

# Closed Medication Guide

April 2025

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 selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit [www.floridablue.com](http://www.floridablue.com) for the most up-to-date information.

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## Introduction

Florida Blue is pleased to present the Closed Formulary Medication Guide. This is a general guide that includes a comprehensive listing of medications that are 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 Closed Formulary 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. This Guide also includes an abbreviated listing of Generic Prescription Drugs, and a complete listing of Brand Prescription Drugs (the formulary) that are covered under your plan. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing Closed Formulary Medication Guide online at [www.floridablue.com](http://www.floridablue.com) or 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](http://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 judgments 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.
- Select Brand Name medications are included in the formulary and are therefore available to you through your plan. The Closed Formulary List includes all covered brand name medications.
- Brand Name medications not listed in the Closed Formulary List are not covered. 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 and review the FORMULARY EXCEPTION PROCESS section of this Guide for exception procedures.
- Take this Guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs listed in the Closed Formulary and cost impacts when you discuss medication options.

## Medication List

### What you need to know about Closed Formulary Medications

The Closed 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.

There are varying reasons changes are made to the medications listed in the Closed Formulary Medication Guide:

- The tier level of a medication included on the medication list may increase (change to a higher tier or non-covered) 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](http://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 [Closed Formulary Medication Guide](#) or [Closed Formulary Medication Guide Updates](#).
- Medication Guides and Medication Guide Updates are posted every January, April, July, and October.

## 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 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**

## Pharmacy Benefits

The pharmacy benefit has two parts/components, called Tiers. This means that covered medications must be included in one of the following Tiers:

**Tier 1:** Generic medications whether listed in the Closed Formulary List or not, unless specifically excluded by your plan.

**Tier 2:** Only those Brand Name medications listed in the Closed Formulary List.

**Specialty Medications:** Covered Specialty Medications as indicated in the Medication List.

## Condition Care Rx\* Value/HSA Preventive Prescription Medications

\* Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program.

Brand Name medications not listed in the Closed Formulary List are not covered. If you and your doctor or health care provider think that your condition cannot be treated by any of the medication(s) listed on the Closed Formulary List, your doctor may submit a request for a Formulary Exception. If your exception request is approved, coverage will be available for the approved medication.

## Medications that are not covered

Your pharmacy benefit may not cover select medications. 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 not been approved by the FDA.
- 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.
- The medication is not covered for weight loss indication. See your Schedule of Benefit for additional details on coverage.

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](http://www.floridablue.com).

## Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. If members have the Condition Care Rx Program as part of their benefits, they can purchase medications from the Condition Care Rx Program Value/Health Savings Account Preventive List at a reduced cost.

A list of medications that are part of the Condition Care Rx Value Program may be found at: [Condition Care Rx Program Value List](#)

A list of medications that are part of the Condition Care Rx Program for Health Savings Account (HSA) compatible plans may be found at: [Condition Care Rx Program HSA Preventive List](#).

**Note:** Check your plan documents to determine if the Condition Care Rx Program applies to your plan and the applicable cost share. Coverage details may also be available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com) or by calling the customer service number listed on your member ID card.

### Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at a reduced cost. 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 may be substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the brand name 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](#).

### 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](http://www.floridablue.com).

## Patient Protection Affordable Care Act (PPACA) 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 benefit 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.

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](http://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: Covered Specialty Medications as indicated in the Medication List. Your plan may include a separate cost share for Specialty Medications. Since coverage for medication varies by the plan purchases by you or your employer, it's important that you refer to your plan documents for complete coverage details.**

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

Specialty Drugs are only covered when they're dispensed from a Specialty Pharmacy, up to a one-month supply. Certain Specialty Pharmacy products may vary from the one-month supply. These Specialty Drugs may be dispensed in lesser or greater quantities due to manufacturer package size or FDA-approved dosage requirements for a course of therapy. A list of medications covered under this benefit may be found at: [Specialty Drugs with Extended Day Supply](#).

**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 Medication** – 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 cost shares will apply (where out-of-network coverage is available). [A current listing of Self-Administered Specialty Medications can be found here](#).
- 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 Medication** – 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. [A current listing of Provider-Administered Specialty Medications can be found here.](#)

## 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 to a 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.

## Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. 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](#)

### Genoa Healthcare

Provider-Administered Mental Health Products

[Genoa](#)

## 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](#) or [CVS/Caremark Specialty](#).

If a member resides or is traveling outside 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.

Home Delivery Pharmacy 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.



## Utilization Management Programs

### Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medication. 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. A current listing of drugs requiring prior authorization are indicated in the prior authorization column following the product name in the medication list.

Florida Blue reserves the right to change the medications that require Prior Authorization at any time and for any reason.

**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](http://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 received 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 coverage authorization is denied. Please refer to the "How to Appeal an Adverse Benefit Determination" subsection of the Claims Processing or Appeal and Grievance Process section in your current plan documents 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.

Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override.

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

[Responsible Quantity Program Information and Authorization Forms](#)

## 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 may be 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.

A list of current drugs included in the Responsible Steps Program for Medical Pharmacy may be found here: [Responsible Steps Program for Medical Pharmacy Information and Authorization Forms](#)

**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](http://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](#).

## Formulary Exception Process

A formulary exception process is provided to allow for cases where the Closed Formulary List may not accommodate the unique medical needs of a member (e.g., documented allergy, ineffectiveness, or intolerable adverse effects from drugs on the formulary). The formulary exception form is available at [www.floridablue.com](http://www.floridablue.com).

- Click on the Providers tab.
- Click Pharmacy Info & Resources then click Medication Guides.
- Click [Formulary Exception Physician Fax Form](#).

Florida Blue is not obligated to approve any exception or continue a previously approved exception.

## Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in your plan documents. In the event of any inconsistencies between the Medication Guide and the provisions contained in your plan documents, the provisions contained in your plan documents shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

## 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.

## Abbreviation key

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

To determine if your drug is covered and/or find drug pricing, please login to Your Account on Florida Blue website at [www.floridablue.com](http://www.floridablue.com). In Your Account choose My Plan, then Pharmacy Resources, and click on Compare Drug Prices.

Selected generic and brand name drugs are not covered because of safety or effectiveness concerns. This list is subject to change.

**amoxapine**

B & C

Balsam peru & castor oil

**benzphetamine**

Bpco

**carisoprodol**

**chlordiazepoxide/clidinium**

Cortane-B

**diethylpropion**

Diethylpropion ext-release

Donnatal

Egrifta SV

Epifoam

Ergoloid mesylates

**esterified estrogens/methyltestosterone**

**flavoxate**

Halcion

Hydrocortisone/pramoxine

**iodoquinol/hc**

**iodoquinol/hydrocortisone/aloe**

Librax

**meperidine**

Meperidine

**meprobamate**

Nefazodone

**opium tincture**

**pb/hyoscy/atrop/scopol**

**pentazocine w/ naloxone**

**phendimetrazine**

Phendimetrazine ext-release

Phospholine Iodide

Pramosone

Pramotic

**promethazine/phenylephrine**

**promethazine/phenylephrine/codeine**

Rimantadine

Soma

**thioridazine**

**triazolam**

Venelex

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, sex, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

We provide:

- Free auxiliary aids, reasonable modifications, and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (e.g., large print, audio, and accessible electronic formats)
- Free language assistance 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 (FEP): 1-800-333-2227

If you believe that we have failed to provide these services or have discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with:

**Health and vision coverage (including FEP members):**

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@bcbsfl.com](mailto:Section1557Coordinator@bcbsfl.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@felife.com](mailto:civilrightscoordinator@felife.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 or Civil Rights 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>, or 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 [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

Visit [www.floridablue.com/disclaimer/ndnotice](http://www.floridablue.com/disclaimer/ndnotice) to view an electronic version of this notice.

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**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 (pou moun 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 gratuitement. 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 nang walang 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 انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-3852-253-008 (رقم هاتف الصم والبكم: 1-0778-559-008). اتصل برقم 1-7222-333-008.

**ATTENZIONE:** Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. 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.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક 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:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ **FEP** โทร **1-800-333-2227**

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

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíí'eh, ná hóló. Kojj' hodíłnih 1-800- 352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojji' hodíłnih 1-800-333-2227.

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

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)</b>	1		
<b>azithromycin tab 250 mg, 500 mg (Zithromax)</b>	1		
<b>azithromycin tab 600 mg</b>	1		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2		
<b>clarithromycin tab er 24hr 500 mg</b>	1		
<b>clarithromycin tab 250 mg, 500 mg</b>	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)
<b>erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)</b>	1		
<b>erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)</b>	1		
<b>erythromycin ethylsuccinate tab 400 mg</b>	1		
<b>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</b>	1		
<b>erythromycin tab 250 mg, 500 mg</b>	1		
ZITHROMAX - azithromycin powd pack for susp 1 gm	2		
<b>TETRACYCLINES</b>			
<b>demeclocycline hcl tab 150 mg, 300 mg</b>	1		
<b>doxycycline hyclate cap 50 mg</b>	1		
<b>doxycycline hyclate cap 100 mg (Vibramycin)</b>	1		
<b>doxycycline hyclate tab 20 mg, 100 mg</b>	1		
<b>doxycycline monohydrate cap 50 mg, 100 mg</b>	1		
<b>doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)</b>	1		
<b>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</b>	1		
<b>minocycline hcl cap 50 mg, 75 mg, 100 mg</b>	1		
<b>tetracycline hcl cap 250 mg, 500 mg</b>	1		
<b>FLUOROQUINOLONES</b>			
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		
<b>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)</b>	1		
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	1		
<b>levofloxacin oral soln 25 mg/ml</b>	1		
<b>levofloxacin tab 250 mg, 500 mg, 750 mg</b>	1		
<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>ofloxacin tab 400 mg</b>	1		
<b>AMINOGLYCOSIDES</b>			
HUMATIN - paromomycin sulfate cap 250 mg	2		LD
<b>neomycin sulfate tab 500 mg</b>	1		
TOBI PODHALER - tobramycin inhal cap 28 mg	2	SP	LD
<b>tobramycin nebu soln 300 mg/5ml (Tobi)</b>	1	SP	
<b>tobramycin nebu soln 300 mg/4ml (Bethkis)</b>	1	SP	
<b>SULFONAMIDES</b>			
<b>sulfadiazine tab 500 mg</b>	1		
<b>ANTIMYCOBACTERIAL AGENTS</b>			
<b>cycloserine cap 250 mg</b>	1		
<b>ethambutol hcl tab 100 mg</b>	1		
<b>ethambutol hcl tab 400 mg (Myambutol)</b>	1		
<b>isoniazid syrup 50 mg/5ml</b>	1		
<b>isoniazid tab 100 mg, 300 mg</b>	1		
PRETOMANID - pretomanid tab 200 mg	2		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	2		
<b>pyrazinamide tab 500 mg</b>	1		
<b>rifabutin cap 150 mg (Mycobutin)</b>	1		
<b>rifampin cap 150 mg, 300 mg</b>	1		
<b>ANTIFUNGALS</b>			
<b>fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)</b>	1		
<b>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)</b>	1		
<b>flucytosine cap 250 mg, 500 mg (Ancobon)</b>	1		
<b>griseofulvin microsize susp 125 mg/5ml</b>	1		
<b>griseofulvin microsize tab 500 mg</b>	1		
<b>griseofulvin ultramicrosize tab 125 mg, 250 mg</b>	1		
<b>itraconazole cap 100 mg (Sporanox)</b>	1		PA, QL (120 capsules/30 days)
<b>itraconazole oral soln 10 mg/ml (Sporanox)</b>	1		PA, QL (1200 mls/30 days)
<b>ketoconazole tab 200 mg</b>	1		
NOXAFIL - posaconazole for delayed release susp packet 300 mg	2		PA
<b>nystatin tab 500000 unit</b>	1		
<b>posaconazole susp 40 mg/ml (Noxafil)</b>	1		PA
<b>posaconazole tab delayed release 100 mg (Noxafil)</b>	1		PA
<b>terbinafine hcl tab 250 mg</b>	1		QL (30 tablets/30 days)
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	2		PA, QL (18 capsules/180 days)
<b>voriconazole for susp 40 mg/ml (Vfend)</b>	1		PA

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>voriconazole tab 50 mg, 200 mg (Vfend)</b>	1		PA
<b>ANTIVIRALS</b>			
<b>abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)</b>	1		QL (960 mls/30 days)
<b>abacavir sulfate tab 300 mg (base equiv) (Ziagen)</b>	1		QL (60 tablets/30 days)
<b>abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)</b>	1		QL (30 tablets/30 days)
<b>acyclovir cap 200 mg</b>	1		
<b>acyclovir susp 200 mg/5ml (Zovirax)</b>	1		
<b>acyclovir tab 400 mg, 800 mg</b>	1		
<b>adefovir dipivoxil tab 10 mg (Hepsera)</b>	1		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	2		QL (120 capsules/30 days)
<b>atazanavir sulfate cap 150 mg (base equiv)</b>	1		QL (30 capsules/30 days)
<b>atazanavir sulfate cap 200 mg (base equiv) (Reyataz)</b>	1		QL (60 capsules/30 days)
<b>atazanavir sulfate cap 300 mg (base equiv) (Reyataz)</b>	1		QL (30 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	2		QL (630 mls/30 days)
BIKTARVY - bicitgravir-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)
<b>darunavir tab 600 mg (Prezista)</b>	1		QL (60 tablets/30 days)
<b>darunavir tab 800 mg (Prezista)</b>	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)
<b>efavirenz tab 600 mg (Sustiva)</b>	1		QL (30 tablets/30 days)
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b>	1		QL (30 tablets/30 days)
<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)</b>	1		QL (30 tablets/30 days)
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</b>	1		QL (30 tablets/30 days)
<b>emtricitabine caps 200 mg (Emtriva)</b>	1		QL (30 capsules/30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)</b>	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	2		QL (30 capsules/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EMTRIVA - emtricitabine soln 10 mg/ml	2		QL (680 mls/28 days)
<b>entecavir tab 0.5 mg, 1 mg (Baraclude)</b>	1		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	2	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	2	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	2	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)
<b>etravirine tab 100 mg, 200 mg (Intelence)</b>	1		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2		QL (30 tablets/30 days)
<b>famciclovir tab 125 mg, 250 mg, 500 mg</b>	1		
<b>fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)</b>	1		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	2	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofovir 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	2	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	2	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)
JULUCA - dolutegravir sodium-rielpivirine 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)
<b>lamivudine oral soln 10 mg/ml (EpiVir)</b>	1		QL (960 mls/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>lamivudine tab 100 mg (hbv) (Epivir hbv)</b>	1		QL (30 tablets/30 days)
<b>lamivudine tab 150 mg (Epivir)</b>	1		QL (60 tablets/30 days)
<b>lamivudine tab 300 mg (Epivir)</b>	1		QL (30 tablets/30 days)
<b>lamivudine-zidovudine tab 150-300 mg (Combivir)</b>	1		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	2	SP	PA, QL (30 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	2	SP	PA, LD, QL (120 tablets/30 days)
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)</b>	1		QL (480 mls/30 days)
<b>lopinavir-ritonavir tab 100-25 mg (Kaletra)</b>	1		QL (180 tablets/30 days)
<b>lopinavir-ritonavir tab 200-50 mg (Kaletra)</b>	1		QL (120 tablets/30 days)
<b>maraviroc tab 150 mg (Selzentry)</b>	1		QL (60 tablets/30 days)
<b>maraviroc tab 300 mg (Selzentry)</b>	1		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	2	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	2	SP	PA, QL (150 packets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	2		QL (1200 mls/30 days)
<b>nevirapine tab er 24hr 400 mg</b>	1		QL (30 tablets/30 days)
<b>nevirapine tab 200 mg</b>	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-riopirivine-tenofovir af tab 200-25-25 mg	2		QL (30 tablets/30 days)
<b>oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)</b>	1		QL (40 capsules/120 days)
<b>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)</b>	1		QL (20 capsules/120 days)
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)</b>	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)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	2	SP	PA
PIFELTRO - doravirine tab 100 mg	2		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	2		
PREVYMIS - letermovir pellet pack 20 mg, 120 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)

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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)
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		
<b>ritonavir tab 100 mg (Norvir)</b>	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	2	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	2	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	2	SP	PA, QL (30 packets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd 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)
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)
<b>tenofovir disoproxil fumarate tab 300 mg (Viread)</b>	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)

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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)
<b>valacyclovir hcl tab 500 mg, 1 gm (Valtrex)</b>	1		
<b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</b>	1		
<b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</b>	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	2	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)
<b>zidovudine cap 100 mg (Retrovir)</b>	1		QL (180 capsules/30 days)
<b>zidovudine syrup 10 mg/ml (Retrovir)</b>	1		QL (1920 mls/30 days)
<b>zidovudine tab 300 mg</b>	1		QL (60 tablets/30 days)
<b>ANTIMALARIALS</b>			
<b>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)</b>	1		
<b>chloroquine phosphate tab 250 mg, 500 mg</b>	1		
<b>hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg</b>	1		
<b>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</b>	1		
<b>mefloquine hcl tab 250 mg</b>	1		
<b>primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)</b>	1		
<b>pyrimethamine tab 25 mg (Daraprim)</b>	1	SP	PA, QL (90 tablets/30 days)
<b>quinine sulfate cap 324 mg (Qualaquin)</b>	1		QL (42 capsules/90 days)
<b>ANTHELMINTICS</b>			
<b>albendazole tab 200 mg</b>	1		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2		LD
EGATEN - triclabendazole tab 250 mg	2	SP	PA
<b>ivermectin tab 3 mg (Stromectol)</b>	1		

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<b>praziquantel tab 600 mg (Biltricide)</b>	1		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>			
<b>atovaquone susp 750 mg/5ml (Mepron)</b>	1		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	2	SP	LD
<b>clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)</b>	1		
<b>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)</b>	1		
<b>colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)</b>	1		
<b>dapsone tab 25 mg, 100 mg</b>	1		
<b>fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)</b>	1		
IMPAVIDO - miltefosine cap 50 mg	2	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)
<b>linezolid for susp 100 mg/5ml (Zyvox)</b>	1		
<b>linezolid tab 600 mg (Zyvox)</b>	1		
<b>methenamine hippurate tab 1 gm (Hiprex)</b>	1		
<b>metronidazole tab 250 mg, 500 mg</b>	1		
NITAZOXANIDE - nitazoxanide tab 500 mg	2		QL (12 tablets/90 days)
<b>nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin)</b>	1		
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</b>	1		
<b>nitrofurantoin susp 25 mg/5ml</b>	1		
<b>pentamidine isethionate for nebulization soln 300 mg (Nebupent)</b>	1		
SIVEXTRO - tedizolid phosphate tab 200 mg	2		PA, QL (6 tablets/30 days)
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b>	1		
<b>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</b>	1		
<b>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</b>	1		
<b>tinidazole tab 250 mg, 500 mg</b>	1		
<b>trimethoprim tab 100 mg (Trimethoprim)</b>	1		
<b>vancomycin hcl cap 125 mg (base equivalent) (Vancocin)</b>	1		QL (480 capsules/30 days)
<b>vancomycin hcl cap 250 mg (base equivalent) (Vancocin)</b>	1		QL (240 capsules/30 days)
<b>vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)</b>	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
FLUZONE 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	2		
GARDASIL 9 - human papillomavirus (hvp) 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 vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	2		
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	2		
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit vacc-novavax im susp pref syr 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 soln pref syr 25 mcg/0.5ml	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		

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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		
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		
VARIVAX - varicella virus vac live for 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		
<b>TOXOIDS</b>			
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		
<b>PASSIVE IMMUNIZING AGENTS</b>			
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	2	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	2	SP	PA
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	2	SP	PA
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	2	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	2	SP	PA, LD

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HIZENTRA - immune globulin (human) subcutaneous sol pref syr 10 gm/50ml	2	SP	PA, LD
<b>ANTINEOPLASTIC AGENTS</b>			
<b>ANTINEOPLASTICS</b>			
<b>abiraterone acetate tab 250 mg (Zytiga)</b>	1	SP	PA, QL (120 tablets/30 days)
<b>abiraterone acetate tab 500 mg (Zytiga)</b>	1	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	SP	PA, LD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	2	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	2	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	2	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	2	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	2	SP	PA, LD, QL (30 tablets/30 days)
<b>anastrozole tab 1 mg (Arimidex)</b>	1		
AUGTYRO - repotrectinib cap 40 mg	2	SP	PA, QL (240 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	2	SP	PA, QL (60 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	2	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	2	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	2	SP	PA, LD, QL (2 syringes/28 days)
<b>bexarotene cap 75 mg (Targretin)</b>	1	SP	PA
<b>bicalutamide tab 50 mg (Casodex)</b>	1		
BOSULIF - bosutinib cap 50 mg	2	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	2	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	2	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	2	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)	2	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
<b>capecitabine tab 150 mg, 500 mg (Xeloda)</b>	1	SP	
CAPRELSA - vandetanib tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	2	SP	PA, LD, QL (30 tablets/30 days)

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COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	2	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	2	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	2		
<b>cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)</b>	1		
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)	2	SP	PA, LD, QL (112 tablets/28 days)
<b>dasatinib tab 20 mg (Sprycel)</b>	1	SP	PA, QL (90 tablets/30 days)
<b>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)</b>	1	SP	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	2	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg	2	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	2	SP	PA, LD, QL (30 tablets/30 days)
<b>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</b>	1	SP	PA, QL (60 tablets/30 days)
<b>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)</b>	1	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	2		
<b>everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)</b>	1	SP	PA, QL (60 tablets/30 days)
<b>everolimus tab for oral susp 3 mg (Afinitor disperz)</b>	1	SP	PA, QL (90 tablets/30 days)
<b>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)</b>	1	SP	PA, QL (30 tablets/30 days)
<b>exemestane tab 25 mg (Aromasin)</b>	1		
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	2	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	2	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	2	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
<b>gefitinib tab 250 mg (Iressa)</b>	1	SP	PA, QL (30 tablets/30 days)

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GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	2	SP	
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	2	SP	PA
<b>hydroxyurea cap 500 mg (Hydrea)</b>	1		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	2	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	2	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)	2	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
<b>imatinib mesylate tab 100 mg (base equivalent) (Gleevec)</b>	1	SP	PA, QL (90 tablets/30 days)
<b>imatinib mesylate tab 400 mg (base equivalent) (Gleevec)</b>	1	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	2	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	2	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	2	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	2	SP	PA, LD, QL (120 capsules/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	2	SP	PA, QL (280 mls/28 days)
INLYTA - axitinib tab 1 mg	2	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	2	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	2	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	2	SP	PA, QL (56 tablets/28 days)
ITOVEBI - inavolisib tab 9 mg	2	SP	PA, QL (28 tablets/28 days)
IWILFIN - eflornithine hcl tab 192 mg	2	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)	2	SP	PA, LD, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	2	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	2	SP	PA, QL (63 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	2	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	2	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	2	SP	PA, LD, QL (180 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)</b>	1	SP	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	2	SP	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	2	SP	PA, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	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)	2	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	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)	2	SP	PA, LD, QL (60 capsules/30 days)
<b>letrozole tab 2.5 mg (Femara)</b>	1		
<b>leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg</b>	1		
LEUKERAN - chlorambucil tab 2 mg	2		
<b>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</b>	1	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	2	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	2	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	2	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	2	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	2	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg	2	SP	PA, LD, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	2	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	2	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	2	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	2	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	2	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	2	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	2	SP	LD
<b>megestrol acetate susp 40 mg/ml</b>	1		
<b>megestrol acetate tab 20 mg, 40 mg</b>	1		

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MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	2	SP	PA, LD, QL (180 tablets/30 days)
<b>mercaptopurine tab 50 mg</b>	1		
<b>mesna tab 400 mg (Mesnex)</b>	1		
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	2		
<b>methotrexate sodium for inj 1 gm</b>	1		
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</b>	1		
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	1		
MYLERAN - busulfan tab 2 mg	2		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	2	SP	PA, LD, QL (180 tablets/30 days)
<b>nilutamide tab 150 mg (Nilandron)</b>	1		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	2	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	2	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	2	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	2	SP	PA, LD, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	2	SP	PA, LD, QL (56 tablets/28 days)
OJEMDA - tovorafenib tab 100 mg	2	SP	PA, QL (24 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	2	SP	PA, QL (96 mls/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	2	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	2	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	2	SP	PA, LD, QL (30 tablets/30 days)
<b>pazopanib hcl tab 200 mg (base equiv) (Votrient)</b>	1	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	2	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	2	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	SP	PA, QL (1 pack/28 days)

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PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	2	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	2	SP	LD
QINLOCK - ripretinib tab 50 mg	2	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	2	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	2	SP	PA, LD, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	2	SP	PA, LD, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	2	SP	PA, LD, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg	2	SP	PA, LD, QL (60 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	2	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	2	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	2	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	2	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	2	SP	PA, QL (240 capsules/30 days)
SCSEMBLIX - asciminib hcl tab 20 mg	2	SP	PA, LD, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	2	SP	PA, LD, QL (240 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
<b>sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)</b>	1	SP	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	2	SP	PA, LD, QL (84 tablets/28 days)
<b>sunitinib malate cap 12.5 mg (base equivalent) (Sutent)</b>	1	SP	PA, QL (90 capsules/30 days)
<b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)</b>	1	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	2		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	2	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	2	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	SP	PA, QL (840 tablets/28 days)
TAGRISO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	2	SP	PA, LD, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	2	SP	PA, LD, QL (90 capsules/30 days)

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<b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</b>	1		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	2	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	2	SP	PA, LD, QL (240 tablets/30 days)
<b>temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg</b>	1	SP	PA
<b>temozolomide cap 250 mg (Temodar)</b>	1	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	2	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	2	SP	PA, LD, QL (60 tablets/30 days)
<b>toremifene citrate tab 60 mg (base equivalent) (Fareston)</b>	1		
<b>tretinoin cap 10 mg</b>	1	SP	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	2	SP	PA, LD, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	2	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	2	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	2	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	2	SP	PA, LD, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	2	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	2	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	2	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	2	SP	PA, LD, QL (30 tablets/30 days)
WELIREG - belzutifan tab 40 mg	2	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	2	SP	PA, LD, QL (60 capsules/30 days)

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XALKORI - crizotinib cap sprinkle 20 mg	2	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	2	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	2	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	2	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)	2	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)	2	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	2	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	2	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	2	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	2	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	2	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	2	SP	PA, LD, QL (90 tablets/30 days)

## ENDOCRINE AND METABOLIC DRUGS

### CORTICOSTEROIDS

AGAMREE - vamorolone oral susp 40 mg/ml	2	SP	PA, QL (3 bottles/30 days)
<b>budesonide delayed release particles cap 3 mg</b>	1		
<b>budesonide tab er 24hr 9 mg (Uceris)</b>	1		
<b>deflazacort susp 22.75 mg/ml (Emflaza)</b>	1	SP	PA, LD
<b>deflazacort tab 6 mg (Emflaza)</b>	1	SP	PA, LD, QL (60 tablets/30 days)
<b>deflazacort tab 18 mg (Emflaza)</b>	1	SP	PA, LD, QL (30 tablets/30 days)
<b>deflazacort tab 30 mg, 36 mg (Emflaza)</b>	1	SP	PA, LD
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	2		
<b>dexamethasone elixir 0.5 mg/5ml</b>	1		
<b>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</b>	1		
<b>fludrocortisone acetate tab 0.1 mg</b>	1		
<b>hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)</b>	1		

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<b>methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)</b>	1		
<b>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)</b>	1		
<b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)</b>	1		
<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>	1		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	2		
<b>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</b>	1		
<b>prednisolone soln 15 mg/5ml</b>	1		
<b>prednisolone tab 5 mg</b>	1		
PREDNISONONE - prednisone oral soln 5 mg/5ml	2		
<b>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</b>	1		
<b>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</b>	1		
TARPEYO - budesonide delayed release cap 4 mg	2	SP	PA, LD, QL (120 capsules/30 days)
<b>ANDROGEN-ANABOLIC</b>			
<b>danazol cap 50 mg, 100 mg, 200 mg</b>	1		PA
<b>methyltestosterone cap 10 mg</b>	1		PA, QL (600 capsules/30 days)
TESTOSTERONE - testosterone td gel 10mg/act (2%)	2		PA, QL (2 pumps/30 days)
<b>testosterone cypionate im inj in oil 100 mg/ml (Depo- testosterone)</b>	1		QL (1 vial/28 days)
<b>testosterone cypionate im inj in oil 200 mg/ml (Depo- testosterone)</b>	1		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enantate im inj in oil 200 mg/ml	2		QL (1 vial/28 days)
<b>testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (AndroGel)</b>	1		PA, QL (60 packets/30 days)
<b>testosterone td gel 12.5 mg/act (1%)</b>	1		PA, QL (4 pumps/30 days)
<b>testosterone td gel 20.25 mg/act (1.62%) (AndroGel pump)</b>	1		PA, QL (2 pumps/30 days)
<b>testosterone td soln 30 mg/act</b>	1		PA, QL (2 pumps/30 days)
<b>ESTROGENS</b>			
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		

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<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	1		
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella)</b>	1		
<b>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrojel)</b>	1		QL (1 pump/30 days)
<b>estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)</b>	1		
<b>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)</b>	1		QL (30 packets/30 days)
<b>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)</b>	1		QL (8 patches/28 days)
<b>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)</b>	1		QL (4 patches/28 days)
<b>estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)</b>	1	SP	
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)
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg</b>	1		
ORIAHNN - elagolix-estradiol-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-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2		
<b>CONTRACEPTIVES</b>			
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)</b>	1		
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	1		
<b>drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg (Beyaz)</b>	1		
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</b>	1		
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</b>	1		
DROSPIRENONE/ETHINYL ESTR - drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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 0.12-0.015 mg/24hr (Nuvaring)	1		PA
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		

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<b>norethindrone-eth estradiol tab</b> 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	1		
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	1		
<b>norgestimate-eth estrad tab</b> 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2		
OPILL - norgestrel tab 0.075 mg	2		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2		
<b>PROGESTINS</b>			
<b>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)</b>	1		
<b>norethindrone acetate tab 5 mg (Aygestin)</b>	1		
<b>progesterone cap 100 mg, 200 mg (Prometrium)</b>	1		
<b>ANTIDIABETICS</b>			
<i>Antidiabetics</i>			
<b>acarbose tab 25 mg, 50 mg, 100 mg (Precose)</b>	1		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2		
<b>diazoxide susp 50 mg/ml (Proglycem)</b>	1		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2		ST, QL (30 tablets/30 days)
<b>glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)</b>	1		
<b>glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)</b>	1		
<b>glipizide tab 5 mg, 10 mg</b>	1		
<b>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg</b>	1		
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	2		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	2		
<b>glyburide tab 1.25 mg, 2.5 mg, 5 mg</b>	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg</b>	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		
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)
<b>metformin hcl tab er 24hr 500 mg, 750 mg</b>	1		
<b>metformin hcl tab 500 mg, 850 mg, 1000 mg</b>	1		
<b>mifepristone tab 300 mg (Korlym)</b>	1	SP	PA, QL (120 tablets/30 days)
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	2		
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	2		PA, QL (4 pens/180 days)
MOUNJARO - tirzepatide soln auto-injector 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)
<b>nateglinide tab 60 mg, 120 mg</b>	1		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2		PA, QL (1 pen/28 days)
<b>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)</b>	1		
<b>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)</b>	1		
<b>repaglinide tab 0.5 mg, 1 mg, 2 mg</b>	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)
<b>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)</b>	1		QL (30 tablets/30 days)
<b>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)</b>	1		QL (60 tablets/30 days)

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<b>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)</b>	1		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2		
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2		
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-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln auto-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		
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		
<b>Rapid-Acting Insulins</b>			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro inj soln 100 unit/ml	2		
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2		

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HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2		
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	2		
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2		
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
<b>Short-Acting Insulins</b>			
HUMULIN R - insulin regular (human) inj 100 unit/ml	2		
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2		
RELION R - insulin regular (human) inj 100 unit/ml	2		
<b>Intermediate-Acting Insulins</b>			
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2		
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2		
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2		
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
<b>Basal Insulins</b>			
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	2		
INSULIN DEGLUDEC FLEXTUOC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
LANTUS - insulin glargine inj 100 unit/ml	2		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		
TRESIBA - insulin degludec inj 100 unit/ml	2		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
<b>THYROID AGENTS</b>			

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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		
<b>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)</b>	1		
<b>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)</b>	1		
<b>methimazole tab 5 mg, 10 mg</b>	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		
<b>propylthiouracil tab 50 mg</b>	1		
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		
<b>OXYTOCICS</b>			
<b>methylergonovine maleate tab 0.2 mg</b>	1		QL (28 tablets/270 days)
<b>ENDOCRINE and METABOLIC AGENTS - MISC.</b>			
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	2		
<b>alendronate sodium oral soln 70 mg/75ml</b>	1		
<b>alendronate sodium tab 10 mg, 35 mg</b>	1		
<b>alendronate sodium tab 70 mg (Fosamax)</b>	1		
<b>betaine powder for oral solution (Cystadane)</b>	1	SP	PA
<b>cabergoline tab 0.5 mg</b>	1		
<b>calcitonin (salmon) inj 200 unit/ml (Miacalcin)</b>	1		
<b>calcitonin (salmon) nasal soln 200 unit/act</b>	1		
<b>calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)</b>	1		
<b>calcitriol oral soln 1 mcg/ml (Rocaltrol)</b>	1		

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<b>carglumic acid soluble tab 200 mg (Carbaglu)</b>	1	SP	
<b>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)</b>	1		PA
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	2		
<b>desmopressin acetate inj 4 mcg/ml (Ddavp)</b>	1		
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</b>	1		
<b>desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)</b>	1		
<b>desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)</b>	1		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	2	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	2	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	2	SP	PA
<b>ibandronate sodium tab 150 mg (base equivalent)</b>	1		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	2	SP	PA, LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	2	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	2	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	2	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	2	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	2		ST, QL (30 tablets/30 days)
<b>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</b>	1		
<b>levocarnitine tab 330 mg (Carnitor)</b>	1		
MIFEPREX - mifepristone tab 200 mg	2		
<b>mifepristone tab 200 mg (Mifeprex)</b>	1		
MYCAPSSA - octreotide acetate cap delayed release 20 mg	2	SP	PA, LD, QL (120 capsules/30 days)
<b>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)</b>	1	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	2	SP	PA, LD
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	2	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	2	SP	PA, LD

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<b>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)</b>	1	SP	
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</b>	1	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	2	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	2	SP	PA, LD
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	2	SP	PA, LD, QL (8 capsules/28 days)
ORFADIN - nitisinone susp 4 mg/ml	2	SP	PA, LD
ORLISSA - elagolix sodium tab 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
ORLISSA - elagolix sodium tab 200 mg (base equiv)	2		PA, QL (60 tablets/30 days)
OVIDREL - choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml	2		
<b>paricalcitol cap 1 mcg, 2 mcg (Zemplar)</b>	1		
<b>paricalcitol cap 4 mcg</b>	1		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	2	SP	PA, LD, QL (7 bottles/29 days)
<b>raloxifene hcl tab 60 mg (Evista)</b>	1		
<b>risedronate sodium tab delayed release 35 mg (Atelvia)</b>	1		
<b>risedronate sodium tab 5 mg, 30 mg</b>	1		
<b>risedronate sodium tab 35 mg, 150 mg (Actonel)</b>	1		
<b>sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)</b>	1	SP	PA, LD
<b>sapropterin dihydrochloride tab 100 mg (Kuvan)</b>	1	SP	PA, LD
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)</b>	1	SP	PA, QL (600 grams/30 days)
<b>sodium phenylbutyrate tab 500 mg (Buphenyl)</b>	1	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)	2	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	2	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	SP	
<b>teriparatide soln pen-inj 600 mcg/2.4ml (Forteo)</b>	1	SP	PA
<b>tolvaptan tab 15 mg (Samsca)</b>	1	SP	QL (30 tablets/365 days)
<b>tolvaptan tab 30 mg (Samsca)</b>	1	SP	QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	SP	PA, LD

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Drug Name	Drug Tier	Specialty	Requirements/Limits
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	2	SP	PA, LD, QL (30 vials/30 days)
<b>CARDIOVASCULAR AGENTS</b>			
<b>CARDIOTONICS</b>			
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		
<b>ANTIANGINAL AGENTS</b>			
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		
<b>BETA BLOCKERS</b>			
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1		
sotalol hcl (afib/af) 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		
<b>CALCIUM CHANNEL BLOCKERS</b>			
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		
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		
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		
<b>ANTIARRHYTHMICS</b>			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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		
<b>ANTIHYPERTENSIVES</b>			
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)
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 (Exforge hct)	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)

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<b>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</b>	1		
<b>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</b>	1		
<b>clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)</b>	1		
<b>clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)</b>	1		
<b>clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)</b>	1		
<b>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)</b>	1		
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	1		
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic)</b>	1		
<b>enalapril maleate oral soln 1 mg/ml (Epaned)</b>	1		
<b>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)</b>	1		
<b>eplerenone tab 25 mg, 50 mg (Inspra)</b>	1		
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</b>	1		
<b>fosinopril sodium tab 10 mg, 20 mg, 40 mg</b>	1		
<b>guanfacine hcl tab 1 mg, 2 mg</b>	1		
<b>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</b>	1		
<b>irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)</b>	1		QL (30 tablets/30 days)
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)</b>	1		QL (30 tablets/30 days)
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)</b>	1		
<b>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)</b>	1		
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)</b>	1		QL (30 tablets/30 days)
<b>losartan potassium tab 25 mg, 50 mg (Cozaar)</b>	1		QL (60 tablets/30 days)
<b>losartan potassium tab 100 mg (Cozaar)</b>	1		QL (30 tablets/30 days)
<b>METHYLDOPA - methyldopa tab 250 mg, 500 mg</b>	2		
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</b>	1		
<b>minoxidil tab 2.5 mg, 10 mg</b>	1		
<b>moexipril hcl tab 7.5 mg, 15 mg</b>	1		
<b>olmesartan medoxomil tab 5 mg (Benicar)</b>	1		QL (60 tablets/30 days)
<b>olmesartan medoxomil tab 20 mg, 40 mg (Benicar)</b>	1		QL (30 tablets/30 days)

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<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)</b>	1		QL (30 tablets/30 days)
<b>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)</b>	1		QL (30 tablets/30 days)
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	2		
<b>perindopril erbumine tab 4 mg</b>	1		
<b>phenoxybenzamine hcl cap 10 mg (Dibenzyline)</b>	1		
<b>prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)</b>	1		
<b>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)</b>	1		
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)</b>	1		
<b>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)</b>	1		
<b>telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)</b>	1		QL (30 tablets/30 days)
<b>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)</b>	1		QL (30 tablets/30 days)
<b>telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)</b>	1		QL (60 tablets/30 days)
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	2		QL (30 tablets/30 days)
<b>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b>	1		
<b>trandolapril tab 1 mg, 2 mg, 4 mg</b>	1		
<b>valsartan tab 40 mg, 80 mg, 160 mg (Diovan)</b>	1		QL (60 tablets/30 days)
<b>valsartan tab 320 mg (Diovan)</b>	1		QL (30 tablets/30 days)
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)</b>	1		QL (30 tablets/30 days)
<b>DIURETICS</b>			
<b>acetazolamide cap er 12hr 500 mg</b>	1		
<b>acetazolamide tab 125 mg, 250 mg</b>	1		
<b>amiloride hcl tab 5 mg</b>	1		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	2		
<b>bumetanide tab 0.5 mg (Bumex)</b>	1		
<b>bumetanide tab 1 mg, 2 mg</b>	1		
<b>chlorthalidone tab 25 mg, 50 mg</b>	1		
<b>dichlorphenamide tab 50 mg (Keveyis)</b>	1	SP	PA, QL (120 tablets/30 days)
<b>ethacrynic acid tab 25 mg (Edecrin)</b>	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	2	SP	PA, LD, QL (8 kits/30 days)
<b>furosemide oral soln 10 mg/ml</b>	1		
<b>furosemide tab 20 mg, 40 mg, 80 mg (Lasix)</b>	1		
<b>hydrochlorothiazide cap 12.5 mg</b>	1		
<b>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</b>	1		
<b>indapamide tab 1.25 mg, 2.5 mg</b>	1		
<b>methazolamide tab 25 mg, 50 mg</b>	1		
<b>metolazone tab 2.5 mg, 5 mg, 10 mg</b>	1		
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg (Aldactazide)</b>	1		
<b>spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)</b>	1		
<b>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</b>	1		
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b>	1		
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</b>	1		
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</b>	1		
<b>triamterene cap 50 mg, 100 mg (Dyrenium)</b>	1		
<b>VASOPRESSORS</b>			
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		
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)</b>	1		
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)</b>	1		
<b>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</b>	1		
<b>ANTIHYPERLIPIDEMICS</b>			
<b>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)</b>	1		QL (45 tablets/30 days)
<b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)</b>	1		QL (30 tablets/30 days)
<b>cholestyramine light powder packets 4 gm</b>	1		
<b>cholestyramine light powder 4 gm/dose (Questran light)</b>	1		
<b>cholestyramine powder packets 4 gm (Questran)</b>	1		
<b>cholestyramine powder 4 gm/dose (Questran)</b>	1		
<b>choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)</b>	1		

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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)
gemfibrozil tab 600 mg (Lopid)	1		
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)	1		
niacin tab er 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 (6 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 (6 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)

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<b>simvastatin tab 80 mg</b>	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)
<b>CARDIOVASCULAR AGENTS - MISC.</b>			
<b>ambrisentan tab 5 mg, 10 mg (Letairis)</b>	1	SP	PA, LD, QL (30 tablets/30 days)
<b>bosentan tab 62.5 mg, 125 mg (Tracleer)</b>	1	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	2	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2		QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	2		QL (240 capsules/30 days)
<b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)</b>	1		
<b>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)</b>	1		
OPSUMIT - macitentan tab 10 mg	2	SP	PA, LD, QL (30 tablets/30 days)
<b>sildenafil citrate for suspension 10 mg/ml (Revatio)</b>	1		PA, QL (224 mls/30 days)
<b>sildenafil citrate tab 20 mg (Revatio)</b>	1		PA, QL (90 tablets/30 days)
<b>tadalafil tab 20 mg (pah) (Adcirca)</b>	1	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	2	SP	PA, LD, QL (120 tablets/30 days)
<b>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)</b>	1	SP	PA
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	2	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	2	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	2	SP	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	2	SP	PA, QL (120 capsules/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	2	SP	PA, LD, QL (1 kit/21 days)
<b>ERECTILE DYSFUNCTION</b>			
<b>tadalafil tab 2.5 mg, 5 mg (Cialis)</b>	1		QL (30 tablets/30 days)
<b>RESPIRATORY AGENTS</b>			
<b>ANTIHISTAMINES</b>			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
carbinoxamine maleate tab 4 mg	1		
cyproheptadine hcl syrup 2 mg/5ml	1		
cyproheptadine hcl tab 4 mg	1		
desloratadine tab 5 mg (Clarinet)	1		
levocetirizine dihydrochloride tab 5 mg	1		
loratadine oral soln 5 mg/5ml	1		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	1		
loratadine tab 10 mg	1		
promethazine hcl oral soln 6.25 mg/5ml	1		
promethazine hcl suppos 12.5 mg, 25 mg	1		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1		
<b>NASAL AGENTS - SYSTEMIC and TOPICAL</b>			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1		
flunisolide nasal soln 25 mcg/act (0.025%)	1		
fluticasone propionate nasal susp 50 mcg/act	1		
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	1		
olopatadine hcl nasal soln 0.6% (Patanase)	1		
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	2		PA, QL (2 bottles/30 days)
<b>COUGH/COLD/ALLERGY</b>			
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 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		
<b>ANTIASTHMATIC and BRONCHODILATOR AGENTS</b>			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2		QL (1 canister/30 days)

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AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	2		QL (3 inhalers/30 days)
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)</b>	1		QL (2 inhalers/30 days)
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</b>	1		
<b>albuterol sulfate syrup 2 mg/5ml</b>	1		
<b>albuterol sulfate tab 2 mg, 4 mg</b>	1		
ANORO ELLIPTA - umecclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2		QL (1 inhaler/30 days)
<b>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)</b>	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)
<b>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)</b>	1		
<b>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)</b>	1		PA, QL (3 inhalers/30 days)
<b>cromolyn sodium soln nebu 20 mg/2ml</b>	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	2	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)

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FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act	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)
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)</b>	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)
<b>ipratropium bromide inhal soln 0.02%</b>	1		
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	1		
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)</b>	1		
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)</b>	1		
<b>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)</b>	1		
<b>montelukast sodium tab 10 mg (base equiv) (Singulair)</b>	1		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	2	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2		QL (1 canister/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2		QL (2 canisters/30 days)
<b>roflumilast tab 250 mcg, 500 mcg (Daliresp)</b>	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)

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STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2		QL (3 inhalers/30 days)
<b>terbutaline sulfate tab 2.5 mg, 5 mg</b>	1		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	2	SP	PA, LD, QL (1 pen/28 days)
<b>theophylline elixir 80 mg/15ml</b>	1		
<b>theophylline soln 80 mg/15ml</b>	1		
<b>theophylline tab er 12hr 300 mg, 450 mg</b>	1		
<b>theophylline tab er 24hr 400 mg, 600 mg</b>	1		
<b>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)</b>	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	2	SP	PA, LD
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	SP	PA, LD
<b>zafirlukast tab 10 mg, 20 mg (Accolate)</b>	1		
<b>zileuton tab er 12hr 600 mg</b>	1		PA, QL (120 tablets/30 days)
<b>RESPIRATORY AGENTS - MISC.</b>			
KALYDECO - ivacaftor tab 150 mg	2	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	2	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	2	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	2	SP	PA, QL (21 tablets/180 days)
<b>pirfenidone cap 267 mg (Esbriet)</b>	1	SP	PA, QL (180 capsules/30 days)
<b>pirfenidone tab 267 mg (Esbriet)</b>	1	SP	PA, QL (180 tablets/30 days)
<b>pirfenidone tab 801 mg (Esbriet)</b>	1	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	SP	PA, LD, QL (60 tablets/30 days)

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TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	2	SP	PA, LD, QL (90 tablets/30 days)

**GASTROINTESTINAL AGENTS****LAXATIVES**

<b>lactulose solution 10 gm/15ml</b>	1		
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)</b>	1		
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)</b>	1		
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b>	1		
<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)</b>	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**

<b>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</b>	1		
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**ULCER DRUGS**

<b>cimetidine hcl soln 300 mg/5ml</b>	1		
<b>dicyclomine hcl cap 10 mg</b>	1		
<b>dicyclomine hcl oral soln 10 mg/5ml</b>	1		
<b>dicyclomine hcl tab 20 mg</b>	1		
<b>esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)</b>	1		QL (30 capsules/30 days)
<b>esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)</b>	1		QL (30 packets/30 days)
<b>esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)</b>	1		QL (30 packets/30 days)
<b>famotidine for susp 40 mg/5ml</b>	1		
<b>famotidine tab 20 mg, 40 mg (Pepcid)</b>	1		
<b>glycopyrrolate oral soln 1 mg/5ml (Cuvposa)</b>	1		
<b>glycopyrrolate tab 1 mg (Robinul)</b>	1		
<b>glycopyrrolate tab 2 mg (Robinul forte)</b>	1		
<b>lansoprazole cap delayed release 30 mg (Prevacid)</b>	1		QL (60 capsules/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>methscopolamine bromide tab 2.5 mg, 5 mg</b>	1		
<b>misoprostol tab 100 mcg, 200 mcg (Cytotec)</b>	1		
<b>nizatidine cap 150 mg</b>	1		
<b>omeprazole cap delayed release 10 mg, 40 mg</b>	1		QL (60 capsules/30 days)
<b>omeprazole cap delayed release 20 mg</b>	1		
<b>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)</b>	1		QL (60 tablets/30 days)
<b>pantoprazole sodium for delayed release susp packet 40 mg (Protonix)</b>	1		QL (60 packets/30 days)
<b>rabeprazole sodium ec tab 20 mg (Aciphex)</b>	1		QL (60 tablets/30 days)
<b>sucralfate tab 1 gm (Carafate)</b>	1		
<b>ANTIEMETICS</b>			
<b>aprepitant capsule therapy pack 80 &amp; 125 mg (Emend tripack)</b>	1		QL (2 packs/30 days)
<b>aprepitant capsule 40 mg</b>	1		
<b>aprepitant capsule 80 mg (Emend)</b>	1		QL (4 capsules/30 days)
<b>aprepitant capsule 125 mg</b>	1		QL (2 capsules/30 days)
<b>doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)</b>	1		PA, QL (120 tablets/30 days)
<b>dronabinol cap 2.5 mg (Marinol)</b>	1		
<b>dronabinol cap 5 mg, 10 mg</b>	1		
<b>EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)</b>	2		QL (6 packages/30 days)
<b>granisetron hcl tab 1 mg</b>	1		QL (14 tablets/30 days)
<b>meclizine hcl tab 12.5 mg, 25 mg</b>	1		
<b>ondansetron hcl oral soln 4 mg/5ml</b>	1		
<b>ondansetron hcl tab 4 mg, 8 mg</b>	1		
<b>ondansetron orally disintegrating tab 4 mg, 8 mg</b>	1		
<b>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</b>	1		
<b>trimethobenzamide hcl cap 300 mg</b>	1		
<b>VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)</b>	2	SP	LD, QL (4 tablets/30 days)
<b>DIGESTIVE AIDS</b>			
<b>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</b>	2		
<b>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,</b>	2		

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40000-126000-168000 unit, 60000-189600-252600 unit			
<b>GASTROINTESTINAL AGENTS- MISC.</b>			
<b>alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)</b>	1		PA, QL (60 tablets/30 days)
<b>balsalazide disodium cap 750 mg (Colazal)</b>	1		
BYLVAY - odevoxibat cap 400 mcg	2	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - odevoxibat cap 1200 mcg	2	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle 200 mcg	2	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle 600 mcg	2	SP	PA, LD, QL (300 capsules/30 days)
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b>	1		
<b>calcium acetate (phosphate binder) tab 667 mg</b>	1		
CHENODAL - chenodiol tab 250 mg	2	SP	LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	2	SP	PA, LD
<b>cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)</b>	1		
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	2	SP	PA, LD, QL (2 pens/28 days)
GATTEX - teduglutide (rdna) for inj kit 5 mg	2	SP	PA, LD, QL (30 vials/30 days)
IQIRVO - elafibranor tab 80 mg	2	SP	PA, LD, QL (30 tablets/30 days)
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	1		
<b>lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)</b>	1		ST
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	2		PA, QL (30 capsules/30 days)
LIVDELZI - seladelpar lysine cap 10 mg	2	SP	PA, QL (30 capsules/30 days)
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	2	SP	PA, LD, QL (90 mls/30 days)
LIVMARLI - maralixibat chloride oral soln 19 mg/ml	2	SP	PA, LD, QL (60 mls/30 days)
<b>lubiprostone cap 8 mcg (Amitiza)</b>	1		PA, QL (120 capsules/30 days)
<b>lubiprostone cap 24 mcg (Amitiza)</b>	1		PA, QL (60 capsules/30 days)
<b>mesalamine cap dr 400 mg (Delzicol)</b>	1		
<b>mesalamine cap er 24hr 0.375 gm (Apriso)</b>	1		
<b>mesalamine enema 4 gm</b>	1		
<b>mesalamine suppos 1000 mg (Canasa)</b>	1		
<b>mesalamine tab delayed release 800 mg</b>	1		
<b>mesalamine tab delayed release 1.2 gm (Lialda)</b>	1		
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	1		

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<b>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)</b>	1		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	2	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	2	SP	PA, LD, QL (2 syringes/28 days)
REZDIFFRA - resmetirom 60 mg tab	2	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	2	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	2	SP	PA, LD, QL (30 tablets/30 days)
<b>sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)</b>	1		
<b>sevelamer carbonate tab 800 mg (Renvela)</b>	1		
<b>sevelamer hcl tab 400 mg</b>	1		
<b>sevelamer hcl tab 800 mg (Renagel)</b>	1		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	SP	PA, QL (1 cartridge/56 days)
<b>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</b>	1		
<b>sulfasalazine tab 500 mg (Azulfidine)</b>	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)
<b>ursodiol cap 300 mg</b>	1		
<b>ursodiol tab 250 mg (Urso 250)</b>	1		
<b>ursodiol tab 500 mg (Urso forte)</b>	1		
VIBERZI - eluxadolone tab 75 mg, 100 mg	2		PA, QL (60 tablets/30 days)
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	2	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	2	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	2	SP	PA, LD, QL (2 syringes/28 days)
<b>GENITOURINARY AGENTS</b>			
<b>URINARY ANTISPASMODICS</b>			
<b>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</b>	1		
<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)</b>	1		QL (30 tablets/30 days)
<b>fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)</b>	1		QL (30 tablets/30 days)
<b>mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)</b>	1		QL (30 tablets/30 days)

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<b>oxybutynin chloride solution 5 mg/5ml</b>	1		QL (600 mls/30 days)
<b>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</b>	1		QL (30 tablets/30 days)
<b>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</b>	1		QL (60 tablets/30 days)
<b>oxybutynin chloride tab er 24hr 15 mg</b>	1		QL (60 tablets/30 days)
<b>oxybutynin chloride tab 5 mg</b>	1		
<b>solifenacin succinate tab 5 mg, 10 mg (Vesicare)</b>	1		QL (30 tablets/30 days)
<b>tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)</b>	1		QL (30 capsules/30 days)
<b>tolterodine tartrate tab 1 mg, 2 mg (Detrol)</b>	1		QL (60 tablets/30 days)
<b>tropium chloride cap er 24hr 60 mg</b>	1		QL (30 capsules/30 days)
<b>tropium chloride tab 20 mg</b>	1		QL (60 tablets/30 days)
<b>VAGINAL PRODUCTS</b>			
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	2		
<b>clindamycin phosphate vaginal cream 2% (Cleocin)</b>	1		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	2		
<b>estradiol vaginal cream 0.1 mg/gm (Estrace)</b>	1		
<b>estradiol vaginal tab 10 mcg (Vagifem)</b>	1		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		QL (1 ring/90 days)
<b>metronidazole vaginal gel 0.75%</b>	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		
<b>terconazole vaginal cream 0.4%, 0.8%</b>	1		
<b>terconazole vaginal suppos 80 mg</b>	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		
<b>GENITOURINARY AGENTS - MISC.</b>			
<b>acetic acid irrigation soln 0.25%</b>	1		
<b>alfuzosin hcl tab er 24hr 10 mg (Uroxatral)</b>	1		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	2		LD
<b>dutasteride cap 0.5 mg (Avodart)</b>	1		
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)</b>	1		
FILSPARI - sparsentan tab 200 mg, 400 mg	2	SP	PA, LD, QL (30 tablets/30 days)

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<b>finasteride tab 5 mg (Proscar)</b>	1		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2		
<b>potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)</b>	1		
<b>potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)</b>	1		
<b>potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)</b>	1		
RIVFLOZA - nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml, 160 mg/ml	2	SP	PA, LD, QL (1 syringe/30 days)
RIVFLOZA - nedosiran sodium subcutaneous soln 80 mg/0.5ml	2	SP	PA, LD, QL (2 vials/30 day)
<b>silodosin cap 4 mg, 8 mg (Rapaflo)</b>	1		
<b>sodium chloride irrigation soln 0.9%</b>	1		
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b>	1		
<b>tamsulosin hcl cap 0.4 mg (Flomax)</b>	1		
THIOLA EC - tiopronin tab delayed release 100 mg	2	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	2	SP	PA, LD, QL (180 tablets/30 days)
<b>tiopronin tab delayed release 100 mg (Thiola ec)</b>	1	SP	PA, LD, QL (600 tablets/30 days)
<b>tiopronin tab delayed release 300 mg (Thiola ec)</b>	1	SP	PA, LD, QL (180 tablets/30 days)
<b>tiopronin tab 100 mg (Thiola)</b>	1	SP	PA, LD, QL (600 tablets/30 days)
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
<b>ANTI-ANXIETY AGENTS</b>			
<b>alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg</b>	1		
<b>alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)</b>	1		
<b>alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)</b>	1		
<b>bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</b>	1		
<b>chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg</b>	1		
<b>clorazepate dipotassium tab 3.75 mg, 15 mg</b>	1		
<b>clorazepate dipotassium tab 7.5 mg (Tranxene t)</b>	1		
<b>diazepam conc 5 mg/ml</b>	1		
<b>diazepam oral soln 1 mg/ml</b>	1		
<b>diazepam tab 2 mg, 5 mg, 10 mg (Valium)</b>	1		
<b>hydroxyzine hcl syrup 10 mg/5ml</b>	1		
<b>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</b>	1		
<b>hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)</b>	1		
<b>lorazepam conc 2 mg/ml</b>	1		
<b>lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)</b>	1		
<b>oxazepam cap 10 mg, 15 mg, 30 mg</b>	1		

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<b>ANTIDEPRESSANTS</b>			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 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		
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		
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		
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		
flvoxamine maleate tab 25 mg, 50 mg	1		QL (30 tablets/30 days)
flvoxamine maleate tab 100 mg	1		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	1		
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)
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1		
nortriptyline hcl soln 10 mg/5ml	1		
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	1		

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<b>paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)</b>	1		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	2		
<b>protriptyline hcl tab 5 mg, 10 mg</b>	1		
<b>sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)</b>	1		
<b>sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)</b>	1		
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	2	SP	PA, QL (4 packs/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	2	SP	PA, QL (4 packs/28 days)
<b>tranlycypromine sulfate tab 10 mg (Parnate)</b>	1		
<b>trazodone hcl tab 50 mg, 100 mg, 150 mg</b>	1		
<b>trimipramine maleate cap 25 mg, 50 mg, 100 mg</b>	1		
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)</b>	1		
<b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</b>	1		
<b>vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)</b>	1		QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	2	SP	PA, QL (28 capsules/30 days)
ZURZUVAE - zuranolone cap 30 mg	2	SP	PA, QL (14 capsules/30 days)
<b>ANTIPSYCHOTICS</b>			
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	2	SP	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	2	SP	
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	2	SP	
<b>aripiprazole oral solution 1 mg/ml</b>	1		QL (750 mls/30 days)
<b>aripiprazole orally disintegrating tab 10 mg, 15 mg</b>	1		QL (60 tablets/30 days)
<b>aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)</b>	1		QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	2	SP	
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	2	SP	
<b>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)</b>	1		QL (60 tablets/30 days)

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<b>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</b>	1		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	2		
<b>clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg</b>	1		
<b>clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)</b>	1		
<b>fluphenazine decanoate inj 25 mg/ml</b>	1	SP	
<b>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</b>	1		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	2	SP	
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	2	SP	
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	2	SP	
HALDOL DECANOATE 50 - haloperidol decanoate im soln 50 mg/ml	2	SP	
<b>haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)</b>	1	SP	
<b>haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)</b>	1	SP	
<b>haloperidol lactate oral conc 2 mg/ml</b>	1		
<b>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</b>	1		
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	2	SP	
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	2	SP	
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	2	SP	
LITHIUM CARBONATE - lithium carbonate cap 600 mg	2		
<b>lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)</b>	1		
<b>lithium carbonate tab er 300 mg (Lithobid)</b>	1		
<b>lithium carbonate tab er 450 mg</b>	1		
<b>lithium carbonate tab 300 mg</b>	1		
<b>lithium oral solution 8 meq/5ml</b>	1		
<b>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</b>	1		
<b>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)</b>	1		QL (30 tablets/30 days)

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<b>lurasidone hcl tab 80 mg (Latuda)</b>	1		QL (60 tablets/30 days)
<b>olanzapine for im inj 10 mg (Zyprexa)</b>	1	SP	
<b>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)</b>	1		QL (30 tablets/30 days)
<b>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)</b>	1		QL (30 tablets/30 days)
<b>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)</b>	1		QL (30 tablets/30 days)
<b>paliperidone tab er 24hr 6 mg (Invega)</b>	1		QL (60 tablets/30 days)
<b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</b>	1		
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	2	SP	
<b>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</b>	1		
<b>prochlorperazine suppos 25 mg</b>	1		
<b>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)</b>	1		QL (60 tablets/30 days)
<b>quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)</b>	1		QL (30 tablets/30 days)
<b>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)</b>	1		QL (90 tablets/30 days)
<b>quetiapine fumarate tab 300 mg, 400 mg (Seroquel)</b>	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)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	2	SP	
<b>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)</b>	1	SP	
<b>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</b>	1		QL (60 tablets/30 days)
<b>risperidone orally disintegrating tab 4 mg</b>	1		QL (120 tablets/30 days)
<b>risperidone soln 1 mg/ml (Risperdal)</b>	1		QL (480 mls/30 days)
<b>risperidone tab 0.25 mg</b>	1		QL (60 tablets/30 days)
<b>risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)</b>	1		QL (60 tablets/30 days)
<b>risperidone tab 4 mg (Risperdal)</b>	1		QL (120 tablets/30 days)
RYKINDO - risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg	2	SP	
<b>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</b>	1		
<b>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b>	1		
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml,	2	SP	

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125 mg/0.35ml, 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml			
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2		QL (30 capsules/30 days)
<b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)</b>	1		QL (60 capsules/30 days)
<b>ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)</b>	1	SP	
ZYPREXA - olanzapine for im inj 10 mg	2	SP	
<b>HYPNOTICS</b>			
<b>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)</b>	1		QL (30 tablets/30 days)
<b>estazolam tab 1 mg, 2 mg</b>	1		
<b>eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)</b>	1		QL (30 tablets/30 days)
<b>phenobarbital elixir 20 mg/5ml</b>	1		
<b>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</b>	1		
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	2		ST, QL (30 tablets/30 days)
<b>ramelteon tab 8 mg (Rozerem)</b>	1		QL (30 tablets/30 days)
<b>tasimelteon capsule 20 mg (Hetlioz)</b>	1	SP	PA, QL (30 capsules/30 days)
<b>temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)</b>	1		
<b>zaleplon cap 5 mg, 10 mg</b>	1		QL (30 capsules/30 days)
<b>zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)</b>	1		QL (30 tablets/30 days)
<b>zolpidem tartrate tab 5 mg, 10 mg (Ambien)</b>	1		QL (30 tablets/30 days)
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>			
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)
<b>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)</b>	1		QL (30 capsules/30 days)
<b>amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)</b>	1		QL (60 capsules/30 days)
<b>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)</b>	1		QL (60 tablets/30 days)

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<b>amphetamine-dextroamphetamine tab 20 mg (Adderall)</b>	1		QL (90 tablets/30 days)
<b>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)</b>	1		
<b>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)</b>	1		QL (60 capsules/30 days)
<b>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)</b>	1		QL (30 capsules/30 days)
<b>AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg</b>	2		QL (30 capsules/30 days)
<b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</b>	1		
<b>clonidine hcl tab er 12hr 0.1 mg (Kapvay)</b>	1		QL (120 tablets/30 days)
<b>CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg</b>	2		QL (30 tablets/30 days)
<b>CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg</b>	2		QL (60 tablets/30 days)
<b>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)</b>	1		QL (30 capsules/30 days)
<b>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)</b>	1		QL (60 tablets/30 days)
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b>	1		QL (90 capsules/30 days)
<b>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)</b>	1		QL (120 capsules/30 days)
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b>	1		QL (1800 mls/30 days)
<b>dextroamphetamine sulfate tab 5 mg</b>	1		QL (90 tablets/30 days)
<b>dextroamphetamine sulfate tab 10 mg</b>	1		QL (180 tablets/30 days)
<b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)</b>	1		QL (30 tablets/30 days)
<b>IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml</b>	2	SP	PA, LD, QL (10 vials/30 days)
<b>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)</b>	1		QL (30 capsules/30 days)
<b>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)</b>	1		QL (30 tablets/30 days)
<b>METHAMPHETAMINE HCL - methamphetamine hcl tab 5 mg</b>	2		QL (150 tablets/30 days)
<b>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</b>	1		QL (30 capsules/30 days)

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<b>methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)</b>	1		QL (30 capsules/30 days)
<b>methylphenidate hcl chew tab 2.5 mg, 5 mg</b>	1		QL (90 tablets/30 days)
<b>methylphenidate hcl chew tab 10 mg</b>	1		QL (180 tablets/30 days)
<b>methylphenidate hcl soln 5 mg/5ml (Methylin)</b>	1		QL (450 mls/30 days)
<b>methylphenidate hcl soln 10 mg/5ml (Methylin)</b>	1		QL (900 mls/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)</b>	1		QL (30 tablets/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)</b>	1		QL (60 tablets/30 days)
<b>methylphenidate hcl tab er 10 mg, 20 mg</b>	1		QL (90 tablets/30 days)
<b>methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)</b>	1		QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	2		QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	2		QL (60 tablets/30 days)
<b>modafinil tab 100 mg, 200 mg (Provigil)</b>	1		
QELBREE - viloxazine hcl cap er 24hr 100 mg	2		QL (30 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 150 mg	2		QL (60 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 200 mg	2		QL (90 capsules/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	2		QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2		QL (30 tablets/30 days)
<b>PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.</b>			
<b>acamprosate calcium tab delayed release 333 mg</b>	1		
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	SP	PA, QL (1 kit/28 days)
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	1		
<b>dalfampridine tab er 12hr 10 mg (Ampyra)</b>	1		PA, QL (60 tablets/30 days)
<b>dimethyl fumarate capsule delayed release 120 mg (Tecfidera)</b>	1	SP	QL (14 capsules/180 days)
<b>dimethyl fumarate capsule delayed release 240 mg (Tecfidera)</b>	1	SP	QL (60 capsules/30 days)
<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg (Tecfidera starter pa)</b>	1	SP	QL (1 pack/180 days)

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<b>disulfiram tab 250 mg, 500 mg</b>	1		
<b>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</b>	1		
<b>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)</b>	1		
<b> fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)</b>	1	SP	QL (30 capsules/30 days)
<b>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)</b>	1		
<b>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</b>	1		
<b>glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)</b>	1	SP	QL (30 syringes/30 days)
<b>glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)</b>	1	SP	QL (12 syringes/28 days)
<b>KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml</b>	2	SP	PA, QL (1 pen/28 days)
<b>lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)</b>	1		PA, QL (228 tablets/180 days)
<b>LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm</b>	2	SP	PA, LD, QL (30 packets/30 days)
<b>LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 &amp; 6 &amp; 7.5 gm starter pak</b>	2	SP	PA, LD, QL (28 packets/180 days)
<b>MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)</b>	2	SP	PA, LD, QL (8 tablets/301 days)
<b>MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)</b>	2	SP	PA, LD, QL (10 tablets/301 days)
<b>MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)</b>	2	SP	PA, LD, QL (12 tablets/301 days)
<b>MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)</b>	2	SP	PA, LD, QL (14 tablets/301 days)
<b>MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)</b>	2	SP	PA, LD, QL (9 tablets/301 days)
<b>MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)</b>	2	SP	PA, LD, QL (20 tablets/301 days)
<b>MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)</b>	2	SP	PA, LD, QL (120 tablets/30 days)
<b>MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)</b>	2	SP	PA, LD, QL (30 tablets/30 days)
<b>MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack</b>	2	SP	PA, LD, QL (7 tablets/180 days)
<b>MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack</b>	2	SP	PA, LD, QL (12 tablets/180 days)
<b>memantine hcl oral solution 2 mg/ml</b>	1		
<b>memantine hcl tab 5 mg, 10 mg (Namenda)</b>	1		

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<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack (Namenda titration pa)</b>	1		
<b>nicotine polacrilex gum 2 mg, 4 mg</b>	1		
<b>nicotine polacrilex lozenge 2 mg, 4 mg</b>	1		
<b>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</b>	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		
<b>paroxetine mesylate cap 7.5 mg (base equiv)</b>	1		
PIMOZIDE - pimozide tab 1 mg, 2 mg	2		
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	2	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	2	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	SP	PA, LD, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	2	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	2	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
<b>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</b>	1		
<b>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)</b>	1		
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	2	SP	PA, LD, QL (30 tablets/30 days)
<b>teriflunomide tab 7 mg, 14 mg (Aubagio)</b>	1	SP	QL (30 tablets/30 days)
<b>tetrabenazine tab 12.5 mg (Xenazine)</b>	1	SP	PA, QL (240 tablets/30 days)
<b>tetrabenazine tab 25 mg (Xenazine)</b>	1	SP	PA, QL (120 tablets/30 days)
<b>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</b>	1		

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<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b>	1		
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	2	SP	PA, LD, QL (1 pen/28 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	2	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	2	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	2	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	2	SP	PA, QL (7 capsules/180 days)
<b>ANALGESICS AND ANESTHETICS</b>			
<b>ANALGESICS - NON-NARCOTIC</b>			
<b>aspirin chew tab 81 mg</b>	1		
<b>aspirin tab delayed release 81 mg</b>	1		
<b>butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)</b>	1		QL (180 capsules/30 days)
<b>butalbital-acetaminophen tab 50-325 mg</b>	1		QL (180 tablets/30 days)
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)</b>	1		QL (180 tablets/30 days)
<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b>	1		QL (180 capsules/30 days)
<b>diflunisal tab 500 mg</b>	1		
TENCON - butalbital-acetaminophen tab 50-325 mg	2		QL (180 tablets/30 days)
<b>ANALGESICS - NARCOTIC</b>			
<b>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</b>	1		PA, QL (360 tablets/30 days)
<b>acetaminophen w/ codeine tab 300-30 mg</b>	1		PA, QL (360 tablets/30 days)
<b>acetaminophen w/ codeine tab 300-60 mg</b>	1		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	2		PA, QL (2700 mls/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)
BRIXADI - buprenorphine extended release soln pref syr 64 mg/0.18ml, 96 mg/0.27ml, 128 mg/0.36ml	2	SP	PA, LD, QL (1 syringe/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 8 mg/0.16ml, (weekly) 24 mg/0.48ml, (weekly) 32 mg/0.64ml	2	SP	PA, LD, QL (4 syringes/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 16 mg/0.32ml	2	SP	PA, LD, QL (4 syringes/28 day)

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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)
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)
bitalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
bitalbital-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 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-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 oral soln 10 mg/5ml (Morphine sulfate)	1		PA, QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	1		PA, QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)

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<b>morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)</b>	1		PA, QL (120 tablets/30 days)
<b>morphine sulfate tab er 100 mg, 200 mg (Ms contin)</b>	1		PA, QL (180 tablets/30 days)
<b>morphine sulfate tab 15 mg (Morphine sulfate)</b>	1		PA, QL (240 tablets/30 days)
<b>morphine sulfate tab 30 mg (Morphine sulfate)</b>	1		PA, QL (180 tablets/30 days)
<b>oxycodone hcl cap 5 mg</b>	1		PA, QL (360 capsules/30 days)
<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</b>	1		PA, QL (270 mls/30 days)
<b>oxycodone hcl soln 5 mg/5ml</b>	1		PA, QL (5400 mls/30 days)
<b>oxycodone hcl tab 5 mg (Roxicodone)</b>	1		PA, QL (360 tablets/30 days)
<b>oxycodone hcl tab 10 mg</b>	1		PA, QL (180 tablets/30 days)
<b>oxycodone hcl tab 15 mg, 30 mg (Roxicodone)</b>	1		PA, QL (120 tablets/30 days)
<b>oxycodone hcl tab 20 mg</b>	1		PA, QL (120 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)</b>	1		PA, QL (360 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)</b>	1		PA, QL (240 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 10-325 mg (Percocet)</b>	1		PA, QL (180 tablets/30 days)
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	2	SP	PA, LD, QL (1 syringe/28 days)
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	2	SP	PA, LD, QL (2 syringe/180 days)
<b>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</b>	1		PA, QL (30 tablets/30 days)
<b>tramadol hcl tab 50 mg (Ultram)</b>	1		PA, QL (240 tablets/30 days)
<b>tramadol-acetaminophen tab 37.5-325 mg (Ultracet)</b>	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)
<b>ANALGESICS - ANTI-INFLAMMATORY</b>			
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	2	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	2	SP	PA, QL (2 syringes/28 days)

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ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml	2	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	2	SP	PA, QL (2 syringes/28 days)
ARCALYST - riloncept for inj 220 mg	2	SP	PA, LD, QL (4 vials/28 days)
<b>celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)</b>	1		
<b>diclofenac potassium tab 50 mg</b>	1		
<b>diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg</b>	1		
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)</b>	1		
<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)</b>	1		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	2	SP	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	SP	PA, QL (8 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	SP	PA, QL (4 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	2	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	2	SP	PA, QL (4 pens/28 days)
<b>etodolac cap 200 mg, 300 mg</b>	1		
<b>etodolac tab er 24hr 400 mg, 500 mg, 600 mg</b>	1		
<b>etodolac tab 400 mg (Lodine)</b>	1		
<b>etodolac tab 500 mg</b>	1		
<b>fenoprofen calcium tab 600 mg (Nalfon)</b>	1		
<b>flurbiprofen tab 100 mg</b>	1		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	2	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSH TOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	2	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	2	SP	PA, QL (2 syringes/28 days)
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml	2	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	SP	PA, QL (1 kit/180 days)
<b>ibuprofen tab 400 mg, 600 mg, 800 mg</b>	1		

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<b>indomethacin cap er 75 mg</b>	1		
<b>indomethacin cap 25 mg, 50 mg</b>	1		
<b>ketorolac tromethamine tab 10 mg</b>	1		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	2	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	2	SP	PA, QL (2 syringes/28 days)
<b>leflunomide tab 10 mg, 20 mg (Arava)</b>	1		
<b>meloxicam tab 7.5 mg, 15 mg</b>	1		
<b>nabumetone tab 500 mg, 750 mg</b>	1		
<b>naproxen sodium tab 275 mg</b>	1		
<b>naproxen sodium tab 550 mg (Anaprox ds)</b>	1		
<b>naproxen tab 250 mg, 375 mg</b>	1		
<b>naproxen tab 500 mg (Naprosyn)</b>	1		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	2	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	2	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	2	SP	PA, QL (4 pens/28 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	2	SP	PA, QL (1 kit/180 days)
OTEZLA - apremilast tab 20 mg, 30 mg	2	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		
<b>oxaprozin tab 600 mg (Daypro)</b>	1		
<b>piroxicam cap 10 mg, 20 mg (Feldene)</b>	1		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	2	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	2	SP	PA, LD, QL (84 tablets/365 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	2	SP	PA, LD, QL (360 mls/30 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	SP	PA, QL (2 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	SP	PA, QL (2 pens/28 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	2	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	SP	PA, QL (1 syringe/28 days)
<b>sulindac tab 150 mg, 200 mg</b>	1		

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TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	2	SP	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	2	SP	PA, QL (4 syringes/28 days)
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	SP	PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	2	SP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	2	SP	PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	SP	PA, QL (30 tablets/30 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	SP	PA, QL (120 tablets/365 days)
<b>MIGRAINE PRODUCTS</b>			
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)
<b>almotriptan malate tab 6.25 mg, 12.5 mg</b>	1		ST, QL (12 tablets/30 days)
<b>dihydroergotamine mesylate inj 1 mg/ml</b>	1		PA, QL (24 ampules/28 days)
<b>dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)</b>	1		PA, QL (8 vials/28 days)
<b>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)</b>	1		QL (12 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 TARTRATE/CAFFE - ergotamine w/ caffeine tab 1-100 mg	2		PA, QL (40 tablets/28 days)
<b>frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)</b>	1		ST, QL (18 tablets/30 days)
<b>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)</b>	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)
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>	1		QL (24 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</b>	1		QL (18 tablets/30 days)
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	1		QL (24 tablets/30 days)
<b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</b>	1		QL (18 tablets/30 days)
<b>sumatriptan nasal spray 5 mg/act (Imitrex)</b>	1		QL (6 packs/30 days)
<b>sumatriptan nasal spray 20 mg/act (Imitrex)</b>	1		QL (2 packs/30 days)
<b>sumatriptan succinate inj 6 mg/0.5ml</b>	1		QL (10 vials/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	2		ST, QL (12 doses/30 days)
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)</b>	1		QL (12 doses/30 days)
<b>sumatriptan succinate tab 25 mg (Imitrex)</b>	1		QL (36 tablets/30 days)
<b>sumatriptan succinate tab 50 mg, 100 mg (Imitrex)</b>	1		QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	2		PA, QL (16 tablets/30 days)
<b>zolmitriptan nasal spray 5 mg/spray unit (Zomig)</b>	1		ST, QL (12 units/30 days)
<b>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg</b>	1		QL (12 tablets/30 days)
<b>zolmitriptan tab 2.5 mg, 5 mg (Zomig)</b>	1		QL (12 tablets/30 days)
<b>GOUT AGENTS</b>			
<b>allopurinol tab 100 mg, 300 mg (Zyloprim)</b>	1		
<b>colchicine tab 0.6 mg (Colcrys)</b>	1		
<b>colchicine w/ probenecid tab 0.5-500 mg</b>	1		
<b>febuxostat tab 40 mg, 80 mg (Uloric)</b>	1		
<b>probenecid tab 500 mg</b>	1		
<b>NEUROMUSCULAR DRUGS</b>			
<b>ANTICONSULSANTS</b>			
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2		
<b>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)</b>	1		
<b>carbamazepine chew tab 100 mg</b>	1		
<b>carbamazepine susp 100 mg/5ml (Tegretol)</b>	1		
<b>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)</b>	1		
<b>carbamazepine tab 200 mg (Tegretol)</b>	1		
<b>clobazam suspension 2.5 mg/ml (Onfi)</b>	1		
<b>clobazam tab 10 mg, 20 mg (Onfi)</b>	1		
<b>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</b>	1		
<b>clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)</b>	1		
DIACOMIT - stiripentol cap 250 mg, 500 mg	2	SP	

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DIACOMIT - stiripentol packet 250 mg, 500 mg	2	SP	
<b>diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)</b>	1		
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	2		
<b>divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)</b>	1		
<b>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)</b>	1		
<b>divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)</b>	1		
EPIDIOLEX - cannabidiol soln 100 mg/ml	2	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	2		
<b>ethosuximide cap 250 mg (Zarontin)</b>	1		
<b>ethosuximide soln 250 mg/5ml (Zarontin)</b>	1		
<b>felbamate susp 600 mg/5ml (Felbatol)</b>	1		
<b>felbamate tab 400 mg, 600 mg (Felbatol)</b>	1		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	2	SP	PA, LD
<b>gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)</b>	1		
<b>gabapentin oral soln 250 mg/5ml (Neurontin)</b>	1		
<b>gabapentin tab 600 mg, 800 mg (Neurontin)</b>	1		
<b>lacosamide oral solution 10 mg/ml (Vimpat)</b>	1		
<b>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)</b>	1		
<b>lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)</b>	1		
<b>lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)</b>	1		
<b>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit (Lamictal odt)</b>	1		
<b>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit (Lamictal odt)</b>	1		
<b>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit (Lamictal odt)</b>	1		
<b>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)</b>	1		
<b>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)</b>	1		
<b>lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)</b>	1		
<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit (Lamictal starter/not)</b>	1		

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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		
MOTPOLY XR - lacosamide cap er 24hr 100 mg, 150 mg, 200 mg	2		
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 er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)	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 - topiramate sprinkle cap 50 mg	2		
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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<b>valproic acid cap 250 mg</b>	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)
<b>vigabatrin powd pack 500 mg (Sabril)</b>	1	SP	LD
<b>vigabatrin tab 500 mg (Sabril)</b>	1	SP	LD
<b>zonisamide cap 25 mg, 100 mg (Zonegran)</b>	1		
<b>zonisamide cap 50 mg</b>	1		
ZTALMY - ganaxolone susp 50 mg/ml	2	SP	PA, LD, QL (1100 mls/30 days)
<b>ANTIPARKINSON AGENTS</b>			
<b>amantadine hcl cap 100 mg</b>	1		
<b>amantadine hcl soln 50 mg/5ml</b>	1		
<b>amantadine hcl tab 100 mg</b>	1		
<b>apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)</b>	1	SP	PA
<b>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</b>	1		
<b>bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)</b>	1		
<b>bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)</b>	1		
<b>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg</b>	1		
<b>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg (Sinemet)</b>	1		
<b>carbidopa &amp; levodopa tab 25-250 mg</b>	1		
<b>carbidopa tab 25 mg (Lodosyn)</b>	1		
<b>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)</b>	1		
<b>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)</b>	1		
<b>carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)</b>	1		
<b>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)</b>	1		
<b>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)</b>	1		
<b>carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)</b>	1		
<b>entacapone tab 200 mg (Comtan)</b>	1		

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INBRIJA - levodopa inhal powder cap 42 mg	2	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		
TRIHENXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	2		
trihexyphenidyl hcl tab 2 mg, 5 mg	1		
<b>NEUROMUSCULAR AGENTS</b>			
DAYBUE - trofinetide oral soln 200 mg/ml	2	SP	PA, LD, QL (3600 mls/30 days)
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	2	SP	PA, QL (280 mls/28 days)
EVRYSDI - risdiplam tab 5 mg	2	SP	PA, QL (30 tablets/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	2	SP	PA, LD, QL (160 mls/24 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	2	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	2	SP	PA, LD, QL (70 mls/180 days)
<b>riluzole tab 50 mg (Rilutek)</b>	1		
SKYCLARYS - omeveloxolone cap 50 mg	2	SP	PA, QL (90 capsules/30 days)
TEGLUTIK - riluzole susp 50 mg/10ml	2	SP	PA, QL (600 mls/30 days)
TIGLUTIK - riluzole susp 50 mg/10ml	2	SP	PA, LD, QL (600 mls/30 days)
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			
<b>baclofen susp 25 mg/5ml (Fleqsuvy)</b>	1		
<b>baclofen tab 10 mg, 20 mg</b>	1		
<b>chlorzoxazone tab 500 mg</b>	1		
<b>cyclobenzaprine hcl tab 5 mg, 10 mg</b>	1		
<b>dantrolene sodium cap 25 mg (Dantrium)</b>	1		
<b>dantrolene sodium cap 50 mg, 100 mg</b>	1		
<b>metaxalone tab 400 mg, 800 mg</b>	1		
<b>methocarbamol tab 500 mg, 750 mg</b>	1		

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<b>orphenadrine citrate tab er 12hr 100 mg</b>	1		
<b>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg</b>	1		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	2	SP	PA, LD, QL (112 capsules/28 days)
SOHONOS - palovarotene cap 2.5 mg	2	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	2	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	2	SP	PA, LD, QL (56 capsules/28 days)
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	1		
<b>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)</b>	1		
<b>ANTIMYASTHENIC AGENTS</b>			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	2	SP	PA, LD, QL (240 tablets/30 days)
<b>pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)</b>	1		
<b>pyridostigmine bromide tab er 180 mg (Mestinon timespan)</b>	1		
<b>pyridostigmine bromide tab 60 mg (Mestinon)</b>	1		
<b>NUTRITIONAL PRODUCTS</b>			
<b>VITAMINS</b>			
<b>cholecalciferol cap 1.25 mg (50000 unit)</b>	1		
<b>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)</b>	1		
<b>phytonadione tab 5 mg (Mephyton)</b>	1		
<b>MULTIVITAMINS</b>			
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	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		

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ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PNV PRENATAL PLUS MULTIVI - prenatal w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak	2		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
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		
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		
<b>MINERALS and ELECTROLYTES</b>			
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		

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<b>potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)</b>	1		
<b>potassium phosphate monobasic tab 500 mg (K-phos)</b>	1		
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 - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	2		
<b>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)</b>	1		
<b>HEMATOLOGICAL AGENTS</b>			
<b>HEMATOPOIETIC AGENTS</b>			
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	2	SP	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	2	SP	PA
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
<b>cyanocobalamin inj 1000 mcg/ml</b>	1		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	2	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	2		
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)</b>	1		
<b>folic acid tab 400 mcg, 800 mcg, 1 mg</b>	1		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
<b>glutamine (sickle cell) powd pack 5 gm (Endari)</b>	1	SP	PA
<b>miglustat cap 100 mg (Zavesca)</b>	1	SP	PA, LD, QL (90 capsules/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	SP	PA

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Drug Name	Drug Tier	Specialty	Requirements/Limits
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	2	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	2	SP	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	SP	PA
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	2	SP	PA, QL (2 pens/28 days)
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
XOLREMDI - mavorixafor cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP	PA
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
<b>ANTICOAGULANTS</b>			
<b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)</b>	1		QL (60 capsules/30 days)
<b>dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)</b>	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)
<b>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)</b>	1		
<b>enoxaparin sodium inj 300 mg/3ml (Lovenox)</b>	1		
<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)</b>	1		
<b>heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ ml</b>	1		
<b>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</b>	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)
<b>HEMOSTATICS</b>			
<b>aminocaproic acid oral soln 0.25 gm/ml (Amicar)</b>	1		

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<b>aminocaproic acid tab 500 mg, 1000 mg (Amicar)</b>	1		
<b>tranexamic acid tab 650 mg (Lysteda)</b>	1		
<b>HEMATOLOGICAL AGENTS - MISC.</b>			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	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	2	SP	PA, LD
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	2	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	2	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA, LD
ALTUVIIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA
<b>anagrelide hcl cap 0.5 mg (Agrylin)</b>	1		
<b>anagrelide hcl cap 1 mg</b>	1		
<b>aspirin-dipyridamole cap er 12hr 25-200 mg</b>	1		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
BRILINTA - ticagrelor tab 60 mg, 90 mg	2		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	2	SP	PA, LD, QL (30 kits/30 days)
<b>cilostazol tab 50 mg, 100 mg</b>	1		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	2	SP	PA, LD, QL (20 vials/30 days)
<b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</b>	1		
<b>clopidogrel bisulfate tab 300 mg (base equiv)</b>	1		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	2	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	2	SP	PA, LD
<b>dipyridamole tab 25 mg, 50 mg, 75 mg</b>	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	2	SP	PA

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	SP	PA, LD, QL (8 vials/28 days)
ESPEROCT - antihemophilic factor recomb glycopeg- exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	2	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	2	SP	PA, LD, QL (16 vials/30 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 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)	2	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	2	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	2	SP	PA
<b>icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)</b>	1	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	2	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	2	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	2	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	2	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	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)	2	SP	PA, LD

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Drug Name	Drug Tier	Specialty	Requirements/Limits
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	2	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	2	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	2	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	2	SP	PA, LD, QL (30 capsules/30 days)
<b>pentoxifylline tab er 400 mg</b>	1		
<b>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)</b>	1		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	2	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	2	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	2	SP	PA, LD, QL (1 pack/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	2	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	2	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	2	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	2	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	2	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	SP	PA, LD, QL (2 vials/28 days)
TAVNEOS - avacopan cap 10 mg	2	SP	PA, LD, QL (180 capsules/30 days)
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	2	SP	PA, LD

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VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	2	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	2	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	2	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	2	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	2	SP	PA
ZILBRYSQ - zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml	2	SP	PA, LD, QL (28 syringes/28 days)

### TOPICAL PRODUCTS

#### OPHTHALMIC AGENTS

APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	2		
<b>atropine sulfate ophth soln 1% (Atropine sulfate)</b>	1		
<b>azelastine hcl ophth soln 0.05%</b>	1		
BACITRACIN - bacitracin ophth oint 500 unit/gm	2		
<b>bacitracin-polymyxin b ophth oint</b>	1		
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b>	1		
<b>bepotastine besilate ophth soln 1.5% (Bepreve)</b>	1		
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	2		
<b>bimatoprost ophth soln 0.03%</b>	1		QL (2.5 mls/30 days)
<b>brimonidine tartrate ophth soln 0.15% (Alphagan p)</b>	1		
<b>brimonidine tartrate ophth soln 0.2%</b>	1		
<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)</b>	1		
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	1		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	2		
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	2		PA, QL (60 vials/30 days)
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b>	1		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	2		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	2		
<b>cyclopentolate hcl ophth soln 1% (Cyclogyl)</b>	1		
<b>diclofenac sodium ophth soln 0.1%</b>	1		

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<b>difluprednate ophth emulsion 0.05% (Durezol)</b>	1		
<b>dorzolamide hcl ophth soln 2% (Trusopt)</b>	1		
<b>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)</b>	1		
<b>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)</b>	1		
<b>epinastine hcl ophth soln 0.05%</b>	1		
<b>erythromycin ophth oint 5 mg/gm</b>	1		
EYSUVIS - loteprednol etabonate ophth susp 0.25%	2		
<b>fluorometholone ophth susp 0.1% (Fml liquifilm)</b>	1		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	2		
<b>gatifloxacin ophth soln 0.5% (Zymaxid)</b>	1		
<b>gentamicin sulfate ophth soln 0.3%</b>	1		
<b>ketorolac tromethamine ophth soln 0.4% (Acular Is)</b>	1		
<b>ketorolac tromethamine ophth soln 0.5% (Acular)</b>	1		
<b>latanoprost ophth soln 0.005% (Xalatan)</b>	1		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	2		
<b>loteprednol etabonate ophth gel 0.5% (Lotemax)</b>	1		
<b>loteprednol etabonate ophth susp 0.2% (Alrex)</b>	1		
<b>loteprednol etabonate ophth susp 0.5% (Lotemax)</b>	1		
LUMIGAN - bimatoprost ophth soln 0.01%	2		QL (2.5 mls/30 days)
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	2		PA, QL (1 bottle/30 days)
<b>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</b>	1		
NATACYN - natamycin ophth susp 5%	2		
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>	1		
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</b>	1		
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</b>	1		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2		
<b>ofloxacin ophth soln 0.3% (Ocuflox)</b>	1		
<b>phenylephrine hcl ophth soln 2.5%, 10%</b>	1		
<b>pilocarpine hcl ophth soln 1%, 2%, 4%</b>	1		
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</b>	1		
<b>prednisolone acetate ophth susp 1% (Pred forte)</b>	1		
<b>proparacaine hcl ophth soln 0.5% (Alcaine)</b>	1		

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RESTASIS - cyclosporine (ophth) emulsion 0.05%	2		PA, QL (60 vials/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2		
<b>sulfacetamide sodium ophth soln 10%</b>	1		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2		
<b>tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)</b>	1		QL (30 containers/30 days)
<b>tetracaine hcl ophth soln 0.5%</b>	1		
<b>timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)</b>	1		
<b>timolol maleate ophth soln 0.25%, 0.5% (Timoptic)</b>	1		
<b>timolol maleate ophth soln 0.5% (once-daily) (Istalol)</b>	1		
<b>timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)</b>	1		
<b>timolol ophth soln 0.5% (Betimol)</b>	1		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	2		
<b>tobramycin ophth soln 0.3%</b>	1		
<b>tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)</b>	1		
<b>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)</b>	1		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	2		
<b>tropicamide ophth soln 0.5%</b>	1		
<b>tropicamide ophth soln 1% (Mydracyl)</b>	1		
XIIDRA - lifitegrast ophth soln 5%	2		PA, QL (60 vials/30 days)
<b>OTIC AGENTS</b>			
<b>acetic acid otic soln 2%</b>	1		
<b>ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)</b>	1		
<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)</b>	1		
<b>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</b>	1		
<b>hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone/aceti)</b>	1		
<b>neomycin-polymyxin-hc otic soln 1%</b>	1		
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	1		
<b>ofloxacin otic soln 0.3%</b>	1		
<b>MOUTH/THROAT/DENTAL AGENTS</b>			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>cevimeline hcl cap 30 mg (Evoxac)</b>	1		
<b>chlorhexidine gluconate soln 0.12% (Peridex)</b>	1		
<b>clotrimazole troche 10 mg</b>	1		
<b>lidocaine hcl viscous soln 2%</b>	1		
<b>nystatin susp 100000 unit/ml</b>	1		
<b>pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)</b>	1		
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	2		
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2		
<b>sodium fluoride cream 1.1% (Prevident 5000 plus)</b>	1		
<b>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)</b>	1		
<b>sodium fluoride paste 1.1% (Prevident 5000 boost)</b>	1		
<b>sodium fluoride rinse 0.2% (Prevident rinse)</b>	1		
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	2		
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	2		
<b>stannous fluoride gel 0.4%</b>	1		
<b>triamcinolone acetonide dental paste 0.1%</b>	1		
<b>ANORECTAL AGENTS</b>			
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2		
<b>hydrocortisone enema 100 mg/60ml (Cortenema)</b>	1		
<b>hydrocortisone perianal cream 1% (Proctocort)</b>	1		
<b>hydrocortisone perianal cream 2.5% (Anusol-hc)</b>	1		
<b>nitroglycerin oint 0.4% (Rectiv)</b>	1		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2		
<b>DERMATOLOGICALS</b>			
<b>acitretin cap 10 mg, 17.5 mg, 25 mg</b>	1		
<b>acyclovir oint 5% (Zovirax)</b>	1		
<b>adapalene gel 0.1%</b>	1		
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	2	SP	PA, LD, QL (2 pens/28 days)
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	SP	PA, LD, QL (4 syringes/28 days)
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	2		ST, QL (120 grams/30 days)
<b>alclometasone dipropionate cream 0.05%</b>	1		QL (120 grams/30 days)
<b>azelaic acid gel 15% (Finacea)</b>	1		

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<b>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</b>	1		
<b>betamethasone dipropionate augmented cream 0.05%</b>	1		QL (200 grams/28 days)
<b>betamethasone dipropionate augmented lotion 0.05%</b>	1		QL (210 mls/30 days)
<b>betamethasone dipropionate augmented oint 0.05% (Diprolene)</b>	1		QL (200 grams/28 days)
<b>betamethasone dipropionate cream 0.05%</b>	1		QL (135 grams/30 days)
<b>betamethasone dipropionate lotion 0.05%</b>	1		QL (120 mls/30 days)
<b>betamethasone dipropionate oint 0.05%</b>	1		QL (135 grams/30 days)
<b>betamethasone valerate cream 0.1% (base equivalent)</b>	1		QL (135 grams/30 days)
<b>betamethasone valerate lotion 0.1% (base equivalent)</b>	1		QL (120 mls/30 days)
<b>betamethasone valerate oint 0.1% (base equivalent)</b>	1		QL (135 grams/30 days)
<b>bexarotene gel 1% (Targretin)</b>	1	SP	PA
<b>brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)</b>	1		
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	2		QL (120 mls/30 days)
<b>calcipotriene cream 0.005% (Dovonex)</b>	1		QL (120 grams/30 days)
<b>calcipotriene oint 0.005%</b>	1		QL (120 grams/30 days)
<b>calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)</b>	1		QL (120 grams/30 days)
<b>calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)</b>	1		QL (120 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	2	SP	PA, QL (30 tablets/30 days)
<b>ciclopirox gel 0.77%</b>	1		
<b>ciclopirox olamine cream 0.77% (base equiv) (Loprox)</b>	1		
<b>ciclopirox olamine susp 0.77% (base equiv) (Loprox)</b>	1		
<b>ciclopirox shampoo 1% (Loprox shampoo)</b>	1		
<b>ciclopirox solution 8% (Penlac Nail Lacquer)</b>	1		QL (6.6 mls/30 days)
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	1		
<b>clindamycin phosphate gel 1% (Clindagel)</b>	1		
<b>clindamycin phosphate lotion 1% (Cleocin-t)</b>	1		
<b>clindamycin phosphate soln 1%</b>	1		QL (120 grams/30 days)
<b>clindamycin phosphate swab 1%</b>	1		
<b>clindamycin phosphate-benzoyl peroxide gel 1-5%</b>	1		
<b>clobetasol propionate cream 0.05%</b>	1		QL (210 grams/28 days)

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<b>fluocinonide emulsified base cream 0.05%</b>	1		QL (120 grams/30 days)
<b>fluocinonide oint 0.05%</b>	1		QL (120 grams/30 days)
<b>fluocinonide soln 0.05%</b>	1		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	2		
<b>fluorouracil cream 5% (Efudex)</b>	1		QL (240 grams/84 days)
<b>fluorouracil soln 5%</b>	1		
<b>fluticasone propionate cream 0.05%</b>	1		QL (120 grams/30 days)
<b>fluticasone propionate oint 0.005%</b>	1		QL (120 grams/30 days)
<b>gentamicin sulfate cream 0.1%</b>	1		QL (60 grams/30 days)
<b>gentamicin sulfate oint 0.1%</b>	1		
<b>halcinonide cream 0.1% (Halog)</b>	1		QL (120 grams/30 days)
<b>halobetasol propionate cream 0.05%</b>	1		QL (200 grams/28 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	2		ST, QL (118 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate oint 0.1%	2		ST, QL (135 grams/30 days)
<b>hydrocortisone cream 2.5%</b>	1		QL (454 grams/30 days)
<b>hydrocortisone oint 2.5%</b>	1		QL (454 grams/30 days)
<b>hydrocortisone valerate cream 0.2%</b>	1		QL (120 grams/30 days)
<b>hydrocortisone valerate oint 0.2%</b>	1		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	2		PA, LD, QL (70 grams/84 days)
<b>imiquimod cream 5%</b>	1		QL (48 packets/112 days)
<b>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)</b>	1		
<b>ivermectin cream 1% (Soolantra)</b>	1		PA
<b>ketoconazole cream 2%</b>	1		QL (120 grams/30 days)
<b>ketoconazole shampoo 2%</b>	1		
<b>lidocaine hcl soln 4%</b>	1		
<b>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</b>	1		
<b>lidocaine oint 5%</b>	1		QL (100 grams/30 days)
<b>lidocaine patch 5% (Lidoderm)</b>	1		PA, QL (90 patches/30 days)
<b>lidocaine-prilocaine cream 2.5-2.5%</b>	1		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	2	SP	PA, LD, QL (28 capsules/28 days)
MAFENIDE ACETATE - mafenide acetate packet for topical soln 5% (50 gm)	2		
<b>malathion lotion 0.5% (Ovide)</b>	1		
METHOXSALEN - methoxsalen rapid cap 10 mg	2		
<b>metronidazole cream 0.75% (Metrocream)</b>	1		
<b>metronidazole gel 0.75%</b>	1		
<b>metronidazole gel 1% (Metrogel)</b>	1		

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<b>metronidazole lotion 0.75% (Metro lotion)</b>	1		
<b>mometasone furoate cream 0.1%</b>	1		QL (135 grams/30 days)
<b>mometasone furoate oint 0.1%</b>	1		QL (135 grams/30 days)
<b>mometasone furoate solution 0.1% (lotion)</b>	1		QL (120 mls/30 days)
<b>mupirocin oint 2%</b>	1		
<b>nystatin cream 100000 unit/gm</b>	1		
<b>nystatin oint 100000 unit/gm</b>	1		
<b>nystatin topical powder 100000 unit/gm</b>	1		
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	1		
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>	1		
<b>oxiconazole nitrate cream 1% (Oxistat)</b>	1		PA
<b>penciclovir cream 1% (Denavir)</b>	1		
<b>permethrin cream 5%</b>	1		
<b>pimecrolimus cream 1% (Elidel)</b>	1		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	2		
<b>podofilox gel 0.5% (Condylox)</b>	1		
<b>selenium sulfide lotion 2.5%</b>	1		
<b>silver sulfadiazine cream 1% (Silvadene)</b>	1		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	2	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	2		
SOTYKTU - deucravacitinib tab 6 mg	2	SP	PA, LD, QL (30 tablets/30 days)
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	2	SP	PA, QL (2 syringes/28 days)
STELARA - ustekinumab inj 45 mg/0.5ml	2	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
<b>sulfacetamide sodium lotion 10% (acne) (Klaron)</b>	1		
SULFAMYLON - mafenide acetate cream 85 mg/gm	2		
<b>tacrolimus oint 0.03%, 0.1% (Protopic)</b>	1		ST, QL (100 grams/30 day)
<b>tazarotene cream 0.05%, 0.1% (Tazorac)</b>	1		QL (120 grams/30 days)
<b>tazarotene gel 0.05%, 0.1% (Tazorac)</b>	1		QL (100 grams/30 days)
TREMFYA - guselkumab soln auto-injector 100 mg/ml	2	SP	PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	2	SP	PA, QL (1 pen/28 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	2	SP	PA, QL (1 syringe/56 days)

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TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	2	SP	PA, QL (1 syringe/28 days)
<b>tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)</b>	1		
<b>tretinoin gel 0.01%, 0.025% (Retin-a)</b>	1		
<b>triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)</b>	1		QL (126 grams/30 days)
<b>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</b>	1		QL (454 grams/30 days)
<b>triamcinolone acetonide lotion 0.025%, 0.1%</b>	1		QL (120 mls/30 days)
<b>triamcinolone acetonide oint 0.025%, 0.1%</b>	1		QL (454 grams/30 days)
<b>triamcinolone acetonide oint 0.5%</b>	1		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	2	SP	LD
<b>MISCELLANEOUS PRODUCTS</b>			
<b>ANTIDOTES</b>			
CHEMET - succimer cap 100 mg	2	SP	PA
<b>deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)</b>	1	SP	
<b>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)</b>	1	SP	
<b>deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)</b>	1	SP	
<b>deferiprone tab 500 mg, 1000 mg (Ferriprox)</b>	1	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2		QL (4 bottles/30 days)
<b>naloxone hcl inj 0.4 mg/ml</b>	1		QL (4 vials/30 days)
<b>naloxone hcl inj 4 mg/10ml</b>	1		QL (1 vial/30 days)
<b>naloxone hcl nasal spray 4 mg/0.1ml (Narcan)</b>	1		QL (4 bottles/30 days)
<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b>	1		QL (4 syringes/30 days)
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	2		QL (4 cartridges/30 days)
<b>naltrexone hcl tab 50 mg</b>	1		
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2		QL (4 bottles/30 days)
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	2		QL (4 devices/30 days)
VIVITROL - naltrexone for im extended release susp 380 mg	2	SP	
<b>DIAGNOSTIC PRODUCTS</b>			
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)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
1/2 ml 30 x 5/16", 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"			
BD SAFETYGLIDE SYRINGE 5M - syringe/needle (disp) 5 ml 22 x 1-1/2"	2		
BD SYRINGE BLUNT PLASTIC - syringe (disposable) 10 ml	2		
BD SYRINGE LUER-LOK/1ML - syringe (disposable) 1 ml	2		
BD SYRINGE 10ML/20G X 1" - syringe/needle (disp) 10 ml 20 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 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		
BD 10ML LUER-LOK SYRINGE - syringe/needle (disp) 10 ml 21 x 1"	2		
BD 10ML SYRINGE/DUAL CANN - syringe (disposable) 10 ml	2		
BD 3ML LUER-LOK SYRINGE 1 - syringe/needle (disp) 3 ml 18 x 1-1/2"	2		
BD 3ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 3 ml 20 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 1", 3 ml 26 x 5/8"	2		
BD 3ML SYRINGE LUER-LOK 2 - syringe/needle (disp) 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1-1/2"	2		
BD 5ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 5 ml 20 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1", 5 ml 22 x 1-1/2"	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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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 glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	2		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	2		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous 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		
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	2		

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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"			
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 NEEDLE/MICRON - 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		
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 ACTI-LANCE SAFTE - 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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
DUREX TROPICAL - condoms 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		
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		

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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 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 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 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		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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 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		
EMBECTA AUTOSHIELD DUO 30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EMBECTA INSULIN SYRINGE - 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 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE/U - insulin syringe/ needle u-100 0.3 ml 31 x 15/64", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 1/2", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
EMBECTA PEN NEEDLE/NANO/2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/NANO/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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 LANCING SYSTEM DEVICE - lancet devices	2		
GNP PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GNP PEN NEEDLES 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
HYPOLANCE AST LANCING KIT - lancets kit	2		
IHEALTH LANCING DEVICE - lancet devices	2		
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	2		QL (15 kits/30 days)
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	2		QL (30 kits/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	2		QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	2		QL (1 kit/720 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	2		QL (1 kit/720 days)
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	2		
IN TOUCH LANCING DEVICE - lancet devices	2		
IN TOUCH STERILE LANCETS - lancets	2		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
LIBERTY MEDICAL LANCETS 3 - lancets	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		
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		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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 SYRINGE PHARMACY - syringe (disposable) 1 ml	2		
MONOJECT TUBERCULIN SYRIN - syringe (disposable) 1 ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	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		
MONOJECT 1ML LUER LOCK TU - syringe (disposable) 1 ml	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		
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		
MULTI-LANCET DEVICE 2 - lancets kit	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 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		
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 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)

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OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
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 - lancets	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 NEEDLE/5-BEVEL TIP/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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 GENERIC PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS GENERIC PEN NEEDL - 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		
PENTIPS GENERIC PEN NEEDL - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
PRO COMFORT SAFETY LANCET - lancets	2		
PRODIGY INSULIN SYRINGE/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		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
SMARTTEST 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		
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 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64",	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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"			
TECHLITE LANCETS - lancets	2		
TECHLITE LANCETS 26G - lancets	2		
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 12 mm (1/2")	2		
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 6 mm (1/4" or 15/64")	2		
TECHLITE PLUS PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	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		
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		
TROJAN ENZ - condoms latex non-lubricated	2		
TROJAN MAGNUM - condoms latex lubricated	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
TWIIST REFILL KIT - insulin infusion pump supplies	2		QL (15 kits/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion pump supplies	2		QL (1 kit/720 days)
TWIIST STARTER KIT - insulin infusion pump - kit	2		QL (1 kit/720 days)
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 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		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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 SAFEPAK 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 SAFEPAK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTIGUARD SAFEPAK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTIGUARD SAFEPAK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTIGUARD SAFEPAK/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 SAFEPAK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPAK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTIGUARD SAFEPAK/SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
ULTIGUARD SAFEPAK/TINY P - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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 LANCETS 30G - lancets	2		
VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS - lancets	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		
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		
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		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
10ML SYRINGE LUER-LOK TIP - syringe (disposable) 10 ml	2		
<b>ASSORTED CLASSES</b>			
<b>azathioprine tab 50 mg (Imuran)</b>	1		
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	2	SP	PA, LD, QL (4 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	2	SP	PA, LD, QL (4 syringes/28 days)
<b>cyclosporine cap 25 mg, 100 mg (Sandimmune)</b>	1		
<b>cyclosporine modified cap 25 mg, 100 mg (Neoral)</b>	1		
<b>cyclosporine modified cap 50 mg</b>	1		
<b>cyclosporine modified oral soln 100 mg/ml (Neoral)</b>	1		
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	2	SP	PA, LD, QL (1 syringe/28 days)
<b>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)</b>	1		
<b>irrigation solution, physiological</b>	1		
JOENJA - leniolisib phosphate tab 70 mg	2	SP	PA, LD, QL (60 tablets/30 days)
<b>lactated ringer's for irrigation</b>	1		
<b>lenalidomide caps 2.5 mg (Revlimid)</b>	1	SP	PA, QL (30 capsules/30 days)
<b>lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)</b>	1	SP	PA, QL (30 capsules/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2		
<b>mycophenolate mofetil cap 250 mg (Cellcept)</b>	1		
<b>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</b>	1		
<b>mycophenolate mofetil tab 500 mg (Cellcept)</b>	1		
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)</b>	1		
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>penicillamine tab 250 mg (Depen titratabs)</b>	1	SP	PA
REVLIMID - lenalidomide caps 2.5 mg	2	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	2	SP	PA, LD, QL (30 capsules/30 days)
REZUROCK - belumosudil mesylate tab 200 mg	2	SP	PA, LD, QL (30 tablets/30 days)
<b>ringer's solution for irrigation</b>	1		
<b>sirolimus oral soln 1 mg/ml (Rapamune)</b>	1		
<b>sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)</b>	1		
<b>sodium polystyrene sulfonate powder</b>	1		
<b>sodium polystyrene sulfonate susp 15 gm/60ml</b>	1		
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	2		
<b>tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)</b>	1		
THALOMID - thalidomide cap 50 mg	2	SP	PA, LD, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
<b>trientine hcl cap 250 mg (Syprine)</b>	1	SP	PA
VELTASSA - patiomer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2		
VIJOICE - alpelisib (pros) oral granules packet 50 mg	2	SP	PA, QL (28 packets/28 days)
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose	2	SP	PA, QL (28 tablets/28 day)
VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily dose	2	SP	PA, QL (28 tablets/28 days)
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	2	SP	PA, QL (56 tablets/28 days)
<b>water for irrigation, sterile irrigation soln</b>	1		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	2	SP	PA, LD

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AUTOLET LITE STARTER PACK.....	89	BD INSULIN SYRINGE ULTRA.....	89
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azelastine hcl nasal spray 0.1% (137 mcg/spray).....	40	BD 5ML LUER-LOK SYRINGE/2.....	91
azelastine hcl ophth soln 0.05%.....	77	BD 1ML SLIP TIP SYRINGE 2.....	91
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azithromycin tab 250 mg, 500 mg.....	2	BD 1ML TUBERCULIN SYRINGE.....	91
AZSTARYS.....	55	BD NEEDLE/18G 1-1/2".....	90
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BACITRACIN.....	77	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 PEN NEEDLE/MICRO/ULTRA.....	90

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BD PEN NEEDLE/MINI/ULTRA-.....	90	bimatoprost ophth soln 0.03%.....	77
BD PEN NEEDLE/NANO/ULTRA.....	90	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg.....	34
BD PEN NEEDLE/NANO 2ND GE.....	90	bisoprolol fumarate tab 5 mg, 10 mg.....	32
BD PEN NEEDLE/ORIGINAL/UL.....	90	bosentan tab 62.5 mg, 125 mg.....	39
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benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	34	bromocriptine mesylate cap 5 mg (base equivalent).....	68
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benazepril hcl tab 10 mg, 20 mg, 40 mg.....	34	BRUKINSA.....	13
BENEFIX.....	74	budesonide delayed release particles cap 3 mg.....	20
BENLYSTA.....	131	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act.....	41
BENZNIDAZOLE.....	8	budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml.....	41
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benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....	68	bumetanide tab 1 mg, 2 mg.....	36
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betamethasone dipropionate augmented lotion 0.05%.....	81	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	60
betamethasone dipropionate augmented oint 0.05%.....	81	buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv).....	60
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butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	59	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	68
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	60	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	68
butalbital-acetaminophen cap 50-300 mg.....	59	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	68
butalbital-acetaminophen tab 50-325 mg.....	59	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	68
butalbital-aspirin-caffeine cap 50-325-40 mg.....	59	carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	68
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	60	carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	68
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carbamazepine susp 100 mg/5ml.....	65	CAYSTON.....	9
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	65	CEFACTOR.....	1
carbamazepine tab 200 mg.....	65	cefadroxil cap 500 mg.....	1
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	68	cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1
carbidopa & levodopa tab 25-250 mg.....	68	cefdinir cap 300 mg.....	1
carbidopa & levodopa tab 10-100 mg, 25-100 mg.....	68	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

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cefpodoxime proxetil tab 100 mg, 200 mg.....	1	citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....	50
cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	1	CLARITHROMYCIN.....	2
cefprozil tab 250 mg, 500 mg.....	1	clarithromycin tab er 24hr 500 mg.....	2
cefuroxime axetil tab 250 mg, 500 mg.....	1	clarithromycin tab 250 mg, 500 mg.....	2
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg.....	62	CLEANLET LANCETS 28G.....	92
cephalexin cap 250 mg, 500 mg.....	1	CLEOCIN.....	48
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	1	CLEVER CHEK LANCETS ULTRA.....	93
cephalexin tab 250 mg, 500 mg.....	1	CLEVER CHOICE COMFORT EZ.....	93
CEQUA.....	77	CLICKFINE PEN NEEDLE 32GX.....	93
CERDELGA.....	72	CLICKFINE PEN NEEDLES 31G.....	93
cevimeline hcl cap 30 mg.....	80	CLICKFINE PEN NEEDLES 32G.....	93
CHEMET.....	85	CLICKFINE PEN NEEDLE UNIV.....	93
CHEMSTRIP-K.....	85	CLICKFINE UNIVERSAL PEN N.....	93
CHENODAL.....	46	CLIMARA PRO.....	21
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	49	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	9
chlorhexidine gluconate soln 0.12%.....	80	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	9
chloroquine phosphate tab 250 mg, 500 mg.....	8	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	81
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	52	clindamycin phosphate gel 1%.....	81
chlorthalidone tab 25 mg, 50 mg.....	36	clindamycin phosphate lotion 1%.....	81
chlorzoxazone tab 500 mg.....	69	clindamycin phosphate soln 1%.....	81
CHOLBAM.....	46	clindamycin phosphate swab 1%.....	81
cholecalciferol cap 1.25 mg (50000 unit).....	70	clindamycin phosphate vaginal cream 2%.....	48
cholestyramine light powder 4 gm/dose.....	37	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	81
cholestyramine light powder packets 4 gm.....	37	clobazam suspension 2.5 mg/ml.....	65
cholestyramine powder 4 gm/dose.....	37	clobazam tab 10 mg, 20 mg.....	65
cholestyramine powder packets 4 gm.....	37	clobetasol propionate cream 0.05%.....	81
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv).....	37	clobetasol propionate emollient base cream 0.05%.....	82
CHOSEN LANCETS 30G.....	92	clobetasol propionate gel 0.05%.....	82
CHOSEN LANCING DEVICE.....	92	clobetasol propionate oint 0.05%.....	82
CHOSEN SAFETY LANCETS 28G.....	92	clobetasol propionate soln 0.05%.....	82
CIBINQO.....	81	clocortolone pivalate cream 0.1%.....	82
ciclopirox gel 0.77%.....	81	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	50
ciclopirox olamine cream 0.77% (base equiv).....	81	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	65
ciclopirox olamine susp 0.77% (base equiv).....	81	clonazepam tab 0.5 mg, 1 mg, 2 mg.....	65
ciclopirox shampoo 1%.....	81	clonidine hcl tab er 12hr 0.1 mg.....	55
ciclopirox solution 8%.....	81	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	35
cilostazol tab 50 mg, 100 mg.....	74	clonidine td patch weekly 0.1 mg/24hr.....	35
CIMDUO.....	4	clonidine td patch weekly 0.2 mg/24hr.....	35
cimetidine hcl soln 300 mg/5ml.....	44	clonidine td patch weekly 0.3 mg/24hr.....	35
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....	30	clopidogrel bisulfate tab 75 mg (base equiv).....	74
CINRYZE.....	74	clopidogrel bisulfate tab 300 mg (base equiv).....	74
CIPRO.....	2	clorazepate dipotassium tab 7.5 mg.....	49
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	79	clorazepate dipotassium tab 3.75 mg, 15 mg.....	49
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	77	clotrimazole troche 10 mg.....	80
ciprofloxacin hcl otic soln 0.2% (base equivalent).....	79	clotrimazole w/ betamethasone cream 1-0.05%.....	82
ciprofloxacin hcl tab 750 mg (base equiv).....	2	CLOZAPINE ODT.....	52
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....	2	clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg.....	52
citalopram hydrobromide oral soln 10 mg/5ml.....	50	clozapine tab 25 mg, 50 mg, 100 mg, 200 mg.....	52

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COAGADEX.....	74	CREON.....	45
COAGUCHEK LANCETS.....	93	CROMOLYN SODIUM.....	77
<b>codeine sulfate tab 30 mg.....</b>	<b>60</b>	<b>cromolyn sodium oral conc 100 mg/5ml.....</b>	<b>46</b>
<b>colchicine tab 0.6 mg.....</b>	<b>65</b>	<b>cromolyn sodium soln nebu 20 mg/2ml.....</b>	<b>41</b>
<b>colchicine w/ probenecid tab 0.5-500 mg.....</b>	<b>65</b>	CVS LANCETS 21G.....	95
<b>colesevelam hcl packet for susp 3.75 gm.....</b>	<b>38</b>	CVS LANCETS MICRO-THIN 33.....	95
<b>colesevelam hcl tab 625 mg.....</b>	<b>38</b>	CVS LANCETS MICRO THIN 33.....	94
<b>colestipol hcl granule packets 5 gm.....</b>	<b>38</b>	CVS LANCETS ORIGINAL.....	95
<b>colestipol hcl granules 5 gm.....</b>	<b>38</b>	CVS LANCETS THIN 26G.....	95
<b>colestipol hcl tab 1 gm.....</b>	<b>38</b>	CVS LANCETS ULTRA-THIN 30.....	95
<b>colistimethate sod for inj 150 mg (colistin base activity).....</b>	<b>9</b>	CVS LANCETS ULTRA THIN 30.....	95
COMETRIQ.....	14	CVS LANCING DEVICE.....	95
COMFORT ASSIST INSULIN SY.....	93	CVS ULTRA THIN LANCETS.....	95
COMFORT ASSURED LANCETS M.....	93	<b>cyanocobalamin inj 1000 mcg/ml.....</b>	<b>72</b>
COMFORT ASSURED LANCETS S.....	93	<b>cyclobenzaprine hcl tab 5 mg, 10 mg.....</b>	<b>69</b>
COMFORT EZ/31G X 5MM.....	94	CYCLOGYL.....	77
COMFORT EZ/31G X 6MM.....	94	<b>cyclopentolate hcl ophth soln 1%.....</b>	<b>77</b>
COMFORT EZ INSULIN SYRING.....	93	CYCLOPHOSPHAMIDE.....	14
COMFORT EZ MICRO/32G X 4M.....	93	<b>cyclophosphamide cap 25 mg, 50 mg.....</b>	<b>14</b>
COMFORT EZ PRO SAFETY PEN.....	93	<b>cycloserine cap 250 mg.....</b>	<b>3</b>
COMFORT EZ SHORT/31G X 8M.....	94	<b>cyclosporine cap 25 mg, 100 mg.....</b>	<b>131</b>
COMFORT LANCETS.....	94	<b>cyclosporine modified cap 50 mg.....</b>	<b>131</b>
COMFORT TOUCH LANCETS ULT.....	94	<b>cyclosporine modified cap 25 mg, 100 mg.....</b>	<b>131</b>
COMFORT TOUCH PEN NEEDLES.....	94	<b>cyclosporine modified oral soln 100 mg/ml.....</b>	<b>131</b>
COMFORT TOUCH PLUS SAFETY.....	94	<b>cyproheptadine hcl syrup 2 mg/5ml.....</b>	<b>40</b>
COMFORT TOUCH TWIST LANCE.....	94	<b>cyproheptadine hcl tab 4 mg.....</b>	<b>40</b>
COMIRNATY 2024-25.....	10	CYSTAGON.....	48
COMPLERA.....	4	<b>D</b>	
COMPLETE NATAL DHA.....	70	<b>dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....</b>	<b>73</b>
COMPLETENATE.....	70	<b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....</b>	<b>73</b>
CO-NATAL FA.....	70	<b>dalfampridine tab er 12hr 10 mg.....</b>	<b>56</b>
CONCEPT DHA.....	70	<b>danazol cap 50 mg, 100 mg, 200 mg.....</b>	<b>21</b>
CONCEPT OB.....	70	<b>dantrolene sodium cap 25 mg.....</b>	<b>69</b>
CONCERTA.....	55	<b>dantrolene sodium cap 50 mg, 100 mg.....</b>	<b>69</b>
CONDOMS.....	94	DANZITEN.....	14
CONTOUR BLOOD GLUCOSE MON.....	94	<b>dapsone tab 25 mg, 100 mg.....</b>	<b>9</b>
CONTOUR BLOOD GLUCOSE TES.....	85	<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....</b>	<b>47</b>
CONTOUR NEXT BLOOD GLUCOS.....	85	<b>darunavir tab 600 mg.....</b>	<b>4</b>
CONTOUR NEXT EZ BLOOD GLU.....	94	<b>darunavir tab 800 mg.....</b>	<b>4</b>
CONTOUR NEXT GEN BLOOD GL.....	94	<b>dasatinib tab 20 mg.....</b>	<b>14</b>
CONTOUR NEXT LINK BLOOD G.....	94	<b>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg.....</b>	<b>14</b>
CONTOUR NEXT LINK WIRELES.....	94	DAURISMO.....	14
CONTOUR NEXT ONE BLOOD GL.....	94	DAYBUE.....	69
CONTOUR PLUS BLOOD GLUCOS.....	86	<b>deferasirox granules packet 90 mg, 180 mg, 360 mg.....</b>	<b>85</b>
CONTOUR PLUS BLUE BLOOD G.....	94	<b>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....</b>	<b>85</b>
COPIKTRA.....	14	<b>deferasirox tab 90 mg, 180 mg, 360 mg.....</b>	<b>85</b>
CORIFACT.....	74		
CORLANOR.....	39		
COSENTYX.....	82		
COSENTYX SENSOREADY PEN.....	82		
COSENTYX UNOREADY.....	82		
COTELLIC.....	14		

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deferiprone tab 500 mg, 1000 mg.....	85	DIATHRIVE PEN NEEDLE/32G.....	95
deflazacort susp 22.75 mg/ml.....	20	DIATHRIVE PEN NEEDLE/31 G.....	95
deflazacort tab 6 mg.....	20	diazepam conc 5 mg/ml.....	49
deflazacort tab 18 mg.....	20	diazepam oral soln 1 mg/ml.....	49
deflazacort tab 30 mg, 36 mg.....	20	diazepam rectal gel delivery system 10 mg, 20 mg.....	66
DELSTRIGO.....	4	diazepam tab 2 mg, 5 mg, 10 mg.....	49
demeclocycline hcl tab 150 mg, 300 mg.....	2	diazoxide susp 50 mg/ml.....	24
DESCOVY.....	4	dichlorphenamide tab 50 mg.....	36
desipramine hcl tab 10 mg, 25 mg.....	50	diclofenac potassium tab 50 mg.....	62
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	50	diclofenac sodium ophth soln 0.1%.....	77
desloratadine tab 5 mg.....	40	diclofenac sodium soln 1.5%.....	82
DESMOPRESSIN ACETATE.....	30	diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	62
desmopressin acetate inj 4 mcg/ml.....	30	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	62
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	30	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	62
desmopressin acetate preservative free (pf) inj 4 mcg/ ml.....	30	dicloxacillin sodium cap 250 mg, 500 mg.....	1
desmopressin acetate tab 0.1 mg, 0.2 mg.....	30	dicyclomine hcl cap 10 mg.....	44
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	22	dicyclomine hcl oral soln 10 mg/5ml.....	44
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	22	dicyclomine hcl tab 20 mg.....	44
desonide cream 0.05%.....	82	DIFICID.....	2
desonide oint 0.05%.....	82	diflunisal tab 500 mg.....	59
desoximetasone cream 0.05%, 0.25%.....	82	difluprednate ophth emulsion 0.05%.....	78
desoximetasone gel 0.05%.....	82	digoxin oral soln 0.05 mg/ml.....	32
desoximetasone oint 0.05%, 0.25%.....	82	digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	32
desoximetasone spray 0.25%.....	82	dihydroergotamine mesylate inj 1 mg/ml.....	64
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	50	dihydroergotamine mesylate nasal spray 4 mg/ml.....	64
DEXAMETHASONE.....	20	DILANTIN.....	66
dexamethasone elixir 0.5 mg/5ml.....	20	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	33
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	20	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	33
DEXCOM G6 RECEIVER.....	95	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	33
DEXCOM G7 RECEIVER.....	95	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	33
DEXCOM G6 SENSOR.....	95	diltiazem hcl tab er 24hr 420 mg.....	33
DEXCOM G7 SENSOR.....	95	diltiazem hcl tab 90 mg.....	33
DEXCOM G6 TRANSMITTER.....	95	diltiazem hcl tab 30 mg, 60 mg, 120 mg.....	33
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	55	dimethyl fumarate capsule delayed release 120 mg.....	56
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	55	dimethyl fumarate capsule delayed release 240 mg.....	56
dextroamphetamine sulfate cap er 24hr 5 mg.....	55	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	56
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	55	diphenoxylate w/ atropine tab 2.5-0.025 mg.....	44
dextroamphetamine sulfate oral solution 5 mg/5ml.....	55	dipyridamole tab 25 mg, 50 mg, 75 mg.....	74
dextroamphetamine sulfate tab 5 mg.....	55	disopyramide phosphate cap 100 mg, 150 mg.....	34
dextroamphetamine sulfate tab 10 mg.....	55	disulfiram tab 250 mg, 500 mg.....	57
DIACOMIT.....	65	divalproex sodium cap delayed release sprinkle 125 mg.....	66
DIATHRIVE LANCETS.....	95	divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	66
DIATHRIVE LANCETS ULTRA T.....	95	divalproex sodium tab er 24 hr 250 mg, 500 mg.....	66
DIATHRIVE LANCING DEVICE.....	95		
DIATHRIVE PEN NEEDLE/31G.....	95		

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dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	34	DROPSAFE SAFETY PEN NEEDL.....	96
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	57	DROPSAFE SAFTEY PEN NEEDL.....	97
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	57	DROSPIRENONE/ETHINYL ESTR.....	22
DOPTELET.....	72	<b>drospirenone-ethinyl estradiol tab 3-0.02 mg.....</b>	<b>22</b>
dorzolamide hcl ophth soln 2%.....	78	<b>drospirenone-ethinyl estradiol tab 3-0.03 mg.....</b>	<b>22</b>
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	78	<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....</b>	<b>22</b>
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....	78	DROXIA.....	72
DOVATO.....	4	DRUG MART LANCETS THIN.....	97
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	35	DRUG MART LANCETS ULTRA T.....	97
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	50	DRUG MART ON-THE-GO LANCE.....	97
doxepin hcl conc 10 mg/ml.....	50	DRUG MART UNIFINE PENTIPS.....	97
doxepin hcl cream 5%.....	82	DRUG MART UNILET LANCETS.....	97
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	54	DRUG MART UNILET MICRO TH.....	97
doxycycline hyclate cap 50 mg.....	2	DUANE READE LANCET ALTERN.....	97
doxycycline hyclate cap 100 mg.....	2	DUANE READE LANCET SUPER.....	97
doxycycline hyclate tab 20 mg, 100 mg.....	2	DUANE READE LANCET ULTRA.....	97
doxycycline monohydrate cap 50 mg, 100 mg.....	2	DUANE READE UNIFINE PENTI.....	97
doxycycline monohydrate for susp 25 mg/5ml.....	2	DUAVEE.....	21
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	2	DULERA.....	41
doxylamine-pyridoxine tab delayed release 10-10 mg.....	45	<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq).....</b>	<b>50</b>
dronabinol cap 2.5 mg.....	45	DUPIXENT.....	82
dronabinol cap 5 mg, 10 mg.....	45	DUREX EXTRA SENSITIVE THI.....	97
DROPLET GENTEEL LANCING D.....	95	DUREX REALFEEL NON-LATEX.....	97
DROPLET INSULIN SYRINGE 0.....	95	DUREX TROPICAL.....	97
DROPLET INSULIN SYRINGE 1.....	95	<b>dutasteride cap 0.5 mg.....</b>	<b>48</b>
DROPLET INSULIN SYRINGE/U.....	95	<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....</b>	<b>48</b>
DROPLET INSULIN SYRINGE U.....	95	DUVYZAT.....	69
DROPLET LANCETS ULTRA THI.....	96	<b>E</b>	
DROPLET LANCING DEVICE.....	96	EASY COMFORT INSULIN SYRI.....	97
DROPLET MICRON 34G X 9/64.....	96	EASY COMFORT PEN NEEDLES.....	97
DROPLET PEN NEEDLE/MICRON.....	96	EASY COMFORT SAFETY PEN N.....	98
DROPLET PEN NEEDLES 29GX1.....	96	EASY GLIDE PEN NEEDLES 33.....	98
DROPLET PEN NEEDLES 31GX5.....	96	EASY MINI EJECT LANCING D.....	98
DROPLET PEN NEEDLES 31GX6.....	96	EASY MINI LANCING DEVICE.....	98
DROPLET PEN NEEDLES 31GX8.....	96	EASY TOUCH FLIPLOCK SAFET.....	98
DROPLET PEN NEEDLES 32GX4.....	96	EASY TOUCH 32GX5MM.....	99
DROPLET PEN NEEDLES 32GX5.....	96	EASY TOUCH 32GX6MM.....	99
DROPLET PEN NEEDLES 32GX6.....	96	EASY TOUCH INSULIN SYRING.....	98
DROPLET PEN NEEDLES 32GX8.....	96	EASY TOUCH LANCETS 30G/BU.....	98
DROPLET PEN NEEDLES 29G X.....	96	EASY TOUCH LANCETS 21G/PR.....	98
DROPLET PEN NEEDLES 30G X.....	96	EASY TOUCH LANCETS 23G/PR.....	98
DROPLET PEN NEEDLES 31G X.....	96	EASY TOUCH LANCETS 26G/PR.....	98
DROPLET PEN NEEDLES 32G X.....	96	EASY TOUCH LANCETS 28G/PR.....	98
DROPLET PERSONAL LANCETS.....	96	EASY TOUCH LANCETS 30G/PR.....	98
DROPSAFE ACTI-LANCE SAFTE.....	96	EASY TOUCH LANCETS 32G/PR.....	98
DROPSAFE INSULIN SAFETY S.....	96	EASY TOUCH LANCETS 26G/PU.....	98
		EASY TOUCH LANCETS 28G/PU.....	98
		EASY TOUCH LANCETS 30G/PU.....	98
		EASY TOUCH LANCETS 32G/PU.....	98
		EASY TOUCH LANCETS 28G/TW.....	98

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EASY TOUCH LANCETS 30G/TW.....	98	enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	35
EASY TOUCH LANCETS 32G/TW.....	98	enalapril maleate oral soln 1 mg/ml.....	35
EASY TOUCH LANCETS 33G/TW.....	98	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	35
EASY TOUCH LANCING DEVICE.....	98	ENBREL.....	62
EASY TOUCH PEN NEEDLE 30.....	98	ENBREL MINI.....	62
EASY TOUCH PEN NEEDLE/30.....	98	ENBREL SURECLICK.....	62
EASY TOUCH PEN NEEDLES 29.....	99	ENCARE.....	48
EASY TOUCH PEN NEEDLES 31.....	99	ENGERIX-B.....	10
EASY TOUCH PEN NEEDLES 32.....	99	enoxaparin sodium inj 300 mg/3ml.....	73
EASY TOUCH PEN NEEDLES/31.....	99	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
EASY TOUCH SAFETY LANCETS.....	99	ENSPRYNG.....	131
EASY TOUCH SAFETY PEN NEE.....	99	entacapone tab 200 mg.....	68
EASY TOUCH SHEATHLOCK SAF.....	99	entecavir tab 0.5 mg, 1 mg.....	5
econazole nitrate cream 1%.....	82	ENTRESTO.....	39
EDURANT.....	4	ENTYVIO PEN.....	46
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	4	EPCLUSA.....	5
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	4	EPIDIOLEX.....	66
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	4	epinastine hcl ophth soln 0.05%.....	78
efavirenz tab 600 mg.....	4	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	37
EGATEN.....	8	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	37
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent).....	64	EPIVIR.....	5
ELIQUIS.....	73	eplerenone tab 25 mg, 50 mg.....	35
ELIQUIS STARTER PACK.....	73	EPRONTIA.....	66
ELLA.....	23	EQL COLOR LANCETS 21G.....	100
ELOCTATE.....	74	EQL COLOR LANCETS MICRO T.....	100
EMBECTA AUTOSHIELD DUO 30.....	99	EQL INSULIN SYRINGE/0.3ML.....	100
EMBECTA INSULIN SYRINGE.....	99	EQL INSULIN SYRINGE/0.5ML.....	100
EMBECTA INSULIN SYRINGE/.....	99	EQL INSULIN SYRINGE/1ML/2.....	100
EMBECTA INSULIN SYRINGE/U.....	99	EQL INSULIN SYRINGE/1ML/3.....	100
EMBECTA PEN NEEDLE/NANO/2.....	99	EQL SHORT PEN NEEDLES 31G.....	100
EMBECTA PEN NEEDLE/NANO/3.....	99	EQL SUPER THIN LANCETS 30.....	100
EMBECTA PEN NEEDLE/ULTRA.....	99	EQL THIN LANCETS 26G.....	100
EMBRACE LANCETS ULTRA THI.....	99	EQL ULTRA SHORT PEN NEEDL.....	100
EMBRACE LANCING DEVICE WI.....	99	ergocalciferol cap 1.25 mg (50000 unit).....	70
EMBRACE PEN NEEDLES/29G X.....	99	ERGOTAMINE TARTRATE/CAFFE.....	64
EMBRACE PEN NEEDLES/30G X.....	99	ERIVEDGE.....	14
EMBRACE PEN NEEDLES/31G X.....	100	ERLEADA.....	14
EMBRACE PEN NEEDLES/32G X.....	100	erlotinib hcl tab 25 mg (base equivalent).....	14
EMBRACE PRESSURE ACTIVATE.....	100	erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	14
EMEND.....	45	erythromycin ethylsuccinate for susp 200 mg/5ml.....	2
EMGALITY.....	64	erythromycin ethylsuccinate for susp 400 mg/5ml.....	2
EMPAVELI.....	75	erythromycin ethylsuccinate tab 400 mg.....	2
emtricitabine caps 200 mg.....	4	erythromycin gel 2%.....	82
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg.....	4	erythromycin ophth oint 5 mg/gm.....	78
EMTRIVA.....	4	erythromycin soln 2%.....	82
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	35	erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	2

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erythromycin tab 250 mg, 500 mg.....	2	exemestane tab 25 mg.....	14
escitalopram oxalate soln 5 mg/5ml (base equiv).....	50	EYSUVIS.....	78
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv).....	50	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	38
esomeprazole magnesium cap delayed release 40 mg (base eq).....	44	ezetimibe tab 10 mg.....	38
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg.....	44	E-Z JECT LANCETS.....	97
esomeprazole magnesium for delayed release susp pack 2.5 mg.....	44	E-Z JECT LANCETS COLOR.....	97
ESPEROCT.....	75	E-Z JECT LANCETS 21G.....	97
estazolam tab 1 mg, 2 mg.....	54	E-ZJECT LANCETS MICRO-THI.....	97
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	22	E-Z JECT LANCETS SUPER TH.....	97
estradiol & norethindrone acetate tab 1-0.5 mg.....	22	E-Z JECT LANCETS THIN 26G.....	97
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	22	EZ-LETS LANCETS 21G.....	100
estradiol tab 0.5 mg, 1 mg, 2 mg.....	22	EZ-LETS LANCETS 30G.....	100
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%).....	22	EZ-LETS LANCETS 26G SUPER.....	100
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.....	22	EZ-LETS LANCETS 28G ULTRA.....	100
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.....	22	<b>F</b>	
estradiol vaginal cream 0.1 mg/gm.....	48	famciclovir tab 125 mg, 250 mg, 500 mg.....	5
estradiol vaginal tab 10 mcg.....	48	famotidine for susp 40 mg/5ml.....	44
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ ml.....	22	famotidine tab 20 mg, 40 mg.....	44
ESTRING.....	48	FANTASY LUBRICATED.....	100
eszopiclone tab 1 mg, 2 mg, 3 mg.....	54	FANTASY LUBRICATED/SPERMI.....	100
ethacrynic acid tab 25 mg.....	36	FARXIGA.....	24
ethambutol hcl tab 100 mg.....	3	FASENRA PEN.....	41
ethambutol hcl tab 400 mg.....	3	FC2 FEMALE CONDOM.....	100
ethosuximide cap 250 mg.....	66	febuxostat tab 40 mg, 80 mg.....	65
ethosuximide soln 250 mg/5ml.....	66	FEIBA.....	75
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	23	felbamate susp 600 mg/5ml.....	66
etodolac cap 200 mg, 300 mg.....	62	felbamate tab 400 mg, 600 mg.....	66
etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	62	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	33
etodolac tab 400 mg.....	62	FEMCAP.....	100
etodolac tab 500 mg.....	62	fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....	38
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	23	fenofibrate tab 48 mg, 145 mg.....	38
ETOPOSIDE.....	14	fenofibrate tab 54 mg, 160 mg.....	38
etravirine tab 100 mg, 200 mg.....	5	fenoprofen calcium tab 600 mg.....	62
everolimus tab for oral susp 3 mg.....	14	fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	60
everolimus tab for oral susp 2 mg, 5 mg.....	14	ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe).....	72
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	14	fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	47
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	131	FIASP.....	26
EVOTAZ.....	5	FIASP FLEXTOUCH.....	26
EVRYSDI.....	69	FIASP PENFILL.....	26
		FIBRYGA.....	75
		FIFTY50 PEN NEEDLES/31GX8.....	100
		FIFTY50 PEN NEEDLES/32GX4.....	100
		FIFTY50 PEN NEEDLES/32GX6.....	101
		FIFTY50 PEN NEEDLES 31GX5.....	100
		FIFTY50 PEN NEEDLES 31G X.....	100
		FIFTY50 SAFETY SEAL LANCE.....	101
		FIFTY50 SUPERIOR COMFORT.....	101
		FIFTY50 UNILET LANCETS 33.....	101

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FILSPARI.....	48	fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....	38
<b>finasteride tab 5 mg.....</b>	<b>49</b>	<b>fluvoxamine maleate tab 100 mg.....</b>	<b>50</b>
FINGERSTIX LANCETS.....	101	<b>fluvoxamine maleate tab 25 mg, 50 mg.....</b>	<b>50</b>
<b>finngolimod hcl cap 0.5 mg (base equiv).....</b>	<b>57</b>	FLUZONE 2024-2025.....	10
FINTEPLA.....	66	FLUZONE HIGH-DOSE 2024-20.....	10
FIRDAPSE.....	70	<b>folic acid tab 400 mcg, 800 mcg, 1 mg.....</b>	<b>72</b>
<b>flecainide acetate tab 50 mg, 100 mg, 150 mg.....</b>	<b>34</b>	FOLIVANE-OB.....	70
FLUAD 2024-2025.....	10	<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....</b>	<b>73</b>
FLUARIX 2024-2025.....	10	FORA LANCETS.....	101
FLUBLOK 2024-2025.....	10	FORA LANCING DEVICE.....	101
FLUCELVAX 2024-2025.....	10	FORA LANCING DEVICE/CLEAR.....	101
<b>fluconazole for susp 10 mg/ml, 40 mg/ml.....</b>	<b>3</b>	<b>fosamprenavir calcium tab 700 mg (base equiv).....</b>	<b>5</b>
<b>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....</b>	<b>3</b>	<b>fosfomycin tromethamine powd pack 3 gm (base equivalent).....</b>	<b>9</b>
<b>flucytosine cap 250 mg, 500 mg.....</b>	<b>3</b>	<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....</b>	<b>35</b>
<b>fludrocortisone acetate tab 0.1 mg.....</b>	<b>20</b>	<b>fosinopril sodium tab 10 mg, 20 mg, 40 mg.....</b>	<b>35</b>
FLULAVAL 2024-2025.....	10	FOTIVDA.....	14
FLUMIST NASAL VACCINE 202.....	10	FREESTYLE LANCETS.....	101
<b>flunisolide nasal soln 25 mcg/act (0.025%).....</b>	<b>40</b>	FREESTYLE LIBRE 2/READER/.....	101
<b>fluocinolone acetonide cream 0.01%.....</b>	<b>82</b>	FREESTYLE LIBRE 3/READER/.....	101
<b>fluocinolone acetonide cream 0.025%.....</b>	<b>82</b>	FREESTYLE LIBRE/READER/FL.....	101
<b>fluocinolone acetonide oil 0.01% (body oil).....</b>	<b>82</b>	FREESTYLE LIBRE 2/SENSOR/.....	101
<b>fluocinolone acetonide oil 0.01% (scalp oil).....</b>	<b>82</b>	FREESTYLE LIBRE 3/SENSOR/.....	101
<b>fluocinolone acetonide oint 0.025%.....</b>	<b>82</b>	FREESTYLE LIBRE 14 DAY/RE.....	101
<b>fluocinolone acetonide (otic) oil 0.01%.....</b>	<b>79</b>	FREESTYLE LIBRE 14 DAY/SE.....	101
<b>fluocinolone acetonide soln 0.01%.....</b>	<b>82</b>	FREESTYLE LIBRE 2 PLUS/SE.....	101
FLUOCINONIDE.....	82	FREESTYLE LIBRE 3 PLUS/SE.....	101
<b>fluocinonide cream 0.05%.....</b>	<b>82</b>	FREESTYLE UNISTICK II LAN.....	101
<b>fluocinonide emulsified base cream 0.05%.....</b>	<b>83</b>	<b>frovatriptan succinate tab 2.5 mg (base equivalent).....</b>	<b>64</b>
<b>fluocinonide oint 0.05%.....</b>	<b>83</b>	FRUZAQLA.....	14
<b>fluocinonide soln 0.05%.....</b>	<b>83</b>	FULPHILA.....	72
<b>fluorometholone ophth susp 0.1%.....</b>	<b>78</b>	FUROSCIX.....	37
FLUOROURACIL.....	83	<b>furosemide oral soln 10 mg/ml.....</b>	<b>37</b>
<b>fluorouracil cream 5%.....</b>	<b>83</b>	<b>furosemide tab 20 mg, 40 mg, 80 mg.....</b>	<b>37</b>
<b>fluorouracil soln 5%.....</b>	<b>83</b>	FUZEON.....	5
<b>fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....</b>	<b>50</b>	FYLNETRA.....	72
<b>fluoxetine hcl solution 20 mg/5ml.....</b>	<b>50</b>	<b>G</b>	
<b>fluoxetine hcl tab 60 mg.....</b>	<b>50</b>	<b>gabapentin cap 100 mg, 300 mg, 400 mg.....</b>	<b>66</b>
<b>fluphenazine decanoate inj 25 mg/ml.....</b>	<b>52</b>	<b>gabapentin oral soln 250 mg/5ml.....</b>	<b>66</b>
<b>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....</b>	<b>52</b>	<b>gabapentin tab 600 mg, 800 mg.....</b>	<b>66</b>
FLUPHENAZINE HYDROCHLORID.....	52	GALAFOLD.....	30
FLURBIPROFEN SODIUM.....	78	<b>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....</b>	<b>57</b>
<b>flurbiprofen tab 100 mg.....</b>	<b>62</b>	<b>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....</b>	<b>57</b>
FLUTICASONE PROPIONATE/SA.....	42	GAMMAGARD LIQUID.....	12
<b>fluticasone propionate cream 0.05%.....</b>	<b>83</b>	GAMMAKED.....	12
FLUTICASONE PROPIONATE DI.....	41	GAMUNEX-C.....	12
FLUTICASONE PROPIONATE HF.....	42	GARDASIL 9.....	11
<b>fluticasone propionate nasal susp 50 mcg/act.....</b>	<b>40</b>		
<b>fluticasone propionate oint 0.005%.....</b>	<b>83</b>		
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....</b>	<b>42</b>		
<b>fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....</b>	<b>38</b>		

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gatifloxacin ophth soln 0.5%.....	78	GNP INSULIN SYRINGES/1/2M.....	102
GATTEX.....	46	GNP INSULIN SYRINGES/0.3M.....	102
GAVRETO.....	14	GNP INSULIN SYRINGES/1ML/.....	103
gefitinib tab 250 mg.....	14	GNP INSULIN SYRINGES/3ML/.....	103
gemfibrozil tab 600 mg.....	38	GNP LANCETS 21G.....	103
GENOTROPIN.....	30	GNP LANCETS THIN 26G.....	103
GENOTROPIN MINIQUICK.....	30	GNP LANCING SYSTEM DEVICE.....	103
gentamicin sulfate cream 0.1%.....	83	GNP PEN NEEDLES 31GX5MM.....	103
gentamicin sulfate oint 0.1%.....	83	GNP PEN NEEDLES 31GX8MM.....	103
gentamicin sulfate ophth soln 0.3%.....	78	GNP PEN NEEDLES 32GX4MM.....	103
GENTEEL BUTTERFLY TOUCH L.....	101	GNP PEN NEEDLES 32GX6MM.....	103
GENTEEL LANCING KIT/BUTTE.....	101	GNP STERILE LANCETS 28G.....	103
GENTEEL PLUS LANCING DEVI.....	101	GNP STERILE LANCETS 30G.....	103
GENTLE-LET LANCETS GENERA.....	101	GNP STERILE LANCETS 33G.....	103
GENTLE-LET LANCETS SAFETY.....	101	GNP ULTICARE PEN NEEDLES.....	103
GENVOYA.....	5	GNP ULTICARE PEN NEEDLES/.....	103
GEODON.....	52	GNP ULTIGUARD SAFEPAK/MI.....	103
GILOTRIF.....	15	GNP ULTIGUARD SAFEPAK/SH.....	103
glatiramer acetate soln prefilled syringe 20 mg/ml.....	57	GNP ULTRA COMFORT INSULIN.....	103
glatiramer acetate soln prefilled syringe 40 mg/ml.....	57	GOJJI LANCING DEVICE/CLEA.....	103
GLEOSTINE.....	15	GOJJI STERILE LANCETS 30G.....	103
glimepiride tab 1 mg, 2 mg, 4 mg.....	24	GOODSENSE CLICKFINE SAFET.....	103
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....	24	GOODSENSE COLOR LANCETS M.....	103
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....	24	GOODSENSE LANCETS MICRO-T.....	103
glipizide tab 5 mg, 10 mg.....	24	GOODSENSE LANCETS ULTRA-T.....	103
GLOBAL EASE INJECT PEN NE.....	101	GOODSENSE LANCING DEVICE.....	103
GLOBAL EASY GLIDE INSULIN.....	102	GOODSENSE PEN NEEDLE/PENF.....	103
GLOBAL EASY GLIDE PEN NEE.....	102	<b>granisetron hcl tab 1 mg.....</b>	<b>45</b>
GLOBAL INJECT EASE INSULI.....	102	<b>griseofulvin microsize susp 125 mg/5ml.....</b>	<b>3</b>
GLOBAL INJECT EASE LANCET.....	102	<b>griseofulvin microsize tab 500 mg.....</b>	<b>3</b>
GLOBAL INSULIN SYRINGE/U.....	102	<b>griseofulvin ultramicrosize tab 125 mg, 250 mg.....</b>	<b>3</b>
GLOBAL INSULIN SYRINGES/U.....	102	<b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv).....</b>	<b>55</b>
GLOBAL LANCING DEVICE.....	102	<b>guanfacine hcl tab 1 mg, 2 mg.....</b>	<b>35</b>
GLUCAGON EMERGENCY KIT FO.....	24	GVOKE HYPOPEN 1-PACK.....	25
GLUCOCOM LANCETS 28G.....	102	GVOKE HYPOPEN 2-PACK.....	25
GLUCOCOM LANCETS 30G.....	102	GVOKE KIT.....	25
GLUCOCOM LANCETS 33G.....	102	GVOKE PFS.....	25
GLUCOPRO INSULIN SYRINGE/.....	102	<b>H</b>	
glutamine (sickle cell) powd pack 5 gm.....	72	HADLIMA.....	62
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg.....	25	HADLIMA PUSH TOUCH.....	62
GLYBURIDE MICRONIZED.....	24	HAEGARDA.....	75
glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	24	HAEMOLANCE.....	104
glycopyrrolate oral soln 1 mg/5ml.....	44	HAEMOLANCE LOW FLOW LANCE.....	104
glycopyrrolate tab 1 mg.....	44	HAEMOLANCE PLUS.....	104
glycopyrrolate tab 2 mg.....	44	HAEMOLANCE PLUS HIGH FLOW.....	104
GLYXAMBI.....	25	HAEMOLANCE PLUS LOW FLOW.....	104
GNP CLICKFINE UNIVERSAL P.....	102	HAEMOLANCE PLUS MAX FLOW.....	104
GNP INSULIN SYRINGE/0.3ML.....	102	HAEMOLANCE PLUS PEDIATRIC.....	104
GNP INSULIN SYRINGE/0.5ML.....	102	<b>halcinonide cream 0.1%.....</b>	<b>83</b>
GNP INSULIN SYRINGE/1ML/2.....	102	HALDOL DECANOATE 50.....	52
GNP INSULIN SYRINGE/1ML/3.....	102		

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HALDOL DECANOATE 100.....	52	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	35
halobetasol propionate cream 0.05%.....	83	hydrochlorothiazide cap 12.5 mg.....	37
haloperidol decanoate im soln 50 mg/ml.....	52	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	37
haloperidol decanoate im soln 100 mg/ml.....	52	hydrocodone-acetaminophen soln 7.5-325	
haloperidol lactate oral conc 2 mg/ml.....	52	mg/15ml.....	60
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20		hydrocodone-acetaminophen tab 5-325 mg.....	60
mg.....	52	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325	
HARVONI.....	5	mg.....	60
HAVRIX.....	11	hydrocodone bitart-homatropine methylbromide tab	
HEALTH CARE LANCING DEVIC.....	104	5-1.5 mg.....	40
HEALTHWISE INSULIN SYRING.....	104	hydrocodone bitart-homatropine methylbrom soln	
HEALTHWISE MICRON PEN NEE.....	104	5-1.5 mg/5ml.....	40
HEALTHWISE MINI PEN NEEDL.....	104	hydrocodone-ibuprofen tab 7.5-200 mg.....	60
HEALTHWISE PEN NEEDLES 29.....	104	HYDROCODONE POLISTIREX/CH.....	40
HEALTHWISE SHORT PEN NEED.....	104	HYDROCORTISONE.....	83
H-E-B INCONTROL ADVANCED.....	104	HYDROCORTISONE ACETATE/PR.....	80
H-E-B INCONTROL LANCETS M.....	104	HYDROCORTISONE BUTYRATE.....	83
H-E-B INCONTROL LANCETS S.....	104	hydrocortisone cream 2.5%.....	83
H-E-B INCONTROL LANCETS U.....	104	hydrocortisone enema 100 mg/60ml.....	80
H-E-B IN CONTROL PEN NEED.....	104	hydrocortisone oint 2.5%.....	83
H-E-B INCONTROL PEN NEEDL.....	104	hydrocortisone perianal cream 1%.....	80
H-E-B IN CONTROL UNIFINE.....	104	hydrocortisone perianal cream 2.5%.....	80
HEMLIBRA.....	75	hydrocortisone tab 5 mg, 10 mg, 20 mg.....	20
HEMOFIL M.....	75	hydrocortisone valerate cream 0.2%.....	83
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/		hydrocortisone valerate oint 0.2%.....	83
ml.....	73	hydrocortisone w/ acetic acid otic soln 1-2%.....	79
HEPLISAV-B.....	11	hydromorphone hcl liqd 1 mg/ml.....	60
HIBERIX.....	11	hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32	
HIZENTRA.....	12	mg.....	60
HM ULTICARE INSULIN SYRIN.....	104	hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	60
HM ULTICARE MINI PEN NEED.....	105	hydroxychloroquine sulfate tab 200 mg.....	8
HM ULTICARE SHORT PEN NEE.....	105	hydroxychloroquine sulfate tab 100 mg, 300 mg, 400	
HUMALOG.....	26	mg.....	8
HUMALOG JUNIOR KWIKPEN.....	26	hydroxyurea cap 500 mg.....	15
HUMALOG KWIKPEN.....	27	hydroxyzine hcl syrup 10 mg/5ml.....	49
HUMALOG MIX 75/25.....	27	hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	49
HUMALOG MIX 50/50 KWIKPEN.....	27	hydroxyzine pamoate cap 25 mg, 50 mg.....	49
HUMALOG MIX 75/25 KWIKPEN.....	27	HYFTOR.....	83
HUMALOG TEMPO PEN.....	27	HYPOLANCE AST LANCING KIT.....	105
HUMATE-P.....	75	HY-VEE LANCETS.....	105
HUMATIN.....	3	HY-VEE THIN LANCETS.....	105
HUMIRA.....	62		
HUMIRA PEN.....	62	I	
HUMIRA PEN-CD/UC/HS START.....	62	ibandronate sodium tab 150 mg (base equivalent).....	30
HUMIRA PEN-PS/UV STARTER.....	62	IBRANCE.....	15
HUMULIN 70/30.....	28	ibuprofen tab 400 mg, 600 mg, 800 mg.....	62
HUMULIN 70/30 KWIKPEN.....	28	icatibant acetate subcutaneous soln pref syr 30	
HUMULIN N.....	27	mg/3ml.....	75
HUMULIN N KWIKPEN.....	28	ICLUSIG.....	15
HUMULIN R.....	27	IDELVION.....	75
HUMULIN R U-500 (CONCENTR.....	27	IDHIFA.....	15
HUMULIN R U-500 KWIKPEN.....	27	IHEALTH LANCING DEVICE.....	105
HYCAMTIN.....	15	ILET INSULIN INFUSION KIT.....	105

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ILET INSULIN PUMP.....	105	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	42
ILET STARTER KIT - CONTAC.....	105	ipratropium bromide inhal soln 0.02%.....	42
ILET STARTER KIT - INSET.....	105	ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray).....	40
<b>imatinib mesylate tab 100 mg (base equivalent).....</b>	<b>15</b>	IQRVO.....	46
<b>imatinib mesylate tab 400 mg (base equivalent).....</b>	<b>15</b>	<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg.....</b>	<b>35</b>
IMBRUVICA.....	15	<b>irbesartan tab 75 mg, 150 mg, 300 mg.....</b>	<b>35</b>
IMCIVREE.....	55	irrigation solution, physiological.....	131
<b>imipramine hcl tab 10 mg, 25 mg, 50 mg.....</b>	<b>50</b>	ISENTRESS.....	5
<b>imiquimod cream 5%.....</b>	<b>83</b>	ISENTRESS HD.....	5
IMKELDI.....	15	<b>isoniazid syrup 50 mg/5ml.....</b>	<b>3</b>
IMPAVIDO.....	9	<b>isoniazid tab 100 mg, 300 mg.....</b>	<b>3</b>
INBRIJA.....	69	<b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....</b>	<b>39</b>
INCONTROL ULTICARE MINI P.....	105	<b>isosorbide dinitrate tab 5 mg, 40 mg.....</b>	<b>32</b>
INCRELEX.....	30	<b>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....</b>	<b>32</b>
INCRUSE ELLIPTA.....	42	ISOSORBIDE MONONITRATE.....	32
<b>indapamide tab 1.25 mg, 2.5 mg.....</b>	<b>37</b>	<b>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg.....</b>	<b>32</b>
<b>indomethacin cap er 75 mg.....</b>	<b>63</b>	<b>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....</b>	<b>83</b>
<b>indomethacin cap 25 mg, 50 mg.....</b>	<b>63</b>	<b>isradipine cap 2.5 mg, 5 mg.....</b>	<b>33</b>
INLYTA.....	15	ITOVEBI.....	15
INQOVI.....	15	<b>itraconazole cap 100 mg.....</b>	<b>3</b>
INREBIC.....	15	<b>itraconazole oral soln 10 mg/ml.....</b>	<b>3</b>
INSULIN DEGLUDEC.....	28	<b>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv).....</b>	<b>39</b>
INSULIN DEGLUDEC FLEXTUOC.....	28	<b>ivermectin cream 1%.....</b>	<b>83</b>
INSULIN SYRINGE/0.3ML/30G.....	105	<b>ivermectin tab 3 mg.....</b>	<b>8</b>
INSULIN SYRINGE/0.3ML/31G.....	106	IWILFIN.....	15
INSULIN SYRINGE/0.5ML/28G.....	106	IXINITY.....	75
INSULIN SYRINGE/0.5ML/30G.....	106	<b>J</b>	
INSULIN SYRINGE/0.5ML/31G.....	106	JAKAFI.....	15
INSULIN SYRINGE/1ML/29G X.....	106	JANUMET.....	25
INSULIN SYRINGE/1ML/30G X.....	106	JANUMET XR.....	25
INSULIN SYRINGE/NEEDLE 0.....	105	JANUVIA.....	25
INSULIN SYRINGE/NEEDLE 1M.....	105	JARDIANCE.....	25
INSULIN SYRINGE/U-100/0.3.....	105	JAYPIRCA.....	15
INSULIN SYRINGE/U-100/0.5.....	105	JIVI.....	75
INSULIN SYRINGE/U-100/1ML.....	105	JOENJA.....	131
INSULIN SYRINGE 1ML/31G X.....	105	JULUCA.....	5
INSULIN SYRINGES/U-100/0.....	106	JYNARQUE.....	30
INSULIN SYRINGES/U-100/1M.....	106	JYNNEOS.....	11
INSULIN SYRINGES 0.3ML/31.....	106	<b>K</b>	
INSULIN SYRINGES 0.5ML/31.....	106	KALETRA.....	5
INSUPEN 33GX4MM.....	106	KALYDECO.....	43
INSUPEN 29G X 12MM.....	106	KAMELEON LUBRICATED.....	106
INSUPEN 31G X 5MM.....	106	KERENDIA.....	30
INSUPEN 31G X 8MM.....	106	KESIMPTA.....	57
INSUPEN 32G X 4MM.....	106	KETOCARE.....	86
INTELENCE.....	5	<b>ketoconazole cream 2%.....</b>	<b>83</b>
IN TOUCH DIABETES MANAGEM.....	105	<b>ketoconazole shampoo 2%.....</b>	<b>83</b>
IN TOUCH LANCING DEVICE.....	105		
IN TOUCH STERILE LANCETS.....	105		
INVEGA HAFYERA.....	52		
INVEGA SUSTENNA.....	52		
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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.....	63
KETOSTIX.....	86
KEVZARA.....	63
KIMONO COLORS.....	106
KIMONO LUBRICATED.....	106
KIMONO MAXX/LARGE FLARE.....	106
KIMONO MICRO THIN.....	106
KIMONO MICRO THIN PLUS SP.....	106
KIMONO PLUS SPERMICIDE/LU.....	107
KIMONO PLUS SPERMICIDE LU.....	106
KIMONO PS LUBRICATED.....	107
KIMONO PS PLUS SPERMICIDE.....	107
KIMONO SENSATION LUBRICAT.....	107
KIMONO SENSATION PLUS SPE.....	107
KIMONO SPECIAL.....	107
KINNEY LANCETS.....	107
KINNEY THIN LANCETS.....	107
KINRAY INSULIN SYRINGE/0.....	107
KINRAY INSULIN SYRINGE PR.....	107
KISQALI.....	15
KLOXXADO.....	85
KMART VALU PLUS INSULIN S.....	107
KOATE.....	75
KOATE-DVI.....	75
KOGENATE FS.....	75
KOSELUGO.....	15
KOVALTRY.....	75
K-PHOS NO 2.....	49
KRAZATI.....	15
KROGER AUTOLET LANCING DE.....	107
KROGER HEALTHPRO TWIST LA.....	107
KROGER INSULIN SYRINGE/0.....	107
KROGER INSULIN SYRINGE/1M.....	107
KROGER LANCETS.....	107
KROGER LANCETS 21G.....	107
KROGER LANCETS MICRO THIN.....	107
KROGER LANCETS SUPER THIN.....	107
KROGER LANCETS THIN.....	107
KROGER LANCETS THIN 26G.....	107
KROGER LANCETS ULTRATHIN.....	107
KROGER LANCING DEVICE.....	107
KROGER PEN NEEDLES/31G X.....	108
KROGER PEN NEEDLES/32G X.....	108
KROGER PEN NEEDLES/33G X.....	108
KROGER PEN NEEDLES 29G X.....	107
KROGER PEN NEEDLES 31G X.....	107
KROGER PEN NEEDLES 31GX1/.....	107

## L

labetalol hcl tab 100 mg, 200 mg, 300 mg.....	32
lacosamide oral solution 10 mg/ml.....	66
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg.....	66
lactated ringer's for irrigation.....	131
lactulose (encephalopathy) solution 10 gm/15ml.....	46
lactulose solution 10 gm/15ml.....	44
LAGEVRIO.....	5
lamivudine oral soln 10 mg/ml.....	5
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.....	66
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....	66
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....	67
lamotrigine tab 35 x 25 mg starter kit.....	66
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LANCET DEVICE ADJUSTABLE.....	108
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LANCETS 33G EXTRA FINE.....	108
LANCETS 28G THIN.....	108
LANCETS 30G TWIST TOP.....	108
LANCETS 33G UNIVERSAL DES.....	108
LANCETS MICRO THIN 33G.....	108
LANCETS SUPER THIN 28G.....	108
LANCETS THIN.....	108
LANCETS ULTRA THIN 30G.....	108
LANCING DEVICE.....	108
lansoprazole cap delayed release 30 mg.....	44
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental).....	46
LANTUS.....	28
LANTUS SOLOSTAR.....	28
LANZO.....	108
lapatinib ditosylate tab 250 mg (base equiv).....	16
latanoprost ophth soln 0.005%.....	78

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LAZCLUZE.....	16	levonorgestrel tab 1.5 mg.....	23
LEADER ADVANCED LANCING D.....	108	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab	
LEADER INSULIN SYRINGE/0.....	108	0.01mg(7).....	23
LEADER INSULIN SYRINGE/1M.....	108	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab	
LEADER LANCETS COLORED.....	108	0.01mg(7).....	23
LEADER SUPER THIN LANCET.....	108	levorphanol tartrate tab 2 mg.....	60
LEADER THIN LANCETS.....	108	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88	
LEADER UNIFINE PENTIPS/MI.....	108	mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg,	
LEADER UNIFINE PENTIPS/NA.....	108	175 mcg, 200 mcg, 300 mcg.....	29
LEADER UNIFINE PENTIPS/PL.....	108	LIBERTY MEDICAL LANCETS 3.....	109
LEADER UNIFINE PENTIPS PL.....	108	lidocaine hcl soln 4%.....	83
LEDIPASVIR/SOFOSBUVIR.....	6	lidocaine hcl urethral/mucosal gel prefilled syringe	
leflunomide tab 10 mg, 20 mg.....	63	2%.....	83
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25		lidocaine hcl viscous soln 2%.....	80
mg.....	131	lidocaine oint 5%.....	83
lenalidomide caps 2.5 mg.....	131	lidocaine patch 5%.....	83
LENVIMA 4 MG DAILY DOSE.....	16	lidocaine-prilocaine cream 2.5-2.5%.....	83
LENVIMA 8 MG DAILY DOSE.....	16	LIFESCAN UNISTIK 2 DEEP P.....	109
LENVIMA 10 MG DAILY DOSE.....	16	linezolid for susp 100 mg/5ml.....	9
LENVIMA 12MG DAILY DOSE.....	16	linezolid tab 600 mg.....	9
LENVIMA 14 MG DAILY DOSE.....	16	LINZESS.....	46
LENVIMA 18 MG DAILY DOSE.....	16	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	29
LENVIMA 20 MG DAILY DOSE.....	16	lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30	
LENVIMA 24 MG DAILY DOSE.....	16	mg, 40 mg, 50 mg, 60 mg, 70 mg.....	55
letrozole tab 2.5 mg.....	16	lisdexamfetamine dimesylate chew tab 10 mg, 20 mg,	
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg.....	16	30 mg, 40 mg, 50 mg, 60 mg.....	55
LEUKERAN.....	16	lisinopril & hydrochlorothiazide tab 10-12.5 mg,	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	16	20-12.5 mg, 20-25 mg.....	35
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base		lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40	
equiv).....	42	mg.....	35
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv),		LITETOUCH INSULIN PEN NEE.....	109
0.63 mg/3ml (base equiv), 1.25 mg/3ml (base		LITETOUCH INSULIN SYRINGE.....	109
equiv).....	42	LITE TOUCH LANCETS.....	109
levetiracetam oral soln 100 mg/ml.....	67	LITETOUCH LANCETS MICRO T.....	109
levetiracetam tab er 24hr 500 mg, 750 mg.....	67	LITE TOUCH LANCING PEN.....	109
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000		LITETOUCH PEN NEEDLES/31.....	109
mg.....	67	LITETOUCH PEN NEEDLES/31G.....	109
LEVOBUNOLOL HCL.....	78	LITETOUCH PEN NEEDLES 29G.....	109
levocarnitine oral soln 1 gm/10ml (10%).....	30	LITETOUCH PEN NEEDLES 31G.....	109
levocarnitine tab 330 mg.....	30	LITFULO.....	83
levocetirizine dihydrochloride tab 5 mg.....	40	LITHIUM CARBONATE.....	52
levofloxacin oral soln 25 mg/ml.....	2	lithium carbonate cap 150 mg, 300 mg, 600 mg.....	52
levofloxacin tab 250 mg, 500 mg, 750 mg.....	2	lithium carbonate tab er 300 mg.....	52
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est		lithium carbonate tab er 450 mg.....	52
0.01 mg.....	23	lithium carbonate tab 300 mg.....	52
levonorgestrel & ethinyl estradiol (91-day) tab		lithium oral solution 8 meq/5ml.....	52
0.15-0.03 mg.....	23	LIVDELZI.....	46
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg,		LIVE BETTER ADVANCED LANC.....	109
0.15 mg-30 mcg.....	23	LIVE BETTER LANCET SUPER.....	109
levonorgestrel-eth estra tab		LIVE BETTER LANCET ULTRA.....	109
0.05-30/0.075-40/0.125-30mg-mcg.....	23	LIVE BETTER PEN NEEDLES 2.....	109
levonorgestrel-ethinyl estradiol (continuous) tab 90-20		LIVE BETTER PEN NEEDLES 3.....	109
mcg.....	23	LIVMARLI.....	46

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LIVTENCITY.....	6	maraviroc tab 300 mg.....	6
lofexidine hcl tab 0.18 mg (base equivalent).....	57	MATULANE.....	16
LOKELMA.....	131	MAVENCLAD.....	57
LO LOESTRIN FE.....	23	MAVYRET.....	6
LONGS INSULIN SYRINGE/0.5.....	109	MAXICOMFORT II PEN NEEDLE.....	110
LONGS LANCETS STANDARD.....	109	MAXI-COMFORT INSULIN SYRI.....	110
LONGS LANCETS THIN.....	109	MAXICOMFORT INSULIN SYRIN.....	110
LONGS LANCETS ULTRA THIN.....	109	MAXI-COMFORT SAFETY PEN N.....	110
LONSURF.....	16	MAXX LUBRICATED.....	110
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	6	MAXX PLUS SPERMICIDE LUBR.....	110
lopinavir-ritonavir tab 100-25 mg.....	6	MAYZENT.....	57
lopinavir-ritonavir tab 200-50 mg.....	6	MAYZENT STARTER PACK.....	57
loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	40	meclizine hcl tab 12.5 mg, 25 mg.....	45
loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	40	MEDICHOICE PRE-SET SAFETY.....	110
loratadine oral soln 5 mg/5ml.....	40	MEDICHOICE SAFETY LANCET.....	110
loratadine rapidly-disintegrating tab 10 mg.....	40	MEDICINE SHOPPE LANCETS.....	110
loratadine tab 10 mg.....	40	MEDICINE SHOPPE LANCETS T.....	110
lorazepam conc 2 mg/ml.....	49	MEDICINE SHOPPE PEN NEEDL.....	110
lorazepam tab 0.5 mg, 1 mg, 2 mg.....	49	MEDIC INSULIN SYRINGE/0.3.....	110
LORBRENA.....	16	MEDIC INSULIN SYRINGE/0.5.....	110
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	35	MEDLANCE PLUS/LITE 25G.....	110
losartan potassium tab 100 mg.....	35	MEDLANCE PLUS EXTRA LANCE.....	110
losartan potassium tab 25 mg, 50 mg.....	35	MEDLANCE PLUS LANCETS LIT.....	110
loteprednol etabonate ophth gel 0.5%.....	78	MEDLANCE PLUS LITE LANCET.....	110
loteprednol etabonate ophth susp 0.2%.....	78	MEDLANCE PLUS SPECIAL LAN.....	110
loteprednol etabonate ophth susp 0.5%.....	78	MEDLANCE PLUS SUPERLITE 3.....	110
lovastatin tab 10 mg, 20 mg, 40 mg.....	38	MEDLANCE PLUS UNIVERSAL L.....	110
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg.....	52	medroxyprogesterone acetate im susp 150 mg/ml.....	23
lubiprostone cap 8 mcg.....	46	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....	23
lubiprostone cap 24 mcg.....	46	medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg.....	24
LUMAKRAS.....	16	mefloquine hcl tab 250 mg.....	8
LUMIGAN.....	78	megestrol acetate susp 40 mg/ml.....	16
LUMRYZ.....	57	megestrol acetate tab 20 mg, 40 mg.....	16
LUMRYZ STARTER PACK.....	57	MEIJER COLOR LANCETS UNIV.....	110
lurasidone hcl tab 80 mg.....	53	MEIJER LANCETS.....	110
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....	52	MEIJER LANCETS THIN.....	110
LYNPARZA.....	16	MEIJER LANCETS UNIVERSAL.....	110
LYSODREN.....	16	MEIJER PEN NEEDLES 29G X.....	110
LYTGOBI.....	16	MEIJER PEN NEEDLES 31G X.....	110
LYUMJEV.....	27	MEIJER SUPER THIN LANCETS.....	110
LYUMJEV KWIKPEN.....	27	MEKINIST.....	17
LYUMJEV TEMPO PEN.....	27	MEKTOVI.....	17
<b>M</b>		meloxicam tab 7.5 mg, 15 mg.....	63
MAFENIDE ACETATE.....	83	memantine hcl oral solution 2 mg/ml.....	57
MAGELLAN INSULIN SAFETY S.....	109	memantine hcl tab 5 mg, 10 mg.....	57
malathion lotion 0.5%.....	83	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	58
MARATHON MEDICAL PENTIPS.....	109	MENEST.....	22
maraviroc tab 150 mg.....	6	MENQUADFI.....	11
		MENVEO.....	11
		mercaptapurine tab 50 mg.....	17

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mesalamine cap dr 400 mg.....	46	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	35
mesalamine cap er 24hr 0.375 gm.....	46	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	32
mesalamine enema 4 gm.....	46	metoprolol tartrate tab 50 mg, 100 mg.....	32
mesalamine suppos 1000 mg.....	46	metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	32
mesalamine tab delayed release 1.2 gm.....	46	metronidazole cream 0.75%.....	83
mesalamine tab delayed release 800 mg.....	46	metronidazole gel 0.75%.....	83
mesna tab 400 mg.....	17	metronidazole gel 1%.....	83
metaxalone tab 400 mg, 800 mg.....	69	metronidazole lotion 0.75%.....	84
metformin hcl tab er 24hr 500 mg, 750 mg.....	25	metronidazole tab 250 mg, 500 mg.....	9
metformin hcl tab 500 mg, 850 mg, 1000 mg.....	25	metronidazole vaginal gel 0.75%.....	48
methadone hcl conc 10 mg/ml.....	60	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	34
methadone hcl soln 5 mg/5ml.....	60	MICRODOT PEN NEEDLE/31G X.....	110
methadone hcl soln 10 mg/5ml.....	60	MICRODOT PEN NEEDLE/32G X.....	111
methadone hcl tab for oral susp 40 mg.....	60	MICRODOT PEN NEEDLE/33G X.....	111
methadone hcl tab 5 mg, 10 mg.....	60	MICROLET LANCETS.....	111
METHAMPHETAMINE HCL.....	55	MICROLET NEXT.....	111
methazolamide tab 25 mg, 50 mg.....	37	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	37
methenamine hippurate tab 1 gm.....	9	MIEBO.....	78
methimazole tab 5 mg, 10 mg.....	29	MIFEPREX.....	30
methocarbamol tab 500 mg, 750 mg.....	69	mifepristone tab 200 mg.....	30
METHOTREXATE SODIUM.....	17	mifepristone tab 300 mg.....	25
methotrexate sodium for inj 1 gm.....	17	MIGLITOL.....	25
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	17	miglustat cap 100 mg.....	72
methotrexate sodium tab 2.5 mg (base equiv).....	17	MINI LANCING DEVICE.....	111
METHOXSALEN.....	83	minocycline hcl cap 50 mg, 75 mg, 100 mg.....	2
methscopolamine bromide tab 2.5 mg, 5 mg.....	45	minoxidil tab 2.5 mg, 10 mg.....	35
methsuximide cap 300 mg.....	67	mirabegron tab er 24 hr 25 mg, 50 mg.....	47
METHYLDOPA.....	35	mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg.....	50
methylergonovine maleate tab 0.2 mg.....	29	mirtazapine tab 7.5 mg, 45 mg.....	50
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....	56	mirtazapine tab 15 mg, 30 mg.....	50
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	55	misoprostol tab 100 mcg, 200 mcg.....	45
methylphenidate hcl chew tab 10 mg.....	56	10ML SYRINGE LUER-LOK TIP.....	131
methylphenidate hcl chew tab 2.5 mg, 5 mg.....	56	1ML VANISHPOINT TUBERCULI.....	130
methylphenidate hcl soln 5 mg/5ml.....	56	MM INSULIN SYRINGE/U-100/.....	111
methylphenidate hcl soln 10 mg/5ml.....	56	MM LANCING DEVICE.....	111
methylphenidate hcl tab er 10 mg, 20 mg.....	56	MM PEN NEEDLES 31G X 3/16.....	111
methylphenidate hcl tab er osmotic release (osm) 36 mg.....	56	MM PEN NEEDLES 31G X 5/16.....	111
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....	56	MM PEN NEEDLES 32G X 5/32.....	111
methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	56	MM PEN NEEDLES 31G X 1/4".....	111
METHYLPHENIDATE HYDROCHLO.....	56	M-M-R II.....	11
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	21	MM TWIST LANCETS.....	111
methylprednisolone tab therapy pack 4 mg (21).....	21	M-NATAL PLUS.....	70
methyltestosterone cap 10 mg.....	21	modafinil tab 100 mg, 200 mg.....	56
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	46	MODERNA COVID-19 VACCINE.....	11
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	47	moexipril hcl tab 7.5 mg, 15 mg.....	35
metolazone tab 2.5 mg, 5 mg, 10 mg.....	37	mometasone furoate cream 0.1%.....	84
		mometasone furoate oint 0.1%.....	84
		mometasone furoate solution 0.1% (lotion).....	84
		MONOJECT HYPO/ALUM HUB/18.....	111

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MONOJECT HYPO/ALUM HUB/LU.....	111	NALOXONE HYDROCHLORIDE.....	85
MONOJECT INSULIN SYRINGE.....	111	naltrexone hcl tab 50 mg.....	85
MONOJECT INSULIN SYRINGE/.....	111	naproxen sodium tab 275 mg.....	63
MONOJECT MAGELLAN SAFETY.....	111	naproxen sodium tab 550 mg.....	63
MONOJECT 1ML LUER LOCK TU.....	112	naproxen tab 500 mg.....	63
MONOJECT SYRINGE PHARMACY.....	111	naproxen tab 250 mg, 375 mg.....	63
MONOJECT TUBERCULIN SYRIN.....	111	naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	64
MONOJECT ULTRA COMFORT IN.....	112	NATACYN.....	78
MONOLET LANCETS.....	112	nateglinide tab 60 mg, 120 mg.....	25
MONOLET OPD LANCETS.....	112	NAYZILAM.....	67
MONOLETTOR SAFETY LANCETS.....	112	nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	32
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	42	NEOMYCIN/POLYMYXIN/GRAMIC.....	78
montelukast sodium tab 10 mg (base equiv).....	42	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	78
morphine sulfate oral soln 10 mg/5ml.....	60	neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	78
morphine sulfate oral soln 20 mg/5ml.....	60	neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	78
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	60	neomycin-polymyxin-hc otic soln 1%.....	79
morphine sulfate tab er 100 mg, 200 mg.....	61	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	79
morphine sulfate tab er 15 mg, 30 mg, 60 mg.....	61	neomycin sulfate tab 500 mg.....	3
morphine sulfate tab 15 mg.....	61	NEONATAL COMPLETE.....	70
morphine sulfate tab 30 mg.....	61	NEONATAL PLUS.....	70
MOTPOLY XR.....	67	NERLYNX.....	17
MOUNJARO.....	25	NEULASTA.....	72
MOVANTIK.....	47	NEVIRAPINE.....	6
moxifloxacin hcl ophth soln 0.5% (base equiv).....	78	nevirapine tab er 24hr 400 mg.....	6
moxifloxacin hcl tab 400 mg (base equiv).....	2	nevirapine tab 200 mg.....	6
MRESVIA.....	11	NEXLETOL.....	38
MS INSULIN SYRINGE/0.3ML/.....	112	NEXLIZET.....	38
MS INSULIN SYRINGE/0.5ML/.....	112	niacin tab er 1000 mg (antihyperlipidemic).....	38
MS INSULIN SYRINGE/1ML/29.....	112	niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic).....	38
MS INSULIN SYRINGE/1ML/30.....	112	nicardipine hcl cap 20 mg, 30 mg.....	33
MS INSULIN SYRINGE/1ML/31.....	112	nicotine polacrilex gum 2 mg, 4 mg.....	58
MULTI-LANCET DEVICE.....	112	nicotine polacrilex lozenge 2 mg, 4 mg.....	58
MULTI-LANCET DEVICE 2.....	112	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	58
mupirocin oint 2%.....	84	NICOTROL INHALER.....	58
MYCAPSSA.....	30	NICOTROL NS.....	58
mycophenolate mofetil cap 250 mg.....	131	nifedipine cap 10 mg, 20 mg.....	33
mycophenolate mofetil for oral susp 200 mg/ml.....	131	nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	33
mycophenolate mofetil tab 500 mg.....	131	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	33
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	131	nilutamide tab 150 mg.....	17
MYFEMBREE.....	22	nimodipine cap 30 mg.....	33
MYGLUCOHEALTH MGH SOFTLAN.....	112	NINLARO.....	17
MYHIBBIN.....	131	NISOLDIPINE ER.....	33
MYLERAN.....	17	nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	33
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nabumetone tab 500 mg, 750 mg.....	63		
nadolol tab 20 mg, 40 mg, 80 mg.....	32		
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.....	85		

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NITAZOXANIDE.....	9	NOVOFINE PEN NEEDLE 32G X.....	112
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	30	NOVOFINE PLUS PEN NEEDLE.....	112
NITRO-BID.....	32	NOVOLIN 70/30.....	28
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg.....	9	NOVOLIN 70/30 FLEXPEN.....	28
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	9	NOVOLIN 70/30 FLEXPEN REL.....	28
nitrofurantoin susp 25 mg/5ml.....	9	NOVOLIN 70/30 RELION.....	28
nitroglycerin oint 0.4%.....	80	NOVOLIN N.....	28
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	32	NOVOLIN N FLEXPEN.....	28
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	32	NOVOLIN N FLEXPEN RELION.....	28
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	32	NOVOLIN N RELION.....	28
NITYR.....	30	NOVOLIN R.....	27
NIVA-PLUS.....	70	NOVOLIN R FLEXPEN.....	27
NIVA THYROID.....	29	NOVOLIN R FLEXPEN RELION.....	27
NIVESTYM.....	72	NOVOLIN R RELION.....	27
nizatidine cap 150 mg.....	45	NOVOLOG.....	27
NORDITROPIN FLEXPEN.....	30	NOVOLOG FLEXPEN.....	27
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	23	NOVOLOG FLEXPEN RELION.....	27
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	23	NOVOLOG MIX 70/30.....	28
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....	23	NOVOLOG MIX 70/30 PREFILL.....	28
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	23	NOVOLOG MIX 70/30 RELION.....	28
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	23	NOVOLOG PENFILL.....	27
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	23	NOVOLOG RELION.....	27
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg.....	22	NOVOSEVEN RT.....	75
norethindrone acetate tab 5 mg.....	24	NOXAFIL.....	3
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	23	NP THYROID 15.....	29
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	NP THYROID 30.....	29
norethindrone tab 0.35 mg.....	23	NP THYROID 60.....	29
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	24	NP THYROID 90.....	29
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	NP THYROID 120.....	29
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	24	NUBEQA.....	17
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	50	NUCALA.....	42
nortriptyline hcl soln 10 mg/5ml.....	50	NULIBRY.....	30
NORVIR.....	6	NURTEC.....	64
NOVA SAFETY LANCETS 23G.....	112	NUVARING.....	24
NOVA SAFETY LANCETS 28G.....	112	NUWIQ.....	76
NOVA SUREFLEX LANCETS.....	112	nystatin cream 100000 unit/gm.....	84
NOVA SUREFLEX LANCING DEV.....	112	nystatin oint 100000 unit/gm.....	84
NOVAVAX COVID-19 VACCINE/.....	11	nystatin susp 100000 unit/ml.....	80
NOVOEIGHT.....	75	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.....	73
		<b>O</b>	
		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.....	17

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OFEV.....	43	OPILL.....	24
<b>ofloxacin ophth soln 0.3%.....</b>	<b>78</b>	OPSUMIT.....	39
<b>ofloxacin otic soln 0.3%.....</b>	<b>79</b>	OPTIONS GYNOL II VAGINAL.....	48
<b>ofloxacin tab 400 mg.....</b>	<b>3</b>	OPVEE.....	85
OGSIVEO.....	17	ORENCIA.....	63
OJEMDA.....	17	ORENCIA CLICKJECT.....	63
OJJAARA.....	17	ORFADIN.....	31
<b>olanzapine for im inj 10 mg.....</b>	<b>53</b>	ORGOVYX.....	17
<b>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....</b>	<b>53</b>	ORIAHNN.....	22
<b>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg.....</b>	<b>53</b>	ORLISSA.....	31
<b>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.....</b>	<b>36</b>	ORKAMBI.....	43
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....</b>	<b>36</b>	ORLADEYO.....	76
<b>olmesartan medoxomil tab 5 mg.....</b>	<b>35</b>	<b>orphenadrine citrate tab er 12hr 100 mg.....</b>	<b>70</b>
<b>olmesartan medoxomil tab 20 mg, 40 mg.....</b>	<b>35</b>	<b>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg.....</b>	<b>70</b>
<b>olopatadine hcl nasal soln 0.6%.....</b>	<b>40</b>	ORSERDU.....	17
OLUMIANT.....	63	<b>oseltamivir phosphate cap 30 mg (base equiv).....</b>	<b>6</b>
<b>omega-3-acid ethyl esters cap 1 gm.....</b>	<b>38</b>	<b>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv).....</b>	<b>6</b>
<b>omeprazole cap delayed release 20 mg.....</b>	<b>45</b>	<b>oseltamivir phosphate for susp 6 mg/ml (base equiv).....</b>	<b>6</b>
<b>omeprazole cap delayed release 10 mg, 40 mg.....</b>	<b>45</b>	OTEZLA.....	63
OMNIPOD DASH INTRO KIT (G.....)	112	OTREXUP.....	63
OMNIPOD DASH PODS (GEN 4).....	112	OIDREL.....	31
OMNIPOD 5 DEXCOM G7G6 INT.....	112	<b>oxaprozin tab 600 mg.....</b>	<b>63</b>
OMNIPOD 5 DEXCOM G7G6 POD.....	112	<b>oxazepam cap 10 mg, 15 mg, 30 mg.....</b>	<b>49</b>
OMNIPOD 5 LIBRE2 PLUS G6.....	113	<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml).....</b>	<b>67</b>
OMNITROPE.....	31	<b>oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg.....</b>	<b>67</b>
OMVOH.....	47	<b>oxcarbazepine tab 150 mg, 300 mg, 600 mg.....</b>	<b>67</b>
<b>ondansetron hcl oral soln 4 mg/5ml.....</b>	<b>45</b>	<b>oxiconazole nitrate cream 1%.....</b>	<b>84</b>
<b>ondansetron hcl tab 4 mg, 8 mg.....</b>	<b>45</b>	<b>oxybutynin chloride solution 5 mg/5ml.....</b>	<b>48</b>
<b>ondansetron orally disintegrating tab 4 mg, 8 mg.....</b>	<b>45</b>	<b>oxybutynin chloride tab er 24hr 5 mg.....</b>	<b>48</b>
ONETOUCH DELICA LANCETS E.....	113	<b>oxybutynin chloride tab er 24hr 10 mg.....</b>	<b>48</b>
ONETOUCH DELICA LANCETS F.....	113	<b>oxybutynin chloride tab er 24hr 15 mg.....</b>	<b>48</b>
ONETOUCH DELICA LANCING D.....	113	<b>oxybutynin chloride tab 5 mg.....</b>	<b>48</b>
ONETOUCH DELICA PLUS LANC.....	113	<b>oxycodone hcl cap 5 mg.....</b>	<b>61</b>
ONETOUCH DELICA SAFETY LA.....	113	<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml).....</b>	<b>61</b>
ONETOUCH LANCETS.....	113	<b>oxycodone hcl soln 5 mg/5ml.....</b>	<b>61</b>
ONETOUCH ULTRA.....	86	<b>oxycodone hcl tab 5 mg.....</b>	<b>61</b>
ONETOUCH ULTRA 2.....	113	<b>oxycodone hcl tab 10 mg.....</b>	<b>61</b>
ONETOUCH ULTRA BLUE TEST.....	86	<b>oxycodone hcl tab 20 mg.....</b>	<b>61</b>
ONETOUCH ULTRASOFT 2 LANC.....	113	<b>oxycodone hcl tab 15 mg, 30 mg.....</b>	<b>61</b>
ONETOUCH ULTRA TEST STRIP.....	86	<b>oxycodone w/ acetaminophen tab 7.5-325 mg.....</b>	<b>61</b>
ONETOUCH VERIO.....	113	<b>oxycodone w/ acetaminophen tab 10-325 mg.....</b>	<b>61</b>
ONETOUCH VERIO FLEX BLOOD.....	113	<b>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....</b>	<b>61</b>
ONETOUCH VERIO IQ BLOOD G.....	113	OZEMPIC.....	25
ONETOUCH VERIO REFLECT.....	113		
ONETOUCH VERIO TEST STRIP.....	86	<b>P</b>	
ONE VITE WOMENS PRENATAL.....	71	<b>paliperidone tab er 24hr 6 mg.....</b>	<b>53</b>
ONUREG.....	17	<b>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....</b>	<b>53</b>
OPFOLDA.....	31	<b>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv).....</b>	<b>45</b>

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<b>pantoprazole sodium for delayed release susp packet 40 mg</b> .....	<b>45</b>	PENTIPS 31GX6MM.....	115
<b>paricalcitol cap 4 mcg</b> .....	<b>31</b>	PENTIPS 31GX8MM.....	115
<b>paricalcitol cap 1 mcg, 2 mcg</b> .....	<b>31</b>	PENTIPS 32GX4MM.....	115
<b>paroxetine hcl oral susp 10 mg/5ml (base equiv)</b> .....	<b>50</b>	PENTIPS 29GX12MM.....	115
<b>paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg</b> .....	<b>51</b>	PENTIPS 29G X 12MM.....	114
<b>paroxetine mesylate cap 7.5 mg (base equiv)</b> .....	<b>58</b>	PENTIPS 31G X 5MM.....	115
PAXLOVID.....	6	PENTIPS 31G X 8MM.....	115
<b>pazopanib hcl tab 200 mg (base equiv)</b> .....	<b>17</b>	PENTIPS 32G X 4MM.....	115
PC UNIFINE PENTIPS 29G X.....	113	<b>pentoxifylline tab er 400 mg</b> .....	<b>76</b>
PC UNIFINE PENTIPS 31G X.....	113	PERFECT LANCETS 30G.....	115
PEDVAX HIB.....	11	PERFECT POINT SAFETY LANC.....	115
PEGASYS.....	6	PERFECT PRESSURE ACTIVATE.....	115
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b> .....	<b>44</b>	PERINDOPRIL ERBUMINE.....	36
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</b> .....	<b>44</b>	<b>perindopril erbumine tab 4 mg</b> .....	<b>36</b>
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b> .....	<b>44</b>	<b>permethrin cream 5%</b> .....	<b>84</b>
PEMAZYRE.....	17	<b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</b> .....	<b>53</b>
PENBRAYA.....	11	PERSERIS.....	53
<b>penciclovir cream 1%</b> .....	<b>84</b>	PFIZER-BIONTECH COVID-19.....	11
<b>penicillamine tab 250 mg</b> .....	<b>132</b>	PHARMACIST CHOICE SELECT.....	115
PENICILLIN V POTASSIUM.....	1	PHARMACIST CHOICE ULTRA T.....	115
<b>penicillin v potassium tab 250 mg, 500 mg</b> .....	<b>1</b>	PHARMACY COUNTER LANCETS.....	115
PEN NEEDLE/5-BEVEL TIP/32.....	113	PHEBURANE.....	31
PEN NEEDLES.....	113	PHENELZINE SULFATE.....	51
PEN NEEDLES/29G X 1/2".....	114	<b>phenobarbital elixir 20 mg/5ml</b> .....	<b>54</b>
PEN NEEDLES/31G X 1/4".....	114	<b>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</b> .....	<b>54</b>
PEN NEEDLES/31G X 3/16".....	114	<b>phenoxybenzamine hcl cap 10 mg</b> .....	<b>36</b>
PEN NEEDLES/31G X 5/16".....	114	<b>phenylephrine hcl ophth soln 2.5%, 10%</b> .....	<b>78</b>
PEN NEEDLES/32G X 5/32".....	114	<b>phenytoin chew tab 50 mg</b> .....	<b>67</b>
PEN NEEDLES/31G X 6MM.....	114	<b>phenytoin sodium extended cap 100 mg</b> .....	<b>67</b>
PEN NEEDLES 31GX5/16".....	114	<b>phenytoin sodium extended cap 200 mg, 300 mg</b> .....	<b>67</b>
PEN NEEDLES 31G X 3/16".....	113	<b>phenytoin susp 125 mg/5ml</b> .....	<b>67</b>
PEN NEEDLES 33G X 5/32".....	114	PHEXXI.....	48
PEN NEEDLES 30GX5MM.....	113	<b>phytonadione tab 5 mg</b> .....	<b>70</b>
PEN NEEDLES 30GX8MM.....	113	PIFELTRO.....	6
PEN NEEDLES 31GX5MM.....	114	<b>pilocarpine hcl ophth soln 1%, 2%, 4%</b> .....	<b>78</b>
PEN NEEDLES 31GX8MM.....	114	<b>pilocarpine hcl tab 5 mg, 7.5 mg</b> .....	<b>80</b>
PEN NEEDLES 32GX4MM.....	114	<b>pimecrolimus cream 1%</b> .....	<b>84</b>
PEN NEEDLES 29GX12MM.....	113	PIMOZIDE.....	58
PEN NEEDLES 31G X 5MM.....	113	<b>pindolol tab 5 mg, 10 mg</b> .....	<b>32</b>
PEN NEEDLES 31G X 6MM.....	113	<b>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</b> .....	<b>25</b>
PEN NEEDLES 31G X 8MM.....	114	<b>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)</b> .....	<b>25</b>
PEN NEEDLES 32G X 4MM.....	114	PIP LANCETS/28G.....	115
PEN NEEDLES 32G X 5MM.....	114	PIP LANCETS/30G.....	115
PEN NEEDLES 32G X 6MM.....	114	PIP PEN NEEDLES 31G X 5MM.....	115
PEN NEEDLES 31GX8MM (5/16).....	114	PIP PEN NEEDLES 32G X 4MM.....	115
PEN NEEDLES 31GX6MM (1/4").....	114	PIQRAY 200MG DAILY DOSE.....	17
<b>pentamidine isethionate for nebulization soln 300 mg</b> .....	<b>9</b>	PIQRAY 250MG DAILY DOSE.....	17
PENTIPS GENERIC PEN NEEDL.....	114	PIQRAY 300MG DAILY DOSE.....	18
PENTIPS 31GX5MM.....	115	PIRFENIDONE.....	43
		<b>pirfenidone cap 267 mg</b> .....	<b>43</b>

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pirfenidone tab 267 mg.....	43	prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	21
pirfenidone tab 801 mg.....	43	prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....	21
piroxicam cap 10 mg, 20 mg.....	63	PREFERRED PLUS INSULIN SY.....	115
pitavastatin calcium tab 4 mg.....	38	PREFERRED PLUS LANCETS CO.....	115
pitavastatin calcium tab 1 mg, 2 mg.....	38	PREFERRED PLUS LANCETS SU.....	115
PLEGRIDY.....	58	PREFERRED PLUS LANCETS TH.....	115
PLEGRIDY STARTER PACK.....	58	PREFERRED PLUS UNIFINE PE.....	115
PNEUMOVAX 23.....	11	pregabalin cap 225 mg, 300 mg.....	67
PNV PRENATAL PLUS MULTIVI.....	71	pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....	67
PODOFILOX.....	84	pregabalin soln 20 mg/ml.....	67
podofilox gel 0.5%.....	84	PREMARIN.....	22
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	78	PREMPHASE.....	22
POMALYST.....	18	PREMPRO.....	22
posaconazole susp 40 mg/ml.....	3	PRENATAL.....	71
posaconazole tab delayed release 100 mg.....	3	PRENATAL 19.....	71
potassium chloride cap er 8 meq, 10 meq.....	71	PRENATAL PLUS.....	71
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....	71	PRENATAL PLUS VITAMIN AND.....	71
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	71	PRENATAL-U.....	71
potassium chloride tab er 10 meq, 20 meq (1500 mg).....	72	PRETOMANID.....	3
potassium chloride tab er 8 meq (600 mg).....	71	PREVENT DROPSAFE SAFETY P.....	116
potassium citrate tab er 5 meq (540 mg).....	49	PREVENT SAFETY PEN NEEDLE.....	116
potassium citrate tab er 10 meq (1080 mg).....	49	PREVIDENT 5000 ENAMEL PRO.....	80
potassium citrate tab er 15 meq (1620 mg).....	49	PREVIDENT 5000 SENSITIVE.....	80
potassium phosphate monobasic tab 500 mg.....	72	PREVNAR 20.....	11
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....	71	PREVYMIS.....	6
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	PREZCOBIX.....	6
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....	69	PREZISTA.....	6
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....	76	PRIFTIN.....	3
pravastatin sodium tab 80 mg.....	38	primaquine phosphate tab 26.3 mg (15 mg base).....	8
pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	38	primidone tab 50 mg, 250 mg.....	67
praziquantel tab 600 mg.....	9	PRIORIX.....	11
prazosin hcl cap 1 mg, 2 mg, 5 mg.....	36	probenecid tab 500 mg.....	65
PRECISION SURE-DOSE INSUL.....	115	prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....	53
prednisolone acetate ophth susp 1%.....	78	prochlorperazine suppos 25 mg.....	53
PREDNISOLONE SODIUM PHOSP.....	21	PRO COMFORT INSULIN SYRIN.....	116
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	21	PRO COMFORT PEN NEEDLES/.....	116
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	21	PRO COMFORT SAFETY LANCET.....	116
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....	21	PROCRT.....	73
prednisolone soln 15 mg/5ml.....	21	PROCTOFOAM HC.....	80
prednisolone tab 5 mg.....	21	PRODIGY INSULIN SYRINGE/U.....	116
PREDNISONE.....	21	PRODIGY INSULIN SYRINGE/1.....	116
		PRODIGY LANCING DEVICE.....	116
		PRODIGY PRESSURE ACTIVATE.....	116
		PRODIGY SAFETY LANCETS.....	116
		PRODIGY TWIST TOP LANCETS.....	116
		PROFILNINE.....	76
		progesterone cap 100 mg, 200 mg.....	24
		promethazine-dm syrup 6.25-15 mg/5ml.....	40
		promethazine hcl oral soln 6.25 mg/5ml.....	40

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promethazine hcl suppos 12.5 mg, 25 mg.....	40	QINLOCK.....	18
promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	40	quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	53
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	40	quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg.....	53
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....	34	quetiapine fumarate tab 300 mg, 400 mg.....	53
propafenone hcl tab 150 mg, 225 mg, 300 mg.....	34	quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg.....	53
proparacaine hcl ophth soln 0.5%.....	78	QUICK TOUCH INSULIN PEN N.....	117
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....	33	quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....	36
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	33	quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....	36
propylthiouracil tab 50 mg.....	29	quinidine gluconate tab er 324 mg.....	34
PROQUAD.....	12	QUINIDINE SULFATE.....	34
protriptyline hcl tab 5 mg, 10 mg.....	51	quinine sulfate cap 324 mg.....	8
PROVIDA OB.....	71	QULIPTA.....	64
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml....	40	QUVIVIQ.....	54
PULMOZYME.....	43	QVAR REDIHALER.....	42
PURE COMFORT PEN NEEDLE 3.....	116	<b>R</b>	
PURE COMFORT PEN NEEDLE/3.....	116	rabeprazole sodium ec tab 20 mg.....	45
PURE COMFORT SAFETY PEN N.....	116	RADICAVA ORS.....	69
PURIXAN.....	18	RADICAVA ORS STARTER KIT.....	69
PX ADVANCED LANCING DEVIC.....	116	RA E-ZJECT LANCETS 28G.....	117
PX EXTRA SHORT PEN NEEDLE.....	116	RA E-ZJECT LANCETS THIN 2.....	117
PX INSULIN SYRINGE/U-100/.....	116	RA E-ZJECT LANCETS ULTRA.....	117
PX LANCETS MICROTHIN 33G.....	116	RA INSULIN SYRINGE/0.5ML/.....	117
PX LANCETS ULTRA THIN.....	116	RA INSULIN SYRINGE/1ML/29.....	117
PX LANCETS ULTRA THIN 28G.....	116	RA INSULIN SYRINGE/U-100/.....	117
PX MINI PEN NEEDLES 31GX5.....	116	raloxifene hcl tab 60 mg.....	31
PX PEN NEEDLE 31GX8MM.....	117	ramelteon tab 8 mg.....	54
PX PEN NEEDLE 29GX12MM.....	116	ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....	36
pyrazinamide tab 500 mg.....	3	ranolazine tab er 12hr 500 mg, 1000 mg.....	32
pyridostigmine bromide oral soln 60 mg/5ml.....	70	RA PEN NEEDLES 31G X 5MM.....	117
pyridostigmine bromide tab er 180 mg.....	70	RA PEN NEEDLES 31G X 8MM.....	117
pyridostigmine bromide tab 60 mg.....	70	rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv).....	69
pyrimethamine tab 25 mg.....	8	RAYA SURE PEN NEEDLE 29G.....	117
PYRUKYND.....	76	RAYA SURE PEN NEEDLE 31G.....	117
PYRUKYND TAPER PACK.....	76	READYLANCE SAFETY LANCETS.....	118
<b>Q</b>		REALITY INSULIN SYRINGE/U.....	118
QC ADVANCED LANCING DEVIC.....	117	REALITY LANCETS.....	118
QC INSULIN SYRINGE/0.3ML/.....	117	REALITY LATEX/ULTRA TEXTU.....	118
QC INSULIN SYRINGE/0.5ML/.....	117	REALITY LATEX/ULTRA THIN.....	118
QC INSULIN SYRINGE/1ML/29.....	117	REALITY LATEX CONDOMS/LUB.....	118
QC INSULIN SYRINGE/1ML/31.....	117	REALITY TRIGGER LANCETS.....	118
QC LANCETS SUPER THIN.....	117	REBIF.....	58
QC LANCETS ULTRA THIN.....	117	REBIF REBIDOSE.....	58
QC PEN NEEDLES 29G X 12MM.....	117	REBIF REBIDOSE TITRATION.....	58
QC PEN NEEDLES 31G X 6MM.....	117	REBIF TITRATION PACK.....	58
QC PEN NEEDLES 31G X 8MM.....	117	REBINYN.....	76
QC UNIFINE PENTIPS 32GX4M.....	117	RECOMBINATE.....	76
QC UNILET LANCETS 33G/MIC.....	117	RECOMBIVAX HB.....	12
QC UNILET LANCETS 28G/ULT.....	117	RELION 2-IN-1 LANCET DEV.....	119
QELBREE.....	56		

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RELION 2-IN-1 LANCING DEV.....	119	risedronate sodium tab 5 mg, 30 mg.....	31
RELION INSULIN SYRINGE 0.....	118	risedronate sodium tab 35 mg, 150 mg.....	31
RELION INSULIN SYRINGE/U.....	118	RISPERDAL CONSTA.....	53
RELION INSULIN SYRINGE 1M.....	118	risperidone microspheres for im extended rel susp	
RELION KETONE TEST STRIPS.....	86	12.5 mg, 25 mg, 37.5 mg, 50 mg.....	53
RELION LANCETS.....	118	risperidone orally disintegrating tab 4 mg.....	53
RELION LANCETS MICRO-THIN.....	118	risperidone orally disintegrating tab 0.5 mg, 1 mg, 2	
RELION LANCETS THIN 26G.....	118	mg, 3 mg.....	53
RELION LANCETS ULTRA-THIN.....	118	risperidone soln 1 mg/ml.....	53
RELION LANCING DEVICE.....	118	risperidone tab 0.25 mg.....	53
RELION MINI PEN NEEDLES 3.....	118	risperidone tab 4 mg.....	53
RELION PEN NEEDLES/31G X.....	119	risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	53
RELION PEN NEEDLES 29GX12.....	118	ritonavir tab 100 mg.....	7
RELION PEN NEEDLES 31G X.....	118	rivastigmine tartrate cap 1.5 mg (base equivalent), 3	
RELION PEN NEEDLES 32G X.....	118	mg (base equivalent), 4.5 mg (base equivalent), 6 mg	
RELION PEN NEEDLES 31GX5/.....	118	(base equivalent).....	58
RELION PEN NEEDLES 31GX6M.....	118	rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr,	
RELION PEN NEEDLES 31GX8M.....	118	13.3 mg/24hr.....	58
RELION PEN NEEDLES 32GX4M.....	118	RIVFLOZA.....	49
RELION R.....	27	RIXUBIS.....	76
RELION SHORT PEN NEEDLES.....	119	rizatriptan benzoate oral disintegrating tab 5 mg (base	
RELION THIN LANCETS.....	119	eq).....	64
RELION ULTRA THIN LANCETS.....	119	rizatriptan benzoate oral disintegrating tab 10 mg	
RELION ULTRA THIN PLUS LA.....	119	(base eq).....	65
repaglinide tab 0.5 mg, 1 mg, 2 mg.....	25	rizatriptan benzoate tab 5 mg (base equivalent).....	65
REPATHA.....	38	rizatriptan benzoate tab 10 mg (base equivalent).....	65
REPATHA PUSHTRONEX SYSTEM.....	38	roflumilast tab 250 mcg, 500 mcg.....	42
REPATHA SURECLICK.....	38	ropinirole hydrochloride tab er 24hr 2 mg (base	
RESTASIS.....	79	equivalent), 4 mg (base equivalent), 6 mg (base	
RETACRIT.....	73	equivalent), 8 mg (base equivalent), 12 mg (base	
RETEVMO.....	18	equivalent).....	69
RETROVIR.....	7	ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2	
REVLIMID.....	132	mg, 3 mg, 4 mg, 5 mg.....	69
REVUFORJ.....	18	rosuvastatin calcium tab 40 mg.....	38
REXALL LANCETS ULTRA THIN.....	119	rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....	38
REXTOVY.....	85	ROTARIX.....	12
REXULTI.....	53	ROTATEQ.....	12
REYATAZ.....	7	ROZLYTREK.....	18
REYVOW.....	64	RUBRACA.....	18
REZDIFFRA.....	47	rufinamide susp 40 mg/ml.....	67
REZLIDHIA.....	18	rufinamide tab 200 mg, 400 mg.....	67
REZUROCK.....	132	RUKOBIA.....	7
RIASTAP.....	76	RYBELSUS.....	25
RIBAVIRIN.....	7	RYDAPT.....	18
rifabutin cap 150 mg.....	3	RYKINDO.....	53
rifampin cap 150 mg, 300 mg.....	3	RYPLAZIM.....	76
RIGHTEST GD500 LANCING DE.....	119	<b>S</b>	
RIGHTEST GL300 LANCETS.....	119	SAFETY LANCETS.....	119
riluzole tab 50 mg.....	69	SAFETY LANCETS/PRESSURE A.....	119
ringer's solution for irrigation.....	132	SAFETY LANCETS 21G.....	119
RINVOQ.....	63	SAFETY LANCETS 23G.....	119
RINVOQ LQ.....	63	SAFETY LANCETS 28G.....	119
risedronate sodium tab delayed release 35 mg.....	31		

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SAFETY PEN NEEDLES/30G X.....	119	<b>sirolimus oral soln 1 mg/ml.....</b>	<b>132</b>
<b>sapropterin dihydrochloride powder packet 100 mg,</b>		<b>sirolimus tab 0.5 mg, 1 mg, 2 mg.....</b>	<b>132</b>
<b>500 mg.....</b>	<b>31</b>	SIVEXTRO.....	9
<b>sapropterin dihydrochloride tab 100 mg.....</b>	<b>31</b>	SKYCLARYS.....	69
SAPSCARE TWIST TOP LANCET.....	119	SKYRIZI.....	47
SAPS HEALTH CARE TWIST TO.....	119	SKYRIZI PEN.....	84
SAPS HEALTH PLUS TWIST TO.....	119	SMART DIABETES VANTAGE LA.....	120
SAPS HEALTH TWIST TOP LAN.....	119	SMARTEST LANCETS 28G.....	120
<b>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base</b>		SMART SENSE COLOR LANCETS.....	120
<b>equiv).....</b>	<b>25</b>	SMART SENSE STANDARD LANC.....	120
<b>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....</b>	<b>25</b>	SMART SENSE SUPER THIN LA.....	120
<b>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000</b>		SMART SENSE THIN LANCETS.....	120
<b>mg.....</b>	<b>26</b>	SM MICRO THIN LANCETS 33G.....	119
SB INSULIN SYRINGE/U-100/.....	119	SM TRUEDRAW LANCING DEVIC.....	119
SB LANCETS THIN.....	119	<b>sodium chloride irrigation soln 0.9%.....</b>	<b>49</b>
SB LANCETS ULTRA THIN.....	119	<b>sodium chloride soln nebu 7%.....</b>	<b>40</b>
SCEMBLIX.....	18	<b>sodium chloride soln nebu 3%, 10%.....</b>	<b>40</b>
SCHNUCKS INSULIN SYRINGE.....	119	<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml.....</b>	<b>49</b>
<b>scopolamine td patch 72hr 1 mg/3days.....</b>	<b>45</b>	SODIUM FLUORIDE.....	72
SECURESAFE SAFETY INSULIN.....	119	SODIUM FLUORIDE/POTASSIUM.....	80
SECURESAFE SAFETY PEN NEE.....	119	<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg</b>	
SELECT-LITE DEVICE/LANCET.....	119	<b>naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg</b>	
SELECT-LITE LANCING DEVIC.....	119	<b>naf).....</b>	<b>72</b>
<b>selegiline hcl cap 5 mg.....</b>	<b>69</b>	<b>sodium fluoride cream 1.1%.....</b>	<b>80</b>
<b>selegiline hcl tab 5 mg.....</b>	<b>69</b>	<b>sodium fluoride gel 1.1% (0.5% f).....</b>	<b>80</b>
<b>selenium sulfide lotion 2.5%.....</b>	<b>84</b>	<b>sodium fluoride paste 1.1%.....</b>	<b>80</b>
SELZENTRY.....	7	SODIUM FLUORIDE 5000 PPM.....	80
SE-NATAL 19.....	71	<b>sodium fluoride rinse 0.2%.....</b>	<b>80</b>
SEREVENT DISKUS.....	42	<b>sodium phenylbutyrate oral powder 3 gm/</b>	
<b>sertraline hcl oral concentrate for solution 20 mg/</b>		<b>teaspoonful.....</b>	<b>31</b>
<b>ml.....</b>	<b>51</b>	<b>sodium phenylbutyrate tab 500 mg.....</b>	<b>31</b>
<b>sertraline hcl tab 25 mg, 50 mg, 100 mg.....</b>	<b>51</b>	<b>sodium polystyrene sulfonate powder.....</b>	<b>132</b>
<b>sevelamer carbonate packet 0.8 gm, 2.4 gm.....</b>	<b>47</b>	<b>sodium polystyrene sulfonate susp 15 gm/60ml.....</b>	<b>132</b>
<b>sevelamer carbonate tab 800 mg.....</b>	<b>47</b>	<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6</b>	
<b>sevelamer hcl tab 400 mg.....</b>	<b>47</b>	<b>gm/177ml.....</b>	<b>44</b>
<b>sevelamer hcl tab 800 mg.....</b>	<b>47</b>	SOFOSBUVIR/VELPATASVIR.....	7
SEVENFACT.....	76	SOHONOS.....	70
SHINGRIX.....	12	<b>solifenacin succinate tab 5 mg, 10 mg.....</b>	<b>48</b>
<b>sildenafil citrate for suspension 10 mg/ml.....</b>	<b>39</b>	SOLQUA 100/33.....	26
<b>sildenafil citrate tab 20 mg.....</b>	<b>39</b>	SOLUS V2 LANCING DEVICE.....	120
<b>silodosin cap 4 mg, 8 mg.....</b>	<b>49</b>	SOLUS V2 PRESSURE ACTIVAT.....	120
<b>silver sulfadiazine cream 1%.....</b>	<b>84</b>	SOLUS V2 TWIST LANCETS 30.....	120
SIMBRINZA.....	79	SOMAVERT.....	31
SIMLANDI.....	63	SOOLANTRA.....	84
SIMLANDI 1-PEN KIT.....	63	<b>sorafenib tosylate tab 200 mg (base equivalent).....</b>	<b>18</b>
SIMLANDI 2-PEN KIT.....	63	<b>sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg.....</b>	<b>33</b>
SIMPLE DIAGNOSTICS LANCIN.....	119	<b>sotalol hcl tab 240 mg.....</b>	<b>33</b>
SIMPONI.....	63	<b>sotalol hcl tab 80 mg, 120 mg, 160 mg.....</b>	<b>33</b>
<b>simvastatin tab 5 mg.....</b>	<b>38</b>	SOTYKTU.....	84
<b>simvastatin tab 20 mg.....</b>	<b>38</b>	SOVALDI.....	7
<b>simvastatin tab 80 mg.....</b>	<b>39</b>	SPEVIGO.....	84
<b>simvastatin tab 10 mg, 40 mg.....</b>	<b>38</b>	SPIKEVAX COVID-19 VACCINE.....	12
SINGLE-LET.....	119	SPIRIVA HANDIHALER.....	42

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SPIRIVA RESPIMAT.....	42	SURE COMFORT LANCETS 28G.....	120
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg.....</b>	<b>37</b>	SURE COMFORT LANCETS 30G.....	120
<b>spironolactone tab 25 mg, 50 mg, 100 mg.....</b>	<b>37</b>	SURE COMFORT LANCING PEN.....	120
SPRAVATO 56MG DOSE.....	51	SURE COMFORT PEN NEEDLES.....	120
SPRAVATO 84MG DOSE.....	51	SURELITE LANCETS.....	120
SPS.....	132	SUTAB.....	44
<b>stannous fluoride gel 0.4%.....</b>	<b>80</b>	SYMBICORT.....	43
1ST CHOICE LANCETS SUPER.....	130	SYMDEKO.....	43
1ST CHOICE LANCETS THIN.....	130	SYMFI.....	7
1ST CHOICE LANCETS ULTRA.....	131	SYMFI LO.....	7
STELARA.....	84	SYMLINPEN 60.....	26
STERILANCE TL.....	120	SYMLINPEN 120.....	26
STIOLTO RESPIMAT.....	42	SYMPAZAN.....	67
STIVARGA.....	18	SYMPROIC.....	47
STRENSIQ.....	31	SYMTUZA.....	7
STRIBILD.....	7	SYNAREL.....	31
STRIVERDI RESPIMAT.....	43	SYNJARDY.....	26
1ST TIER UNIFINE PENTIPS.....	131	SYNJARDY XR.....	26
SUBLOCADE.....	61	SYNTHROID.....	29
<b>sucalfate tab 1 gm.....</b>	<b>45</b>	<b>T</b>	
SUFLAVE.....	44	TABLOID.....	18
SULFACETAMIDE SODIUM/PRED.....	79	TABRECTA.....	18
<b>sulfacetamide sodium lotion 10% (acne).....</b>	<b>84</b>	<b>tacrolimus cap 0.5 mg, 1 mg, 5 mg.....</b>	<b>132</b>
<b>sulfacetamide sodium ophth soln 10%.....</b>	<b>79</b>	<b>tacrolimus oint 0.03%, 0.1%.....</b>	<b>84</b>
<b>sulfadiazine tab 500 mg.....</b>	<b>3</b>	<b>tadalafil tab 2.5 mg, 5 mg.....</b>	<b>39</b>
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....</b>	<b>9</b>	<b>tadalafil tab 20 mg (pah).....</b>	<b>39</b>
<b>sulfamethoxazole-trimethoprim tab 400-80 mg.....</b>	<b>9</b>	TAFINLAR.....	18
<b>sulfamethoxazole-trimethoprim tab 800-160 mg.....</b>	<b>9</b>	<b>tafluprost preservative free (pf) ophth soln 0.0015%.....</b>	<b>79</b>
SULFAMYLON.....	84	TAGRISO.....	18
<b>sulfasalazine tab delayed release 500 mg.....</b>	<b>47</b>	TAKHZYRO.....	76
<b>sulfasalazine tab 500 mg.....</b>	<b>47</b>	TALZENNA.....	18
<b>sulindac tab 150 mg, 200 mg.....</b>	<b>63</b>	<b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent).....</b>	<b>19</b>
<b>sumatriptan nasal spray 5 mg/act.....</b>	<b>65</b>	<b>tamsulosin hcl cap 0.4 mg.....</b>	<b>49</b>
<b>sumatriptan nasal spray 20 mg/act.....</b>	<b>65</b>	TARON-C DHA.....	71
<b>sumatriptan succinate inj 6 mg/0.5ml.....</b>	<b>65</b>	TARPEYO.....	21
SUMATRIPTAN SUCCINATE REF.....	65	TASCENSO ODT.....	58
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml.....</b>	<b>65</b>	TASIGNA.....	19
<b>sumatriptan succinate tab 25 mg.....</b>	<b>65</b>	<b>tasimelteon capsule 20 mg.....</b>	<b>54</b>
<b>sumatriptan succinate tab 50 mg, 100 mg.....</b>	<b>65</b>	TAVNEOS.....	76
<b>sunitinib malate cap 12.5 mg (base equivalent).....</b>	<b>18</b>	<b>tazarotene cream 0.05%, 0.1%.....</b>	<b>84</b>
<b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent).....</b>	<b>18</b>	<b>tazarotene gel 0.05%, 0.1%.....</b>	<b>84</b>
SUNLENCA.....	7	TAZVERIK.....	19
SUNOSI.....	56	TECHLITE AST LANCETS.....	120
SUPER THIN LANCETS.....	120	TECHLITE INSULIN SYRINGE.....	120
SURE COMFORT AUTOKEEPER S.....	120	TECHLITE LANCETS.....	121
SURE COMFORT INSULIN SYRI.....	120	TECHLITE LANCETS 26G.....	121
SURE COMFORT LANCETS 18G.....	120	TECHLITE PEN NEEDLES/31G.....	121
SURE COMFORT LANCETS 21G.....	120	TECHLITE PEN NEEDLES/32G.....	121
SURE COMFORT LANCETS 23G.....	120	TECHLITE PEN NEEDLES 29G.....	121
		TECHLITE PEN NEEDLES 31G.....	121

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TECHLITE PLUS PEN NEEDLES.....	121	THRIVITE RX.....	71
TEGLUTIK.....	69	THYROID.....	29
TELMISARTAN/AMLODIPINE.....	36	tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	67
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	36	TIBSOVO.....	19
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....	36	TIGLUTIK.....	69
telmisartan tab 20 mg, 40 mg, 80 mg.....	36	timolol maleate ophth gel forming soln 0.25%, 0.5%.....	79
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg.....	54	timolol maleate ophth soln 0.25%, 0.5%.....	79
temozolomide cap 250 mg.....	19	timolol maleate ophth soln 0.5% (once-daily).....	79
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg.....	19	timolol maleate preservative free ophth soln 0.25%, 0.5%.....	79
TENCON.....	59	timolol maleate tab 5 mg, 10 mg, 20 mg.....	33
tenofovir disoproxil fumarate tab 300 mg.....	7	timolol ophth soln 0.5%.....	79
TEPMETKO.....	19	tinidazole tab 250 mg, 500 mg.....	9
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	36	tiopronin tab delayed release 100 mg.....	49
terbinafine hcl tab 250 mg.....	3	tiopronin tab delayed release 300 mg.....	49
terbutaline sulfate tab 2.5 mg, 5 mg.....	43	tiopronin tab 100 mg.....	49
terconazole vaginal cream 0.4%, 0.8%.....	48	tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	43
terconazole vaginal suppos 80 mg.....	48	TIVICAY.....	7
teriflunomide tab 7 mg, 14 mg.....	58	TIVICAY PD.....	7
teriparatide soln pen-inj 600 mcg/2.4ml.....	31	tizanidine hcl tab 2 mg (base equivalent).....	70
TESTOSTERONE.....	21	tizanidine hcl tab 4 mg (base equivalent).....	70
testosterone cypionate im inj in oil 100 mg/ml.....	21	TOBI PODHALER.....	3
testosterone cypionate im inj in oil 200 mg/ml.....	21	TOBRADEX.....	79
TESTOSTERONE ENANTHATE.....	21	tobramycin-dexamethasone ophth susp 0.3-0.1%.....	79
testosterone td gel 12.5 mg/act (1%).....	21	tobramycin nebu soln 300 mg/5ml.....	3
testosterone td gel 20.25 mg/act (1.62%).....	21	tobramycin nebu soln 300 mg/4ml.....	3
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%).....	21	tobramycin ophth soln 0.3%.....	79
testosterone td soln 30 mg/act.....	21	TODAYS HEALTH ADVANCED LA.....	121
tetrabenazine tab 12.5 mg.....	58	TODAYS HEALTH ORIGINAL PE.....	121
tetrabenazine tab 25 mg.....	58	TODAYS HEALTH SHORT PEN N.....	121
tetracaine hcl ophth soln 0.5%.....	79	TODAYS HEALTH SUPER THIN.....	121
tetracycline hcl cap 250 mg, 500 mg.....	2	TODAYS HEALTH ULTRA THIN.....	121
TEZSPIRE.....	43	TODAY SPONGE.....	48
TGT ADVANCED LANCING DEVI.....	121	tolcapone tab 100 mg.....	69
TGT LANCET ALTERNATE SITE.....	121	tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	48
TGT LANCET MICRO THIN 33G.....	121	tolterodine tartrate tab 1 mg, 2 mg.....	48
TGT LANCET SUPER THIN 30G.....	121	tolvaptan tab 15 mg.....	31
TGT LANCET THIN 23G.....	121	tolvaptan tab 30 mg.....	31
TGT LANCET THIN 26G.....	121	TOPCARE CLICKFINE UNIVERS.....	121
TGT LANCET ULTRA THIN 28G.....	121	TOPCARE LANCETS MICRO-THI.....	121
TGT LANCET ULTRA THIN 30G.....	121	TOPCARE ULTRA COMFORT INS.....	121
TGT LANCING DEVICE.....	121	TOPIRAMATE.....	67
THALOMID.....	132	topiramate cap er 24hr 200 mg.....	67
theophylline elixir 80 mg/15ml.....	43	topiramate cap er 24hr 25 mg, 50 mg, 100 mg.....	67
theophylline soln 80 mg/15ml.....	43	topiramate cap er 24hr sprinkle 200 mg.....	67
theophylline tab er 12hr 300 mg, 450 mg.....	43	topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....	67
theophylline tab er 24hr 400 mg, 600 mg.....	43	topiramate sprinkle cap 15 mg, 25 mg.....	67
THIOLA EC.....	49	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	67
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	53	toremifene citrate tab 60 mg (base equivalent).....	19
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<b>ursodiol tab 250 mg.....</b>	<b>47</b>	VENCLEXTA.....	19
<b>ursodiol tab 500 mg.....</b>	<b>47</b>	VENCLEXTA STARTING PACK.....	19
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<b>V</b>		<b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....</b>	<b>51</b>
<b>valacyclovir hcl tab 500 mg, 1 gm.....</b>	<b>8</b>	VENTAVIS.....	39
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<b>valganciclovir hcl for soln 50 mg/ml (base equiv).....</b>	<b>8</b>	<b>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....</b>	<b>33</b>
<b>valganciclovir hcl tab 450 mg (base equivalent).....</b>	<b>8</b>	VERAPAMIL HCL ER.....	33
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<b>vancomycin hcl cap 250 mg (base equivalent).....</b>	<b>9</b>	VIRACEPT.....	8
<b>vancomycin hcl for oral soln 25 mg/ml (base equivalent).....</b>	<b>9</b>	VIREAD.....	8
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<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack.....</b>	<b>59</b>	VIVAGUARD SAFETY LANCETS/.....	130
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ZEV RX PEN NEEDLES 31G X 8.....	130
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<b>zidovudine syrup 10 mg/ml.....</b>	<b>8</b>
<b>zidovudine tab 300 mg.....</b>	<b>8</b>
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<b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....</b>	<b>54</b>
<b>ziprasidone mesylate for inj 20 mg (base</b>	
<b>equivalent).....</b>	<b>54</b>
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<b>zolmitriptan tab 2.5 mg, 5 mg.....</b>	<b>65</b>
<b>zolpidem tartrate tab er 6.25 mg, 12.5 mg.....</b>	<b>54</b>
<b>zolpidem tartrate tab 5 mg, 10 mg.....</b>	<b>54</b>
<b>zonisamide cap 50 mg.....</b>	<b>68</b>
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