

# MDwise Formulary Introduction:

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.



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](http://mdwise.org) or contact the customer service center at (844) 336-2677.

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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
24HR Allergy-Congestion Relief	Tier 1	
Alavert D-12 Allergy-Sinus	Tier 1	
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	
Clarinet-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	
<b>Allergenic Extracts, Therapeutics</b>		
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)
<b>Antihistamines - 1St Generation</b>		
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	

Drug	Status	Notes
Allergy Relief(diphenhydramin)	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	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	
Dayhist Allergy	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 10 mg/5 mL	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)
M-Dryl	Tier 1	
Miclara LQ	Tier 1	
PediaClear-8	Tier 2	
Pediavent	Tier 2	
Pharbechlor	Tier 1	
Pharbedryl	Tier 1	
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	
<b>Antihistamines - 2Nd Generation</b>		
24HR Allergy Relief	Tier 1	
Alavert	Tier 1	
All Day Allergy (cetirizine)	Tier 1	
Aller-ease	Tier 1	

Drug	Status	Notes
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) oral solution	Tier 1	
Allergy Relief (loratadine) oral tablet	Tier 1	
cetirizine	Tier 1	
Child Allergy Relf(cetirizine)	Tier 1	
Children's Allergy Relief(fex)	Tier 1	QL (10 ML per 1 day)
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	
Claritin Liqui-Gel	Tier 2	
Claritin RediTabs oral tablet,disintegrating 5 mg	Tier 2	
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	
<b>Nasal Antihistamine</b>		
azelastine nasal	Tier 1	QL (60 ML per 30 days)
olopatadine nasal	Tier 1	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
Ryaltris	Tier 2	ST; QL (29 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>		
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	
Children's Flonase Sensimist	Tier 2	
Flonase Sensimist	Tier 2	
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 acetone nasal	Tier 1	

Drug	Status	Notes
Xhance	Tier 2	ST
Zetonna	Tier 2	ST; QL (6.1 GM per 30 days)
<b>Nasal Mast Cell Stabilizers Agents</b>		
cromolyn nasal	Tier 1	
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
dronabinol	Tier 1	ST; QL (2 EA per 1 day)
<b>Antiemetic/Antivertigo Agents</b>		
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)
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	
dimenhydrinate oral	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	



Drug	Status	Notes
trimethobenzamide oral	Tier 1	
Varubi	Tier 2	QL (2 EA per 14 days)
Zuplenz oral film 4 mg	Tier 2	ST; QL (2 EA per 3 days)
Zuplenz oral film 8 mg	Tier 2	ST; QL (1 EA per 3 days)
<b>Asthma And Copd</b>		
<b>5-Lipoxygenase Inhibitors</b>		
zileuton	Tier 1	ST; QL (2 EA per 1 day)
Zyflo	Tier 2	ST; QL (4 EA per 1 day)
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
Atrovent HFA	Tier 2	QL (25.8 GM per 28 days)
ipratropium bromide inhalation	Tier 1	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
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)
Yupelri	Tier 2	QL (90 ML per 30 days)
<b>Beta-Adrenergic Agents</b>		
albuterol sulfate oral	Tier 1	
metaproterenol oral syrup	Tier 1	
terbutaline oral	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
albuterol sulfate inhalation	Tier 1	
levalbuterol HCl	Tier 1	
levalbuterol tartrate	Tier 1	ST
Proair Digihaler	Tier 2	
ProAir RespiClick	Tier 2	
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
Striverdi Respimat	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
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)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
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; QL (1 EA per 30 days)

Drug	Status	Notes
ipratropium-albuterol	Tier 1	
Stiolto Respimat	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
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)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
Breztri Aerosphere	Tier 2	ST; QL (10.7 GM per 30 days)
Trelegy Ellipta	Tier 2	QL (60 EA per 30 days)
<b>General Bronchodilator Agents</b>		
Asthmanefrin Refill	Tier 2	
S2 Racepinephrine	Tier 2	
<b>Glucocorticoids, Orally Inhaled</b>		
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	Prior prescription for Alvesco in past 120 days if 12 years of age or older; QL (60 EA per 30 days)
Flovent Diskus inhalation blister with device 250 mcg/actuation	Tier 2	Prior prescription for Alvesco in past 120 days if 12 years of age or older; 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)

Drug	Status	Notes
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)
<b>Interleukin-4(II-4) Receptor Alpha Antagonist, Mab</b>		
Dupixent Pen	Tier 2	PA
Dupixent Syringe	Tier 2	PA
<b>Interleukin-5(II-5) Receptor Alpha Antagonist, Mab</b>		
Fasenra	Tier 2	PA
Fasenra Pen	Tier 2	PA
<b>Leukotriene Receptor Antagonists</b>		
montelukast	Tier 1	
zafirlukast	Tier 1	
<b>Mast Cell Stabilizers</b>		
cromolyn oral	Tier 1	QL (20 ML per 1 day)
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
cromolyn inhalation	Tier 1	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
Xolair	Tier 2	PA; QL (1 EA per 5 days)
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
Cinqair	Tier 2	PA
Nucala subcutaneous auto-injector	Tier 2	PA; QL (1 ML per 28 days)
Nucala subcutaneous recon soln	Tier 2	PA; QL (1 EA per 28 days)
Nucala subcutaneous syringe 100 mg/mL	Tier 2	PA; QL (1 ML per 28 days)
Nucala subcutaneous syringe 40 mg/0.4 mL	Tier 2	PA; QL (0.4 ML per 28 days)
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
roflumilast	Tier 1	ST; QL (1 EA per 1 day)
<b>Respiratory Aids,Devices,Equipment</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
Pro Comfort Spacer-Infant Mask	Tier 2	
Procure Spacer With Adult Mask	Tier 2	
Procure Spacer With Child Mask	Tier 2	
ProChamber	Tier 2	
Pure Comfort Spacer-Adult Mask	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	
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	
<b>Xanthines</b>		
Alertness Aid	Tier 1	
caffeine	Tier 1	
caffeine citrate oral	Tier 1	
Elixophyllin	Tier 1	
Stay Awake	Tier 1	
Stay Awake Maximum Strength	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	

Drug	Status	Notes
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
memantine oral capsule,sprinkle,ER 24hr	Tier 1	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)
<b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholinest Inhib</b>		
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)
<b>Cholinesterase Inhibitors</b>		
Adlarity	Tier 2	PA
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	Tier 1	
rivastigmine	Tier 1	QL (30 EA per 30 days)
rivastigmine tartrate	Tier 1	QL (2 EA per 1 day)
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
mirtazapine	Tier 1	QL (1 EA per 1 day)
<b>Antidepressant - Nmda Receptor Antagonist</b>		
Spravato	Tier 2	REQUIRES CONCURRENT USE OF AN ORAL ANTIDEPRESSANT
<b>Maois - Non-Selective &amp; Irreversible</b>		
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)
<b>Ndma Receptor Antagonist And Ndri Comb</b>		
Auvelity	Tier 2	
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
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)
<b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>		
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 oral tablet 10 mg, 20 mg, 30 mg	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)
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
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
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)
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snrts)</b>		
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Fetzima	Tier 2	QL (1 EA per 1 day)
venlafaxine besylate	Tier 1	
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)
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
Viibryd oral tablets,dose pack 10 mg (7)- 20 mg (23)	Tier 2	
vilazodone	Tier 1	QL (1 EA per 1 day)
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
Trintellix	Tier 2	QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
amitriptyline-chlordiazepoxide	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
perphenazine-amitriptyline	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
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)
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)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
imipramine pamoate oral capsule 75 mg	Tier 1	QL (1 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)
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
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)
dextroamphetamine-amphetamine oral tablet	Tier 1	QL (3 EA per 1 day)
Dyanavel XR oral suspen, IR - ER, biphasic 24hr	Tier 2	QL (8 ML per 1 day)
Dyanavel XR oral tablet, IR - ER, biphasic 24hr	Tier 2	QL (1 EA 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)
Xelstrym	Tier 2	
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)
<b>Anti-Alcoholic Preparations</b>		
acamprosate	Tier 1	
disulfiram	Tier 1	
Vivitrol	Tier 2	QL (1 EA per 28 days)
<b>Anti-Anxiety - Benzodiazepines</b>		
Alprazolam Intensol	Tier 2	QL (4 ML per 1 day)
alprazolam oral tablet	Tier 1	QL (4 EA per 1 day)

Drug	Status	Notes
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)
<b>Anti-Anxiety Drugs</b>		
bupirone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
bupirone oral tablet 15 mg, 5 mg, 7.5 mg	Tier 1	QL (3 EA per 1 day)
bupirone oral tablet 30 mg	Tier 1	QL (2 EA per 1 day)
meprobamate	Tier 1	QL (4 EA per 1 day)
<b>Anti-Mania Drugs</b>		
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	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy,Sedative-Type Agt</b>		
Xyrem	Tier 2	PA; QL (18 ML per 1 day)
Xywav	Tier 2	PA
<b>Antipsych,Dopamine Antag.,Diphenylbutylpiperidines</b>		
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)
<b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>		
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	
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
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)

Drug	Status	Notes
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 syringe 1,064 mg/3.9 mL	Tier 2	QL (3.9 ML per 56 days)
Aristada intramuscular suspension,extended rel syringe 441 mg/1.6 mL	Tier 2	QL (1.6 ML per 28 days)
Aristada intramuscular suspension,extended rel syringe 662 mg/2.4 mL	Tier 2	QL (2.4 ML per 28 days)
Aristada intramuscular suspension,extended rel syringe 882 mg/3.2 mL	Tier 2	QL (3.2 ML per 28 days)
Rexulti	Tier 2	PA; QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
loxapine succinate	Tier 1	QL (4 EA per 1 day)
<b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>		
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)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 150 mg	Tier 1	QL (1 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)
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)
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
thiothixene	Tier 1	QL (3 EA per 1 day)
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
haloperidol	Tier 1	QL (3 EA per 1 day)
haloperidol decanoate	Tier 1	
haloperidol lactate	Tier 1	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
molindone oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)

Drug	Status	Notes
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
<b>Anti-Psychotics,Phenothiazines</b>		
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 injection	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)
<b>Barbiturates</b>		
Amytal	Tier 1	
Luminal	Tier 2	
pentobarbital sodium injection solution	Tier 1	
phenobarbital	Tier 1	
phenobarbital sodium injection solution 65 mg/mL	Tier 1	
<b>Central Nervous System Stimulants</b>		
ammonia aromatic inhalation solution	Tier 1	
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
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)
<b>Menopausal Symptoms Suppressant - Ssris</b>		
paroxetine mesylate(menop.sym)	Tier 1	ST; QL (1 EA per 1 day)
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
Emsam	Tier 2	QL (1 EA per 1 day)
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
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)
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
Wakix	Tier 2	PA; QL (2 EA per 1 day)
<b>Narcotic Antagonists</b>		
Kloxxado	Tier 2	
naloxone injection solution	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
naloxone injection syringe	Tier 1	
naloxone nasal	Tier 1	
naltrexone	Tier 1	
Zimhi	Tier 2	
<b>Pineal Hormone Agents</b>		
Children's Sleep (melatonin) oral liquid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kids Melatonin	Tier 1	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
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 1 mg, 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
MelatoninMax	Tier 1	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
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
<b>Sedative-Hypnotics - Benzodiazepines</b>		
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)
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
Belsomra	Tier 2	QL (1 EA per 1 day)
Dayvigo	Tier 2	QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
Igalmi	Tier 2	
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	
Quviviq	Tier 2	QL (1 EA per 1 day)
Sleep Aid (diphenhydramine)	Tier 1	
Sleep Aid (doxylamine)	Tier 1	
Sleep Time	Tier 1	
Sleeping	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)
ZzzQuil oral liquid	Tier 1	
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
Nuplazid	Tier 2	PA; QL (1 EA per 1 day)
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
olanzapine-fluoxetine	Tier 1	PA; QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
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)
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
Azstarys	Tier 2	QL (1 EA per 1 day)
Cotempla XR-ODT oral tablet,disinteg ER biphasic 24h 17.3 mg, 25.9 mg	Tier 2	QL (2 EA per 1 day)
Cotempla XR-ODT oral tablet,disinteg ER biphasic 24h 8.6 mg	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)
Metadate ER	Tier 1	QL (3 EA per 1 day)
methylphenidate	Tier 1	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)



Drug	Status	Notes
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, 72 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl oral tablet extended release 24hr 36 mg, 54 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate HCl oral tablet extended release 24hr 45 mg, 63 mg	Tier 2	
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 oral tablet extended release 24hr 72 mg	Tier 2	QL (1 EA per 1 day)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
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	Tier 2	QL (2 EA per 1 day)
Qelbree oral capsule,extended release 24hr 200 mg	Tier 2	QL (3 EA per 1 day)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
amiodarone oral	Tier 1	
disopyramide phosphate oral capsule	Tier 1	
dofetilide	Tier 1	
flecainide	Tier 1	
mexiletine	Tier 1	
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	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
epinephrine injection syringe 0.1 mg/mL	Tier 1	
<b>Digitalis Glycosides</b>		
Digitek	Tier 1	

Drug	Status	Notes
Digox	Tier 1	
digoxin oral solution	Tier 2	
digoxin oral tablet	Tier 1	
Lanoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	Tier 2	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
amlodipine-benazepril	Tier 1	
trandolapril-verapamil	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
benazepril-hydrochlorothiazide	Tier 1	
captopril-hydrochlorothiazide	Tier 1	
enalapril-hydrochlorothiazide	Tier 1	
fosinopril-hydrochlorothiazide	Tier 1	
lisinopril-hydrochlorothiazide	Tier 1	
quinapril-hydrochlorothiazide	Tier 1	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
carvedilol	Tier 1	
carvedilol phosphate	Tier 1	
labetalol oral	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
Cardura XL	Tier 2	
doxazosin	Tier 1	
phenoxybenzamine	Tier 1	PA
prazosin	Tier 1	
terazosin	Tier 1	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
amlodipine-valsartan-hcthiazid	Tier 1	
olmesartan-amlodipin-hcthiazid	Tier 1	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
candesartan-hydrochlorothiazid	Tier 1	
Edarbyclor	Tier 2	ST
irbesartan-hydrochlorothiazide	Tier 1	
losartan-hydrochlorothiazide	Tier 1	
olmesartan-hydrochlorothiazide	Tier 1	
telmisartan-hydrochlorothiazid	Tier 1	
valsartan-hydrochlorothiazide	Tier 1	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
amlodipine-olmesartan	Tier 1	
amlodipine-valsartan	Tier 1	

Drug	Status	Notes
telmisartan-amlodipine	Tier 1	
<b>Antihypertensives, Ace Inhibitors</b>		
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	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
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	
<b>Antihypertensives, Ganglionic Blockers</b>		
Vecamyl	Tier 2	PA
<b>Antihypertensives, Miscellaneous</b>		
Demser	Tier 2	
metyrosine	Tier 1	
<b>Antihypertensives, Sympatholytic</b>		
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)
clonidine HCl oral tablet extended release 24 hr	Tier 1	
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	
<b>Antihypertensives, Vasodilators</b>		
hydralazine oral	Tier 1	
minoxidil oral	Tier 1	

Drug	Status	Notes
<b>Beta-Adrenergic Blocking Agents</b>		
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	
InnoPran XL	Tier 2	
Kapsargo Sprinkle	Tier 2	ST
Levator	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	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
atenolol-chlorthalidone	Tier 1	
bisoprolol-hydrochlorothiazide	Tier 1	
metoprolol ta-hydrochlorothiaz	Tier 1	
nadolol-bendroflumethiazide	Tier 1	
propranolol-hydrochlorothiazid	Tier 1	
<b>Calcium Channel Blocking Agents</b>		
amlodipine	Tier 1	
Cardizem LA oral tablet extended release 24 hr 120 mg	Tier 2	
Cartia XT	Tier 1	
diltiazem HCl oral	Tier 1	
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	

Drug	Status	Notes
nisoldipine	Tier 1	
Norliqva	Tier 2	ST; QL (300 ML per 30 days)
Nymalize oral solution 60 mg/10 mL	Tier 2	PA
Nymalize oral syringe	Tier 2	PA
Taztia XT	Tier 1	
Tiadyt ER	Tier 1	
verapamil oral	Tier 1	
<b>Loop Diuretics</b>		
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	
toremide oral	Tier 1	
<b>Osmotic Diuretics</b>		
Ure-Na	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Potassium Sparing Diuretics</b>		
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	
<b>Potassium Sparing Diuretics In Combination</b>		
amiloride-hydrochlorothiazide	Tier 1	
spironolacton-hydrochlorothiaz	Tier 1	
triamterene-hydrochlorothiazid	Tier 1	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>		
Adempas	Tier 2	PA
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
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)
Tadliq	Tier 2	PA
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
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)

Drug	Status	Notes
Tracleer oral tablet for suspension	Tier 2	PA; QL (4 EA per 1 day)
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
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
<b>Renin Inhibitor, Direct</b>		
aliskiren	Tier 1	
<b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>		
Tekturna HCT	Tier 2	
<b>Thiazide And Related Diuretics</b>		
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
<b>Vasodilators, Combination</b>		
isosorbide-hydralazine	Tier 1	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	ST; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
Nexletol	Tier 2	PA
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
Altoprev	Tier 2	ST; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Zypitamag	Tier 2	ST; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
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
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
Praluent Pen	Tier 2	PA
Repatha Pushtronex	Tier 2	PA
Repatha SureClick	Tier 2	PA
Repatha Syringe	Tier 2	PA
<b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>		
Nexlizet	Tier 2	PA
<b>Bile Salt Sequestrants</b>		
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	
<b>Lipotropics</b>		
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
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
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



Drug	Status	Notes
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, 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)	Tier 1	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
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 oral capsule 0.5 gram	Tier 1	QL (8 EA per 1 day)
icosapent ethyl oral capsule 1 gram	Tier 1	QL (4 EA per 1 day)
inositol oral tablet	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 1,000-230-60 mg, 300-90-24-50 mg, 500-115-30-64 mg, 500-120-30-65 mg, 600-125-32.5-60 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
krill-om-3-dha-epa-phospho-ast oral capsule 500-110-28-60 mg, 500-86-25-40 mg	Tier 2	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
MaxEPA	Tier 1	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
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), 200-300-1,000 mg, 250-500-1,000 mg, 300 mg-100 mg- 150 mg-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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
omega 3-dha-epa-fish oil oral capsule 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 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	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
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
Zyncol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Niacin Preparations</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 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
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
droxidopa	Tier 1	PA
midodrine	Tier 1	
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
Entresto	Tier 2	
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
Aspruzyo Sprinkle	Tier 2	PA
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)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
Corlanor oral solution	Tier 2	PA; QL (20 ML per 1 day)
Corlanor oral tablet	Tier 2	PA; QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
amlodipine-atorvastatin	Tier 1	QL (1 EA per 1 day)
<b>Cardiac Myosin Inhibitor</b>		
Camzyos	Tier 2	PA
<b>Protein Stabilizers</b>		
Vyndamax	Tier 2	PA
Vyndaqel	Tier 2	PA
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
Verquvo	Tier 2	PA

Drug	Status	Notes
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Cardiovascular Diagnostics-Radiopaque</b>		
Omnipaque	Tier 2	
<b>Vasodilators,Coronary</b>		
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	
Nitromist	Tier 2	
Nitro-Time	Tier 1	
<b>Vasodilators,Peripheral</b>		
ergoloid	Tier 1	QL (3 EA per 1 day)
isoxsuprine	Tier 1	
papaverine injection solution	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
Annovera	Tier 3	
EluRyng	Tier 3	
etonogestrel-ethinyl estradiol	Tier 3	
<b>Contraceptives,Implantable</b>		
Nexplanon	Tier 3	
<b>Contraceptives,Injectable</b>		
Depo-SubQ provera 104	Tier 3	
medroxyprogesterone intramuscular	Tier 3	
<b>Contraceptives,Intravaginal</b>		
Phexxi	Tier 2	
Today Contraceptive Sponge	Tier 3	QL (1 EA per 1 day)
Vaginal Contraceptive Film	Tier 3	QL (1 EA per 1 day)
VCF Contraceptive Film	Tier 3	QL (1 EA per 1 day)
VCF Contraceptive Gel	Tier 3	QL (5.1 GM per 1 day)
<b>Contraceptives,Oral</b>		
Afirmelle	Tier 3	
Aftera	Tier 3	QL (1 EA per 1 FILL)
Altavera (28)	Tier 3	
Alyacen 1/35 (28)	Tier 3	
Alyacen 7/7/7 (28)	Tier 3	
Amethia	Tier 3	
Amethyst (28)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Apri	Tier 3	
Aranelle (28)	Tier 3	
Ashlyna	Tier 3	
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	
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	
Camrese Lo	Tier 3	
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	
Daysee	Tier 3	
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	QL (1 EA per 1 FILL)
Econtra One-Step	Tier 3	QL (1 EA per 1 FILL)
Elinest	Tier 3	
Ella	Tier 3	
Enpresse	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Enskyce	Tier 3	
Errin	Tier 3	
Estarylla	Tier 3	
ethynodiol diac-eth estradiol	Tier 3	
Falmina (28)	Tier 3	
Femynor	Tier 3	
Finzala	Tier 3	
Gemmily	Tier 3	
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	
Incassia	Tier 3	
Isibloom	Tier 3	
Jaimiess	Tier 3	
Jasmiel (28)	Tier 3	
Jencycla	Tier 3	
Jolessa	Tier 3	
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	
L norgest/e.estradiol-e.estradiol	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	
Layolis Fe	Tier 3	
Leena 28	Tier 3	
Lessina	Tier 3	
Levonest (28)	Tier 3	
levonorgestrel	Tier 3	QL (1 EA per 1 FILL)



Drug	Status	Notes
levonorgestrel-ethinyl estrad	Tier 3	
levonorg-eth estrad triphasic	Tier 3	
Levora-28	Tier 3	
Lo Loestrin Fe	Tier 3	
LoJaimiess	Tier 3	
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	
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	QL (1 EA per 1 FILL)
My Way	Tier 3	QL (1 EA per 1 FILL)
Natazia	Tier 3	
Necon 0.5/35 (28)	Tier 3	
New Day	Tier 3	QL (1 EA per 1 FILL)
Nextstellis	Tier 3	
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	Tier 3	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Ocella	Tier 3	
Opcicon One-Step	Tier 3	QL (1 EA per 1 FILL)
Option-2	Tier 3	QL (1 EA per 1 FILL)
Philith	Tier 3	
Pimtrea (28)	Tier 3	
Pirmella	Tier 3	
Portia 28	Tier 3	
Reclipsen (28)	Tier 3	
Rivelsa	Tier 3	
Setlakin	Tier 3	
Sharobel	Tier 3	
Simliya (28)	Tier 3	
Simpesse	Tier 3	
Slynd	Tier 3	
Sprintec (28)	Tier 3	
Sronyx	Tier 3	
Syeda	Tier 3	
Take Action	Tier 3	QL (1 EA per 1 FILL)
Tarina 24 Fe	Tier 3	
Tarina Fe 1/20 (28)	Tier 3	
Tarina Fe 1-20 EQ (28)	Tier 3	
Taysofy	Tier 3	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Contraceptives, Transdermal</b>		
Twirla	Tier 2	
Xulane	Tier 3	
Zafemy	Tier 3	
<b>Diaphragms/Cervical Cap</b>		
Caya Contoured	Tier 3	
Wide-Seal Diaphragm 60	Tier 3	
Wide-Seal Diaphragm 65	Tier 3	
Wide-Seal Diaphragm 70	Tier 3	
Wide-Seal Diaphragm 75	Tier 3	
Wide-Seal Diaphragm 80	Tier 3	
Wide-Seal Diaphragm 85	Tier 3	
Wide-Seal Diaphragm 90	Tier 3	
Wide-Seal Diaphragm 95	Tier 3	
<b>Oxytocics</b>		
Cervidil	Tier 2	
methylegonovine oral	Tier 1	QL (28 EA per 30 days)
Prepidil	Tier 2	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
Alahist D	Tier 2	
Alahist PE	Tier 2	
Aprodine	Tier 1	
Brohist D	Tier 1	
Child Triaminic Cold-Allergy	Tier 1	
Children's Cold-Allergy (PE)	Tier 1	
Children's Dibromm Cold-Allerg	Tier 1	
Childs Triacting Cold-Cough	Tier 1	
Cold and Allergy (bromphen-PE)	Tier 1	
Cold-Allergy-Sinus	Tier 1	
Conex oral tablet	Tier 1	
dexbrompheniramine-phenyleph	Tier 1	
Dimetapp Cold-Congestion	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
doxylamine-phenylephrine	Tier 1	
Ed A-Hist	Tier 1	
Glen PE	Tier 2	
Glenmax PEB	Tier 1	
Histex PE	Tier 1	
Lodrane D	Tier 2	
LoHist - D	Tier 1	
Lortuss LQ	Tier 2	
Maxifed TR	Tier 2	
Maxi-Tuss PE	Tier 1	
Maxi-Tuss TR	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	
<b>1St Gen Antihistamine-Decongestant-Analgesic Comb</b>		
Allergy Multi-Symptom	Tier 1	
Allergy Sinus Headache (PE)	Tier 1	
Child Delsym Cough-Cold	Tier 2	
Child Mucinex M-S Cold Night	Tier 2	
Contac Cold-Flu Day and Night	Tier 2	
Contac Cold-Flu Max Strength	Tier 2	
Cough and Severe Cold	Tier 1	
Dristan Cold	Tier 1	
Mucinex Fast-Max Nite Cold-Flu oral liquid	Tier 2	
Mucinex Fast-Max Nite Cold-Flu oral tablet	Tier 1	
Norel AD	Tier 2	
Sinus Congestion-Pain(chlorph)	Tier 1	
Sinus Congest-Pain Day-Night	Tier 1	
Sinus-Headache Day-Night	Tier 1	
Sinutrol PE	Tier 1	
Theraflu ExpressMax Cold Night oral liquid	Tier 2	

Drug	Status	Notes
Theraflu ExpressMax Cold Night oral tablet	Tier 1	
Theraflu Nighttime PowerPod	Tier 2	
<b>1St Gen Antihist-Decon-Analgesic, Salicylate</b>		
Cold Relief Plus	Tier 1	
<b>1St Gen Antihist-Decongestant-Analgesic-Expect Cmb</b>		
Mucinex Sinus-Max D-N (diphen)	Tier 2	
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
Respa-AR	Tier 1	
<b>1St Gen Antihist-Decon-Nsaid,Cox Nonspec</b>		
Advil Allergy Sinus	Tier 2	
Advil Allergy-Congestion Rlf	Tier 2	
<b>Analgesic, Non-Sal.- 1St Generation Antihistamine</b>		
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 and Sleep	Tier 1	
Pain Relief PM	Tier 1	
Pain Relief PM Rapid Release	Tier 1	
Pain Reliever AM/PM	Tier 1	
Pain Reliever PM Ex-Strength	Tier 1	
<b>Analgesic, Non-Salicylate-Expectorant Combination</b>		
Mucinex Cold-Flu HBP	Tier 2	
<b>Analgesic,Nsaid-1St Gen.Antihistamine,Sedative Cmb</b>		
Ibuprofen PM oral tablet	Tier 1	
<b>Analgesics,Salicylate &amp; Non-Salicylate Combination</b>		
Pain Relief PM (w-aspirin)	Tier 1	
<b>Antitussive-1St Gen Antst-Analgesic-Expect Comb</b>		
Mucinex Fast-Max DM Nightshift	Tier 2	
<b>Antitussives,Non-Narcotic</b>		
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	
Scot-Tussin Diabetes CF	Tier 2	

Drug	Status	Notes
Scot-Tussin DM Cough Chasers	Tier 2	
Tussin Cough (DM only) oral liquid	Tier 1	
Vicks DayQuil Cough	Tier 1	
<b>Cough And/Or Cold Preparations</b>		
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, 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	
Vicks VapoDrops	Tier 2	
<b>Decongest-Analgesic,Non-Salicylate Comb.</b>		
Contac Cold-Flu Day	Tier 1	
Sinus Congestion and Pain	Tier 1	
Sinus Headache PE	Tier 1	
Sinus Maximum Strength	Tier 1	
Sinus Pain-Pressure (PE) oral tablet 5-325 mg	Tier 1	
<b>Decongestant-Analgesic-Expectorant Combination</b>		
Cold Head Congest(gg-pe-acetm)	Tier 1	
Head Congestion-Mucus	Tier 1	
Mucinex Fast-Max Cong-HA (GG)	Tier 2	
Mucinex Freefrom Cold-Flu-Cong	Tier 2	
Mucinex Sinus-Max Cng-Pain(gg)	Tier 2	
Mucinex Sinus-Max Sev Congestn oral tablet	Tier 1	
Severe Sinus	Tier 1	
Sinus Congestion-Pain(guaif)	Tier 1	
<b>Decongestant-Expectorant Combinations</b>		
Chest Congestion Relief PE	Tier 1	
Chest-Sinus Congestion Relief	Tier 1	
Child Mucinex Stuffy Nose-Chst	Tier 2	
Congest-Eze	Tier 1	
Congest-Eze PE	Tier 1	
Deconex IR	Tier 2	
Duravent PE	Tier 2	
ED Bron GP	Tier 1	
Entex T	Tier 1	
Liquibid D-R	Tier 1	
Liquibid PD-R	Tier 2	
Maxifed	Tier 2	

Drug	Status	Notes
Maxi-Tuss PE Jr	Tier 1	
Maxi-Tuss PE Max	Tier 1	
Mucinex D Maximum Strength	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	Tier 1	
Mucus Relief PE	Tier 1	
Poly-Vent IR	Tier 2	
Primatene Asthma	Tier 2	
pseudoephedrine-guaifenesin	Tier 1	
Refenesen PE	Tier 1	
Tusnel Pediatric (Guaifen-PE)	Tier 2	
<b>Decongestant-Nsaid, Cox Non-Spec Comb.</b>		
Advil Cold and Sinus oral capsule	Tier 2	
Advil Cold and Sinus oral tablet	Tier 1	
All Day Cold and Sinus	Tier 1	
Cold-Sinus Relief	Tier 1	
Ibuprofen Cold	Tier 1	
Ibuprofen Cold-Sinus(with PSE)	Tier 1	
<b>Decongestants, Oral</b>		
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	
<b>Expectorants</b>		
Adult Tussin Chest Congestion	Tier 1	
Chest Congestion Relief	Tier 1	
Child Mucus Relief Expectorant	Tier 1	
Diabetic Tussin EX	Tier 1	
Expectorant oral liquid	Tier 1	
G-Fenesin	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	
Mucinex Fast-Max Chest-Congest	Tier 1	
Mucosa	Tier 1	
Mucus Relief ER	Tier 1	
Mucus Relief oral tablet 400 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Mucus-ER MAX	Tier 1	
Refenesen	Tier 1	
Robafen	Tier 1	
Scot-Tussin Expectorant	Tier 1	
Siltussin SA	Tier 1	
Tusnel-Ex	Tier 2	
Tussin	Tier 1	
Tussin Chest Congestion	Tier 1	
Tussin Mucus-Chest Congestion	Tier 1	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
CapCof	Tier 2	
Histex-AC	Tier 2	
Mar-Cof BP	Tier 1	
Maxi-Tuss CD	Tier 2	
M-END PE	Tier 2	
Poly-Tussin AC	Tier 2	
Promethazine VC-Codeine	Tier 1	
promethazine-phenyleph-codeine	Tier 1	
Rydex	Tier 1	
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
Coditussin DAC	Tier 2	
Guaifenesin DAC	Tier 1	
Virtussin DAC	Tier 1	
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
hydrocodone-chlorpheniramine	Tier 1	
promethazine-codeine	Tier 1	
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 mL	Tier 1	
hydrocodone-homatropine oral tablet	Tier 1	
Hydromet	Tier 1	
<b>Narcotic Antitussive-Expectorant Combination</b>		
codeine-guaifenesin	Tier 1	
Coditussin AC	Tier 1	
Guaiatussin AC	Tier 1	
Guaifenesin AC	Tier 1	
Mar-Cof CG	Tier 1	
Maxi-Tuss AC	Tier 1	
M-Clear WC	Tier 2	
Ninjacof-XG	Tier 1	



Drug	Status	Notes
<b>Non-Narc Antitus-1St Gen Antihist-Decon-Analges Cb</b>		
Child Mucinex Freefrom Nt Cold	Tier 2	
Child Triaminic MS Fever-Cold	Tier 1	
Childrens Plus Multi-Symp Cold	Tier 1	
Cold Head Congestion Day/Nite	Tier 1	
Cold Head Congestion Nighttime	Tier 1	
Cold Max Day-Night	Tier 1	
Cold Multi-Symptom (chlorphen)	Tier 1	
Cold Multi-Symptom Day/Night	Tier 1	
Cold Multi-Symptom NightTime	Tier 1	
Daytime-Nighttime	Tier 1	
Mucinex Freefrom Nt Cold-Flu	Tier 2	
Mucinex Nightshft Cold-Flu Clr	Tier 2	
Mucinex Nightshft Sevr Cld-Flu	Tier 2	
Mucinex Nightshift Sinus	Tier 2	
Multi-Symptom Cold Night Time	Tier 1	
Severe Cold and Flu Nighttime	Tier 1	
Tussin Cough-Cold-Flu	Tier 1	
Vicks NyQuil Severe Cold-Flu oral liquid	Tier 1	
Vicks NyQuil Severe Cold-Flu oral tablet	Tier 2	
<b>Non-Narc Antituss-1St Antihist-Decong-Analg-Expect</b>		
Child Delsym Cough Plus Dy-Nt	Tier 2	
Child Mucinex Freefrom MS D-N	Tier 2	
Child Mucinex M-S Cold Day-Nte	Tier 2	
Mucinex Fast-Max Cold-Nghtshft	Tier 2	
Mucinex Fast-Max Cong-Nghtshft	Tier 2	
Mucinex Fast-Max Day-Nite Cold	Tier 2	
Mucinex Fast-Max Day-Nite Cong oral tablets, sequential 5 mg(d)/12.5 mg -5mg-325 mg (n)	Tier 2	
Mucinex Fast-Max Day-Nt(doxyl)	Tier 2	
Mucinex Fast-Max Nightshft Clr	Tier 2	
Mucinex Freefrom Cold-Flu D-N	Tier 2	
Mucinex Sinus-Max Day-Night	Tier 2	
Mucinex Sinus-Max Dy-Nt (dxy)	Tier 2	
Mucinex Sinus-Max Nightshift	Tier 2	
<b>Non-Narc Antituss-1St Gen Antihist-Analgesic Comb.</b>		
All-Nite Cold-Flu	Tier 1	
Contac Cold-Flu Night	Tier 1	
Coricidin HBP Cold-Multi Sympt	Tier 1	
Delsym Nighttime Cough	Tier 2	
Flu HBP oral tablet 2-10-325 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Mucinex Nightshift Cold-Flu	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	
Vicks NyQuil Cold/Flu (cpm)	Tier 2	
Vicks NyQuil Cold/Flu Liquicap	Tier 1	
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
Alahist CF	Tier 2	
AP-Hist DM	Tier 1	
Balamine DM (chlor-PE)	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	
Glenmax PEB DM	Tier 1	
Glenmax PEB DM Forte	Tier 1	
Glentuss	Tier 1	
Histex DM	Tier 2	
LoHist-DM	Tier 1	
Maxichlor PEH DM	Tier 2	
M-End DMX	Tier 2	
Miclara DM	Tier 1	
Ninjacof-D	Tier 2	
NoHist-DM	Tier 1	
Pediatric Cough and Cold	Tier 1	
Poly-Hist DM (thonzylamine)	Tier 2	
Polytussin DM(dexbromphenirmn)	Tier 1	
Rescon-DM	Tier 2	
Rynex DM	Tier 1	
Trebrom	Tier 2	
Vanacof	Tier 2	
WesTussin DM	Tier 1	

Drug	Status	Notes
<b>Non-Narc Antituss-Decongestant-Analgesic-Expect Cb</b>		
Child Mucinex Cough-Cold-Fever	Tier 2	
Child Mucinex Freefrom Dy Cold	Tier 2	
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 oral tablet	Tier 1	
Mucinex Fast-Max Cold-Flu-Thrt oral capsule	Tier 2	
Mucinex Fast-Max Cold-Flu-Thrt oral tablet	Tier 1	
Mucinex Junior Cold-Flu	Tier 2	
Mucinex Sinus-Max Pressure-Cgh oral capsule	Tier 2	
Mucinex Sinus-Max Pressure-Cgh oral tablet	Tier 1	
Mucus Relief Cold-Flu-Sore Thr oral liquid	Tier 1	
Multi-Symptom Cold (PE)	Tier 1	
Severe Cold and Flu (PE)	Tier 1	
Theraflu ExpressMax Sv Cld-Flu	Tier 1	
Tussin CF Max Severe M-S Cold	Tier 1	
Vicks DayQuil Severe Cold-Flu	Tier 1	
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
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	
Scot-Tussin DM	Tier 1	
Vicks NyQuil Cough	Tier 2	
<b>Non-Narcotic Antituss-Decongestant-Expectorant Cmb</b>		
Adult Robitussin Peak Cold M-S	Tier 1	
Adult Tussin Multi-Symp Cold	Tier 1	
Aquanaz	Tier 2	
Capmist DM	Tier 2	
Certuss-D	Tier 2	
Child Mucinex Cough-Congest	Tier 2	

Drug	Status	Notes
Children's Mucinex Multi-Symp	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	
Mucinex Fast-Max Congest-Cough oral tablet	Tier 1	
Mucinex Freefrom Sev Cong-Coug	Tier 2	
Mucinex Junior Cough-Congest	Tier 2	
Nivanex DMX	Tier 1	
phenylephrine-DM-guaifenesin	Tier 1	
Poly-Vent DM	Tier 2	
Robafen CF (phenylephrine)	Tier 1	
Robitussin Cough and Cold CF	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	
Tussin CF Cough-Cold	Tier 1	
Tussin CF MAX	Tier 1	
Vanacof DMX	Tier 2	
VanaTab DM	Tier 2	
<b>Non-Narcotic Antitussive And Expectorant Comb.</b>		
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 Delsym Cough-Chest DM	Tier 1	
Child Mucinex Freefrom Day Cgh	Tier 1	
Child Mucus Relief Cough	Tier 1	
Children's Mucinex Cough	Tier 1	
Coricidin HBP Chest Cong-Cough	Tier 1	
Cough Syrup DM oral syrup 5-50 mg/5 mL	Tier 1	
Delsym Cough-Chest Congest DM	Tier 1	
dextromethorphan-guaifenesin oral syrup	Tier 1	
dextromethorphan-guaifenesin oral tablet extended release 12 hr	Tier 1	
Diabetic Siltussin-DM Max Str	Tier 1	
Diabetic Tussin DM	Tier 1	
Expectorant DM	Tier 1	
G-Fenesin DM	Tier 1	
Maxi-Tuss G	Tier 1	
Maxi-Tuss GMX	Tier 1	
Mucinex Cough-Chest Congest HB	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Mucinex DM oral tablet extended release 12 hr 60-1,200 mg	Tier 2	
Mucinex Fast-Max DM Max	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	
Refenesen DM	Tier 1	
Robafen DM	Tier 1	
Robafen DM Cough	Tier 1	
Robitussin Cough-Chest Cong DM oral capsule	Tier 1	
Scot-Tussin Senior	Tier 2	
Siltussin DM DAS	Tier 1	
Siltussin-DM	Tier 1	
Tusnel Diabetic	Tier 1	
Tussin DM	Tier 1	
Tussin DM Clear oral syrup	Tier 1	
Tussin DM Cough and Chest	Tier 1	
Tussin DM Max	Tier 1	
Ultra DM Free and Clear	Tier 1	
Vicks Dayquil Mucus Control DM	Tier 2	
<b>Non-Narcotic Antitussive-Analgesic Combinations</b>		
Child Delsym Cough-Sore Throat	Tier 2	
Delsym Cough-Sore Throat	Tier 2	
Pain Relief Cold and Cough	Tier 1	
<b>Non-Narcotic Antitussive-Decongestant Combinations</b>		
Maxi-Tuss Jr	Tier 1	
Rondec-D	Tier 1	
Triaminic Cold and Cough (PE)	Tier 1	
<b>Non-Narcotic Antitussive-Decongestant-Analgesic Cb</b>		
Cold Head Congestion Daytime	Tier 1	
Cold Max Daytime	Tier 1	
Cold Multi-Symptom	Tier 1	
Day Multi-Symp Flu-Severe Cold	Tier 1	
Day Time PE	Tier 1	
DayTime	Tier 1	
Daytime Cold-Flu	Tier 1	
Daytime Cold-Flu Relief (PE)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
Theraflu ExpressMax Cold Day	Tier 1	
Theraflu Multi-Symptom Cold	Tier 2	
Vicks DayQuil Cold-Flu Relief	Tier 1	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
Tyzine	Tier 2	
Tyzine nasal drops 0.1 %	Tier 2	
<b>Nose Preparations, Vasoconstrictors(Otc)</b>		
12 Hour Nasal Relief Spray	Tier 1	
4 Way	Tier 1	
Afrin No Drip(oxymetazolin)	Tier 1	
Benzedrex	Tier 2	
Child Mucinex Stuffy Nose Spry	Tier 1	
Dristan Long Lasting nasal mist	Tier 1	
Fast Acting Nasal	Tier 1	
Long Acting Nasal Spray	Tier 1	
Mucinex Sinus-Max	Tier 1	
Nasal Decongestant (oxymetazl)	Tier 1	
Nasal Four	Tier 1	
Nasal Spray (oxymetazoline)	Tier 1	
Nasal Spray 12Hr(oxymetazoline)	Tier 1	
Nasal Spray Extra Moisturizing	Tier 1	
Nasal Spray Long Acting	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	
Original Nasal Spray	Tier 1	
Sinus Nasal Spray	Tier 1	
Sinus Relief (oxymetazoline) nasal mist	Tier 1	
Sinus Relief (phenylephrine)	Tier 1	
Vapor Inhaler	Tier 1	
Vicks QlearQuil(oxymetazoline)	Tier 1	
Vicks Sinex 12-Hour	Tier 1	
Vicks Sinex Ultra Fine Mist 12	Tier 1	
<b>Sympathomimetic Agents</b>		
12 Hour Decongestant	Tier 1	
12 Hour Nasal Decongest (PSE)	Tier 1	
Children's Silfedrine	Tier 1	

Drug	Status	Notes
Long Acting Nasal Decong (PSE)	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	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
Absorica LD	Tier 2	ST
Accutane	Tier 1	
Amnesteem	Tier 1	
Claravis	Tier 1	
isotretinoin	Tier 1	
Myorisan	Tier 1	
Zenatane	Tier 1	
<b>Acne Agents, Topical</b>		
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	
Neuac	Tier 1	
Onexton	Tier 2	
sulfacetamide sodium (acne)	Tier 1	
Twyneo	Tier 2	ST
<b>Anticorrosive Agents</b>		
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
<b>Astringents</b>		
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	
<b>Keratolytic-Glucocorticoid Combinations</b>		
Vanoxide-HC	Tier 2	
<b>Rosacea Agents, Topical</b>		
azelaic acid	Tier 1	
Epsolay	Tier 2	
Finacea topical foam	Tier 2	
ivermectin topical cream	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
metronidazole topical	Tier 1	
Mirvaso topical gel with pump	Tier 2	QL (30 GM per 30 days)
Noritrate	Tier 2	ST
Rhofade	Tier 2	ST; QL (30 GM per 30 days)
Rosadan topical cream	Tier 1	
<b>Topical Antiandrogenic Agents</b>		
Winlevi	Tier 2	ST
<b>Topical Preparations, Antibacterials</b>		
Ala-Quin	Tier 2	
Ameriwash Hand Soap	Tier 1	
ammonium and potassium iodides	Tier 1	
Antimicrobial	Tier 2	
Antiseptic Skin Clnsr(chlorhe)	Tier 1	
Arglaes	Tier 2	
Bedside-Care	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
Dermagel Hand Sanitizer	Tier 2	
Dyna-Hex (isopropyl alcohol)	Tier 1	
Dyna-Hex topical liquid 4 %	Tier 1	
Epi-Clenz	Tier 2	
ethyl alcohol topical solution	Tier 2	
Foaming Antibacterial Soap	Tier 1	
Gelrite Hand Sanitizer	Tier 2	
Gentle Rain	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	
Periclean	Tier 1	
Remedy 4-in-1 Cleanser	Tier 1	
Secura Total Body Cleanser	Tier 2	
silver nitrate topical solution 0.5 %	Tier 1	
Silvermed topical cleanser	Tier 2	
Strong Iodine topical	Tier 1	
Sween Prep	Tier 2	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Thera Body Cleanser	Tier 1	
<b>Vitamin A Derivatives</b>		
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	
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
Arazlo	Tier 2	ST
Fabior	Tier 2	ST
tazarotene topical foam	Tier 1	ST
<b>Dermatology - Antiinfective</b>		
<b>Insect Repellants</b>		
Bullfrog Mosquito Coast	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutter All Family topical aerosol,spray	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutter All Family topical towelette	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 Repellnt	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 topical aerosol,spray	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cutter Skinsations topical spray,non-aerosol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 Dry	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Off Deep Woods Sportsmen	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off Deep Woods topical aerosol,spray	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off Deep Woods topical spray,non-aerosol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Off Deep Woods topical towelette	Tier 2	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	Tier 2	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 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 Sportsmen topical aerosol,spray 25 %	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Sportsmen topical aerosol,spray 29 %	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Repel Tick Defense	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sawyer Controlled Release	Tier 2	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
<b>Topical Antibiotics</b>		
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	

Drug	Status	Notes
clindamycin phosphate topical gel, once daily	Tier 1	ST; QL (75 ML per 30 days)
clindamycin phosphate topical lotion	Tier 1	
clindamycin phosphate topical solution	Tier 1	QL (120 ML per 30 days)
clindamycin phosphate topical swab	Tier 1	
Double Antibiotic (b.tracrn 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	
<b>Topical Antifungal/Anti-inflammatory, Steriod Agent</b>		
clotrimazole-betamethasone	Tier 1	
<b>Topical Antifungals</b>		
Alevazol	Tier 2	
Anti-Fungal	Tier 1	
Antifungal (clotrimazole)	Tier 1	
Antifungal (tolnaftate) topical cream	Tier 1	
Antifungal (tolnaftate) topical powder	Tier 1	
Antifungal Cream (miconazole)	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	
Azolen Tincture	Tier 1	
Baza Antifungal	Tier 1	
Baza Cream Hospital Care Pack	Tier 2	
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
Critic-Aid Clear AF(miconazol)	Tier 1	
Desenex	Tier 1	
econazole	Tier 1	QL (85 GM per 30 days)
Ertaczo	Tier 2	
Exelderm	Tier 2	
Fungoid-D	Tier 1	
gentian violet topical solution 1 %	Tier 1	
Inzo Antifungal	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	
Lamisil (Aerosol)	Tier 2	
Lamisil AF	Tier 1	
Loprox Kit topical combo pack	Tier 2	
Lotrimin AF topical aerosol,spray	Tier 1	
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	
Micro-Guard	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	
Nizoral A-D	Tier 2	QL (200 ML per 30 days)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Nystop	Tier 1	QL (60 GM per 30 days)
oxiconazole	Tier 1	QL (90 GM per 30 days)
Oxistat topical lotion	Tier 2	
Remedy Antifungal	Tier 1	
Remedy Phytoplex Antifungal	Tier 1	
Secura Antifungal	Tier 1	
Secura Antifungal Extra Thick	Tier 1	
sulconazole	Tier 1	
Sween Prep Wipes	Tier 2	
tavaborole	Tier 1	PA
terbinafine HCl topical	Tier 1	
Thera Antifungal	Tier 1	
Tinactin topical aerosol,spray	Tier 2	
tolnaftate topical cream	Tier 1	
tolnaftate topical powder	Tier 1	
Triple Dye	Tier 1	
Zeasorb AF	Tier 1	
<b>Topical Antiparasitics</b>		
Crotan	Tier 2	
Eurax	Tier 2	
Insect Repellent (picaridin)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 topical aerosol,spray	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	
<b>Topical Antivirals</b>		
Abreva	Tier 2	
acyclovir topical cream	Tier 1	ST; QL (5 GM per 10 days)
acyclovir topical ointment	Tier 1	QL (30 GM per 10 days)
docosanol	Tier 1	
penciclovir	Tier 1	ST; QL (5 GM per 14 days)

Drug	Status	Notes
<b>Topical Antivirals/Anti-inflammatory, Steroid Agent</b>		
Xerese	Tier 2	ST; QL (10 GM per 365 days)
<b>Topical Genital Wart-Hpv Treatment Agents</b>		
Veregen	Tier 2	ST
<b>Topical Sulfonamides</b>		
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	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea	Tier 1	
SulfaCleanse 8-4	Tier 1	
Sulfamylon	Tier 2	
Sumadan XLT	Tier 2	
<b>Dermatology - Anti-inflammatory</b>		
<b>Interleukin-13 (Il-13) Inhibitors, Mab</b>		
Adbry	Tier 2	PA
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
Eucrisa	Tier 2	ST
<b>Topical Antibiotics/Anti-inflammatory, Steroidal</b>		
Neo-Synalar	Tier 2	ST
Neo-Synalar Kit	Tier 2	ST
<b>Topical Anti-Inflammatory Steroidal</b>		
Ala-Cort topical cream 1 %	Tier 1	
alclometasone	Tier 1	
Anti-Itch (HC) topical cream	Tier 1	
Anti-Itch(hydrocortisone)-Aloe	Tier 1	
ApexiCon E	Tier 2	ST
Aquanil HC	Tier 1	
Beta-HC	Tier 1	
betamethasone dipropionate	Tier 1	

Drug	Status	Notes
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	ST; QL (120 GM per 30 days)
fluocinolone	Tier 1	
fluocinolone and shower cap	Tier 1	
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	

Drug	Status	Notes
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	
Texacort	Tier 2	
triamcinolone acetonide topical	Tier 1	
Trianex	Tier 1	
Triderm topical cream	Tier 1	
Ultravate topical lotion	Tier 2	ST; QL (60 ML per 20 days)
<b>Topical Anti-Inflammatory, Nsaids</b>		
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	ST
Licart	Tier 2	ST
Pennsaid topical solution in packet	Tier 2	ST
<b>Topical Anti-Inflammatory, Other</b>		
MSM/Glucosamine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
Opzelura	Tier 2	ST; QL (60 GM per 30 days)
<b>Dermatology - Antipruritic Drugs</b>		
<b>Antipruritics, Topical</b>		
Anti-Itch(diphenhyd) with Zinc topical cream 2-0.1 %	Tier 1	
Banophen Anti-Itch	Tier 1	
Caladryl	Tier 1	



Drug	Status	Notes
Caladryl Clear	Tier 1	
Calamine Clear	Tier 1	
Calamine Medicated	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	
Solarhist	Tier 2	
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
Drysol	Tier 2	
Drysol Dab-O-Matic	Tier 2	
Xerac AC	Tier 2	
<b>Antiseborrheic Agents</b>		
Anti-Dandruff	Tier 1	
Beta Med	Tier 1	
Dandruff Shampoo (pyrithione)	Tier 1	
Dandruff Shampoo (selenium)	Tier 1	
DHS Zinc	Tier 1	
Ovace Plus Shampoo	Tier 2	
Ovace Plus topical cream	Tier 2	
Ovace Plus topical lotion	Tier 2	ST
selenium sulfide topical lotion	Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 1	
sulfacetamide sodium topical cleanser	Tier 1	
sulfacetamide sodium topical cleanser, gel	Tier 1	
sulfacetamide sodium topical shampoo 10 %	Tier 1	
<b>Antiseptics,General</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Antiseptics,Miscellaneous</b>		
Castellani Paint	Tier 2	
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
<b>Deodorants</b>		
Dr Scholl's Foot Powder	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
<b>Emollients</b>		
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
AlphaBath	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
Aquaphilic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Arthricream Rub	Tier 1	
Atrac-Tain (with AHA)	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
Beta XMA	Tier 2	
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
DermaPhor topical ointment	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Eucerin Skin Calming	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Excel-Gel	Tier 1	
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
LubriSilk	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LubriSoft	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Luxamend	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
Moisturizing 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
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
Protective Ointment	Tier 1	
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Secura Moisturizing topical lotion	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Secura Protective	Tier 1	
Skarjel	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
Soothe-Cool Protect Medseptic	Tier 2	
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 A and D	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
Wound Gel	Tier 2	
Xtracare	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Iodine Antiseptics</b>		
Betadine Ophthalmic Prep	Tier 2	
Betadine topical cream	Tier 2	
Betadine topical spray,non-aerosol	Tier 2	
Nasal Antiseptic Swabs	Tier 1	
povidone-iodine topical solution 10 %	Tier 1	
povidone-iodine topical swab	Tier 1	
PVP Prep	Tier 1	
Summer's Eve Douche	Tier 2	
<b>Irrigants</b>		
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	
Sea-Clens Wound Cleanser	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Wound Cleanser	Tier 2	
<b>Irritants/Counter-Irritants</b>		
Anti-Itch (menthol-camphor)	Tier 1	
Arctic Relief	Tier 1	
Arthricream	Tier 1	
Arthritis Pain Relief(capsaic) topical cream 0.075 %	Tier 1	
Betatar Gel	Tier 1	
Bio-Therm	Tier 1	
Blue Gel	Tier 1	
Campho-Phenique topical solution	Tier 2	
camphor	Tier 1	
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	
Capsimide	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	
Deep Blue Relief	Tier 2	
Delsym Vapor	Tier 2	
DermacinRx Circata	Tier 2	
DermacinRx Circatrix	Tier 2	
DermaSarra (menthol-camphor)	Tier 1	
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	



Drug	Status	Notes
Medicated Relief	Tier 1	
methyl salicylate	Tier 1	
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	
Pharmacist Pain Relief	Tier 2	
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	
Therapeutic Mineral Ice	Tier 1	
Vicks Vaporub topical ointment 4.7-1.2-2.6 %	Tier 2	
Vicks Vaporub topical ointment 4.8-1.2-2.6 %	Tier 1	
Ziks Arthritis Pain Relief	Tier 2	
<b>Keratolytics</b>		
Acne Medication topical gel	Tier 1	
Acne Medication topical lotion 10 %	Tier 1	
Acne Medication topical lotion 5 %	Tier 2	
Acne-Clear	Tier 1	
AcneFree Acne Clearing System	Tier 1	
AcneFree Severe Acne Clearing	Tier 2	
Bensal HP	Tier 2	ST
BenzePrO (microspheres)	Tier 1	
BenzePrO topical foam 5.3 %, 9.8 %	Tier 1	
BenzePrO topical towelette	Tier 1	
benzoyl peroxide topical cleanser	Tier 1	
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	Tier 1	
BPO	Tier 1	
Callus Removers	Tier 1	
CEM-Urea	Tier 1	
Condylox topical gel	Tier 2	ST

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
Inova	Tier 2	
Inova 4-1	Tier 2	
Inova 8-2	Tier 2	
Keralyt topical gel	Tier 2	
Liquimat	Tier 2	
Mediplast Corn-Callus-Wart	Tier 1	
Pacnex HP	Tier 2	
Pacnex LP	Tier 2	
Panoxyl topical cleanser	Tier 1	
Podocon	Tier 1	
podofilox	Tier 1	
PR Benzoyl Peroxide	Tier 1	
Rezamid	Tier 2	
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	
salicylic acid topical ointment	Tier 1	
salicylic acid topical shampoo	Tier 1	
salicylic acid-ceramides no.1	Tier 1	
Sal-Plant	Tier 1	
Scalp Relief topical liquid	Tier 1	
Sebex	Tier 1	
silver nitrate applicators	Tier 1	
Sulfo-Lo	Tier 1	
Therapeutic Dandruff Shampoo	Tier 1	
Umecta	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	
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	

Drug	Status	Notes
<b>Oxidizing Agents</b>		
H-Chlor 12	Tier 1	
H-Chlor 6	Tier 2	
hydrogen peroxide	Tier 1	
HySept	Tier 1	
Peroxyl	Tier 1	
<b>Protectives</b>		
4-N-1 No Rinse Wash	Tier 1	
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	
Basle	Tier 1	
Baza Cleanse and Protect topical lotion	Tier 1	
Baza Cleanse and Protect topical spray,non-aerosol	Tier 1	
Baza Cleanse and Protect topical towelette	Tier 2	
BAZA CLEAR	Tier 2	
benzoin	Tier 1	
benzoin compound topical tincture	Tier 1	
Boudreauxs Butt Paste topical ointment 16 %	Tier 1	
calamine phenolated	Tier 1	
calamine-zinc oxide topical lotion 8-8 %	Tier 1	
calamine-zinc oxide-phenol	Tier 1	
Carrington Moist Barrier-Zinc	Tier 2	
Carrington Moisture Barrier Cr	Tier 2	
Cocoa Butter Petroleum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cozima	Tier 2	
Critic-Aid	Tier 1	
Critic-Aid Clear topical ointment 71.5 %	Tier 2	
DermacinRx Skin Repair Complex	Tier 1	
DermaMed (aluminum hydroxide)	Tier 1	
DermaPhor topical ointment 44 %	Tier 1	
DermaSeptin	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	
Fordustin	Tier 2	
Moisturel Therapeutic	Tier 2	
Normlshield	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PeriGuard	Tier 1	
PeriShield topical ointment	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PeriShield topical ointment 3.8 %	Tier 2	
Proshield Plus	Tier 1	
Remedy Calazime Protect Paste	Tier 2	
Remedy Cleansing Body	Tier 2	
Remedy Clear-Aid Protect	Tier 2	
Remedy Dimethicone Cream	Tier 1	
Remedy Phytoplex Z-Guard	Tier 2	
Remedy Phytoplex Z-Guard (Zn)	Tier 2	
Remedy Skin Repair	Tier 2	
Risamine	Tier 1	
Secura Dimethicone	Tier 1	
Secura Dimethicone Kit	Tier 2	
Secura Personal Skin Care	Tier 2	
Secura Protective (zinc oxide)	Tier 2	
Secura Starter Kit	Tier 2	
Secura Two-Step Kit	Tier 2	
Shield Skin topical aerosol,spray	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Skin Protectant topical cream 5 %	Tier 2	
Skintegritty Skin	Tier 1	
Soothe and Cool Body Powder	Tier 1	
Soothe and Cool Inzo Barrier	Tier 1	
Soothe and Cool Skin Paste	Tier 1	
Soothe-Cool Moisture Barrier	Tier 2	
SWEEN 24	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	
zinc oxide topical ointment 20 %, 25 %	Tier 1	
<b>Shampoos/Lotion</b>		
DHS	Tier 2	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
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	

Drug	Status	Notes
Pramosone topical lotion	Tier 2	
Pramosone topical ointment	Tier 2	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
bexarotene topical	Tier 1	PA
diclofenac sodium topical gel 3 %	Tier 1	PA; ST; QL (100 GM per 30 days)
fluorouracil topical	Tier 1	
Tolak	Tier 2	
Valchlor	Tier 2	PA
<b>Topical Local Anesthetics</b>		
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	
ethyl chloride	Tier 1	
First Aid (lidocaine-benzalk)	Tier 1	
Lanacane First Aid	Tier 2	
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	
Liquid Bandage with Antiseptic	Tier 1	
LMX 4 topical kit	Tier 1	
Poison Ivy Wash (pramoxine)	Tier 1	
pramoxine topical lotion	Tier 1	
Prax topical towelette	Tier 1	
Regenecare HA topical gel	Tier 2	
Regenecare HA topical spray gel	Tier 1	
Sarna Sensitive	Tier 1	
Synera	Tier 2	
SynoFlex	Tier 2	
ZTlido	Tier 2	ST; QL (90 EA per 30 days)
<b>Topical Preparations,Miscellaneous</b>		
Amerigel Wound Wash	Tier 2	
Antibacterial Soap (benzethon)	Tier 1	
Antiseptic Wound-Skin	Tier 1	

Drug	Status	Notes
Astringent	Tier 1	
Cetaphil Gentle Cleanser	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dermal Wound Cleanser topical cleanser 0.13 %	Tier 1	
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
Secura Moisturizing topical cleanser	Tier 1	
Secura Personal	Tier 1	
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
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
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
Santyl	Tier 2	
<b>Dermatology - Pigmentation Disorders</b>		
<b>Hypopigmentation Agents</b>		
hydroquinone topical cream	Tier 1	
Tri-Luma	Tier 2	
<b>Sunscreens</b>		
CeraVe AM	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Cetaphil Daily Facial	Tier 2	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Siliq	Tier 2	PA
Skyrizi subcutaneous pen injector	Tier 2	PA
Skyrizi subcutaneous syringe	Tier 2	PA
Skyrizi subcutaneous syringe kit	Tier 2	PA
Sotyktu	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
<b>Antipsoriatics Agents</b>		
calcipotriene	Tier 1	ST
calcitriol topical	Tier 1	ST
Drithocrema HP	Tier 2	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	
tazarotene topical gel 0.05 %	Tier 1	
tazarotene topical gel 0.1 %	Tier 1	ST
Vtama	Tier 2	PA
Zoryve	Tier 2	PA
<b>IL-23 Receptor Antagonist, Monoclonal Antibody</b>		
Skyrizi intravenous	Tier 2	PA
Skyrizi subcutaneous wearable injector	Tier 2	PA
<b>Topical Agents, Miscellaneous</b>		
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
Isagel	Tier 2	
Johnson's Foot	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
Remedy 4-In-1 Body	Tier 2	
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
Triple Helix Collagen topical powder	Tier 1	
Triple Helix Collagen topical powder in packet	Tier 1	
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



Drug	Status	Notes
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
<b>Topical Immunosuppressive Agents</b>		
Hyftor	Tier 2	
pimecrolimus	Tier 1	ST
tacrolimus topical	Tier 1	ST
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
calcipotriene-betamethasone	Tier 1	ST
Enstilar	Tier 2	ST
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
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)
<b>Antihypergly,Dpp-4 Enzyme Inhib &amp;Thiazolidinedione</b>		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 1	ST; QL (1 EA per 1 day)
<b>Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)</b>		
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)

Drug	Status	Notes
Victoza 3-Pak	Tier 2	ST; QL (9 ML per 30 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
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)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
Cycloset	Tier 2	ST
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
Mounjaro	Tier 2	ST; QL (0.5 ML per 7 days)
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
acarbose	Tier 1	
miglitol	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SymlinPen 120	Tier 2	
SymlinPen 60	Tier 2	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
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)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
glimepiride	Tier 1	
glipizide	Tier 1	
glyburide	Tier 1	
glyburide micronized	Tier 1	
nateglinide	Tier 1	
repaglinide	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
pioglitazone	Tier 1	
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
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)
<b>Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)</b>		
metformin oral solution	Tier 1	ST; QL (750 ML per 30 days)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	

Drug	Status	Notes
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)
<b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>		
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)
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
glipizide-metformin	Tier 1	
glyburide-metformin	Tier 1	
repaglinide-metformin	Tier 1	
<b>Antihyperglycemic,Insulin-Response &amp; Release Comb.</b>		
pioglitazone-glimepiride	Tier 1	ST
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
Korlym	Tier 2	PA; QL (4 EA per 1 day)
<b>Antihyperglycemic-Sglt2 Inhibitor &amp; Biguanide Comb</b>		
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)
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
pioglitazone-metformin	Tier 1	ST
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
Trijardy XR oral tablet, IR - ER, biphasic 24hr 10-5-1,000 mg, 25-5-1,000 mg	Tier 2	ST; QL (1 EA per 1 day)
Trijardy XR oral tablet, IR - ER, biphasic 24hr 12.5-2.5-1,000 mg, 5-2.5-1,000 mg	Tier 2	ST; QL (2 EA per 1 day)
<b>Blood Sugar Diagnostics</b>		
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<b>Diabetic Supplies</b>		
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)
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 630G Insulin Pump	Tier 2	PA
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Diabetic Ulcer Preparations,Topical</b>		
Regranex	Tier 2	
<b>Hyperglycemics</b>		
Baqsimi	Tier 2	QL (2 EA per 30 days)
Dex4 Glucose Bits	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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	QL (2 EA per 30 days)
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
Glucose-15	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucose-45	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glucose-5	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Gvoke	Tier 2	QL (0.4 ML per 30 days)
Gvoke HypoPen 1-Pack subcutaneous auto-injector 0.5 mg/0.1 mL	Tier 2	QL (0.2 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Gvoke HypoPen 1-Pack subcutaneous auto-injector 1 mg/0.2 mL	Tier 2	QL (0.4 ML per 30 days)
Gvoke HypoPen 2-Pack subcutaneous auto-injector 0.5 mg/0.1 mL	Tier 2	QL (0.2 ML per 30 days)
Gvoke HypoPen 2-Pack subcutaneous auto-injector 1 mg/0.2 mL	Tier 2	QL (0.4 ML per 30 days)
Gvoke PFS 1-Pack Syringe subcutaneous syringe 0.5 mg/0.1 mL	Tier 2	QL (0.2 ML per 30 days)
Gvoke PFS 1-Pack Syringe subcutaneous syringe 1 mg/0.2 mL	Tier 2	QL (0.4 ML per 30 days)
Gvoke PFS 2-Pack Syringe subcutaneous syringe 0.5 mg/0.1 mL	Tier 2	QL (0.2 ML per 30 days)
Gvoke PFS 2-Pack Syringe subcutaneous syringe 1 mg/0.2 mL	Tier 2	QL (0.4 ML per 30 days)
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)
<b>Insulins</b>		
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 Insulin 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)Insulin	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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 Insulin	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 degludec subcutaneous insulin pen 100 unit/mL (3 mL)	Tier 1	ST; QL (30 ML per 28 days)
insulin degludec subcutaneous insulin pen 200 unit/mL (3 mL)	Tier 1	ST; QL (18 ML per 28 days)
insulin degludec 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)
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 Insulin	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 Tempo Pen(U-100)Insulin	Tier 2	ST; QL (30 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 Insulin	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)
<b>Urine Glucose/Acetone Test Aids, Strips</b>		
Keto-Diastix	Tier 2	
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
fluocinolone acetonide oil	Tier 1	

Drug	Status	Notes
<b>Ear Preparations, Misc. Anti-Infectives</b>		
acetic acid otic (ear)	Tier 1	
Cortane-B	Tier 2	
hydrocortisone-acetic acid	Tier 1	
<b>Ear Preparations, Miscellaneous (Otc)</b>		
Ear Drops For Swimmers	Tier 1	
<b>Ear Preparations, Antibiotics</b>		
ciprofloxacin HCl otic (ear)	Tier 1	
Cortisporin-TC	Tier 2	
neomycin-polymyxin-HC otic (ear)	Tier 1	
ofloxacin otic (ear)	Tier 1	
<b>Ear Preparations, Ear Wax Removers</b>		
Ear Drops (carbamide peroxide)	Tier 1	
Ear Wax Removal Drops	Tier 1	
Ear Wax Removal Kit	Tier 1	
<b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>		
Cipro HC	Tier 2	
ciprofloxacin-dexamethasone	Tier 1	
ciprofloxacin-fluocinolone	Tier 1	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
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)
<b>Electrolyte Depleters</b>		
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



Drug	Status	Notes
<b>Electrolyte Maintenance</b>		
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
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 oral packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Hydralyte oral solution	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

Drug	Status	Notes
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
<b>Phosphate Replacement</b>		
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
<b>Potassium Replacement</b>		
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	
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
<b>Sodium/Saline Preparations</b>		
Normal Saline Flush	Tier 1	
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	
sodium chloride 0.9 % (flush) injection syringe	Tier 1	
sodium chloride injection	Tier 1	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; ST; ONLY COVERED FOR BPH; QL (1 EA per 1 day)

Drug	Status	Notes
<b>Pregnancy Maintaining Agent,Hormonal</b>		
hydroxyprogesterone (PF)(preg preserv)	Tier 1	
hydroxyprogesterone cap(ppres)	Tier 1	
Makena (PF)	Tier 2	
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
Isturisa	Tier 2	PA
Recorlev	Tier 2	PA
<b>Adrenocorticotrophic Hormones</b>		
Acthar	Tier 2	PA
Cortrophin Gel	Tier 2	PA
<b>Antidiuretic And Vasopressor Hormones</b>		
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)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
Eligard	Tier 2	
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	
<b>Bone Formation Agents - Sclerostin Inhibitor, Mono</b>		
Evenity	Tier 2	PA
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
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)
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
Tymlos	Tier 2	PA
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
Fosamax Plus D	Tier 2	

Drug	Status	Notes
<b>Bone Resorption Inhibitors</b>		
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	
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
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
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)
<b>Growth Hormone Receptor Antagonists</b>		
Somavert	Tier 2	PA
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
Egrifta SV	Tier 2	PA; QL (2 EA per 1 day)
<b>Growth Hormones</b>		
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
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
doxercalciferol oral	Tier 1	
paricalcitol oral	Tier 1	
Rayaldee	Tier 2	

Drug	Status	Notes
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
Increlex	Tier 2	
<b>Leptin Hormone Analogs</b>		
Myalept	Tier 2	QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
Myfembree	Tier 2	PA
Oriahnn	Tier 2	PA
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
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	
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
Orilissa	Tier 2	PA
<b>Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty</b>		
Lupron Depot-Ped	Tier 2	
Lupron Depot-Ped (3 month)	Tier 2	
<b>Natriuretic Peptides</b>		
Voxzogo	Tier 2	
<b>Parathyroid Hormones</b>		
Natpara	Tier 2	PA
<b>Pituitary Suppressive Agents</b>		
cabergoline	Tier 1	
danazol	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil	Tier 1	
<b>Iodine Containing Agents</b>		
Lugols oral	Tier 2	
potassium iodide oral drops	Tier 1	
potassium iodide oral solution	Tier 1	
<b>Thyroid Hormones</b>		
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	

Drug	Status	Notes
Thyrolar-1/2	Tier 2	
Thyrolar-1/4	Tier 2	
Thyrolar-2	Tier 2	
Thyrolar-3	Tier 2	
Tirosint-Sol	Tier 2	ST
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic-Corticoid Combinations</b>		
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	
<b>Eye Antihistamines</b>		
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	
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)
<b>Eye Antiinflammatory Agents</b>		
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	QL (10 ML per 14 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<b>Eye Antivirals</b>		
trifluridine	Tier 1	
Zirgan	Tier 2	
<b>Eye Local Anesthetics</b>		
Akten (PF)	Tier 2	
Alcaine	Tier 1	
Altacaine	Tier 1	
fluorescein-benoxinate	Tier 1	
fluorescein-proparacaine	Tier 1	
proparacaine	Tier 1	
tetracaine HCl	Tier 1	
tetracaine HCl (PF) ophthalmic (eye)	Tier 1	
<b>Eye Sulfonamides</b>		
Blephamide S.O.P.	Tier 2	
sulfacetamide sodium ophthalmic (eye)	Tier 1	
sulfacetamide-prednisolone	Tier 1	
<b>Eye Vasoconstrictors (Otc Only)</b>		
Altazine	Tier 1	
Eye Drops (tetrahydrozoline)	Tier 1	
Eye Drops (with povidone)	Tier 1	
Eye Drops Advanced Relief	Tier 1	
Eye Irritation (with povidone)	Tier 1	

Drug	Status	Notes
Lumify	Tier 2	
Redness Relief ophthalmic (eye) drops 0.012-0.25 %	Tier 1	
Sterile Eye Drops	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
phenylephrine HCl ophthalmic (eye)	Tier 1	
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
Tyrvaya	Tier 2	ST; QL (8.4 ML per 30 days)
<b>Ophthalmic Antibiotics</b>		
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	
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	
<b>Ophthalmic Antifungal Agents</b>		
Natacyn	Tier 2	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
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)
Verkazia	Tier 2	QL (120 EA per 30 days)
Xiidra	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
Oxervate	Tier 2	PA
<b>Ophthalmic Mast Cell Stabilizers</b>		
Alocril	Tier 2	ST; QL (20 ML per 30 days)



Drug	Status	Notes
Alomide	Tier 2	ST; QL (40 ML per 30 days)
cromolyn ophthalmic (eye)	Tier 1	QL (50 ML per 30 days)
<b>Ophthalmic Preparations, Miscellaneous</b>		
Altachlore	Tier 1	
Gonak	Tier 1	
Goniotaire	Tier 1	
Muro 128	Tier 1	
sodium chloride ophthalmic (eye)	Tier 1	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
acetazolamide	Tier 1	
methazolamide	Tier 1	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
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	
dorzolamide-timolol (PF) ophthalmic (eye) dropperette	Tier 1	ST; QL (2 EA per 1 day)
lopidine 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Zioptan (PF)	Tier 2	ST; QL (1 EA per 1 day)
<b>Mydriatics</b>		
atropine ophthalmic (eye) drops	Tier 1	
atropine ophthalmic (eye) ointment	Tier 1	
Cyclomydril	Tier 2	
cyclopentolate	Tier 1	
Homatropaire	Tier 1	
Paremyd	Tier 2	
tropicamide	Tier 1	
<b>Eye - Miscellaneous</b>		
<b>Artificial Tears</b>		
Artificial Tears (cmc)	Tier 2	
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	
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	
Pure and Gentle Eye	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	

Drug	Status	Notes
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	
Sterile Lubricant	Tier 2	
Systane Balance	Tier 2	
Systane Complete	Tier 2	
Systane Complete PF	Tier 2	
Systane Gel ophthalmic (eye) gel	Tier 2	
Systane Hydration PF ophthalmic (eye) drops	Tier 2	
Tears Lubricant Eye Drop	Tier 2	
TheraTears ophthalmic (eye) drops	Tier 2	
Ultra Fresh	Tier 1	
Ultra Lubricant Eye	Tier 1	
<b>Eye Diagnostic Agents</b>		
Ful-Glo	Tier 2	
GloStrips	Tier 1	
<b>Eye Irrigations</b>		
Eye Stream	Tier 1	
Eye Wash (boric acid)	Tier 1	
Eye Wash Sterile	Tier 1	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
Artificial Eye Lubricant	Tier 1	
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
For Sty Relief	Tier 1	
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	
SteriLid	Tier 2	
Systane Lid Wipes	Tier 2	
Systane Nighttime	Tier 2	
Ultra Fresh PM	Tier 1	
Vista Meibo Eyelid Cleansing	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Ophthalmic Cystine Depleting Agents</b>		
Cystadrops	Tier 2	PA; QL (20 ML per 28 days)

Drug	Status	Notes
Cystaran	Tier 2	PA; QL (60 ML per 28 days)
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
ATP	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
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
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
allopurinol	Tier 1	
febuxostat	Tier 1	ST; QL (30 EA per 30 days)
<b>Uricosuric Agents</b>		
probenecid	Tier 1	
probenecid-colchicine	Tier 1	
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
Duzallo	Tier 2	ST; QL (1 EA per 1 day)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
Cablivi	Tier 2	PA
<b>Anticoagulants,Coumarin Type</b>		
Jantoven	Tier 1	
warfarin	Tier 1	
<b>Antifibrinolytic Agents</b>		
aminocaproic acid oral	Tier 1	
tranexamic acid oral	Tier 1	
<b>Citrates As Anticoagulants</b>		
anticoag citrate phos dextrose	Tier 1	
sodium citrate	Tier 1	
<b>Complement (C3) Inhibitors</b>		
Empaveli	Tier 2	PA
<b>Direct Factor Xa Inhibitors</b>		
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)
Xarelto oral tablet 10 mg, 20 mg	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
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)
<b>Hematinics,Other</b>		
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)
<b>Hemorrhologic Agents</b>		
pentoxifylline	Tier 1	
<b>Heparin And Related Preparations</b>		
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 2,500 anti-Xa unit/mL	Tier 2	
Fragmin subcutaneous solution 25,000 anti-Xa unit/mL	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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Fragmin subcutaneous syringe 15,000 anti-Xa unit/0.6 mL	Tier 2	QL (6 ML per 30 days)
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 flush(porcine)-0.9NaCl	Tier 1	
Heparin Lock	Tier 1	
heparin lock flush	Tier 1	
heparin lock flush (porcine)	Tier 1	
Heparin LockFlush(Porcine)(PF)	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) intravenous syringe	Tier 1	
heparin, porcine (PF) subcutaneous	Tier 1	
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
Soliris	Tier 2	PA
Tavneos	Tier 2	
<b>Leukocyte (Wbc) Stimulants</b>		
Fulphila	Tier 2	
Fylnetra	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	

Drug	Status	Notes
<b>Plasma Proteins</b>		
Ryplazim	Tier 2	
<b>Platelet Aggregation Inhibitors</b>		
Adult Aspirin Regimen	Tier 3	
Aspirin Childrens	Tier 3	
aspirin oral tablet,chewable	Tier 3	
aspirin oral tablet,delayed release (DR/EC) 81 mg	Tier 3	
aspirin-dipyridamole	Tier 1	
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	
Durlaza	Tier 2	PA
prasugrel	Tier 1	QL (1 EA per 1 day)
St Joseph Aspirin	Tier 3	
Zontivity	Tier 2	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
anagrelide	Tier 1	
<b>Pyruvate Kinase Activators</b>		
Pyrukynd	Tier 2	
<b>Sickle Cell Anemia Agents</b>		
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)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
Tavalisse	Tier 2	PA
<b>Thrombin Inhibitors,Selective,Direct, &amp; Reversible</b>		
dabigatran etexilate	Tier 1	ST; QL (2 EA per 1 day)
Pradaxa	Tier 2	ST; QL (2 EA per 1 day)
<b>Thrombopoietin Receptor Agonists</b>		
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)
<b>Topical Hemostatics</b>		
Astringyn	Tier 2	
Recothrom	Tier 2	
Recothrom Spray Kit	Tier 2	
TachoSil	Tier 2	

Drug	Status	Notes
Thrombin-JMI	Tier 1	
VistaSeal-Fibrin Sealant	Tier 2	
<b>Vitamin K Preparations</b>		
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
MK-7	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
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 (MK-4)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin K2 oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin K2 oral drops	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
vitamin K2 oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Hormonal Deficiency</b>		
<b>Androgen/Estrogen Preps For Female Sexual Dysfunc</b>		
Intrarosa	Tier 2	
<b>Androgenic Agents</b>		
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	
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) oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



Drug	Status	Notes
prasterone (dhea) oral tablet 10 mg	Tier 2	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)
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)
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
Angeliq	Tier 2	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
Duavee	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
Bijuva	Tier 2	
<b>Estrogen/Androgen Combinations</b>		
Covaryx	Tier 1	
Covaryx H.S.	Tier 1	
EEMT	Tier 1	
EEMT HS	Tier 1	
estrogens-methyltestosterone	Tier 1	
<b>Estrogenic Agents</b>		
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 transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 2	ST

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Dotti	Tier 1	QL (2 EA per 7 days)
Elestrin	Tier 2	ST
estradiol oral	Tier 1	
estradiol transdermal gel in packet	Tier 1	ST
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	
Prempro	Tier 2	
<b>Lhrh (Gnrh) Agonist Analog And Progestin Comb</b>		
Lupaneta Pack (1 month)	Tier 2	
<b>Progestational Agents</b>		
Crinone vaginal gel 4 %	Tier 2	
medroxyprogesterone oral	Tier 1	
norethindrone acetate	Tier 1	
progesterone	Tier 1	
progesterone micronized	Tier 1	
Provera	Tier 2	
<b>Immunization</b>		
<b>Antisera</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Enteric Virus Vaccines</b>		
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	Covered under the Vaccines for Children program for members under the age of 19.
<b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>		
Vivotif	Tier 2	
<b>Gram Negative Cocci Vaccines</b>		
Bexsero	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (1 ML per 365 days)
Menactra (PF) intramuscular solution	Tier 3	QL (0.5 ML per 365 days)
MenQuadfi (PF)	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 365 days)
Menveo A-C-Y-W-135-Dip (PF) intramuscular kit	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (1 EA per 365 days)
Menveo A-C-Y-W-135-Dip (PF) intramuscular solution	Tier 3	QL (1 ML per 365 days)
Trumenba	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (1.5 ML per 365 days)
<b>Gram Positive Cocci Vaccines</b>		
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Pevnar 13 (PF)	Tier 2	Covered under the Vaccines for Children program for members under the age of 19.
Pevnar 20 (PF)	Tier 2	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
Vaxneuvance (PF)	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)
<b>Influenza Virus Vaccines</b>		
Afluria Qd 2022-23(3yr up)(PF)	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 180 days)
Afluria Quad 2022-2023(6mo up)	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 180 days)
Fluad Quad 2022-23(65y up)(PF)	Tier 3	QL (0.5 ML per 180 days)
Fluarix Quad 2022-2023 (PF)	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 180 days)
Flublok Quad 2022-2023 (PF)	Tier 3	QL (0.5 ML per 180 days)
Flucelvax Quad 2022-2023	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 180 days)
Flucelvax Quad 2022-2023 (PF)	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 180 days)
Flulaval Quad 2022-2023 (PF)	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 180 days)
Flumist Quad 2022-2023	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (1 EA per 180 days)
Fluzone HighDose Quad 22-23 PF	Tier 3	QL (0.7 ML per 180 days)
Fluzone Quad 2022-2023	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 180 days)
Fluzone Quad 2022-2023 (PF)	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 180 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>Neurotoxic Virus Vaccines</b>		
Dengvaxia (PF)	Tier 2	Covered under the Vaccines for Children program for members under the age of 19.
<b>Vaccine/Toxoid Preparations,Combinations</b>		
ActHIB (PF)	Tier 2	Covered under the Vaccines for Children program for members under the age of 19.
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	Covered under the Vaccines for Children program for members under the age of 19.; 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.
Priorix (PF)	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	Covered under the Vaccines for Children program for members under the age of 19.; QL (0.5 ML per 365 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Tenivac (PF)	Tier 3	Covered under the Vaccines for Children program for members under the age of 19.; 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.
<b>Viral/Tumorigenic Vaccines</b>		
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) intramuscular suspension	Tier 3	\$0 COPAY IF AGE 1-26 YEARS; QL (1.5 ML per 365 days)
Gardasil 9 (PF) intramuscular syringe	Tier 3	\$0 COPAY IF AGE 1-26 YEARS; Covered under the Vaccines for Children program for members under the age of 19.; QL (1.5 ML per 365 days)
Havrix (PF) intramuscular syringe 1,440 ELISA unit/mL	Tier 3	QL (2 ML per 365 days)
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)	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	Covered under the Vaccines for Children program for members under the age of 19.; QL (4 ML per 365 days)
Vaqta (PF) intramuscular suspension 50 unit/mL	Tier 3	QL (2 ML per 365 days)

Drug	Status	Notes
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)
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
Actimmune	Tier 2	PA
Alferon N	Tier 2	
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)
Zyclara topical cream in metered-dose pump 2.5 %	Tier 2	ST; QL (7.5 GM per 1 day)
<b>Immunosuppressives</b>		
Astagraf XL	Tier 2	
azathioprine	Tier 1	
cyclosporine modified	Tier 1	
cyclosporine oral capsule	Tier 1	
Envarsus XR	Tier 2	
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	
<b>Rho Kinase Inhibitor</b>		
Rezurock	Tier 2	PA
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
sulfadiazine	Tier 1	
sulfamethoxazole-trimethoprim	Tier 1	
Sulfatrim	Tier 1	
<b>Antibacterial Monoclonal Antibodies</b>		
Zinplava	Tier 2	

Drug	Status	Notes
<b>Betalactams</b>		
aztreonam	Tier 1	
Cayston	Tier 2	PA; QL (84 ML per 56 days)
<b>Carbapenems (Thienamycins)</b>		
ertapenem	Tier 1	
imipenem-cilastatin	Tier 1	
meropenem	Tier 1	
meropenem-0.9% sodium chloride	Tier 1	
Recarbrio	Tier 2	
Vabomere	Tier 2	
<b>Cephalosporin Antibiotics - Siderophore</b>		
Fetroja	Tier 2	
<b>Cephalosporins - Extended Spectrum, Anti-Mrsa</b>		
Teflaro	Tier 2	
<b>Cephalosporins - 1St Generation</b>		
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	
cefazolin injection recon soln 1 gram, 10 gram, 2 gram, 20 gram, 500 mg	Tier 1	
cefazolin intravenous	Tier 1	
cephalexin	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
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	
<b>Cephalosporins - 3Rd Generation</b>		
Avycaz	Tier 2	
cefdinir	Tier 1	
cefditoren pivoxil	Tier 1	
cefixime	Tier 1	
cefotaxime injection recon soln 1 gram	Tier 1	



Drug	Status	Notes
cefepime	Tier 1	
cefepime in dextrose 5 %	Tier 2	
cefepime in dextrose,iso-osm	Tier 2	
cefepime injection	Tier 1	
<b>Cephalosporins - 4Th Generation</b>		
cefepime in dextrose 5 %	Tier 2	
cefepime in dextrose,iso-osm	Tier 2	
cefepime injection	Tier 1	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
Antibacterial-Urinary Pain Rlf	Tier 1	
fosfomycin tromethamine	Tier 1	
Hyophen	Tier 1	
methenamine hippurate	Tier 1	
methenamine mandelate	Tier 1	
methen-sod phos-meth blue-hyos	Tier 1	
Phosphasal	Tier 1	
trimethoprim	Tier 1	
Uro-458	Tier 1	
Urogesic-Blue	Tier 1	
Uro-MP	Tier 1	
Ustell	Tier 1	
<b>Cyclic Lipopeptides</b>		
daptomycin	Tier 1	
<b>Glycylcyclines</b>		
tigecycline	Tier 1	
<b>Macrolides</b>		
azithromycin	Tier 1	
clarithromycin	Tier 1	
Dificid oral suspension for reconstitution	Tier 2	QL (136 ML per 10 days)
Dificid oral tablet	Tier 2	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	

Drug	Status	Notes
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	
<b>Nitrofurantoin Derivatives</b>		
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	
<b>Oxazolidinones</b>		
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	
<b>Penicillins</b>		
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	
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	

Drug	Status	Notes
Pfizerpen-G	Tier 1	
piperacillin-tazobactam	Tier 1	
Zosyn in dextrose (iso-osm)	Tier 2	
<b>Pleuromutilin Derivatives</b>		
Xenleta	Tier 2	PA
<b>Quinolones</b>		
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	
<b>Tetracyclines</b>		
demeclocycline	Tier 1	
Doryx MPC	Tier 2	ST; QL (2 EA per 1 day)
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	

Drug	Status	Notes
minocycline oral capsule	Tier 1	
minocycline oral capsule,extended release 24hr	Tier 1	ST; QL (1 EA per 1 day)
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)
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
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 susp,delayed release for recon	Tier 2	
Noxafil oral suspension	Tier 2	
posaconazole	Tier 1	
terbinafine HCl oral	Tier 1	
Tolsura	Tier 2	PA
triacetin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vivjoa	Tier 2	PA
voriconazole	Tier 1	
<b>Antifungal Antibiotics</b>		
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	
nystatin oral	Tier 1	

Drug	Status	Notes
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
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	
<b>Antibacterial Agents, Miscellaneous</b>		
glycine urologic solution	Tier 1	
<b>Antileptotics</b>		
dapsone oral	Tier 1	
Thalomid	Tier 2	PA; QL (2 EA per 1 day)
<b>Anti-Mycobacterium Agents</b>		
ethambutol	Tier 1	
isoniazid	Tier 1	
Paser	Tier 2	
pyrazinamide	Tier 1	
rifabutin	Tier 1	
Trecator	Tier 2	
<b>Antitubercular Antibiotics</b>		
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
<b>Chloramphenicol And Derivatives</b>		
chloramphenicol sod succinate	Tier 1	

Drug	Status	Notes
<b>Lincosamides</b>		
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	
<b>Lipoglycopeptide Antibiotic</b>		
Dalvance	Tier 2	
Kimymrsa	Tier 2	
Orbactiv	Tier 2	
Vibativ intravenous recon soln 750 mg	Tier 2	
<b>Polymyxin And Derivatives</b>		
colistin (colistimethate Na)	Tier 1	
polymyxin B sulfate	Tier 1	
<b>Rifamycins And Related Derivative Antibiotics</b>		
Aemcolo	Tier 2	
Xifaxan	Tier 2	PA
<b>Vancomycin And Derivatives</b>		
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)
vancomycin oral recon soln	Tier 1	QL (600 ML per 30 days)
vancomycin-water inject (PEG)	Tier 1	
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
Solosec	Tier 2	
tinidazole	Tier 1	
<b>Amebacides</b>		
paromomycin	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
metronidazole oral	Tier 1	
<b>Anthelmintics</b>		
albendazole	Tier 1	
Egaten	Tier 2	
Emverm	Tier 2	PA
ivermectin oral	Tier 1	QL (20 EA per 90 days)
praziquantel	Tier 1	

Drug	Status	Notes
Reese's Pinworm Medicine	Tier 1	
<b>Antimalarial Drugs</b>		
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	
<b>Antiparasitics</b>		
Alinia oral suspension for reconstitution	Tier 2	
nitazoxanide	Tier 1	
<b>Antiprotozoal Drugs,Miscellaneous</b>		
atovaquone	Tier 1	
benznidazole	Tier 1	
Impavido	Tier 2	
Lampit	Tier 2	
Nebupent	Tier 2	
pentamidine inhalation	Tier 1	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>		
Juluca	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
Dovato	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>		
Symtuza	Tier 2	QL (1 EA per 1 day)
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
Paxlovid (EUA) oral tablets,dose pack 150-100 mg	Tier 2	QL (40 EA per 365 days)
Paxlovid (EUA) oral tablets,dose pack 300 mg (150 mg x 2)-100 mg	Tier 2	QL (60 EA per 365 days)
<b>Antiviral Monoclonal Antibodies</b>		
Synagis	Tier 2	PA
<b>Antiviral Nucleotide Analogs</b>		
Lagevrio (EUA)	Tier 1	QL (80 EA per 365 days)
<b>Antivirals, General</b>		
acyclovir oral capsule	Tier 1	
acyclovir oral suspension 200 mg/5 mL	Tier 1	
acyclovir oral tablet	Tier 1	
famciclovir	Tier 1	
Livtency	Tier 2	
oseltamivir oral capsule 30 mg	Tier 1	QL (40 EA per 183 days)

Drug	Status	Notes
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)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
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)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
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)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
abacavir-lamivudine	Tier 1	QL (30 EA per 30 days)
lamivudine-zidovudine	Tier 1	QL (60 EA per 30 days)
Trizivir	Tier 2	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
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)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
Rukobia	Tier 2	PA
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
Fuzeon subcutaneous recon soln	Tier 2	QL (60 EA per 30 days)



Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
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	
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
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)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
tenofovir disoproxil fumarate	Tier 1	QL (1 EA per 1 day)
Viread oral powder	Tier 2	QL (225 GM per 30 days)
Viread oral tablet 150 mg, 200 mg, 250 mg	Tier 2	QL (30 EA per 30 days)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
Kaletra oral tablet 100-25 mg	Tier 2	QL (300 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)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>		
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)
<b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
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)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
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)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
Triumeq	Tier 2	QL (1 EA per 1 day)
Triumeq PD	Tier 2	QL (6 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
Tybost	Tier 2	PA; QL (1 EA per 1 day)
<b>Hepatitis B Treatment Agents</b>		
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)
<b>Hepatitis C Treatment Agents</b>		
Pegasys	Tier 2	PA
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
Cuprimine	Tier 2	PA

Drug	Status	Notes
D-Penaminate	Tier 1	
penicillamine	Tier 1	PA
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
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)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
Arcalyst	Tier 2	PA
Kineret	Tier 2	PA
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>		
Ilaris (PF)	Tier 2	PA
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
leflunomide	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
Otezla	Tier 2	PA
Otezla Starter	Tier 2	PA
<b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>		
acetylglucosamine	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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-C-mang citrate	Tier 1	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

Drug	Status	Notes
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
<b>Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>		
Orencia	Tier 2	PA
Orencia (with maltose)	Tier 2	PA
Orencia ClickJect	Tier 2	PA
<b>Bradykinin B2 Receptor Antagonists</b>		
icatibant	Tier 1	PA; QL (3 ML per 1 FILL)
Sajazir	Tier 1	PA; QL (3 ML per 1 FILL)
<b>C1 Esterase Inhibitors</b>		
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)
<b>Glucocorticoids</b>		
Alkindi Sprinkle	Tier 2	PA
budesonide oral capsule,delayed,extend.release	Tier 1	
budesonide oral tablet,delayed and ext.release	Tier 1	ST
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Gold Salts</b>		
Ridaura	Tier 2	
<b>Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
Benlysta	Tier 2	PA
<b>Interleukin-6 (IL-6) Receptor Inhibitors</b>		
Actemra	Tier 2	PA
Actemra ACTPen	Tier 2	PA
Enspryng	Tier 2	PA
Kevzara	Tier 2	PA
<b>Janus Kinase (Jak) Inhibitors</b>		
Cibinqo	Tier 2	PA
Olumiant	Tier 2	PA
Rinvoq	Tier 2	PA
Xeljanz	Tier 2	PA
Xeljanz XR	Tier 2	PA
<b>Mineralocorticoids</b>		
fludrocortisone	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
Stelara	Tier 2	PA
<b>Nasal Nsaids, Cox Non-Selective, Systemic Analgesic</b>		
ketorolac nasal	Tier 1	ST; QL (1 EA per 6 days)
Sprix	Tier 2	ST; QL (1 EA per 6 days)
<b>Nsaid &amp; Histamine H2 Receptor Antagonist Comb.</b>		
ibuprofen-famotidine	Tier 1	ST; QL (3 EA per 1 day)
<b>Nsaid &amp; Topical Irritant Counter-Irritant Comb.</b>		
Naprotin	Tier 2	

Drug	Status	Notes
<b>Nsaid, Cox Inhibitor-Type &amp; Proton Pump Inhib Comb</b>		
naproxen-esomeprazole	Tier 1	ST
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
diclofenac-misoprostol	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
celecoxib	Tier 1	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
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	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 Advil	Tier 1	
Infant's Ibuprofen	Tier 1	
ketoprofen oral capsule 50 mg, 75 mg	Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	Tier 1	
ketorolac injection cartridge 15 mg/mL	Tier 1	
ketorolac injection solution	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	

Drug	Status	Notes
meloxicam	Tier 1	
meloxicam submicronized	Tier 1	ST; QL (1 EA per 1 day)
nabumetone	Tier 1	
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	
Zorvolex	Tier 2	ST; QL (3 EA per 1 day)
<b>Plasma Kallikrein Inhibitors</b>		
Kalbitor	Tier 2	PA
Orladeyo	Tier 2	PA
Takhzyro	Tier 2	PA
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
Anbesol (benzocaine)	Tier 1	
Anbesol (benzocaine) Max Str	Tier 1	
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 (phenol)	Tier 1	
Throat Spray	Tier 1	
Zilactin-B	Tier 1	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation. Colon Disease, 5-Aminosalicylic Acid, Rectal Treatment</b>		
mesalamine rectal	Tier 1	
mesalamine with cleansing wipe	Tier 1	
<b>Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylic Acid</b>		
balsalazide	Tier 1	
Dipentum	Tier 2	ST
mesalamine oral capsule (with delayed release 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

Drug	Status	Notes
Pentasa oral capsule, extended release 250 mg	Tier 2	
sulfasalazine	Tier 1	
<b>Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth</b>		
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	
<b>Hemorrhoidal Preparations</b>		
Hemorrhoid	Tier 1	
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	
Preparation H (Witch Hazel) topical pads, medicated 50 %	Tier 1	
Preparation H(pe,cb)	Tier 1	
<b>Hemorrhoidals, Local Rectal Anesthetics</b>		
Hemorrhoidal Relief	Tier 1	
lidocaine topical cream 5 %	Tier 1	
Numbcream	Tier 1	
RectaSmoothie	Tier 1	
<b>Ibs Agents,Mixed Opioid Recep Agonists/Antagonists</b>		
Viberzi	Tier 2	PA
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
Entyvio	Tier 2	PA
<b>Irritable Bowel Agents,Guanylate Cylase-C Agonist</b>		
Linzess	Tier 2	QL (1 EA per 1 day)
Trulance	Tier 2	ST; QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
Rectiv	Tier 2	QL (30 GM per 15 days)

Drug	Status	Notes
<b>Rectal Preparations</b>		
Anucort-HC	Tier 1	
hydrocortisone acetate rectal suppository 25 mg	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	Tier 1	ST
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
Cortifoam	Tier 2	
hydrocortisone rectal	Tier 1	
Uceris rectal	Tier 2	ST
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
Carbaglu	Tier 2	
carglumic acid	Tier 1	
Enulose	Tier 1	
Generlac	Tier 1	
Lithostat	Tier 2	
Pheburane	Tier 2	PA
Ravicti	Tier 2	PA
sodium phenylbutyrate	Tier 1	
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
Mytesi	Tier 2	ST; QL (2 EA per 1 day)
<b>Antidiarrheals</b>		
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 oral tablet, chewable	Tier 1	
bismuth subsalicylate oral tablet, chewable	Tier 1	
Diarrhea Relief (bismuth subs)	Tier 1	
diphenoxylate-atropine	Tier 1	
Imodium A-D oral liquid	Tier 1	
Imodium Multi-Symptom Relief	Tier 2	
Kaopectate (bismuth subsalicy) oral suspension	Tier 1	
K-Pec Antidiarrheal (bism sub)	Tier 1	
loperamide	Tier 1	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Stomach Relief	Tier 1	
Stomach Relief Max Strength	Tier 1	
Stomach Relief Original	Tier 1	
Ultra A-D	Tier 1	
<b>Bile Salts</b>		
Chenodal	Tier 2	PA
Cholbam	Tier 2	PA
Reltone	Tier 2	ST
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
Ocaliva	Tier 2	PA
<b>Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib</b>		
Ibsrela	Tier 2	ST; QL (2 EA per 1 day)
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
Bylvay	Tier 2	PA
Livmarli	Tier 2	PA
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
alosetron	Tier 1	
<b>Laxatives And Cathartics</b>		
Benefiber Clear SF (dextrin)	Tier 2	
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	
Daily Fiber (psyllium-aspart)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	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	
Ex-Lax (sennosides)	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	
GaviLyte-C	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
GaviLyte-G	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

Drug	Status	Notes
HyFiber with FOS oral liquid in packet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Konsyl (sugar) oral powder 3.4 gram/12 gram	Tier 1	
Konsyl (sugar) oral powder in packet	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	
Lax Stool Softener With Senna	Tier 1	
Laxa Basic	Tier 1	
Laxative (bisacodyl) oral	Tier 1	
Laxative (sennosides) oral tablet	Tier 1	
lubiprostone	Tier 1	QL (2 EA per 1 day)
magnesium citrate oral solution	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 (with sugar) oral powder in packet	Tier 2	
Metamucil Fiber Singles	Tier 2	
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 MultiHealth Fiber	Tier 2	
Metamucil Plus Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Metamucil Sugar-Free (aspart)	Tier 1	
Milk of Magnesia	Tier 1	
Milk Of Magnesia Concentrated	Tier 1	
Mineral Oil Heavy oral	Tier 1	
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)	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	
Pedia-Lax Stool Softener	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
peg 3350-electrolytes	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
Perdiem Overnight Relief	Tier 1	
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
psyllium husk oral powder	Tier 2	
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	
sennosides-docusate sodium	Tier 1	
Senokot Extra Strength	Tier 2	
Senokot-Chamomile	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Senokot-S	Tier 1	
Sen-O-Tab	Tier 1	
Silace oral syrup	Tier 1	
SmoothLax oral powder in packet	Tier 1	
sodium,potassium,mag sulfates	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
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	

Drug	Status	Notes
Stool Softener-Stimulant Laxat	Tier 1	
Sutab	Tier 2	\$0 COPAY IF AGE 45-75 YEARS
Unifiber	Tier 2	
Vegetable Laxative	Tier 1	
Vegetable Lax-Stool Softener	Tier 1	
Wal-Mucil with Calcium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Women's Gentle Laxative(bisac)	Tier 1	
Women's Laxative (bisacodyl) oral tablet	Tier 1	
<b>Laxatives, Local/Rectal</b>		
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	
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	
<b>Narcotic Antagonists, Peripherally-Acting</b>		
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
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
Gattex 30-Vial	Tier 2	PA; QL: 30 VIALS IN 30 DAYS
Gattex One-Vial	Tier 2	PA; QL: 30 VIALS IN 30 DAYS
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
Arglaes 3.25"X 14" Film	Tier 2	
Biatain Heel Adh Foam Dressing	Tier 2	
Biatain Non-AdhesiveFoam Round	Tier 2	
Bordered Gauze topical bandage 4 X 4 ", 6 X 6 "	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CoolMagic	Tier 2	
CoolMagic Fenestrated	Tier 2	
DermaGauze	Tier 2	
DermaGauze Hydrogel Dressing	Tier 2	
Derma-Gel	Tier 2	
DermaSyn topical spray,non-aerosol	Tier 2	
DermaView	Tier 2	
DermaView II	Tier 2	
GelPad	Tier 2	
Maxorb	Tier 2	
Maxorb Extra topical bandage 12 "	Tier 2	
Maxorb Rope	Tier 2	
MPM Foam Dressing topical bandage 4 X 4 ", 6 X 6 "	Tier 2	
Sterile Pads topical bandage 3 X 3 "	Tier 2	
Stratasorb Island Dressing	Tier 2	
Surepress High Compression	Tier 2	
Suresite	Tier 2	
Suresite Flexigrid	Tier 2	
Suresite IV	Tier 2	
Suresite Window	Tier 2	
TenderWet Active Dressing topical bandage 3 X 8 "	Tier 2	
Thermacare Large/XLge Back/Hip	Tier 2	
Thermacare Menstrual	Tier 2	
Thermacare Neck/Wrist/Shoulder	Tier 2	
Thermacare Small/Med Back/Hip	Tier 2	
Triple Helix Collagen topical bandage	Tier 2	
WoundGard Gauze	Tier 2	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	

Drug	Status	Notes
<b>Syringes And Accessories</b>		
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	
BD Luer-Lok Syringe syringe 1 mL, 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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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/ndI 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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	

Drug	Status	Notes
TechLITE Insulin 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 Insulin 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)	Tier 2	
Ultra Comfort Insulin Syringe	Tier 2	
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	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
Tegsedi	Tier 2	PA
<b>Anaphylaxis Therapy Agents</b>		
Auvi-Q injection auto-injector 0.15 mg/0.15 mL, 0.3 mg/0.3 mL	Tier 2	ST; QL (2 EA per 7 days)

Drug	Status	Notes
epinephrine injection auto-injector	Tier 1	QL (2 EA per 7 days)
Symjepi	Tier 2	QL (2 EA per 7 days)
<b>Parasympathetic Agents</b>		
bethanechol chloride	Tier 1	
cevimeline	Tier 1	
pilocarpine HCl oral	Tier 1	
<b>Pharmacological Chaperone-Alpha-Galactosidase</b>		
Galafold	Tier 2	PA
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
Palynziq	Tier 2	PA
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
Javygtor	Tier 1	PA
sapropterin	Tier 1	PA
<b>Systemic Enzyme Inhibitors</b>		
Aralast NP	Tier 2	PA
Glassia	Tier 2	PA
Prolastin-C	Tier 2	PA
Vijoice	Tier 2	
Zemaira	Tier 2	PA
Zokinvy	Tier 2	
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
Qbrexza	Tier 2	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
cyclophosphamide oral	Tier 1	
Gleostine	Tier 2	PA
hydroxyurea	Tier 1	
Leukeran	Tier 2	
melphalan	Tier 1	
Myleran	Tier 2	
temozolomide	Tier 1	PA
<b>Antiandrogenic Agents</b>		
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

Drug	Status	Notes
Yonsa	Tier 2	PA
<b>Antibiotic Antineoplastics</b>		
Jelmyto	Tier 2	
<b>Antimetabolites</b>		
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
<b>Antineoplastic Aromatase Inhibitors</b>		
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	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
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)
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
Daurismo	Tier 2	PA
Erivedge	Tier 2	PA; QL (1 EA per 1 day)
Odomzo	Tier 2	PA
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
Jakafi	Tier 2	PA
<b>Antineoplastic - Kras Protein Inhibitor</b>		
Lumakras	Tier 2	PA
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
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)
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
Afinitor Disperz oral tablet for suspension 3 mg	Tier 2	PA
everolimus (antineoplastic) oral tablet 10 mg, 7.5 mg	Tier 1	PA; QL (2 EA per 1 day)

Drug	Status	Notes
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
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
Tazverik	Tier 2	PA
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
Hycamtin oral	Tier 2	
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
Kisqali Femara Co-Pack	Tier 2	PA
<b>Antineoplastic Immunomodulator Agents</b>		
lenalidomide	Tier 1	PA; QL (1 EA per 1 day)
Pomalyst	Tier 2	PA
Revlimid oral capsule 10 mg, 15 mg, 25 mg, 5 mg	Tier 2	PA; QL (1 EA per 1 day)
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
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	
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
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
Calquence (acalabrutinib mal)	Tier 2	PA
Caprelsa oral tablet 100 mg	Tier 2	PA; QL (2 EA per 1 day)
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
Lytgobi	Tier 2	
Nerlynx	Tier 2	PA
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)
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

Drug	Status	Notes
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	Tier 2	PA
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
Farydak	Tier 2	PA
Zolinza	Tier 2	
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
Venclexta	Tier 2	PA
Venclexta Starting Pack	Tier 2	PA
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
Welireg	Tier 2	
<b>Antineoplastic-Interleukin-6(IL-6)Inhib,Antibody</b>		
Sylvant	Tier 2	PA
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
Idhifa	Tier 2	PA
Tibsovo	Tier 2	PA; QL (1 EA per 1 day)
<b>Antineoplastics,Miscellaneous</b>		
etoposide oral	Tier 1	
Lysodren	Tier 2	
Matulane	Tier 2	
Rylaze	Tier 2	PA
Synribo	Tier 2	PA
tretinoin (antineoplastic)	Tier 1	
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
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
<b>Chemotherapy Rescue/Antidote Agents</b>		
leucovorin calcium oral	Tier 1	
Mesnex oral	Tier 2	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
Soltamox	Tier 2	
tamoxifen	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER
toremifene	Tier 1	PA
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
bexarotene oral	Tier 1	PA



Drug	Status	Notes
<b>Steroid Antineoplastics</b>		
Emcyt	Tier 2	
megestrol oral tablet	Tier 1	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
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)
fingolimod	Tier 1	PA; QL (1 EA per 1 day)
Gilenya oral capsule 0.25 mg	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
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)

Drug	Status	Notes
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
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
dalfampridine	Tier 1	PA
Firdapse	Tier 2	PA
<b>Amyotrophic Lateral Sclerosis Agents</b>		
Exservan	Tier 2	PA
Radicava ORS	Tier 2	PA
Radicava ORS Starter Kit Susp	Tier 2	PA
riluzole	Tier 1	
Tiglutik	Tier 2	PA
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
Savella	Tier 2	
<b>Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab</b>		
Tysabri	Tier 2	PA
<b>Metabolic Disease Enzyme Replacement, Mocd</b>		
Nulibry	Tier 2	
<b>Movement Disorders(Drug Therapy)</b>		
Austedo	Tier 2	PA
Austedo 12mg Start Titr(Wk1-4)	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
<b>Neuropathic Agents</b>		
pregabalin oral tablet extended release 24 hr	Tier 1	PA
<b>Postherpetic Neuralgia Agents</b>		
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)
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
Nuedexta	Tier 2	PA; QL (2 EA per 1 day)
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
Zeposia	Tier 2	PA
Zeposia Starter Kit	Tier 2	PA

Drug	Status	Notes
Zeposia Starter Pack	Tier 2	PA
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
chlorhexidine gluconate mucous membrane	Tier 1	
Oralone	Tier 1	
Periogard	Tier 1	
triamcinolone acetonide dental	Tier 1	
Ulcerease	Tier 1	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
cocaine	Tier 1	
ipratropium bromide nasal	Tier 1	
Numbrino	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
doxycycline hyclate oral tablet 20 mg	Tier 1	
<b>Periodontal Tetracycline Antiinfective, Local</b>		
Arestin	Tier 2	
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
Mifeprex	Tier 2	
mifepristone	Tier 1	
<b>Antidiarrheal Microorganisms Agents</b>		
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-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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 with Lactospore	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bilac	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
Clairvee	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Controlled Delivery Probiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Advanced Regularity	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 Immune-Digest	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
Culturelle Immune Defense	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids 4 in 1 Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 Probio-Fiber	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 Probiotic-Prebiotic	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
Culturelle Women's Wellness	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 oral powder in packet	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Enfamil Dual Probiotics-Vit D	Tier 2	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
Fem Dophilus	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
Florasave	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FlorastorBaby	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FlorastorKids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FlorastorSelect Gut Boost	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
FlorastorSelect Immunity Boost	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
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. salivarius)	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
Ideal Bowel Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Intestinex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Jarro-Dophilus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jarro-Dophilus Allergen Free	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jarro-Dophilus Baby	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jarro-Dophilus EPS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jarro-Dophilus Kids	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jarro-Dophilus Plus FOS	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jarro-Dophilus Prenatal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Jarro-Dophilus Women	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
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Phillips' Colon Health	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
ProbioMax Daily DF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ProbioMax DF	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probiomax Sb DF	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
Probiotic (S.bouardii)	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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,inulin)	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
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
Probiotic-Immune	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Probizen	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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 Men's	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Xybiotic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Antidotes, Miscellaneous</b>		
Actidose/Sorbitol oral suspension 50 gram/240 mL	Tier 2	
Actidose-Aqua oral suspension 15 g/72 mL, 25 gram/120 mL	Tier 2	
Actidose-Aqua oral suspension 50 gram/240 mL	Tier 1	
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	
<b>Antioxidant Agents</b>		
ALAmox CR	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ALAmox Protect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 oral tablet extended release	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
alpha lipoic acid-biotin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Alpha Lipoic Sustain-Biotin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Antioxidant A/C/E/Selenium	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
bilberry frt ext-grape skin xt	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CarotenAll	Tier 2	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 20-4 mg, 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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Retaine VISION	Tier 2	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
<b>Antivenins</b>		
Anascorp	Tier 2	
<b>Appetite Stim. For Anorexia,Cachexia,Wasting Synd.</b>		
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
<b>Carbohydrates</b>		
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
<b>Cardioplegic Solutions</b>		
cardioplegic soln	Tier 1	
<b>Coloring Agents And Dyes</b>		
methylene blue (bulk-solid)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Condoms</b>		
Aimsco Latex Condom	Tier 2	QL (1 EA per 1 day)
Condoms-Prem Lubricated	Tier 2	QL (1 EA per 1 day)
Durex Avanti Bare Real Feel	Tier 2	QL (1 EA per 1 day)
Fantasy Condom	Tier 2	QL (1 EA per 1 day)
FC2 Female Condom	Tier 3	QL (1 EA per 1 day)
Kimono Condoms(Non-lubricated)	Tier 2	QL (1 EA per 1 day)
Kimono Maxx Condoms	Tier 2	QL (1 EA per 1 day)
Kimono MicroThin Aqua Lube Con	Tier 2	QL (1 EA per 1 day)
Kimono MicroThin Condoms	Tier 2	QL (1 EA per 1 day)
Kimono MicroThin Large Condoms	Tier 2	QL (1 EA per 1 day)
Kimono Textured Condoms	Tier 2	QL (1 EA per 1 day)
Trustex Latex Condom	Tier 2	QL (1 EA per 1 day)
Trustex Lubricated Condoms	Tier 2	QL (1 EA per 1 day)
Trustex Non-Lub Condoms	Tier 2	QL (1 EA per 1 day)
Trustex-RIA Lub/Spermicide	Tier 2	QL (1 EA per 1 day)
Trustex-RIA Lubricated Condoms	Tier 2	QL (1 EA per 1 day)
Trustex-RIA Non-Lub Condoms	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Cryopreservative Agents</b>		
Cryoserv	Tier 2	
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		
Bronchitol	Tier 2	QL (20 EA per 1 day)
<b>Diagnostic Test Devices And Supplies</b>		
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)
<b>Dietary Supplement, Miscellaneous</b>		
5-HTP	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
5-hydroxytryptophan (5-HTP) oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
5-hydroxytryptophan (5-HTP) oral tablet extended release 100 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
5-hydroxytryptophan (5-HTP) oral tablet extended release 200 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
5-hydroxytryptophan (5-HTP) oral tablet, disintegrating	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 lipaic 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
Arginine-Citrulline Sustain	Tier 2	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 oral capsule 12 mg	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
astaxanthin oral capsule 4 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
ATP Ignite	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
Beyond Bone Broth	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Bilberry Extract	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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	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 oral liquid	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 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
Burn Calories	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium gluconate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium gluconate-diindolylmet	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calcor	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Calming Day	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Chicken-Peas-Carrots	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
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 xt-chromium-B7	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
cinnamon bark-chromium-ALA	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
citicoline	Tier 1	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, 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Cold and Flu Fighter	Tier 1	
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
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
coQ10-pyrroloquinoline quinone	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
CoQmax Ubiquinol	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Dietex Forte	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DIMension-3	Tier 2	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
Elderberry Immune Health	Tier 2	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
Enfamil DHA-in-Sol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 Plus High Protein	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
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Femquil	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
GABA Soothe	Tier 2	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
Gluciless	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
GlutAloeMine	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
glutathione	Tier 2	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
gum mastic	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
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
i5	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
IG 26 Plus DF	Tier 2	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
Imubolic	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
inositol oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
inositol oral powder	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
IP6	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
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
Kale-Quinoa-Berries Vegan	Tier 1	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
lactoferrin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Arginine Men's Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
LDL Benefit	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Leptin Manager	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Livetrof	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
MAXIMUM DAILY GREEN	Tier 1	
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
methysulfonylmethane	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
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 PI	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Numaqla 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 oral liquid 0.05 gram- 1.5 kcal/mL	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 MonoPure Curcumin EC	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
phosphatidylserine	Tier 1	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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
prasterone (dhea) oral tablet 25 mg	Tier 1	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
Pregnitide	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 Singles	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
Prostate 2.4	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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 2	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
Proxceed 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
QH-absorb Plus PQQ	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Quercetin Complex	Tier 2	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
Red Wine Extract	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Re-Gen	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Regenemax Plus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Relaxia Day Calm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Relaxmax	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Relizen	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
Resveratin Plus	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
Ristela	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Selenium Synergy	Tier 2	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
Serenol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sharkilage	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 Sensiv Non-GMO	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Similac Lamohadrin	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
sodium hyaluronate	Tier 1	PA; 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
T-150	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
theanine	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
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
Veinerec	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
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
<b>Digestive Agents, Other</b>		
FDgard	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

Drug	Status	Notes
<b>Diluent Solutions</b>		
Diluting Medium for Novolog	Tier 2	
Sterile Hydrogel For Jelmyto	Tier 2	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
nitisinone	Tier 1	PA
Nityr	Tier 2	PA
Orfadin	Tier 2	PA
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
Cerdelga	Tier 2	PA
miglustat	Tier 1	PA
<b>Flavoring Agents</b>		
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

Drug	Status	Notes
<b>Fluorescence Imaging Agents - Malignant Tissue</b>		
Gleolan	Tier 2	
<b>Food Oils</b>		
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
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
midazolam (PF) injection solution	Tier 1	
midazolam (PF) injection syringe 5 mg/mL	Tier 1	
midazolam injection	Tier 1	
<b>General Anesthetics, Inhalant</b>		
desflurane	Tier 1	
isoflurane	Tier 1	
sevoflurane	Tier 1	
Suprane	Tier 2	
Terrell	Tier 1	
<b>General Inhalation Agents</b>		
NebuSal inhalation solution for nebulization 3 %	Tier 1	
sodium chloride inhalation	Tier 1	
<b>Herbal Drugs</b>		
acai berry extract	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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
BergaCor	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
bitter melon extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
Candididal	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Citrus Bergamot	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 oral capsule 500 mg	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
cranberry fruit concentrate	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
curcumin-phosphatidylcholine	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Dramamine Ginger	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dramamine Non-Drowsy	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dramamine-N	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
elderberry fruit	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
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
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-omega3,6,9-fatty acid	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
garlic extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
garlic oil	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 capsule	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 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 leaf extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Green Tea oral capsule 250 mg	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
Hormone Protect	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
horse chestnut	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
IBgard	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Odorless Garlic	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
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
pterostilbene	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
resveratrol-ascorbic acid	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 palmtto frt xtr-zinc picoli	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
turmeric-turmeric root extract	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
valerian root oral capsule 450 mg, 500 mg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
valerian root-valerian root xt	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
<b>Hydrophilic Cream/Ointment Bases</b>		
DermaFix topical ointment	Tier 2	
Triad Wound Dressing	Tier 2	
<b>Hypnotics, Melatonin And Herbal Combinations</b>		
Estroven Nighttime (cal-meltn)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kids Sleep Calm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Kids Sleep Immune Health	Tier 1	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
Relax Night Calm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sleep Calm	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sleep Immune Health	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sleep Optimizer	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Soothing Night	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sopordren	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Toprophan	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Unisom Simple Slumbers	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



Drug	Status	Notes
<b>Infant Formulas</b>		
HCU Anamix Next	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Insecticides</b>		
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
<b>Intra-Uterine Devices (IUD's)</b>		
Kyleena	Tier 3	
Liletta	Tier 3	
Mirena	Tier 3	
ParaGard T 380A	Tier 3	
Skyla	Tier 3	
<b>Metabolic Deficiency Agents</b>		
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	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
Strensiq	Tier 2	PA
<b>Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.</b>		
Revcovi	Tier 2	
<b>Metabolic Function Diagnostics</b>		
Macrilen	Tier 2	
Metopirone	Tier 2	
<b>Metallic Poison, Agents To Treat</b>		
Chemet	Tier 2	
deferasirox	Tier 1	PA
deferiprone	Tier 1	PA
deferoxamine	Tier 1	PA
Ferriprox (2 times a day)	Tier 2	PA
Ferriprox oral solution	Tier 2	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Feriprox oral tablet 1,000 mg	Tier 2	PA
Galzin	Tier 2	
trientine	Tier 1	PA
Wilzin	Tier 2	
<b>Multiple Herbal Ingr Combinations</b>		
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
<b>Nasal Moisturizer</b>		
ENTSOL nasal gel	Tier 2	
GeloNasal	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Rhinase	Tier 2	
<b>Nasal Washes</b>		
Alkalol Nasal Wash	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Sinus Wash Neti Pot	Tier 1	
<b>Needles/Needleless Devices</b>		
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 SafetyGlide Needle needle 25 gauge x 1", 25 gauge x 5/8"	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BD Short Bevel Needles	Tier 2	
BD Short Bevel Thin Wall	Tier 2	
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	
blunt needle, disposable needle 18 x 1 1/2 "	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
needle (disp) 16 G	Tier 2	
needle (disp) 18 G	Tier 2	
needle (disp) 19 G	Tier 2	
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 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"	Tier 2	
pen needle, diabetic, safety	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	
Sky Safety 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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Neuromuscular Blocking Agents</b>		
Botox	Tier 2	PA
Xeomin intramuscular recon soln 100 unit	Tier 2	PA
<b>Nose Preparations, Miscellaneous (Otc)</b>		
Altamist	Tier 1	
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	
ENTSOL nasal spray,non-aerosol	Tier 2	
ENTsol Nasal Wash	Tier 2	
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	
<b>Nut.Tx Phenylketonuria (Pku) Formulations</b>		
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 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 Bettermilk 15-15	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Glytactin Bettermilk 5-5	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
Glytactin Swirl 15-15	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
NeoPhe	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PKU GoLike Plus (16 yr up)	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU GoLike Plus (4-16 yr)	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 Start	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
PKU Trio	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
<b>Nutritional Therapy, Med Cond Special Formulation</b>		
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Hominex-2	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
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
NovaSource Renal 2 Cal	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OptiCleanse GHI	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
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
Restore Fusion Renal Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Restore Renal Support	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Ointment/Cream Bases</b>		
cetyl alcohol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Oral Lipid Supplements</b>		
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
<b>Perfumes</b>		
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
<b>Pharmaceutical Adjuvants, Tableting</b>		
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Protein Replacement</b>		
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
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
L-Carnitine oral	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
L-Carnosine	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
XymoBolX	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Radioactive Diagnostics, General</b>		
Xenon Xe-133	Tier 2	
<b>Saliva Stimulant Agents</b>		
Xylimelts	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Solvents</b>		
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
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
<b>Somatostatic Agents</b>		
Ianreotide	Tier 1	PA
Mycapssa	Tier 2	ST; QL (4 EA per 1 day)
octreotide acetate	Tier 1	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Sandostatin LAR Depot intramuscular suspension,extended rel recon	Tier 2	PA
Signifor	Tier 2	PA
Somatuline Depot	Tier 2	PA
<b>Surfactants</b>		
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
<b>Suspending Agents</b>		
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	
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
tragacanth	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Sweeteners</b>		
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
<b>Thickening Agents, Oral</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Tissue/Wound Adhesives</b>		
Artiss	Tier 2	
Tisseel VHSD (aprotinin, syn)	Tier 2	
<b>Urine Multiple Test Aids</b>		
Chemstrip (calibration)	Tier 2	
<b>Urine Test Aids, Miscellaneous</b>		
Reveal UTI Test Strip	Tier 2	
<b>Vehicles</b>		
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
citric acid (bulk)	Tier 2	
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Techna Nat Unswt Troche BaseG2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Unispnd 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
<b>Water</b>		
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
<b>Wound Healing Agents, Local</b>		
balsam peru-castor oil	Tier 1	
BPCO	Tier 1	
Venelex topical ointment	Tier 2	



Drug	Status	Notes
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
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 534 mg	Tier 1	PA
pirfenidone oral tablet 801 mg	Tier 1	PA; QL (3 EA per 1 day)
<b>Lung Surfactants</b>		
Curosurf	Tier 2	
Survanta	Tier 2	
<b>Mucolytics</b>		
acetylcysteine	Tier 1	
Pulmozyme	Tier 2	PA; QL (75 ML per 30 days)
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
Ofev	Tier 2	PA
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
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	
<b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>		
butalbital-aspirin-caffeine	Tier 1	
<b>Analgesic,Non-Salicylate,Barbiturate,&amp;Xanthine Cmb</b>		
butalbital-acetaminophen-caff	Tier 1	
Fioricet	Tier 1	
Zebutal	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
aspirin oral tablet	Tier 3	
aspirin oral tablet,delayed release (DR/EC) 325 mg	Tier 3	
aspirin oral tablet,delayed release (DR/EC) 500 mg, 650 mg	Tier 1	
aspirin rectal suppository 300 mg	Tier 1	
aspirin,buffd-calcium carb-mag	Tier 1	
Aspir-Trin	Tier 3	
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	
Excedrin Migraine	Tier 1	
Extra Pain Relief	Tier 1	
Headache Formula Added Str	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Analgesic/Antipyretics,Non-Salicylate</b>		
8 Hour Pain Reliever	Tier 1	
Acetaminophen Extra Strength	Tier 1	
acetaminophen oral capsule 500 mg	Tier 1	
acetaminophen oral liquid 160 mg/5 mL	Tier 1	
acetaminophen oral solution 160 mg/5 mL (5 mL), 325 mg/10.15 mL	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	
BetaTemp	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	Tier 1	
Children's Easy-Melts	Tier 1	
Children's Mapap	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	
Fever Reducer	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	
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	

Drug	Status	Notes
Mapap Arthritis Pain	Tier 1	
Masophen	Tier 1	
Menstrual Relief(pamabr-pyrid)	Tier 1	
M-PAP	Tier 1	
Non-Aspirin Pain Relief	Tier 1	
Nortemp	Tier 1	
Pain Relief (acetaminophen) oral tablet	Tier 1	
Pain Relief (acetaminophen) oral tablet extended release	Tier 1	
Pain Relief ES (acetaminophen)	Tier 1	
Pain Reliever (acetaminophen)	Tier 1	
Pain Reliever ES(acetaminophn)	Tier 1	
Pharbetol	Tier 1	
Redutemp	Tier 1	
Silapap	Tier 1	
Tension Headache	Tier 1	
Tylophen	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
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)
Xylon 10	Tier 1	QL (6 EA per 1 day)
<b>Analgesics, Non-Narcotics</b>		
clonidine (PF)	Tier 1	
<b>Analgesics,Narcotics</b>		
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	
fentanyl	Tier 1	PA; QL (1 EA per 3 days)

Drug	Status	Notes
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)
morphine oral tablet 15 mg	Tier 2	QL (4 EA per 1 day)

Drug	Status	Notes
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)
Qdolo	Tier 2	QL (120 ML per 1 day)
RoxyBond oral tablet, oral only 15 mg, 30 mg	Tier 2	
RoxyBond oral tablet, oral only 5 mg	Tier 2	QL (8 EA per 1 day)
tramadol oral capsule,ER biphasic 24 hr 17-83	Tier 1	PA; QL (1 EA per 1 day)
tramadol oral capsule,ER biphasic 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)
tramadol oral tablet extended release 24 hr	Tier 1	PA; QL (1 EA per 1 day)

Drug	Status	Notes
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)
<b>Antimigraine Preparations</b>		
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
Ergomar	Tier 2	QL (10 EA per 7 days)
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	ST; 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)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
Emgality Syringe subcutaneous syringe 300 mg/3 mL (100 mg/mL x 3)	Tier 2	PA
<b>Narc.&amp; Non-Sal.Analgesic,Barbiturate &amp;Xanthine Cmb</b>		
butalbital-acetaminop-caf-cod	Tier 1	QL (6 EA per 1 day)
<b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>		
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)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
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)
Nalocet	Tier 1	QL (16 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 mL	Tier 1	QL (61 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)

Drug	Status	Notes
oxycodone-acetaminophen oral tablet 7.5-325 mg	Tier 1	QL (5 EA per 1 day)
Primlev oral tablet 10-300 mg	Tier 1	QL (4 EA per 1 day)
Primlev oral tablet 5-300 mg	Tier 2	QL (8 EA per 1 day)
Primlev oral tablet 7.5-300 mg	Tier 2	QL (5 EA per 1 day)
Prolate oral solution	Tier 2	QL (20 ML per 1 day)
Prolate oral tablet 10-300 mg	Tier 1	QL (4 EA per 1 day)
Prolate oral tablet 5-300 mg	Tier 1	QL (8 EA per 1 day)
Prolate oral tablet 7.5-300 mg	Tier 1	QL (5 EA per 1 day)
tramadol-acetaminophen	Tier 1	QL (12 EA per 1 day)
<b>Narcotic Analgesic,Non-Salicylate,Xanthine Comb</b>		
acetaminophen-caff-dihydrocod oral capsule	Tier 1	QL (12 EA per 1 day)
<b>Narcotic Withdrawal Therapy Agents</b>		
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)
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)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
Lucemyra	Tier 2	QL (224 EA per 14 days)
<b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>		
carisoprodol-aspirin-codeine	Tier 1	QL (12 EA per 1 day)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
benztropine	Tier 1	
trihexyphenidyl	Tier 1	
<b>Antiparkinsonism Drugs,Other</b>		
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



Drug	Status	Notes
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)
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)
<b>Decarboxylase Inhibitors</b>		
carbidopa	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
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)
<b>Anticonvulsant - Cannabinoid Type</b>		
Epidiolex	Tier 2	PA
<b>Anticonvulsants</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Depakote ER	Tier 2	
Depakote Sprinkles	Tier 2	
Diacomit	Tier 2	PA
Dilantin	Tier 2	
Dilantin Extended	Tier 2	
Dilantin Infatabs	Tier 2	
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	ST; QL (30 EA per 30 days)
Fycompa oral tablet 2 mg	Tier 2	ST; QL (120 EA per 30 days)
Fycompa oral tablet 4 mg, 6 mg	Tier 2	ST; 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 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 1	PA; QL (3 EA per 1 day)

Drug	Status	Notes
pregabalin oral capsule 225 mg, 300 mg	Tier 1	PA; QL (2 EA per 1 day)
pregabalin oral solution	Tier 1	PA; QL (30 ML per 1 day)
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	PA; QL (6 EA per 1 day)
Spritam oral tablet for suspension 1,000 mg	Tier 2	QL (2 EA per 1 day)
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	ST; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	ST; 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	Tier 1	
vigabatrin	Tier 1	PA; QL (6 EA per 1 day)
Vigadrone	Tier 1	PA; QL (6 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
Zonisade	Tier 2	ST; QL (30 ML per 1 day)
zonisamide	Tier 1	
<b>Neuroactive Steroid Gaba-A Receptor Modulator</b>		
Ztalmy	Tier 2	PA
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
Keveyis	Tier 2	PA
<b>Skeletal Muscle Relaxants</b>		
baclofen intrathecal	Tier 1	
baclofen oral solution	Tier 1	

Drug	Status	Notes
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)
dantrolene oral	Tier 1	
Fleqsuvy	Tier 2	ST; QL (16 ML per 1 day)
Gablofen intrathecal syringe	Tier 2	
Lioresal	Tier 2	
Lyvispah oral granules in packet 10 mg	Tier 2	ST; QL (3 EA per 1 day)
Lyvispah oral granules in packet 20 mg	Tier 2	ST; QL (4 EA per 1 day)
Lyvispah oral granules in packet 5 mg	Tier 2	ST; QL (9 EA per 1 day)
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)
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
nicotine (polacrilex) buccal gum	Tier 1	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
nicotine (polacrilex) buccal lozenge	Tier 1	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
nicotine (polacrilex) buccal mini lozenge	Tier 1	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
nicotine transdermal patch 24 hour	Tier 1	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
nicotine transdermal patch, TD daily, sequential	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Nicotrol	Tier 2	ST; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1008 EA per 90 days)
Nicotrol NS	Tier 2	ST; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (160 ML per 90 days)

Drug	Status	Notes
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
varenicline	Tier 1	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<b>Smoking Deterrents, Other</b>		
bupropion HCl (smoking deter)	Tier 1	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Antiflatulents</b>		
Anti-Gas Ultra Strength	Tier 1	
Gas Relief (simethicone) oral capsule 180 mg	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	
Gas-X	Tier 2	
Gas-X Extra Strength oral capsule	Tier 1	
Gas-X Ultra-Strength	Tier 1	
Infants Gas Relief	Tier 1	
Infants Simethicone oral drops,suspension	Tier 1	
Phazyme oral capsule 250 mg, 500 mg	Tier 2	
simethicone oral capsule 180 mg	Tier 1	
simethicone oral drops,suspension	Tier 1	
simethicone oral tablet,chewable	Tier 1	
Toxin Control	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Gastric Enzymes</b>		
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	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Dairy-Aid	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

Drug	Status	Notes
Enzymatic Digestant oral tablet	Tier 1	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
GastrAcid	Tier 2	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
Sucraid	Tier 2	PA; QL (8 ML per 1 day)
Superior Digestive Enzyme	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Pancreatic Enzymes</b>		
Bevitrol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Creon	Tier 2	
Pancreaze oral capsule, delayed release(DR/EC) 10,500-35,500- 61,500 unit, 16,800-56,800- 98,400 unit, 2,600-8,800- 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
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
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
dicyclomine oral capsule	Tier 1	
dicyclomine oral solution	Tier 1	
dicyclomine oral tablet	Tier 1	
<b>Belladonna Alkaloids</b>		
Donnatal oral elixir	Tier 2	ST; QL (1200 ML per 30 days)
Donnatal oral tablet	Tier 2	ST; QL (8 EA per 1 day)
Ed-Spaz	Tier 1	
hyoscyamine sulfate oral	Tier 1	
hyoscyamine sulfate sublingual	Tier 1	
Hyosyne	Tier 1	

Drug	Status	Notes
methscopolamine	Tier 1	
Oscimin	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)
Phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 mL	Tier 2	ST
Phenohydro oral tablet	Tier 2	ST; QL (8 EA per 1 day)
Symax Duotab	Tier 2	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Antacids</b>		
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	
Antacid	Tier 1	
Antacid (calcium carbonate) oral tablet,chewable 200 mg calcium (500 mg)	Tier 1	
Antacid Anti-Gas (ca carb-sim)	Tier 1	
Antacid Anti-Gas oral suspension 400-400-40 mg/5 mL	Tier 1	
Antacid Calcium	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), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)	Tier 1	
calcium carbonate oral tablet 260 mg calcium (648 mg)	Tier 1	
calcium carbonate oral tablet,chewable 200 mg calcium (500 mg)	Tier 1	
Cal-Gest Antacid	Tier 1	
Children's Pepto	Tier 1	

Drug	Status	Notes
Foaming Antacid	Tier 1	
Gaviscon Extra Strength oral suspension	Tier 2	
Geri-Lanta oral suspension 200-200-20 mg/5 mL	Tier 1	
Heartburn Antacid	Tier 1	
Heartburn Relief oral suspension	Tier 1	
Maalox Advanced oral suspension	Tier 1	
Maalox Advanced oral tablet,chewable	Tier 2	
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	
Preliief	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Smooth Antacid	Tier 1	
sodium bicarbonate oral	Tier 1	
Tums Ultra oral tablet,chewable 470 mg calcium (1,177 mg)	Tier 1	
Ultra Strength Antacid	Tier 1	
<b>Anticholinergics,Quaternary Ammonium</b>		
chlordiazepoxide-clidinium	Tier 1	
Dartisla	Tier 2	ST; QL (4 EA per 1 day)
glycopyrrolate (PF)	Tier 1	
glycopyrrolate oral solution	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
Glyrx-PF injection syringe 0.6 mg/3 mL (0.2 mg/mL)	Tier 2	
<b>Anti-Ulcer Preparations</b>		
misoprostol	Tier 1	
sucralfate	Tier 1	
<b>Anti-Ulcer-H.Pylori Agents</b>		
amoxicil-clarithromy-lansopraz	Tier 1	QL (112 EA per 10 days)
Omeclamox-Pak	Tier 2	
Pylera	Tier 2	
Talicia	Tier 2	
<b>Histamine H2-Receptor Inhibitors</b>		
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	



Drug	Status	Notes
Dual Action Complete	Tier 1	
famotidine oral	Tier 1	
Heartburn Relief (cimetidine)	Tier 1	
Heartburn Relief (famotidine)	Tier 1	
nizatidine oral capsule	Tier 1	
<b>Intestinal Motility Stimulants</b>		
Gimoti	Tier 2	QL (9.8 ML per 28 days)
metoclopramide HCl oral solution	Tier 1	
metoclopramide HCl oral tablet	Tier 1	
Motegrity	Tier 2	ST; QL (1 EA per 1 day)
<b>Proton-Pump Inhibitors</b>		
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)
Prilosec OTC	Tier 2	QL (1 EA per 1 day)
rabeprazole oral tablet, delayed release (DR/EC)	Tier 1	ST; QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
alfuzosin	Tier 1	
dutasteride	Tier 1	
finasteride oral tablet 5 mg	Tier 1	
silodosin	Tier 1	ST
tamsulosin	Tier 1	
<b>Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb</b>		
Entadfi	Tier 2	PA
<b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
dutasteride-tamsulosin	Tier 1	ST
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
Cystagon	Tier 2	
Procysbi oral capsule, delayed rel sprinkle	Tier 2	PA; ST

Drug	Status	Notes
Procysbi oral granules del release in packet	Tier 2	
<b>Kidney Stone Agents</b>		
Thiola	Tier 2	
Thiola EC	Tier 2	
tiopronin	Tier 1	
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
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)
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
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
<b>Urinary Ph Modifiers</b>		
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
Phosho-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
Renacidin	Tier 2	
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
Uroqid-Acid No.2	Tier 2	
Virtrate-2	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Urinary Tract Analgesic Agents</b>		
Elmiron	Tier 2	
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Pain Relief	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
darifenacin	Tier 1	ST
solifenacin	Tier 1	
Vesicare LS	Tier 2	ST; QL (10 ML per 1 day)
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
fesoterodine	Tier 1	ST
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	
trospium	Tier 1	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
Cleocin vaginal suppository	Tier 2	ST; QL (3 EA per 30 days)
clindamycin phosphate vaginal	Tier 1	
Clindesse	Tier 2	
metronidazole vaginal	Tier 1	
Nuessa	Tier 2	
Xaciato	Tier 2	ST
<b>Vaginal Antifungals</b>		
3-Day Vaginal	Tier 1	
clotrimazole vaginal	Tier 1	
Clotrimazole-3	Tier 1	
Gynazole-1	Tier 2	
miconazole nitrate vaginal	Tier 1	
Miconazole-3	Tier 1	
Miconazole-7	Tier 1	
terconazole	Tier 1	
tioconazole	Tier 1	
Tioconazole-1	Tier 1	

Drug	Status	Notes
<b>Vaginal Antiseptics</b>		
Cleansing Wash topical solution	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Fem pH	Tier 2	
Relagard	Tier 2	
Trimo-San Jelly	Tier 2	
<b>Vaginal Deodorants</b>		
Norforms Fem	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vaginal Estrogen Preparations</b>		
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)
Yuvaferm	Tier 1	
<b>Vaginal Preparations</b>		
Feminine Care Douche	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Lubrin	Tier 2	
Summer's Eve	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Summer's Eve Disposable Douche vaginal solution	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Summers Eve Extra Cleansing	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Antioxidant Multivitamin Combinations</b>		
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ICaps AREDS oral capsule	Tier 1	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
Macuvite Eye Care	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Numaqla 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
Ocuvite Adult 50 Plus	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
Vision Optimizer	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Vista Advanced AREDS2	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Bioflavonoids</b>		
Bioflavonoids, Citrus	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
quercetin	Tier 2	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
<b>Calcium Replacement</b>		
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
BoneUp	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
BoneUp (calcium ascorbate)	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
calcium-magnesium-vit D3-boron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
calcium-magnesium-zinc	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 D2	Tier 1	
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Ultra BoneUp	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
<b>Fluoride Preparations</b>		
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
Gel-Kam	Tier 1	
Perio Med	Tier 2	
Phos-Flur	Tier 2	
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	
<b>Folic Acid Preparations</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
folic acid oral tablet 400 mcg, 800 mcg	Tier 3	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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	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 glucos	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
<b>Geriatric Vitamin Preparations</b>		
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 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
Theratrums 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
<b>Iron Replacement</b>		
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
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	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Ferractiv	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Folitab	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Iron Chews	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
MaxFe (folate)	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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
<b>Magnesium Salts Replacement</b>		
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
Mag-Delay	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 (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 citrate,mag oxide	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 Optimizer	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
magnesium oral tablet 200 mg, 250 mg	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MgO	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
OptiMag 125	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
OptiMag Neuro	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Phillips	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
SlowMag Muscle Recovery	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Triple Magnesium Complex	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Mineral Replacement,Miscellaneous</b>		
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
MinRex	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>Multivitamin Preparations</b>		
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
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
ActivNutrients	Tier 2	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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 Men 50 Plus Minis	Tier 2	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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 Davimet	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 VentrixyI	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
DermacinRx VentrixyI 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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GenADEK Step 1	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 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
Hi-D ADEK Gummies Plus Zinc	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Maximin Pack	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
multivit,calc,min-FA-K1-lycop	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
Ocutabs	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Oncor	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
One Daily Plus Iron	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
One-A-Day Women's Healthy Skin	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Protect Iron	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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- 23.9 mg-3 mg	Tier 2	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 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
Strovite One	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	Tier 1	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 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
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Thera-Tabs M	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theratron Complete 50 Plus-lyc	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Theratron 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-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
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
Vitatum	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	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 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
Zyvit	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Panthenol Preparations</b>		
calcium pantothenate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pantethine oral capsule	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
pantethine oral tablet extended release	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>Pediatric Vitamin Preparations</b>		
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
Children's Multivitamin Gummy	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
Culturelle Kids Probiotic-MV	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Culturelle Kids Pro-Mv-Lutein	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
Infant-Toddler Multivitamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Infant-Toddler Multivit-Iron	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 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 drops	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-Flor with Iron drops	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
Quflora FE (ferrous sulfate)	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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-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
<b>Prenatal Vitamin Preparations</b>		
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
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Obtrex DHA (with Quatrefolic)	Tier 2	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
PNV cmb#95-ferrous fumarate-FA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
PreNata	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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 oral tablet	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Prenatal 19 oral tablet,chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
prenatal vit-iron fum-folic ac	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 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	
WesNate DHA	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
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
<b>Prenatal Vitamins Without Iron</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Vitamin A &amp; D Preparations</b>		
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
<b>Vitamin A Preparations</b>		
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
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
<b>Vitamin B Preparations</b>		
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
Arkaliolx	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Denovo Plus B12	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
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
Hair, Skin and Nails (biotin)	Tier 1	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
me-thfolate glucos-mecobalamin	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Methyl Protect	Tier 2	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
Potaba	Tier 2	
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
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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	Tier 1	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
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
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

Drug	Status	Notes
<b>Vitamin B1 Preparations</b>		
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
<b>Vitamin B12 Preparations</b>		
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 lozenge 1,000 mcg	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mecobalamin (vitamin B12) oral tablet, chewable	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
mecobalamin (vitamin B12) oral tablet, disintegrating	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
vitamin B12-folic acid	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin B2 Preparations</b>		
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
<b>Vitamin B6 Preparations</b>		
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
<b>Vitamin C Preparations</b>		
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
Vitamin C With Rose Hips oral tablet,chewable	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Xcellent C	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Vitamin D Preparations</b>		
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 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)	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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
DosoKap	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
ergocalciferol (vitamin D2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
K2 Plus D3	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
K-Right	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
Ostachol	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Osteo-Vit3	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
<b>Vitamin E Preparations</b>		
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
Famil-E	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
Xcellent E	Tier 2	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
<b>Zinc Replacement</b>		
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 (with A and C) Lozenges	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
zinc amino acid chelate	Tier 1	NOT COVERED IF TOTAL COST IS GREATER THAN \$100
Zinc Balance	Tier 2	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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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