Florida Blue
Your Health Solutions Partner

ValueScript Rx for Simple Choices Medication Guide

April 2024

Please consider talking to your doctor about prescribing one of the formulary medications that are indicated as covered under your plan, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in value selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.floridablue.com or the most up-to-date information.

Contents

Introduction I
Medication list II
Changes to the formulary II
Your Share of Expenses III
Pharmacy Benefits III
Pharmacy Options VII
Utilization Management Programs IX
Coverage Exception Process X
Notice XII
How to use this Drug List XII
Abbreviation Key XIII

Preferred Medication List

Anti-Infective Drugs 1
Biologicals 10
Antineoplastic Agents 14
Endocrine and Metabolic Drugs 21
Cardiovascular Agents 32
Respiratory Agents 40
Gastrointestinal Agents 45
Genitourinary Agents 48
Central Nervous System Drugs 50
Analgesics and Anesthetics 59
Neuromuscular Drugs 65
Nutritional Products 70
Hematological Agents 72
Topical Products 77
Miscellaneous Products 85
Index 131

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

Florida Blue is pleased to present the ValueScript Rx for Simple Choices Medication Guide. This is a general guide that includes a comprehensive listing of medications that may be covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your plan documents for complete coverage details. When we refer to "plan documents" we are referring to one or more of the following: Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement.

The ValueScript Rx for Simple Choices Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to- date listing can always be found by viewing the Medication Guide online at www.floridablue.com by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

If you are a current member, we encourage you to log on to your member account for plan specific details about your medication coverage. Go to www.floridablue.com click on the Members tab. Once registered, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan.

Si de se a hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

NOTE: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgment or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Key Tips and Coverage Guidelines

By following these simple guidelines, you will be assured that you are getting the maximum benefit from your plan.

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive, and most generics are covered unless specifically excluded under your plan documents.
- Brand name medications are covered on your plan only if they are included in the medication list Brand name medications not listed in the medication list are not covered.
- Consider asking your physician to prescribe generic medications, or if necessary, one of the preferred brand name medications whenever appropriate. Your cost for generic and preferred brand name medications is lower than non-preferred brand name medications.
- If you are currently taking a medication, take a moment to review the medication list to determine if it is covered. If not, check with your doctor to understand available options.
- If you or your provider request a covered brand name medication when there is a generic available; you will be responsible for: (1) the difference in cost between the generic medication and the brand name medication you received; and (2) the cost share applicable to the brand name medication you received, as indicated on your Schedule of Benefits
- ValueScript Rx for Simple Choices is a closed formulary pharmacy plan. This means any medications not on the formulary (included in the medication list) are not covered. Take this guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs included in the medication list and cost impacts when you discuss medication options.

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Medication List

What you need to know about ValueScript Rx for Simple Choices Formulary Medications

The ValueScript Rx for Simple Choices Formulary Medication Guide includes the Closed Formulary list. The Guide reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any prescription drug in this Medication Guide at any time.

All generic medications are covered unless specifically excluded by your plan. Brand Name medications are covered only if they are included in the Closed Formulary list.

For your out-of-pocket expenses to be as low as possible, please consider asking your doctor to prescribe generic medications, or if necessary, brand name medications that are included on the Closed Formulary List. This will help ensure that your covered medications are allowed and reimbursed under your plan. In addition, consider using a participating pharmacy to obtain your covered medications because your out-of-pocket expenses should be lower than if you used a non-participating pharmacy.

To save the most money on medications, share this Medication Guide with your doctor or health care provider at each visit. When you have your prescriptions filled, ask your pharmacist if a generic medication is available. Generic medications save you the most money.

Changes to the formulary

This guide includes the medication list which reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any medication in this Medication Guide at any time.

The medication list is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy. There are varying reasons changes are made to the medications listed in the ValueScript Rx for Simple Choices Medication Guide:

- The tier level of a brand name medication included on the medication list may increase (change to a higher tier) when an FDA-approved bioequivalent generic medication becomes available.
- Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of medications. Go to New To Market Drug List for the most up-to-date information.

The most up-to-date information about modifications to the medications listed in this medication guide can be found by:

Going to www.floridablue.com.

- Click on the **Members** tab
- Click on the **Login Now** button and either **Login** or **Register**
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click ValueScript Rx for Simple Choices Medication Guide
- Updated medication guides are posted periodically throughout the year.

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Formulary addition request
Physicians may request the addition of a medication to the formulary list by submitting a written request to Florida Blue.
Please mail to:

Florida Blue
Attn: Pharmacy Programs
P.O. Box 1798
Jacksonville, FL 32231-0014

Your Share of Expenses

Your cost share will depend on which cost share tier the medication is assigned. You can determine your out-of-pocket amount for medication by reviewing your Schedule of Benefits. If your plan includes a Deductible, you may have to satisfy that amount before the costs of your medications are covered.

If you or your provider requests a covered brand name medication when there is a generic medication available; you will be responsible for:

- the difference in cost between the generic medication and the brand name medication; and
- the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.

Example: If your drug copay is $10 for generic and $40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

Difference in Drug Cost is $70 (Brand Drug Cost $120-Generic Drug Cost $50) + Brand Co-Pay $40= $110 is Your Total Cost

If your prescriber requires the use of a brand name medication for medical reasons, supporting documentation must be provided to avoid being responsible for the cost difference between the brand and generic drug. To request an exception to the cost difference, the prescriber will need to submit a request here.

DAW penalty waiver request form.

Your cost share for HIV/AIDS drugs follows the OIR Safe Harbor Guidelines. To determine the cost share for your HIV/AIDS drug check here

2024 Safe Harbor Guidelines for HIV/AIDS Drugs

NOTE: If you have a deductible, you must meet your deductible prior to the cost shares listed to apply

Pharmacy Benefits

The pharmacy benefit has three parts/components called Tiers. This means that covered medications must be included in one of the following Tiers, unless specifically excluded by your plan:

Tier 1 – Generic Drugs and Supplies

Tier 2 – Preferred Brand Drugs and Supplies

Tier 3 – Non-Preferred Brand Drugs and Supplies

Tier 4 – Specialty Drugs and Supplies

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Medications that are not covered

ValueScript Rx for Simple Choices is a closed formulary pharmacy plan. This means any medications not on the formulary (included in the medication list) are not covered. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC)alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC
- The medication is not covered because of safety or effectiveness concerns.

In addition to any drug not listed in the medication guide, a list of certain medications that are not covered may be found at Medications Not Covered List.

NOTE: To determine the medication exclusions that apply to your plan, check your plan documents. Coverage details are also available to you by logging into the member section of www.floridablue.com.

Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication maybe substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

Check with your doctor or health care provider to determine if switching to a generic medication is appropriate for you.

Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: Oral Chemotherapy Drug List.

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Over-the-counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Some groups may customize their pharmacy plan to exclude coverage for OTC medications, so it is important to check your plan documents to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the formulary with "OTC" in parenthesis following the medication name are eligible for coverage.

NOTE: Check your plan documents to determine if this benefit applies to your plan. Coverage details are also available to you logging into the member section of www.floridablue.com.

Patient Protection and Affordable Care Act (ACA) Preventive Services

- Preventive Medications – Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy. A list of medications covered under this benefit may be found at: Preventive Medications List
- Immunizations – Certain vaccines which are covered under your preventive benefits can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine. Otherwise contact your doctor for availability and administration of the vaccine. A list of vaccines that are covered under your pharmacy benefits may be found at: Pharmacy Benefit Vaccines List.
- Women's Preventive Services – Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy. A list of medications and devices covered under this benefit may be found at: Women's Preventive Services List

Tier Exception Requests for Contraceptives & HIV Pre-Exposure Prophylaxis (PrEP)

If, for medical reasons, you need a contraceptive or HIV PrEP medication that is not included on these Preventive Service list(s), you may request an exception to waive the otherwise applicable cost sharing for your medication. To request an exception, your doctor must complete and submit request online at covermymeds.com or by fax using the Exception Request Forms in links below.

Contraceptives Tier Exception Request Form

HIV Prep Tier Exception Request Form

Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

NOTE: Check your plan documents for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- Self-Administered Specialty Medications – Patients administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from a participating specialty pharmacy, out-of-network coverage is not available. A current listing of Self-Administered Specialty Medication can be found here.

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- Self-administered injectable medications are designated in the Medication List with “inj” following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.

- Provider-Administered Specialty Medications – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medication s can be obtained from any in-network health care provider. A current listing of Provider-Administered Specialty Medications can be found here.

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. Specialty Pharmacy products can be obtained as a pharmacy or medication benefit. Please check your handbook for details.

Medical Pharmacy Tier Program

The Medical pharmacy tier program provides cost share reductions and helps you save on provider-administered medications which are rendered in a physician’s office or outpatient setting. Provider-administered medications are covered under your medical benefit. Medications in the Medical Pharmacy Tier Program may also be subject to Prior Authorization requirements. Florida Blue reserves the right to change the medications included in the Medical Pharmacy Tier Program at any time and for any reason.

- **Low tier:** Lower cost provider-administered medications (e.g., preferred generic, biosimilar or other medications, supplies or devices)
- **Standard tier:** All other provider-administered medications

A list of medications included in **Low tier** of the Medical Pharmacy Tier Program may be found here: Medical Pharmacy Low Tier Drug List

NOTE: Check your plan documents to determine if the Medical Pharmacy Tier Program applies to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your ID card.

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Pharmacy Options

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled – retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled, you should confirm which pharmacy is considered 'in-network' for that particular medication.

Participating Pharmacy

- Retail Pharmacy Network – Non-Specialty 'Generic' medications and 'Brand Name' medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go toa non-participating pharmacy, your prescription will cost you more.
- Specialty Pharmacy Network – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
    - Limited Distribution (LD) Pharmacy – Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (pre-approval). The pharmacy that dispenses your limited distribution drug can be found here: Limited Distribution Drugs

Non-Participating Pharmacy

- If your plan offers out-of-network pharmacy coverage, choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim for benefit determination. Our payment will be based on our Non- Participating Pharmacy Allowance minus your cost share. You will be responsible for your cost share and the difference between our Allowance and the cost of the medication.
- If your plan doesn't offer out-of-network pharmacy coverage, choosing a non- participating pharmacy may risk your ability to be reimbursed. You may have to pay the full cost of the medication.

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Participating Specialty Pharmacy Providers

Your network for Specialty Pharmacy is limited to the following participating Specialty Pharmacy provider. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for non-Specialty Pharmacy medications. You may pay more out of pocket if you use a different specialty pharmacy.

CVS/Caremark Specialty Pharmacy Services
Provider-Administered and Self-Administered Products; excluding Hemophilia
Phone: (866) 278-5108
Fax: (800) 323-2445
CVS/Caremark Specialty Pharmacy

Accredo
Self-administered Products; excluding Hemophilia Phone: (888) 425-5970
Fax: (888) 302-1028
Accredo

CVS/Caremark Hemophilia Services
Hemophilia Products
Phone: (866) 792-2731
Fax: (866) 811-7450
(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)
CVS/Caremark Hemophilia Specialty Pharmacy

NOTE: Specialty Pharmacy medications are not covered when purchased through the mail order pharmacy. Self -administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers Accredo and CVS/Caremark Specialty.

If a member resides or is traveling outsides the state of Florida and needs to receive a provider-administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider-administered specialty medication should contact customer service for further assistance.

Mail Order Pharmacy (also known home delivery)
Most plans home delivery pharmacy is serviced by Amazon Pharmacy. To confirm your home delivery pharmacy provider, log into floridablue.com and view the home delivery section in your member account for additional details.

NOTE: If the original prescription was filled at a pharmacy other than the home delivery pharmacy, a new, original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply will be required. Prescriptions may not be transferred from a retail pharmacy to the home delivery pharmacy.

Three-month supply at Retail Pharmacy

In addition to being able to obtain up to a three-month supply of medication through our home delivery pharmacy, you may be able to receive up to a three-month supply of your medication through a participating retail pharmacy. Please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for complete coverage details.

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Utilization Management Programs

Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medications. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications that require prior authorization for coverage are indicated in the prior authorization column following the product name in the medication list.

NOTE: Some groups may customize their pharmacy plan to exclude prior authorization requirements, so it is important to check your plan documents to determine if prior authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com.

NOTE: Prior Authorizations expire on the earlier of, but not to exceed 12 months for most medications:

1. The termination date of your policy or
2. The period authorized by us, as indicated in the letter you receive from us.

Obtaining Prior Authorization

Information about prior authorization and forms for how to obtain a prior authorization approval can be found here: Prior Authorization Program Information and Forms.

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior authorization approval does not waive your cost share.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or over-the-counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if prior authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Complaint and Grievance Process section in your current Benefit Booklet or Contract for information on how to file an appeal.

Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here:

Responsible Quantity Program Information

Responsible Quantity Authorization Form

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Responsible Steps Program

The Responsible Steps Program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps Program are not covered unless you have tried one or more covered alternative medications first.

A list of current drugs included in the Responsible Steps Program maybe found here: Responsible Steps Program Information and Authorization Forms

Responsible Steps Program for Medical Pharmacy

Certain physician-administered Prescription Drugs which are rendered in a physician's office may be included in the Responsible Steps for Medical Pharmacy Program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

If, due to medical reasons, you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

Information about the Responsible Steps Program for Medical Pharmacy and steps for how to obtain a form can be found at:

Responsible Steps for Medical Pharmacy

NOTE: Check your plan documents to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your ID card.

Coverage Protocol Exemption

Your doctor may want to prescribe a medication for a condition that is different from the step-therapy protocol developed by Florida Blue. If this is the case, either you or your doctor can request an exemption by submitting a Coverage Protocol Exemption Request.

Coverage Exception Process

Pursuant to 45 C.F.R. 156.122, if a medication is not covered on our formulary, you may request an exception. We have established processes for both standard exception requests and expedited exception requests, as described below.

Standard Exception Requests

To request a standard exception, you, your designee or the prescribing physician (or other prescriber), as appropriate may submit an exception request by completing and submitting the Coverage Exception Request Form at the link below.

We will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 72 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the prescription, including ref ills.

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Expedited Exception Requests

You may request an expedited exception based on exigent circumstances. Exigent circumstances exist when:

1. you are suffering from a medical condition that may seriously jeopardize your life, health or ability to regain maximum function; or
2. you are undergoing a current course of treatment using a medication that is not covered on our formulary.

To request an expedited exception, you, your designee, or the prescribing physician (or other prescriber) may submit an exception request by completing and submitting the Coverage Exception Request Form at the link below.

We will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 24 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the exigency.

Coverage Exception Request Form

What if my exception request is denied?

If we deny your standard or expedited request for exception, you, your designee, or the prescribing physician (or other prescriber) may request a review of the original request and our denial by an external independent review organization.

1. If the original exception request was a standard request, we will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 72 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the prescription.
2. If the original exception request was an expedited request, we will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 24 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the exigency.

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Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Benefit Booklet, Contract, or prescription drug endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Benefit Booklet, Contract or prescription drug endorsement, the provisions contained in the Benefit Booklet, Contract or prescription drug endorsement shall control to the extent necessary to effectuate the intent of Florida Blue and Florida Blue HMO.

How to use this Drug list

Column 1: Drug Name

The drug list is organized into broad categories (e.g., HORMONES, DIABETES AND RELATED DRUGS). Please use the drug search function (Ctrl+F) to find current information for drugs on the drug list. Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Brand prescription drugs are shown in capital letters followed by the generic name. The Requirements/Limits column displays information about whether that drug requires prior authorization, responsible step, limited distribution, or quantity limits. Below are the meanings of the indicators used in the Drug Tier and Requirements/Limits columns.

Column 2: Drug Tier

Indicates the formulary tier level for each drug.

Column 3: Specialty (SP)

Indicates this is a self-administered specialty drug.

Note: Additional information about specialty drugs can be found in this document under Specialty Pharmacy medications, Self-Administered.

Column 4: Requirements/Limits

- Prior Authorization (PA) - Some drugs require prior authorization to ensure appropriate use and prescribing before a drug will be covered. Coverage may be approved after certain criteria are met. Approval is required for claims to process at network pharmacies. If the PA indicator is present, then the PA program noted is possibly applied to your benefit.
- Responsible Steps (ST) - Requires members to try another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. If the ST indicator is present, then the ST program noted is possibly applied to your benefit.
- Limited Distribution (LD) - Drug manufacturers will choose one or limited number of specialty pharmacies to dispense drugs. Additional information about limited distribution drugs can be found in this document under Participating Pharmacy.
- Quantity Limits (QL) - Certain drugs have quantity limits to encourage safe and appropriate use. The quantity limit is the maximum quantity that can be dispensed over a given period of time. If the QL indicator is present, then the QL program noted is possibly applied to your benefit.

Some plans may have Utilization Management (UM) programs (e.g., PA, QL, and ST) on additional drugs beyond those noted in this document.

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Abbreviation Key

aer ..... aerosol
cap ..... capsules
chew ..... chewable
conc ..... concentrate
cr ..... controlled release
dr ..... delayed release
ec ..... enteric coated
equiv ..... equivalent
er ..... extended release
gm ..... gram
inhal ..... inhaler
inj ..... injection
liqd ..... liquid
mg ..... milligram
ml ..... milliliter
nebu ..... nebulizer
odt ..... orally disintegrating tabs
oint ..... ointment
ophth ..... ophthalmic
osm ..... osmotic release
pack ..... packets
powd ..... powder
pttw ..... twice-weekly patch
sl ..... sublingual
soln ..... solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td ..... transdermal
w/ ..... with

To determine if your drug is covered and/or find drug pricing, please login to Your Account on the Florida Blue website at www.floridablue.com. In Your Account choose Tools, and then Compare Drug Prices.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. Florida Blue HMO is a trade name of Health Options, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross Blue Shield Association.

Section 1557 Notification: Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

Health and vision coverage (including FEPmembers):
Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Dental, life, and disability coverage:
Civil Rights Coordinator
17500 Chenal Parkway Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (poumoun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583（TTY: 1-800-955-8770）。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratu itement.Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-253-008-3852 (رقم هاتف الصم)

والبكم: 1-800-559-008-0778. اتصل برقم 1-800-333-008-7222.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguisticagratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333- 2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583(TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો મફત ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: **ફોન કરો** 1-800-333-2227

ประกาศ:ถาคุณพูดภา ษาไทย คุ ณสามารถใชบรุ กา รชุ วยเหลุ อทางภา ษาไดฟหร อ **FEP** โทร **1-800-333-2227** รี โดยต ดต อหม ายเลข โทรฟ รี **1-800-352-2583 (TTY: 1-800-955-8770)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY:1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.

با شماره (TTY: 1-800-955-8770) 1-800-352-2583 تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti’go, saad bee áká anáwo’, t’áá jíík’eh, ná hóló. Kojį’ hodíílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojį’ hodíílnih 1-800-333-2227.

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	2		
amoxicillin (trihydrate) cap 250 mg, 500 mg	1		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1		
amoxicillin (trihydrate) tab 500 mg, 875 mg	1		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1		
ampicillin cap 500 mg	1		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2		
dicloxacillin sodium cap 250 mg, 500 mg	1		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	2		
penicillin v potassium tab 250 mg, 500 mg	1		
CEPHALOSPORINS			
CEFACLOR - cefaclor cap 250 mg, 500 mg	2		
cefadroxil cap 500 mg	1		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1		
cefdinir cap 300 mg	1		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1		
cefixime cap 400 mg (Suprax)	1		
cefixime for susp 100 mg/5ml	1		
cefixime for susp 200 mg/5ml (Suprax)	1		
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	1		
cefpodoxime proxetil tab 100 mg, 200 mg	1		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1		
cefprozil tab 250 mg, 500 mg	1		
cefuroxime axetil tab 250 mg, 500 mg	1		
cephalexin cap 250 mg, 500 mg, 750 mg	1		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1		
MACROLIDES			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1		
azithromycin tab 250 mg, 500 mg (Zithromax)	1		
azithromycin tab 600 mg	1		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2		
clarithromycin tab er 24hr 500 mg	1		
clarithromycin tab 250 mg, 500 mg	1		
DIFICID - fidaxomicin tab 200 mg	2		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	2		QL (272 mls/180 days)
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1		
erythromycin tab 250 mg, 500 mg	1		
ZITHROMAX - azithromycin powd pack for susp 1 gm	2		
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	1		
doxycycline hyclate cap 50 mg	1		
doxycycline hyclate cap 100 mg (Vibramycin)	1		
doxycycline hyclate tab 20 mg, 50 mg, 100 mg	1		
doxycycline monohydrate cap 50 mg, 100 mg	1		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1		
minocycline hcl cap 50 mg, 75 mg, 100 mg	1		
tetracycline hcl cap 250 mg, 500 mg	1		
FLUOROQUINOLONES			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	2		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1		
ciprofloxacin hcl tab 750 mg (base equiv)	1		
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	2		
levofloxacin tab 250 mg, 500 mg, 750 mg	1		
moxifloxacin hcl tab 400 mg (base equiv)	1		
ofloxacin tab 400 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
AMINOGLYCOSIDES			
HUMATIN - paromomycin sulfate cap 250 mg	2		LD
neomycin sulfate tab 500 mg	1		
TOBI PODHALER - tobramycin inhal cap 28 mg	4	SP	LD
tobramycin nebu soln 300 mg/5ml (Tobi)	4	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	4	SP	
SULFONAMIDES			
SULFADIAZINE - sulfadiazine tab 500 mg	2		
ANTIMYCOBACTERIAL AGENTS			
cycloserine cap 250 mg	1		
ethambutol hcl tab 100 mg	1		
ethambutol hcl tab 400 mg (Myambutol)	1		
isoniazid syrup 50 mg/5ml	1		
isoniazid tab 300 mg	1		
PRETOMANID - pretomanid tab 200 mg	2		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	2		
pyrazinamide tab 500 mg	1		
rifabutin cap 150 mg (Mycobutin)	1		
rifampin cap 150 mg, 300 mg	1		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	4	SP	PA, LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	4	SP	PA, LD, QL (188 tablets/365 days)
TRECATOR - ethionamide tab 250 mg	3		PA
ANTIFUNGALS			
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	3		PA
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1		
flucytosine cap 250 mg, 500 mg (Ancobon)	1		
griseofulvin microsize susp 125 mg/5ml	1		
griseofulvin microsize tab 500 mg	1		
griseofulvin ultramicrosize tab 125 mg, 250 mg	1		
itraconazole cap 100 mg (Sporanox)	1		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	1		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	1		
NOXAFIL - posaconazole for delayed release susp packet 300 mg	2		PA
nystatin tab 500000 unit	1		
posaconazole susp 40 mg/ml (Noxafil)	1		PA

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Drug Name	Drug Tier	Specialty	Requirements/Limits
posaconazole tab delayed release 100 mg (Noxafil)	1		PA
terbinafine hcl tab 250 mg	1		QL (30 tablets/30 days)
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	2		PA, QL (18 capsules/180 days)
voriconazole for susp 40 mg/ml (Vfend)	1		PA
voriconazole tab 50 mg, 200 mg (Vfend)	1		PA
ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1		QL (30 tablets/30 days)
acyclovir cap 200 mg	1		
acyclovir susp 200 mg/5ml (Zovirax)	1		
acyclovir tab 400 mg, 800 mg	1		
adefovir dipivoxil tab 10 mg (Hepsera)	1		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	2		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	1		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1		QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1		QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2		QL (630 mls/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	1		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	1		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	2		QL (30 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	1		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	1		QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	2		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	1		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	4	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	4	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	4	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	4	SP	PA, QL (60 packets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	2		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	2		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	2		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	1		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	1		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	4	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	4	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	4	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	2		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	2		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2		QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2		QL (60 tablets/30 days)

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JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	2		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	2		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	2		QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	1		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	1		QL (30 tablets/30 days)
lamivudine tab 150 mg (Epivir)	1		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	1		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	1		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	4	SP	PA, QL (30 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	4	SP	PA, LD, QL (120 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1		QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	1		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	1		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	4	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	4	SP	PA, QL (150 packets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	2		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	1		QL (30 tablets/30 days)
nevirapine tab 200 mg	1		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	2		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	2		QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1		QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	4	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	4	SP	PA
PIFELTRO - doravirine tab 100 mg	2		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	2		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	2		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	2		QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3		PA, QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	2		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	2		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	2		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	2		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	2		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	2		
RIBAVIRIN - ribavirin tab 200 mg	2		
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	3		PA
ritonavir tab 100 mg (Norvir)	1		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	2		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	2		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	4	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	4	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	4	SP	PA, QL (30 packets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	2		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	2		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2		QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	2		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	2		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	2		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2		QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	SP	PA, QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	2		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	2		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	1		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	1		QL (1920 mls/30 days)
zidovudine tab 300 mg	1		QL (60 tablets/30 days)
ANTIMALARIALS			
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1		
chloroquine phosphate tab 250 mg, 500 mg	1		
COARTEM - artemether-lumefantrine tab 20-120 mg	3		PA

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hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1		
mefloquine hcl tab 250 mg	1		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1		
pyrimethamine tab 25 mg (Daraprim)	4	SP	PA, QL (90 tablets/30 days)
quinine sulfate cap 324 mg (Qualaquin)	1		QL (42 capsules/90 days)
ANTHELMINTICS			
albendazole tab 200 mg	1		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2		LD
EGATEN - triclabendazole tab 250 mg	4	SP	PA
ivermectin tab 3 mg (Stromectol)	1		
praziquantel tab 600 mg (Biltricide)	1		
ANTI-INFECTIVE AGENTS - MISC.			
ALINIA - nitazoxanide for susp 100 mg/5ml	2		QL (300 mls/90 days)
atovaquone susp 750 mg/5ml (Mepron)	1		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	4	SP	LD
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	1		
dapsone tab 25 mg, 100 mg	1		
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	1		
IMPAVIDO - miltefosine cap 50 mg	4	SP	PA
LAMPIT - nifurtimox tab 30 mg	2		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	2		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	1		
linezolid tab 600 mg (Zyvox)	1		
methenamine hippurate tab 1 gm (Hiprex)	1		
metronidazole cap 375 mg (Flagyl)	1		
metronidazole tab 250 mg, 500 mg	1		
nitazoxanide tab 500 mg (Alinia)	1		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	1		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1		
nitrofurantoin susp 25 mg/5ml	1		

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pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1		
SIVEXTRO - tedizolid phosphate tab 200 mg	2		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1		
tinidazole tab 250 mg, 500 mg	1		
trimethoprim tab 100 mg	1		
vancomycin hcl cap 125 mg (base equivalent) (Vancocin)	1		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	1		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	1		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	1		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 200 mg	3		PA, QL (9 tablets/180 days)
XIFAXAN - rifaximin tab 550 mg	2		PA, QL (90 tablets/30 days)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	2		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2		
AFLURIA QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
AFLURIA QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	2		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	2		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2		
COMIRNATY 2023-24 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	2		
COMIRNATY 2023-24 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	2		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	2		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	2		

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FLUAD QUADRIVALENT 2023-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUARIX QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUBLOK QUADRIVALENT 2023 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	2		QL (1 vaccine/90 days)
FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	2		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE PF 2023 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	2		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	2		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2		
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	2		
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	2		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	2		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	2		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	2		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	2		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	2		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2		
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	2		

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NOVAVAX COVID-19 VACCINE/ - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	2		
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2		
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	2		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	2		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	2		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2		QL (1 vaccine/90 days)
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2		QL (1 vaccine/90 days)
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	2		
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	2		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	2		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	2		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	2		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	2		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	2		
ROTARIX - rotavirus vaccine, live oral susp	2		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	2		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	2		
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	2		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	2		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	2		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	2		

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VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	2		
VAXCHORA - cholera vaccine live attenuated for oral susp	2		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	2		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	2		
TOXOIDS			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3		
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3		
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3		
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3		
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3		
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3		
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	2		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	2		
PASSIVE IMMUNIZING AGENTS			
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	4	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	4	SP	PA

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GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	4	SP	PA
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	4	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	4	SP	PA, LD
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	4	SP	PA, LD
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	4	SP	PA, LD
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	4	SP	PA, LD
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	4	SP	PA, LD
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	4	SP	PA, LD
ANTINEOPLASTIC AGENTS			
ANTINEOPLASTICS			
abiraterone acetate tab 250 mg (Zytiga)	4	SP	PA, QL (120 tablets/30 days)
abiraterone acetate tab 500 mg (Zytiga)	4	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4	SP	PA, LD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	4	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	4	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	4	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	4	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	4	SP	PA, LD, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	4	SP	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	4	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	4	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	4	SP	PA, LD, QL (2 syringes/28 days)
bexarotene cap 75 mg (Targretin)	4	SP	PA
bicalutamide tab 50 mg (Casodex)	1		
BOSULIF - bosutinib cap 50 mg	4	SP	PA, LD, QL (30 capsules/30 days)

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BOSULIF - bosutinib cap 100 mg	4	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	4	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	4	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	4	SP	PA, LD, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	4	SP	
CAPRELSA - vandetanib tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	4	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	4	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	4	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	2		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1		
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	4	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	2		
ERIVEDGE - vismodegib cap 150 mg	4	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	4	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	4	SP	PA, LD, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	4	SP	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	4	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	2		
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	4	SP	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	4	SP	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	4	SP	PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	1		

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EXKIVITY - mobocertinib succinate cap 40 mg	4	SP	PA, LD, QL (120 capsules/30 days)
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	4	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	4	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	4	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	4	SP	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	4	SP	
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	4	SP	PA
hydroxyurea cap 500 mg (Hydrea)	1		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	4	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	4	SP	PA, LD, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	4	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	4	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	4	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	4	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	4	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	4	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	4	SP	PA, LD, QL (120 capsules/30 days)
INLYTA - axitinib tab 1 mg	4	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	4	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	4	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
IWILFIN - eflornithine hcl tab 192 mg	4	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	4	SP	PA, LD, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	4	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
JYLAMVO - methotrexate oral soln 2 mg/ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	4	SP	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	4	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	4	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	4	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	4	SP	PA, QL (180 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	1		
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	1		
LEUKERAN - chlorambucil tab 2 mg	2		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	4	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	4	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	4	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	4	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	4	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	4	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	4	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	4	SP	LD

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LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	4	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	4	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	4	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	4	SP	LD
megestrol acetate susp 40 mg/ml	1		
megestrol acetate tab 20 mg, 40 mg	1		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	4	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	4	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	4	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	4	SP	PA, LD, QL (180 tablets/30 days)
MELPHALAN - melphalan tab 2 mg	2		
mercaptopurine tab 50 mg	1		
MESNEX - mesna tab 400 mg	2		
methotrexate sodium for inj 1 gm	1		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1		
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1		
methotrexate sodium tab 2.5 mg (base equiv)	1		
MYLERAN - busulfan tab 2 mg	2		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	4	SP	PA, LD, QL (180 tablets/30 days)
nilutamide tab 150 mg (Nilandron)	1		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	4	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	4	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	4	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	4	SP	PA, LD, QL (180 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	4	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	4	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	4	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	4	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	4	SP	PA, LD, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	4	SP	PA, QL (120 tablets/30 days)

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PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	4	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	4	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	SP	LD
QINLOCK - ripretinib tab 50 mg	4	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	4	SP	PA, LD, QL (240 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	4	SP	PA, LD, QL (120 capsules/30 days)
REZLIDHIA - olutasidenib cap 150 mg	4	SP	PA, LD, QL (60 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	4	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	4	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	4	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	4	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	4	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	4	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	4	SP	PA, LD, QL (300 tablets/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	4	SP	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	4	SP	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	4	SP	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	4	SP	PA, LD, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	4	SP	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	4	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	2		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	4	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	4	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	4	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)

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TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	4	SP	PA, LD, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	4	SP	PA, LD, QL (90 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	4	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	4	SP	PA, LD, QL (240 tablets/30 days)
temozolomide cap 5 mg, 20 mg	4	SP	PA
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	4	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	4	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	4	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1		
tretinoin cap 10 mg	4	SP	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	4	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	4	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	4	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	4	SP	PA, LD, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	4	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	4	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	4	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	4	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	4	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	4	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	4	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	4	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	4	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	4	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg	4	SP	PA, LD, QL (90 tablets/30 days)

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XALKORI - crizotinib cap 200 mg, 250 mg	4	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg	4	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	4	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	4	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	4	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	4	SP	PA, LD, QL (4 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	4	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	4	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	4	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	4	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	4	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	4	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	4	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	4	SP	PA, LD, QL (90 tablets/30 days)
ENDOCRINE AND METABOLIC DRUGS			
CORTICOSTEROIDS			
budesonide delayed release particles cap 3 mg	1		
budesonide tab er 24hr 9 mg (Uceris)	1		
deflazacort tab 6 mg (Emflaza)	4	SP	PA, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	4	SP	PA, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	4	SP	PA
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	2		
dexamethasone elixir 0.5 mg/5ml	1		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1		
fludrocortisone acetate tab 0.1 mg	1		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1		

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methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	1		
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	2		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1		
prednisolone soln 15 mg/5ml	1		
prednisolone tab 5 mg	1		
PREDNISONE - prednisone oral soln 5 mg/5ml	2		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1		
TARPEYO - budesonide delayed release cap 4 mg	4	SP	PA, LD, QL (120 capsules/30 days)
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	1		PA
methyltestosterone cap 10 mg	1		PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	2		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	1		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	1		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1		PA, QL (2 pumps/30 days)
testosterone td gel 10mg/act (2%) (Fortesta)	1		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	1		PA, QL (2 pumps/30 days)
ESTROGENS			
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2		QL (4 patches/28 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2		
estradiol & norethindrone acetate tab 0.5-0.1 mg	1		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1		
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1		

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estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	1		QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1		QL (4 patches/28 days)
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2		QL (1 pump/30 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	2		
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2		PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1		
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2		
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2		
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2		
CONTRACEPTIVES			
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
ELLA - ulipristal acetate tab 30 mg	2		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	1		PA

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levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	2		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1		
norethindrone acetate tab 5 mg (Aygestin)	1		
progesterone cap 100 mg, 200 mg (Prometrium)	1		
ANTIDIABETICS			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	1		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ dose	2		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/ dose	2		
diazoxide susp 50 mg/ml (Proglycem)	1		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2		ST, QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1		
glipizide tab 5 mg, 10 mg	1		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1		
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	3		PA
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	1		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	1		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2		ST, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		

Drug Name	Drug Tier	Specialty	Requirements/Limits
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2		
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	2		ST, QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2		ST, QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2		ST, QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	1		
metformin hcl tab 500 mg, 850 mg, 1000 mg	1		
mifepristone tab 300 mg (Korlym)	4	SP	PA, QL (120 tablets/30 days)
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	2		
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2		PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	1		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	2		PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2		PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1		
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	1		
repaglinide tab 0.5 mg, 1 mg, 2 mg	1		
RYBELSUS - semaglutide tab 3 mg	2		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	2		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	1		QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	1		QL (60 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	1		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2		ST, QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2		

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SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	2		ST, QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	2		ST, QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2		ST, QL (5 pens/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2		
Rapid-Acting Insulins			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	1		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	1		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	1		
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	1		
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1		
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	1		
NOVOLOG - insulin aspart inj soln 100 unit/ml	1		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1		
Short-Acting Insulins			
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	1		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	1		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	1		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	1		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	1		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	1		
RELION R - insulin regular (human) inj 100 unit/ml	1		
Intermediate-Acting Insulins			
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1		
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	1		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	1		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1		

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Basal Insulins			
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	1		
INSULIN DEGLUDEC FLEXTOUC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	1		
LANTUS - insulin glargine inj 100 unit/ml	1		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	1		
LEVEMIR - insulin detemir inj 100 unit/ml	1		
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	1		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	1		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	1		
TRESIBA - insulin degludec inj 100 unit/ml	1		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	1		
THYROID AGENTS			
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	2		
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	2		
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1		
methimazole tab 5 mg, 10 mg	1		
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	2		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	2		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	2		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	2		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	2		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	2		
propylthiouracil tab 50 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2		
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	2		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	1		QL (28 tablets/270 days)
ENDOCRINE and METABOLIC AGENTS - MISC.			
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	2		
alendronate sodium oral soln 70 mg/75ml	1		
alendronate sodium tab 10 mg, 35 mg	1		
alendronate sodium tab 70 mg (Fosamax)	1		
betaine powder for oral solution (Cystadane)	4	SP	PA
cabergoline tab 0.5 mg	1		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	1		
calcitonin (salmon) nasal soln 200 unit/act	1		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	1		
carglumic acid soluble tab 200 mg (Carbaglu)	4	SP	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1		PA
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	2		
desmopressin acetate inj 4 mcg/ml (Ddavp)	1		
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	1		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1		
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	1		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	4	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	4	SP	PA
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	4	SP	PA
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	4	SP	PA, LD

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Drug Name	Drug Tier	Specialty	Requirements/Limits
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	4	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	4	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	4	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	4	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	2		PA, QL (30 tablets/30 days)
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1		
levocarnitine tab 330 mg (Carnitor)	1		
MIFEPREX - mifepristone tab 200 mg	2		QL (1 tablet/30 days)
mifepristone tab 200 mg (Mifeprex)	1		QL (1 tablet/30 days)
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	4	SP	PA, LD, QL (30 vials/30 days)
MYCAPSSA - octreotide acetate cap delayed release 20 mg	4	SP	PA, LD, QL (120 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	4	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	4	SP	PA, LD
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	4	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	4	SP	PA, LD
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	4	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	4	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	4	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	4	SP	PA, LD
ORFADIN - nitisinone susp 4 mg/ml	4	SP	PA, LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	2		PA, QL (60 tablets/30 days)
OSPHENA - ospemifene tab 60 mg	3		PA
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	1		
paricalcitol cap 4 mcg	1		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	4	SP	PA, LD, QL (7 bottles/29 days)
raloxifene hcl tab 60 mg (Evista)	1		
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	4	SP	PA, LD, QL (525 mls/30 days)
risedronate sodium tab delayed release 35 mg (Atelvia)	1		
risedronate sodium tab 5 mg, 30 mg	1		

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risedronate sodium tab 35 mg, 150 mg (Actonel)	1		
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	4	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	4	SP	PA, LD
sodium phenylbutyrate oral powder 3 gm/ teaspoonful (Buphenyl)	4	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	4	SP	PA, QL (1200 tablets/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	4	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	4	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	4	SP	
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)	4	SP	PA
tolvaptan tab 15 mg (Samsca)	4	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	4	SP	QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	SP	PA, LD
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	4	SP	PA, LD, QL (30 vials/30 days)
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
digoxin oral soln 0.05 mg/ml (Digoxin)	1		
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)	1		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	2		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1		
NITRO-BID - nitroglycerin oint 2%	2		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
BETA BLOCKERS			
acebutolol hcl cap 200 mg, 400 mg	1		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1		
betaxolol hcl tab 10 mg, 20 mg	1		
bisoprolol fumarate tab 5 mg, 10 mg	1		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1		
labetalol hcl tab 100 mg, 200 mg, 300 mg	1		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	1		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1		
pindolol tab 5 mg, 10 mg	1		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1		
propranolol hcl oral soln 20 mg/5ml	1		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1		
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1		
sotalol hcl tab 240 mg	1		
timolol maleate tab 5 mg, 10 mg, 20 mg	1		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	1		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	1		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1		
diltiazem hcl tab 90 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1		
isradipine cap 2.5 mg, 5 mg	1		
nicardipine hcl cap 20 mg, 30 mg	1		
nifedipine cap 10 mg, 20 mg	1		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1		
nimodipine cap 30 mg	1		QL (252 capsules/180 days)
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	2		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	1		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	1		
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg, 300 mg	2		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1		
verapamil hcl tab 40 mg, 80 mg, 120 mg	1		
ANTIARRHYTHMICS			
amiodarone hcl tab 100 mg, 200 mg, 400 mg	1		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1		
flecainide acetate tab 50 mg, 100 mg, 150 mg	1		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	3		PA
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1		
propafenone hcl tab 150 mg, 225 mg, 300 mg	1		
quinidine gluconate tab er 324 mg	1		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	2		
ANTIHYPERTENSIVES			
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	1		QL (30 tablets/30 days)
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	1		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1		QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	1		QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1		
benazepril & hydrochlorothiazide tab 5-6.25 mg	1		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1		
benazepril hcl tab 5 mg	1		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	1		QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg (Atacand)	1		QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1		QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1		
enalapril maleate oral soln 1 mg/ml (Epaned)	1		QL (300 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1		
eplerenone tab 25 mg, 50 mg (Inspra)	1		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1		
guanfacine hcl tab 1 mg, 2 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1		QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1		QL (30 tablets/30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1		QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg (Cozaar)	1		QL (60 tablets/30 days)
losartan potassium tab 100 mg (Cozaar)	1		QL (30 tablets/30 days)
METHYLDOPA - methyldopa tab 250 mg, 500 mg	2		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1		
minoxidil tab 2.5 mg, 10 mg	1		
moexipril hcl tab 7.5 mg, 15 mg	1		
olmesartan medoxomil tab 5 mg (Benicar)	1		QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg (Benicar)	1		QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1		QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	1		QL (30 tablets/30 days)
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg	1		
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	2		
perindopril erbumine tab 4 mg	1		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	1		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1		
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)	1		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	1		QL (60 tablets/30 days)

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TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	2		ST, QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		
trandolapril tab 1 mg, 2 mg, 4 mg	1		
valsartan tab 40 mg, 80 mg, 160 mg (Diovan)	1		QL (60 tablets/30 days)
valsartan tab 320 mg (Diovan)	1		QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1		QL (30 tablets/30 days)
VECAMYL - mecamylamine hcl tab 2.5 mg	3		PA, LD
DIURETICS			
acetazolamide cap er 12hr 500 mg	1		
acetazolamide tab 125 mg, 250 mg	1		
amiloride hcl tab 5 mg	1		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	2		
bumetanide tab 0.5 mg (Bumex)	1		
bumetanide tab 1 mg, 2 mg	1		
chlorthalidone tab 25 mg, 50 mg	1		
dichlorphenamide tab 50 mg (Keveyis)	4	SP	PA, QL (120 tablets/30 days)
ethacrynic acid tab 25 mg (Edecrin)	1		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	4	SP	PA, LD, QL (8 kits/30 days)
furosemide oral soln 10 mg/ml	1		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1		
hydrochlorothiazide cap 12.5 mg	1		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1		
indapamide tab 1.25 mg, 2.5 mg	1		
methazolamide tab 25 mg, 50 mg	1		
metolazone tab 2.5 mg, 5 mg, 10 mg	1		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1		
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1		
triamterene & hydrochlorothiazide cap 37.5-25 mg	1		
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1		

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triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1		
triamterene cap 50 mg, 100 mg (Dyrenium)	1		
VASOPRESSORS			
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	2		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1		
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1		
ANTIHYPERLIPIDEMICS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	1		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	1		
cholestyramine light powder 4 gm/dose (Questran light)	1		
cholestyramine powder packets 4 gm (Questran)	1		
cholestyramine powder 4 gm/dose (Questran)	1		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	1		
colesevelam hcl packet for susp 3.75 gm (Welchol)	1		
colesevelam hcl tab 625 mg (Welchol)	1		
colestipol hcl granule packets 5 gm (Colestid flavored)	1		
colestipol hcl granules 5 gm (Colestid flavored)	1		
colestipol hcl tab 1 gm (Colestid)	1		
ezetimibe tab 10 mg (Zetia)	1		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	1		
fenofibrate tab 48 mg, 145 mg (Tricor)	1		
fenofibrate tab 54 mg, 160 mg	1		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1		QL (30 tablets/30 days)

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gemfibrozil tab 600 mg (Lopid)	1		
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	4	SP	PA, LD, QL (30 capsules/30 days)
lovastatin tab 10 mg, 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	2		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	1		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	1		QL (45 tablets/30 days)
pitavastatin calcium tab 4 mg (Livalo)	1		QL (30 tablets/30 days)
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2		PA, QL (2 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	1		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	1		QL (30 tablets/30 days)
simvastatin tab 5 mg	1		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	1		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	1		QL (60 tablets/30 days)
simvastatin tab 80 mg	1		QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	2		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	2		PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	4	SP	PA, LD, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	4	SP	PA, LD, QL (30 tablets/30 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	4	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	4	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	2		LD
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		LD

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ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2		QL (60 tablets/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1		
OPSUMIT - macitentan tab 10 mg	4	SP	PA, LD, QL (30 tablets/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	4	SP	PA, LD
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	4	SP	PA, LD, QL (1 kit/180 days)
sildenafil citrate tab 20 mg (Revatio)	1		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	4	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	4	SP	PA, LD, QL (120 tablets/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)	4	SP	PA
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	4	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	4	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	4	SP	PA, LD, QL (68 ampules/30 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	4	SP	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	4	SP	PA, QL (120 capsules/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	1		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTIHISTAMINES			
carbinoxamine maleate tab 4 mg	1		
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	2		
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1		
cyproheptadine hcl syrup 2 mg/5ml	1		
cyproheptadine hcl tab 4 mg	1		
desloratadine tab 5 mg (Clarinex)	1		
levocetirizine dihydrochloride tab 5 mg	1		
loratadine oral soln 5 mg/5ml	1		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	1		
loratadine syrup 5 mg/5ml	1		

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loratadine tab 10 mg	1		
promethazine hcl suppos 12.5 mg, 25 mg	1		
promethazine hcl syrup 6.25 mg/5ml	1		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1		
NASAL AGENTS - SYSTEMIC and TOPICAL			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1		QL (2 bottles/30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	1		QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	1		QL (1 bottle/30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/ spray)	1		QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/ spray)	1		QL (3 bottles/30 days)
olopatadine hcl nasal soln 0.6% (Patanase)	1		QL (1 bottle/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	2		PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY			
acetylcysteine inhal soln 10%, 20%	1		
benzonatate cap 100 mg, 200 mg	1		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	1		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	1		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	1		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	1		
PROMETHAZINE VC - promethazine & phenylephrine syrup 6.25-5 mg/5ml	2		
PROMETHAZINE VC/CODEINE - promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2		
promethazine w/ codeine syrup 6.25-10 mg/5ml	1		
promethazine-dm syrup 6.25-15 mg/5ml	1		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1		
sodium chloride soln nebu 3%, 10%	1		
sodium chloride soln nebu 7% (Hypersal)	1		
ANTIASTHMATIC and BRONCHODILATOR AGENTS			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2		QL (1 canister/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1		QL (2 inhalers/30 days)

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albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1		
albuterol sulfate syrup 2 mg/5ml	1		
albuterol sulfate tab 2 mg, 4 mg	1		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2		QL (2 canisters/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2		QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	1		PA, QL (3 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	1		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2		QL (3 canisters/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	4	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	2		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	2		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	2		QL (1 canister/30 days)

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FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	2		QL (2 canisters/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	1		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1		
montelukast sodium tab 10 mg (base equiv) (Singulair)	1		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	4	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	4	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	4	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2		QL (1 canister/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2		QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	1		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2		QL (60 blisters/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2		QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2		QL (1 cartridge/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	1		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	4	SP	PA, LD, QL (1 pen/28 days)
theophylline elixir 80 mg/15ml	1		
theophylline soln 80 mg/15ml	1		
theophylline tab er 12hr 300 mg, 450 mg	1		
theophylline tab er 24hr 400 mg, 600 mg	1		
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	1		PA, QL (30 capsules/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2		QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2		QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	SP	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	1		
zileuton tab er 12hr 600 mg	1		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
KALYDECO - ivacaftor tab 150 mg	4	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	4	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	4	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	4	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	4	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	4	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	4	SP	PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	4	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	4	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	4	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	4	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	SP	PA, LD, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	4	SP	PA, LD, QL (56 packets/28 days)

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TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	4	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	4	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	4	SP	PA, LD, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS			
LAXATIVES			
lactulose solution 10 gm/15ml	1		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1		
SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	2		
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	2		
ANTIDIARRHEALS			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1		
MYTESI - crofelemer tab delayed release 125 mg	3		PA, LD
ULCER DRUGS			
dicyclomine hcl cap 10 mg	1		
dicyclomine hcl oral soln 10 mg/5ml	1		
dicyclomine hcl tab 20 mg	1		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	1		QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	1		QL (30 packets/30 days)
famotidine for susp 40 mg/5ml	1		
famotidine tab 20 mg, 40 mg (Pepcid)	1		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1		
glycopyrrolate tab 1 mg (Robinul)	1		
glycopyrrolate tab 2 mg (Robinul forte)	1		
lansoprazole cap delayed release 30 mg (Prevacid)	1		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	1		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	2		QL (30 packets/30 days)

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NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	2		QL (30 packets/30 days)
NIZATIDINE - nizatidine cap 300 mg	3		PA
omeprazole cap delayed release 10 mg, 40 mg	1		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	1		QL (120 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	1		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	1		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	1		
ANTIEMETICS			
ANZEMET - dolasetron mesylate tab 50 mg	3		PA, QL (7 tablets/30 days)
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1		QL (2 packs/30 days)
aprepitant capsule 40 mg	1		
aprepitant capsule 80 mg (Emend)	1		QL (4 capsules/30 days)
aprepitant capsule 125 mg	1		QL (2 capsules/30 days)
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	1		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg (Marinol)	1		
dronabinol cap 5 mg, 10 mg	1		
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	2		QL (6 packages/30 days)
granisetron hcl tab 1 mg	1		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	1		
ondansetron hcl oral soln 4 mg/5ml	1		
ondansetron hcl tab 4 mg, 8 mg	1		
ondansetron orally disintegrating tab 4 mg, 8 mg	1		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1		
trimethobenzamide hcl cap 300 mg	1		
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	4	SP	LD, QL (4 tablets/30 days)
DIGESTIVE AIDS			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2		
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit,	2		

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40000-126000-168000 unit, 60000-189600-252600 unit			
GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	1		PA, QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	1		
BYLVAY - odevixibat cap 400 mcg	4	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - odevixibat cap 1200 mcg	4	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	4	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	4	SP	PA, LD, QL (300 capsules/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1		
calcium acetate (phosphate binder) tab 667 mg	1		
CHENODAL - chenodiol tab 250 mg	4	SP	LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	4	SP	PA, LD
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	4	SP	PA, QL (2 kits/28 days)
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	4	SP	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	4	SP	PA, QL (1 kit/180 days)
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1		
GATTEX - teduglutide (rdna) for inj kit 5 mg	4	SP	PA, LD, QL (30 vials/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	1		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1		ST
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	4	SP	PA, LD, QL (90 mls/30 days)
lubiprostone cap 8 mcg (Amitiza)	1		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	1		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	1		
mesalamine cap er 24hr 0.375 gm (Apriso)	1		
MESALAMINE DR - mesalamine tab delayed release 800 mg	2		
mesalamine enema 4 gm	1		
mesalamine suppos 1000 mg (Canasa)	1		
mesalamine tab delayed release 1.2 gm (Lialda)	1		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1		
sevelamer carbonate tab 800 mg (Renvela)	1		
sevelamer hcl tab 400 mg	1		
sevelamer hcl tab 800 mg (Renagel)	1		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	4	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1		
sulfasalazine tab 500 mg (Azulfidine)	1		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	2		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	1		
ursodiol tab 250 mg (Urso 250)	1		
ursodiol tab 500 mg (Urso forte)	1		
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	3		ST
VIBERZI - eluxadoline tab 75 mg, 100 mg	2		PA, QL (60 tablets/30 days)
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	1		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	1		
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3		PA, QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	1		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	1		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	1		QL (120 tablets/30 days)
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1		QL (60 tablets/30 days)
trospium chloride cap er 24hr 60 mg	1		QL (30 capsules/30 days)
trospium chloride tab 20 mg	1		QL (60 tablets/30 days)
VAGINAL PRODUCTS			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	2		
clindamycin phosphate vaginal cream 2% (Cleocin)	1		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	2		
estradiol vaginal cream 0.1 mg/gm (Estrace)	1		QL (255 grams/365 days)
estradiol vaginal tab 10 mcg (Vagifem)	1		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3		PA
INTRAROSA - prasterone vaginal insert 6.5 mg	3		PA
metronidazole vaginal gel 0.75%	1		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	2		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	2		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2		
terconazole vaginal cream 0.4%, 0.8%	1		
terconazole vaginal suppos 80 mg	1		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	2		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	1		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	2		LD
dutasteride cap 0.5 mg (Avodart)	1		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1		
ELMIRON - pentosan polysulfate sodium caps 100 mg	3		PA
FILSPARI - sparsentan tab 200 mg, 400 mg	4	SP	PA, LD, QL (30 tablets/30 days)
finasteride tab 5 mg (Proscar)	1		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1		

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silodosin cap 4 mg, 8 mg (Rapaflo)	1		
sodium chloride irrigation soln 0.9%	1		
sodium citrate & citric acid soln 500-334 mg/5ml	1		
tamsulosin hcl cap 0.4 mg (Flomax)	1		
THIOLA EC - tiopronin tab delayed release 100 mg	4	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	4	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	4	SP	PA, QL (600 tablets/30 days)
CENTRAL NERVOUS SYSTEM DRUGS			
ANTIANXIETY AGENTS			
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	1		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1		
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	1		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1		
clorazepate dipotassium tab 3.75 mg, 15 mg	1		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1		
diazepam conc 5 mg/ml	1		
diazepam oral soln 1 mg/ml	1		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1		
hydroxyzine hcl syrup 10 mg/5ml	1		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1		
lorazepam conc 2 mg/ml	1		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1		
meprobamate tab 200 mg	1		QL (120 tablets/30 days)
meprobamate tab 400 mg	1		QL (180 tablets/30 days)
oxazepam cap 10 mg, 15 mg, 30 mg	1		
ANTIDEPRESSANTS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	1		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1		
bupropion hcl tab 75 mg, 100 mg	1		
citalopram hydrobromide oral soln 10 mg/5ml	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	1		QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
doxepin hcl conc 10 mg/ml	1		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1		
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	3		PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	1		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1		
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	3		ST, QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3		ST, QL (1 pack/180 days)
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1		
fluoxetine hcl solution 20 mg/5ml	1		
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	1		
fluvoxamine maleate tab 25 mg, 50 mg	1		QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	1		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	1		
MARPLAN - isocarboxazid tab 10 mg	3		PA
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	1		QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 45 mg	1		QL (30 tablets/30 days)
mirtazapine tab 15 mg, 30 mg (Remeron)	1		QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3		PA
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1		
nortriptyline hcl soln 10 mg/5ml	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	1		
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	2		
protriptyline hcl tab 5 mg, 10 mg	1		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1		
tranylcypromine sulfate tab 10 mg (Parnate)	1		
trazodone hcl tab 50 mg, 100 mg, 150 mg	1		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	3		ST, QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1		QL (30 tablets/30 days)
ANTIPSYCHOTICS			
aripiprazole oral solution 1 mg/ml	1		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	1		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1		QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1		QL (60 tablets/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	2		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	1		
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	1		
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3		ST, QL (1 pack/180 days)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1		
haloperidol lactate oral conc 2 mg/ml	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1		
LITHIUM CARBONATE - lithium carbonate cap 600 mg	2		
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1		
lithium carbonate tab er 300 mg (Lithobid)	1		
lithium carbonate tab er 450 mg	1		
lithium carbonate tab 300 mg	1		
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	1		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	1		QL (60 tablets/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	1		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	1		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1		
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1		
prochlorperazine suppos 25 mg	1		
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	1		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	1		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	1		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	1		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2		QL (30 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	1		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	1		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	1		QL (480 mls/30 days)
risperidone tab 0.25 mg	1		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	1		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	1		QL (120 tablets/30 days)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1		
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1		QL (60 capsules/30 days)
HYPNOTICS			
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	1		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	1		
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1		QL (30 tablets/30 days)
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg, 30 mg	3		PA
phenobarbital elixir 20 mg/5ml	1		
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1		
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	2		ST, QL (30 tablets/30 days)
ramelteon tab 8 mg (Rozerem)	1		QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	4	SP	PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)	1		
zaleplon cap 5 mg, 10 mg	1		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1		QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	2		QL (60 tablets/30 days)
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	2		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	2		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	2		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	1		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	1		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	1		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	1		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	2		PA, QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	2		QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	2		QL (60 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	1		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	1		QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	4	SP	PA, LD, QL (10 vials/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1		PA, QL (30 tablets/30 days)
methamphetamine hcl tab 5 mg (Desoxyn)	1		QL (150 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	1		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	1		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	1		QL (450 mls/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
methylphenidate hcl soln 10 mg/5ml (Methylin)	1		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	1		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	1		QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1		QL (90 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	1		QL (30 tablets/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	3		QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3		PA, QL (30 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.			
acamprosate calcium tab delayed release 333 mg	1		
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	4	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	4	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	4	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	3		PA
dalfampridine tab er 12hr 10 mg (Ampyra)	1		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	4	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	4	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	4	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	1		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1		
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	3		PA
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	4	SP	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	1		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1		

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glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	4	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	4	SP	QL (12 syringes/28 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	4	SP	PA, QL (1 pen/28 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	2		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	4	SP	PA, LD, QL (30 packets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	4	SP	PA, LD, QL (8 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	4	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	4	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	4	SP	PA, LD, QL (14 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	4	SP	PA, LD, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	4	SP	PA, LD, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	4	SP	PA, LD, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	4	SP	PA, LD, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	SP	PA, LD, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	SP	PA, LD, QL (12 tablets/180 days)
memantine hcl oral solution 2 mg/ml	1		
memantine hcl tab 5 mg, 10 mg (Namenda)	1		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1		
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/ spray)	2		
paroxetine mesylate cap 7.5 mg (base equiv)	1		

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PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3		PA
PIMOZIDE - pimozide tab 1 mg, 2 mg	2		
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	4	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	4	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	4	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	SP	PA, LD, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	4	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	4	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	SP	PA, QL (1 kit/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	SP	PA, QL (1 kit/28 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	3		ST, QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3		ST, QL (1 pack/180 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	4	SP	PA, LD, QL (540 ml/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	4	SP	PA, LD, QL (30 tablets/30 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	4	SP	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	4	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	4	SP	PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		

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XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	4	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	4	SP	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	4	SP	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	4	SP	PA, QL (7 capsules/180 days)
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/ acetamino)	1		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	1		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1		QL (180 capsules/30 days)
diflunisal tab 500 mg	1		
TENCON - butalbital-acetaminophen tab 50-325 mg	2		QL (180 tablets/30 days)
ANALGESICS - NARCOTIC			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine)	1		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	1		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	1		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	1		PA, QL (2700 mls/30 days)
APADAZ - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		PA, QL (360 tablets/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	2		PA, QL (60 films/30 days)
BENZHYDROCODONE/ACETAMINO - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		PA, QL (360 tablets/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1		QL (60 films/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1		QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	1		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	1		PA, QL (2 bottles/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	1		PA, QL (180 tablets/30 days)
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	1		PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3		PA, QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	1		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	1		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	1		PA, QL (120 tablets/30 days)
methadone hcl conc 10 mg/ml (Methadose)	1		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	1		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	1		PA, QL (90 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	1		PA, QL (2700 mls/30 day)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	1		PA, QL (120 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	1		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	1		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	1		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3		PA, QL (60 tablets/30 days)
oxycodone hcl cap 5 mg	1		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	1		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	1		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	1		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	1		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	1		PA, QL (120 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	1		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		PA, QL (180 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	1		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2		PA, QL (180 capsules/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	2		QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	2		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	2		QL (60 tablets/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	4	SP	PA, LD, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	4	SP	PA, QL (4 pens/28 days)
AMJEVITA - adalimumab-atto soln auto-injector 40 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)
AMJEVITA - adalimumab-atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	4	SP	PA, QL (2 syringes/28 days)
ARCALYST - rilonacept for inj 220 mg	4	SP	PA, LD, QL (4 vials/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
diclofenac potassium tab 50 mg	1		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1		
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	4	SP	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	4	SP	PA, QL (8 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	4	SP	PA, QL (4 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	4	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	4	SP	PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	1		
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	1		
etodolac tab 400 mg (Lodine)	1		
etodolac tab 500 mg	1		
fenoprofen calcium tab 600 mg (Nalfon)	1		
flurbiprofen tab 100 mg	1		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	4	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	4	SP	PA, QL (2 syringes/28 days)
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	4	SP	PA, QL (1 kit/180 days)
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	4	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	4	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	4	SP	PA, QL (1 kit/180 days)
ibuprofen tab 400 mg, 600 mg, 800 mg	1		
indomethacin cap er 75 mg	1		
indomethacin cap 25 mg, 50 mg	1		
ketorolac tromethamine tab 10 mg	1		QL (20 tablets/5 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	4	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	4	SP	PA, QL (2 syringes/28 days)
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	4	SP	PA, LD, QL (30 syringes/30 days)
leflunomide tab 10 mg, 20 mg (Arava)	1		
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	3		PA
meloxicam tab 7.5 mg, 15 mg	1		
nabumetone tab 500 mg, 750 mg	1		
naproxen sodium tab 275 mg	1		
naproxen sodium tab 550 mg (Anaprox ds)	1		
naproxen tab 250 mg, 375 mg	1		
naproxen tab 500 mg (Naprosyn)	1		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	4	SP	PA, LD, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	4	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	4	SP	PA, QL (4 pens/28 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	4	SP	PA, QL (55 tablets/180 days)
OTEZLA - apremilast tab 30 mg	4	SP	PA, QL (60 tablets/30 days)
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	2		ST
oxaprozin tab 600 mg (Daypro)	1		
piroxicam cap 10 mg, 20 mg (Feldene)	1		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	4	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	4	SP	PA, LD, QL (84 tablets/365 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	4	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	4	SP	PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	1		
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	4	SP	PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	4	SP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	4	SP	PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	4	SP	PA, QL (30 tablets/30 days)

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XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	4	SP	PA, QL (120 tablets/365 days)
MIGRAINE PRODUCTS			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2		PA, QL (1 pen/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	1		PA, QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1		PA, QL (24 ampules/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	1		PA, QL (8 vials/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1		QL (12 tablets/30 days)
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1		QL (6 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2		PA, QL (1 pen/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2		PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		PA, QL (1 syringe/28 days)
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	1		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1		PA, QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	1		QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	2		PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2		PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	2		PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1		QL (12 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1		QL (12 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	1		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	1		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml	1		QL (8 vials/30 days)

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SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml	2		PA, QL (12 doses/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 6 mg/0.5ml	2		PA, QL (8 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	1		QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1		QL (8 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	1		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg (Imitrex)	1		QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg (Imitrex)	1		QL (9 tablets/30 days)
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	2		PA, QL (12 mls/28 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	2		PA, QL (16 tablets/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	1		QL (12 units/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	1		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	1		QL (12 tablets/30 days)
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit	3		PA, QL (12 units/30 days)
GOUT AGENTS			
allopurinol tab 100 mg, 300 mg (Zyloprim)	1		
colchicine tab 0.6 mg (Colcrys)	1		
colchicine w/ probenecid tab 0.5-500 mg	1		
febuxostat tab 40 mg, 80 mg (Uloric)	1		QL (30 tablets/30 days)
probenecid tab 500 mg	1		
NEUROMUSCULAR DRUGS			
ANTICONVULSANTS			
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2		
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	3		PA
BRIVIACT - brivaracetam oral soln 10 mg/ml	3		PA
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1		
carbamazepine chew tab 100 mg	1		
carbamazepine susp 100 mg/5ml (Tegretol)	1		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1		
carbamazepine tab 200 mg (Tegretol)	1		
CELONTIN - methsuximide cap 300 mg	3		PA
clobazam suspension 2.5 mg/ml (Onfi)	1		
clobazam tab 10 mg, 20 mg (Onfi)	1		

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clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1		
DIACOMIT - stiripentol cap 250 mg, 500 mg	4	SP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	4	SP	
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1		
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	2		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1		
EPIDIOLEX - cannabidiol soln 100 mg/ml	4	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	2		QL (473 mls/29 days)
ethosuximide cap 250 mg (Zarontin)	1		
ethosuximide soln 250 mg/5ml	1		
felbamate susp 600 mg/5ml (Felbatol)	1		
felbamate tab 400 mg, 600 mg (Felbatol)	1		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	4	SP	PA, LD
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3		PA
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1		
gabapentin oral soln 250 mg/5ml (Neurontin)	1		
gabapentin tab 600 mg, 800 mg (Neurontin)	1		
lacosamide oral solution 10 mg/ml (Vimpat)	1		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	1		
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	1		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	1		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	1		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1		
levetiracetam oral soln 100 mg/ml (Keppra)	1		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1		
methsuximide cap 300 mg (Celontin)	1		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	2		QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1		
phenytoin chew tab 50 mg (Dilantin infatabs)	1		
phenytoin sodium extended cap 100 mg (Dilantin)	1		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	1		
phenytoin susp 125 mg/5ml (Dilantin-125)	1		
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)	1		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	1		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	1		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	1		
rufinamide susp 40 mg/ml (Banzel)	1		
rufinamide tab 200 mg, 400 mg (Banzel)	1		
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	2		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	1		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	1		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	1		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	1		PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	1		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1		
valproate sodium oral soln 250 mg/5ml (base equiv)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
valproic acid cap 250 mg	1		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	2		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	2		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	2		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	2		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	4	SP	LD
vigabatrin tab 500 mg (Sabril)	4	SP	LD
zonisamide cap 25 mg, 100 mg (Zonegran)	1		
zonisamide cap 50 mg	1		
ZTALMY - ganaxolone susp 50 mg/ml	4	SP	PA, LD, QL (1100 mls/30 days)
ANTIPARKINSON AGENTS			
amantadine hcl cap 100 mg	1		
amantadine hcl soln 50 mg/5ml	1		
amantadine hcl tab 100 mg	1		
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	4	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1		
carbidopa & levodopa tab 25-250 mg	1		
carbidopa tab 25 mg (Lodosyn)	1		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1		
entacapone tab 200 mg (Comtan)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
INBRIJA - levodopa inhal powder cap 42 mg	4	SP	PA, LD
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	1		
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	1		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1		
selegiline hcl cap 5 mg	1		
selegiline hcl tab 5 mg	1		
tolcapone tab 100 mg (Tasmar)	1		
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	2		
trihexyphenidyl hcl tab 2 mg, 5 mg	1		
NEUROMUSCULAR AGENTS			
DAYBUE - trofinetide oral soln 200 mg/ml	4	SP	PA, LD, QL (3600 mls/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	4	SP	PA, LD, QL (80 mls/12 days)
EXSERVAN - riluzole oral film 50 mg	4	SP	PA, LD, QL (60 films/30 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	4	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	4	SP	PA, LD, QL (70 mls/180 days)
riluzole tab 50 mg (Rilutek)	1		
SKYCLARYS - omaveloxolone cap 50 mg	4	SP	PA, QL (90 capsules/30 days)
MUSCULOSKELETAL THERAPY AGENTS			
baclofen susp 25 mg/5ml (Fleqsuvy)	1		
baclofen tab 10 mg, 20 mg	1		
carisoprodol tab 350 mg (Soma)	1		
chlorzoxazone tab 500 mg	1		
cyclobenzaprine hcl tab 5 mg, 10 mg	1		
dantrolene sodium cap 25 mg (Dantrium)	1		
dantrolene sodium cap 50 mg, 100 mg	1		
metaxalone tab 400 mg, 800 mg	1		
methocarbamol tab 500 mg, 750 mg	1		
orphenadrine citrate tab er 12hr 100 mg	1		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	4	SP	PA, LD, QL (112 capsules/28 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SOHONOS - palovarotene cap 2.5 mg	4	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	4	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	4	SP	PA, LD, QL (56 capsules/28 days)
tizanidine hcl tab 2 mg (base equivalent)	1		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1		
ANTIMYASTHENIC AGENTS			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	4	SP	PA, LD, QL (240 tablets/30 days)
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1		
pyridostigmine bromide tab 60 mg (Mestinon)	1		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	1		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1		
phytonadione tab 5 mg (Mephyton)	1		QL (2 tablets/30 days)
MULTIVITAMINS			
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	2		
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	2		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	2		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	2		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg, 29-1 mg	2		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		

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PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	2		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	2		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	2		
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
MINERALS and ELECTROLYTES			
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1		
potassium chloride cap er 8 meq, 10 meq	1		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1		
potassium chloride tab er 8 meq (600 mg)	1		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1		
potassium phosphate monobasic tab 500 mg (K-phos)	1		

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SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1		
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	4	SP	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	4	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	4	SP	PA, LD, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	1		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	4	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	2		
ENDARI - glutamine (sickle cell) powd pack 5 gm	4	SP	PA, LD
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg, 1 mg	1		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
miglustat cap 100 mg (Zavesca)	4	SP	PA, QL (90 capsules/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	4	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	SP	PA

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PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	4	SP	PA, QL (30 tablets/30 days)
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	SP	PA
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	4	SP	PA, QL (2 pens/28 days)
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	SP	PA
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	1		QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	2		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	2		QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2		QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	1		QL (30 syringes/90 days)
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1		QL (10 vials/90 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	1		QL (30 syringes/90 days)
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	1		
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1		
XARELTO - rivaroxaban for susp 1 mg/ml	2		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	2		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	2		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2		QL (1 pack/30 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	1		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	1		
tranexamic acid tab 650 mg (Lysteda)	1		

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HEMATOLOGICAL AGENTS - MISC.			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	4	SP	PA, LD
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	4	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	4	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	SP	PA, LD
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	SP	PA
anagrelide hcl cap 0.5 mg (Agrylin)	1		
anagrelide hcl cap 1 mg	1		
aspirin-dipyridamole cap er 12hr 25-200 mg	1		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
BRILINTA - ticagrelor tab 60 mg, 90 mg	2		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	4	SP	PA, LD, QL (30 kits/30 days)
cilostazol tab 50 mg, 100 mg	1		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	4	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1		
clopidogrel bisulfate tab 300 mg (base equiv)	1		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	4	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	4	SP	PA, LD
dipyridamole tab 25 mg, 50 mg, 75 mg	1		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	4	SP	PA
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	4	SP	PA, LD, QL (8 vials/28 days)

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ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	4	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	4	SP	PA, LD, QL (16 vials/30 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	4	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	4	SP	PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	4	SP	PA, LD, QL (12 syringes/30 days)
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	4	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	4	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	4	SP	PA
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	4	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	4	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	4	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	4	SP	PA, LD

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NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	4	SP	PA, LD
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	4	SP	PA, LD, QL (30 capsules/30 days)
pentoxifylline tab er 400 mg	1		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	4	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	4	SP	PA, LD, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	4	SP	PA, LD, QL (1 pack/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	4	SP	PA, LD
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	4	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	4	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	4	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	4	SP	PA, LD, QL (2 vials/28 days)
TAVNEOS - avacopan cap 10 mg	4	SP	PA, LD, QL (180 capsules/30 days)
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	4	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	4	SP	PA

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WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	4	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	4	SP	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3		PA
TOPICAL PRODUCTS			
OPHTHALMIC AGENTS			
ALOCRIL - nedocromil sodium ophth soln 2%	3		PA
ALOMIDE - lodoxamide tromethamine ophth soln 0.1%	3		PA
ALREX - loteprednol etabonate ophth susp 0.2%	3		PA
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	2		
atropine sulfate ophth soln 1% (Atropine sulfate)	1		
azelastine hcl ophth soln 0.05%	1		
BACITRACIN - bacitracin ophth oint 500 unit/gm	2		
bacitracin-polymyxin b ophth oint	1		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1		
bepotastine besilate ophth soln 1.5% (Bepreve)	1		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3		PA
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	3		PA
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	2		
bimatoprost ophth soln 0.03%	1		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	1		
brimonidine tartrate ophth soln 0.2%	1		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	2		
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1		

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CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	2		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	2		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1		
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3		PA
diclofenac sodium ophth soln 0.1%	1		
difluprednate ophth emulsion 0.05% (Durezol)	1		
dorzolamide hcl ophth soln 2% (Trusopt)	1		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1		
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	1		
epinastine hcl ophth soln 0.05%	1		
erythromycin ophth oint 5 mg/gm	1		
fluorometholone ophth susp 0.1% (Fml liquifilm)	1		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	2		
gatifloxacin ophth soln 0.5% (Zymaxid)	1		
gentamicin sulfate ophth soln 0.3%	1		
ILEVRO - nepafenac ophth susp 0.3%	3		PA
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1		
ketorolac tromethamine ophth soln 0.5% (Acular)	1		
latanoprost ophth soln 0.005% (Xalatan)	1		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	2		
LOTEMAX - loteprednol etabonate ophth gel 0.5%	2		
LOTEPREDNOL ETABONATE - loteprednol etabonate ophth gel 0.5%	2		
loteprednol etabonate ophth susp 0.2% (Alrex)	1		
loteprednol etabonate ophth susp 0.5% (Lotemax)	1		
LUMIGAN - bimatoprost ophth soln 0.01%	2		QL (2.5 mls/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1		
NATACYN - natamycin ophth susp 5%	2		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2		

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ofloxacin ophth soln 0.3% (Ocuflox)	1		
phenylephrine hcl ophth soln 2.5%, 10%	1		
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	3		PA, LD
pilocarpine hcl ophth soln 1% (Isopto carpine)	1		
pilocarpine hcl ophth soln 2%, 4%	1		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1		
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	2		
proparacaine hcl ophth soln 0.5% (Alcaine)	1		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2		PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3		PA, QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2		
sulfacetamide sodium ophth soln 10% (Bleph-10)	1		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1		QL (30 containers/30 days)
tetracaine hcl ophth soln 0.5%	1		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	1		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	1		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	2		
tobramycin ophth soln 0.3%	1		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1		
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	2		
tropicamide ophth soln 0.5%	1		
tropicamide ophth soln 1% (Mydriacyl)	1		
XIIDRA - lifitegrast ophth soln 5%	3		PA, QL (60 vials/30 days)
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	3		PA, QL (60 vials/30 days)
ZIRGAN - ganciclovir ophth gel 0.15%	3		PA
OTIC AGENTS			

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acetic acid otic soln 2%	1		
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	3		PA
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1		
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	3		PA
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1		
hydrocortisone w/ acetic acid otic soln 1-2%	1		
neomycin-polymyxin-hc otic soln 1%	1		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1		
ofloxacin otic soln 0.3%	1		
MOUTH/THROAT/DENTAL AGENTS			
cevimeline hcl cap 30 mg (Evoxac)	1		
chlorhexidine gluconate soln 0.12% (Peridex)	1		
clotrimazole troche 10 mg	1		
lidocaine hcl viscous soln 2%	1		
nystatin susp 100000 unit/ml	1		
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	3		PA
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1		
PREVIDENT RINSE - sodium fluoride rinse 0.2%	2		
sodium fluoride cream 1.1% (Prevident 5000 plus)	1		
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1		
sodium fluoride paste 1.1% (Prevident 5000 boost)	1		
stannous fluoride gel 0.4%	1		
triamcinolone acetonide dental paste 0.1%	1		
ANORECTAL AGENTS			
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1		
hydrocortisone enema 100 mg/60ml (Cortenema)	1		
hydrocortisone perianal cream 1% (Proctocort)	1		
hydrocortisone perianal cream 2.5% (Anusol-hc)	1		
nitroglycerin oint 0.4% (Rectiv)	1		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2		
RECTIV - nitroglycerin oint 0.4%	3		PA
DERMATOLOGICALS			
acitretin cap 10 mg, 17.5 mg, 25 mg	1		
acyclovir oint 5% (Zovirax)	1		

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adapalene gel 0.1%	1		
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	4	SP	PA, LD, QL (4 syringes/28 days)
alclometasone dipropionate cream 0.05%	1		QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	1		QL (120 grams/30 days)
ALTABAX - retapamulin oint 1%	3		PA
azelaic acid gel 15% (Finacea)	1		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1		
betamethasone dipropionate augmented cream 0.05%	1		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	1		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	1		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	1		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	1		QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	1		QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	1		QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	1		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	4	SP	PA
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	1		
calcipotriene cream 0.005% (Dovonex)	1		QL (120 grams/30 days)
calcipotriene oint 0.005%	1		QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	1		QL (120 mls/30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	1		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	1		QL (120 grams/30 days)
CALCITRIOL - calcitriol oint 3 mcg/gm	3		PA, QL (200 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	4	SP	PA, QL (30 tablets/30 days)
ciclopirox gel 0.77%	1		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1		
ciclopirox shampoo 1% (Loprox shampoo)	1		
ciclopirox solution 8% (Penlac Nail Lacquer)	1		QL (6.6 mls/30 days)

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clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1		
clindamycin phosphate gel 1% (Clindagel)	1		
clindamycin phosphate lotion 1% (Cleocin-t)	1		
clindamycin phosphate soln 1%	1		QL (120 grams/30 days)
clindamycin phosphate swab 1%	1		
clindamycin phosphate-benzoyl peroxide gel 1-5%	1		
clobetasol propionate cream 0.05% (Temovate)	1		QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	1		QL (210 grams/28 days)
clobetasol propionate gel 0.05%	1		QL (210 grams/28 days)
clobetasol propionate oint 0.05%	1		QL (210 grams/28 days)
clobetasol propionate soln 0.05%	1		QL (200 mls/28 days)
clocortolone pivalate cream 0.1% (Cloderm)	1		QL (135 grams/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1		
CORDRAN - flurandrenolide tape 4 mcg/sqcm	3		ST, QL (1 box/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	4	SP	PA, LD, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	4	SP	PA, LD, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	4	SP	PA, LD, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	4	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	4	SP	PA, LD, QL (1 pen/28 days)
CROTAN - crotamiton lotion 10%	3		PA
desonide cream 0.05% (Desowen)	1		QL (120 grams/30 days)
desonide oint 0.05%	1		QL (120 grams/30 days)
desoximetasone cream 0.05%, 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone gel 0.05% (Topicort)	1		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	1		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	1		QL (150 mls/30 days)
doxepin hcl cream 5% (Prudoxin)	1		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	4	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	4	SP	PA, QL (2 syringes/28 days)
econazole nitrate cream 1%	1		QL (120 grams/30 days)
ERTACZO - sertaconazole nitrate cream 2%	3		PA
erythromycin gel 2% (Erygel)	1		

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erythromycin soln 2%	1		
EXELDERM - sulconazole nitrate cream 1%	3		PA
finasteride tab 1 mg (Propecia)	1		
FLUOCINOLONE ACETONIDE - fluocinolone acetonide cream 0.01%	1		ST, QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	1		QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	1		QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	1		QL (120 mls/30 days)
fluocinonide cream 0.05%	1		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	1		QL (120 grams/30 days)
fluocinonide gel 0.05%	1		QL (120 grams/30 days)
fluocinonide oint 0.05%	1		QL (120 grams/30 days)
fluocinonide soln 0.05%	1		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%, 5%	2		
fluorouracil cream 5% (Efudex)	1		PA, QL (240 grams/84 days)
fluticasone propionate cream 0.05%	1		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	1		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	1		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	1		
halcinonide cream 0.1% (Halog)	1		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	1		QL (200 grams/28 days)
HALOG - halcinonide oint 0.1%	3		ST, QL (120 grams/30 days)
hydrocortisone butyrate oint 0.1%	1		QL (135 grams/30 days)
hydrocortisone cream 2.5%	1		QL (454 grams/30 days)
hydrocortisone lotion 2.5%	1		QL (118 mls/30 days)
hydrocortisone oint 2.5%	1		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	1		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	1		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	2		PA, LD, QL (70 grams/84 days)
imiquimod cream 5%	1		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1		
ivermectin cream 1% (Soolantra)	1		PA
ketoconazole cream 2%	1		QL (120 grams/30 days)
ketoconazole shampoo 2%	1		
lidocaine hcl soln 4%	1		QL (150 mls/30 days)

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lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1		
lidocaine patch 5% (Lidoderm)	1		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	1		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	4	SP	PA, LD, QL (28 capsules/28 days)
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	1		
malathion lotion 0.5% (Ovide)	1		
METHOXSALEN - methoxsalen rapid cap 10 mg	2		
metronidazole cream 0.75% (Metrocream)	1		
metronidazole gel 0.75%	1		
metronidazole gel 1% (Metrogel)	1		
metronidazole lotion 0.75% (Metrolotion)	1		
mometasone furoate cream 0.1%	1		QL (135 grams/30 days)
mometasone furoate oint 0.1%	1		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	1		QL (120 mls/30 days)
mupirocin oint 2%	1		
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3		PA
nystatin cream 100000 unit/gm	1		
nystatin oint 100000 unit/gm	1		
nystatin topical powder 100000 unit/gm	1		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1		
oxiconazole nitrate cream 1% (Oxistat)	1		PA
PANRETIN - alitretinoin gel 0.1%	3		PA
penciclovir cream 1% (Denavir)	1		
permethrin cream 5%	1		
pimecrolimus cream 1% (Elidel)	1		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	2		
podofilox gel 0.5% (Condylox)	1		
REGRANEX - becaplermin gel 0.01%	3		PA
SANTYL - collagenase oint 250 unit/gm	3		PA, QL (90 grams/30 days)
selenium sulfide lotion 2.5%	1		
silver sulfadiazine cream 1% (Silvadene)	1		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	4	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	4	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	2		

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SPINOSAD - spinosad susp 0.9%	3		PA
STELARA - ustekinumab inj 45 mg/0.5ml	4	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	4	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	4	SP	PA, QL (1 syringe/56 days)
sulfacetamide sodium lotion 10% (acne) (Klaron)	1		
SULFAMYLON - mafenide acetate cream 85 mg/gm	2		
tacrolimus oint 0.03%, 0.1% (Protopic)	1		ST, QL (100 grams/30 days)
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	4	SP	PA, LD, QL (1 pen/28 days)
TALTZ - ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	4	SP	PA, LD, QL (1 syringe/28 days)
tazarotene cream 0.1% (Tazorac)	1		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	1		QL (100 grams/30 days)
TAZORAC - tazarotene cream 0.05%	2		QL (120 grams/30 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	4	SP	PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	4	SP	PA, QL (1 syringe/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	1		
tretinoin gel 0.01%, 0.025% (Retin-a)	1		
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	1		QL (126 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	1		QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	1		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	1		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	4	SP	LD
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	4	SP	PA
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	4	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	4	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	4	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	4	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2		QL (4 bottles/30 days)
naloxone hcl inj 0.4 mg/ml	1		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	1		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1		QL (4 bottles/30 days)

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naloxone hcl soln prefilled syringe 2 mg/2ml	1		QL (4 vials/30 days)
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	2		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	1		
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2		QL (4 bottles/30 days)
DIAGNOSTIC PRODUCTS			
CHEMSTRIP-K - acetone (urine) test strip	2		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
GLUCAGEN DIAGNOSTIC - glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	3		PA
KETOCARE - acetone (urine) test strip	2		
KETONE - acetone (urine) test strip	2		
KETONE TEST STRIPS - acetone (urine) test strip	2		
KETOSTIX - acetone (urine) test strip	2		
ONETOUCH ULTRA - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	2		
MEDICAL DEVICES			
ACCU-CHEK FASTCLIX LANCET - lancets	2		
ACCU-CHEK FASTCLIX LANCET - lancets kit	2		
ACCU-CHEK SAFE-T-PRO LANC - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	2		
ACTI-LANCE LANCETS 28G - lancets	2		
ACTI-LANCE LITE SAFETY LA - lancets	2		
ACTI-LANCE SPECIAL SAFETY - lancets	2		
ACTI-LANCE UNIVERSAL SAFE - lancets	2		
ADJUSTABLE LANCING DEVICE - lancet devices	2		
ADVANCED MOBILE LANCET 30 - lancets	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		

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ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ADVOCATE LANCETS - lancets	2		
ADVOCATE LANCETS 30G - lancets	2		
ADVOCATE LANCING DEVICE - lancet devices	2		
ADVOCATE RAPID-SAFE LANCI - lancet devices	2		
ADVOCATE SAFETY LANCETS 2 - lancets	2		
AF LANCETS SUPER THIN - lancets	2		
AGAMATRIX ULTRA-THIN LANC - lancets	2		
AIMSCO LUBRICATED - condoms latex lubricated	2		
AIMSCO TWIST LANCETS 32G - lancets	2		
AIMSCO TWIST LANCETS 33G - lancets	2		
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ASSURE COMFORT LANCETS UL - lancets	2		
ASSURE HAEMOLANCE PLUS HI - lancets	2		
ASSURE HAEMOLANCE PLUS LO - lancets	2		
ASSURE HAEMOLANCE PLUS MI - lancets	2		
ASSURE HAEMOLANCE PLUS NO - lancets	2		
ASSURE HAEMOLANCE PLUS PE - lancets	2		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ASSURE LANCE LANCETS - lancets	2		

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ASSURE LANCE LANCETS 21G - lancets	2		
ASSURE LANCE PLUS SAFETY - lancets	2		
ASSURE LANCE SAFETY LANCE - lancets	2		
AT LAST LANCETS - lancets	2		
AUM INSULIN SAFETY PEN NE - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2		
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2		
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
AURORA LANCET SUPER THIN - lancets	2		
AURORA LANCET THIN 23G - lancets	2		
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2		
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
AUTO-LANCET - lancet devices	2		
AUTO-LANCET MINI - lancet devices	2		
AUTOLET IMPRESSION LANCIN - lancet devices	2		
AUTOLET LANCING DEVICE - lancet devices	2		
AUTOLET MINI - lancet devices	2		
AUTOLET PLUS - lancet devices	2		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	2		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	2		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	2		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	2		
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	2		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	2		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	2		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	2		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	2		
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	2		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	2		
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	2		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	2		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD MICROTAINER LANCETS - lancets	2		
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	2		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	2		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	2		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	2		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	2		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	2		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	2		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	2		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	2		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	2		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	2		
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	2		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	2		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"			
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	2		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	2		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	2		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
CARDIOCOM LANCING DEVICE - lancet devices	2		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
CAREONE ADVANCED LANCING - lancet devices	2		
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CAREONE LANCET SUPER THIN - lancets	2		
CAREONE LANCET THIN - lancets	2		
CAREONE LANCET ULTRA THIN - lancets	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
CARESENS LANCETS - lancets	2		
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x	2		

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5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
CARETOUCH LANCING DEVICE - lancet devices	2		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
CARETOUCH SAFETY LANCETS/ - lancets	2		
CARETOUCH TWIST LANCETS M - lancets	2		
CARETOUCH TWIST LANCETS 2 - lancets	2		
CARETOUCH TWIST LANCETS 3 - lancets	2		
CAYA - diaphragm arc-spring	3		
CLEANLET LANCETS 28G - lancets	2		
CLEVER CHEK LANCETS ULTRA - lancets	2		
CLEVER CHOICE COMFORT EZ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - lancets	2		
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLICKFINE PEN NEEDLE 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CLICKFINE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLICKFINE PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CLICKFINE UNIVERSAL PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
COAGUCHEK LANCETS - lancets	2		
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
COMFORT ASSURED LANCETS M - lancets	2		
COMFORT ASSURED LANCETS S - lancets	2		
COMFORT EZ INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2		
COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
COMFORT LANCETS - lancets	2		
COMFORT TOUCH LANCETS ULT - lancets	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
COMFORT TOUCH PLUS SAFETY - lancets	2		
CONDOMS - condoms - male	2		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2		

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CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	2		
CVS LANCETS MICRO THIN 33 - lancets	2		
CVS LANCETS MICRO-THIN 33 - lancets	2		
CVS LANCETS ORIGINAL - lancets	2		
CVS LANCETS THIN 26G - lancets	2		
CVS LANCETS ULTRA THIN 30 - lancets	2		
CVS LANCETS ULTRA-THIN 30 - lancets	2		
CVS LANCETS 21G - lancets	2		
CVS LANCING DEVICE - lancet devices	2		
CVS ULTRA THIN LANCETS - lancets	2		
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous blood glucose system sensor	2		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	2		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous blood glucose system sensor	2		ST, QL (3 sensors/30 days)
DIATHRIVE LANCETS - lancets	2		
DIATHRIVE LANCETS ULTRA T - lancets	2		
DIATHRIVE LANCING DEVICE - lancet devices	2		
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		

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DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DROPLET GENTEEL LANCING D - lancet devices	2		
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 30 x 15/64", u-100 0.5 ml 30 x 15/64", u-100 1 ml 30 x 15/64", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2		
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2"	2		
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
DROPLET LANCETS ULTRA THI - lancets	2		
DROPLET LANCING DEVICE - lancet devices	2		
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	2		
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2		
DROPLET PERSONAL LANCETS - lancets	2		
DROPSAFE INSULIN SAFETY S - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
DRUG MART LANCETS THIN - lancets	2		
DRUG MART LANCETS ULTRA T - lancets	2		
DRUG MART ON-THE-GO LANCE - lancets	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DRUG MART UNILET LANCETS - lancets	2		
DRUG MART UNILET MICRO TH - lancets	2		
DUANE READE LANCET ALTERN - lancets	2		
DUANE READE LANCET SUPER - lancets	2		
DUANE READE LANCET ULTRA - lancets	2		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	2		
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	2		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	2		
E-Z JECT LANCETS - lancets	2		
E-Z JECT LANCETS COLOR - lancets	2		
E-Z JECT LANCETS SUPER TH - lancets	2		
E-Z JECT LANCETS THIN 26G - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
E-Z JECT LANCETS 21G - lancets	2		
E-ZJECT LANCETS MICRO-THI - lancets	2		
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
EASY MINI EJECT LANCING D - lancet devices	2		
EASY MINI LANCING DEVICE - lancet devices	2		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
EASY TOUCH FLIPLOCK SAFET - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY TOUCH LANCETS 21G/PR - lancets	2		
EASY TOUCH LANCETS 23G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PU - lancets	2		
EASY TOUCH LANCETS 28G/PR - lancets	2		
EASY TOUCH LANCETS 28G/PU - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TOUCH LANCETS 28G/TW - lancets	2		
EASY TOUCH LANCETS 30G/BU - lancets	2		
EASY TOUCH LANCETS 30G/PR - lancets	2		
EASY TOUCH LANCETS 30G/PU - lancets	2		
EASY TOUCH LANCETS 30G/TW - lancets	2		
EASY TOUCH LANCETS 32G/PR - lancets	2		
EASY TOUCH LANCETS 32G/PU - lancets	2		
EASY TOUCH LANCETS 32G/TW - lancets	2		
EASY TOUCH LANCETS 33G/TW - lancets	2		
EASY TOUCH LANCING DEVICE - lancet devices	2		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH SAFETY LANCETS - lancets	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
EMBRACE PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBRACE PRESSURE ACTIVATE - lancets	2		
EQL COLOR LANCETS MICRO T - lancets	2		
EQL COLOR LANCETS 21G - lancets	2		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
EQL SUPER THIN LANCETS 30 - lancets	2		
EQL THIN LANCETS 26G - lancets	2		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
EZ-LETS LANCETS 21G - lancets	2		
EZ-LETS LANCETS 26G SUPER - lancets	2		
EZ-LETS LANCETS 28G ULTRA - lancets	2		
EZ-LETS LANCETS 30G - lancets	2		
FANTASY LUBRICATED - condoms latex lubricated	2		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	2		
FC2 FEMALE CONDOM - condoms - female	2		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	2		
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
FIFTY50 SAFETY SEAL LANCE - lancets	2		
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
FIFTY50 UNILET LANCETS 33 - lancets	2		
FINGERSTIX LANCETS - lancets	2		
FORA LANCETS - lancets	2		
FORA LANCING DEVICE - lancet devices	2		
FORA LANCING DEVICE/CLEAR - lancet devices	2		
FREESTYLE LANCETS - lancets	2		
FREESTYLE LIBRE 14 DAY/RE - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/ - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3/READER/ - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FL - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE UNISTICK II LAN - lancets	2		
GENTEEL BUTTERFLY TOUCH L - lancets	2		
GENTEEL PLUS LANCING DEVI - lancet devices	2		
GENTLE-LET GP LANCETS - lancets	2		
GENTLE-LET LANCETS GENERA - lancets	2		
GENTLE-LET LANCETS SAFETY - lancets	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GLOBAL INJECT EASE LANCET - lancets	2		
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2		
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GLOBAL LANCING DEVICE - lancet devices	2		
GLUCOCOM LANCETS 28G - lancets	2		
GLUCOCOM LANCETS 30G - lancets	2		
GLUCOCOM LANCETS 33G - lancets	2		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		

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GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
GNP LANCETS THIN 26G - lancets	2		
GNP LANCETS 21G - lancets	2		
GNP STERILE LANCETS 28G - lancets	2		
GNP STERILE LANCETS 30G - lancets	2		
GNP STERILE LANCETS 33G - lancets	2		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP ULTRA COMFORT INSULIN - insulin syringe/ needle u-100 1 ml 28 x 1/2"	2		
GOJJI LANCING DEVICE/CLEA - lancet devices	2		
GOJJI STERILE LANCETS 30G - lancets	2		
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GOODSENSE COLOR LANCETS M - lancets	2		
GOODSENSE LANCETS MICRO-T - lancets	2		
GOODSENSE LANCETS ULTRA-T - lancets	2		
GOODSENSE LANCING DEVICE - lancet devices	2		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
H-E-B INCONTROL ADVANCED - lancet devices	2		
H-E-B INCONTROL LANCETS M - lancets	2		
H-E-B INCONTROL LANCETS S - lancets	2		
H-E-B INCONTROL LANCETS U - lancets	2		
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
HAEMOLANCE - lancets	2		
HAEMOLANCE LOW FLOW LANCE - lancets	2		
HAEMOLANCE PLUS - lancets	2		
HAEMOLANCE PLUS HIGH FLOW - lancets	2		
HAEMOLANCE PLUS LOW FLOW - lancets	2		
HAEMOLANCE PLUS MAX FLOW - lancets	2		
HAEMOLANCE PLUS PEDIATRIC - lancets	2		
HEALTH CARE LANCING DEVIC - lancet devices	2		
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
HY-VEE LANCETS - lancets	2		
HY-VEE THIN LANCETS - lancets	2		
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	2		
IN TOUCH LANCING DEVICE - lancet devices	2		
IN TOUCH STERILE LANCETS - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSULIN SYRINGE 1ML/31G X - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
INSULIN SYRINGES 0.3ML/31 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGES 0.5ML/31 - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
KAMELEON LUBRICATED - condoms latex lubricated	2		
KIMONO COLORS - condoms latex lubricated	2		
KIMONO LUBRICATED - condoms latex lubricated	2		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	2		
KIMONO MICRO THIN - condoms latex non-lubricated	2		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	2		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	2		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	2		
KIMONO PS LUBRICATED - condoms latex lubricated	2		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	2		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	2		
KIMONO SENSATION PLUS SPE - condoms latex lubricated	2		
KIMONO SPECIAL - condoms latex lubricated	2		
KINNEY LANCETS - lancets	2		
KINNEY THIN LANCETS - lancets	2		
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml, u-100 1/2 ml, u-100 1 ml	2		
KROGER AUTOLET LANCING DE - lancet devices	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
KROGER HEALTHPRO TWIST LA - lancets	2		
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2		
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
KROGER LANCETS - lancets	2		
KROGER LANCETS MICRO THIN - lancets	2		
KROGER LANCETS SUPER THIN - lancets	2		
KROGER LANCETS THIN - lancets	2		
KROGER LANCETS THIN 26G - lancets	2		
KROGER LANCETS ULTRATHIN - lancets	2		
KROGER LANCETS 21G - lancets	2		
KROGER LANCING DEVICE - lancet devices	2		
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
LANCET DEVICE ADJUSTABLE - lancet devices	2		
LANCET DEVICE WITH EJECTO - lancet devices	2		
LANCETS - lancets	2		
LANCETS - BAYER ASCENCIA - lancets	2		
LANCETS MICRO THIN 33G - lancets	2		
LANCETS SUPER THIN 28G - lancets	2		
LANCETS THIN - lancets	2		
LANCETS ULTRA THIN 30G - lancets	2		
LANCETS 28G - lancets	2		
LANCETS 30G - lancets	2		
LANCETS 30G TWIST TOP - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
LANCETS 30G/TWIST TOP - lancets	2		
LANCETS 33G EXTRA FINE - lancets	2		
LANCETS 33G UNIVERSAL DES - lancets	2		
LANCING DEVICE - lancet devices	2		
LANZO - lancet devices	2		
LEADER ADVANCED LANCING D - lancet devices	2		
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
LEADER LANCETS COLORED - lancets	2		
LEADER SUPER THIN LANCET - lancets	2		
LEADER THIN LANCETS - lancets	2		
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LIBERTY MEDICAL LANCETS 3 - lancets	2		
LIBERTY MINI LANCING DEVI - lancet devices	2		
LIFESCAN UNISTIK 2 DEEP P - lancets	2		
LITE TOUCH LANCETS - lancets	2		
LITE TOUCH LANCING PEN - lancet devices	2		
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LITETOUCH LANCETS MICRO T - lancets	2		
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	2		
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
LIVE BETTER ADVANCED LANC - lancet devices	2		
LIVE BETTER LANCET SUPER - lancets	2		
LIVE BETTER LANCET ULTRA - lancets	2		
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	2		
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
LONGS LANCETS STANDARD - lancets	2		
LONGS LANCETS THIN - lancets	2		
LONGS LANCETS ULTRA THIN - lancets	2		
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	2		
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MAXICOMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	2		
MAXX LUBRICATED - condoms latex lubricated	2		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	2		
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
MEDICHOICE PRE-SET SAFETY - lancets	2		
MEDICHOICE SAFETY LANCET - lancets	2		
MEDICINE SHOPPE LANCETS - lancets	2		
MEDICINE SHOPPE LANCETS T - lancets	2		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
MEDLANCE PLUS EXTRA LANCE - lancets	2		
MEDLANCE PLUS LANCETS LIT - lancets	2		
MEDLANCE PLUS LITE LANCET - lancets	2		
MEDLANCE PLUS SPECIAL LAN - lancets	2		
MEDLANCE PLUS SUPERLITE 3 - lancets	2		
MEDLANCE PLUS UNIVERSAL L - lancets	2		
MEDLANCE PLUS/LITE 25G - lancets	2		
MEIJER COLOR LANCETS UNIV - lancets	2		
MEIJER LANCETS - lancets	2		
MEIJER LANCETS THIN - lancets	2		
MEIJER LANCETS UNIVERSAL - lancets	2		
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
MEIJER SUPER THIN LANCETS - lancets	2		
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
MICROLET LANCETS - lancets	2		
MICROLET NEXT - lancet devices	2		
MINI LANCING DEVICE - lancet devices	2		
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MM LANCING DEVICE - lancet devices	2		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MM TWIST LANCETS - lancets	2		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	2		
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	2		
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 5/8", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 25 x 5/8", 25 x 1"	2		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 28 x 1/2"	2		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
MONOJECT ULTRA COMFORT IN - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
MONOLET LANCETS - lancets	2		
MONOLET OPD LANCETS - lancets	2		
MONOLETTOR SAFETY LANCETS - lancets	2		
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
MULTI-LANCET DEVICE - lancet devices	2		
MYGLUCOHEALTH MGH SOFTLAN - lancets	2		
NOVA SAFETY LANCETS 23G - lancets	2		
NOVA SAFETY LANCETS 28G - lancets	2		
NOVA SUREFLEX LANCETS - lancets	2		
NOVA SUREFLEX LANCING DEV - lancet devices	2		
NOVOFINE AUTOCOVER PEN NE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
OMNIFLEX DIAPHRAGM - diaphragms	3		
OMNIPOD CLASSIC PODS (GEN - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD 5 G6 INTRO KIT (G - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ONETOUCH DELICA LANCETS E - lancets	2		
ONETOUCH DELICA LANCETS F - lancets	2		
ONETOUCH DELICA LANCING D - lancet devices	2		
ONETOUCH DELICA PLUS LANC - lancets	2		
ONETOUCH DELICA PLUS LANC - lancet devices	2		
ONETOUCH DELICA SAFETY LA - lancet devices	2		
ONETOUCH LANCETS - lancets	2		
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	2		
ONETOUCH ULTRASOFT 2 LANC - lancets	2		
ONETOUCH VERIO - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO REFLECT - blood glucose monitoring kit w/ device	2		
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	2		
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
PERFECT LANCETS 30G - lancets	2		
PERFECT PRESSURE ACTIVATE - lancets	2		
PHARMACIST CHOICE SELECT - lancets	2		
PHARMACIST CHOICE ULTRA T - lancets	2		
PHARMACY COUNTER LANCETS - lancets	2		
PIP LANCETS/28G - lancets	2		
PIP LANCETS/30G - lancets	2		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
PRECISION THINS GP LANCET - lancets	2		
PREFERRED PLUS INSULIN SY - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
PREFERRED PLUS LANCETS CO - lancets	2		
PREFERRED PLUS LANCETS SU - lancets	2		
PREFERRED PLUS LANCETS TH - lancets	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PRO COMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
PRO COMFORT SAFETY LANCET - lancets	2		
PRODIGY INSULIN SYRING/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	2		
PRODIGY LANCING DEVICE - lancet devices	2		
PRODIGY PRESSURE ACTIVATE - lancets	2		
PRODIGY SAFETY LANCETS - lancets	2		
PRODIGY TWIST TOP LANCETS - lancets	2		
PSS SELECT GP LANCETS - lancets	2		
PSS SELECT SAFETY LANCETS - lancets	2		
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
PURE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
PURE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PX ADVANCED LANCING DEVIC - lancet devices	2		
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2		
PX LANCETS MICROTHIN 33G - lancets	2		
PX LANCETS ULTRA THIN - lancets	2		
PX LANCETS ULTRA THIN 28G - lancets	2		
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
QC ADVANCED LANCING DEVIC - lancet devices	2		
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
QC LANCETS SUPER THIN - lancets	2		
QC LANCETS ULTRA THIN - lancets	2		
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
QC UNILET LANCETS 28G/ULT - lancets	2		
QC UNILET LANCETS 33G/MIC - lancets	2		
RA E-ZJECT LANCETS THIN 2 - lancets	2		
RA E-ZJECT LANCETS ULTRA - lancets	2		
RA E-ZJECT LANCETS 28G - lancets	2		
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"	2		
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RAYA SURE PEN NEEDLE 29G - insulin pen needle 29 g x 12 mm (1/2")	2		
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
READYLANCE SAFETY LANCETS - lancets	2		
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2"	2		
REALITY LANCETS - lancets	2		
REALITY LATEX CONDOMS/LUB - condoms latex lubricated	2		
REALITY LATEX/ULTRA TEXTU - condoms latex lubricated	2		
REALITY LATEX/ULTRA THIN - condoms latex lubricated	2		
REALITY TRIGGER LANCETS - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2		
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	2		
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2		
RELION LANCETS - lancets	2		
RELION LANCETS MICRO-THIN - lancets	2		
RELION LANCETS THIN 26G - lancets	2		
RELION LANCETS ULTRA-THIN - lancets	2		
RELION LANCING DEVICE - lancet devices	2		
RELION MINI PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2		
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 31GX6M - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION PEN NEEDLES 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
RELION PEN NEEDLES 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
RELION PEN NEEDLES/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION THIN LANCETS - lancets	2		
RELION ULTRA THIN LANCETS - lancets	2		
RELION ULTRA THIN PLUS LA - lancets	2		
RELION 2-IN-1 LANCET DEV - lancet devices	2		
RELION 2-IN-1 LANCING DEV - lancet devices	2		
REXALL LANCETS ULTRA THIN - lancets	2		
RIGHTEST GD500 LANCING DE - lancet devices	2		
RIGHTEST GL300 LANCETS - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SAFE-T-LANCE LOW FLOW 25G - lancets	2		
SAFE-T-LANCE NORMAL FLOW - lancets	2		
SAFE-T-LANCE PLUS SAFETY - lancets	2		
SAFETY LANCETS - lancets	2		
SAFETY LANCETS 21G - lancets	2		
SAFETY LANCETS 23G - lancets	2		
SAFETY LANCETS 28G - lancets	2		
SAFETY LANCETS/PRESSURE A - lancets	2		
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
SAPS HEALTH CARE TWIST TO - lancets	2		
SAPS HEALTH PLUS TWIST TO - lancets	2		
SAPS HEALTH TWIST TOP LAN - lancets	2		
SAPSCARE TWIST TOP LANCET - lancets	2		
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
SB LANCETS THIN - lancets	2		
SB LANCETS ULTRA THIN - lancets	2		
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
SECURESAFE SAFETY INSULIN - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SELECT-LITE LANCING DEVIC - lancet devices	2		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	2		
SINGLE-LET - lancets	2		
SM MICRO THIN LANCETS 33G - lancets	2		
SM TRUEDRAW LANCING DEVIC - lancet devices	2		
SMART DIABETES VANTAGE LA - lancet devices	2		
SMART SENSE COLOR LANCETS - lancets	2		
SMART SENSE STANDARD LANC - lancets	2		
SMART SENSE SUPER THIN LA - lancets	2		
SMART SENSE THIN LANCETS - lancets	2		
SMARTEST LANCETS 28G - lancets	2		
SOLUS V2 LANCING DEVICE - lancet devices	2		
SOLUS V2 PRESSURE ACTIVAT - lancets	2		
SOLUS V2 TWIST LANCETS 30 - lancets	2		
STERILANCE TL - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SUPER THIN LANCETS - lancets	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
SURE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
SURE COMFORT LANCETS 18G - lancets	2		
SURE COMFORT LANCETS 21G - lancets	2		
SURE COMFORT LANCETS 23G - lancets	2		
SURE COMFORT LANCETS 28G - lancets	2		
SURE COMFORT LANCETS 30G - lancets	2		
SURE COMFORT LANCING PEN - lancet devices	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
SURELITE LANCETS - lancets	2		
TECHLITE AST LANCETS - lancets	2		
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
TECHLITE LANCETS - lancets	2		
TECHLITE LANCETS 26G - lancets	2		
TECHLITE LANCETS 30G - lancets	2		
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
TGT ADVANCED LANCING DEVI - lancet devices	2		
TGT LANCET ALTERNATE SITE - lancets	2		
TGT LANCET MICRO THIN 33G - lancets	2		
TGT LANCET SUPER THIN 30G - lancets	2		
TGT LANCET THIN 23G - lancets	2		
TGT LANCET THIN 26G - lancets	2		
TGT LANCET ULTRA THIN 28G - lancets	2		
TGT LANCET ULTRA THIN 30G - lancets	2		
TGT LANCING DEVICE - lancet devices	2		
THINLETS GP LANCETS - lancets	2		
TODAYS HEALTH ADVANCED LA - lancet devices	2		
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	2		
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
TODAYS HEALTH SUPER THIN - lancets	2		
TODAYS HEALTH ULTRA THIN - lancets	2		
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TOPCARE LANCETS MICRO-THI - lancets	2		
TOPCARE ULTRA COMFORT INS - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
TRAVEL LANCETS ADVANCED 2 - lancets	2		
TRUE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"			
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT SAFETY INSUL - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT SAFETY LANCE - lancets	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT TWIST TOP LA - lancets	2		
TRUEDRAW LANCING DEVICE - lancet devices	2		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
TRUEPLUS LANCETS 26G - lancets	2		
TRUEPLUS LANCETS 28G - lancets	2		
TRUEPLUS LANCETS 28G SUPE - lancets	2		
TRUEPLUS LANCETS 30G - lancets	2		
TRUEPLUS LANCETS 30G ULTR - lancets	2		
TRUEPLUS LANCETS 33G - lancets	2		
TRUEPLUS LANCETS 33G MICR - lancets	2		
TRUEPLUS PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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TRUEPLUS PEN NEEDLES 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUEPLUS SAFETY LANCETS 2 - lancets	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	2		
TRUSTEX LUBRICATED - condoms latex lubricated	2		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	2		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	2		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	2		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	2		
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	2		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	2		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non-lubricated	2		
TWIST TOP LANCETS 30G - lancets	2		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	2		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	2		
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	2		
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
ULTIGUARD SAFEPACK INSULI - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTIGUARD SAFEPACK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTIGUARD SAFEPACK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTIGUARD SAFEPACK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPACK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTIGUARD SAFEPACK/SYRING - insulin syringe/ needle u-100 1/2 ml 31 x 5/16"	2		
ULTILET CLASSIC LANCETS - lancets	2		
ULTILET LANCETS - lancets	2		
ULTILET LANCETS 33G - lancets	2		
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTILET SAFETY LANCETS 21 - lancets	2		
ULTILET SAFETY LANCETS 23 - lancets	2		
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ULTRA COMFORT INSULIN SYR - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 29 g x 12 mm (1/2")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ULTRA FLO INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRA INSULIN SYRINGE/U-1 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
ULTRA THIN LANCETS 28G - lancets	2		

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ULTRA THIN LANCETS 31G - lancets	2		
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTRA-THIN II AUTO LANCET - lancets	2		
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRA-THIN II LANCETS 28G - lancets	2		
ULTRA-THIN II LANCETS 30G - lancets	2		
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PROTECT SAFETY PE - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PROTECT SAFETY PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE SAFECONTROL PEN N - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
UNIFINE SAFECONTROL PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNILET COMFORTOUCH LANCET - lancets	2		
UNILET EXCELITE - lancets	2		
UNILET EXCELITE II - lancets	2		
UNILET G.P. LANCET - lancets	2		
UNILET G.P. SUPERLITE LAN - lancets	2		
UNILET GP 28 ULTRA THIN - lancets	2		
UNILET LANCET - lancets	2		
UNILET LANCETS MICRO-THIN - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
UNILET LANCETS SUPER-THIN - lancets	2		
UNILET LANCETS ULTRA-THIN - lancets	2		
UNILET SUPERLITE LANCET - lancets	2		
UNISTIK PRO SAFETY LANCET - lancets	2		
UNISTIK SAFETY LANCETS 28 - lancets	2		
UNISTIK SAFETY LANCETS 30 - lancets	2		
UNISTIK TOUCH SAFETY LANC - lancets	2		
UNISTIK 3 GENTLE - lancets	2		
UNIVERSAL 1 LANCETS THIN - lancets	2		
UNIVERSAL 1 LANCETS ULTRA - lancets	2		
UNIVERSAL 1 LANCETS/33G/M - lancets	2		
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	2		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	2		QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	2		QL (30 systems/30 days)
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
VALUE PLUS LANCETS STANDA - lancets	2		
VALUE PLUS LANCETS SUPER - lancets	2		
VALUE PLUS LANCETS THIN 2 - lancets	2		
VALUE PLUS LANCING DEVICE - lancet devices	2		
VALUMARK LANCET SUPER THI - lancets	2		
VALUMARK LANCET ULTRA THI - lancets	2		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	2		
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
VERIFINE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
VERIFINE PLUS INSULIN PEN - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE SAFETY LANCET MI - lancets	2		
VERIFINE UNIVERSAL LANCET - lancets	2		
VIVAGUARD LANCETS - lancets	2		
VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS/ - lancets	2		
VP INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
WALGREENS COMFORT ASSURED - lancets	2		
WALGREENS LANCETS - lancets	2		
WALGREENS THIN LANCETS - lancets	2		
WALGREENS ULTRA THIN LANC - lancets	2		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	3		
ZEVRX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"	2		
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	2		
ZEVRX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ZEVRX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ZEVRX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ZEVRX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ZEVRX TWIST TOP LANCETS 3 - lancets	2		
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 1 ml 27 x 1/2"	2		
1ST CHOICE LANCETS SUPER - lancets	2		
1ST CHOICE LANCETS THIN - lancets	2		
1ST CHOICE LANCETS ULTRA - lancets	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ASSORTED CLASSES			
azathioprine tab 50 mg (Imuran)	1		
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	4	SP	PA, LD, QL (4 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	SP	PA, LD, QL (4 syringes/28 days)
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1		
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1		
cyclosporine modified cap 50 mg	1		
cyclosporine modified oral soln 100 mg/ml (Neoral)	1		
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	4	SP	PA, LD, QL (1 syringe/28 days)
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1		
irrigation solution, physiological	1		
JOENJA - leniolisib phosphate tab 70 mg	4	SP	PA, LD, QL (60 tablets/30 days)
lactated ringer's for irrigation	1		
lenalidomide caps 2.5 mg (Revlimid)	4	SP	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	4	SP	PA, QL (30 capsules/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2		
mycophenolate mofetil cap 250 mg (Cellcept)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1		
mycophenolate mofetil tab 500 mg (Cellcept)	1		
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1		
penicillamine tab 250 mg (Depen titratabs)	4	SP	PA
REVLIMID - lenalidomide caps 2.5 mg	4	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	4	SP	PA, LD, QL (30 capsules/30 days)
REZUROCK - belumosudil mesylate tab 200 mg	4	SP	PA, LD, QL (30 tablets/30 days)
ringer's solution for irrigation	1		
sirolimus oral soln 1 mg/ml (Rapamune)	1		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1		
sodium polystyrene sulfonate powder	1		
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1		
THALOMID - thalidomide cap 50 mg, 100 mg	4	SP	PA, LD, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	4	SP	PA, LD, QL (60 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	4	SP	PA
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2		
water for irrigation, sterile irrigation soln	1		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	4	SP	PA, LD

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg..... 4
abacavir sulfate soln 20 mg/ml (base equiv)..... 4
abacavir sulfate tab 300 mg (base equiv)..... 4
abiraterone acetate tab 250 mg.....14
abiraterone acetate tab 500 mg.....14
ABRYSVO..... 10
acamprosate calcium tab delayed release 333 mg..... 56
acarbose tab 25 mg, 50 mg, 100 mg.....25
ACCU-CHEK FASTCLIX LANCET..... 86
ACCU-CHEK SAFE-T-PRO LANC..... 86
ACCU-CHEK SOFTCLIX LANCET.....86
acebutolol hcl cap 200 mg, 400 mg..... 33
ACETAMINOPHEN/CODEINE..... 59
acetaminophen w/ codeine tab 300-15 mg.....59
acetaminophen w/ codeine tab 300-30 mg.....59
acetaminophen w/ codeine tab 300-60 mg.....59
acetazolamide cap er 12hr 500 mg..... 37
acetazolamide tab 125 mg, 250 mg.....37
acetic acid irrigation soln 0.25%..... 49
acetic acid otic soln 2%..... 80
acetylcysteine inhal soln 10%, 20%.....41
acitretin cap 10 mg, 17.5 mg, 25 mg.....80
ACTEMRA.....61
ACTEMRA ACTPEN..... 61
ACTHIB..... 10
ACTI-LANCE LANCETS 28G..... 86
ACTI-LANCE LITE SAFETY LA..... 86
ACTI-LANCE SPECIAL SAFETY..... 86
ACTI-LANCE UNIVERSAL SAFE.....86
ACTIMMUNE..... 14
acyclovir cap 200 mg.....4
acyclovir oint 5%.....80
acyclovir susp 200 mg/5ml..... 4
acyclovir tab 400 mg, 800 mg.....4
ADACEL..... 13
adapalene gel 0.1%..... 81
ADBRY..... 81
ADDERALL..... 54
ADDERALL XR.....54
adefovir dipivoxil tab 10 mg..... 4
ADEMPAS..... 39
ADJUSTABLE LANCING DEVICE.....86
ADTHYZA..... 29
ADVAIR HFA.....41
ADVANCED MOBILE LANCET 30..... 86
ADVATE.....74
ADVOCATE INSULIN PEN NEED.....86
ADVOCATE INSULIN SYRINGE/..... 87
ADVOCATE LANCETS..... 87
ADVOCATE LANCETS 30G..... 87
ADVOCATE LANCING DEVICE..... 87
ADVOCATE RAPID-SAFE LANCI..... 87
ADVOCATE SAFETY LANCETS 2.....87
ADYNOVATE..... 74
AF LANCETS SUPER THIN.....87
AFLURIA QUADRIVALENT 2023..... 10
AFSTYLA..... 74
AGAMATRIX ULTRA-THIN LANC..... 87
AIMOVIG.....64
AIMSCO LUBRICATED.....87
AIMSCO TWIST LANCETS 32G.....87
AIMSCO TWIST LANCETS 33G.....87
AJOVY.....64
AKEEGA.....14
albendazole tab 200 mg..... 9
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)..... 41
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)..... 42
albuterol sulfate syrup 2 mg/5ml..... 42
albuterol sulfate tab 2 mg, 4 mg..... 42
alclometasone dipropionate cream 0.05%.....81
alclometasone dipropionate oint 0.05%.....81
ALECENSA..... 14
ALENDRONATE SODIUM..... 30
alendronate sodium oral soln 70 mg/75ml.....30
alendronate sodium tab 70 mg.....30
alendronate sodium tab 10 mg, 35 mg.....30
alfuzosin hcl tab er 24hr 10 mg.....49
ALINIA..... 9
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent).....34
allopurinol tab 100 mg, 300 mg.....65
almotriptan malate tab 6.25 mg, 12.5 mg..... 64
ALOCRIL.....77
ALOMIDE..... 77
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)..... 47
ALPHANATE.....74
ALPHANINE SD..... 74
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....50
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg..... 50
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg..... 50
ALPROLIX.....74
ALREX.....77
ALTABAX.....81
ALTUVIIIO..... 74
ALUNBRIG..... 14
amantadine hcl cap 100 mg.....68

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amantadine hcl soln 50 mg/5ml..... 68
amantadine hcl tab 100 mg.....68
ambrisentan tab 5 mg, 10 mg.....39
AMILORIDE/HYDROCHLOROTHIA.....37
amiloride hcl tab 5 mg.....37
aminocaproic acid oral soln 0.25 gm/ml..... 73
aminocaproic acid tab 500 mg, 1000 mg..... 73
amiodarone hcl tab 100 mg, 200 mg, 400 mg.....34
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....50
AMJEVITA.....61
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg..... 34
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg..... 34
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg..... 34
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)..... 33
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....35
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg..... 35
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg..... 50
AMOXICILLIN..... 1
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....1
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml..... 1
amoxicillin & k clavulanate tab 500-125 mg..... 1
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg..... 1
amoxicillin (trihydrate) cap 250 mg, 500 mg.....1
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....1
amoxicillin (trihydrate) tab 500 mg, 875 mg..... 1
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg..... 54
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg..... 54
amphetamine-dextroamphetamine tab 20 mg.....54
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....54
ampicillin cap 500 mg.....1
anagrelide hcl cap 0.5 mg.....74
anagrelide hcl cap 1 mg.....74
anastrozole tab 1 mg.....14
ANORO ELLIPTA..... 42
ANZEMET.....46
APADAZ..... 59
apomorphine hcl soln cartridge 30 mg/3ml.....68
APRACLONIDINE.....77
aprepitant capsule 40 mg.....46
aprepitant capsule 80 mg.....46
aprepitant capsule 125 mg.....46
aprepitant capsule therapy pack 80 & 125 mg..... 46
APTIOM.....65
APTIVUS..... 4
AQINJECT PEN NEEDLE/31G X.....87
AQINJECT PEN NEEDLE/32G X.....87
AQ INSULIN SYRINGE/0.5ML/..... 87
AQ INSULIN SYRINGE/1ML/29..... 87
AQ INSULIN SYRINGE/1ML/31..... 87
ARANESP ALBUMIN FREE..... 72
ARCALYST..... 61
AREXVY.....10
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....42
aripiprazole orally disintegrating tab 10 mg, 15 mg.....52
aripiprazole oral solution 1 mg/ml..... 52
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg..... 52
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....54
ARMOUR THYROID..... 29
ARNUITY ELLIPTA.....42
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)..... 52
ASMANEX HFA.....42
ASMANEX TWISTHALER 120 ME.....42
ASMANEX TWISTHALER 30 MET..... 42
ASMANEX TWISTHALER 60 MET..... 42
aspirin chew tab 81 mg.....59
aspirin-dipyridamole cap er 12hr 25-200 mg..... 74
aspirin tab delayed release 81 mg.....59
ASSURE COMFORT LANCETS UL.....87
ASSURE HAEMOLANCE PLUS HI.....87
ASSURE HAEMOLANCE PLUS LO..... 87
ASSURE HAEMOLANCE PLUS MI..... 87
ASSURE HAEMOLANCE PLUS NO.....87
ASSURE HAEMOLANCE PLUS PE..... 87
ASSURE ID DUO PRO SAFETY..... 87
ASSURE ID INSULIN SAFETY..... 87
ASSURE ID PRO SAFETY PEN.....87
ASSURE ID SAFETY PEN NEED.....87
ASSURE LANCE LANCETS.....87
ASSURE LANCE LANCETS 21G.....88
ASSURE LANCE PLUS SAFETY.....88
ASSURE LANCE SAFETY LANCE.....88
atazanavir sulfate cap 150 mg (base equiv)..... 4
atazanavir sulfate cap 200 mg (base equiv)..... 4
atazanavir sulfate cap 300 mg (base equiv)..... 4
atenolol & chlorthalidone tab 50-25 mg..... 35
atenolol & chlorthalidone tab 100-25 mg..... 35
atenolol tab 25 mg, 50 mg, 100 mg.....33
AT LAST LANCETS..... 88

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atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)....55
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)....55
atorvastatin calcium tab 80 mg (base equivalent)....38
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)....38
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg....8
atovaquone susp 750 mg/5ml....9
atropine sulfate ophth soln 1%....77
ATROVENT HFA....42
AUGMENTIN....1
AUGTYRO....14
AUM INSULIN SAFETY PEN NE....88
AUM MINI INSULIN PEN NEED....88
AUM PEN NEEDLE/32GX4MM....88
AUM PEN NEEDLE/32GX5MM....88
AUM PEN NEEDLE/32GX6MM....88
AUM PEN NEEDLE/33GX4MM....88
AUM PEN NEEDLE/33GX5MM....88
AUM PEN NEEDLE/33GX6MM....88
AUM READYGARD DUO SAFETY....88
AUM SAFETY PEN NEEDLE/31....88
AURORA LANCET SUPER THIN....88
AURORA LANCET THIN 23G....88
AURORA PEN NEEDLES 29GX12....88
AURORA PEN NEEDLES 31G X....88
AUTO-LANCET....88
AUTO-LANCET MINI....88
AUTOLET IMPRESSION LANCIN....88
AUTOLET LANCING DEVICE....88
AUTOLET MINI....88
AUTOLET PLUS....88
AUVI-Q....38
AVONEX....56
AVONEX PEN....56
AYVAKIT....14
azathioprine tab 50 mg....129
azelaic acid gel 15%....81
azelastine hcl nasal spray 0.1% (137 mcg/spray)....41
azelastine hcl ophth soln 0.05%....77
azithromycin for susp 100 mg/5ml, 200 mg/5ml....2
azithromycin tab 600 mg....2
azithromycin tab 250 mg, 500 mg....2
AZSTARYS....55

B

BACITRACIN....77
bacitracin-polymyxin b ophth oint....77
bacitracin-polymyxin-neomycin-hc ophth oint 1%....77
baclofen susp 25 mg/5ml....69
baclofen tab 10 mg, 20 mg....69
balsalazide disodium cap 750 mg....47
BALVERSA....14
BAQSIMI ONE PACK....25
BAQSIMI TWO PACK....25
BARACLUDE....4
BAXDELA....2
BD AUTOSHIELD DUO 30G X 5....89
BD DISPOSABLE NEEDLE 23GX....89
BD ECLIPSE 18G X 1-1/2"....89
BD ECLIPSE NEEDLE/25G X....89
BD ECLIPSE NEEDLE 25G X 1....89
BD ECLIPSE NEEDLE 25GX1"....89
BD HYPODERMIC NEEDLE REGU....89
BD HYPODERMIC NEEDLES 18G....89
BD HYPODERMIC NEEDLES 21G....89
BD HYPODERMIC NEEDLES 22G....89
BD HYPODERMIC NEEDLES 26G....89
BD INSULIN SYRINGE/0.3ML/....90
BD INSULIN SYRINGE/0.5ML/....90
BD INSULIN SYRINGE/1ML/27....90
BD INSULIN SYRINGE/1ML/29....90
BD INSULIN SYRINGE/U-100/....89
BD INSULIN SYRINGE/U-500/....89
BD INSULIN SYRINGE LUER-L....89
B-D INSULIN SYRINGE MICRO....88
BD INSULIN SYRINGE MICROF....89
BD INSULIN SYRINGE SAFETY....89
B-D INSULIN SYRINGE ULTRA....89
BD INSULIN SYRINGE ULTRA....89
BD INSULIN SYRINGE ULTRA-....89
BD INSULIN SYRINGE ULTRAF....89
BD LO-DOSE INSULIN SYRIN....89
BD MICROTAINER LANCETS....90
BD 1ML ALLERGY SYRINGE SA....91
BD 1ML SLIP TIP SYRINGE 2....91
BD 1ML TUBERCULIN SYRINGE....91
BD NEEDLE/18G 1-1/2"....90
BD NEEDLE/21G 1-1/2"....90
BD NEEDLE/22G X 1-1/2"....90
BD NEEDLE/25G X 5/8"....90
BD NEEDLE/25G X 7/8"....90
BD NEEDLE/27G X 1/2"....90
BD NEEDLE/30G X 1/2"....90
BD NEEDLE/20G X 1"....90
BD NEEDLE SAFETYGLIDE/27G....90
BD PEN NEEDLE/MICRO/ULTRA....90
BD PEN NEEDLE/MINI/ULTRA-....90
BD PEN NEEDLE/NANO/ULTRA....90
BD PEN NEEDLE/NANO 2ND GE....90
BD PEN NEEDLE/ORIGINAL/UL....90
BD PEN NEEDLE/SHORT/ULTRA....90
BD PLASTIPAK SYRINGES ALL....90
BD PRECISIONGLIDE 23GX1-1....90

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BD SAFETYGLIDE 21G X 1"....91
BD SAFETYGLIDE HYPODERMIC....90
BD SAFETY-GLIDE INSULIN S....90
BD SAFETYGLIDE INSULIN SY....90
BD VEO INSULIN SYRINGE UL....91
BELBUCA....59
benazepril & hydrochlorothiazide tab 5-6.25 mg....35
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg....35
benazepril hcl tab 5 mg....35
benazepril hcl tab 10 mg, 20 mg, 40 mg....35
BENEFIX....74
BENLYSTA....129
BENZHYDROCODONE/ACETAMINO....59
BENZNIDAZOLE....9
benzonatate cap 100 mg, 200 mg....41
benzoyl peroxide-erythromycin gel 5-3%....81
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg....68
bepotastine besilate ophth soln 1.5%....77
BESIVANCE....77
BESREMI....14
BETADINE OPHTHALMIC PREP....77
betaine powder for oral solution....30
betamethasone dipropionate augmented cream 0.05%....81
betamethasone dipropionate augmented lotion 0.05%....81
betamethasone dipropionate augmented oint 0.05%....81
betamethasone dipropionate cream 0.05%....81
betamethasone dipropionate lotion 0.05%....81
betamethasone dipropionate oint 0.05%....81
betamethasone valerate cream 0.1% (base equivalent)....81
betamethasone valerate lotion 0.1% (base equivalent)....81
betamethasone valerate oint 0.1% (base equivalent)....81
BETASERON....56
BETAXOLOL HCL....77
betaxolol hcl tab 10 mg, 20 mg....33
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg....48
bexarotene cap 75 mg....14
bexarotene gel 1%....81
BEXSERO....10
bicalutamide tab 50 mg....14
BIKTARVY....4
bimatoprost ophth soln 0.03%....77
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg....35
bisoprolol fumarate tab 5 mg, 10 mg....33
BOOSTRIX....13
bosentan tab 62.5 mg, 125 mg....39
BOSULIF....14
BRAFTOVI....15
BREO ELLIPTA....42
BREZTRI AEROSPHERE....42
BRILINTA....74
brimonidine tartrate gel 0.33% (base equivalent)....81
brimonidine tartrate ophth soln 0.15%....77
brimonidine tartrate ophth soln 0.2%....77
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%....77
BRIVIACT....65
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)....77
bromocriptine mesylate cap 5 mg (base equivalent)....68
bromocriptine mesylate tab 2.5 mg (base equivalent)....68
BRUKINSA....15
budesonide delayed release particles cap 3 mg....21
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act....42
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml....42
budesonide tab er 24hr 9 mg....21
bumetanide tab 0.5 mg....37
bumetanide tab 1 mg, 2 mg....37
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)....59
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)....60
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv)....59
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)....60
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)....60
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)....59
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr....60
bupropion hcl (smoking deterrent) tab er 12hr 150 mg....56
bupropion hcl tab er 24hr 150 mg, 300 mg....50
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg....50
bupropion hcl tab 75 mg, 100 mg....50
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg....50
butalbital-acetaminophen-caffeine tab 50-325-40 mg....59
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg....60
butalbital-acetaminophen cap 50-300 mg....59

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butalbital-acetaminophen tab 50-325 mg....59
butalbital-aspirin-caffeine cap 50-325-40 mg....59
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg....60
butorphanol tartrate nasal soln 10 mg/ml....60
BYLVAY....47
BYLVAY (PELLETS)....47

C

cabergoline tab 0.5 mg....30
CABLIVI....74
CABOMETYX....15
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)....55
calcipotriene-betamethasone dipropionate oint 0.005-0.064%....81
calcipotriene-betamethasone dipropionate susp 0.005-0.064%....81
calcipotriene cream 0.005%....81
calcipotriene oint 0.005%....81
calcipotriene soln 0.005% (50 mcg/ml)....81
calcitonin (salmon) inj 200 unit/ml....30
calcitonin (salmon) nasal soln 200 unit/act....30
CALCITRIOL....81
calcitriol cap 0.25 mcg, 0.5 mcg....30
calcitriol oral soln 1 mcg/ml....30
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)....47
calcium acetate (phosphate binder) tab 667 mg....47
CALQUENCE....15
CAMZYOS....39
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg....35
candesartan cilexetil tab 32 mg....35
candesartan cilexetil tab 4 mg, 8 mg, 16 mg....35
capecitabine tab 150 mg, 500 mg....15
CAPRELSA....15
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg....35
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg....65
carbamazepine chew tab 100 mg....65
carbamazepine susp 100 mg/5ml....65
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg....65
carbamazepine tab 200 mg....65
carbidopa & levodopa tab er 25-100 mg, 50-200 mg....68
carbidopa & levodopa tab 25-250 mg....68
carbidopa & levodopa tab 10-100 mg, 25-100 mg....68
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg....68
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg....68
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg....68
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg....68
carbidopa-levodopa-entacapone tabs 25-100-200 mg....68
carbidopa-levodopa-entacapone tabs 50-200-200 mg....68
carbidopa tab 25 mg....68
carbinoxamine maleate tab 4 mg....40
carbonyl iron susp 15 mg/1.25ml (elemental iron)....72
CARDIOCOM LANCING DEVICE....91
CAREFINE PEN NEEDLE 32GX4....91
CAREFINE PEN NEEDLES 29GX....91
CAREFINE PEN NEEDLES 30GX....91
CAREFINE PEN NEEDLES 31GX....91
CAREFINE PEN NEEDLES 32GX....91
CAREONE ADVANCED LANCING....91
CAREONE INSULIN SYRINGES/....91
CAREONE LANCET SUPER THIN....91
CAREONE LANCET THIN....91
CAREONE LANCET ULTRA THIN....91
CAREONE UNIFINE PENTIPS P....91
CARESENS LANCETS....91
CARETOUCH INSULIN SYRINGE....91
CARETOUCH LANCING DEVICE....92
CARETOUCH PEN NEEDLE 29GX....92
CARETOUCH PEN NEEDLE 33GX....92
CARETOUCH PEN NEEDLES 31....92
CARETOUCH PEN NEEDLES 31G....92
CARETOUCH PEN NEEDLES 32G....92
CARETOUCH SAFETY LANCETS/....92
CARETOUCH TWIST LANCETS 2....92
CARETOUCH TWIST LANCETS 3....92
CARETOUCH TWIST LANCETS M....92
carglumic acid soluble tab 200 mg....30
carisoprodol tab 350 mg....69
CARTEOLOL HCL....77
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg....33
CAYA....92
CAYSTON....9
CEFACLOR....1
cefadroxil cap 500 mg....1
cefadroxil for susp 250 mg/5ml, 500 mg/5ml....1
cefdinir cap 300 mg....1
cefdinir for susp 125 mg/5ml, 250 mg/5ml....1
cefixime cap 400 mg....1
cefixime for susp 100 mg/5ml....1
cefixime for susp 200 mg/5ml....1
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml....1
cefpodoxime proxetil tab 100 mg, 200 mg....1
cefprozil for susp 125 mg/5ml, 250 mg/5ml....1

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cefprozil tab 250 mg, 500 mg..... 1
cefuroxime axetil tab 250 mg, 500 mg.....1
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg..... 61
CELONTIN..... 65
cephalexin cap 250 mg, 500 mg, 750 mg..... 1
cephalexin for susp 125 mg/5ml, 250 mg/5ml..... 1
CERDELGA..... 72
cevimeline hcl cap 30 mg..... 80
CHEMET..... 85
CHEMSTRIP-K..... 86
CHENODAL..... 47
CHLORDIAZEPOXIDE/AMITRIPT.....56
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg..... 50
chlorhexidine gluconate soln 0.12%.....80
chloroquine phosphate tab 250 mg, 500 mg..... 8
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....52
chlorthalidone tab 25 mg, 50 mg..... 37
chlorzoxazone tab 500 mg.....69
CHOLBAM..... 47
cholecalciferol cap 1.25 mg (50000 unit).....70
cholestyramine light powder 4 gm/dose.....38
cholestyramine light powder packets 4 gm.....38
cholestyramine powder 4 gm/dose.....38
cholestyramine powder packets 4 gm..... 38
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv)..... 38
CIBINQO..... 81
ciclopirox gel 0.77%.....81
ciclopirox olamine cream 0.77% (base equiv).....81
ciclopirox olamine susp 0.77% (base equiv)..... 81
ciclopirox shampoo 1%.....81
ciclopirox solution 8%.....81
cilostazol tab 50 mg, 100 mg.....74
CIMDUO.....4
CIMZIA..... 47
CIMZIA STARTER KIT.....47
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....30
CINRYZE.....74
CIPRO..... 2
ciprofloxacin-dexamethasone otic susp 0.3-0.1%..... 80
ciprofloxacin hcl ophth soln 0.3% (base equivalent)..... 77
ciprofloxacin hcl tab 750 mg (base equiv).....2
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....2
CIPRO HC..... 80
citalopram hydrobromide oral soln 10 mg/5ml..... 50
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....51
CLARITHROMYCIN.....2
clarithromycin tab er 24hr 500 mg.....2
clarithromycin tab 250 mg, 500 mg..... 2
CLEANLET LANCETS 28G..... 92
CLEMASTINE FUMARATE.....40
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq).....40
CLEOCIN..... 49
CLEVER CHEK LANCETS ULTRA..... 92
CLEVER CHOICE COMFORT EZ.....92
CLICKFINE PEN NEEDLE 32GX.....93
CLICKFINE PEN NEEDLES 31G.....93
CLICKFINE PEN NEEDLES 32G.....93
CLICKFINE PEN NEEDLE UNIV.....92
CLICKFINE UNIVERSAL PEN N.....93
CLIMARA PRO.....22
clindamycin hcl cap 75 mg, 150 mg, 300 mg.....9
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)..... 9
clindamycin phosphate-benzoyl peroxide gel 1-5%..... 82
clindamycin phosphate gel 1%..... 82
clindamycin phosphate lotion 1%.....82
clindamycin phosphate soln 1%..... 82
clindamycin phosphate swab 1%..... 82
clindamycin phosphate vaginal cream 2%..... 49
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....82
clobazam suspension 2.5 mg/ml.....65
clobazam tab 10 mg, 20 mg.....65
clobetasol propionate cream 0.05%..... 82
clobetasol propionate emollient base cream 0.05%..... 82
clobetasol propionate gel 0.05%.....82
clobetasol propionate oint 0.05%..... 82
clobetasol propionate soln 0.05%.....82
clocortolone pivalate cream 0.1%.....82
clomipramine hcl cap 25 mg, 50 mg, 75 mg..... 51
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....66
clonazepam tab 0.5 mg, 1 mg, 2 mg.....66
clonidine hcl tab er 12hr 0.1 mg..... 55
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg..... 35
clonidine td patch weekly 0.1 mg/24hr.....35
clonidine td patch weekly 0.2 mg/24hr.....35
clonidine td patch weekly 0.3 mg/24hr.....35
clopidogrel bisulfate tab 75 mg (base equiv)..... 74
clopidogrel bisulfate tab 300 mg (base equiv)..... 74
clorazepate dipotassium tab 7.5 mg.....50
clorazepate dipotassium tab 3.75 mg, 15 mg..... 50
clotrimazole troche 10 mg..... 80
clotrimazole w/ betamethasone cream 1-0.05%..... 82
CLOZAPINE ODT.....52
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg.....52
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg.....52
COAGADEX.....74

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COAGUCHEK LANCETS....93
COARTEM....8
codeine sulfate tab 30 mg....60
colchicine tab 0.6 mg....65
colchicine w/ probenecid tab 0.5-500 mg....65
colesevelam hcl packet for susp 3.75 gm....38
colesevelam hcl tab 625 mg....38
colestipol hcl granule packets 5 gm....38
colestipol hcl granules 5 gm....38
colestipol hcl tab 1 gm....38
colistimethate sod for inj 150 mg (colistin base activity)....9
COMETRIQ....15
COMFORT ASSIST INSULIN SY....93
COMFORT ASSURED LANCETS M....93
COMFORT ASSURED LANCETS S....93
COMFORT EZ/31G X 5MM....93
COMFORT EZ/31G X 6MM....93
COMFORT EZ INSULIN SYRING....93
COMFORT EZ MICRO/32G X 4M....93
COMFORT EZ PRO SAFETY PEN....93
COMFORT EZ SHORT/31G X 8M....93
COMFORT LANCETS....93
COMFORT TOUCH LANCETS ULT....93
COMFORT TOUCH PEN NEEDLES....93
COMFORT TOUCH PLUS SAFETY....93
COMIRNATY 2023-24....10
COMPLERA....4
COMPLETE NATAL DHA....70
COMPLETENATE....70
CO-NATAL FA....70
CONCEPT DHA....70
CONCEPT OB....70
CONCERTA....55
CONDOMS....93
CONTOUR BLOOD GLUCOSE MON....93
CONTOUR BLOOD GLUCOSE TES....86
CONTOUR NEXT BLOOD GLUCOS....86
CONTOUR NEXT EZ BLOOD GLU....94
CONTOUR NEXT GEN BLOOD GL....94
CONTOUR NEXT LINK BLOOD G....94
CONTOUR NEXT LINK WIRELES....94
CONTOUR NEXT ONE BLOOD GL....94
COPIKTRA....15
CORDRAN....82
CORIFACT....74
CORLANOR....39
CORTISPORIN-TC....80
COSENTYX....82
COSENTYX SENSOREADY PEN....82
COSENTYX UNOREADY....82
COTELLIC....15
CREON....46
CRESEMBA....3
CROMOLYN SODIUM....78
cromolyn sodium oral conc 100 mg/5ml....47
cromolyn sodium soln nebu 20 mg/2ml....42
CROTAN....82
CVS LANCETS 21G....94
CVS LANCETS MICRO-THIN 33....94
CVS LANCETS MICRO THIN 33....94
CVS LANCETS ORIGINAL....94
CVS LANCETS THIN 26G....94
CVS LANCETS ULTRA-THIN 30....94
CVS LANCETS ULTRA THIN 30....94
CVS LANCING DEVICE....94
CVS ULTRA THIN LANCETS....94
cyanocobalamin inj 1000 mcg/ml....72
cyclobenzaprine hcl tab 5 mg, 10 mg....69
CYCLOGYL....78
cyclopentolate hcl ophth soln 1%....78
CYCLOPHOSPHAMIDE....15
cyclophosphamide cap 25 mg, 50 mg....15
cycloserine cap 250 mg....3
cyclosporine cap 25 mg, 100 mg....129
cyclosporine modified cap 50 mg....129
cyclosporine modified cap 25 mg, 100 mg....129
cyclosporine modified oral soln 100 mg/ml....129
cyproheptadine hcl syrup 2 mg/5ml....40
cyproheptadine hcl tab 4 mg....40
CYSTAGON....49

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq)....73
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)....73
dalfampridine tab er 12hr 10 mg....56
danazol cap 50 mg, 100 mg, 200 mg....22
dantrolene sodium cap 25 mg....69
dantrolene sodium cap 50 mg, 100 mg....69
dapsone tab 25 mg, 100 mg....9
DAPTACEL....13
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)....48
darunavir tab 600 mg....4
darunavir tab 800 mg....4
DAURISMO....15
DAYBUE....69
deferasirox granules packet 90 mg, 180 mg, 360 mg....85
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg....85
deferasirox tab 90 mg, 180 mg, 360 mg....85
deferiprone tab 500 mg, 1000 mg....85
deflazacort tab 6 mg....21

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deflazacort tab 18 mg....21
deflazacort tab 30 mg, 36 mg....21
DELSTRIGO....4
demeclocycline hcl tab 150 mg, 300 mg....2
DESCOVY....4
desipramine hcl tab 10 mg, 25 mg....51
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg....51
desloratadine tab 5 mg....40
DESMOPRESSIN ACETATE....30
desmopressin acetate inj 4 mcg/ml....30
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%....30
desmopressin acetate preservative free (pf) inj 4 mcg/ml....30
desmopressin acetate tab 0.1 mg, 0.2 mg....30
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....23
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....23
desonide cream 0.05%....82
desonide oint 0.05%....82
desoximetasone cream 0.05%, 0.25%....82
desoximetasone gel 0.05%....82
desoximetasone oint 0.05%, 0.25%....82
desoximetasone spray 0.25%....82
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)....51
DEXAMETHASONE....21
dexamethasone elixir 0.5 mg/5ml....21
DEXAMETHASONE SODIUM PHOS....78
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg....21
DEXCOM G6 RECEIVER....94
DEXCOM G7 RECEIVER....94
DEXCOM G6 SENSOR....94
DEXCOM G7 SENSOR....94
DEXCOM G6 TRANSMITTER....94
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg....55
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg....55
dextroamphetamine sulfate cap er 24hr 5 mg....55
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg....55
dextroamphetamine sulfate oral solution 5 mg/5ml....55
dextroamphetamine sulfate tab 5 mg....55
dextroamphetamine sulfate tab 10 mg....55
DIACOMIT....66
DIATHRIVE LANCETS....94
DIATHRIVE LANCETS ULTRA T....94
DIATHRIVE LANCING DEVICE....94
DIATHRIVE PEN NEEDLE/31G....94
DIATHRIVE PEN NEEDLE/32G....95
DIATHRIVE PEN NEEDLE/31 G....94
diazepam conc 5 mg/ml....50
diazepam oral soln 1 mg/ml....50
diazepam rectal gel delivery system 10 mg, 20 mg....66
diazepam tab 2 mg, 5 mg, 10 mg....50
diazoxide susp 50 mg/ml....25
dichlorphenamide tab 50 mg....37
diclofenac potassium tab 50 mg....62
diclofenac sodium ophth soln 0.1%....78
diclofenac sodium soln 1.5%....82
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg....62
diclofenac w/ misoprostol tab delayed release 50-0.2 mg....62
diclofenac w/ misoprostol tab delayed release 75-0.2 mg....62
dicloxacillin sodium cap 250 mg, 500 mg....1
dicyclomine hcl cap 10 mg....45
dicyclomine hcl oral soln 10 mg/5ml....45
dicyclomine hcl tab 20 mg....45
DIFICID....2
diflunisal tab 500 mg....59
difluprednate ophth emulsion 0.05%....78
digoxin oral soln 0.05 mg/ml....32
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)....32
dihydroergotamine mesylate inj 1 mg/ml....64
dihydroergotamine mesylate nasal spray 4 mg/ml....64
DILANTIN....66
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg....33
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg....33
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg....33
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg....33
diltiazem hcl tab er 24hr 420 mg....33
diltiazem hcl tab 90 mg....33
diltiazem hcl tab 30 mg, 60 mg, 120 mg....33
dimethyl fumarate capsule delayed release 120 mg....56
dimethyl fumarate capsule delayed release 240 mg....56
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg....56
diphenoxylate w/ atropine tab 2.5-0.025 mg....45
dipyridamole tab 25 mg, 50 mg, 75 mg....74
disopyramide phosphate cap 100 mg, 150 mg....34
disulfiram tab 250 mg, 500 mg....56
divalproex sodium cap delayed release sprinkle 125 mg....66
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg....66
divalproex sodium tab er 24 hr 250 mg, 500 mg....66
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)....34

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donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....56
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....56
DOPTELET.....72
dorzolamide hcl ophth soln 2%.....78
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....78
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....78
DOVATO.....4
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....35
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....51
doxepin hcl conc 10 mg/ml.....51
doxepin hcl cream 5%.....82
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....54
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg.....30
doxycycline hyclate cap 50 mg.....2
doxycycline hyclate cap 100 mg.....2
doxycycline hyclate tab 20 mg, 50 mg, 100 mg.....2
doxycycline monohydrate cap 50 mg, 100 mg.....2
doxycycline monohydrate for susp 25 mg/5ml.....2
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....2
doxylamine-pyridoxine tab delayed release 10-10 mg.....46
dronabinol cap 2.5 mg.....46
dronabinol cap 5 mg, 10 mg.....46
DROPLET GENTEEL LANCING D.....95
DROPLET INSULIN SYRINGE 0.....95
DROPLET INSULIN SYRINGE 1.....95
DROPLET INSULIN SYRINGE/U.....95
DROPLET INSULIN SYRINGE U.....95
DROPLET LANCETS ULTRA THI.....95
DROPLET LANCING DEVICE.....95
DROPLET MICRON 34G X 9/64.....95
DROPLET PEN NEEDLES 29GX1.....95
DROPLET PEN NEEDLES 31GX5.....95
DROPLET PEN NEEDLES 31GX6.....95
DROPLET PEN NEEDLES 31GX8.....95
DROPLET PEN NEEDLES 32GX4.....95
DROPLET PEN NEEDLES 32GX5.....96
DROPLET PEN NEEDLES 32GX6.....96
DROPLET PEN NEEDLES 32GX8.....96
DROPLET PEN NEEDLES 29G X.....95
DROPLET PEN NEEDLES 30G X.....95
DROPLET PEN NEEDLES 31G X.....95
DROPLET PEN NEEDLES 32G X.....95
DROPLET PERSONAL LANCETS.....96
DROPSAFE INSULIN SAFETY S.....96
DROPSAFE SAFETY PEN NEEDL.....96
DROPSAFE SAFTEY PEN NEEDL.....96
drospirenone-ethinyl estradiol tab 3-0.02 mg.....23
drospirenone-ethinyl estradiol tab 3-0.03 mg.....23
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....23
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....23
DROXIA.....72
DRUG MART LANCETS THIN.....96
DRUG MART LANCETS ULTRA T.....96
DRUG MART ON-THE-GO LANCE.....96
DRUG MART UNIFINE PENTIPS.....96
DRUG MART UNILET LANCETS.....96
DRUG MART UNILET MICRO TH.....96
DUANE READE LANCET ALTERN.....96
DUANE READE LANCET SUPER.....96
DUANE READE LANCET ULTRA.....96
DUANE READE UNIFINE PENTI.....96
DUAVEE.....22
DULERA.....42
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq).....51
DUPIXENT.....82
DUREX EXTRA SENSITIVE THI.....96
DUREX REALFEEL NON-LATEX.....96
dutasteride cap 0.5 mg.....49
dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....49

E

EASY COMFORT INSULIN SYRI.....97
EASY COMFORT PEN NEEDLES.....97
EASY COMFORT SAFETY PEN N.....97
EASY GLIDE PEN NEEDLES 33.....97
EASY MINI EJECT LANCING D.....97
EASY MINI LANCING DEVICE.....97
EASY TOUCH ALLERGY TRAY S.....97
EASY TOUCH FLIPLOCK SAFET.....97
EASY TOUCH 32GX5MM.....98
EASY TOUCH 32GX6MM.....98
EASY TOUCH INSULIN SYRING.....97
EASY TOUCH LANCETS 30G/BU.....98
EASY TOUCH LANCETS 21G/PR.....97
EASY TOUCH LANCETS 23G/PR.....97
EASY TOUCH LANCETS 26G/PR.....97
EASY TOUCH LANCETS 28G/PR.....97
EASY TOUCH LANCETS 30G/PR.....98
EASY TOUCH LANCETS 32G/PR.....98
EASY TOUCH LANCETS 26G/PU.....97
EASY TOUCH LANCETS 28G/PU.....97
EASY TOUCH LANCETS 30G/PU.....98
EASY TOUCH LANCETS 32G/PU.....98
EASY TOUCH LANCETS 28G/TW.....98
EASY TOUCH LANCETS 30G/TW.....98
EASY TOUCH LANCETS 32G/TW.....98
EASY TOUCH LANCETS 33G/TW.....98

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LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

EASY TOUCH LANCING DEVICE....98
EASY TOUCH PEN NEEDLE 30....98
EASY TOUCH PEN NEEDLE/30....98
EASY TOUCH PEN NEEDLES 29....98
EASY TOUCH PEN NEEDLES 31....98
EASY TOUCH PEN NEEDLES 32....98
EASY TOUCH PEN NEEDLES/31....98
EASY TOUCH SAFETY LANCETS....98
EASY TOUCH SAFETY PEN NEE....98
EASY TOUCH SHEATHLOCK SAF....98
EASY TOUCH TUBERCULIN FLI....98
EASY TOUCH TUBERCULIN SHE....98
econazole nitrate cream 1%....82
EDURANT....4
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg....4
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg....4
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg....5
efavirenz tab 600 mg....4
EGATEN....9
eletriptan hydrobromide tab 20 mg (base equivalent)....64
eletriptan hydrobromide tab 40 mg (base equivalent)....64
ELIQUIS....73
ELIQUIS STARTER PACK....73
ELLA....23
ELMIRON....49
ELOCTATE....74
EMBRACE LANCETS ULTRA THI....98
EMBRACE LANCING DEVICE WI....98
EMBRACE PEN NEEDLES/29G X....99
EMBRACE PEN NEEDLES/30G X....99
EMBRACE PEN NEEDLES/31G X....99
EMBRACE PEN NEEDLES/32G X....99
EMBRACE PRESSURE ACTIVATE....99
EMCYT....15
EMEND....46
EMGALITY....64
EMPAVELI....74
EMSAM....51
emtricitabine caps 200 mg....5
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg....5
EMTRIVA....5
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg....35
enalapril maleate & hydrochlorothiazide tab 10-25 mg....35
enalapril maleate oral soln 1 mg/ml....35
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg....35
ENBREL....62
ENBREL MINI....62
ENBREL SURECLICK....62
ENCARE....49
ENDARI....72
ENGERIX-B....10
enoxaparin sodium inj 300 mg/3ml....73
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml....73
ENSPRYNG....129
entacapone tab 200 mg....68
entecavir tab 0.5 mg, 1 mg....5
ENTRESTO....40
EPCLUSA....5
EPIDIOLEX....66
epinastine hcl ophth soln 0.05%....78
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)....38
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)....38
EPIVIR....5
eplerenone tab 25 mg, 50 mg....35
EPRONTIA....66
EQL COLOR LANCETS 21G....99
EQL COLOR LANCETS MICRO T....99
EQL INSULIN SYRINGE/0.3ML....99
EQL INSULIN SYRINGE/0.5ML....99
EQL INSULIN SYRINGE/1ML/2....99
EQL INSULIN SYRINGE/1ML/3....99
EQL SHORT PEN NEEDLES 31G....99
EQL SUPER THIN LANCETS 30....99
EQL THIN LANCETS 26G....99
EQL ULTRA SHORT PEN NEEDL....99
ergocalciferol cap 1.25 mg (50000 unit)....70
ERGOLOID MESYLATES....56
ergotamine w/ caffeine tab 1-100 mg....64
ERIVEDGE....15
ERLEADA....15
erlotinib hcl tab 25 mg (base equivalent)....15
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)....15
ERTACZO....82
erythromycin ethylsuccinate for susp 200 mg/5ml....2
erythromycin ethylsuccinate for susp 400 mg/5ml....2
erythromycin gel 2%....82
erythromycin ophth oint 5 mg/gm....78
erythromycin soln 2%....83
erythromycin tab delayed release 250 mg, 333 mg, 500 mg....2
erythromycin tab 250 mg, 500 mg....2
escitalopram oxalate soln 5 mg/5ml (base equiv)....51

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escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)..... 51
esomeprazole magnesium cap delayed release 40 mg (base eq)..... 45
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg.....45
ESPEROCT..... 75
estazolam tab 1 mg, 2 mg.....54
estradiol & norethindrone acetate tab 0.5-0.1 mg..... 22
estradiol & norethindrone acetate tab 1-0.5 mg..... 22
estradiol tab 0.5 mg, 1 mg, 2 mg..... 22
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)..... 23
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....23
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr..... 23
estradiol vaginal cream 0.1 mg/gm.....49
estradiol vaginal tab 10 mcg..... 49
ESTRING..... 49
ESTROGEL.....23
eszopiclone tab 1 mg, 2 mg, 3 mg.....54
ethacrynic acid tab 25 mg.....37
ethambutol hcl tab 100 mg..... 3
ethambutol hcl tab 400 mg..... 3
ethosuximide cap 250 mg..... 66
ethosuximide soln 250 mg/5ml.....66
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....23
etodolac cap 200 mg, 300 mg.....62
etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....62
etodolac tab 400 mg..... 62
etodolac tab 500 mg..... 62
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....23
ETOPOSIDE..... 15
etravirine tab 100 mg, 200 mg..... 5
everolimus tab for oral susp 3 mg.....15
everolimus tab for oral susp 2 mg, 5 mg..... 15
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg..... 15
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg..... 129
EVOTAZ..... 5
EVRYSDI.....69
EXELDERM..... 83
exemestane tab 25 mg..... 15
EXKIVITY..... 16
EXSERVAN.....69
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....38
ezetimibe tab 10 mg.....38
E-Z JECT LANCETS.....96
E-Z JECT LANCETS COLOR.....96
E-Z JECT LANCETS 21G.....97
E-ZJECT LANCETS MICRO-THI.....97
E-Z JECT LANCETS SUPER TH.....96
E-Z JECT LANCETS THIN 26G.....96
EZ-LETS LANCETS 21G.....99
EZ-LETS LANCETS 30G.....99
EZ-LETS LANCETS 26G SUPER..... 99
EZ-LETS LANCETS 28G ULTRA..... 99

F

famciclovir tab 125 mg, 250 mg, 500 mg.....5
famotidine for susp 40 mg/5ml.....45
famotidine tab 20 mg, 40 mg.....45
FANAPT..... 52
FANAPT TITRATION PACK.....52
FANTASY LUBRICATED.....99
FANTASY LUBRICATED/SPERMI.....99
FARXIGA.....25
FASENRA PEN.....42
FC2 FEMALE CONDOM.....99
febuxostat tab 40 mg, 80 mg.....65
FEIBA..... 75
felbamate susp 600 mg/5ml..... 66
felbamate tab 400 mg, 600 mg..... 66
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg..... 34
FEMCAP..... 99
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....38
fenofibrate tab 48 mg, 145 mg.....38
fenofibrate tab 54 mg, 160 mg.....38
fenoprofen calcium tab 600 mg.....62
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....60
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr..... 60
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)..... 72
fesoterodine fumarate tab er 24hr 4 mg, 8 mg..... 48
FETZIMA.....51
FETZIMA TITRATION PACK..... 51
FIASP.....27
FIASP FLEXTOUCH..... 27
FIASP PENFILL.....27
FIBRYGA.....75
FIFTY50 PEN NEEDLES/31GX8..... 100
FIFTY50 PEN NEEDLES/32GX4..... 100
FIFTY50 PEN NEEDLES/32GX6..... 100
FIFTY50 PEN NEEDLES 31GX5..... 99
FIFTY50 PEN NEEDLES 31G X..... 99
FIFTY50 SAFETY SEAL LANCE.....100
FIFTY50 SUPERIOR COMFORT.....100

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FIFTY50 UNILET LANCETS 33..... 100
FILSPARI.....49
finasteride tab 1 mg.....83
finasteride tab 5 mg.....49
FINGERSTIX LANCETS..... 100
fingolimod hcl cap 0.5 mg (base equiv).....56
FINTEPLA..... 66
FIRDAPSE..... 70
flavoxate hcl tab 100 mg.....48
flecainide acetate tab 50 mg, 100 mg, 150 mg.....34
FLUAD QUADRIVALENT 2023-2..... 11
FLUARIX QUADRIVALENT 2023..... 11
FLUBLOK QUADRIVALENT 2023..... 11
FLUCELVAX QUADRIVALENT 20..... 11
fluconazole for susp 10 mg/ml, 40 mg/ml..... 3
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg..... 3
flucytosine cap 250 mg, 500 mg..... 3
fludrocortisone acetate tab 0.1 mg.....21
FLULAVAL QUADRIVALENT 202..... 11
FLUMIST QUADRIVALENT..... 11
flunisolide nasal soln 25 mcg/act (0.025%).....41
FLUOCINOLONE ACETONIDE.....83
fluocinolone acetonide cream 0.025%.....83
fluocinolone acetonide oil 0.01% (body oil).....83
fluocinolone acetonide oil 0.01% (scalp oil).....83
fluocinolone acetonide oint 0.025%.....83
fluocinolone acetonide (otic) oil 0.01%.....80
fluocinolone acetonide soln 0.01%.....83
fluocinonide cream 0.05%.....83
fluocinonide emulsified base cream 0.05%..... 83
fluocinonide gel 0.05%..... 83
fluocinonide oint 0.05%.....83
fluocinonide soln 0.05%.....83
fluorometholone ophth susp 0.1%.....78
FLUOROURACIL.....83
fluorouracil cream 5%.....83
fluoxetine hcl cap 10 mg, 20 mg, 40 mg..... 51
fluoxetine hcl solution 20 mg/5ml.....51
fluoxetine hcl tab 60 mg.....51
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....52
FLURAZEPAM HYDROCHLORIDE..... 54
FLURBIPROFEN SODIUM.....78
flurbiprofen tab 100 mg.....62
FLUTICASONE PROPIONATE/SA.....43
fluticasone propionate cream 0.05%..... 83
FLUTICASONE PROPIONATE DI.....42
FLUTICASONE PROPIONATE HF.....42
fluticasone propionate nasal susp 50 mcg/act.....41
fluticasone propionate oint 0.005%..... 83
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act..... 43
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)..... 38
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)..... 38
fluvoxamine maleate tab 100 mg..... 51
fluvoxamine maleate tab 25 mg, 50 mg.....51
FLUZONE HIGH-DOSE PF 2023..... 11
FLUZONE QUADRIVALENT 2023..... 11
folic acid tab 400 mcg, 800 mcg, 1 mg.....72
FOLIVANE-OB..... 70
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....73
FORA LANCETS.....100
FORA LANCING DEVICE.....100
FORA LANCING DEVICE/CLEAR..... 100
fosamprenavir calcium tab 700 mg (base equiv)..... 5
fosfomycin tromethamine powd pack 3 gm (base equivalent)..... 9
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....35
fosinopril sodium tab 10 mg, 20 mg, 40 mg..... 35
FOTIVDA.....16
FREESTYLE LANCETS.....100
FREESTYLE LIBRE 2/READER/..... 100
FREESTYLE LIBRE 3/READER/..... 100
FREESTYLE LIBRE/READER/FL..... 100
FREESTYLE LIBRE 2/SENSOR/..... 100
FREESTYLE LIBRE 3/SENSOR/..... 100
FREESTYLE LIBRE 14 DAY/RE..... 100
FREESTYLE LIBRE 14 DAY/SE..... 100
FREESTYLE UNISTICK II LAN.....100
frovatriptan succinate tab 2.5 mg (base equivalent)..... 64
FRUZAQLA..... 16
FULPHILA.....72
FUROSCIX.....37
furosemide oral soln 10 mg/ml.....37
furosemide tab 20 mg, 40 mg, 80 mg.....37
FUZEON.....5
FYCOMPA.....66
FYLNETRA..... 72

G

gabapentin cap 100 mg, 300 mg, 400 mg.....66
gabapentin oral soln 250 mg/5ml.....66
gabapentin tab 600 mg, 800 mg.....66
GALAFOLD.....30
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....56
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....56
GAMMAGARD LIQUID..... 13
GAMMAKED..... 13
GAMUNEX-C..... 14
GARDASIL 9.....11
gatifloxacin ophth soln 0.5%..... 78

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LD = Limited Distribution
SP = Specialty
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GATTEX..... 47
GAVRETO..... 16
gefitinib tab 250 mg..... 16
gemfibrozil tab 600 mg..... 39
GENOTROPIN..... 30
GENOTROPIN MINIQUICK..... 30
gentamicin sulfate cream 0.1%..... 83
gentamicin sulfate oint 0.1%..... 83
gentamicin sulfate ophth soln 0.3%..... 78
GENTEEL BUTTERFLY TOUCH L..... 100
GENTEEL PLUS LANCING DEVI..... 100
GENTLE-LET GP LANCETS..... 100
GENTLE-LET LANCETS GENERA..... 100
GENTLE-LET LANCETS SAFETY..... 100
GENVOYA..... 5
GILOTRIF..... 16
glatiramer acetate soln prefilled syringe 20 mg/ml..... 57
glatiramer acetate soln prefilled syringe 40 mg/ml..... 57
GLEOSTINE..... 16
glimepiride tab 1 mg, 2 mg, 4 mg..... 25
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg..... 25
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg..... 25
glipizide tab 5 mg, 10 mg..... 25
GLOBAL EASE INJECT PEN NE..... 100
GLOBAL EASY GLIDE INSULIN..... 101
GLOBAL EASY GLIDE PEN NEE..... 101
GLOBAL INJECT EASE INSULI..... 101
GLOBAL INJECT EASE LANCET..... 101
GLOBAL INSULIN SYRINGE/U-..... 101
GLOBAL INSULIN SYRINGES/U..... 101
GLOBAL LANCING DEVICE..... 101
GLUCAGEN DIAGNOSTIC..... 86
GLUCAGEN HYPOKIT..... 25
GLUCAGON EMERGENCY KIT FO..... 25
GLUCOCOM LANCETS 28G..... 101
GLUCOCOM LANCETS 30G..... 101
GLUCOCOM LANCETS 33G..... 101
GLUCOPRO INSULIN SYRINGE/..... 101
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg..... 25
GLYBURIDE MICRONIZED..... 25
glyburide tab 1.25 mg, 2.5 mg, 5 mg..... 25
glycopyrrolate oral soln 1 mg/5ml..... 45
glycopyrrolate tab 1 mg..... 45
glycopyrrolate tab 2 mg..... 45
GLYXAMBI..... 25
GNP CLICKFINE UNIVERSAL P..... 101
GNP INSULIN SYRINGE/0.3ML..... 101
GNP INSULIN SYRINGE/0.5ML..... 101
GNP INSULIN SYRINGE/1ML/2..... 101
GNP INSULIN SYRINGE/1ML/3..... 101
GNP INSULIN SYRINGES/1/2M..... 101
GNP INSULIN SYRINGES/0.3M..... 101
GNP INSULIN SYRINGES/1ML/..... 102
GNP INSULIN SYRINGES/3ML/..... 102
GNP LANCETS 21G..... 102
GNP LANCETS THIN 26G..... 102
GNP STERILE LANCETS 28G..... 102
GNP STERILE LANCETS 30G..... 102
GNP STERILE LANCETS 33G..... 102
GNP ULTICARE PEN NEEDLES..... 102
GNP ULTICARE PEN NEEDLES/..... 102
GNP ULTIGUARD SAFEPACK/MI..... 102
GNP ULTIGUARD SAFEPACK/SH..... 102
GNP ULTRA COMFORT INSULIN..... 102
GOJJI LANCING DEVICE/CLEA..... 102
GOJJI STERILE LANCETS 30G..... 102
GOODSENSE CLICKFINE SAFET..... 102
GOODSENSE COLOR LANCETS M..... 102
GOODSENSE LANCETS MICRO-T..... 102
GOODSENSE LANCETS ULTRA-T..... 102
GOODSENSE LANCING DEVICE..... 102
GOODSENSE PEN NEEDLE/PENF..... 102
granisetron hcl tab 1 mg..... 46
griseofulvin microsize susp 125 mg/5ml..... 3
griseofulvin microsize tab 500 mg..... 3
griseofulvin ultramicrosize tab 125 mg, 250 mg..... 3
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)..... 55
guanfacine hcl tab 1 mg, 2 mg..... 35
GVOKE HYPOPEN 1-PACK..... 25
GVOKE HYPOPEN 2-PACK..... 26
GVOKE KIT..... 26
GVOKE PFS..... 26
GYNAZOLE-1..... 49

H

HADLIMA..... 62
HADLIMA PUSHTOUCH..... 62
HAEGARDA..... 75
HAEMOLANCE..... 103
HAEMOLANCE LOW FLOW LANCE..... 103
HAEMOLANCE PLUS..... 103
HAEMOLANCE PLUS HIGH FLOW..... 103
HAEMOLANCE PLUS LOW FLOW..... 103
HAEMOLANCE PLUS MAX FLOW..... 103
HAEMOLANCE PLUS PEDIATRIC..... 103
halcinonide cream 0.1%..... 83
halobetasol propionate cream 0.05%..... 83
HALOG..... 83
haloperidol lactate oral conc 2 mg/ml..... 52
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg..... 53
HARVONI..... 5

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LD = Limited Distribution
SP = Specialty
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HAVRIX.....11
HEALTH CARE LANCING DEVIC.....103
HEALTHWISE INSULIN SYRING.....103
HEALTHWISE MICRON PEN NEE.....103
HEALTHWISE MINI PEN NEEDL.....103
HEALTHWISE PEN NEEDLES 29.....103
HEALTHWISE SHORT PEN NEED.....103
H-E-B INCONTROL ADVANCED.....103
H-E-B INCONTROL LANCETS M.....103
H-E-B INCONTROL LANCETS S.....103
H-E-B INCONTROL LANCETS U.....103
H-E-B IN CONTROL PEN NEED.....102
H-E-B INCONTROL PEN NEEDL.....103
H-E-B IN CONTROL UNIFINE.....102
HEMLIBRA.....75
HEMOFIL M.....75
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml.....73
HEPLISAV-B.....11
HIBERIX.....11
HIZENTRA.....14
HM ULTICARE INSULIN SYRIN.....103
HM ULTICARE MINI PEN NEED.....103
HM ULTICARE SHORT PEN NEE.....103
HUMATE-P.....75
HUMATIN.....3
HUMIRA.....62
HUMIRA PEDIATRIC CROHNS D.....62
HUMIRA PEN.....62
HUMIRA PEN-CD/UC/HS START.....62
HUMIRA PEN-PEDIATRIC UC S.....62
HUMIRA PEN-PS/UV STARTER.....62
HUMULIN R U-500 (CONCENTR.....28
HUMULIN R U-500 KWIKPEN.....28
HYCAMTIN.....16
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....36
hydrochlorothiazide cap 12.5 mg.....37
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....37
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....60
hydrocodone-acetaminophen tab 5-325 mg.....60
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....60
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....41
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....41
HYDROCODONE BITARTRATE ER.....60
hydrocodone-ibuprofen tab 7.5-200 mg.....60
HYDROCODONE POLISTIREX/CH.....41
HYDROCORTISONE ACETATE/PR.....80
hydrocortisone butyrate oint 0.1%.....83
hydrocortisone cream 2.5%.....83
hydrocortisone enema 100 mg/60ml.....80
hydrocortisone lotion 2.5%.....83
hydrocortisone oint 2.5%.....83
hydrocortisone perianal cream 1%.....80
hydrocortisone perianal cream 2.5%.....80
hydrocortisone tab 5 mg, 10 mg, 20 mg.....21
hydrocortisone valerate cream 0.2%.....83
hydrocortisone valerate oint 0.2%.....83
hydrocortisone w/ acetic acid otic soln 1-2%.....80
hydromorphone hcl liqd 1 mg/ml.....60
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....60
hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....60
hydroxychloroquine sulfate tab 200 mg.....9
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg.....9
hydroxyurea cap 500 mg.....16
hydroxyzine hcl syrup 10 mg/5ml.....50
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....50
hydroxyzine pamoate cap 25 mg, 50 mg.....50
HYFTOR.....83
HYQVIA.....14
HY-VEE LANCETS.....103
HY-VEE THIN LANCETS.....103

I

ibandronate sodium tab 150 mg (base equivalent).....30
IBRANCE.....16
ibuprofen tab 400 mg, 600 mg, 800 mg.....62
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....75
ICLUSIG.....16
IDELVION.....75
IDHIFA.....16
ILEVRO.....78
imatinib mesylate tab 100 mg (base equivalent).....16
imatinib mesylate tab 400 mg (base equivalent).....16
IMBRUVICA.....16
IMCIVREE.....55
imipramine hcl tab 10 mg, 25 mg, 50 mg.....51
imiquimod cream 5%.....83
IMPAVIDO.....9
INBRIJA.....69
INCONTROL ULTICARE MINI P.....104
INCRELEX.....30
INCRUSE ELLIPTA.....43
indapamide tab 1.25 mg, 2.5 mg.....37
indomethacin cap er 75 mg.....62
indomethacin cap 25 mg, 50 mg.....62
INFANRIX.....13
INLYTA.....16
INQOVI.....16
INREBIC.....16

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

INSULIN ASPART..... 27
INSULIN ASPART FLEXPEN..... 27
INSULIN ASPART PENFILL..... 27
INSULIN ASPART PROTAMINE/.....28
INSULIN DEGLUDEC..... 29
INSULIN DEGLUDEC FLEXTOUC.....29
INSULIN SYRINGE/0.3ML/30G.....104
INSULIN SYRINGE/0.3ML/31G.....104
INSULIN SYRINGE/0.5ML/28G.....104
INSULIN SYRINGE/0.5ML/30G.....104
INSULIN SYRINGE/0.5ML/31G.....104
INSULIN SYRINGE/1ML/29G X..... 104
INSULIN SYRINGE/1ML/30G X..... 104
INSULIN SYRINGE/NEEDLE 0..... 104
INSULIN SYRINGE/NEEDLE 1M..... 104
INSULIN SYRINGE/U-100/0.3..... 104
INSULIN SYRINGE/U-100/0.5..... 104
INSULIN SYRINGE/U-100/1ML..... 104
INSULIN SYRINGE 1ML/31G X..... 104
INSULIN SYRINGES/U-100/0.....104
INSULIN SYRINGES/U-100/1M.....105
INSULIN SYRINGES 0.3ML/31..... 104
INSULIN SYRINGES 0.5ML/31..... 104
INSUPEN 33GX4MM..... 105
INSUPEN 29G X 12MM.....105
INSUPEN 31G X 5MM.....105
INSUPEN 31G X 8MM.....105
INSUPEN 32G X 4MM.....105
INTELENCE..... 5
IN TOUCH DIABETES MANAGEM..... 103
IN TOUCH LANCING DEVICE..... 103
IN TOUCH STERILE LANCETS..... 103
INTRAROSA..... 49
IPOL INACTIVATED IPV..... 11
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....43
ipratropium bromide inhal soln 0.02%..... 43
ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....41
ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....41
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg..... 36
irbesartan tab 75 mg, 150 mg, 300 mg..... 36
irrigation solution, physiological..... 129
ISENTRESS..... 5
ISENTRESS HD..... 5
isoniazid syrup 50 mg/5ml..... 3
isoniazid tab 300 mg..... 3
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....40
isosorbide dinitrate tab 5 mg, 40 mg.....32
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg..... 32
ISOSORBIDE MONONITRATE..... 32
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg..... 32
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....83
isradipine cap 2.5 mg, 5 mg..... 34
itraconazole cap 100 mg..... 3
itraconazole oral soln 10 mg/ml..... 3
ivermectin cream 1%..... 83
ivermectin tab 3 mg..... 9
IWILFIN..... 16
IXINITY.....75

J

JAKAFI..... 16
JANUMET..... 26
JANUMET XR.....26
JANUVIA..... 26
JARDIANCE.....26
JAYPIRCA..... 16
JIVI..... 75
JOENJA.....129
JULUCA..... 6
JUXTAPID..... 39
JYLAMVO..... 16
JYNARQUE.....31
JYNNEOS..... 11

K

KALETRA..... 6
KALYDECO.....44
KAMELEON LUBRICATED.....105
KERENDIA.....31
KESIMPTA..... 57
KETOCARE..... 86
ketoconazole cream 2%..... 83
ketoconazole shampoo 2%..... 83
ketoconazole tab 200 mg..... 3
KETONE.....86
KETONE TEST STRIPS..... 86
ketorolac tromethamine ophth soln 0.4%..... 78
ketorolac tromethamine ophth soln 0.5%..... 78
ketorolac tromethamine tab 10 mg..... 62
KETOSTIX.....86
KEVZARA..... 63
KIMONO COLORS.....105
KIMONO LUBRICATED..... 105
KIMONO MAXX/LARGE FLARE..... 105
KIMONO MICRO THIN..... 105
KIMONO MICRO THIN PLUS SP..... 105
KIMONO PLUS SPERMICIDE/LU.....105
KIMONO PLUS SPERMICIDE LU.....105
KIMONO PS LUBRICATED..... 105
KIMONO PS PLUS SPERMICIDE..... 105
KIMONO SENSATION LUBRICAT..... 105

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

KIMONO SENSATION PLUS SPE....105
KIMONO SPECIAL....105
KINERET....63
KINNEY LANCETS....105
KINNEY THIN LANCETS....105
KINRAY INSULIN SYRINGE/0....105
KINRAY INSULIN SYRINGE PR....105
KINRIX....13
KISQALI....17
KISQALI FEMARA 200 DOSE....17
KISQALI FEMARA 400 DOSE....17
KISQALI FEMARA 600 DOSE....17
KLOXXADO....85
KMART VALU PLUS INSULIN S....105
KOATE....75
KOATE-DVI....75
KOGENATE FS....75
KOSELUGO....17
KOVALTRY....75
K-PHOS NO 2....49
KRAZATI....17
KROGER AUTOLET LANCING DE....105
KROGER HEALTHPRO TWIST LA....106
KROGER INSULIN SYRINGE/0....106
KROGER INSULIN SYRINGE/1M....106
KROGER INSULIN SYRINGE/U-....106
KROGER LANCETS....106
KROGER LANCETS 21G....106
KROGER LANCETS MICRO THIN....106
KROGER LANCETS SUPER THIN....106
KROGER LANCETS THIN....106
KROGER LANCETS THIN 26G....106
KROGER LANCETS ULTRATHIN....106
KROGER LANCING DEVICE....106
KROGER PEN NEEDLES/31G X....106
KROGER PEN NEEDLES/32G X....106
KROGER PEN NEEDLES/33G X....106
KROGER PEN NEEDLES 29G X....106
KROGER PEN NEEDLES 31G X....106
KROGER PEN NEEDLES 31GX1/....106

L

labetalol hcl tab 100 mg, 200 mg, 300 mg....33
lacosamide oral solution 10 mg/ml....66
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg....66
lactated ringer's for irrigation....129
lactulose (encephalopathy) solution 10 gm/15ml....47
lactulose solution 10 gm/15ml....45
LAGEVRIO....6
lamivudine oral soln 10 mg/ml....6
lamivudine tab 150 mg....6
lamivudine tab 300 mg....6
lamivudine tab 100 mg (hbv)....6
lamivudine-zidovudine tab 150-300 mg....6
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg....66
lamotrigine tab chewable dispersible 5 mg, 25 mg....66
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit....66
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit....66
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit....66
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg....66
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg....67
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit....67
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit....67
lamotrigine tab 35 x 25 mg starter kit....67
LAMPIT....9
LANCET DEVICE ADJUSTABLE....106
LANCET DEVICE WITH EJECTO....106
LANCETS....106
LANCETS - BAYER ASCENCIA....106
LANCETS 28G....106
LANCETS 30G....106
LANCETS 30G/TWIST TOP....107
LANCETS 33G EXTRA FINE....107
LANCETS 30G TWIST TOP....106
LANCETS 33G UNIVERSAL DES....107
LANCETS MICRO THIN 33G....106
LANCETS SUPER THIN 28G....106
LANCETS THIN....106
LANCETS ULTRA THIN 30G....106
LANCING DEVICE....107
lansoprazole cap delayed release 30 mg....45
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)....47
LANTUS....29
LANTUS SOLOSTAR....29
LANZO....107
lapatinib ditosylate tab 250 mg (base equiv)....17
latanoprost ophth soln 0.005%....78
LEADER ADVANCED LANCING D....107
LEADER INSULIN SYRINGE/0....107
LEADER INSULIN SYRINGE/1M....107
LEADER LANCETS COLORED....107
LEADER SUPER THIN LANCET....107
LEADER THIN LANCETS....107
LEADER UNIFINE PENTIPS/MI....107
LEADER UNIFINE PENTIPS/NA....107
LEADER UNIFINE PENTIPS/PL....107
LEADER UNIFINE PENTIPS PL....107
LEDIPASVIR/SOFOSBUVIR....6
leflunomide tab 10 mg, 20 mg....63

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg..... 129
lenalidomide caps 2.5 mg..... 129
LENVIMA 4 MG DAILY DOSE..... 17
LENVIMA 8 MG DAILY DOSE..... 17
LENVIMA 10 MG DAILY DOSE..... 17
LENVIMA 12MG DAILY DOSE..... 17
LENVIMA 14 MG DAILY DOSE..... 17
LENVIMA 18 MG DAILY DOSE..... 17
LENVIMA 20 MG DAILY DOSE..... 17
LENVIMA 24 MG DAILY DOSE..... 17
letrozole tab 2.5 mg..... 17
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg..... 17
LEUKERAN..... 17
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)..... 17
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)..... 43
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)..... 43
LEVEMIR..... 29
LEVEMIR FLEXPEN..... 29
levetiracetam oral soln 100 mg/ml..... 67
levetiracetam tab er 24hr 500 mg, 750 mg..... 67
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg..... 67
LEVOBUNOLOL HCL..... 78
levocarnitine oral soln 1 gm/10ml (10%)..... 31
levocarnitine tab 330 mg..... 31
levocetirizine dihydrochloride tab 5 mg..... 40
LEVOFLOXACIN..... 2
levofloxacin tab 250 mg, 500 mg, 750 mg..... 2
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg..... 24
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... 24
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg..... 24
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg..... 24
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg..... 24
levonorgestrel tab 1.5 mg..... 24
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)..... 24
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)..... 24
levorphanol tartrate tab 2 mg..... 60
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg..... 29
LIBERTY MEDICAL LANCETS 3..... 107
LIBERTY MINI LANCING DEVI..... 107
lidocaine hcl soln 4%..... 83
lidocaine hcl urethral/mucosal gel prefilled syringe 2%..... 84
lidocaine hcl viscous soln 2%..... 80
lidocaine patch 5%..... 84
lidocaine-prilocaine cream 2.5-2.5%..... 84
LIFESCAN UNISTIK 2 DEEP P..... 107
linezolid for susp 100 mg/5ml..... 9
linezolid tab 600 mg..... 9
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg..... 29
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg..... 55
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg..... 55
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg..... 36
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg..... 36
LITETOUCH INSULIN PEN NEE..... 107
LITETOUCH INSULIN SYRINGE..... 107
LITE TOUCH LANCETS..... 107
LITETOUCH LANCETS MICRO T..... 107
LITE TOUCH LANCING PEN..... 107
LITETOUCH PEN NEEDLES/31..... 108
LITETOUCH PEN NEEDLES/31G..... 108
LITETOUCH PEN NEEDLES 29G..... 107
LITETOUCH PEN NEEDLES 31G..... 107
LITFULO..... 84
LITHIUM CARBONATE..... 53
lithium carbonate cap 150 mg, 300 mg, 600 mg..... 53
lithium carbonate tab er 300 mg..... 53
lithium carbonate tab er 450 mg..... 53
lithium carbonate tab 300 mg..... 53
LIVE BETTER ADVANCED LANC..... 108
LIVE BETTER LANCET SUPER..... 108
LIVE BETTER LANCET ULTRA..... 108
LIVE BETTER PEN NEEDLES 2..... 108
LIVE BETTER PEN NEEDLES 3..... 108
LIVMARLI..... 47
LIVTENCITY..... 6
LOKELMA..... 129
LO LOESTRIN FE..... 24
LONGS INSULIN SYRINGE/0.5..... 108
LONGS LANCETS STANDARD..... 108
LONGS LANCETS THIN..... 108
LONGS LANCETS ULTRA THIN..... 108
LONSURF..... 17
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)..... 6
lopinavir-ritonavir tab 100-25 mg..... 6
lopinavir-ritonavir tab 200-50 mg..... 6
loratadine & pseudoephedrine tab er 12hr 5-120 mg..... 41

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

loratadine & pseudoephedrine tab er 24hr 10-240 mg..... 41
loratadine oral soln 5 mg/5ml.....40
loratadine rapidly-disintegrating tab 10 mg.....40
loratadine syrup 5 mg/5ml..... 40
loratadine tab 10 mg.....41
lorazepam conc 2 mg/ml.....50
lorazepam tab 0.5 mg, 1 mg, 2 mg.....50
LORBRENA..... 17
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg..... 36
losartan potassium tab 100 mg.....36
losartan potassium tab 25 mg, 50 mg.....36
LOTEMAX..... 78
LOTEPREDNOL ETABONATE..... 78
loteprednol etabonate ophth susp 0.2%..... 78
loteprednol etabonate ophth susp 0.5%..... 78
lovastatin tab 10 mg, 20 mg, 40 mg.....39
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg..... 53
lubiprostone cap 8 mcg..... 47
lubiprostone cap 24 mcg..... 47
LUCEMYRA..... 57
LUMAKRAS..... 17
LUMIGAN.....78
LUMRYZ.....57
lurasidone hcl tab 80 mg..... 53
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....53
LYNPARZA.....17
LYSODREN.....17
LYTGOBI..... 18

M

mafenide acetate packet for topical soln 5% (50 gm)..... 84
MAGELLAN INSULIN SAFETY S.....108
MAGELLAN TUBERCULIN SAFET.....108
malathion lotion 0.5%..... 84
MARATHON MEDICAL PENTIPS..... 108
maraviroc tab 150 mg.....6
maraviroc tab 300 mg.....6
MARPLAN.....51
MATULANE..... 18
MAVENCLAD.....57
MAVYRET..... 6
MAXICOMFORT II PEN NEEDLE.....108
MAXI-COMFORT INSULIN SYRI..... 108
MAXICOMFORT INSULIN SYRIN.....108
MAXI-COMFORT SAFETY PEN N.....108
MAXX LUBRICATED.....108
MAXX PLUS SPERMICIDE LUBR..... 108
MAYZENT..... 57
MAYZENT STARTER PACK..... 57
meclizine hcl tab 12.5 mg, 25 mg.....46
MECLOFENAMATE SODIUM.....63
MEDICHOICE PRE-SET SAFETY..... 109
MEDICHOICE SAFETY LANCET.....109
MEDICINE SHOPPE LANCETS.....109
MEDICINE SHOPPE LANCETS T..... 109
MEDICINE SHOPPE PEN NEEDL.....109
MEDIC INSULIN SYRINGE/0.3.....108
MEDIC INSULIN SYRINGE/0.5.....108
MEDLANCE PLUS/LITE 25G..... 109
MEDLANCE PLUS EXTRA LANCE..... 109
MEDLANCE PLUS LANCETS LIT..... 109
MEDLANCE PLUS LITE LANCET..... 109
MEDLANCE PLUS SPECIAL LAN..... 109
MEDLANCE PLUS SUPERLITE 3..... 109
MEDLANCE PLUS UNIVERSAL L.....109
medroxyprogesterone acetate im susp 150 mg/ml.....24
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml..... 24
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg..... 25
mefloquine hcl tab 250 mg..... 9
megestrol acetate susp 40 mg/ml.....18
megestrol acetate tab 20 mg, 40 mg..... 18
MEIJER COLOR LANCETS UNIV..... 109
MEIJER LANCETS.....109
MEIJER LANCETS THIN.....109
MEIJER LANCETS UNIVERSAL.....109
MEIJER PEN NEEDLES 29G X.....109
MEIJER PEN NEEDLES 31G X.....109
MEIJER SUPER THIN LANCETS..... 109
MEKINIST..... 18
MEKTOVI..... 18
meloxicam tab 7.5 mg, 15 mg.....63
MELPHALAN..... 18
memantine hcl oral solution 2 mg/ml.....57
memantine hcl tab 5 mg, 10 mg.....57
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....57
MENEST..... 23
MENQUADFI.....11
MENVEO.....11
meprobamate tab 200 mg..... 50
meprobamate tab 400 mg..... 50
mercaptopurine tab 50 mg.....18
mesalamine cap dr 400 mg.....47
mesalamine cap er 24hr 0.375 gm..... 47
MESALAMINE DR.....47
mesalamine enema 4 gm..... 47
mesalamine suppos 1000 mg.....47
mesalamine tab delayed release 1.2 gm..... 47
MESNEX..... 18
metaxalone tab 400 mg, 800 mg..... 69
metformin hcl tab er 24hr 500 mg, 750 mg..... 26

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

metformin hcl tab 500 mg, 850 mg, 1000 mg.....26
methadone hcl conc 10 mg/ml..... 60
methadone hcl soln 5 mg/5ml..... 60
methadone hcl soln 10 mg/5ml..... 60
methadone hcl tab for oral susp 40 mg..... 60
methadone hcl tab 5 mg, 10 mg.....60
methamphetamine hcl tab 5 mg.....55
methazolamide tab 25 mg, 50 mg..... 37
methenamine hippurate tab 1 gm..... 9
methimazole tab 5 mg, 10 mg..... 29
methocarbamol tab 500 mg, 750 mg..... 69
methotrexate sodium for inj 1 gm.....18
methotrexate sodium inj 50 mg/2ml (25 mg/ml)..... 18
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)..... 18
methotrexate sodium tab 2.5 mg (base equiv)..... 18
METHOXSALEN.....84
methscopolamine bromide tab 2.5 mg, 5 mg..... 45
methsuximide cap 300 mg.....67
METHYLDOPA.....36
methylergonovine maleate tab 0.2 mg..... 30
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....55
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)..... 55
methylphenidate hcl chew tab 10 mg.....55
methylphenidate hcl chew tab 2.5 mg, 5 mg..... 55
methylphenidate hcl soln 5 mg/5ml.....55
methylphenidate hcl soln 10 mg/5ml.....56
methylphenidate hcl tab er 10 mg, 20 mg.....56
methylphenidate hcl tab er osmotic release (osm) 36 mg..... 56
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....56
methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....56
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg..... 22
methylprednisolone tab therapy pack 4 mg (21).....21
methyltestosterone cap 10 mg.....22
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....47
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)..... 47
metolazone tab 2.5 mg, 5 mg, 10 mg.....37
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....36
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)..... 33
metoprolol tartrate tab 50 mg, 100 mg..... 33
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....33
metronidazole cap 375 mg.....9
metronidazole cream 0.75%.....84
metronidazole gel 0.75%..... 84
metronidazole gel 1%..... 84
metronidazole lotion 0.75%.....84
metronidazole tab 250 mg, 500 mg.....9
metronidazole vaginal gel 0.75%..... 49
mexiletine hcl cap 150 mg, 200 mg, 250 mg.....34
MICRODOT PEN NEEDLE/31G X..... 109
MICRODOT PEN NEEDLE/32G X..... 109
MICRODOT PEN NEEDLE/33G X..... 109
MICROLET LANCETS..... 109
MICROLET NEXT..... 109
midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....38
MIFEPREX.....31
mifepristone tab 200 mg..... 31
mifepristone tab 300 mg..... 26
MIGLITOL.....26
miglustat cap 100 mg..... 72
MINI LANCING DEVICE..... 109
minocycline hcl cap 50 mg, 75 mg, 100 mg.....2
minoxidil tab 2.5 mg, 10 mg..... 36
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg..... 51
mirtazapine tab 7.5 mg, 45 mg..... 51
mirtazapine tab 15 mg, 30 mg..... 51
misoprostol tab 100 mcg, 200 mcg.....45
1ML VANISHPOINT TUBERCULI..... 129
MM INSULIN SYRINGE/U-100/.....109
MM LANCING DEVICE.....109
MM PEN NEEDLES 31G X 3/16.....109
MM PEN NEEDLES 31G X 5/16.....110
MM PEN NEEDLES 32G X 5/32.....110
MM PEN NEEDLES 31G X 1/4".....109
M-M-R II..... 11
MM TWIST LANCETS..... 110
M-NATAL PLUS.....70
modafinil tab 100 mg, 200 mg..... 56
MODERNA COVID-19 VACCINE..... 11
moexipril hcl tab 7.5 mg, 15 mg.....36
mometasone furoate cream 0.1%..... 84
mometasone furoate oint 0.1%.....84
mometasone furoate solution 0.1% (lotion).....84
MONOJECT HYPO/ALUM HUB/18.....110
MONOJECT HYPO/ALUM HUB/LU..... 110
MONOJECT INSULIN SYRINGE..... 110
MONOJECT INSULIN SYRINGE/..... 110
MONOJECT MAGELLAN SAFETY.....110
MONOJECT TB SYRINGE-NDL 1..... 110
MONOJECT TUBERCULIN SAFET..... 110
MONOJECT TUBERCULIN SYRIN.....110
MONOJECT ULTRA COMFORT IN..... 110
MONOLET LANCETS..... 110
MONOLET OPD LANCETS.....110
MONOLETTOR SAFETY LANCETS.....110

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)....43
montelukast sodium tab 10 mg (base equiv)....43
MORPHINE SULFATE....60
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)....60
morphine sulfate tab er 100 mg, 200 mg....61
morphine sulfate tab er 15 mg, 30 mg, 60 mg....60
morphine sulfate tab 15 mg....61
morphine sulfate tab 30 mg....61
MOUNJARO....26
MOVANTIK....48
moxifloxacin hcl ophth soln 0.5% (base equiv)....78
moxifloxacin hcl tab 400 mg (base equiv)....2
MS INSULIN SYRINGE/0.3ML/....110
MS INSULIN SYRINGE/0.5ML/....110
MS INSULIN SYRINGE/1ML/29....111
MS INSULIN SYRINGE/1ML/30....111
MS INSULIN SYRINGE/1ML/31....111
MULTAQ....34
MULTI-LANCET DEVICE....111
mupirocin oint 2%....84
MYALEPT....31
MYCAPSSA....31
mycophenolate mofetil cap 250 mg....129
mycophenolate mofetil for oral susp 200 mg/ml....130
mycophenolate mofetil tab 500 mg....130
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)....130
MYFEMBREE....23
MYGLUCOHEALTH MGH SOFTLAN....111
MYLERAN....18
MYRBETRIQ....48
MYTESI....45

N

nabumetone tab 500 mg, 750 mg....63
nadolol tab 20 mg, 40 mg, 80 mg....33
naloxone hcl inj 0.4 mg/ml....85
naloxone hcl inj 4 mg/10ml....85
naloxone hcl nasal spray 4 mg/0.1ml....85
naloxone hcl soln prefilled syringe 2 mg/2ml....86
NALOXONE HYDROCHLORIDE....86
naltrexone hcl tab 50 mg....86
naproxen sodium tab 275 mg....63
naproxen sodium tab 550 mg....63
naproxen tab 500 mg....63
naproxen tab 250 mg, 375 mg....63
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)....64
NATACYN....78
nateglinide tab 60 mg, 120 mg....26
NAYZILAM....67
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)....33
NEFAZODONE HYDROCHLORIDE....51
NEOMYCIN/POLYMYXIN/GRAMIC....78
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin....78
neomycin-polymyxin-dexamethasone ophth oint 0.1%....78
neomycin-polymyxin-dexamethasone ophth susp 0.1%....78
neomycin-polymyxin-hc otic soln 1%....80
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%....80
neomycin sulfate tab 500 mg....3
NEONATAL COMPLETE....70
NEONATAL PLUS....70
NEO-SYNALAR....84
NERLYNX....18
NEULASTA....72
NEVIRAPINE....6
nevirapine tab er 24hr 400 mg....6
nevirapine tab 200 mg....6
NEXIUM....45
NEXLETOL....39
NEXLIZET....39
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)....39
nicardipine hcl cap 20 mg, 30 mg....34
nicotine polacrilex gum 2 mg, 4 mg....57
nicotine polacrilex lozenge 2 mg, 4 mg....57
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr....57
NICOTROL INHALER....57
NICOTROL NS....57
nifedipine cap 10 mg, 20 mg....34
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg....34
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg....34
nilutamide tab 150 mg....18
nimodipine cap 30 mg....34
NINLARO....18
NISOLDIPINE ER....34
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg....34
nitazoxanide tab 500 mg....9
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg....31
NITRO-BID....32
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg....9
nitrofurantoin monohydrate macrocrystalline cap 100 mg....9
nitrofurantoin susp 25 mg/5ml....9

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SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

nitroglycerin oint 0.4%.....80
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....32
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....32
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....32
NITYR.....31
NIVA-PLUS.....70
NIVA THYROID.....29
NIVESTYM.....72
NIZATIDINE.....46
NORDITROPIN FLEXPRO.....31
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....24
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....24
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....24
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....24
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....24
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....24
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg.....23
norethindrone acetate tab 5 mg.....25
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....24
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....24
norethindrone tab 0.35 mg.....24
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....24
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg.....24
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....25
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....51
nortriptyline hcl soln 10 mg/5ml.....51
NORVIR.....6
NOVA SAFETY LANCETS 23G.....111
NOVA SAFETY LANCETS 28G.....111
NOVA SUREFLEX LANCETS.....111
NOVA SUREFLEX LANCING DEV.....111
NOVAVAX COVID-19 VACCINE/.....12
NOVOEIGHT.....75
NOVOFINE AUTOCOVER PEN NE.....111
NOVOFINE PEN NEEDLE 32G X.....111
NOVOFINE PLUS PEN NEEDLE.....111
NOVOLIN 70/30.....28
NOVOLIN 70/30 FLEXPEN.....28
NOVOLIN 70/30 FLEXPEN REL.....28
NOVOLIN 70/30 RELION.....28
NOVOLIN N.....28
NOVOLIN N FLEXPEN.....28
NOVOLIN N FLEXPEN RELION.....28
NOVOLIN N RELION.....28
NOVOLIN R.....28
NOVOLIN R FLEXPEN.....28
NOVOLIN R FLEXPEN RELION.....28
NOVOLIN R RELION.....28
NOVOLOG.....27
NOVOLOG FLEXPEN.....27
NOVOLOG FLEXPEN RELION.....27
NOVOLOG MIX 70/30.....28
NOVOLOG MIX 70/30 PREFILL.....28
NOVOLOG MIX 70/30 RELION.....28
NOVOLOG PENFILL.....28
NOVOLOG RELION.....28
NOVOSEVEN RT.....75
NOXAFIL.....3
NP THYROID 15.....29
NP THYROID 30.....29
NP THYROID 60.....29
NP THYROID 90.....29
NP THYROID 120.....29
NUBEQA.....18
NUCALA.....43
NUCYNTA ER.....61
NULIBRY.....31
NURTEC.....64
NUVARING.....25
NUWIQ.....75
nystatin cream 100000 unit/gm.....84
nystatin oint 100000 unit/gm.....84
nystatin susp 100000 unit/ml.....80
nystatin tab 500000 unit.....3
nystatin topical powder 100000 unit/gm.....84
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....84
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....84
NYVEPRIA.....72

O

OBIZUR.....76
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....31
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).....31
ODEFSEY.....6
ODOMZO.....18
OFEV.....44
ofloxacin ophth soln 0.3%.....79
ofloxacin otic soln 0.3%.....80
ofloxacin tab 400 mg.....2
OGSIVEO.....18
OJJAARA.....18

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg....53
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg....53
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg....36
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg....36
olmesartan medoxomil tab 5 mg....36
olmesartan medoxomil tab 20 mg, 40 mg....36
olopatadine hcl nasal soln 0.6%....41
OLUMIANT....63
omega-3-acid ethyl esters cap 1 gm....39
omeprazole cap delayed release 20 mg....46
omeprazole cap delayed release 10 mg, 40 mg....46
OMNIFLEX DIAPHRAGM....111
OMNIPOD CLASSIC PODS (GEN....111
OMNIPOD DASH INTRO KIT (G....111
OMNIPOD DASH PODS (GEN 4)....111
OMNIPOD 5 G6 INTRO KIT (G....111
OMNIPOD GO 10 UNITS/DAY....111
OMNIPOD GO 15 UNITS/DAY....111
OMNIPOD GO 20 UNITS/DAY....111
OMNIPOD GO 25 UNITS/DAY....111
OMNIPOD GO 30 UNITS/DAY....111
OMNIPOD GO 35 UNITS/DAY....111
OMNIPOD GO 40 UNITS/DAY....111
OMNIPOD 5 G6 PODS (GEN 5)....111
OMNITROPE....31
ondansetron hcl oral soln 4 mg/5ml....46
ondansetron hcl tab 4 mg, 8 mg....46
ondansetron orally disintegrating tab 4 mg, 8 mg....46
ONETOUCH DELICA LANCETS E....112
ONETOUCH DELICA LANCETS F....112
ONETOUCH DELICA LANCING D....112
ONETOUCH DELICA PLUS LANC....112
ONETOUCH DELICA SAFETY LA....112
ONETOUCH LANCETS....112
ONETOUCH ULTRA....86
ONETOUCH ULTRA 2....112
ONETOUCH ULTRASOFT 2 LANC....112
ONETOUCH ULTRA TEST STRIP....86
ONETOUCH VERIO....112
ONETOUCH VERIO FLEX BLOOD....112
ONETOUCH VERIO IQ BLOOD G....112
ONETOUCH VERIO REFLECT....112
ONETOUCH VERIO TEST STRIP....86
ONE VITE WOMENS PRENATAL....70
ONUREG....18
OPSUMIT....40
OPTIONS GYNOL II VAGINAL....49
OPVEE....86
ORAVIG....80
ORENCIA....63
ORENCIA CLICKJECT....63
ORENITRAM....40
ORENITRAM TITRATION KIT M....40
ORFADIN....31
ORGOVYX....18
ORIAHNN....23
ORILISSA....31
ORKAMBI....44
ORLADEYO....76
orphenadrine citrate tab er 12hr 100 mg....69
ORSERDU....18
oseltamivir phosphate cap 30 mg (base equiv)....6
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)....6
oseltamivir phosphate for susp 6 mg/ml (base equiv)....6
OSPHENA....31
OTEZLA....63
OTREXUP....63
oxaprozin tab 600 mg....63
oxazepam cap 10 mg, 15 mg, 30 mg....50
oxcarbazepine susp 300 mg/5ml (60 mg/ml)....67
oxcarbazepine tab 150 mg, 300 mg, 600 mg....67
oxiconazole nitrate cream 1%....84
oxybutynin chloride solution 5 mg/5ml....48
oxybutynin chloride tab er 24hr 5 mg....48
oxybutynin chloride tab er 24hr 10 mg....48
oxybutynin chloride tab er 24hr 15 mg....48
oxybutynin chloride tab 5 mg....48
oxycodone hcl cap 5 mg....61
oxycodone hcl conc 100 mg/5ml (20 mg/ml)....61
oxycodone hcl soln 5 mg/5ml....61
oxycodone hcl tab 5 mg....61
oxycodone hcl tab 10 mg....61
oxycodone hcl tab 20 mg....61
oxycodone hcl tab 15 mg, 30 mg....61
oxycodone w/ acetaminophen tab 7.5-325 mg....61
oxycodone w/ acetaminophen tab 10-325 mg....61
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg....61
OZEMPIC....26

P

paliperidone tab er 24hr 6 mg....53
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg....53
PANRETIN....84
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv)....46
pantoprazole sodium for delayed release susp packet 40 mg....46
paricalcitol cap 4 mcg....31

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

paricalcitol cap 1 mcg, 2 mcg..... 31
paroxetine hcl oral susp 10 mg/5ml (base equiv)..... 52
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....52
paroxetine mesylate cap 7.5 mg (base equiv)..... 57
PAXLOVID.....6
pazopanib hcl tab 200 mg (base equiv)..... 18
PC UNIFINE PENTIPS 29G X.....112
PC UNIFINE PENTIPS 31G X.....112
PEDIARIX..... 13
PEDVAX HIB..... 12
PEGASYS..... 7
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm..... 45
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....45
peg 3350-kcl-sod bicarb-nacl for soln 420 gm..... 45
PEMAZYRE..... 19
PENBRAYA..... 12
penciclovir cream 1%..... 84
penicillamine tab 250 mg..... 130
PENICILLIN V POTASSIUM..... 1
penicillin v potassium tab 250 mg, 500 mg..... 1
PEN NEEDLES..... 112
PEN NEEDLES/29G X 1/2".....113
PEN NEEDLES/31G X 1/4".....113
PEN NEEDLES/31G X 3/16".....113
PEN NEEDLES/31G X 5/16".....113
PEN NEEDLES/32G X 5/32".....113
PEN NEEDLES/31G X 6MM.....113
PEN NEEDLES 31GX5/16"..... 112
PEN NEEDLES 31G X 3/16".....112
PEN NEEDLES 33G X 5/32".....113
PEN NEEDLES 30GX5MM.....112
PEN NEEDLES 30GX8MM.....112
PEN NEEDLES 31GX5MM.....112
PEN NEEDLES 31GX8MM.....113
PEN NEEDLES 32GX4MM.....113
PEN NEEDLES 29GX12MM.....112
PEN NEEDLES 31G X 5MM..... 112
PEN NEEDLES 31G X 6MM..... 112
PEN NEEDLES 31G X 8MM..... 112
PEN NEEDLES 32G X 4MM..... 113
PEN NEEDLES 32G X 5MM..... 113
PEN NEEDLES 32G X 6MM..... 113
PEN NEEDLES 31GX8MM (5/16.....113
PEN NEEDLES 31GX6MM (1/4".....113
PENTACEL..... 13
pentamidine isethionate for nebulization soln 300 mg..... 10
PENTIPS 31GX5MM.....113
PENTIPS 31GX6MM.....113
PENTIPS 31GX8MM.....113
PENTIPS 32GX4MM.....114
PENTIPS 32GX6MM.....114
PENTIPS 29GX12MM.....113
PENTIPS 29G X 12MM..... 113
PENTIPS 31G X 5MM..... 113
PENTIPS 31G X 8MM..... 113
PENTIPS 32G X 4MM..... 113
pentoxifylline tab er 400 mg..... 76
PERFECT LANCETS 30G.....114
PERFECT PRESSURE ACTIVATE..... 114
PERINDOPRIL ERBUMINE.....36
perindopril erbumine tab 4 mg.....36
permethrin cream 5%.....84
PERPHENAZINE/AMITRIPTYLIN..... 58
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....53
PFIZER-BIONTECH COVID-19..... 12
PHARMACIST CHOICE SELECT..... 114
PHARMACIST CHOICE ULTRA T..... 114
PHARMACY COUNTER LANCETS.....114
PHEBURANE.....31
PHENELZINE SULFATE..... 52
phenobarbital elixir 20 mg/5ml.....54
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....54
phenoxybenzamine hcl cap 10 mg..... 36
phenylephrine hcl ophth soln 2.5%, 10%.....79
phenytoin chew tab 50 mg.....67
phenytoin sodium extended cap 100 mg.....67
phenytoin sodium extended cap 200 mg, 300 mg.....67
phenytoin susp 125 mg/5ml.....67
PHEXXI..... 49
PHOSPHOLINE IODIDE.....79
phytonadione tab 5 mg..... 70
PIFELTRO..... 7
pilocarpine hcl ophth soln 1%.....79
pilocarpine hcl ophth soln 2%, 4%..... 79
pilocarpine hcl tab 5 mg, 7.5 mg.....80
pimecrolimus cream 1%.....84
PIMOZIDE.....58
pindolol tab 5 mg, 10 mg..... 33
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg..... 26
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv).....26
PIP LANCETS/28G..... 114
PIP LANCETS/30G..... 114
PIP PEN NEEDLES 31G X 5MM..... 114
PIP PEN NEEDLES 32G X 4MM..... 114
PIQRAY 200MG DAILY DOSE..... 19
PIQRAY 250MG DAILY DOSE..... 19
PIQRAY 300MG DAILY DOSE..... 19
PIRFENIDONE..... 44
pirfenidone cap 267 mg.....44
pirfenidone tab 267 mg..... 44

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

pirfenidone tab 801 mg..... 44
piroxicam cap 10 mg, 20 mg..... 63
pitavastatin calcium tab 4 mg..... 39
pitavastatin calcium tab 1 mg, 2 mg.....39
PLEGRIDY..... 58
PLEGRIDY STARTER PACK.....58
PNEUMOVAX 23..... 12
PNEUMOVAX 23/1 DOSE..... 12
PODOFILOX..... 84
podofilox gel 0.5%.....84
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....79
POMALYST..... 19
posaconazole susp 40 mg/ml..... 3
posaconazole tab delayed release 100 mg..... 4
potassium chloride cap er 8 meq, 10 meq.....71
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....71
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....71
potassium chloride tab er 10 meq, 20 meq (1500 mg)..... 71
potassium chloride tab er 8 meq (600 mg)..... 71
potassium citrate tab er 5 meq (540 mg)..... 49
potassium citrate tab er 10 meq (1080 mg)..... 49
potassium citrate tab er 15 meq (1620 mg)..... 49
potassium phosphate monobasic tab 500 mg..... 71
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg..... 71
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg..... 69
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....69
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)..... 76
pravastatin sodium tab 80 mg.....39
pravastatin sodium tab 10 mg, 20 mg, 40 mg.....39
praziquantel tab 600 mg..... 9
prazosin hcl cap 1 mg, 2 mg, 5 mg..... 36
PRECISION SURE-DOSE INSUL..... 114
PRECISION THINS GP LANCET.....114
PREDNISOLONE ACETATE.....79
PREDNISOLONE SODIUM PHOSP..... 22
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)..... 22
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)..... 22
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)..... 22
prednisolone soln 15 mg/5ml..... 22
prednisolone tab 5 mg..... 22
PREDNISONE..... 22
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg..... 22
PREFERRED PLUS INSULIN SY..... 114
PREFERRED PLUS LANCETS CO..... 114
PREFERRED PLUS LANCETS SU..... 114
PREFERRED PLUS LANCETS TH.....114
PREFERRED PLUS UNIFINE PE.....114
pregabalin cap 225 mg, 300 mg..... 67
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....67
pregabalin soln 20 mg/ml.....67
PREHEVBRIO.....12
PREMARIN..... 23
PREMPHASE.....23
PREMPRO..... 23
PRENATAL.....70
PRENATAL 19..... 71
PRENATAL PLUS.....71
PRENATAL PLUS VITAMIN AND.....71
PRENATAL-U.....71
PRETOMANID..... 3
PREVENT DROPSAFE SAFETY P..... 114
PREVENT SAFETY PEN NEEDLE.....114
PREVIDENT RINSE.....80
PREVNAR 13..... 12
PREVNAR 20..... 12
PREVYMIS.....7
PREZCOBIX..... 7
PREZISTA..... 7
PRIFTIN..... 3
primaquine phosphate tab 26.3 mg (15 mg base).....9
primidone tab 50 mg, 250 mg.....67
PRIORIX.....12
probenecid tab 500 mg.....65
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)..... 53
prochlorperazine suppos 25 mg..... 53
PRO COMFORT INSULIN SYRIN.....114
PRO COMFORT PEN NEEDLES/.....114
PRO COMFORT SAFETY LANCET.....115
PROCRIT..... 72
PROCTOFOAM HC.....80
PRODIGY INSULIN SYRING/U-.....115
PRODIGY INSULIN SYRINGE/1.....115
PRODIGY LANCING DEVICE.....115
PRODIGY PRESSURE ACTIVATE..... 115
PRODIGY SAFETY LANCETS.....115
PRODIGY TWIST TOP LANCETS.....115
PROFILNINE.....76
progesterone cap 100 mg, 200 mg..... 25
PROMACTA.....73
promethazine-dm syrup 6.25-15 mg/5ml.....41
promethazine hcl suppos 12.5 mg, 25 mg.....41

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

promethazine hcl syrup 6.25 mg/5ml..... 41
promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....41
PROMETHAZINE VC.....41
PROMETHAZINE VC/CODEINE.....41
promethazine w/ codeine syrup 6.25-10 mg/5ml.....41
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg..... 34
propafenone hcl tab 150 mg, 225 mg, 300 mg.....34
proparacaine hcl ophth soln 0.5%..... 79
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg..... 33
propranolol hcl oral soln 20 mg/5ml.....33
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg..... 33
propylthiouracil tab 50 mg.....29
PROQUAD..... 12
protriptyline hcl tab 5 mg, 10 mg.....52
PROVIDA OB..... 71
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....41
PSS SELECT GP LANCETS.....115
PSS SELECT SAFETY LANCETS.....115
PULMOZYME..... 44
PURE COMFORT PEN NEEDLE 3.....115
PURE COMFORT PEN NEEDLE/3.....115
PURE COMFORT SAFETY PEN N..... 115
PURIXAN..... 19
PX ADVANCED LANCING DEVIC..... 115
PX EXTRA SHORT PEN NEEDLE..... 115
PX INSULIN SYRINGE/U-100/.....115
PX LANCETS MICROTHIN 33G..... 115
PX LANCETS ULTRA THIN..... 115
PX LANCETS ULTRA THIN 28G..... 115
PX MINI PEN NEEDLES 31GX5.....115
PX PEN NEEDLE 31GX8MM.....115
PX PEN NEEDLE 29GX12MM.....115
pyrazinamide tab 500 mg..... 3
pyridostigmine bromide oral soln 60 mg/5ml.....70
pyridostigmine bromide tab er 180 mg..... 70
pyridostigmine bromide tab 60 mg.....70
pyrimethamine tab 25 mg..... 9
PYRUKYND.....76
PYRUKYND TAPER PACK.....76

Q

QC ADVANCED LANCING DEVIC.....115
QC INSULIN SYRINGE/0.3ML/..... 115
QC INSULIN SYRINGE/0.5ML/..... 115
QC INSULIN SYRINGE/1ML/29..... 115
QC INSULIN SYRINGE/1ML/31..... 115
QC LANCETS SUPER THIN.....116
QC LANCETS ULTRA THIN.....116
QC PEN NEEDLES 29G X 12MM.....116
QC PEN NEEDLES 31G X 6MM.....116
QC PEN NEEDLES 31G X 8MM.....116
QC UNIFINE PENTIPS 32GX4M..... 116
QC UNILET LANCETS 33G/MIC.....116
QC UNILET LANCETS 28G/ULT.....116
QINLOCK..... 19
QUADRACEL.....13
quetiapine fumarate tab er 24hr 150 mg, 200 mg.....53
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg..... 53
quetiapine fumarate tab 300 mg, 400 mg.....53
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg..... 53
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....36
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....36
quinidine gluconate tab er 324 mg..... 34
QUINIDINE SULFATE..... 34
quinine sulfate cap 324 mg.....9
QULIPTA..... 64
QUVIVIQ..... 54
QVAR REDIHALER.....43

R

rabeprazole sodium ec tab 20 mg.....46
RADICAVA ORS.....69
RADICAVA ORS STARTER KIT.....69
RA E-ZJECT LANCETS 28G.....116
RA E-ZJECT LANCETS THIN 2.....116
RA E-ZJECT LANCETS ULTRA.....116
RA INSULIN SYRINGE/0.5ML/.....116
RA INSULIN SYRINGE/1ML/29.....116
RA INSULIN SYRINGE/U-100/.....116
raloxifene hcl tab 60 mg.....31
ramelteon tab 8 mg.....54
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....36
ranolazine tab er 12hr 500 mg, 1000 mg..... 32
RA PEN NEEDLES 31G X 5MM.....116
RA PEN NEEDLES 31G X 8MM.....116
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv).....69
RAVICTI..... 31
RAYA SURE PEN NEEDLE 29G.....116
RAYA SURE PEN NEEDLE 31G.....116
READYLANCE SAFETY LANCETS.....116
REALITY INSULIN SYRINGE/U.....116
REALITY LANCETS.....116
REALITY LATEX/ULTRA TEXTU..... 116
REALITY LATEX/ULTRA THIN.....116
REALITY LATEX CONDOMS/LUB.....116
REALITY TRIGGER LANCETS.....116
REBIF.....58
REBIF REBIDOSE..... 58
REBIF REBIDOSE TITRATION.....58

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

REBIF TITRATION PACK..... 58
REBINYN..... 76
RECOMBINATE..... 76
RECOMBIVAX HB..... 12
RECTIV..... 80
REGRANEX..... 84
RELENZA DISKHALER..... 7
RELION 2-IN-1 LANCET DEV..... 117
RELION 2-IN-1 LANCING DEV..... 117
RELION INSULIN SYRINGE 0..... 117
RELION INSULIN SYRINGE/U-..... 117
RELION INSULIN SYRINGE 1M..... 117
RELION KETONE TEST STRIPS..... 86
RELION LANCETS..... 117
RELION LANCETS MICRO-THIN..... 117
RELION LANCETS THIN 26G..... 117
RELION LANCETS ULTRA-THIN..... 117
RELION LANCING DEVICE..... 117
RELION MINI PEN NEEDLES 3..... 117
RELION PEN NEEDLES/31G X..... 117
RELION PEN NEEDLES 29GX12..... 117
RELION PEN NEEDLES 31G X..... 117
RELION PEN NEEDLES 32G X..... 117
RELION PEN NEEDLES 31GX5/..... 117
RELION PEN NEEDLES 31GX6M..... 117
RELION PEN NEEDLES 31GX8M..... 117
RELION PEN NEEDLES 32GX4M..... 117
RELION R..... 28
RELION SHORT PEN NEEDLES..... 117
RELION THIN LANCETS..... 117
RELION ULTRA THIN LANCETS..... 117
RELION ULTRA THIN PLUS LA..... 117
repaglinide tab 0.5 mg, 1 mg, 2 mg..... 26
REPATHA..... 39
REPATHA PUSHTRONEX SYSTEM..... 39
REPATHA SURECLICK..... 39
RESTASIS..... 79
RETACRIT..... 73
RETEVMO..... 19
RETROVIR..... 7
REVLIMID..... 130
REXALL LANCETS ULTRA THIN..... 117
REXULTI..... 53
REYATAZ..... 7
REYVOW..... 64
REZLIDHIA..... 19
REZUROCK..... 130
RHOPRESSA..... 79
RIASTAP..... 76
RIBAVIRIN..... 7
rifabutin cap 150 mg..... 3
rifampin cap 150 mg, 300 mg..... 3
RIGHTEST GD500 LANCING DE..... 117
RIGHTEST GL300 LANCETS..... 117
riluzole tab 50 mg..... 69
RIMANTADINE HYDROCHLORIDE..... 7
ringer's solution for irrigation..... 130
RINVOQ..... 63
risedronate sodium tab delayed release 35 mg..... 31
risedronate sodium tab 5 mg, 30 mg..... 31
risedronate sodium tab 35 mg, 150 mg..... 32
risperidone orally disintegrating tab 4 mg..... 53
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg..... 53
risperidone soln 1 mg/ml..... 53
risperidone tab 0.25 mg..... 53
risperidone tab 4 mg..... 53
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg..... 53
ritonavir tab 100 mg..... 7
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)..... 58
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr..... 58
RIXUBIS..... 76
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)..... 64
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)..... 64
rizatriptan benzoate tab 5 mg (base equivalent)..... 64
rizatriptan benzoate tab 10 mg (base equivalent)..... 64
roflumilast tab 250 mcg, 500 mcg..... 43
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)..... 69
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg..... 69
rosuvastatin calcium tab 40 mg..... 39
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg..... 39
ROTARIX..... 12
ROTATEQ..... 12
ROZLYTREK..... 19
RUBRACA..... 19
rufinamide susp 40 mg/ml..... 67
rufinamide tab 200 mg, 400 mg..... 67
RUKOBIA..... 7
RYBELSUS..... 26
RYDAPT..... 19
RYPLAZIM..... 76

S

SAFE-T-LANCE LOW FLOW 25G..... 118
SAFE-T-LANCE NORMAL FLOW..... 118
SAFE-T-LANCE PLUS SAFETY..... 118
SAFETY LANCETS..... 118

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

SAFETY LANCETS/PRESSURE A..... 118
SAFETY LANCETS 21G..... 118
SAFETY LANCETS 23G..... 118
SAFETY LANCETS 28G..... 118
SAFETY PEN NEEDLES/30G X..... 118
SANTYL..... 84
sapropterin dihydrochloride powder packet 100 mg, 500 mg..... 32
sapropterin dihydrochloride tab 100 mg..... 32
SAPSCARE TWIST TOP LANCET..... 118
SAPS HEALTH CARE TWIST TO..... 118
SAPS HEALTH PLUS TWIST TO..... 118
SAPS HEALTH TWIST TOP LAN..... 118
SAVELLA..... 58
SAVELLA TITRATION PACK..... 58
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv)..... 26
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg..... 26
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg..... 26
SB INSULIN SYRINGE/U-100/..... 118
SB LANCETS THIN..... 118
SB LANCETS ULTRA THIN..... 118
SCEMBLIX..... 19
SCHNUCKS INSULIN SYRINGE..... 118
scopolamine td patch 72hr 1 mg/3days..... 46
SECURESAFE SAFETY INSULIN..... 118
SECURESAFE SAFETY PEN NEE..... 118
SELECT-LITE LANCING DEVIC..... 118
selegiline hcl cap 5 mg..... 69
selegiline hcl tab 5 mg..... 69
selenium sulfide lotion 2.5%..... 84
SELZENTRY..... 7
SE-NATAL 19..... 71
SEREVENT DISKUS..... 43
sertraline hcl oral concentrate for solution 20 mg/ml..... 52
sertraline hcl tab 25 mg, 50 mg, 100 mg..... 52
sevelamer carbonate packet 0.8 gm, 2.4 gm..... 48
sevelamer carbonate tab 800 mg..... 48
sevelamer hcl tab 400 mg..... 48
sevelamer hcl tab 800 mg..... 48
SEVENFACT..... 76
SHINGRIX..... 12
sildenafil citrate tab 20 mg..... 40
silodosin cap 4 mg, 8 mg..... 50
silver sulfadiazine cream 1%..... 84
SIMBRINZA..... 79
SIMPLE DIAGNOSTICS LANCIN..... 118
SIMPONI..... 63
simvastatin tab 5 mg..... 39
simvastatin tab 20 mg..... 39
simvastatin tab 80 mg..... 39
simvastatin tab 10 mg, 40 mg..... 39
SINGLE-LET..... 118
sirolimus oral soln 1 mg/ml..... 130
sirolimus tab 0.5 mg, 1 mg, 2 mg..... 130
SIRTURO..... 3
SIVEXTRO..... 10
SKYCLARYS..... 69
SKYRIZI..... 48
SKYRIZI PEN..... 84
SMART DIABETES VANTAGE LA..... 118
SMARTEST LANCETS 28G..... 118
SMART SENSE COLOR LANCETS..... 118
SMART SENSE STANDARD LANC..... 118
SMART SENSE SUPER THIN LA..... 118
SMART SENSE THIN LANCETS..... 118
SM MICRO THIN LANCETS 33G..... 118
SM TRUEDRAW LANCING DEVIC..... 118
sodium chloride irrigation soln 0.9%..... 50
sodium chloride soln nebu 7%..... 41
sodium chloride soln nebu 3%, 10%..... 41
sodium citrate & citric acid soln 500-334 mg/5ml..... 50
SODIUM FLUORIDE..... 72
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)..... 72
sodium fluoride cream 1.1%..... 80
sodium fluoride gel 1.1% (0.5% f)..... 80
sodium fluoride paste 1.1%..... 80
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)..... 72
SODIUM OXYBATE..... 58
sodium phenylbutyrate oral powder 3 gm/ teaspoonful..... 32
sodium phenylbutyrate tab 500 mg..... 32
sodium polystyrene sulfonate powder..... 130
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml..... 45
SOFOSBUVIR/VELPATASVIR..... 7
SOHONOS..... 69
solifenacin succinate tab 5 mg, 10 mg..... 48
SOLIQUA 100/33..... 26
SOLUS V2 LANCING DEVICE..... 118
SOLUS V2 PRESSURE ACTIVAT..... 118
SOLUS V2 TWIST LANCETS 30..... 118
SOMAVERT..... 32
SOOLANTRA..... 84
sorafenib tosylate tab 200 mg (base equivalent)..... 19
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg..... 33
sotalol hcl tab 240 mg..... 33
sotalol hcl tab 80 mg, 120 mg, 160 mg..... 33
SOVALDI..... 7
SPIKEVAX COVID-19 VACCINE..... 12
SPINOSAD..... 85

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

SPIRIVA HANDIHALER.... 43
SPIRIVA RESPIMAT.... 43
spironolactone & hydrochlorothiazide tab 25-25 mg.... 37
spironolactone tab 25 mg, 50 mg, 100 mg.... 37
SPRYCEL.... 19
stannous fluoride gel 0.4%.... 80
1ST CHOICE LANCETS SUPER.... 129
1ST CHOICE LANCETS THIN.... 129
1ST CHOICE LANCETS ULTRA.... 129
STELARA.... 85
STERILANCE TL.... 118
STIOLTO RESPIMAT.... 43
STIVARGA.... 19
STRENSIQ.... 32
STRIBILD.... 7
STRIVERDI RESPIMAT.... 43
1ST TIER UNIFINE PENTIPS.... 129
sucralfate tab 1 gm.... 46
SUFLAVE.... 45
SULFACETAMIDE SODIUM/PRED.... 79
sulfacetamide sodium lotion 10% (acne).... 85
sulfacetamide sodium ophth soln 10%.... 79
SULFADIAZINE.... 3
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.... 10
sulfamethoxazole-trimethoprim tab 400-80 mg.... 10
sulfamethoxazole-trimethoprim tab 800-160 mg.... 10
SULFAMYLON.... 85
sulfasalazine tab delayed release 500 mg.... 48
sulfasalazine tab 500 mg.... 48
sulindac tab 150 mg, 200 mg.... 63
sumatriptan nasal spray 5 mg/act.... 64
sumatriptan nasal spray 20 mg/act.... 64
sumatriptan succinate inj 6 mg/0.5ml.... 64
SUMATRIPTAN SUCCINATE REF.... 65
sumatriptan succinate solution auto-injector 4 mg/0.5ml.... 65
sumatriptan succinate solution auto-injector 6 mg/0.5ml.... 65
sumatriptan succinate tab 25 mg.... 65
sumatriptan succinate tab 50 mg.... 65
sumatriptan succinate tab 100 mg.... 65
sunitinib malate cap 12.5 mg (base equivalent).... 19
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent).... 19
SUNLENCA.... 7
SUNOSI.... 56
SUPER THIN LANCETS.... 119
SURE COMFORT AUTOKEEPER S.... 119
SURE COMFORT INSULIN SYRI.... 119
SURE COMFORT LANCETS 18G.... 119
SURE COMFORT LANCETS 21G.... 119
SURE COMFORT LANCETS 23G.... 119
SURE COMFORT LANCETS 28G.... 119
SURE COMFORT LANCETS 30G.... 119
SURE COMFORT LANCING PEN.... 119
SURE COMFORT PEN NEEDLES.... 119
SURELITE LANCETS.... 119
SUTAB.... 45
SYMBICORT.... 44
SYMDEKO.... 44
SYMFI.... 7
SYMFI LO.... 8
SYMLINPEN 60.... 27
SYMLINPEN 120.... 26
SYMPAZAN.... 67
SYMPROIC.... 48
SYMTUZA.... 8
SYNAREL.... 32
SYNJARDY.... 27
SYNJARDY XR.... 27
SYNTHROID.... 30

T

TABLOID.... 19
TABRECTA.... 19
tacrolimus cap 0.5 mg, 1 mg, 5 mg.... 130
tacrolimus oint 0.03%, 0.1%.... 85
tadalafil tab 2.5 mg, 5 mg.... 40
tadalafil tab 20 mg (pah).... 40
TAFINLAR.... 19
tafluprost preservative free (pf) ophth soln 0.0015%.... 79
TAGRISSO.... 19
TAKHZYRO.... 76
TALTZ.... 85
TALZENNA.... 20
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent).... 20
tamsulosin hcl cap 0.4 mg.... 50
TARON-C DHA.... 71
TARPEYO.... 22
TASCENSO ODT.... 58
TASIGNA.... 20
tasimelteon capsule 20 mg.... 54
TAVNEOS.... 76
tazarotene cream 0.1%.... 85
tazarotene gel 0.05%, 0.1%.... 85
TAZORAC.... 85
TAZVERIK.... 20
TDVAX.... 13
TECHLITE AST LANCETS.... 119
TECHLITE INSULIN SYRINGE.... 119
TECHLITE LANCETS.... 119
TECHLITE LANCETS 26G.... 119

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

TECHLITE LANCETS 30G..... 119
TECHLITE PEN NEEDLES/31G.....120
TECHLITE PEN NEEDLES/32G.....120
TECHLITE PEN NEEDLES 29G..... 119
TECHLITE PEN NEEDLES 31G..... 120
TELMISARTAN/AMLODIPINE..... 37
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....36
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg..... 36
telmisartan tab 20 mg, 40 mg, 80 mg..... 36
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg.....54
temozolomide cap 5 mg, 20 mg..... 20
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg..... 20
TENCON..... 59
TENIVAC..... 13
tenofovir disoproxil fumarate tab 300 mg.....8
TEPMETKO..... 20
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)..... 37
terbinafine hcl tab 250 mg..... 4
terbutaline sulfate tab 2.5 mg, 5 mg.....44
terconazole vaginal cream 0.4%, 0.8%.....49
terconazole vaginal suppos 80 mg.....49
teriflunomide tab 7 mg, 14 mg..... 58
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml.....32
testosterone cypionate im inj in oil 100 mg/ml..... 22
testosterone cypionate im inj in oil 200 mg/ml..... 22
TESTOSTERONE ENANTHATE..... 22
testosterone td gel 12.5 mg/act (1%).....22
testosterone td gel 20.25 mg/act (1.62%).....22
testosterone td gel 10mg/act (2%).....22
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%).....22
testosterone td soln 30 mg/act.....22
tetrabenazine tab 12.5 mg.....58
tetrabenazine tab 25 mg.....58
tetracaine hcl ophth soln 0.5%.....79
tetracycline hcl cap 250 mg, 500 mg..... 2
TEZSPIRE.....44
TGT ADVANCED LANCING DEVI..... 120
TGT LANCET ALTERNATE SITE.....120
TGT LANCET MICRO THIN 33G.....120
TGT LANCET SUPER THIN 30G.....120
TGT LANCET THIN 23G..... 120
TGT LANCET THIN 26G..... 120
TGT LANCET ULTRA THIN 28G..... 120
TGT LANCET ULTRA THIN 30G..... 120
TGT LANCING DEVICE.....120
THALOMID.....130
theophylline elixir 80 mg/15ml.....44
theophylline soln 80 mg/15ml.....44
theophylline tab er 12hr 300 mg, 450 mg.....44
theophylline tab er 24hr 400 mg, 600 mg.....44
THINLETS GP LANCETS.....120
THIOLA EC..... 50
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg..... 53
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg..... 53
THRIVITE RX..... 71
THYROID..... 30
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg..... 67
TIBSOVO..... 20
timolol maleate ophth gel forming soln 0.25%, 0.5%.....79
timolol maleate ophth soln 0.25%, 0.5%..... 79
timolol maleate ophth soln 0.5% (once-daily)..... 79
timolol maleate preservative free ophth soln 0.25%, 0.5%.....79
timolol maleate tab 5 mg, 10 mg, 20 mg..... 33
tinidazole tab 250 mg, 500 mg.....10
tiopronin tab 100 mg.....50
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....44
TIVICAY.....8
TIVICAY PD..... 8
tizanidine hcl tab 2 mg (base equivalent)..... 70
tizanidine hcl tab 4 mg (base equivalent)..... 70
TOBI PODHALER.....3
TOBRADEX..... 79
tobramycin-dexamethasone ophth susp 0.3-0.1%.....79
tobramycin nebu soln 300 mg/5ml.....3
tobramycin nebu soln 300 mg/4ml.....3
tobramycin ophth soln 0.3%.....79
TODAYS HEALTH ADVANCED LA..... 120
TODAYS HEALTH ORIGINAL PE..... 120
TODAYS HEALTH SHORT PEN N.....120
TODAYS HEALTH SUPER THIN.....120
TODAYS HEALTH ULTRA THIN..... 120
TODAY SPONGE..... 49
tolcapone tab 100 mg..... 69
tolterodine tartrate cap er 24hr 2 mg, 4 mg..... 48
tolterodine tartrate tab 1 mg, 2 mg.....48
tolvaptan tab 15 mg..... 32
tolvaptan tab 30 mg..... 32
TOPCARE CLICKFINE UNIVERS.....120
TOPCARE LANCETS MICRO-THI.....120
TOPCARE ULTRA COMFORT INS.....120
topiramate cap er 24hr 200 mg..... 67
topiramate cap er 24hr 25 mg, 50 mg, 100 mg..... 67
topiramate cap er 24hr sprinkle 200 mg..... 67
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....67
topiramate sprinkle cap 15 mg, 25 mg.....67
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....67

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

toremifene citrate tab 60 mg (base equivalent)..... 20
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg..... 37
TOUJEO MAX SOLOSTAR..... 29
TOUJEO SOLOSTAR..... 29
TRACLEER..... 40
tramadol-acetaminophen tab 37.5-325 mg..... 61
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg..... 61
tramadol hcl tab 50 mg..... 61
trandolapril tab 1 mg, 2 mg, 4 mg..... 37
tranexamic acid tab 650 mg..... 73
tranylcypromine sulfate tab 10 mg..... 52
TRAVEL LANCETS ADVANCED 2..... 120
travoprost ophth soln 0.004% (benzalkonium free) (bak free)..... 79
trazodone hcl tab 50 mg, 100 mg, 150 mg..... 52
TRECATOR..... 3
TRELEGY ELLIPTA..... 44
TREMFYA..... 85
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)..... 40
TRESIBA..... 29
TRESIBA FLEXTOUCH..... 29
tretinoin cap 10 mg..... 20
tretinoin cream 0.025%, 0.05%, 0.1%..... 85
tretinoin gel 0.01%, 0.025%..... 85
TRETTEN..... 76
triamcinolone acetonide aerosol soln 0.147 mg/gm..... 85
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%..... 85
triamcinolone acetonide dental paste 0.1%..... 80
triamcinolone acetonide lotion 0.025%, 0.1%..... 85
triamcinolone acetonide oint 0.5%..... 85
triamcinolone acetonide oint 0.025%, 0.1%..... 85
triamterene & hydrochlorothiazide cap 37.5-25 mg..... 37
triamterene & hydrochlorothiazide tab 37.5-25 mg..... 37
triamterene & hydrochlorothiazide tab 75-50 mg..... 38
triamterene cap 50 mg, 100 mg..... 38
trientine hcl cap 250 mg..... 130
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)..... 54
TRIFLURIDINE..... 79
TRIHEXYPHENIDYL HCL..... 69
trihexyphenidyl hcl tab 2 mg, 5 mg..... 69
TRIJARDY XR..... 27
TRIKAFTA..... 44
trimethobenzamide hcl cap 300 mg..... 46
trimethoprim tab 100 mg..... 10
trimipramine maleate cap 25 mg, 50 mg, 100 mg..... 52
TRINATAL RX 1..... 71
TRINATE..... 71
TRINTELLIX..... 52
TRIUMEQ..... 8
TRIUMEQ PD..... 8
tropicamide ophth soln 0.5%..... 79
tropicamide ophth soln 1%..... 79
trospium chloride cap er 24hr 60 mg..... 48
trospium chloride tab 20 mg..... 48
TRUDHESA..... 65
TRUE COMFORT INSULIN SYRI..... 120
TRUE COMFORT PEN NEEDLES..... 120
TRUE COMFORT PRO INSULIN..... 120
TRUE COMFORT PRO PEN NEED..... 121
TRUE COMFORT SAFETY INSUL..... 121
TRUE COMFORT SAFETY LANCE..... 121
TRUE COMFORT SAFETY PEN N..... 121
TRUE COMFORT TWIST TOP LA..... 121
TRUEDRAW LANCING DEVICE..... 121
TRUEPLUS 5-BEVEL PEN NEED..... 122
TRUEPLUS INSULIN SYRINGE..... 121
TRUEPLUS INSULIN SYRINGE/..... 121
TRUEPLUS LANCETS 26G..... 121
TRUEPLUS LANCETS 28G..... 121
TRUEPLUS LANCETS 30G..... 121
TRUEPLUS LANCETS 33G..... 121
TRUEPLUS LANCETS 33G MICR..... 121
TRUEPLUS LANCETS 28G SUPE..... 121
TRUEPLUS LANCETS 30G ULTR..... 121
TRUEPLUS PEN NEEDLES 29GX..... 121
TRUEPLUS PEN NEEDLES 31GX..... 121
TRUEPLUS PEN NEEDLES 32GX..... 122
TRUEPLUS SAFETY LANCETS 2..... 122
TRULANCE..... 48
TRULICITY..... 27
TRUMENBA..... 12
TRUQAP..... 20
TRUSTEX/RIA LUBRICATED..... 122
TRUSTEX/RIA LUBRICATED/SP..... 122
TRUSTEX/RIA LUBRICATED SP..... 122
TRUSTEX/RIA NON-LUBRICATE..... 122
TRUSTEX COLOR CONDOMS + L..... 122
TRUSTEX LUBRICATED..... 122
TRUSTEX LUBRICATED/RIBBED..... 122
TRUSTEX LUBRICATED/SPERMI..... 122
TRUSTEX LUBRICATED EXTRA..... 122
TRUSTEX NATURAL CONDOMS +..... 122
TRUSTEX NON-LUBRICATED..... 122
TRUSTEX WITH NONOXYNOL-9/..... 122
TRUVADA..... 8
TUKYSA..... 20
TURALIO..... 20
TWINRIX..... 12
TWIST TOP LANCETS 30G..... 122
TYBOST..... 8
TYMLOS..... 32

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

U

UBRELVY....65
UDENYCA....73
ULTICARE INSULIN SAFETY S....122
ULTICARE INSULIN SYRINGE....122
ULTICARE INSULIN SYRINGE/....122
ULTICARE MICRO PEN NEEDLE....123
ULTICARE MINI PEN NEEDLES....123
ULTICARE MINI SAFETY PEN....123
ULTICARE ORIGINAL PEN NEE....123
ULTICARE PEN NEEDLES/29G....123
ULTICARE PEN NEEDLES 31G....123
ULTICARE SHORT PEN NEEDLE....123
ULTICARE SHORT SAFETY PEN....123
ULTICARE TUBERCULIN SAFET....123
ULTICARE U-100 INSULIN SY....123
ULTIGUARD INSULIN SYRINGE....123
ULTIGUARD SAFEPACK/MICRO....123
ULTIGUARD SAFEPACK/MINI P....124
ULTIGUARD SAFEPACK/SHORT....124
ULTIGUARD SAFEPACK/SYRING....124
ULTIGUARD SAFEPACK INSULI....123
ULTIGUARD SAFEPACK MINI P....123
ULTIGUARD SAFEPACK PEN NE....123
ULTI-LANCE AUTOMATIC/ CLE....122
ULTILET CLASSIC LANCETS....124
ULTILET LANCETS....124
ULTILET LANCETS 33G....124
ULTILET PEN NEEDLE 29GX12....124
ULTILET PEN NEEDLE 31GX5M....124
ULTILET PEN NEEDLE 31GX8M....124
ULTILET PEN NEEDLE 32GX4M....124
ULTILET SAFETY LANCETS 21....124
ULTILET SAFETY LANCETS 23....124
ULTILET SHORT PEN NEEDLES....124
ULTRACARE INSULIN SYRINGE....125
ULTRACARE PEN NEEDLES/31G....125
ULTRACARE PEN NEEDLES/32G....125
ULTRACARE PEN NEEDLES/33G....125
ULTRA COMFORT INSULIN SYR....124
ULTRA FLO INSULIN PEN NEE....124
ULTRA FLO INSULIN SYRINGE....124
ULTRA INSULIN SYRINGE/U-1....124
ULTRA-THIN II AUTO LANCET....125
ULTRA-THIN II INSULIN SYR....125
ULTRA-THIN II LANCETS 28G....125
ULTRA-THIN II LANCETS 30G....125
ULTRA-THIN II MINI PEN NE....125
ULTRA-THIN II PEN NEEDLES....125
ULTRA THIN LANCETS 28G....124
ULTRA THIN LANCETS 31G....125
ULTRA THIN PEN NEEDLES 32....125
UNIFINE PENTIPS/30G X 3/1....126
UNIFINE PENTIPS 31G X 3/1....126
UNIFINE PENTIPS 31GX5MM....126
UNIFINE PENTIPS 31GX6MM....126
UNIFINE PENTIPS 31GX8MM....126
UNIFINE PENTIPS 32GX4MM....126
UNIFINE PENTIPS 32GX6MM....126
UNIFINE PENTIPS 33GX4MM....126
UNIFINE PENTIPS 29GX12MM....126
UNIFINE PENTIPS 31G X 6MM....126
UNIFINE PENTIPS 31G X 8MM....126
UNIFINE PENTIPS PLUS/30G....125
UNIFINE PENTIPS PLUS 33G....125
UNIFINE PENTIPS PLUS 29GX....125
UNIFINE PENTIPS PLUS 31GX....125
UNIFINE PENTIPS PLUS 32GX....125
UNIFINE PENTIPS PLUS 33GX....125
UNIFINE PROTECT SAFETY PE....126
UNIFINE SAFECONTROL PEN N....126
UNIFINE ULTRA PEN NEEDLE/....126
UNILET COMFORTOUCH LANCET....126
UNILET EXCELITE....126
UNILET EXCELITE II....126
UNILET G.P. LANCET....126
UNILET G.P. SUPERLITE LAN....126
UNILET GP 28 ULTRA THIN....126
UNILET LANCET....126
UNILET LANCETS MICRO-THIN....126
UNILET LANCETS SUPER-THIN....127
UNILET LANCETS ULTRA-THIN....127
UNILET SUPERLITE LANCET....127
UNISTIK 3 GENTLE....127
UNISTIK PRO SAFETY LANCET....127
UNISTIK SAFETY LANCETS 28....127
UNISTIK SAFETY LANCETS 30....127
UNISTIK TOUCH SAFETY LANC....127
UNIVERSAL 1 LANCETS/33G/M....127
UNIVERSAL 1 LANCETS THIN....127
UNIVERSAL 1 LANCETS ULTRA....127
UPTRAVI....40
UPTRAVI TITRATION PACK....40
ursodiol cap 300 mg....48
ursodiol tab 250 mg....48
ursodiol tab 500 mg....48

V

valacyclovir hcl tab 500 mg, 1 gm....8
VALCHLOR....85
valganciclovir hcl for soln 50 mg/ml (base equiv)....8
valganciclovir hcl tab 450 mg (base equivalent)....8
valproate sodium oral soln 250 mg/5ml (base equiv)....67
valproic acid cap 250 mg....68

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valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg..... 37
valsartan tab 320 mg..... 37
valsartan tab 40 mg, 80 mg, 160 mg.....37
VALTOCO 5 MG DOSE..... 68
VALTOCO 10 MG DOSE..... 68
VALTOCO 15 MG DOSE..... 68
VALTOCO 20 MG DOSE..... 68
VALUE HEALTH INSULIN SYRI.....127
VALUE PLUS LANCETS STANDA.....127
VALUE PLUS LANCETS SUPER.....127
VALUE PLUS LANCETS THIN 2.....127
VALUE PLUS LANCING DEVICE..... 127
VALUMARK LANCET SUPER THI.....127
VALUMARK LANCET ULTRA THI.....127
VALUMARK PEN NEEDLES 31G..... 127
VALUMARK PEN NEEDLES 29GX.....127
vancomycin hcl cap 125 mg (base equivalent)..... 10
vancomycin hcl cap 250 mg (base equivalent)..... 10
vancomycin hcl for oral soln 25 mg/ml (base equivalent)..... 10
vancomycin hcl for oral soln 50 mg/ml (base equivalent)..... 10
VANFLYTA..... 20
VANISHPOINT INSULIN SYRIN.....127
VANISHPOINT TUBERCULIN SY..... 127
VAQTA.....12
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)..... 58
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....58
VARIVAX..... 13
VARUBI..... 46
VASCEPA.....39
VAXCHORA..... 13
VAXELIS.....13
VAXNEUVANCE..... 13
VCF VAGINAL CONTRACEPTIVE.....49
VECAMYL.....37
VELIVET.....25
VELPHORO..... 48
VELTASSA..... 130
VEMLIDY.....8
VENCLEXTA..... 20
VENCLEXTA STARTING PACK..... 20
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)..... 52
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)..... 52
VENTAVIS.....40
VENTOLIN HFA.....44
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg..... 34
VERAPAMIL HCL ER.....34
verapamil hcl tab er 120 mg, 180 mg, 240 mg..... 34
verapamil hcl tab 40 mg, 80 mg, 120 mg..... 34
VERIFINE INSULIN PEN NEED.....127
VERIFINE INSULIN SYRINGE.....128
VERIFINE INSULIN SYRINGE/..... 128
VERIFINE PLUS INSULIN PEN..... 128
VERIFINE PLUS PEN NEEDLE/..... 128
VERIFINE SAFETY LANCET MI..... 128
VERIFINE UNIVERSAL LANCET.....128
VERQUVO..... 40
VERZENIO.....20
V-GO 20.....127
V-GO 30.....127
V-GO 40.....127
VIBERZI..... 48
vigabatrin powd pack 500 mg..... 68
vigabatrin tab 500 mg.....68
vilazodone hcl tab 10 mg, 20 mg, 40 mg.....52
VINATE ONE..... 71
VIRACEPT..... 8
VIREAD..... 8
VITATHELY/GINGER.....71
VITRAKVI.....20
VIVAGUARD LANCETS.....128
VIVAGUARD LANCING DEVICE.....128
VIVAGUARD SAFETY LANCETS/..... 128
VIVJOA.....4
VIVOTIF..... 13
VIZIMPRO.....20
VONJO.....20
VONVENDI..... 76
voriconazole for susp 40 mg/ml.....4
voriconazole tab 50 mg, 200 mg..... 4
VOSEVI..... 8
VOXZOGO..... 32
VP INSULIN SYRINGE/U-100/..... 128
VYNDAMAX.....40
VYNDAQEL.....40
VYVANSE.....56

W

WALGREENS COMFORT ASSURED..... 128
WALGREENS LANCETS.....128
WALGREENS THIN LANCETS..... 128
WALGREENS ULTRA THIN LANC..... 128
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....73
water for irrigation, sterile irrigation soln..... 130
WEGMANS UNIFINE PENTIPS P.....128
WELIREG.....20
WESCAP-C DHA.....71

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WESTAB PLUS..... 71
WIDE-SEAL SILICONE DIAPHR.....128
WILATE..... 77

X

XALKORI.....21
XARELTO.....73
XARELTO STARTER PACK.....73
XELJANZ.....63
XELJANZ XR.....63
XHANCE..... 41
XIFAXAN..... 10
XIGDUO XR.....27
XIIDRA..... 79
XOFLUZA.....8
XOLAIR..... 44
XOSPATA.....21
XPOVIO.....21
XPOVIO 60 MG TWICE WEEKLY.....21
XPOVIO 80 MG TWICE WEEKLY.....21
XTAMPZA ER.....61
XTANDI..... 21
XULTOPHY 100/3.6..... 27
XYNTHA.....77
XYNTHA SOLOFUSE..... 77
XYWAV.....59

Y

YONSA.....21

Z

zafirlukast tab 10 mg, 20 mg..... 44
zaleplon cap 5 mg, 10 mg.....54
ZARXIO.....73
ZEGALOGUE.....27
ZEJULA.....21
ZELBORAF..... 21
ZENPEP.....46
ZEPOSIA.....59
ZEPOSIA 7-DAY STARTER PAC..... 59
ZEPOSIA STARTER KIT..... 59
ZERVIATE.....79
ZEVRX INSULIN SYRINGE/0.5.....128
ZEVRX INSULIN SYRINGE/1ML..... 128
ZEVRX PEN NEEDLES 31G X 5.....128
ZEVRX PEN NEEDLES 31G X 6.....128
ZEVRX PEN NEEDLES 31G X 8.....128
ZEVRX PEN NEEDLES 32G X 4.....129
ZEVRX TWIST TOP LANCETS 3..... 129
ZIAGEN..... 8
zidovudine cap 100 mg..... 8
zidovudine syrup 10 mg/ml.....8
zidovudine tab 300 mg..... 8
ZIEXTENZO.....73
zileuton tab er 12hr 600 mg.....44
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg..... 54
ZIRGAN.....79
ZITHROMAX..... 2
ZOKINVY..... 130
ZOLINZA..... 21
zolmitriptan nasal spray 5 mg/spray unit.....65
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg..... 65
zolmitriptan tab 2.5 mg, 5 mg.....65
zolpidem tartrate tab er 6.25 mg, 12.5 mg.....54
zolpidem tartrate tab 5 mg, 10 mg.....54
ZOMIG.....65
zonisamide cap 50 mg.....68
zonisamide cap 25 mg, 100 mg.....68
ZONTIVITY..... 77
ZTALMY..... 68
ZUBSOLV.....61
ZYDELIG.....21
ZYKADIA.....21

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