein-zeaxanthin oral capsule 25-5 mg, 40-1,600 mg-mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lutein-zeaxanthin-bilberry ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Macuvite With Lutein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocuvite Blue Light	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocuvite Eye Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocuvite Lutein 25	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocuvite Lutein and Zeaxanthin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
PreserVision AREDS-2 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PreserVision AREDS-2 oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Retaine VISION	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SAVision	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Antioxidant	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vision Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 mL (10 mL), 400 mg/10 mL (40 mg/mL)	Tier 1	
megestrol oral suspension 625 mg/5 mL (125 mg/mL)	Tier 1	ST
Carbohydrates		
Cytose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enfamil Glucose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Galaxtra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glutol Gel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cardioplegic Solutions		
cardioplegic soln	Tier 1	
Coloring Agents And Dyes		
methylene blue (bulk-solid)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cryopreservative Agents		
Cryoserv	Tier 2	
Cystic Fibrosis - Inhaled Osmotic Agents		
Bronchitol	Tier 2	QL (20 EA per 1 day)
Diagnostic Test Devices And Supplies		
BinaxNOW COVID-19 Ag Self Test	Tier 3	QL (1 EA per 7 days)
Ellume COVID-19 Home Test	Tier 3	QL (2 EA per 7 days)
Flowflex COVID-19 Ag Home Test	Tier 3	QL (1 EA per 7 days)
InteliSwab COVID-19 Home Test	Tier 3	QL (1 EA per 7 days)
QuickVue At-Home COVID-19 Test	Tier 3	QL (1 EA per 7 days)
Dietary Supplement, Miscellaneous		
5-HTP	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
5-hydroxytryptophan (5-HTP)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
5-hydroxytryptophan(5HTP)-B6-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
5hydroxytryptophan(oxitriptan)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
A/G Pro	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Abatrace	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Abatrex with ALA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
acetylcarnitin HCl-a lipoic ac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
acetylcysteine oral capsule 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
acetylcysteine oral capsule 600 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Acticarnitine SF	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Active Health Teen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Active Q oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Active Q oral suspension	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adrenal Essence	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adrenal Manager	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adrenaliv	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AdrenaMax	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adrenoid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AdvaClear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Advanced Eye Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Air Protector	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne (ascorbate sodium)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne (ascorbic acid) oral powder effervescent in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne (ascorbic acid) oral tablet,chewable 250-8.875 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne (elderberry)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Airborne (lysine HCl)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne (with lysine acetate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne Elderberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne Natural Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne Plus Good Rest	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne Plus Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airborne Vits Zinc Elderberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airshield Immune	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Airshield oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Hair, Skin and Nails	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Immune Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AllerDHQ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ALZ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
amino PM rms	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Amino Relief RMS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Anti-Allergy Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Appe-Curb	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Appetite Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
apple cider vinegar oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
apple cider vinegar oral tablet 300 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
apple cider vinegar oral tablet 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Apple Cider Vinegar Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
AppTrim	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AppTrim-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ArgiMent AT	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Arginaid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Arginaid Extra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Argitein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid-elderberry fruit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
astaxanthin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AZO D-Mannose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azo Hormonal Health Cycle Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azo Hormonal Hlth Happy Cycle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby Complete Cough-Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby's Only Dairy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby's Only Org LactoRelief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby's Only Organic Dairy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby's Only Organic Dairy Whey	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby's Only Organic Soy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Beauty and Skin Therapy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
bee pollen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Beef-Potatoes-Spinach	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Benecalorie	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Beneprotein oral powder in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
betaine HCl	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bilberry Extract	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Bioflex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bio-Immunex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biotin Plus Keratin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biotin-Calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Black Cohosh-Flaxseed-Soy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Breeze Nutritional	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Kid Essentials	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Kid Essentials w-Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Max	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Max Men	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Men	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Mobility	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Pudding	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Soothe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost VHC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Women	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Brain Might-DHA-Co Q10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Brainstrong Memory Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Breakfast Essentials	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Breeza Neutral Ab-Pelvic Image	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bright Beginnings Soy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Burn Calories	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium glucarate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Carb Intercept	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cardiopress	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CardioVid PLUS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Carni Q-Gel Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cartilage-collagen-bor-hyalur	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cerenx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CheleX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Chew Q	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
chia seed oil-omega 3-6-9 oral capsule 1,000 mg (580 mg), 1,000 mg (600 mg-150 mg-50mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child All In One Cough Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child Complete Cough-Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child Cough-Mucus-Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child Soothing Throat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Cough-Mucus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's DiaResQ oral powder in packet 4 gram-35 kcal/7 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Migrelief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Omega-3 Gummy Fish	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child's Cough	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Chlorocaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cholase Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cholesterol Relief	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
CholestOff Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
choline dihydrogen citrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cinnamon bark-chromium-ALA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Co Q-10 (with Vit E) oral capsule 100-5 mg-unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Co Q-10 oral capsule 10 mg, 100 mg, 150 mg, 200 mg, 30 mg, 300 mg, 400 mg, 50 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Co Q-10-Vitamin E-Fish Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coconut oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coenzyme Q10 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coenzyme Q10 oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coenzyme Q10 oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coenzyme Q10-black pepper ext	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coenzyme Q10-L-carnitine-vit E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coenzyme Q10-vit E-vit E mixed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coenzyme Q10-vitamin E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cognitive Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Collagen 1500 Plus C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Collagen Plus Vitamin C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
collagen,hydrolyz-ascorbate Ca	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
colostrum, bovine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Organic Blend Chicken	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Organic Blends Plant	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Ped Org Blend Chicken	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Ped Org Blends Plant	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Compleat Ped Standard 1.4	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Pediatric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Pediatric Peptide 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Pediatric Reduced Cal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Pediatric Standard 1	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Peptide 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compleat Standard 1.4	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ConceptionXR Motility	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ConceptionXR Reproductive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CoQ-10	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
coQ10 (ubiquinol)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CoQ-10 and Fish Oil	Tier 1	
Coromega oral emulsion in packet 2,000-650-12 mg/2.5 gram, 650 mg-1,000 unit/2.5 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CranRx with Vit C-Mannose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
creatine monohydrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyto-Q	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyto-Q Max	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyto-Q t-f	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cytotine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daflonex-XL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dark Cherry Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
De3 Dry Eye Omega Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DecuB-Amine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermaNIC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DHEA oral tablet 10 mg-47 mg calcium, 25 mg-52 mg calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
DHEA oral tablet 50 mg-60 mg calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diabetic Support Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
diachrome	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DiaResQ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dieter's Detox	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dietex Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dry Eye Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dry Eye Omega Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Duocal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EB-A7 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EB-C3 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EB-L1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EB-N5 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EB-N6 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EC Matrixx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Effervescent Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Egg-Pro	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eggs-Apples-Oats	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Elon Matrix 5000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Elon Matrix Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Elon R3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enfagrow Next Step	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enfagrow Toddler Non-Gmo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enfagrow Todlr Nxt Stp Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Ensure	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Active Heart Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Active High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Active Light	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Active Muscle Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Active Protein-Muscle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Clear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Compact	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Enlive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Harvest	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure MAX Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Muscle Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Original	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Pre-Surgery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Pudding	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enterade Advanced Oncology	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enu Nutrition Shake	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enu Pro3 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EO28 Splash oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Estroblend	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EstroNatural	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Estroplus Max Strength	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Estroven	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Estroven Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Estroven Maximum Strength	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Estroven Mood and Memory	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Estroven Weight Management	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eye Omega Advantage	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eye Omega Benefits For Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fibersource HN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flax, Fish and Borage Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flexgen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fosteum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fosteum Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fruit and Vegetable Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GABAdone	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Garcinia Cambogia	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gastrace	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Good Start A2 Toddler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Good Start Grow Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucoless	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GlycoTrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Green Tea (w/Met.Enhan.Blend)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gripe Water (ginger, fennel)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Guarana	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
H2Q	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
H2Q CoQ10	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair, Skin and Nails Advanced	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair, Skin, Nails with Biotin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair-Skin-Nail(vit A,C-biotin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair-Skin-Nails (vit C-biotin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Healthy Heart Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Heliocare	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Heliocare Advanced	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HepaMent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hi-Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
High-Protein Nutritional Shake	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
hyaluronate sodium-vit C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hyaluronic Acid (chond-collgn)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hypertensa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HyProst	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Immune Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Immunicare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Impact 1 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Imubolic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
IsoRel	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Isosource 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Isosource HN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Jevity 1 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Jevity 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Jevity 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Joint Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kids Omega-3 with DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Korean Ginseng Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
K-Pax Immune Booster	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LDL Benefit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
levocarnitine oral solution 1 gram/10 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
levocarnitine-pantothe-taurine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lil Mixins Egg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lil Mixins Peanut	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipotriad Dry Eye	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipotropix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LiQ-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LiQSorb	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquacel oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquacel oral liquid in metered-dose pump	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquacel oral liquid in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquid Hope Original Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lister-V	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lithate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Little Remedies Gripe Water	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liver-Kidney Cleanser	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Livetrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
LPS 15-30	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LPS Critical Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LPS Neutral Flavor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lutrish Shake	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
mag oxide-D3-turmeric rt xt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mag-Amide	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mannxtra	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MedCaps DPO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MedCaps GI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MedCaps T3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MegaRed Advanced 4-in-1 Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MegaRed Advanced 6x Absorption	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MegaRed Advanced Omega-3 Algae	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MegaRed Joint Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MegaRed Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Megavite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Megavite Golden Years 55 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MemorAll	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Menopause Support oral tablet 30-400-80 unit-mcg-mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Methacholine with Liver	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Methazel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
methylsulfonylmethane	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MigreLief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Minus Weight Plus Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Miseflex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Miseflex-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Monogen oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mood Food ES	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Move Free Ultra Omega Joint Pl	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Move Free Ultra Triple Action	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Move Free Ultra-Borate-K2-D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSM	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MyoCalm	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NAC oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NAC oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
N-A-C Sustain	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nan Pro Toddler Drink	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natrol 5-HTP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natrol Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nattokinase	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NeoQ10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neuriva Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neuriva Plus Brain Performance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NeuroActives BrainSustain	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Niacin-Aze AC-Turmer-FA-B6-ZN	Tier 1	
Nicadan	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nicadan ZX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nicazel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nourish Original Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
NovaSource Renal 2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Numaqula Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutra Pro High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutrafit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutrafit Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutren 1.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutren 1.0 with Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutren 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutren 2.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutren Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutren Junior Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutri-Drink	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NutriSure Original	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NutriSure Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutritional Drink	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutritional Drink Mix	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutritional Drink Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutritional Shake	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutritional Shake Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocean Blue Prenatal DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OlivDefense	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
om3-dha-epa-cod liver-vit A-D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega 3-dha-epa-fish oil oral capsule 108-162-1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega MonoPure Curcumin EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Omega-3 Plus Vitamin D3 oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
omega-3s-dha-epa-fish oil oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-V Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omera oral capsule 750-300-400-50 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Women's Metabolism	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OptiFiber Lean	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OptiFlex-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Orange Chickn-Carrot-Brwn Rice	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Organic PediaSmart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OrthoDiet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Osmolite 1 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Osmolite 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Osmolite 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ostera	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ovasitol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
papain	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediasure Enteral	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure Enteral w/Fiber 1.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure Grow-Gain	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure Grow-Gain Organic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure Harvest	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure Peptide 1.0 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure Peptide 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
PediaSure Shake Mix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediasure Sidekicks Clear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure Sidekicks oral liquid 0.04-0.8 gram-kcal/mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PediaSure with Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Balanced Nutrition	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Drink With Fiber	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Peptide 1.0	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Peptide Formula 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Standard Formula 1.2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen 1.5 Cal With Prebio1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen AF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen Junior Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen Junior HP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen Junior With Prebio1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptide 1.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptide Formula 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Percura	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PhytoMulti	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
phytosterol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pivot 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pre Protein 20	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PreDia	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pregnitude	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
preOp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pre-Protein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProCel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Proleeva	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProMod Protein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Promote	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Promote with Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProSource No Carb oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProSource No Carb oral liquid in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProSource oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProSource oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProSource Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prosource TF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProSource TF 20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProSource Zac	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pro-Stat AWC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pro-Stat Max	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pro-Stat Renal Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pro-Stat Sugar Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pro-Stat Sugar Free with Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prostate 2.4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prostate Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prostate Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prostate Max Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Prostate PQ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prostate Therapy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Protein Nutritional Shake	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
protein oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Proteinex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Proteinex-18	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Proteolin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Proteolin DS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Provide Gold Regular	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Provide Gold Sugar Free	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProViMin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Proxeed Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-GEL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-Gel Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-Gel Mega	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-Gel Ultra	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-GEL with Alpha Lipoic Acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-Sorb Co Q-10 oral capsule 100 mg, 200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-Sorb Co Q-10 oral capsule 150 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-Sorb Co Q-10 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quinoa-Kale-Hemp	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Q-Up	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
re:iimmune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Red Wine Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Red Wine Extract	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Red Wine Extract Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Re-Gen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Replete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Replete Fiber	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Resource 2.0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
resveratrol-quercetin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
resver-red-bfl-grpsd-pol-C-pom	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Retaine OM3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rheumate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rheumate (with Quatrefolic)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
royal jelly	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
S-acetylglutathione	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Salmon-Oats-Squash	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sambucus Elderberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sambucus Elderberry (zinc glu)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sambucus Elderberry Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sam-E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sam-E (Enteric Coated)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Scandishake oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sea-Omega	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sentra AM	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sentra PM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sharkilage	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Similac Go and Grow Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Similac Go and Grow oral powder 4-8-16 gram/150 kcal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Similac Go and Grow Sensitive	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Similac Go-Grow Senstv Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Similac Lamehadrin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Simone Super Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sol Carb	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
South African Hoodia Plus Cap	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
soy isoflavone	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Soy Isoflavones oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stages Men's Multi-Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Standard 1.4	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Standard Formula 1.0	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stay Cool	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stomach Settle	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Enzyme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super-D3+	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Synertropin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Synogesic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SynovX Metabolic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SynovX Performance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Taliva	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tart Cherry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
The Eliminator	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
theanine oral capsule 100 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
theanine oral capsule 200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theralith XR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theramine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theramine Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraTears Nutrition	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Toddler's DiaResQ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tonalin CLA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tozal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Transferon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Travelan	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Trombonex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Trombonex-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Turkey-Sweet Potatoes-Peaches	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TwoCal HN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra CoQ10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra Diet Aid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra His Rx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra Men's Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultramino	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Urinozinc Prostate Complx Clsc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Urinozinc Prostate Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Urinozinc Prostate Formula Pls	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
UTI-Stat	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
UtyMax	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vasoflex Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vasoflex HD	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vasoflex oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vasoflex oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vasoha	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Veinerect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vicectin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vista Advanced Carotenoid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vista Advanced Dry Eye	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vit A-C-biotin-zinc-selenometh	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VitaMent	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin D3 Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Whey Protein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Xyzmune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zytaze	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Agents, Other		
FDgard	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diluent Solutions		
Diluting Medium for Novolog	Tier 2	
Sterile Hydrogel For Jelmyto	Tier 2	
Drugs To Treat Hereditary Tyrosinemia		
nitisinone	Tier 1	PA
Nityr	Tier 2	PA
Orfadin	Tier 2	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
Cerdelga	Tier 2	PA
miglustat	Tier 1	PA

Drug	Status	Notes
Flavoring Agents		
anise	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Apple Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Butter Rum Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cinnamon Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
citronella oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ethyl acetate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
eucalyptol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eucalyptus Flavor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
eucalyptus oil oil 100 %	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lemon flavor extract (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lemon Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lemon oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
orange oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
raspberry flavor, artificial	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Raspberry Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sassafras oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
spearmint oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Watermelon Flavoring	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Food Oils		
Cholest Off Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
peanut oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
General Anesthetics - Benzodiazepine, Injectable		
midazolam (PF) injection solution	Tier 1	
midazolam (PF) injection syringe 5 mg/mL	Tier 1	
midazolam injection	Tier 1	
General Anesthetics,Inhalant		
desflurane	Tier 1	

Drug	Status	Notes
isoflurane	Tier 1	
sevoflurane	Tier 1	
Suprane	Tier 2	
Terrell	Tier 1	
General Inhalation Agents		
sodium chloride inhalation	Tier 1	
Herbal Drugs		
acai berry extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Acai Weight Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
alfalfa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
aloe vera oral	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Anamu	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ANTI-NAUSEA GINGER	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
arnica	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
asafetida	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ashwagandha root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Atrantil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azo Bladder Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azo Bladder Control-Weight Mgt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azo Cranberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azo Cranberry Plus Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azo Cranberry Plus Vit C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Azo Men	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby Cough	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby Cough-Mucus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
bilberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
bilberry fruit extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Black Cohosh Menopause Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
black cohosh oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
black cohosh root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
blue-green algae (Spirulina)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
broccoli flower	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calmme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Candicidal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
capsicum (cayenne)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cardio Tea	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
carica papaya oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cat's claw (uncaria tomentosa)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Chlorophyll (with alfalfa)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cinnamon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cinnamon bark	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cinnamon bark-chromium picolin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cinnamon Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Colon Herbal Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cortisolv	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cranberry conc-ascorbic acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cranberry Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cranberry extract oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cranberry extract oral tablet 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cranberry extract-vitamin C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cranberry fruit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Cranberry Juice Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cranberry oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cranberry oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cranberry Plus Vitamin C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cranberry Urinary Comfort	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cranberry Urinary Tract Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cranberry-Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cranberry-Probiotic-Vitamin C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cran-Max	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CranRx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Curcuplex-95	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
dandelion root	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Detoxarex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diuretic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
dong quai (angelica sinensis)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
echinacea oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
echinacea oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Echinacea purp aerial part ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
echinacea purp leaf-ang rt ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Echinacea purp xt,angus rt ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
echinacea purpurea root	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
echinacea-golden seal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
echinacea-golden seal roots	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
elderberry fruit and flower	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Ellura	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Estroven Cmplt Menopause Rlf	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
evening primrose oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
evening primrose oil-cranberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
fenugreek seed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
fenugreek seed extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
flaxseed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
flaxseed oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
flaxseed oil-omega 3,6,9	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
flaxseed-omega3,6,9-fatty acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
garlic oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
garlic oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
garlic oral tablet 100 mg, 200 mg, 400 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
garlic-parsley	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Garlipure	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ginger (Zingiber officinalis)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ginger extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ginkgo biloba leaf extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ginkgo biloba oral tablet 120 mg	Tier 2	
ginkgo biloba oral tablet 40 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ginkgo Biloba Plus (Bacopa)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ginseng	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ginseng Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ginseng Korean	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Grape Seed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
grape seed extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
grape seed xt-bioflav,citrus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Green Coffee Bean	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Green Tea	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
green tea leaf extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
green tea-hoodia gordonii	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
hawthorn berry oral capsule 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
hawthorn berry oral capsule 565 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
hawthorn extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
horse chestnut	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
IBgard	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
In-fla-mend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kava Kava	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
kava root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kelp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Korean Ginseng	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Korean ginseng root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lavender oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Linseed Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liver Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
maca extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Maximum Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MegaNatural-BP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
milk thistle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
milk thistle sd ext-blessed th	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
milk thistle seed extract oral capsule 175 mg, 200 mg, 87.5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
milk thistle seed extract oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Milkflow oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Move Free Ultra Turmeric-Tamar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natural Herbal Diuretic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neuriva De-Stress	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neuriva Original	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nootropic Coffee-PS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nrf2 Activator	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Odor Free Garlic oral tablet 100 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Odorless Garlic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
olive leaf extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omega-3 Flaxseed Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OncoPLEX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OncoPLEX ES	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
oregano oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
oregano oil-flaxseed oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Papaya Enzyme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pepogest	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
peppermint oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
peppermint spirit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Petadolex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Petadolex 75	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
pomegranate fruit extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pomegranate-EGCG-Grape Seed	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Primrose Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Probiotic Plus and Cranberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prostate SR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
raspberry ketone	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
red yeast rice	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Refex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Relax and Sleep	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Remifemin Menopause	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
resveratrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
resveratrol-grape skin extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Retaine FLAX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
rosemary oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
saffron extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sage leaf (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Saloxicin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sambucus Elderberry Original	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
saw palmetto	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Saw Palmetto Extract (w-zinc)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
saw palmetto-pumpkin seed oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
saw palmetto-zinc picolinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
saw palmto frt xtr-zinc picoli	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
South African Hoodia	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Super Energy Herbal Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
tamarind seed-turmeric extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tart Cherry Extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tears Again Hydrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theracran	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraCran HP for Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tumersaid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
turmeric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
turmeric root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
turmeric root-ginger root ext	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
turmeric-turmeric ext-pepper	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
turmeric-turmeric root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
valerian root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
valerian root oral capsule 100 mg, 450 mg, 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
valerian-flower-hops-lemon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Valinex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vivaben	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
xanthium fruit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Yohimbe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
yohimbe bark	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hypnotics, Melatonin And Herbal Combinations		
Estroven Nighttime (cal-meltn)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Midnite for Menopause	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MidNite PM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sopordren	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Toprophan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Infant Formulas		
HCU Anamix Next	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Insecticides		
Home Lice-Bedbug-Dust Mite Spr	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lice Bedding Spray	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lice-Bedbug-Mite Bedding	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
RID Complete Lice Elim Kit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stop Lice	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Intra-Uterine Devices (Iud's)		
Kyleena	Tier 3	
Liletta	Tier 3	
Mirena	Tier 3	
ParaGard T 380A	Tier 3	
Skyla	Tier 3	
Metabolic Deficiency Agents		
betaine	Tier 1	
Carnitor (sugar-free)	Tier 2	
Culturelle IBS Complete Supprt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cystadane	Tier 2	
levocarnitine (with sugar)	Tier 1	
levocarnitine oral solution 100 mg/mL	Tier 1	
levocarnitine oral tablet	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
Strensiq	Tier 2	PA
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
Revcovi	Tier 2	
Metabolic Function Diagnostics		
Macrilen	Tier 2	
Metopirone	Tier 2	
Metallic Poison,Agents To Treat		
Chemet	Tier 2	
deferasirox	Tier 1	PA
deferiprone	Tier 1	PA
deferoxamine	Tier 1	PA

Drug	Status	Notes
Ferriprox	Tier 2	PA
Ferriprox (2 times a day)	Tier 2	PA
Galzin	Tier 2	
trientine	Tier 1	PA
Wilzin	Tier 2	
Multiple Herbal Ingr Combinations		
Imuhance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MedCaps Menopause	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Menofem	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oraxinol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Serenagen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Total Body Cleanse	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Whole Body Joint Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nasal Moisturizer		
GeloNasal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocean Complete	Tier 2	
Nasal Washes		
Alkalol Nasal Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sinus Wash Neti Pot	Tier 1	
Needles/Needleless Devices		
1st Tier Unifine Pentips	Tier 2	
1st Tier Unifine Pentips Plus	Tier 2	
AboutTime Pen Needle	Tier 2	
Advocate Pen Needle	Tier 2	
Assure ID Pen Needle	Tier 2	
BD AutoShield Duo Pen Needle	Tier 2	
BD Eclipse Luer-Lok needle 21 gauge x 1 1/2"	Tier 2	
BD Integra Needle	Tier 2	
BD Intradermal Bevel Needles	Tier 2	
BD Nano 2nd Gen Pen Needle	Tier 2	
BD Nokor Admix Needle	Tier 2	
BD PrecisionGlide needle	Tier 2	
BD PrecisionGlide Non-Sterile	Tier 2	
BD Regular Bevel Needles	Tier 2	
BD Short Bevel Needles	Tier 2	
BD Short Bevel Thin Wall	Tier 2	

Drug	Status	Notes
BD Specialty Use Needles	Tier 2	
BD Ultra-Fine Micro Pen Needle	Tier 2	
BD Ultra-Fine Mini Pen Needle	Tier 2	
BD Ultra-Fine Nano Pen Needle	Tier 2	
BD Ultra-Fine Orig Pen Needle	Tier 2	
BD Ultra-Fine Short Pen Needle	Tier 2	
CareFine Pen Needle	Tier 2	
CareTouch Hypodermic Needle needle 18 gauge x 1 1/2", 20 gauge x 1", 22 gauge x 1", 23 gauge x 1 1/2", 23 gauge x 1", 25 gauge x 1 1/2", 25 gauge x 1", 25 gauge x 5/8"	Tier 2	
CareTouch Pen Needle	Tier 2	
Clickfine Pen Needle	Tier 2	
Comfort EZ Pen Needles	Tier 2	
Comfort Touch Pen Needle	Tier 2	
Disposable Needles	Tier 2	
Droplet Micron Pen Needle	Tier 2	
Droplet Pen Needle	Tier 2	
DropSafe Pen Needle	Tier 2	
Easy Comfort Pen Needles	Tier 2	
Easy Glide Pen Needle	Tier 2	
Easy Touch Hypodermic Needle	Tier 2	
Easy Touch needle	Tier 2	
Easy Touch Pen Needle	Tier 2	
Easy Touch Safety Pen Needle	Tier 2	
Exel Hypodermic Needles	Tier 2	
Flow-Eze Vented Needle	Tier 2	
HealthWise Pen Needle	Tier 2	
Healthy Accents Unifine Pentip	Tier 2	
Hypodermic Needles	Tier 2	
inControl Pen Needle	Tier 2	
Insupen	Tier 2	
Lifeshield Blunt Cannula needle	Tier 2	
Lite Touch Insulin Pen Needles	Tier 2	
Maxicomfort II Pen Needle	Tier 2	
Maxicomfort Safety Pen Needle	Tier 2	
Microdot Insulin Pen Needle	Tier 2	
Mini Ultra-Thin II	Tier 2	
Monoject Hypodermic Needles	Tier 2	
Monoject Hypodermic Polypropyl	Tier 2	
needle (disp) 16 G	Tier 2	
needle (disp) 18 G	Tier 2	
needle (disp) 19 G	Tier 2	

Drug	Status	Notes
needle (disp) 23 gauge	Tier 2	
Nokor Needle	Tier 2	
Novofine 32	Tier 2	
Novofine Autocover	Tier 2	
NovoFine Plus	Tier 2	
Pen Needle	Tier 2	
pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/32", 33 gauge x 5/32"	Tier 2	
Pentips	Tier 2	
Pip Pen Needle	Tier 2	
Poly Hub Needle	Tier 2	
Prevent DropSafe Pen Needle	Tier 2	
Pro Comfort Pen Needle	Tier 2	
Pure Comfort Pen Needle	Tier 2	
Safety Pen Needle	Tier 2	
SecureSafe Pen Needle	Tier 2	
Sure Comfort Pen Needle	Tier 2	
Sure Comfort Safety Pen Needle	Tier 2	
Sure-Fine Pen Needles	Tier 2	
TechLITE Pen Needle	Tier 2	
Topcare Clickfine	Tier 2	
True Comfort Pen Needle	Tier 2	
TRUEplus Pen Needle	Tier 2	
UltiCare Pen Needle	Tier 2	
Ulticare Safety Pen Needle	Tier 2	
UltiGuard SafePack-Pen Needle	Tier 2	
Ultilet Pen Needle	Tier 2	
Ultra Flo Pen Needle	Tier 2	
Ultra Thin Pen Needle	Tier 2	
Ultracare Pen Needle	Tier 2	
Ultra-Thin II (Short) Pen NDL	Tier 2	
Ultra-Thin II Ins Pen Needles	Tier 2	
Unifine Pen Needle	Tier 2	
Unifine Pentips	Tier 2	
Unifine Pentips Maxflow	Tier 2	
Unifine Pentips Plus	Tier 2	
Unifine Pentips Plus Maxflow	Tier 2	
Unifine Ultra Pen Needle	Tier 2	
Verifine Pen Needle	Tier 2	
Yale Disposable Needles	Tier 2	

Drug	Status	Notes
Neuromuscular Blocking Agents		
Botox	Tier 2	PA
Xeomin intramuscular recon soln 100 unit	Tier 2	PA
Nose Preparations, Miscellaneous (Otc)		
Ayr Allergy and Sinus	Tier 2	
Ayr Saline Gel	Tier 2	
Ayr Saline nasal aerosol,spray	Tier 1	
Ayr Saline nasal drops	Tier 1	
Baby Ayr Saline	Tier 1	
Deep Sea Nasal	Tier 1	
Nasal Moisturizing	Tier 1	
Ocean Nasal	Tier 1	
Saline Mist	Tier 1	
Saline Nasal	Tier 1	
Saline Nasal Mist nasal aerosol,spray	Tier 1	
Sinus Wash sinus irrigation packet 700-2,300 mg	Tier 1	
Nut.Tx Phenylketonuria (Pku) Formulations		
EAA Supplement	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin 10 PE Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin 15 PE Bettermilk	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin 15 PE Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin 15PEComplete-taurine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin 20PE Bettermilk Lite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin Build 10-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin Build 20-20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin Burst 10-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin Burst 20-20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin Restore 10 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin Restore 10 PE Lite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin Restore 5 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin RTD 10 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin RTD 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Glytactin RTD Lite 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytactin Swirl 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lanaflex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Periflex Advance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Periflex Infant	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Periflex Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Periflex LQ PKU	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenex-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PhenylAde 40	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PhenylAde 60	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PhenylAde Amino Acids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenylade Essential	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PhenylAde GMP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PhenylAde GMP Mix-In	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PhenylAde GMP Ready	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PhenylAde Gmp Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenylade MTE Amino Acids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenylade Phebloc	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenyl-Free 1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenyl-Free 2 PKU	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phenyl-Free 2HP PKU	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phlexy-10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Phlexy-10 Drink Mix Powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Air20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Cooler 10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Cooler 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Cooler 20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Easy Liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Easy Microtabs	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Explore10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Explore5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Express15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Express15 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Express20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Express20 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Gel Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Go	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Maxamum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Periflex Early Years	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Periflex Junior Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Sphere15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Sphere20 oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Sphere20 oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PKU Trio	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
TYR Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
XPhe Maxamaid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
XPhe Maxamum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutritional Therapy, Med Cond Special Formulation		
Alfamino Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
BCAD 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Boost Glucose Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cholextra t-f	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complex Essential	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complex Junior MSD	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complex MSUD Amino Acid Blend	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyclinex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyto RALA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diabetisource AC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EleCare Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Encala	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Clear Therapeutic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ensure Surgery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EO28 Splash oral liquid 0.025-1 gram-kcal/mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Equacare Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ESSENTIAL AMINO ACID MIX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Essential Care Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fruitivits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GA Express 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
GA Gel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GA Powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna 1 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Advance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Bar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Crispy Delights	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Hunger Smart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Mini Snacks	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Shake	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Snack Bar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Snack Shake	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucerna Therapeutic Nutrition	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gluco Burst Diabetic Drink	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glucose Support 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GlutarAde Amino Acid Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GlutarAde GA-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GlutarAde Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glutarex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glycosade oral powder in packet 0.3 gram-214 kcal/60 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glycosade oral powder in packet 212 kcal/60 gram	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glytrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
HCU Cooler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Cooler with Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Express Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Express15 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Express20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Express20 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Gel Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCU Maxamum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
HCY 2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Homactin AA Plus 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Homactin AA Plus 20 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hominex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Impact Advanced Recovery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Isovactin AA Plus 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
IVA Maxamum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
I-Valex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ketocal 2.5:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ketocal 3:1 oral powder 15.3-699 gram-kcal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ketocal 3:1 oral powder 15.4 gram-711 kcal/100 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ketocal 4:1 (milk-soy)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
KetoGEN 4:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ketonex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
KetoVie	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
KetoVie 3:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
KetoVie Peptide 4:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ketovie Plant-Based 4:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
KetoVOLVE	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
K-Flo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipistart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LMD Powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MCT Pro-Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Methionaid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MMA-PA Cooler15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MMA-PA Express15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MMA-PA Gel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MMA-PA Maxamum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Modulen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Monogen oral powder 12.9 gram-444 kcal/100 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Aid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Cooler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Express Cooler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Express15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Express15 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Express20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Express20 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
MSUD Gel Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MSUD Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neocate Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neocate Junior With Prebiotics	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neocate Nutra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neocate Splash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nepro Carb Steady	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutramine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutren Pulmonary	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutrihep	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OA2 Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Optisource (protein supp)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oxepa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen Intense VHP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen Junior 1.5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen Junior PHGG	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peptamen W-Prebio1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Perative	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PFD 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Polycal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Portagen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Propimex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Pulmocare	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PurAmino Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Puramino Toddler	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rena Start	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rena Step	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Renal Support 1.8	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Renalcal (whey)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
RenaMent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
RESURGEX SELECT	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
S.O.S. 20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
S.O.S. 25	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Suplena Carb Steady	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tolerex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tylactin Build 20 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tylactin Complete 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tylactin Restore 10 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tylactin Restore 5 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tylactin RTD 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Anamix Next	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Cooler oral suspension	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Express Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Express15 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Express20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Express20 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
TYR Gel Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Lophlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Lophlex GMP Mix-In	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Sphere20	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tyrex-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tyros 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
UCD Anamix Junior	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
UCD Trio	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vilactin AA Plus 15 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vilactin AA Plus 20 PE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vital 1.0 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vital 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vital AF 1.2 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vital High Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vital Peptide 1.5 Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vivonex Pediatric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vivonex Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vivonex RTF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vivonex T.E.N.	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
WND 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
XMet Maxamaid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
XMet XCys Maxamaid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Xtracal Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ointment/Cream Bases		
cetyl alcohol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Hydrophilic Petrolatum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lanolin anhydrous	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neutrogena topical liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
paraffin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
petrolatum, yellow (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Petroleum Jelly, White	Tier 2	
Pretty Feet Hands	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
rosin (bulk) powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
stearyl alcohol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
white petrolatum topical gel	Tier 2	
white wax (beeswax)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
yellow wax (beeswax)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oral Lipid Supplements		
Betaquik	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dojolvi	Tier 2	
K-Quik	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquigen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MCT Oil oral oil 14 gram-120 kcal/15 mL	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
medium chain triglycerides	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Microlipid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neoke MCT70	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OmniCT	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Perfumes		
pine needle oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
rose oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rose Water	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Pharmaceutical Adjuvants, Tableting		
AR Caps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CapsuBlend-H	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CapsuBlend-P	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CapsuBlend-S	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #0	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #0 (cellulose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #0 (hypromellose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #0 DRcaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #00	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #00 (cellulose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #00 (hypromellose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #1 (cellulose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #1 (hypromellose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #1 DRcaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #10	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #11	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #13	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #3 (cellulose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #3 (hypromellose)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Capsule #5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule #7	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #0 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #0(hypromel)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #00 (gelatin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #1 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #1(hypromel)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #2 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #3 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #3(hypromel)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Capsule Coni-Snap #4 (gelatin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cellulose (bulk) powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium stearate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
stearic acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zinc stearate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Protein Replacement		
acetylcarnitine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Amino Acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
amino acids	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ArgiMent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
arginine (L-arginine) oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
arginine (L-arginine) oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
arginine (L-arginine) oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
arginine (L-arginine) oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
arginine HCl (L-arginine)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Beneprotein oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citrulline 1000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citrulline 200	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complete Amino Acid Mix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cysteine (L-cysteine) oral	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyto Carn	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cytolline	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Amino	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GlutaMent	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Glutasolve	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glycine oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glycine oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
glycine oral powder in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
High Protein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Immulife	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
isoleucine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Isoleucine 1000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Isoleucine Amino Acid Supplmnt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Juven	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Juven (with collagen)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
K-PAX	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Arginine(alpha-ketoglutarat)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Carnitine (tartrate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
L-Carnitine oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-cystine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
leucine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
levocarnitine tartrate oral capsule 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Glutamine oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquid Protein Fortifier	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Lysine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Phenylalanine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lysine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lysine HCl oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lysine HCl oral tablet 1,000 mg, 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lysine HCl oral tablet 600 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lysiplex Plus oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
McCarnitine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
methionine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
N.O.max ER	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neoke Alcar	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neoke BCAA4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutrasentials	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
phenylalanine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Procel Singles	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProSource oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prosynminic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Protein 2000	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
protein oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pure L-Citrulline oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pure L-Histidine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pure L-Threonine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pure Taurine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
taurine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
threonine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Triamino	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
tyrosine oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
tyrosine oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
tyrosine oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Unjury	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
valine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Valine 1000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Valine Amino Acid Supplement	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Whey Protein Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Radioactive Diagnostics, General		
Xenon Xe-133	Tier 2	
Saliva Stimulant Agents		
Xylimelts	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Solvents		
acetone	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alcohol, Denatured	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
castor oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dy-O-Derm	Tier 2	
Instaclean	Tier 2	
isopropyl palmitate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
methyl alcohol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
mineral oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mineral Oil Heavy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Muri-Lube	Tier 2	
sesame oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sodium succinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ta-Poff	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Somatostatic Agents		
lanreotide	Tier 1	PA
Mycapssa	Tier 2	ST; QL (4 EA per 1 day)
octreotide acetate	Tier 1	PA
Sandostatin LAR Depot intramuscular suspension,extended rel recon	Tier 2	PA
Signifor	Tier 2	PA
Somatuline Depot	Tier 2	PA
Surfactants		
glyceryl monostearate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
polysorbate 60	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Triton X-100	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Suspending Agents		
bentonite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
gelatin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
gelatin (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gelfilm implant	Tier 2	
guar gum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
hydroxypropyl cellulose	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
oleic acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sodium silicate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Suspendol-S	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
tragacanth	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Sweeteners		
Dandlelion Kisses	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
saccharin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sorbitol powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thickening Agents, Oral		
Diafoods Thick-It	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diafoods Thick-It #2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gelmix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Instant Food Thickener	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Purathick	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Resource Thickenup	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Simplythick oral gel in packet 12 gram, 4 gram, 48 gram, 6 gram, 96 gram	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Simplythick oral gel with pump 6 gram/actuation	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thick and Easy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thick Now	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thicken Up Clear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thick-It	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thick-It #2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thik and Clear	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tissue/Wound Adhesives		
Artiss	Tier 2	
Tisseel VHSD (aprotinin, syn)	Tier 2	
Urine Multiple Test Aids		
Chemstrip (calibration)	Tier 2	
Urine Test Aids,Miscellaneous		
Reveal UTI Test Strip	Tier 2	
Vehicles		
Base, PCCA Syrup Vehicle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cherry flavor (bulk)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
cocoa butter	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cpd vehicle susp.sugar-free 12	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flavor Blend 2 in 1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MX-Sol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MX-Sol Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MX-Sol Blend SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MX-Sol SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ora-Blend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oral Mix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oral Mix SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oral Suspend	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oral Syrup	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PCCA Natapres	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PCCA-Plus Base	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
raspberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SoSweet Syrup Vehicle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SuspendRx Anhydrous Sweetened	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SuspendRx Anhydrous Unsweet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SyrPalta Vehicle	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Syrspend SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SyrSpend SF Alka	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SyrSpend SF Liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Syrspend SF PH4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Syrup Vehicle SF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Techna Nat Unswt Troche BaseG2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Unispend Anhydrous Sweet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Versa Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Versa Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Water		
Enfamil Water	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Good Start Water	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Wound Healing Agents, Local		
balsam peru-castor oil	Tier 1	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
Esbriet oral capsule	Tier 2	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 267 mg	Tier 1	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 801 mg	Tier 1	PA; QL (3 EA per 1 day)
Lung Surfactants		
Curosurf	Tier 2	
Survanta	Tier 2	
Mucolytics		
acetylcysteine	Tier 1	
Pulmozyme	Tier 2	PA; QL (75 ML per 30 days)
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
Ofev	Tier 2	PA
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
Allzital	Tier 2	ST; QL (12 EA per 1 day)
butalbital-acetaminophen oral capsule	Tier 1	
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
butalbital-aspirin-caffeine	Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
butalbital-acetaminophen-caff	Tier 1	
Fioricet	Tier 1	
Vtol LQ	Tier 1	
Zebutal	Tier 1	
Analgesic/Antipyretics, Salicylates		
aspirin oral tablet	Tier 3	
aspirin oral tablet,delayed release (DR/EC) 325 mg	Tier 3	

Drug	Status	Notes
aspirin rectal suppository 300 mg	Tier 1	
aspirin,buffd-calcium carb-mag	Tier 1	
Back and Body Pain Reliever	Tier 1	
choline,magnesium salicylate	Tier 1	
diflunisal	Tier 1	
Efferves Pain Relief Antacid	Tier 1	
Effervescent Pain Relief	Tier 1	
Extra Pain Relief	Tier 1	
Headache Formula Added Str	Tier 1	
Headache Relief (ASA-acet-caf)	Tier 1	
Migraine Formula	Tier 1	
Migraine Relief	Tier 1	
Pain Reliever Plus	Tier 1	
salsalate	Tier 1	
Tri-Buffered Aspirin	Tier 1	
Analgesic/Antipyretics,Non-Salicylate		
8 Hour Pain Reliever	Tier 1	
8HR Muscle Aches-Pain	Tier 1	
acetaminophen oral capsule 500 mg	Tier 1	
acetaminophen oral liquid 160 mg/5 mL	Tier 1	
acetaminophen oral solution	Tier 1	
acetaminophen oral suspension 160 mg/5 mL (5 mL), 325 mg/10.15 mL, 650 mg/20.3 mL	Tier 1	
acetaminophen oral tablet	Tier 1	
acetaminophen oral tablet extended release	Tier 1	
acetaminophen rectal	Tier 1	
Arthritis Pain Relief (acetam)	Tier 1	
Children's Acetaminophen oral liquid	Tier 1	
Children's Acetaminophen oral suspension 160 mg/5 mL, 160 mg/5 mL (5 mL)	Tier 1	
Children's Acetaminophen oral tablet,chewable 160 mg	Tier 1	
Children's Easy-Melts	Tier 1	
Children's Mapap oral tablet,chewable	Tier 1	
Children's Pain Relief oral suspension	Tier 1	
Children's Pain Relief oral tablet,chewable	Tier 1	
Children's Pain Reliever	Tier 1	
Children's Pain-Fever Relief oral suspension	Tier 1	
Ed-APAP	Tier 1	
Feverall rectal suppository 120 mg, 325 mg, 650 mg	Tier 1	
Feverall rectal suppository 80 mg	Tier 2	
HistaFlex	Tier 2	
Infant Pain Reliever	Tier 1	

Drug	Status	Notes
Infant's Acetaminophen	Tier 1	
Infants' Pain and Fever	Tier 1	
Infants' Pain Relief	Tier 1	
Infant's Pain Relief oral drops,suspension	Tier 1	
Infant's Pain Reliever	Tier 1	
Mapap (acetaminophen) oral capsule	Tier 1	
Mapap (acetaminophen) oral liquid	Tier 1	
Mapap Arthritis Pain	Tier 1	
Menstrual Relief(pamabr-pyril)	Tier 1	
Non-Aspirin Pain Relief	Tier 1	
Pain Relief (acetaminophen) oral tablet	Tier 1	
Pain Relief (acetaminophen) oral tablet extended release	Tier 1	
Pain Relief Extra Strength	Tier 1	
Pain Reliever (acetaminophen)	Tier 1	
Pain Reliever Extra Strength	Tier 1	
Redutemp	Tier 1	
Silapap	Tier 1	
Tension Headache	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 1	QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	QL (8 EA per 1 day)
Seglentis	Tier 2	QL (120 EA per 30 days)
Analgesics, Non-Narcotics		
clonidine (PF)	Tier 1	
Analgesics,Narcotics		
Belbuca	Tier 2	PA; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg	Tier 1	QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-60 mg	Tier 1	QL (1 EA per 1 day)
Buprenex	Tier 2	
buprenorphine	Tier 1	PA
buprenorphine HCl injection	Tier 1	
butorphanol injection	Tier 1	
butorphanol nasal	Tier 1	QL (2.5 ML per 7 days)
codeine sulfate oral tablet 15 mg	Tier 1	QL (27 EA per 1 day)
codeine sulfate oral tablet 30 mg	Tier 1	QL (13 EA per 1 day)
codeine sulfate oral tablet 60 mg	Tier 1	QL (7 EA per 1 day)
Demerol (PF) injection syringe	Tier 2	
Dilaudid (PF) injection syringe 0.5 mg/0.5 mL, 1 mg/mL, 2 mg/mL, 4 mg/mL	Tier 2	

Drug	Status	Notes
fentanyl	Tier 1	PA; QL (1 EA per 3 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg	Tier 1	PA; QL (1 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 200 mcg, 600 mcg, 800 mcg	Tier 1	PA; QL (2 EA per 1 day)
fentanyl citrate buccal tablet, effervescent 100 mcg	Tier 1	PA; QL (5 EA per 1 day)
fentanyl citrate buccal tablet, effervescent 200 mcg, 600 mcg, 800 mcg	Tier 1	PA; QL (2 EA per 1 day)
fentanyl citrate buccal tablet, effervescent 400 mcg	Tier 1	PA; QL (1 EA per 1 day)
Fentora buccal tablet, effervescent 100 mcg	Tier 2	PA; QL (5 EA per 1 day)
Fentora buccal tablet, effervescent 200 mcg, 600 mcg, 800 mcg	Tier 2	PA; QL (2 EA per 1 day)
Fentora buccal tablet, effervescent 400 mcg	Tier 2	PA; QL (1 EA per 1 day)
hydrocodone bitartrate oral capsule, oral only, ER 12hr	Tier 1	PA; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	Tier 1	PA; QL (1 EA per 1 day)
hydromorphone oral liquid	Tier 1	QL (15 ML per 1 day)
hydromorphone oral tablet 2 mg	Tier 1	QL (8 EA per 1 day)
hydromorphone oral tablet 4 mg	Tier 1	QL (4 EA per 1 day)
hydromorphone oral tablet 8 mg	Tier 1	QL (2 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	Tier 1	PA; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 1	PA; QL (2 EA per 1 day)
hydromorphone rectal	Tier 1	QL (5 EA per 1 day)
Hysingla ER	Tier 2	PA; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	Tier 1	QL (3 EA per 1 day)
levorphanol tartrate oral tablet 3 mg	Tier 1	QL (2 EA per 1 day)
meperidine (PF) injection solution 100 mg/mL, 25 mg/mL, 50 mg/mL	Tier 1	
meperidine injection cartridge	Tier 1	
meperidine oral solution	Tier 1	QL (61 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (12 EA per 1 day)
methadone injection solution	Tier 1	PA
methadone oral solution	Tier 1	PA
methadone oral tablet	Tier 1	PA
morphine concentrate oral solution	Tier 1	QL (3 ML per 1 day)
morphine intravenous pt controlled analgesia syring	Tier 1	
morphine oral capsule, ER multiphase 24 hr 120 mg	Tier 1	PA; QL (2 EA per 1 day)
morphine oral capsule, ER multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	PA; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	PA; QL (2 EA per 1 day)
morphine oral solution 10 mg/5 mL	Tier 1	QL (31 ML per 1 day)
morphine oral solution 20 mg/5 mL (4 mg/mL)	Tier 1	QL (15 ML per 1 day)

Drug	Status	Notes
morphine oral tablet 15 mg	Tier 2	QL (4 EA per 1 day)
morphine oral tablet 30 mg	Tier 2	QL (2 EA per 1 day)
morphine oral tablet extended release	Tier 1	PA; QL (3 EA per 1 day)
morphine rectal suppository 10 mg	Tier 1	QL (6 EA per 1 day)
morphine rectal suppository 20 mg	Tier 1	QL (3 EA per 1 day)
morphine rectal suppository 30 mg	Tier 1	QL (2 EA per 1 day)
morphine rectal suppository 5 mg	Tier 1	QL (12 EA per 1 day)
nalbuphine	Tier 1	
Nucynta ER	Tier 2	PA; QL (2 EA per 1 day)
Nucynta oral tablet 100 mg	Tier 2	QL (1 EA per 1 day)
Nucynta oral tablet 50 mg	Tier 2	QL (3 EA per 1 day)
Nucynta oral tablet 75 mg	Tier 2	QL (2 EA per 1 day)
Oxaydo oral tablet, oral only 5 mg	Tier 2	QL (8 EA per 1 day)
Oxaydo oral tablet, oral only 7.5 mg	Tier 2	QL (5 EA per 1 day)
oxycodone oral capsule	Tier 1	QL (8 EA per 1 day)
oxycodone oral concentrate	Tier 1	QL (2 ML per 1 day)
oxycodone oral solution	Tier 1	QL (41 ML per 1 day)
oxycodone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
oxycodone oral tablet 15 mg	Tier 1	QL (3 EA per 1 day)
oxycodone oral tablet 20 mg	Tier 1	QL (2 EA per 1 day)
oxycodone oral tablet 30 mg	Tier 1	QL (1 EA per 1 day)
oxycodone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 1	PA; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	PA; QL (4 EA per 1 day)
OxyContin oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 2	PA; QL (2 EA per 1 day)
OxyContin oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 2	PA; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg	Tier 1	QL (2 EA per 1 day)
oxymorphone oral tablet 5 mg	Tier 1	QL (4 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	PA; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	PA; QL (4 EA per 1 day)
pentazocine-naloxone	Tier 1	QL (4 EA per 1 day)
Subsys sublingual spray,non-aerosol 100 mcg/spray	Tier 2	PA; QL (3 EA per 1 day)
Subsys sublingual spray,non-aerosol 200 mcg/spray	Tier 2	PA; QL (2 EA per 1 day)
Subsys sublingual spray,non-aerosol 800 mcg/spray	Tier 2	PA; QL (1 EA per 1 day)
tramadol oral capsule,ER biphase 24 hr 17-83	Tier 1	PA; QL (1 EA per 1 day)
tramadol oral capsule,ER biphase 24 hr 25-75 100 mg, 200 mg	Tier 1	PA; QL (1 EA per 1 day)
tramadol oral solution	Tier 1	QL (120 ML per 1 day)
tramadol oral tablet 100 mg	Tier 1	QL (6 EA per 1 day)
tramadol oral tablet 50 mg	Tier 1	QL (12 EA per 1 day)

Drug	Status	Notes
tramadol oral tablet extended release 24 hr	Tier 1	PA; QL (1 EA per 1 day)
tramadol oral tablet, ER multiphase 24 hr	Tier 1	PA; QL (1 EA per 1 day)
Xtampza ER oral cap,sprinkl,ER12hr(DONT CRUSH) 13.5 mg, 18 mg, 9 mg	Tier 2	PA; QL (2 EA per 1 day)
Xtampza ER oral cap,sprinkl,ER12hr(DONT CRUSH) 27 mg	Tier 2	PA; QL (4 EA per 1 day)
Xtampza ER oral cap,sprinkl,ER12hr(DONT CRUSH) 36 mg	Tier 2	PA; QL (8 EA per 1 day)
Antimigraine Preparations		
Aimovig Autoinjector	Tier 2	PA
Ajovy Autoinjector	Tier 2	PA
Ajovy Syringe	Tier 2	PA
almotriptan malate	Tier 1	ST; QL (8 EA per 30 days)
Cambia	Tier 2	ST; QL (3 EA per 10 days)
dihydroergotamine injection	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal	Tier 1	PA; QL (8 ML per 28 days)
eletriptan	Tier 1	ST; QL (6 EA per 30 days)
Elyxyb	Tier 2	PA
Emgality Pen	Tier 2	PA
Emgality Syringe subcutaneous syringe 120 mg/mL	Tier 2	PA
frovatriptan	Tier 1	ST; QL (12 EA per 30 days)
Migergot	Tier 2	QL (5 EA per 7 days)
naratriptan	Tier 1	QL (8 EA per 30 days)
Nurtec ODT	Tier 2	PA
Onzetra Xsail	Tier 2	ST; QL (16 EA per 30 days)
Qulipta	Tier 2	PA
Reyvow oral tablet 100 mg	Tier 2	PA; ST; QL (8 EA per 30 days)
Reyvow oral tablet 50 mg	Tier 2	PA; ST; QL (4 EA per 28 days)
rizatriptan	Tier 1	QL (12 EA per 30 days)
sumatriptan	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	Tier 1	QL (8 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 mL	Tier 1	QL (4 ML per 28 days)
sumatriptan-naproxen	Tier 1	ST; QL: 1 EVERY 3 DAYS FOR A MAX OF 9 EVERY 30 DAYS
Tosymra	Tier 2	ST; QL (12 EA per 30 days)
Trudhesa	Tier 2	QL (12 ML per 28 days)
Ubrelvy	Tier 2	PA; ST; QL (10 EA per 30 days)
Zembrace Symtouch	Tier 2	ST; QL (8 ML per 28 days)
zolmitriptan nasal	Tier 1	ST; QL (12 EA per 30 days)

Drug	Status	Notes
zolmitriptan oral	Tier 1	ST; QL (8 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
Emgality Syringe subcutaneous syringe 300 mg/3 mL (100 mg/mL x 3)	Tier 2	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
butalbital-acetaminop-caf-cod	Tier 1	QL (6 EA per 1 day)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
Ascomp with Codeine	Tier 1	QL (6 EA per 1 day)
Butalbital Compound W/Codeine	Tier 1	QL (6 EA per 1 day)
codeine-butalbital-ASA-caff	Tier 1	QL (6 EA per 1 day)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
acetaminophen-codeine oral solution 120 mg-12 mg /5 mL (5 mL), 120-12 mg/5 mL	Tier 1	QL (167 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (7 EA per 1 day)
Apadaz oral tablet 4.08-325 mg	Tier 2	QL (12 EA per 1 day)
Apadaz oral tablet 6.12-325 mg	Tier 2	QL (8 EA per 1 day)
Apadaz oral tablet 8.16-325 mg	Tier 2	QL (6 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg	Tier 1	QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 6.12-325 mg	Tier 1	QL (8 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 8.16-325 mg	Tier 1	QL (6 EA per 1 day)
Endocet oral tablet 10-325 mg	Tier 1	QL (4 EA per 1 day)
Endocet oral tablet 2.5-325 mg	Tier 1	QL (12 EA per 1 day)
Endocet oral tablet 5-325 mg	Tier 1	QL (8 EA per 1 day)
Endocet oral tablet 7.5-325 mg	Tier 1	QL (5 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 mL	Tier 1	QL (120 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	Tier 1	QL (6 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	Tier 1	QL (8 EA per 1 day)
Lortab Elixir	Tier 2	QL (91 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	Tier 1	QL (4 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	Tier 1	QL (8 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	Tier 1	QL (5 EA per 1 day)
tramadol-acetaminophen	Tier 1	QL (12 EA per 1 day)
Vicodin HP	Tier 1	QL (6 EA per 1 day)

Drug	Status	Notes
Narcotic Analgesic,Non-Salicylate,Xanthine Comb		
acetaminophen-caff-dihydrocod oral capsule	Tier 1	QL (12 EA per 1 day)
Narcotic Withdrawal Therapy Agents		
Bunavail buccal film 2.1-0.3 mg	Tier 2	PA; QL (1 EA per 1 day)
Bunavail buccal film 6.3-1 mg	Tier 2	PA; QL (2 EA per 1 day)
buprenorphine HCl sublingual	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	Tier 1	PA; QL (2 EA per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	Tier 1	PA; QL (1 EA per 1 day)
buprenorphine-naloxone sublingual tablet	Tier 1	QL (3 EA per 1 day)
Probuphine	Tier 2	PA
Sublocade	Tier 2	PA
Zubsolv sublingual tablet 0.7-0.18 mg, 1.4-0.36 mg, 11.4-2.9 mg, 2.9-0.71 mg, 5.7-1.4 mg	Tier 2	PA; QL (1 EA per 1 day)
Zubsolv sublingual tablet 8.6-2.1 mg	Tier 2	PA; QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
Lucemyra	Tier 2	QL (16 EA per 1 day)
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
carisoprodol-aspirin-codeine	Tier 1	QL (12 EA per 1 day)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
benztropine	Tier 1	
trihexyphenidyl	Tier 1	
Antiparkinsonism Drugs,Other		
amantadine HCl	Tier 1	
APOKYN	Tier 2	PA; QL (2 ML per 1 day)
apomorphine	Tier 1	PA; QL (2 ML per 1 day)
bromocriptine	Tier 1	
carbidopa-levodopa	Tier 1	
carbidopa-levodopa-entacapone	Tier 1	
Duopa	Tier 2	PA; QL (100 ML per 1 day)
entacapone	Tier 1	
Gocovri	Tier 2	
Inbrija	Tier 2	PA
Kynmobi	Tier 2	PA
Neupro	Tier 2	ST; QL (1 EA per 1 day)
Nourianz	Tier 2	PA
Ongentys	Tier 2	PA; QL (1 EA per 1 day)
Osmolex ER	Tier 2	PA
pramipexole oral tablet	Tier 1	
pramipexole oral tablet extended release 24 hr	Tier 1	ST; QL (1 EA per 1 day)

Drug	Status	Notes
rasagiline	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet	Tier 1	
ropinirole oral tablet extended release 24 hr	Tier 1	ST; QL (1 EA per 1 day)
Rytary	Tier 2	ST; QL (10 EA per 1 day)
selegiline HCl	Tier 1	
tolcapone	Tier 1	ST; QL (3 EA per 1 day)
Xadago	Tier 2	ST; QL (1 EA per 1 day)
Zelapar	Tier 2	QL (2 EA per 1 day)
Decarboxylase Inhibitors		
carbidopa	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
clobazam oral suspension	Tier 1	QL (32 ML per 1 day)
clobazam oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
clobazam oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
clonazepam	Tier 1	QL (3 EA per 1 day)
diazepam rectal	Tier 1	QL (1 EA per 1 FILL)
Nayzilam	Tier 2	
Sympazan oral film 10 mg, 5 mg	Tier 2	QL (8 EA per 1 day)
Sympazan oral film 20 mg	Tier 2	QL (4 EA per 1 day)
Valtoco	Tier 2	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
Epidiolex	Tier 2	PA
Anticonvulsants		
Aptiom oral tablet 200 mg, 400 mg	Tier 2	ST; QL (1 EA per 1 day)
Aptiom oral tablet 600 mg, 800 mg	Tier 2	ST; QL (2 EA per 1 day)
Briviact oral solution	Tier 2	ST; QL (20 ML per 1 day)
Briviact oral tablet	Tier 2	ST; QL (2 EA per 1 day)
carbamazepine oral capsule, ER multiphase 12 hr	Tier 1	
carbamazepine oral suspension 100 mg/5 mL, 200 mg/10 mL	Tier 1	
carbamazepine oral tablet	Tier 1	
carbamazepine oral tablet extended release 12 hr	Tier 1	
carbamazepine oral tablet,chewable	Tier 1	
Carbatrol	Tier 2	
Celontin oral capsule 300 mg	Tier 2	
Depakote	Tier 2	
Depakote ER	Tier 2	
Depakote Sprinkles	Tier 2	
Diacomit	Tier 2	
Dilantin	Tier 2	
Dilantin Extended	Tier 2	
Dilantin Infatabs	Tier 2	

Drug	Status	Notes
Dilantin-125	Tier 2	
divalproex	Tier 1	
Elepsia XR oral tablet extended release 24 hr 1,000 mg	Tier 2	ST; QL (3 EA per 1 day)
Elepsia XR oral tablet extended release 24 hr 1,500 mg	Tier 2	ST; QL (2 EA per 1 day)
Epitol	Tier 1	
Eprontia	Tier 2	ST; QL (16 ML per 1 day)
ethosuximide	Tier 1	
felbamate oral suspension	Tier 1	ST; QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	ST; QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	ST; QL (6 EA per 1 day)
Fintepla	Tier 2	PA
Fycompa oral suspension	Tier 2	ST; QL (680 ML per 28 days)
Fycompa oral tablet 10 mg, 12 mg, 8 mg	Tier 2	QL (30 EA per 30 days)
Fycompa oral tablet 2 mg	Tier 2	QL (120 EA per 30 days)
Fycompa oral tablet 4 mg, 6 mg	Tier 2	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	Tier 1	QL (6 EA per 1 day)
gabapentin oral capsule 300 mg	Tier 1	QL (9 EA per 1 day)
gabapentin oral solution	Tier 1	
gabapentin oral tablet 600 mg	Tier 1	QL (6 EA per 1 day)
gabapentin oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
lacosamide oral solution	Tier 1	ST; QL (40 ML per 1 day)
lacosamide oral tablet	Tier 1	ST; QL (2 EA per 1 day)
Lamictal XR Starter (Blue)	Tier 2	
Lamictal XR Starter (Green)	Tier 2	
Lamictal XR Starter (Orange)	Tier 2	
lamotrigine	Tier 1	
levetiracetam oral	Tier 1	
oxcarbazepine	Tier 1	
Oxtellar XR	Tier 2	
Phenytek	Tier 2	
phenytoin oral suspension	Tier 1	
phenytoin oral tablet,chewable	Tier 1	
phenytoin sodium extended	Tier 1	
pregabalin oral capsule	Tier 1	PA
pregabalin oral solution	Tier 1	PA
primidone	Tier 1	
rufinamide oral suspension	Tier 1	ST; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	Tier 1	ST; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	ST; QL (8 EA per 1 day)
Sabril oral tablet	Tier 2	QL (6 EA per 1 day)
Spritam oral tablet for suspension 1,000 mg	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Spritam oral tablet for suspension 250 mg, 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day)
Subvenite	Tier 1	
Subvenite Starter (Blue) Kit	Tier 1	
Subvenite Starter (Green) Kit	Tier 1	
Subvenite Starter (Orange) Kit	Tier 1	
Tegretol oral suspension	Tier 2	
Tegretol oral tablet	Tier 2	
Tegretol XR	Tier 2	
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	QL (3 EA per 1 day)
topiramate oral capsule, sprinkle	Tier 1	
topiramate oral capsule,sprinkle,ER 24hr	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet	Tier 1	
Trokendi XR	Tier 2	QL (2 EA per 1 day)
valproic acid	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 mL, 500 mg/10 mL (10 mL)	Tier 1	
vigabatrin	Tier 1	QL (6 EA per 1 day)
Vigadrone	Tier 1	QL (6 EA per 1 day)
Vimpat oral solution	Tier 2	ST; QL (40 ML per 1 day)
Vimpat oral tablet 100 mg, 150 mg, 50 mg	Tier 2	ST; QL (2 EA per 1 day)
Vimpat oral tablets,dose pack	Tier 2	ST
Xcopri	Tier 2	ST
Xcopri Maintenance Pack oral tablet 250mg/day(150 mg x1-100mg x1), 350 mg/day (200 mg x1-150mg x1)	Tier 2	ST
Xcopri Titration Pack	Tier 2	ST
zonisamide	Tier 1	
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
Keveyis	Tier 2	PA
Skeletal Muscle Relaxants		
baclofen intrathecal	Tier 1	
baclofen oral solution	Tier 1	
baclofen oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Tier 1	QL (16 EA per 1 day)
carisoprodol	Tier 1	PA; QL (4 EA per 1 day)
carisoprodol-aspirin	Tier 1	PA
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Tier 1	ST; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral capsule,extended release 24hr	Tier 1	ST; QL (1 EA per 1 day)
cyclobenzaprine oral tablet	Tier 1	QL (3 EA per 1 day)

Drug	Status	Notes
dantrolene oral	Tier 1	
Fleqsuvy	Tier 2	ST; QL (16 ML per 1 day)
Gablofen intrathecal syringe	Tier 2	
Lioresal	Tier 2	
Lyvispah	Tier 2	
metaxalone	Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 500 mg	Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 EA per 1 day)
Norgesic Forte	Tier 2	
orphenadrine citrate oral	Tier 1	QL (2 EA per 1 day)
tizanidine oral capsule 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	Tier 1	QL (6 EA per 1 day)
tizanidine oral capsule 6 mg	Tier 1	QL (9 EA per 1 day)
tizanidine oral tablet 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	Tier 1	QL (9 EA per 1 day)
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
nicotine (polacrilex) buccal gum	Tier 1	QL (24 EA per 1 day)
nicotine (polacrilex) buccal lozenge	Tier 1	QL (20 EA per 1 day)
nicotine (polacrilex) buccal mini lozenge	Tier 1	QL (20 EA per 1 day)
nicotine transdermal patch 24 hour	Tier 1	QL (1 EA per 1 day)
nicotine transdermal patch, TD daily, sequential	Tier 2	QL (1 EA per 1 day)
Nicotrol	Tier 2	ST; QL (1008 EA per 90 days)
Nicotrol NS	Tier 2	ST; QL (160 ML per 90 days)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
varenicline	Tier 1	QL (2 EA per 1 day)
Smoking Deterrents, Other		
bupropion HCl (smoking deter)	Tier 1	QL (2 EA per 1 day)
Upper Gastrointestinal Disorders - Digestive		
Antiflatulents		
Anti-Gas Ultra Strength	Tier 1	
Gas Relief (simethicone) oral capsule	Tier 1	
Gas Relief (simethicone) oral tablet,chewable 80 mg	Tier 1	
Gas Relief 80 (simethicone)	Tier 1	
Gas Relief Extra Strength	Tier 1	
Gas Relief Ultra Strength	Tier 1	
Infants Gas Relief	Tier 1	
Infants Simethicone oral drops,suspension	Tier 1	
Phazyme oral capsule 250 mg	Tier 2	
simethicone oral capsule 180 mg	Tier 1	
simethicone oral drops,suspension	Tier 1	

Drug	Status	Notes
simethicone oral tablet,chewable	Tier 1	
Toxin Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gastric Enzymes		
Anti-Gas	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Beanaid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Beano	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dairy Aid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dairy Digestive	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dairy Relief oral tablet 3,000 unit, 9,000 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dairy Relief oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Enzyme (acidoph,pec)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Digestive Enzymes(mal,lac,inv)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enzymatic Digestant oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enzymatic Digestant oral tablet extended release	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Enzyme Digest	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gas Relief-Prevention	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lactase	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lactase Fast Acting	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lactose Fast Acting Relief	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Superior Digestive Enzyme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pancreatic Enzymes		
Bevitrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Creon	Tier 2	
Enzadyne	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
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	Tier 2	ST

Drug	Status	Notes
PanXyme pH	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pertzye	Tier 2	ST
Viokace	Tier 2	
Zenpep oral capsule,delayed release(DR/EC) 10,000-32,000 -42,000 unit, 15,000-47,000 -63,000 unit, 20,000-63,000- 84,000 unit, 25,000-79,000- 105,000 unit, 3,000-10,000 -14,000-unit, 40,000-126,000-168,000 unit, 5,000-17,000- 24,000 unit	Tier 2	ST
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
dicyclomine oral capsule	Tier 1	
dicyclomine oral solution	Tier 1	
dicyclomine oral tablet	Tier 1	
Belladonna Alkaloids		
Donnatal oral elixir 16.2 mg-0.1037 mg/5 mL (5 mL)	Tier 2	ST; QL (1200 ML per 30 days)
Ed-Spaz	Tier 1	
hyoscyamine sulfate oral	Tier 1	
hyoscyamine sulfate sublingual	Tier 1	
Hyosyne	Tier 1	
methscopolamine	Tier 1	
Oscimin oral tablet	Tier 1	
Oscimin SL	Tier 1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 mL	Tier 1	ST
phenobarb-hyoscy-atropine-scop oral tablet	Tier 1	ST; QL (8 EA per 1 day)
Phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 mL	Tier 2	ST
Phenohytro oral tablet	Tier 2	ST; QL (8 EA per 1 day)
Symax Duotab	Tier 2	
Upper Gastrointestinal Disorders - Ulcer Disease		
Antacids		
Acid Gone Antacid	Tier 1	
Acid Gone Antacid E.Strength	Tier 1	
Advanced Antacid-Antigas	Tier 1	
Alka-Seltzer PM (melatonin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Almacone-2	Tier 1	
aluminum hydroxide gel	Tier 1	
alum-mag hydroxide-simeth	Tier 1	
Antacid	Tier 1	
Antacid (calcium carbonate) oral tablet,chewable 200 mg calcium (500 mg)	Tier 1	
Antacid Anti-Gas (ca carb-sim)	Tier 1	

Drug	Status	Notes
Antacid Anti-Gas oral suspension 400-400-40 mg/5 mL	Tier 1	
Antacid ExSt (mag carb-Al hyd)	Tier 1	
Antacid Ext Str (calcium carb)	Tier 1	
Antacid Extra-Strength oral tablet,chewable 300 mg (750 mg)	Tier 1	
Antacid Maximum Strength	Tier 1	
Antacid Plus Anti-Gas	Tier 1	
Antacid Regular Strength	Tier 1	
Antacid Ultra Strength oral tablet,chewable 400 mg calcium (1,000 mg), 430 mg calcium (1,000 mg)	Tier 1	
Antacid-Antigas	Tier 1	
Antacid-Simethicone	Tier 1	
Calcium Antacid oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg)	Tier 1	
calcium carbonate oral tablet 260 mg calcium (648 mg)	Tier 1	
Cal-Gest Antacid	Tier 1	
Foaming Antacid	Tier 1	
Gaviscon Extra Strength oral suspension	Tier 2	
Heartburn Antacid	Tier 1	
Heartburn Relief oral suspension	Tier 1	
MAG-AL	Tier 2	
Mag-Al Plus	Tier 1	
Mag-Al Plus Extra Strength	Tier 1	
magnesium oxide oral tablet 400 mg (241.3 mg magnesium)	Tier 1	
Mintox Maximum Strength	Tier 1	
Mintox Plus	Tier 1	
Phazyme Gas and Acid	Tier 2	
Prelief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sodium bicarbonate oral	Tier 1	
Ultra Strength Antacid	Tier 1	
Anticholinergics,Quaternary Ammonium		
chlordiazepoxide-clidinium	Tier 1	
Dartisla	Tier 2	ST; QL (4 EA per 1 day)
glycopyrrolate oral solution	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
Anti-Ulcer Preparations		
misoprostol	Tier 1	
sucralfate	Tier 1	
Anti-Ulcer-H.Pylori Agents		
amoxicil-clarithromy-lansopraz	Tier 1	QL (112 EA per 10 days)
Omeclamox-Pak	Tier 2	

Drug	Status	Notes
Pylera	Tier 2	
Talicia	Tier 2	
Histamine H2-Receptor Inhibitors		
Acid Reducer (famotidine)	Tier 1	
Acid Reducer Complete (famot)	Tier 1	
cimetidine	Tier 1	
cimetidine HCl oral	Tier 1	
Complete oral tablet,chewable	Tier 1	
Dual Action Complete	Tier 1	
famotidine oral	Tier 1	
Heartburn Relief (famotidine)	Tier 1	
nizatidine oral capsule	Tier 1	
Intestinal Motility Stimulants		
Gimoti	Tier 2	QL (9.8 ML per 28 days)
metoclopramide HCl oral	Tier 1	
Motegrity	Tier 2	ST; QL (1 EA per 1 day)
Proton-Pump Inhibitors		
Acid Reducer (omeprazole)	Tier 1	QL (1 EA per 1 day)
AcipHex Sprinkle	Tier 2	ST; QL (1 EA per 1 day)
dexlansoprazole	Tier 1	ST; QL (1 EA per 1 day)
esomeprazole magnesium	Tier 1	ST; QL (1 EA per 1 day)
lansoprazole oral capsule,delayed release(DR/EC)	Tier 1	QL (1 EA per 1 day)
lansoprazole oral tablet,disintegrat, delay rel	Tier 1	ST; QL (1 EA per 1 day)
Nexium Packet oral granules DR for susp in packet 2.5 mg, 5 mg	Tier 2	ST; QL (1 EA per 1 day)
omeprazole	Tier 1	QL (1 EA per 1 day)
omeprazole magnesium	Tier 1	QL (1 EA per 1 day)
omeprazole-sodium bicarbonate	Tier 1	ST; QL (1 EA per 1 day)
pantoprazole oral granules DR for susp in packet	Tier 1	ST; QL (1 EA per 1 day)
pantoprazole oral tablet,delayed release (DR/EC)	Tier 1	QL (1 EA per 1 day)
Prilosec oral susp,delayed release for recon	Tier 2	ST; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (DR/EC)	Tier 1	ST; QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
alfuzosin	Tier 1	
dutasteride	Tier 1	
finasteride oral tablet 5 mg	Tier 1	
silodosin	Tier 1	ST
tamsulosin	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
dutasteride-tamsulosin	Tier 1	ST

Drug	Status	Notes
Cystine-Depleting Agents, Nephropathic Cystinosis		
Cystagon	Tier 2	
Procysbi oral capsule, delayed rel sprinkle	Tier 2	PA; ST
Procysbi oral granules del release in packet	Tier 2	
Kidney Stone Agents		
Thiola	Tier 2	
Thiola EC	Tier 2	
tiopronin	Tier 1	
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
Gemtesa	Tier 2	ST; QL (1 EA per 1 day)
Myrbetriq oral suspension,extended rel recon	Tier 2	ST; QL (10 ML per 1 day)
Myrbetriq oral tablet extended release 24 hr	Tier 2	ST; QL (30 EA per 30 days)
Polycystic Kidney Disease Agent, Avp Recep. Antag		
Jynarque oral tablet 15 mg	Tier 2	PA; QL (30 EA per 365 days)
Jynarque oral tablet 30 mg	Tier 2	PA; QL (60 EA per 365 days)
Jynarque oral tablets, sequential	Tier 2	PA
Urinary Ph Modifiers		
Cytra-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cytra-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cytra-K	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
K-Phos No 2	Tier 2	
K-Phos Original	Tier 2	
LithoLyte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oracit	Tier 2	
Phospha 250 Neutral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phosphorous	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phospho-Trin 250 Neutral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
pot,sodium citrate-citric acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
potassium citrate oral tablet extended release	Tier 1	
potassium citrate-citric acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
sodium citrate-citric acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tricitrates	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Uroqid-Acid No.2	Tier 2	
Virtrate-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Virtrate-3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Virtrate-K	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Urinary Tract Analgesic Agents		
Elmiron	Tier 2	
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Pain Relief	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
darifenacin	Tier 1	ST
solifenacin	Tier 1	
Vesicare LS	Tier 2	ST; QL (10 ML per 1 day)
Urinary Tract Antispasmodic/Antiincontinence Agent		
flavoxate	Tier 1	
Gelnique transdermal gel in packet	Tier 2	ST
oxybutynin chloride	Tier 1	
Oxytrol	Tier 2	ST
Oxytrol For Women	Tier 2	ST
tolterodine	Tier 1	
Toviaz	Tier 2	ST
trospium	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		
Cleocin vaginal suppository	Tier 2	ST; QL (3 EA per 30 days)
clindamycin phosphate vaginal	Tier 1	
Clindesse	Tier 2	
metronidazole vaginal	Tier 1	
Nuvessa	Tier 2	
Vandazole	Tier 2	
Vaginal Antifungals		
3-Day Vaginal	Tier 1	
clotrimazole vaginal	Tier 1	
Clotrimazole-3	Tier 1	
Gynazole-1	Tier 2	
miconazole nitrate vaginal cream	Tier 1	
miconazole nitrate vaginal kit	Tier 1	
miconazole nitrate vaginal suppository	Tier 1	
Miconazole-3 vaginal comb pack,prefill appl, cream	Tier 1	

Drug	Status	Notes
Miconazole-3 vaginal kit	Tier 1	
Miconazole-3 vaginal suppository	Tier 1	
Miconazole-7	Tier 1	
terconazole	Tier 1	
tioconazole	Tier 1	
Tioconazole-1	Tier 1	
Vaginal Antiseptics		
Cleansing Wash topical solution	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fem pH	Tier 2	
Summer's Eve Feminine Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Trimo-San Jelly	Tier 2	
Vaginal Deodorants		
Norforms Fem	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vaginal Estrogen Preparations		
estradiol vaginal	Tier 1	
Estring	Tier 2	QL (1 EA per 90 days)
Femring	Tier 2	QL (1 EA per 84 days)
Premarin vaginal	Tier 2	QL (60 GM per 30 days)
Yuvafem	Tier 1	
Vaginal Preparations		
Feminine Care Douche	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Summer's Eve	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Summer's Eve Disposable Douche vaginal solution	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Summers Eve Extra Cleansing	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin And/Or Mineral Deficiency		
Antioxidant Multivitamin Combinations		
50 Plus Adult Eye Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adult 50 Plus Eye Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Antioxidant Formula (selenium)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eye Health Plus Lutein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eye Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eye Multivit-Lutein(C-E-Cu-Zn)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
EyeProtect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Healthy Eyes	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Healthy Eyes SuperVision	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
I-Caps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ICaps AREDS oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ICaps AREDS oral tablet,delayed release (DR/EC)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ICaps AREDS2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ICaps AREDS2 (copper citrate)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
I-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipotriad (with lutein)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lipotriad Visionary	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Macular Benefits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Macular Health Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Macuvex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Macuvite Eye Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Macuzin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Numaqula Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocular Vitamins	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocuvel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PreserVision Lutein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vision Formula (with lutein)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vision Formula(A-C-E-Zn-Se-Cu)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vista Advanced AREDS2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bioflavonoids		
Bioflavonoids, Citrus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Ear Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ear Health Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ear Health Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flogen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Inner Ear Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
rutin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vasculera	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vasoflex D1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Venaliv	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Replacement		
Actical	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ADVANCED Calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Algae Based Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Calcium-Vitamin D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biocal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bone Density Calcium Plus D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bone Essentials	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ca-D3-mag ox-zinc-cop-mang-bor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cal citrate-mag ox,aspart-D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cal Mag Zinc Plus D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calc-D3-magnes-B6-Zn-Cu-mangan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcet Petites	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calci-Max	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cal-Citrate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium 26-vit D3-magnesium 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Calcium 500 + D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium 500 oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium 500 With D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium 600	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium 600 + D(3) oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium 600 + D(3) oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium 600 + Minerals oral tablet 600 mg calcium-200 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium 600 with Vitamin D3 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium 600-D3 Plus (mag-zinc)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium acetate oral tablet 667 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium acetate oral tablet 668 mg (169 mg calcium)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Adult (calcium phos)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium amino acid chelate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carb and citrate-vitD3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carb-D3-mag cmb11-zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carb-mag ox-zinc gluc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carb-mag ox-zinc sulf	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate oral powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate oral suspension	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate oral tablet,chewable 260 mg calcium (650 mg)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate oral tablet,chewable 500 mg calcium (1,250 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate-vit D3-min oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate-vit D3-min oral tablet,chewable	Tier 1	
calcium carbonate-vitamin D3 oral capsule 600 mg-10 mcg (400 unit), 600 mg-12.5 mcg (500 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
calcium carbonate-vitamin D3 oral capsule 600 mg-25 mcg (1,000 unit), 600 mg-62.5 mcg (2,500 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate-vitamin D3 oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate-vitamin D3 oral tablet,chewable 500 mg-10 mcg (400 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium carbonate-vitamin D3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium citrate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Citrate + D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium citrate malate-vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Citrate Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Citrate Plus (Vit B6)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium citrate-vitamin D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium for Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium gluconate oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium lactate oral tablet 100 mg calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Magnesium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Magnesium + D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium phosphate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium phosphate-vitamin D3 oral tablet,chewable 200 mg-5 mcg (200 unit), 250 mg-5 mcg (200 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium phosphate-vitamin D3 oral tablet,chewable 250 mg-10 mcg (400 unit), 250 mg-12.5 mcg (500 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Plus MenaQ7 Adult	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium Plus MenaQ7 Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium with Boron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium with Vitamin D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium-D3-zinc-copper-mangan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium-Folic Acid-Vitamin D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
calcium-magnesium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium-magnesium-copper-zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium-magnesium-vit D3-boron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcium-vitamin D3-vitamin K	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cal-Mag	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cal-Mag Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CalMag Thins	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cal-Mint	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calphron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cal-Quick	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Caltrate + D3 Plus Minerals	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Caltrate 600 plus D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Caltrate 600-D Plus Minerals oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Caltrate Gummy Bites	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citracal + D Maximum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citracal Plus Bone Density	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citracal-D3 Maximum Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citracal-D3 Plus Heart Health	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citracal-D3 Plus Magnesium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citracal-D3 Soft Chew	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Citrus Calcium-Vitamin D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Coral Calcium oral capsule 133 mg calcium -133 unit-67 mg, 185-50-100 mg-mg-unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Coral Calcium oral capsule 250-125-100 mg-mg-unit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
EB-S4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fem-Cal Citrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Bone Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fosfree	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hi-Cal Plus Vit D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquid Calcium with Vitamin D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LoCalnesium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
LoCalnesium-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mens Potent Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natural Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ortho-Tabs	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ossopan-1100	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oysco 500/D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oyster Shell + D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oyster Shell Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oyster Shell Calcium 500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oyster Shell Calcium and Mag	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oyster Shell Calcium-Vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oystercal-D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Parva-Cal 250	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Parva-Cal 500	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Posture-D (with magnesium)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pro-Cal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prosteon	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Risacal-D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Cal-Mag	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraCal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraCal D2000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraCal D4000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Upcal D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Viactiv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Yogurt Plus Calcium Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fluoride Preparations		
Denta 5000 Plus	Tier 1	
DentaGel	Tier 1	
Floriva (fluoride-vitamin D3)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
fluoride (sodium) dental	Tier 1	
fluoride (sodium) oral drops	Tier 3	NOT COVERED IF TOTAL COST IS GREATER THAN $100
fluoride (sodium) oral tablet,chewable	Tier 3	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SF	Tier 1	
SF 5000 Plus	Tier 1	
Sodium Fluoride 5000 Dry Mouth	Tier 1	
Sodium Fluoride 5000 Plus	Tier 1	
sodium fluoride-pot nitrate	Tier 1	
Folic Acid Preparations		
Denovo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Elfolate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FA-8	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
folic acid injection	Tier 1	
folic acid oral capsule 20 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
folic acid oral tablet 1 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
folic acid oral tablet 400 mcg, 800 mcg	Tier 3	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Folite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hylazinc	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
levomefolate calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
levomefolate-algal oil oral capsule 15-90.314 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Methylfolate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Methylfolate Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
methyltetrahydrofolate glucosa	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
XaQuil XR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zingiber	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Geriatric Vitamin Preparations		
A Thru Z High Potency	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
A Thru Z Select oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centravites 50 Plus oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eldertonic oral elixir	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Eldertonic oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Geritol Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Geritol Tonic with Ferrex 18	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Milltrium Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multivitamin 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
REQ49 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Spectravite Adult 50 Plus(lut)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theratrum Complete 50 Plus/Lut	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vision Plus Lutein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitrum Senior oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Iron Replacement		
Abatron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Accrufer	Tier 2	QL (2 EA per 1 day)
Active FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Apetigen Plus oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bentivite BX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centratex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Chewable Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Chromagen(Sumalate-Quatrefoli)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Corvita 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Corvite 150	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Corvite FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EZFE 200	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FE C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FE C Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Feosol oral tablet 325 mg (65 mg iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Feosol oral tablet 45 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fergon oral tablet 225 mg (27 mg iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fergon oral tablet 270 mg (27 mg iron)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FeRiva	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FeRiva FA (with Sumalate)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferocon	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FeroSul oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Ferractiv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FerraPlus 90	Tier 1	
Ferretts	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferretts Carbonyl Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferretts IPS oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferretts IPS oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferrex 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferrex 150 Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferrex 150 Forte Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferrex 150 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferrex 28	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferrimin 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferrocite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferrocite Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferro-Sequels (iron-vit c)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ferro-Time	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous fumarate oral tablet 324 mg (106 mg iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous fumarate oral tablet 89 mg (29 mg iron)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous gluconate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous sulfate oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous sulfate oral elixir	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous sulfate oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous sulfate oral solution	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous sulfate oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ferrous sulfate oral tablet,delayed release (DR/EC)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Folitab	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folivane-F	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folivane-Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fusion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fusion Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fusion Sprinkles	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hematex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hematinic Plus Vit/Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hematinic/Folic Acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hematogen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hematogen FA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hematogen Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hemax	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hemocyte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
High Potency Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
I.L.X. B-12	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Icar-C Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iFerex 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iFerex 150 Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Integra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Iron (ferrous sulfate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Iron 100 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iron bisglycinate chelate oral capsule 28 mg iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iron bisglycinate chelate oral capsule 29 mg iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Iron Chews	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iron oral tablet 18 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iron oral tablet 325 mg (65 mg iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iron oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iron, carbonyl	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
iron,carbonyl-vitamin C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
IronUp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Iro-Plex (iron carbonyl)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Iro-Plex (iron polysaccharide)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Irospan 24/6	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liver with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lydia Pinkham Herbal oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multigen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multigen Folic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multigen Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Myferon 150	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Myferon 150 Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neonatal FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NovaFerrum	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NovaFerrum 50	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NuFera	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nu-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Parvlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pedia Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Pediatric Fe-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Perfect Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Poly-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Poly-Iron 150 Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
polysaccharide iron complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pro Fe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Proferrin ES	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Proferrin-Forte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Protect Iron Liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Se-Tan Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Siderol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Slow Release Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tandem Dual Action	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Taron Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TL-Hem 150	Tier 1	
Tricon	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Trigels-F Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitabex Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitafol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitron-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Wee Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Magnesium Salts Replacement		
Beelith	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mag 64	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mag Glycinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Mag-Delay	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mag-G	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Maginex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Magnesium (oxide/AA chelate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium amino acid chelate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium chloride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium citrate oral capsule 100 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium citrate oral capsule 125 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium citrate oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Magnesium Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium gluconate oral tablet 27 mg magnesium (500 mg), 27.5 mg magne- sium (500 mg)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium gluconate oral tablet 30 mg (550 mg)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium glycinate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium glycinate-mag oxide	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium L-lactate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium oxide oral capsule 400 mg magnesium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium oxide oral capsule 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium oxide oral powder in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg magnesium, 420 mg, 500 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium oxide oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
magnesium sulfate oral	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Magonate (magnesium carb)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MgO	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Mg-Plus-Protein	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nu-Mag	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phillips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Triple Magnesium Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mineral Replacement,Miscellaneous		
chromium amino acid chelate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
chromium picolinate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
copper gluconate oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
copper gluconate oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cro-Man-Zin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Emergen-C Electro Mix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Florical	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kelp (iodine)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
mag citrate-potassium citrate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Magnesium Fizz-Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Monocal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Move Free Ultra Faster Comfort	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
selenium oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SelenoMax	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
selenomethionine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multivitamin Preparations		
A Thru Z	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
A Thru Z Advanced Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
A Thru Z Men's Ultimate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
A Thru Z Select 50Plus Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
A Thru Z Select oral tablet 300-600-300 mcg, 500-300-250 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
A Thru Z Select Women's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ABC Complete Senior Women's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ABC Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ADEK Gummies Plus Zinc	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adult Multivitamin (w-lutein)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adult Multivitamin Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adult One Daily Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adults 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adults' Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Adults Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Advanced Multi EA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Daily Support Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Diabetic Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Max Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Max3 Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Men's 50 Plus Multivit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Men's 50 Plus MV (vit K)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Men's 50 Plus Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Men's Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Men's Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Men's Max3 Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Men's Ultra Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Premium Adult	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Alive Premium Men's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Premium Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Premium Women's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Premium Women's 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Women's 50 Plus (blend)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Women's 50 Plus Gummy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Women's 50 Plus Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Women's Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Women's Gummy Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Alive Women's Ultra Potency	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Animi-3 With Vitamin D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Apatate Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
AquADEKs	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bacmin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bariatric Multivitamins	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-Complex Plus Vit C (calcium)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-complex with vitamin C oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-complex with vitamin C oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-complex with vitamin C oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Berocca (FA-guarana-caff)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bio-35	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bio-35, Gluten Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biotect Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biotin Plus-Calcium and Vit D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Bladder 2.2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Body, Hair, Skin and Nails	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcium PNV	Tier 1	
Cardiamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Central-Vite oral tablet 18 mg iron-400 mcg-25 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Central-Vite Women's Mature	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centram-Care	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centravites	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centravites 50 Plus oral tablet 0.4 mg-300 mcg- 250 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centravites Adults	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum Adult 50 Fresh-Fruity	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum Chewables	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum oral liquid 9 mg iron/15 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum Silver oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum Specialist Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum Specialist Heart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Century	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Century Adults 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Century Mature	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Century Men's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cerovite Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Certa Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CertaVite Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Certavite-Antioxidant	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Compete	Tier 1	
Complete 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complete Multivitamin-Mineral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complete MV Adult 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complete oral tablet	Tier 1	
Corvita	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Corvite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Corvite Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Probiotic-Multivit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Multiple For Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Multiple Vitamins/Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Multi-Vitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Multivitamin with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Multivitamin-Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Value	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Vitamin Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Vitamin Formula-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DAILY VITAMIN FORMULA-MINERALS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Vitamin with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily Vites/Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Daily-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Daily-Vite (with folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dayavite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Decubi Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DEKAs Bariatric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DEKAs Essential oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DEKAs Essential oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DEKAs Plus (folic acid)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Foliflex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Folitin-Z	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Multitam	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Ribotin-E	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Venexa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Venexa FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Ventrixyl	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Ventrixyl FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Vitramyn	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Vitranol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Vitranol FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Vitrexate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Vitrexate FE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Zintrexyl-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diabetes Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diabetes Health Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Diabetes Health Pack	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Diabetic Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DIALYVITE 800 with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dino-Life Extra C Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dino-Life Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Elite-OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Elon Matrix 5000 Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EnBrace HR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Endur-VM Iron-Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Endur-VM with Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Essentia	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ESSENTIAL Man	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Essential Man 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Estroven Menopause	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FolaGent DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FolaMax	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FolaMed DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folic Acid-Vit B6-Vit B12 (Ca)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folika-CI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folika-MG	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folivane-OB	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fortavit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Freedavite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GenADEK Step 1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
GenADEK Step 2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber GS Prenatal Nourish Pls	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair Vitamins	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair, Skin and Nails-Argan Oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair,Skin and Nails oral tablet	Tier 1	
Hair,Skin and Nails oral tablet 1 mg iron-66.7 mcg-1,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair,Skin and Nails(FA-biotin) oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair,Skin and Nails(FA-biotin) oral tablet 100-1,500 mcg, 66.7-1,666.7 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair,Skin and Nails(FA-biotin) oral tablet 66.7-1,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hair-Skin-Nails (mv-FA-biotin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Heartburn and Acid Reflux-Aloe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
High Potency Multivit (w-iron)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
High Potency Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Honey Bears Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ICaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Icaps MV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ImmuneRx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kelp-Lecithin-B6	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
K-Pax Immune Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lecithin-Kelp-B6	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lecithin-Kelp-B6 (100-8.3)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lecithin-Kelp-B6 (400-20)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Macular Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Maximin Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Mega Multi for Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mega Multiple/Chelated Mineral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mega Multivitamin For Men	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men 50 Plus Advanced One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men 50 Plus Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men Under 50 Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's 50 Plus Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's 50 Plus Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's Daily Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's Multivitamin Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Men's Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Monocaps	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi Complete with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi For Her 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi For Her oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi For Her oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi Pro	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi Vitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi-Day Plus Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi-Day with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Multi-Delyn with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multiple Vitamin-Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multiple Vitamins	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multivitamin Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi-Vitamin HP/Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
multivitamin oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
multivitamin with iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
multivitamin with minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multivitamin Women 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi-Vite oral liquid 9 mg iron/15 mL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
multivit-min-ferrous fumarate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
multivit-min-iron fum-folic ac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
mv-min-folic acid-lutein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
My Favorite Multiple	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
My-Vitalife	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natavi Lactant	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neovite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nestabs ONE	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nicotinamide (with chromium)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Niva-Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nutrivit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OB Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
O-Cal F.A.	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ocutabs	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Ocuvite Eye Plus Multi	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omnicap	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Omnivex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Onccor	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oncovite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Calcium/Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Essential oral tablet , 0.4 mg, 400 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Essential oral tablet 0.5 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily For Men	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily For Men 50 Plus Adv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily For Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Healthy Weight	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Maximum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Men's 50 Plus Adv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Men's 50 Plus Memory	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Men's 50 Plus w-D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Men's Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Multi-Vit w-Mineral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Multivitamin-Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Multivit-Iron(folic)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
One Daily Plus Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Plus Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Women 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Women 50 Plus(Vit K)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Women's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Womens 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Women's Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Cholesterol Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Essential	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Maximum Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Men VitaCraves	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Menopause Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Men's 50Plus(ginkgo)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Men's Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Men's Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Proactive 65 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Teen Advantage	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day VitaCraves Energy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Vitacraves Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Women VitaCraves	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Women's 50 Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Women's Active	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Women's Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Womens Formula oral tablet 18 mg iron-400 mcg-500 mg Ca	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
One-A-Day Women's Healthy Skin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Women's Petites	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-Daily Multi	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OneVite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Optifast	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Optisource	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Opurity Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Oxi-Freeda	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Phlexy-Vits	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PNV-DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PNV-Omega	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Daily Duo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal One (with food blend)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal-U	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate AM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Essential	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Essential(iron-asp-gl)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProCerv HP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Profola	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProRenal QD	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prosight	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Protect Cardio AF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Protect Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Protect Plus SO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PureFe OB Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PureFe Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quintabs-M	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quintabs-M Iron Free	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Remedient	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Senior Tabs	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sentry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sentry Senior	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Solo	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Spectravite Adult	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Spectravite Adult 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Spectravite Advanced Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Spectravite Men 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Spectravite Men's	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Spectravite Women	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Spectravite Women 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stress B With Zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stress B-Complex oral tablet 500 mg-400 mcg- 24 mg-3 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stress B-Complex oral tablet 500-400-23.9-3 mg-mcg-mg-mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stress Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stress Formula with Zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Strovite Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Strovite One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sunvite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super B/C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Ginseng Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Multiple - Low Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Multiple oral capsule	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Multiple oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Thera Vite M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Superior 35	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Support-500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tab-A-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tab-A-Vite Multivitamin w-iron oral tablet 15 mg iron-400 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tab-A-Vite Multivitamin w-iron oral tablet 18-400 mg-mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Taron-C DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Taron-Prex Prenatal-DHA	Tier 1	
Thera M Plus (ferrous fumarat)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thera oral tablet 400 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theragran-M Premier 50 Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theralogix Companion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thera-M oral tablet 27-0.4 mg, 9 mg iron-400 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theramill Forte	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraNatal oral combo pack	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Therapeutic Liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Therapeutic-M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thera-Tabs	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thera-Tabs M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theratrum Complete 50 Plus-lyc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theratrum Complete with Lutein	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Therems Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Therems-M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tobakient	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TYR Cooler oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Udamin SP	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultimate Men's Complete 50+	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra Freeda oral tablet 267 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra Freeda oral tablet 6 mg iron-267 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
V-C Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VIC-Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Virt-C DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Virt-PN DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vision	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vit 3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitabex Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitacel (with Lutein)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitajoy Adult Multi	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitalee	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin D-3 with Aloe	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
vitamins A and D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamins A-D-E selenium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamins for Hair	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitatrum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitrexyl	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitrexyl Plus Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitrum Senior oral tablet 500-300-250 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
WesCap-C DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
WesCap-PN DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's 50 Plus Advanced	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's 50 Plus Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's 50 Plus Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Daily Formula	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Womens Daily Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Daily Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Multivitamin Collagen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Multivitamin Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Multivitamin oral tablet 18 mg-400 mcg- 500 mg-50 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Multivitamin w-Biotin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Xyzbac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Yelets	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zatean-Pn DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zatean-Pn Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Zyvana	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zyvit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Panthenol Preparations		
calcium pantothenate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
pantethine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Vitamin Preparations		
Alive Premium Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ANIMAL CHEWS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Centrum Kids (vit D3, vit K)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cerovite Jr	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child Chewable Vitamn Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child Complete Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child Multivitamin Plus Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Chew Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Chew Multivit-Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Chewable	Tier 1	
Children's Chewable Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Chewable Multivitmn	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Chewable Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Chewables	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Chewables Extra C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Multi-Vit Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Children's Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child's Chewable Vitamins/Iron oral tablet,chewable 15 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Child's Omega-3 DHA Multivitam	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Childs/Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Culturelle Kids Probiotic-MV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DEKAs Plus Liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dino-Life with Iron-Zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Emergen-C Kidz	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Complete (iron) oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Gummies	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Gummies Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Multi-Vit Gummies	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Multivitamin oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Plus Calcium	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Sour Gummies	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones Tab Chew	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones with Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones/Extra C oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flintstones/Extra C oral tablet,chewable 100 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Floriva	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Floriva Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
GenADEK	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Grow Mighty	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gerber Lil Brainies	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gummi Bear Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gummies Children Multivitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Gummies Girls' Multivitamins	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Gummy Dinos oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Honey Bears with Iron-Zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Just 4 Kidz Multivit-Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kids Cod Liver Oil and Vit D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kids' Gummy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kids Multivitamin Complete	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Kidstart	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Little Animals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Little Animals-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lysiplex Plus oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi-Vit with Fluoride-Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multivitamin With Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi-Vitamin With Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multivitamins With Fluoride oral tablet,chewable 0.25 mg, 1 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi-Vit-Flor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mvc-Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MVW Complete Formul Multivit oral capsule 1,500-800 unit-mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MVW Complete Formul Multivit oral capsule 750-500 unit-mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MVW Complete Formul Multivit oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MVW Complete Formul Pediatric	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MVW Complete Formulation D3000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MVW Complete Formulation D5000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nano VM 1-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Nano VM 4-8	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NanoVM 9-18	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NanoVM t-f	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NovaFerrum Pediatric MV-Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NovaMV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Kid's	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Teen Her VitaCraves	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Teen Him VitaCraves	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
pedi multivit no.194-iron sulf	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pedia Poly-Vite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pedia Poly-Vite with Iron oral drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pedia Tri-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
pediatric multivitamin no.171	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Poly-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Poly-Vite with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric Tri-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Poly-Vi-Flor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Poly-Vi-Flor with Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Poly-Vi-Sol oral drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Poly-Vi-Sol with Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Poly-Vita Drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Poly-Vita With Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quflora	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quflora FE	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Quflora FE (ferrous sulfate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quflora Pediatric	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quflora Pediatric Drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Scooby-Doo One A Day	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Scooby-Doo One A Day Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tri-Vi-Flor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tri-Vi-Sol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tri-Vitamin With Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tri-Vite With Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tropical Liquid Nutrition	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vit A palmitate-vit C-vit D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitalets oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitalets oral tablet,chewable 10 mg iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamins A,C,D and Fluoride	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zoo Friends	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zoo Friends Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Vitamin Preparations		
Atabex OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bal-Care DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bal-Care DHA Essential	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Brainstrong Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cadeau DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CitraNatal (dual-iron)	Tier 2	
CitraNatal 90 DHA (algal oil)	Tier 2	
CitraNatal Assure	Tier 2	
CitraNatal DHA (algal oil)	Tier 2	
CitraNatal Harmony (iron fum)	Tier 2	

Drug	Status	Notes
C-Nate DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complete Natal DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
CompleteNate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Prenatrix	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Prenatryl	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Pretrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Duet DHA Balanced	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Duet DHA With Omega-3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Expecta Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Extra-Virt Plus DHA	Tier 1	
Kosher Prenatal Plus Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
KPN oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
KPN oral tablet 9 mg iron- 267 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Marnatal-F	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mini Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
M-Natal Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mynatal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mynatal Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mynatal-Z	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NataChew (Fe Bis-glycinate)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natavi PNV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neonatal Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neonatal Plus Vitamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neonatal-DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nestabs ABC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Nestabs DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
NewGen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nexa Plus	Tier 2	
OB Complete One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OB Complete Petite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OB Complete Premier	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
OB Complete With Dha	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Obtrex DHA (with Quatrefolic)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
O-Cal Prenatal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One Daily Prenatal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
One-A-Day Prenatal-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Perry Prenatal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PNV cmb#95-ferrous fumarate-FA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PNV-DHA + Docusate	Tier 1	
PNV-Ferrous Fumarate-Docu-FA	Tier 1	
PNV-Select	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PR Natal 400	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PR Natal 400 EC	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PR Natal 430	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PR Natal 430 EC	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PreGen DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prena1 Chew	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prena1 Pearl	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prena1 True	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenaissance	Tier 1	
Prenaissance Plus	Tier 1	
PreNata	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Prenatabs FA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatabs Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal + DHA oral combo pack 28 mg iron- 975 mcg-200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal + DHA oral combo pack 28 mg iron-800 mcg-200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal 19	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal 19 (with docusate)	Tier 2	
Prenatal Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Formula oral tablet 28 mg iron- 800 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Formula oral tablet 9 mg iron- 267 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Formula-DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Multi	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Multi-DHA (algal oil)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Multi-DHA(with vit K)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Multivitamins	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal One Daily	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Plus (calcium carb)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Plus DHA oral combo pack	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Plus Vitamin-Mineral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
prenatal vit no.179-iron-folic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Vitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Vitamin Plus Low Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Vitamin with Minerals	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
prenatal vit-iron fum-folic ac	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
prenatal vits96-iron fum-folic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal with DHA-Folic Acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate DHA (ferr asp glycin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Elite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Elite (iron asp glyc)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Enhance	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Mini (ferr asp glycin)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Pixie	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Restore	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenate Star	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PrePlus	Tier 1	
PrimaCare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Provida OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
R-Natal OB	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Select-OB	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Select-OB (folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Select-OB + DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Se-Natal 19 Chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Se-Natal-19	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Similac Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stuart One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Tendera-OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Theranatal Complete	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraNatal One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
TheraNatal oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraNatal OvaVite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TheraNatal Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thrivite Rx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TriCare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Trinate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TriStart DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Triveen-Duo DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Triveen-PRx RNF	Tier 1	
Ultra Prenatal Plus DHA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vena-Bal DHA	Tier 1	
Vinate GT	Tier 1	
Vinate II	Tier 1	
Vinate Ultra	Tier 1	
Virt-Nate DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitafol Fe Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitafol Fe+ (with docusate)	Tier 2	
Vitafol Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitafol Nano	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitafol Ultra	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitafol-OB	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitafol-OB+DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitafol-One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VitaMed Md One Rx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Viva DHA	Tier 1	
VP-CH Plus	Tier 1	
VP-CH-PNV	Tier 1	
WesNate DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
WesTab Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
WestGel DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Women's Prenatal Plus DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Vitamins Without Iron		
Azesco	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multi-Mac	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Natavi Prima	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PNV Tabs 20-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PreGenna	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Gummies	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal Gummies(zinc chelate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prenatal oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Trinaz	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zalvit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ziphex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin A & D Preparations		
cod liver oil oral capsule 1,250-135 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cod Liver Oil plus VitA and D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vit A and D3 in cod liver oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin A Preparations		
A-25 (vit A palmitate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
beta carotene oral capsule 25,000 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lumitene	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
lycopene	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Norwegian Cod Liver Oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Prevent	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
vitamin A acetate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin A oral capsule 10,000 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin A oral capsule 2,400 mcg	Tier 1	
vitamin A palmitate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin a palmitate-B-carotene	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin A palmitate-vitamin D2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zinc with Vitamins A and C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B Preparations		
Alba-Lybe	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Apetigen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Apetigen Plus oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Arkaliox	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B Activ	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B Complex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B Complex 1 (with folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B Complex 100	Tier 1	
B Complex Plus Vitamin C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B Complex w-Vit C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B Complex-Vitamin B12	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B complex-vitamin C-folic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-100 Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Balance B-100 (folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Balance B-50 (with folic acid)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Balanced B-100	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Balanced B-100 Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Balanced B-50	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Balanced B-50 Complex (folic)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-Complex With B-12	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-complex with vitamin C oral tablet 400-500 mcg-mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Biopetit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
biotin oral capsule 1 mg, 2,500 mcg, 5 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
biotin oral capsule 10,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
biotin oral tablet 1 mg, 10 mg, 800 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
biotin oral tablet 5 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
biotin oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
biotin oral tablet,disintegrating 10,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
biotin oral tablet,disintegrating 5,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
biotin sublingual	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-Stress	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complex B-100	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Complex B-50	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyto B7	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dexifol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DIALYVITE 3000	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite 5000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite 800 oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite 800 Plus D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite 800 with Zinc 15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Dialyvite 800 with Zinc 50	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite 800-Ultra D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite Supreme D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EB-N3 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EB-P1 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Elfolate Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Endur-B Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
FaBB	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folbee	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folbee Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folbic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folbic RF	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
folic acid-vit B6-vit B12	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folika-NC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folinic-Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folplex 2.2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Foltabs 800	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Foltanx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Foltanx RF	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Full Spectrum B-Vitamin C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Genicin Vita-S	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hard Nails	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Homocysteine Formula	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Hylavite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Kobee	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
levomefol-B6-meB12-algal oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lmefol Ca-acetyl-meB12-algal	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Methyl-B6-B12	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
L-Methyl-MC	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Lorid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Medtycholl-B Complex-Liver	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mega Biotin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Metafolbic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Metafolbic Plus	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Metafolbic Plus RF	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
me-thfolate glucos-mecobalamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Multivitamin-Zinc-Stress	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mynephrocaps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mynephron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nephplex Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nephron FA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nephro-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Neurophx DPN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Nufola	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PoDiaPN	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ProRenal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Quin B Strong	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Renal Caps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Renal Vitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Renal-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
RenaPlex	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
RenaPlex-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rena-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rena-Vite Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Reno Caps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ribozel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stress Formula with Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stress Formula With Iron(sulf)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Stresstabs Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super B Maxi Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Quints	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Quints B-50	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Supervite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Triphrocaps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
TRONVite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra B-100 Complex (foodbase)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra B-100 Complex oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Virt-Caps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Virt-Gard	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Virt-Vite	Tier 1	
Virt-Vite Plus	Tier 1	
vit B comp-folic-choline-inosi	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vital-D Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
vitamin B complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin B complex-folic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamins B Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vita-Respa	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitasure	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VP-Vite Rx	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Wescaps	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
WesTab Max	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
WesTab Mini	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
WesTab One	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Xvite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zeldana	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B1 Preparations		
benfotiamine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyto B-1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
thiamine HCl (vitamin B1) injection	Tier 1	
thiamine HCl (vitamin B1) oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
thiamine mononitrate (vit B1)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-1	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-1 (mononitrate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B12 Preparations		
Abaneu-SL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Apatate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B12	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B12 Active	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
B-12 DOTS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Celebrate B-12 Quick-Melt	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) injection	Tier 1	
cyanocobalamin (vitamin B-12) oral capsule 1,000 mcg, 3,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral capsule 5,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral lozenge 2,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral lozenge 250 mcg, 500 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral tablet 2,000 mcg, 2,500 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral tablet, IR and ER, biphasic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) oral tablet,disintegrating	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) sublingual drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) sublingual lozenge	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) sublingual tablet 1,000 mcg, 2,500 mcg, 3,000 mcg, 5,000 mcg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) sublingual tablet 500 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin (vitamin B-12) sublingual tablet,disintegrating	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin-cobamamide	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cyanocobalamin-methylcobalamin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dodex	Tier 1	
hydroxocobalamin	Tier 1	
Intrinsi B12-Folate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquid B-12	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
mecobalamin (vitamin B12) oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
mecobalamin (vitamin B12) sublingual	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
MTX Support	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Nascobal	Tier 2	
Neurin-SL	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Opurity	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Rapid B-12 Energy	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-12 oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-12 oral lozenge	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-12 oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-12 oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-12 sublingual drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-12 sublingual tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin B12-folic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B2 Preparations		
Cyto B-2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
riboflavin (vitamin B2) oral tablet 100 mg, 50 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
riboflavin (vitamin B2) oral tablet 400 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B6 Preparations		
Chromium Picolinate KLB6	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
pyridoxine (vitamin B6) injection	Tier 1	
pyridoxine (vitamin B6) oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
pyridoxine (vitamin B6) oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
pyridoxine (vitamin B6) oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VB6 P5P	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin B-6	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C Preparations		
Acerola C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Acerola C-500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
ascorbate calcium (vitamin C)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) injection	Tier 1	
ascorbic acid (vitamin C) oral capsule 1,000 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) oral capsule 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) oral capsule, extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) oral granules	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) oral powder in packet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) oral syrup	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid (vitamin C) oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid-ascorbate sodium oral lozenge	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid-ascorbate sodium oral wafer	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ascorbic acid-zinc oxide	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bio C 1:1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
C 1000-Bioflavonoids-Rose Hips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
C Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
C-1000	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
C-1000 with Rose Hips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
C-500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cod liver oil-ascorbic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Cyto C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Emergen-C Elderberry	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Emergen-C MSM Lite	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Emergen-C oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Endur-C with rose hips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Essence C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ester-C with Bioflavonoids oral tablet 1,000-200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ester-C with Bioflavonoids oral tablet 500-200 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Flevoxin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fruit C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fruit C-100	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fruit C-200	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Fruit C-500	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Halls Defense	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Liquid C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pan-C 500	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Peridin-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Sambucus Elderberry Vitamin C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Soothing PureWay-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Span C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Special C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Strawberry C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ultra Potent-C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vit C(ascorb.calcium)(mv-mins)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vita-C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VitaJoy Daily C	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C (ascorbate calcium)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C Drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Vitamin C Fizzy Drink	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C oral capsule, extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C oral liquid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C With Rose Hips oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C With Rose Hips oral tablet extended release	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin C With Rose Hips oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin D Preparations		
Aqua-D Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby Ddrops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby Vitamin D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Baby's Super Daily D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bio-D-Mulsion	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Bio-D-Mulsion Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Calcidol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
calcitriol oral	Tier 1	
Cholecal DF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) oral liquid 10 mcg/5 mL (400 unit/5 mL)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) oral liquid 12.5 mcg/5 mL (500 unit/5 mL)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
cholecalciferol (vitamin D3) oral tablet 250 mcg (10,000 unit), 75 mcg (3,000 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) oral tablet,chewable 10 mcg (400 unit), 25 mcg (1,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) oral tablet,chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) oral tablet,disintegrating	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cholecalciferol (vitamin D3) sublingual	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cod liver oil oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
cod liver oil oral oil	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
D3 DOTS	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
D3 Plus K2 Dots	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
D3-2000	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ddrops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Decara K	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Decara oral capsule 1,250 mcg (50,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Decara oral capsule 625 mcg (25,000 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Delta D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Dotremin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
DermacinRx Folditam	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite Vitamin D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dialyvite Vitamin D3 Max	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Dosoquin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
D-Vi-Sol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
EB-P2 DR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Ergocal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ergocalciferol (vitamin D2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	

Drug	Status	Notes
ergocalciferol (vitamin D2) oral capsule 50 mcg (2,000 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ergocalciferol (vitamin D2) oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ergocalciferol (vitamin D2) oral tablet 10 mcg (400 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
ergocalciferol (vitamin D2) oral tablet 50 mcg (2,000 unit)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
fish oil-dha-epa	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Folvite-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Genicin Vita-D	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Iso D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
K2 Plus D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Optimal D3	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Optimal D3 M	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pedia D-Vite oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Pediatric D-Vite	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Replesta	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Replesta NX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Super Daily D3 oral drops 50 mcg/drop (2, 000 unit/drop)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thera-D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Thera-D 4000	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
VitaJoy Daily D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin D2	Tier 1	
Vitamin D3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin D3 oral tablet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Vitamin D3 oral tablet,chewable 25 mcg (1,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin D3-vitamin K2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Weekly-D	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
Vitamin E Preparations		
Aqua-E	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Aqua-E Concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
E-200	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Mixed Tocotrienols	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
SoluVita-E	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E (dl, acetate) oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E acetate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E mixed oral capsule 1,000 unit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E mixed oral capsule 400 unit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E mixed oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E oral capsule 268 mg (400 unit), 670 mg (1,000 unit)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E oral drops	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vitamin E succinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
wheat germ oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zinc Replacement		
Elderberry Zinc Vit C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
IS-ZC 50	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Orazinc oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PepciX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
PepZinGI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
vit C-zinc gluc,cit-Echin purp	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zinc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zinc (with A and C) Lozenges	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

Drug	Status	Notes
zinc amino acid chelate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zinc citrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zinc gluconate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zinc gluconate-zinc picolinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zinc glycinate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zinc sulfate oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zinc with Vit C and Echinacea	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zinc-15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN $100
Zinc-220	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100
zinc-vit C-pyridoxine (vit B6)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN $100

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