

Care Choices 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 for the most up-to-date information.

Contents

Introduction	I
Medication list.....	II
Changes to the formulary	II
Your Share of Expenses.....	III
Pharmacy Benefits.....	III
Pharmacy Options	VI
Utilization Management Programs	VIII
Obtaining Prior Authorization	IX
Notice.....	XI
How to use this Drug List.....	XI
Abbreviation Key	XII

Preferred Medication List

Anti-Infective Drugs	1
Biologics.....	12
Antineoplastic Agents	16
Endocrine and Metabolic Drugs	26
Cardiovascular Agents.....	41
Respiratory Agents.....	51
Gastrointestinal Agents.....	56
Genitourinary Agents	61
Central Nervous System Drugs.....	64
Analgesics and Anesthetics	77
Neuromuscular Drugs	84
Nutritional Products	92
Hematological Agents	95
Topical Products	101
Miscellaneous Products.....	113
Index	184

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

Introduction

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

The Care Choices Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online at www.floridablue.com 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, 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 desea hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

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

Key Tips and Coverage Guidelines

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

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

Medication List

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications. The Preferred Medication List reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee.

NOTE: This is not a complete listing of all covered prescriptions medications. Florida Blue reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

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 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 so he or she is aware of the drugs listed and cost impacts when you discuss medication options.

Changes to the formulary

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

The medication list is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy.

There are varying reasons changes are made to the medications listed in the Care Choices Medication Guide:

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

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

Going to www.floridablue.com.

- Click on the **Members** tab
- Click on the **Login Now** button and either **Login** or **Register**
- Once Logged in, click on **My Plan**, then select **Pharmacy Resources** under Coverage
- Under Pharmacy Resources, click on Medication Guide & Specialty Pharmacy
- Under Medication Guide/Approved Drug Lists, click [Care Choices Medication Guide](#)
- Updated medication guides are posted periodically throughout the year.

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.

Florida Blue April 2025 LG Care Choices Medication Guide

Your Share of Expenses

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

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

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

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

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

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

Pharmacy Benefits

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

Tier 1: Preventive Prescription Drugs and Supplies (USPSTF)

Tier 2: Condition Care Generic Prescription Drugs and Supplies

Tier 3: All Other Generic Prescription Drugs and Supplies

Tier 4: Condition Care Brand Name Prescription Drugs and Supplies

Tier 5: Preferred Brand Name Prescription Drugs and Supplies

Tier 6: Non-Preferred Brand Name Prescription Drugs and Supplies

Tier 7: Specialty Generic and Brand Name Prescription Drugs and Supplies

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 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.

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. You can purchase medications at a reduced cost using the Condition Care Rx Program. Check your Schedule of Benefits to determine the applicable cost share.

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

NOTE: Coverage details may also be available to you by logging into the member section of www.floridablue.com.

Generic drugs

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

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

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

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

Oral Chemotherapy Drugs

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

Over-the-counter (OTC) medications

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

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

Patient Protection and Affordable Care Act (ACA) Preventive Services

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

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

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

[Contraceptives Tier Exception Request Form](#)

[HIV Prep Tier Exception Request Form](#)

Specialty Pharmacy medications: 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 Medications** – Patients administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician’s office. If these medications are not obtained from a participating specialty pharmacy, out-of-network coverage is not available. [A current listing of Self- Administered Specialty 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 Medications** – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from in-network health care provider. [A current listing of Provider- Administered Specialty Medications can be found here.](#)

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

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 with “SP” 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**
 - 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 Providers

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

CVS/Caremark Specialty Pharmacy Services

Provider-Administered and Self-Administered Products; excluding Hemophilia
 Phone: (866) 278-5108
 Fax: (800) 323-2445

[CVS/Caremark Specialty Pharmacy](#)

Accredo

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

[Accredo](#)

CVS/Caremark Hemophilia

Services Hemophilia Products
 Phone: (866) 792-2731
 Fax: (866) 811-7450

(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)

[CVS/Caremark Hemophilia Specialty Pharmacy](#)

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, 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.

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

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

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

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

Obtaining Prior Authorization

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

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

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

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

Responsible Quantity Program

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

[Responsible Quantity Authorization Form](#)

Responsible Steps Program

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

A list of current drugs included in the Responsible Steps Program maybe found here:

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

Responsible Steps Program for Medical Pharmacy

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

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

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

[Responsible Steps for Medical Pharmacy](#)

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

Coverage Protocol Exemption

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

Notice

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

How to use this Drug list

Column 1: Drug Name

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

Column 2: Drug Tier

Indicates the formulary tier level for each drug.

Column 3: Specialty (SP)

Indicates this is a self-administered specialty drug.

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

Column 4: Requirements/Limits

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

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

Abbreviation Key

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

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 In Your Account choose My Plan, then Pharmacy Resources, and click on Compare Drug Prices.

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

Dental, life, and disability coverage:

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator 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

Visit www.floridablue.com/disclaimer/ndnotice to view an electronic version of this notice.

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 resewva 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 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

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 jíík'eh, ná hóló. Kojj' hodííłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojji' hodííłnih 1-800-333-2227.

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
AMOXICILLIN - amoxicillin (trihydrate) for susp 400 mg/5ml	6		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	6		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	5		
amoxicillin (trihydrate) cap 250 mg, 500 mg	3		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	3		
amoxicillin (trihydrate) tab 500 mg, 875 mg	3		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	3		
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	3		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	3		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	3		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	3		
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 400-57 mg	6		
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	6		
ampicillin cap 500 mg	3		
AUGMENTIN - amoxicillin & k clavulanate tab 500-125 mg	6		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	5		
AUGMENTIN ES-600 - amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	6		
dicloxacillin sodium cap 250 mg, 500 mg	3		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	5		
penicillin v potassium tab 250 mg, 500 mg	3		
CEPHALOSPORINS			
CEFACLOR - cefaclor cap 250 mg, 500 mg	6		
CEFACLOR - cefaclor for susp 250 mg/5ml	6		
CEFADROXIL - cefadroxil tab 1 gm	6		
cefadroxil cap 500 mg	3		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	3		
cefdinir cap 300 mg	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3		
cefixime cap 400 mg (Suprax)	3		
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	3		
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	3		
cefpodoxime proxetil tab 100 mg, 200 mg	3		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	3		
cefprozil tab 250 mg, 500 mg	3		
cefuroxime axetil tab 250 mg, 500 mg	3		
cephalexin cap 250 mg, 500 mg	3		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	3		
cephalexin tab 250 mg, 500 mg	3		
MACROLIDES			
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	3		
azithromycin tab 250 mg, 500 mg (Zithromax)	3		
azithromycin tab 600 mg	3		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	6		
clarithromycin tab er 24hr 500 mg	3		
clarithromycin tab 250 mg, 500 mg	3		
DIFICID - fidaxomicin tab 200 mg	5		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	5		QL (272 mls/180 days)
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	6		
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	6		
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	6		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	3		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	3		
erythromycin ethylsuccinate tab 400 mg	3		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	3		
erythromycin tab 250 mg, 500 mg	3		
ZITHROMAX - azithromycin powd pack for susp 1 gm	5		
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	3		
doxycycline hyclate cap 50 mg	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
doxycycline hyclate cap 100 mg (Vibramycin)	3		
doxycycline hyclate tab 20 mg, 100 mg	3		
doxycycline monohydrate cap 50 mg, 100 mg	3		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	3		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3		
minocycline hcl cap 50 mg, 75 mg, 100 mg	3		
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/180 days), SP
tetracycline hcl cap 250 mg, 500 mg	3		
FLUOROQUINOLONES			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	6		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	6		
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	5		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	3		
ciprofloxacin hcl tab 750 mg (base equiv)	3		
levofloxacin oral soln 25 mg/ml	3		
levofloxacin tab 250 mg, 500 mg, 750 mg	3		
moxifloxacin hcl tab 400 mg (base equiv)	3		
OFLOXACIN - ofloxacin tab 300 mg	6		
ofloxacin tab 400 mg	3		
AMINOGLYCOSIDES			
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	7	SP	LD, SP
BETHKIS - tobramycin nebu soln 300 mg/4ml	7	SP	LD, SP
HUMATIN - paromomycin sulfate cap 250 mg	5		LD
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	7	SP	LD, SP
neomycin sulfate tab 500 mg	3		
TOBI PODHALER - tobramycin inhal cap 28 mg	7	SP	LD, SP
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	7	SP	SP
tobramycin nebu soln 300 mg/5ml (Tobi)	7	SP	SP
tobramycin nebu soln 300 mg/4ml (Bethkis)	7	SP	SP
SULFONAMIDES			
sulfadiazine tab 500 mg	3		
ANTIMYCOBACTERIAL AGENTS			
cycloserine cap 250 mg	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ethambutol hcl tab 100 mg	3		
ethambutol hcl tab 400 mg (Myambutol)	3		
isoniazid syrup 50 mg/5ml	3		
isoniazid tab 100 mg, 300 mg	3		
PRETOMANID - pretomanid tab 200 mg	6		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	5		
pyrazinamide tab 500 mg	3		
rifabutin cap 150 mg (Mycobutin)	3		
rifampin cap 150 mg, 300 mg	3		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	7	SP	LD, QL (940 tablets/365 days), SP
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	7	SP	LD, QL (188 tablets/365 days), SP
TRECTOR - ethionamide tab 250 mg	6		
ANTIFUNGALS			
ANCOBON - flucytosine cap 250 mg, 500 mg	6		
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	6		PA
DIFLUCAN - fluconazole for susp 40 mg/ml	6		
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	3		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	3		
flucytosine cap 250 mg, 500 mg (Ancobon)	3		
griseofulvin microsize susp 125 mg/5ml	3		
griseofulvin microsize tab 500 mg	3		
griseofulvin ultramicrosize tab 125 mg, 250 mg	3		
itraconazole cap 100 mg (Sporanox)	3		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	3		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	3		
NOXAFIL - posaconazole tab delayed release 100 mg	6		PA
NOXAFIL - posaconazole susp 40 mg/ml	6		PA
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5		PA
nystatin tab 500000 unit	3		
posaconazole susp 40 mg/ml (Noxafil)	3		PA
posaconazole tab delayed release 100 mg (Noxafil)	3		PA
SPORANOX - itraconazole cap 100 mg	6		PA, QL (120 capsules/30 days)
SPORANOX - itraconazole oral soln 10 mg/ml	6		PA, QL (1200 mls/30 days)
terbinafine hcl tab 250 mg	3		QL (30 tablets/30 days)
VFEND - voriconazole tab 50 mg	6		PA
VFEND - voriconazole for susp 40 mg/ml	6		PA

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	6		PA, QL (18 capsules/180 days)
voriconazole for susp 40 mg/ml (Vfend)	3		PA
voriconazole tab 50 mg, 200 mg (Vfend)	3		PA
ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	3		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	3		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	3		QL (30 tablets/30 days)
acyclovir cap 200 mg	3		
acyclovir susp 200 mg/5ml (Zovirax)	3		
acyclovir tab 400 mg, 800 mg	3		
adefovir dipivoxil tab 10 mg (Hepsera)	3		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	5		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	3		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	3		QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5		QL (630 mls/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	3		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	3		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5		QL (30 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	3		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	3		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	3		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	3		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	3		QL (30 capsules/30 days)

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	3		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	6		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	5		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	3		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	7	SP	PA, QL (30 tablets/30 days), SP
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	7	SP	PA, QL (28 tablets/28 days), SP
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	7	SP	PA, QL (30 packets/30 days), SP
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	7	SP	PA, QL (60 packets/30 days), SP
EPIVIR - lamivudine oral soln 10 mg/ml	6		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	6		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	6		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intence)	3		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	3		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	7	SP	QL (60 vials/30 days), SP
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	7	SP	PA, QL (30 packets/30 days), SP
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	7	SP	PA, QL (30 tablets/30 days), SP
INTELENCE - etravirine tab 25 mg	5		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	6		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	5		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5		QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5		QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	6		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	6		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	6		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	5		QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	3		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	3		QL (30 tablets/30 days)
lamivudine tab 150 mg (Epivir)	3		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	3		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	3		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	SP	PA, QL (30 tablets/30 days), SP
LIVTENCITY - maribavir tab 200 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	3		QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	3		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	3		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	3		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	3		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	7	SP	PA, QL (90 tablets/30 days), SP
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	7	SP	PA, QL (150 packets/30 days), SP
NEVIRAPINE - nevirapine susp 50 mg/5ml	5		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg (Viramune xr)	3		QL (30 tablets/30 days)
nevirapine tab 200 mg	3		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	6		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	5		QL (360 packets/30 days)
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg	5		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	3		QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	3		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	3		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	7	SP	PA, SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	7	SP	PA, SP
PIFELTRO - doravirine tab 100 mg	5		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	6		
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	6		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	5		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	6		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	6		QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	6		QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	6		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	6		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	6		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	6		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	5		
RIBAVIRIN - ribavirin tab 200 mg	5		
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	6		
ritonavir tab 100 mg (Norvir)	3		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	6		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	6		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	7	SP	PA, QL (28 tablets/28 days), SP
SOVALDI - sofosbuvir tab 200 mg, 400 mg	7	SP	PA, QL (30 tablets/30 days), SP
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	7	SP	PA, QL (30 packets/30 days), SP
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	6		QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	6		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5		QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv)	6		QL (300 mls/120 days)
TAMIFLU - oseltamivir phosphate cap 30 mg (base equiv)	6		QL (40 capsules/120 days)
TAMIFLU - oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	6		QL (20 capsules/120 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	6		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	5		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	3		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	3		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	3		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	5		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	5		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5		QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	6		QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	7	SP	PA, QL (30 tablets/30 days), SP
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	6		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	6		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	3		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	3		QL (1920 mls/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
zidovudine tab 300 mg	3		QL (60 tablets/30 days)
ANTIMALARIALS			
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	6		
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	3		
chloroquine phosphate tab 250 mg, 500 mg	3		
COARTEM - artemether-lumefantrine tab 20-120 mg	5		
DARAPRIM - pyrimethamine tab 25 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	3		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	3		
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	6		
mefloquine hcl tab 250 mg	3		
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	6		
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg (15 mg base)	6		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	3		
pyrimethamine tab 25 mg (Daraprim)	7	SP	PA, QL (90 tablets/30 days), SP
QUALAQUIN - quinine sulfate cap 324 mg	6		QL (42 capsules/90 days)
quinine sulfate cap 324 mg (Qualaquin)	3		QL (42 capsules/90 days)
ANTHELMINTICS			
albendazole tab 200 mg (Albenza)	3		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	5		LD
BILTRICIDE - praziquantel tab 600 mg	6		
EGATEN - triclabendazole tab 250 mg	7	SP	PA, SP
EMVERM - mebendazole chew tab 100 mg	6		PA, QL (180 tablets/30 days)
ivermectin tab 3 mg (Stromectol)	3		
praziquantel tab 600 mg (Biltricide)	3		
STROMECTOL - ivermectin tab 3 mg	6		
ANTI-INFECTIVE AGENTS - MISC.			
atovaquone susp 750 mg/5ml (Mepron)	3		
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	6		
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	6		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	7	SP	LD, SP
CLEOCIN - clindamycin hcl cap 75 mg, 150 mg, 300 mg	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEOCIN PEDIATRIC GRANULE - clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	6		
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	3		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	3		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	3		
COLY-MYCIN M - colistimethate sod for inj 150 mg (colistin base activity)	6		
dapsone tab 25 mg, 100 mg	3		
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base equivalent)	6		
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	6		QL (1200 mls/30 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	3		
HIPREX - methenamine hippurate tab 1 gm	6		
IMPAVIDO - miltefosine cap 50 mg	7	SP	PA, SP
LAMPIT - nifurtimox tab 30 mg	6		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	6		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	3		
linezolid tab 600 mg (Zyvox)	3		
MACROBID - nitrofurantoin monohydrate macrocrystalline cap 100 mg	6		
MACRODANTIN - nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg	6		
MEPRON - atovaquone susp 750 mg/5ml	6		
methenamine hippurate tab 1 gm (Hiprex)	3		
metronidazole tab 250 mg	3		
metronidazole tab 500 mg (Flagyl)	3		
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	6		
NITAZOXANIDE - nitazoxanide tab 500 mg	5		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	3		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3		
nitrofurantoin susp 25 mg/5ml	3		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	3		
SIVEXTRO - tedizolid phosphate tab 200 mg	5		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	3		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	3		
tinidazole tab 250 mg, 500 mg	3		
TRIMETHOPRIM - trimethoprim tab 100 mg	6		
trimethoprim tab 100 mg	3		
VANCOGIN - vancomycin hcl cap 125 mg (base equivalent)	6		QL (480 capsules/30 days)
VANCOGIN - vancomycin hcl cap 250 mg (base equivalent)	6		QL (240 capsules/30 days)
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	3		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	3		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	3		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	3		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 200 mg	6		PA, QL (9 tablets/180 days)
XIFAXAN - rifaximin tab 550 mg	5		PA, QL (90 tablets/30 days)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1		
AFLURIA 2024-2025 - influenza virus vaccine split im susp	1		QL (1 vaccine/90 days)
AFLURIA 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1		
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	1		QL (1 vaccine/90 days)
COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FLUAD 2024-2025 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUARIX 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
FLUBLOK 2024-2025 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit im susp	1		QL (1 vaccine/90 days)
FLULAVAL 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	1		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE 2024-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUZONE 2024-2025 - influenza virus vaccine split im susp	1		QL (1 vaccine/90 days)
FLUZONE 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	1		
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	1		
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	1		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1		
MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	1		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1		
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	1		
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1		
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris- s 5-11y-pfizer im susp 10 mcg/0.3ml	1		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris- s 6mo-4y-pfizer im susp 3 mcg/0.3ml	1		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	1		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1		
ROTARIX - rotavirus vaccine, live oral susp	1		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	1		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1		
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1		
VAXCHORA - cholera vaccine live attenuated for oral susp	6		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)

TOXOIDS

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1		
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1		
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1		
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1		
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp	1		
PASSIVE IMMUNIZING AGENTS			
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	7	SP	PA, SP
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	7	SP	PA, SP
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	7	SP	PA, SP
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	7	SP	LD, PA, SP
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	7	SP	LD, PA, SP
HIZENTRA - immune globulin (human) subcutaneous sol pref syr 10 gm/50ml	7	SP	LD, PA, SP
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	7	SP	LD, PA, SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	7	SP	LD, PA, SP
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	7	SP	LD, PA, SP
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	7	SP	LD, PA, SP
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	7	SP	LD, PA, SP
BIOLOGICALS MISC			
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	6		
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	6		
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 mg	7	SP	PA, QL (1 starter kit/180 days), SP
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	7	SP	LD, PA, QL (1 pack/180 days), SP
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	7	SP	LD, PA, QL (90 capsules/30 days), SP
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	7	SP	LD, PA, QL (120 capsules/30 days), SP
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg)	7	SP	LD, PA, QL (30 packets/30 days), SP
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg)	7	SP	LD, PA, QL (30 packets/30 days), SP
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	7	SP	LD, PA, QL (180 capsules/30 days), SP
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	7	SP	LD, PA, QL (90 capsules/30 days), SP
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	7	SP	LD, PA, QL (30 capsules/30 days), SP
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	7	SP	LD, PA, QL (60 capsules/30 days), SP
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	7	SP	LD, PA, QL (120 capsules/30 days), SP
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	7	SP	LD, PA, QL (60 capsules/30 days), SP
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	7	SP	LD, PA, QL (120 capsules/30 days), SP
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	7	SP	LD, PA, QL (60 capsules/30 days), SP
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	6		

ANTINEOPLASTIC AGENTS

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTINEOPLASTICS			
abiraterone acetate tab 250 mg (Zytiga)	7	SP	PA, QL (120 tablets/30 days), SP
abiraterone acetate tab 500 mg (Zytiga)	7	SP	PA, QL (60 tablets/30 days), SP
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	7	SP	LD, PA, SP
AFINITOR - everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg, 5 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	7	SP	LD, PA, QL (240 capsules/30 days), SP
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	7	SP	LD, PA, QL (30 tablets/180 days), SP
ALUNBRIG - brigatinib tab 30 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
ALUNBRIG - brigatinib tab 90 mg, 180 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	7	SP	PA, QL (240 capsules/30 days), SP
AUGTYRO - repotrectinib cap 160 mg	7	SP	PA, QL (60 capsules/30 days), SP
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
BALVERSA - erdafitinib tab 3 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
BALVERSA - erdafitinib tab 4 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
BALVERSA - erdafitinib tab 5 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	7	SP	LD, PA, QL (2 syringes/28 days), SP
bexarotene cap 75 mg (Targretin)	7	SP	PA, SP
bicalutamide tab 50 mg (Casodex)	3		
BOSULIF - bosutinib cap 50 mg	7	SP	LD, PA, QL (30 capsules/30 days), SP
BOSULIF - bosutinib cap 100 mg	7	SP	LD, PA, QL (150 capsules/30 days), SP
BOSULIF - bosutinib tab 100 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
BOSULIF - bosutinib tab 400 mg, 500 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
BRAFTOVI - encorafenib cap 75 mg	7	SP	LD, PA, QL (180 capsules/30 days), SP
BRUKINSA - zanubrutinib cap 80 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/30 days), SP
CALQUENCE - acalabrutinib maleate tab 100 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
capecitabine tab 150 mg, 500 mg (Xeloda)	7	SP	SP
CAPRELSA - vandetanib tab 100 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
CAPRELSA - vandetanib tab 300 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	7	SP	LD, PA, QL (1 kit/28 days), SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	7	SP	LD, PA, QL (1 kit/28 days), SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	7	SP	LD, PA, QL (1 kit/28 days), SP
COPIKTRA - duvelisib cap 15 mg, 25 mg	7	SP	LD, PA, QL (60 capsules/30 days), SP
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	7	SP	LD, PA, QL (63 tablets/28 days), SP
CYCLOPHOSPHAMIDE - cyclophosphamide cap 25 mg, 50 mg	6		
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	5		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	3		
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)	7	SP	LD, PA, QL (112 tablets/28 days), SP
dasatinib tab 20 mg (Sprycel)	7	SP	PA, QL (90 tablets/30 days), SP
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	7	SP	PA, QL (30 tablets/30 days), SP
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	7	SP	LD, PA, QL (60 tablets/30 days), SP
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/30 days), SP
ERIVEDGE - vismodegib cap 150 mg	7	SP	LD, PA, QL (30 capsules/30 days), SP
ERLEADA - apalutamide tab 60 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
ERLEADA - apalutamide tab 240 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	7	SP	PA, QL (60 tablets/30 days), SP
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	7	SP	PA, QL (30 tablets/30 days), SP
ETOPOSIDE - etoposide cap 50 mg	5		
EULEXIN - flutamide cap 125 mg	6		LD

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	7	SP	PA, QL (60 tablets/30 days), SP
everolimus tab for oral susp 3 mg (Afinitor disperz)	7	SP	PA, QL (90 tablets/30 days), SP
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	7	SP	PA, QL (30 tablets/30 days), SP
exemestane tab 25 mg (Aromasin)	3		
FARESTON - toremifene citrate tab 60 mg (base equivalent)	6		
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	7	SP	LD, PA, QL (21 capsules/28 days), SP
FRUZAQLA - fruquintinib cap 1 mg	7	SP	PA, QL (84 capsules/28 days), SP
FRUZAQLA - fruquintinib cap 5 mg	7	SP	PA, QL (21 capsules/28 days), SP
GAVRETO - pralsetinib cap 100 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
gefitinib tab 250 mg (Iressa)	7	SP	PA, QL (30 tablets/30 days), SP
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/30 days), SP
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	7	SP	SP
GOMEKLI - mirdametininib tab for oral susp 1 mg	7	SP	PA, QL (168 tablets/28 days), SP
GOMEKLI - mirdametininib cap 1 mg	7	SP	PA, QL (168 capsules/28 days), SP
GOMEKLI - mirdametininib cap 2 mg	7	SP	PA, QL (84 tablets/28 days), SP
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	7	SP	PA, SP
HYDREA - hydroxyurea cap 500 mg	6		
hydroxyurea cap 500 mg (Hydrea)	3		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	7	SP	LD, PA, QL (21 capsules/28 days), SP
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	7	SP	LD, PA, QL (21 tablets/28 days), SP
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	7	SP	LD, PA, QL (30 tablets/30 days), SP
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/30 days), SP
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	7	SP	PA, QL (90 tablets/30 days), SP
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	7	SP	PA, QL (60 tablets/30 days), SP
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
IMBRUVICA - ibrutinib oral susp 70 mg/ml	7	SP	LD, PA, QL (216 mls/30 days), SP
IMBRUVICA - ibrutinib cap 70 mg	7	SP	LD, PA, QL (30 capsules/30 days), SP
IMBRUVICA - ibrutinib cap 140 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	7	SP	PA, QL (280 mls/28 days), SP
INLYTA - axitinib tab 1 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
INLYTA - axitinib tab 5 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
INQOVI - decitabine-cedazuridine tab 35-100 mg	7	SP	LD, PA, QL (5 tablets/28 days), SP
INREBIC - fedratinib hcl cap 100 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
IRESSA - gefitinib tab 250 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
ITOVEBI - inavolisib tab 3 mg	7	SP	PA, QL (56 tablets/28 days), SP
ITOVEBI - inavolisib tab 9 mg	7	SP	PA, QL (28 tablets/28 days), SP
IWILFIN - eflornithine hcl tab 192 mg	7	SP	PA, QL (240 tablets/30 days), SP
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	7	SP	LD, PA, QL (60 tablets/30 days), SP
JAYPIRCA - pirtobrutinib tab 50 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
JAYPIRCA - pirtobrutinib tab 100 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	7	SP	PA, QL (63 tablets/28 days), SP
KOSELUGO - selumetinib sulfate cap 10 mg	7	SP	LD, PA, QL (240 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap 25 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
KRAZATI - adagrasib tab 200 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	7	SP	PA, QL (180 tablets/30 days), SP
LAZCLUZE - lazertinib mesylate tab 80 mg	7	SP	PA, QL (60 tablets/30 days), SP
LAZCLUZE - lazertinib mesylate tab 240 mg	7	SP	PA, QL (30 tablets/30 days), SP
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	7	SP	LD, PA, QL (30 capsules/30 days), SP
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	7	SP	LD, PA, QL (90 capsules/30 days), SP
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	7	SP	LD, PA, QL (60 capsules/30 days), SP
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	7	SP	LD, PA, QL (90 capsules/30 days), SP
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	7	SP	LD, PA, QL (60 capsules/30 days), SP
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	7	SP	LD, PA, QL (90 capsules/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	7	SP	LD, PA, QL (30 capsules/30 days), SP
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	7	SP	LD, PA, QL (60 capsules/30 days), SP
letrozole tab 2.5 mg (Femara)	3		
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	3		
LEUKERAN - chlorambucil tab 2 mg	5		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	7	SP	PA, QL (6 vials/30 days), SP
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	7	SP	LD, PA, QL (100 tablets/28 days), SP
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	7	SP	LD, PA, QL (80 tablets/28 days), SP
LORBRENA - lorlatinib tab 25 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
LORBRENA - lorlatinib tab 100 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
LUMAKRAS - sotorasib tab 120 mg	7	SP	LD, PA, QL (240 tablets/30 days), SP
LUMAKRAS - sotorasib tab 240 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
LUMAKRAS - sotorasib tab 320 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
LYNPARZA - olaparib tab 100 mg, 150 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
LYSODREN - mitotane tab 500 mg	7	SP	LD, SP
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	7	SP	LD, PA, QL (84 tablets/28 days), SP
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	7	SP	LD, PA, QL (112 tablets/28 days), SP
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	7	SP	LD, PA, QL (140 tablets/28 days), SP
MATULANE - procarbazine hcl cap 50 mg	7	SP	LD, SP
megestrol acetate susp 40 mg/ml	3		
megestrol acetate tab 20 mg, 40 mg	3		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	7	SP	PA, QL (1170 mls/28 day), SP
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	7	SP	PA, QL (90 tablets/30 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	7	SP	PA, QL (30 tablets/30 days), SP
MEKTOVI - binimetinib tab 15 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
mercaptopurine tab 50 mg	3		
mesna tab 400 mg (Mesnex)	3		
MESNEX - mesna tab 400 mg	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	5		
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	6		
METHOTREXATE SODIUM - methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	3		
methotrexate sodium for inj 1 gm	3		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	3		
methotrexate sodium tab 2.5 mg (base equiv)	3		
MYLERAN - busulfan tab 2 mg	5		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	7	SP	LD, PA, QL (180 tablets/30 days), SP
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	7	SP	LD, PA, QL (120 tablets/30 days), SP
NILANDRON - nilutamide tab 150 mg	6		
nilutamide tab 150 mg (Nilandron)	3		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	7	SP	LD, PA, QL (3 capsules/28 days), SP
NUBEQA - darolutamide tab 300 mg	7	SP	PA, QL (120 tablets/30 days), SP
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	7	SP	LD, PA, QL (30 capsules/30 days), SP
OGSIVEO - nirogacestat hydrobromide tab 50 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	7	SP	LD, PA, QL (56 tablets/28 days), SP
OJEMDA - tovorafenib tab 100 mg	7	SP	PA, QL (24 tablets/28 days), SP
OJEMDA - tovorafenib for oral susp 25 mg/ml	7	SP	PA, QL (96 mls/28 days), SP
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
ONUREG - azacitidine tab 200 mg, 300 mg	7	SP	PA, QL (14 tablets/28 days), SP
ORGOVYX - relugolix tab 120 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
ORSERDU - elacestrant hydrochloride tab 86 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
ORSERDU - elacestrant hydrochloride tab 345 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
pazopanib hcl tab 200 mg (base equiv) (Votrient)	7	SP	PA, QL (120 tablets/30 days), SP
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	7	SP	LD, PA, QL (14 tablets/21 days), SP
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	7	SP	PA, QL (1 pack/28 days), SP
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	7	SP	PA, QL (1 pack/28 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	7	SP	PA, QL (1 pack/28 days), SP
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	7	SP	LD, PA, QL (21 capsules/28 days), SP
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	7	SP	LD, SP
QINLOCK - ripretinib tab 50 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 40 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
REVUFORJ - revumenib citrate tab 110 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
REVUFORJ - revumenib citrate tab 160 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
REZLIDHIA - olutasidenib cap 150 mg	7	SP	LD, PA, QL (60 capsules/30 days), SP
ROZLYTREK - entrectinib pellet pack 50 mg	7	SP	LD, PA, QL (336 packets/28 days), SP
ROZLYTREK - entrectinib cap 100 mg	7	SP	LD, PA, QL (30 capsules/30 days), SP
ROZLYTREK - entrectinib cap 200 mg	7	SP	LD, PA, QL (90 capsules/30 days), SP
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	7	SP	LD, PA, QL (120 tablets/30 days), SP
RYDAPT - midostaurin cap 25 mg	7	SP	PA, QL (240 capsules/30 days), SP
SCSEMBLIX - asciminib hcl tab 20 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
SCSEMBLIX - asciminib hcl tab 40 mg	7	SP	LD, PA, QL (240 tablets/30 days), SP
SCSEMBLIX - asciminib hcl tab 100 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	6		
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	7	SP	PA, QL (120 tablets/30 days), SP
SPRYCEL - dasatinib tab 20 mg	7	SP	PA, QL (90 tablets/30 days), SP
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	7	SP	PA, QL (30 tablets/30 days), SP
STIVARGA - regorafenib tab 40 mg	7	SP	LD, PA, QL (84 tablets/28 days), SP
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	7	SP	PA, QL (90 capsules/30 days), SP
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	7	SP	PA, QL (30 capsules/30 days), SP

KEY | PA = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	7	SP	LD, PA, QL (90 capsules/30 days), SP
SUTENT - sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)	7	SP	LD, PA, QL (30 capsules/30 days), SP
TABLOID - thioguanine tab 40 mg	5		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	7	SP	PA, QL (120 tablets/30 days), SP
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	7	SP	PA, QL (120 capsules/30 days), SP
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	7	SP	PA, QL (840 tablets/28 days), SP
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/30 days), SP
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	7	SP	LD, PA, QL (30 capsules/30 days), SP
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	7	SP	LD, PA, QL (90 capsules/30 days), SP
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TARCEVA - erlotinib hcl tab 100 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/30 days), SP
TARGRETIN - bexarotene cap 75 mg	7	SP	PA, SP
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	7	SP	PA, QL (120 capsules/30 days), SP
TAZVERIK - tazemetostat hbr tab 200 mg	7	SP	LD, PA, QL (240 tablets/30 days), SP
temozolomide cap 5 mg, 20 mg	7	SP	PA, SP
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	7	SP	PA, SP
TEPMETKO - tepotinib hcl tab 225 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
TIBSOVO - ivosidenib tab 250 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
toremifene citrate tab 60 mg (base equivalent) (Fareston)	3		
tretinoin cap 10 mg	7	SP	PA, SP
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	7	SP	LD, PA, QL (64 tablets/28 days), SP
TRUQAP - capivasertib tab 200 mg	7	SP	LD, PA, QL (64 tablets/28 days), SP
TUKYSA - tucatinib tab 50 mg	7	SP	LD, PA, QL (300 tablets/30 days), SP
TUKYSA - tucatinib tab 150 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	7	SP	LD, PA, QL (120 capsules/30 days), SP
TYKERB - lapatinib ditosylate tab 250 mg (base equiv)	7	SP	PA, QL (180 tablets/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	7	SP	LD, PA, QL (28 tablets/28 days), SP
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	7	SP	LD, PA, QL (56 tablets/28 days), SP
VENCLEXTA - venetoclax tab 10 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
VENCLEXTA - venetoclax tab 50 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
VENCLEXTA - venetoclax tab 100 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	7	SP	LD, PA, QL (1 pack/180 days), SP
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	7	SP	LD, PA, QL (300 mls/30 days), SP
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	7	SP	LD, PA, QL (180 capsules/30 days), SP
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	7	SP	LD, PA, QL (60 capsules/30 days), SP
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
VONJO - pacritinib citrate cap 100 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
VORANIGO - vorasidenib tab 10 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
VORANIGO - vorasidenib tab 40 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	7	SP	PA, QL (120 tablets/30 days), SP
WELIREG - belzutifan tab 40 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
XALKORI - crizotinib cap 200 mg, 250 mg	7	SP	LD, PA, QL (60 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 20 mg	7	SP	LD, PA, QL (120 capsules/30 day), SP
XALKORI - crizotinib cap sprinkle 50 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 150 mg	7	SP	LD, PA, QL (180 capsules/30 days), SP
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	7	SP	LD, PA, QL (90 tablets/30 days), SP
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	7	SP	LD, PA, QL (4 tablets/28 days), SP
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	7	SP	LD, PA, QL (8 tablets/28 days), SP
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	7	SP	LD, PA, QL (24 tablets/28 days), SP
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	7	SP	LD, PA, QL (32 tablets/28 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
XTANDI - enzalutamide cap 40 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
XTANDI - enzalutamide tab 40 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
XTANDI - enzalutamide tab 80 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
YONSA - abiraterone acetate micronized tab 125 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/30 days), SP
ZELBORAF - vemurafenib tab 240 mg	7	SP	LD, PA, QL (240 tablets/30 days), SP
ZOLINZA - vorinostat cap 100 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
ZYDELIG - idelalisib tab 100 mg, 150 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
ZYKADIA - ceritinib tab 150 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP

ENDOCRINE AND METABOLIC DRUGS

CORTICOSTEROIDS

AGAMREE - vamorolone oral susp 40 mg/ml	7	SP	PA, QL (3 bottles/30 days), SP
budesonide delayed release particles cap 3 mg (Entocort ec)	3		
budesonide tab er 24hr 9 mg (Uceris)	3		
CORTISONE ACETATE - cortisone acetate tab 25 mg	6		
deflazacort susp 22.75 mg/ml (Emflaza)	7	SP	LD, PA, SP
deflazacort tab 6 mg (Emflaza)	7	SP	LD, PA, QL (60 tablets/30 days), SP
deflazacort tab 18 mg (Emflaza)	7	SP	LD, PA, QL (30 tablets/30 days), SP
deflazacort tab 30 mg, 36 mg (Emflaza)	7	SP	LD, PA, SP
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	5		
dexamethasone elixir 0.5 mg/5ml	3		
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	6		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3		
EMFLAZA - deflazacort susp 22.75 mg/ml	7	SP	LD, PA, SP
EMFLAZA - deflazacort tab 6 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
EMFLAZA - deflazacort tab 18 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
EMFLAZA - deflazacort tab 30 mg, 36 mg	7	SP	LD, PA, SP
EOHILIA - budesonide oral suspension 2 mg/10ml	6		PA, QL (600 mls/30 days)
fludrocortisone acetate tab 0.1 mg	3		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MEDROL - methylprednisolone tab 2 mg, 4 mg, 8 mg, 16 mg	6		
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	6		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	3		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	3		
PEDIAPRED - prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	6		
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	3		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	6		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3		
prednisolone soln 15 mg/5ml	3		
prednisolone tab 5 mg	3		
PREDNISONONE - prednisone oral soln 5 mg/5ml	5		
PREDNISONONE INTENSOL - prednisone conc 5 mg/ml	6		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	3		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	3		
TARPEYO - budesonide delayed release cap 4 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	3		PA
METHITEST - methyltestosterone oral tab 10 mg	6		PA, QL (600 tablets/30 days)
methyltestosterone cap 10 mg	3		PA, QL (600 capsules/30 days)
TESTOSTERONE - testosterone td gel 10mg/act (2%)	5		PA, QL (2 pumps/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	3		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	3		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	6		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	3		PA, QL (60 packets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
testosterone td gel 12.5 mg/act (1%)	3		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	3		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	3		PA, QL (2 pumps/30 days)
ESTROGENS			
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr	6		QL (8 patches/28 days)
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	6		
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg	6		
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	5		QL (4 patches/28 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	6		QL (8 patches/28 day)
DELESTROGEN - estradiol valerate im in oil 10 mg/ml, 20 mg/ml	7	SP	SP
DIVIGEL - 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%)	6		QL (30 packets/30 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	5		
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	6		QL (1 pump/30 days)
ESTRACE - estradiol tab 0.5 mg, 1 mg, 2 mg	6		
estradiol & norethindrone acetate tab 0.5-0.1 mg	3		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	3		
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	3		QL (1 pump/30 days)
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	3		
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)	3		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	3		QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	3		QL (4 patches/28 days)
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	7	SP	SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	6		QL (1 pump/30 days)
EVAMIST - estradiol transdermal spray 1.53 mg/spray	6		QL (5 bottles/93 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	5		
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	6		QL (4 patches/28 days)
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	5		PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	3		
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3		
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	5		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	5		
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	5		
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	5		
CONTRACEPTIVES			
BEYAZ - drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg	6		
desogestrel-eth estradiol & eth estradiol tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
DROSPIRENONE/ETHINYL ESTR - drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg	1		
ELLA - ulipristal acetate tab 30 mg	1		
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
levonorgestrel-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)	1		
levonorgestrel-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)	5		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	6		
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 (Estrostep fe)	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1		
OPILL - norgestrel tab 0.075 mg	1		
PLAN B ONE-STEP - levonorgestrel tab 1.5 mg	6		
SAFYRAL - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	6		
SLYND - drospirenone tab 4 mg	6		
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	6		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	5		
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg	6		
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	6		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	3		
norethindrone acetate tab 5 mg (Aygestin)	3		
progesterone cap 100 mg, 200 mg (Prometrium)	3		
PROVERA - medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	6		
ANTIDIABETICS			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	2		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ dose	4		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/ dose	4		
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	6		PA, QL (4 pens/28 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)	6		
diazoxide susp 50 mg/ml (Proglycem)	3		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	5		QL (30 tablets/30 days), ST
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	2		
GLIPIZIDE - glipizide tab 2.5 mg	6		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	2		
glipizide tab 5 mg, 10 mg	2		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	2		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	4		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	4		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	5		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	2		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	2		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	5		QL (30 tablets/30 days), ST
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	4		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	4		
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	5		QL (60 tablets/30 days), ST
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	5		QL (30 tablets/30 days), ST
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	5		QL (60 tablets/30 days), ST
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	5		QL (30 tablets/30 days), ST
JARDIANCE - empagliflozin tab 10 mg, 25 mg	5		QL (30 tablets/30 days), ST
KORLYM - mifepristone tab 300 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
metformin hcl tab er 24hr 500 mg, 750 mg	2		
metformin hcl tab 500 mg, 850 mg, 1000 mg	2		
mifepristone tab 300 mg (Korlym)	7	SP	PA, QL (120 tablets/30 days), SP
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	5		
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	5		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	5		PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	2		
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)	5		PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	2		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	2		
PROGLYCEM - diazoxide susp 50 mg/ml	6		
repaglinide tab 0.5 mg, 1 mg, 2 mg	2		
RYBELSUS - semaglutide tab 1.5 mg, 3 mg	5		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 4 mg, 7 mg, 9 mg, 14 mg	5		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	2		QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	2		QL (60 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	2		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	5		
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5		
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	5		QL (60 tablets/30 days), ST
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	5		QL (60 tablets/30 days), ST
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	5		QL (30 tablets/30 days), ST
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	5		QL (60 tablets/30 days), ST
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	5		QL (30 tablets/30 days), ST
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	5		QL (60 tablets/30 days), ST
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	5		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	5		QL (60 tablets/30 days), ST
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	5		QL (30 tablets/30 days), ST
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	5		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	4		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
Rapid-Acting Insulins			
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		
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		
Short-Acting Insulins			
AFREZZA - insulin regular (human) inhalation powder 4 unit/cartridge	6		PA, QL (2520 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 8 unit/cartridge	6		PA, QL (1260 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 12 unit/cartridge	6		PA, QL (900 cartridges/30 days)
AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	6		PA, QL (1800 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	6		PA, QL (1080 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart	6		PA, QL (1260 cartridges/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
Intermediate-Acting Insulins			
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		
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		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
Basal Insulins			
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	6		
BASAGLAR TEMPO PEN - insulin glargine pen-inj with transmitter port 100 unit/ml	6		
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		
THYROID AGENTS			
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	6		
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)	6		
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	6		
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)	3		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	3		
methimazole tab 5 mg, 10 mg (Tapazole)	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)	6		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	6		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	6		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	6		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	6		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	6		
propylthiouracil tab 50 mg	3		
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	5		
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	6		
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)	6		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	3		QL (28 tablets/270 days)
ENDOCRINE and METABOLIC AGENTS - MISC.			
ACTHAR - corticotropin inj gel 80 unit/ml	7	SP	LD, PA, QL (7 vials/21 days), SP
ACTHAR GEL - corticotropin subcutaneous gel auto-injector 40 unit/0.5ml, 80 unit/ml	7	SP	LD, PA, SP
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	6		
alendronate sodium oral soln 70 mg/75ml	3		
alendronate sodium tab 10 mg, 35 mg	3		
alendronate sodium tab 70 mg (Fosamax)	3		
betaine powder for oral solution (Cystadane)	7	SP	PA, SP
BINOSTO - alendronate sodium effervescent tab 70 mg	6		
BUPHENYL - sodium phenylbutyrate tab 500 mg	7	SP	LD, PA, QL (1200 tablets/30 days), SP
cabergoline tab 0.5 mg	3		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	3		
calcitonin (salmon) nasal soln 200 unit/act	3		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	3		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	3		
CARBAGLU - carglumic acid soluble tab 200 mg	7	SP	LD, SP
carglumic acid soluble tab 200 mg (Carbaglu)	7	SP	SP
CARNITOR - levocarnitine tab 330 mg	6		
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	6		
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	3		PA
CYSTADANE - betaine powder for oral solution	7	SP	LD, PA, SP
DDAVP - desmopressin acetate inj 4 mcg/ml	6		
DDAVP - desmopressin acetate preservative free (pf) inj 4 mcg/ml	6		
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	5		
desmopressin acetate inj 4 mcg/ml (Ddavp)	3		
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	3		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	3		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	3		
DOXERCALCIFEROL - doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	3		
EGRIFTA SV - tesamorelin acetate for inj 2 mg (base equiv)	7	SP	PA, SP
FOSAMAX - alendronate sodium tab 70 mg	6		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	7	SP	LD, PA, QL (14 capsules/28 days), SP
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	7	SP	PA, SP
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	7	SP	PA, SP
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	3		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	7	SP	LD, PA, SP
ISTURISA - osilodrostat phosphate tab 1 mg	7	SP	LD, PA, QL (240 tablets/30 days), SP
ISTURISA - osilodrostat phosphate tab 5 mg	7	SP	LD, PA, QL (300 tablets/30 days), SP
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	7	SP	LD, PA, QL (56 tablets/28 days), SP
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	7	SP	LD, PA, QL (4 blisters/28 days), SP
JYNARQUE - tolvaptan tab 15 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
JYNARQUE - tolvaptan tab 30 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
KERENDIA - finerenone tab 10 mg, 20 mg	5		QL (30 tablets/30 days), ST
KUVAN - sapropterin dihydrochloride tab 100 mg	7	SP	LD, PA, SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KUVAN - sapropterin dihydrochloride powder packet 100 mg, 500 mg	7	SP	LD, PA, SP
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	3		
levocarnitine tab 330 mg (Carnitor)	3		
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	6		
MIFEPREX - mifepristone tab 200 mg	5		
mifepristone tab 200 mg (Mifeprex)	3		
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	7	SP	LD, PA, QL (30 vials/30 days), SP
MYCAPSSA - octreotide acetate cap delayed release 20 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	7	SP	LD, PA, SP
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	7	SP	LD, PA, SP
NORDITROPIN FLEXPOR - somatropin solution pen- injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	7	SP	PA, SP
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	7	SP	LD, PA, SP
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	7	SP	SP
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)	7	SP	SP
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	7	SP	SP
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	7	SP	LD, PA, SP
OMNITROPE - somatropin for inj 5.8 mg	7	SP	LD, PA, SP
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	7	SP	LD, PA, QL (8 capsules/28 days), SP
ORFADIN - nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	7	SP	LD, PA, SP
ORFADIN - nitisinone susp 4 mg/ml	7	SP	LD, PA, SP
ORILISSA - elagolix sodium tab 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	5		PA, QL (60 tablets/30 days)
OSPHENA - ospemifene tab 60 mg	6		
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml	7	SP	LD, PA, QL (30 syringes/30 days), SP
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	7	SP	LD, PA, QL (60 syringes/30 days), SP
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	3		
paricalcitol cap 4 mcg	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	7	SP	LD, PA, QL (7 bottles/29 days), SP
raloxifene hcl tab 60 mg (Evista)	1		
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	7	SP	LD, PA, QL (525 mls/30 days), SP
risedronate sodium tab delayed release 35 mg (Atelvia)	3		
risedronate sodium tab 5 mg, 30 mg	3		
risedronate sodium tab 35 mg, 150 mg (Actonel)	3		
ROCALTROL - calcitriol cap 0.25 mcg, 0.5 mcg	6		
ROCALTROL - calcitriol oral soln 1 mcg/ml	6		
SAMSCA - tolvaptan tab 15 mg	7	SP	LD, QL (30 tablets/365 days), SP
SANDOSTATIN - octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)	7	SP	SP
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	7	SP	LD, PA, SP
sapropterin dihydrochloride tab 100 mg (Kuvan)	7	SP	LD, PA, SP
SENSIPAR - cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	6		PA
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg	7	SP	LD, PA, SP
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	7	SP	LD, PA, QL (60 vials/30 days), SP
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv)	7	SP	LD, PA, QL (1 vial/28 days), SP
sodium phenylbutyrate oral powder 3 gm/ teaspoonful (Buphenyl)	7	SP	PA, QL (600 grams/30 days), SP
sodium phenylbutyrate tab 500 mg (Buphenyl)	7	SP	PA, QL (1200 tablets/30 days), SP
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	7	SP	LD, SP
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	7	SP	LD, PA, SP
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	7	SP	SP
TERIPARATIDE - teriparatide soln pen-inj 620 mcg/2.48ml	7	SP	PA, SP
teriparatide soln pen-inj 600 mcg/2.4ml (Forteo)	7	SP	PA, SP
tolvaptan tab 15 mg (Samsca)	7	SP	QL (30 tablets/365 days), SP
tolvaptan tab 30 mg (Samsca)	7	SP	QL (60 tablets/365 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	7	SP	LD, PA, SP
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	7	SP	LD, PA, QL (30 vials/30 days), SP
XURIDEN - uridine triacetate oral granules packet 2 gm	7	SP	LD, PA, SP
ZEMPLAR - paricalcitol cap 1 mcg, 2 mcg	6		
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
DIGOXIN - digoxin oral soln 0.05 mg/ml	6		
digoxin oral soln 0.05 mg/ml (Digoxin)	3		
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	3		
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	6		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)	3		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	3		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	3		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	3		
NITRO-BID - nitroglycerin oint 2%	5		
NITRO-DUR - nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	6		
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	5		
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	6		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	3		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	3		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	3		
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	3		
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	6		
NITROSTAT - nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	6		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	3		
BETA BLOCKERS			
acebutolol hcl cap 200 mg, 400 mg	2		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	2		
betaxolol hcl tab 10 mg, 20 mg	2		
bisoprolol fumarate tab 5 mg, 10 mg	2		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	2		
labetalol hcl tab 100 mg, 200 mg, 300 mg	2		
LOPRESSOR - metoprolol tartrate tab 50 mg, 100 mg	6		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	2		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	2		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	2		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	2		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	2		
pindolol tab 5 mg, 10 mg	2		
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml	2		
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	4		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	2		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2		
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	2		
sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg (Betapace af)	3		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	3		
sotalol hcl tab 240 mg	3		
timolol maleate tab 5 mg, 10 mg, 20 mg	2		
TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	6		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	2		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	2		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	2		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	2		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	2		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	2		
diltiazem hcl tab 90 mg	2		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	2		
isradipine cap 2.5 mg, 5 mg	2		
nicardipine hcl cap 20 mg, 30 mg	2		
nifedipine cap 10 mg, 20 mg	2		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	2		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	2		
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	6		QL (2520 mls/180 days)
nimodipine cap 30 mg	3		
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg	4		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	2		
NYMALIZE - nimodipine oral soln 6 mg/ml	6		
SULAR - nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	6		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	2		
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg, 300 mg	6		
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	6		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	2		
verapamil hcl tab 40 mg, 80 mg, 120 mg	2		
VERAPAMIL HYDROCHLORIDE E - verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg	6		
VERAPAMIL HYDROCHLORIDE S - verapamil hcl cap er 24hr 360 mg	6		
VERELAN - verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg, 360 mg	6		
ANTIARRHYTHMICS			
amiodarone hcl tab 100 mg, 200 mg, 400 mg	3		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	3		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	3		
flecainide acetate tab 50 mg, 100 mg, 150 mg	3		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	3		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	5		
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	6		
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	6		
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	3		
propafenone hcl tab 150 mg, 225 mg, 300 mg	3		
quinidine gluconate tab er 324 mg	3		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	6		
ANTIHYPERTENSIVES			
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	6		
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	2		QL (30 tablets/30 days)
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	2		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	2		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	2		QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	2		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)	2		QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	2		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2		
benazepril & hydrochlorothiazide tab 5-6.25 mg	2		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	2		
benazepril hcl tab 5 mg	2		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	2		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	2		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	2		QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg (Atacand)	2		QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	2		QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	2		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2		
DIBENZYLINE - phenoxybenzamine hcl cap 10 mg	6		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	2		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	2		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	2		
enalapril maleate oral soln 1 mg/ml (Epaned)	2		
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	2		
EPANED - enalapril maleate oral soln 1 mg/ml	6		
eplerenone tab 25 mg, 50 mg (Inspra)	2		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	2		
guanfacine hcl tab 1 mg, 2 mg	2		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	2		QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	2		QL (30 tablets/30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	2		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg (Zestril)	2		
lisinopril tab 20 mg (Prinivil)	2		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	2		QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg (Cozaar)	2		QL (60 tablets/30 days)
losartan potassium tab 100 mg (Cozaar)	2		QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LOTENSIN - benazepril hcl tab 10 mg, 20 mg, 40 mg	6		
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	6		
METHYLDOPA - methyl dopa tab 250 mg, 500 mg	4		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2		
minoxidil tab 2.5 mg, 10 mg	2		
moexipril hcl tab 7.5 mg, 15 mg	2		
olmesartan medoxomil tab 5 mg (Benicar)	2		QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg (Benicar)	2		QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	2		QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	2		QL (30 tablets/30 days)
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	4		
perindopril erbumine tab 4 mg	2		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	2		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	2		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	2		
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-25 mg	6		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	2		
TEKTURNIA - aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	6		QL (30 tablets/30 days)
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	2		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)	2		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	2		QL (60 tablets/30 days)
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	4		QL (30 tablets/30 days)
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	6		
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	6		
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	2		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
trandolapril tab 1 mg, 2 mg, 4 mg	2		
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	6		
valsartan tab 40 mg, 80 mg, 160 mg (Diovan)	2		QL (60 tablets/30 days)
valsartan tab 320 mg (Diovan)	2		QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	2		QL (30 tablets/30 days)
VECAMYL - mecamlamine hcl tab 2.5 mg	6		LD
DIURETICS			
acetazolamide cap er 12hr 500 mg	3		
acetazolamide tab 125 mg, 250 mg	3		
amiloride hcl tab 5 mg	2		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	4		
bumetanide tab 0.5 mg (Bumex)	2		
bumetanide tab 1 mg, 2 mg	2		
BUMEX - bumetanide tab 0.5 mg	6		
chlorthalidone tab 25 mg, 50 mg	2		
dichlorphenamide tab 50 mg (Keveyis)	7	SP	PA, QL (120 tablets/30 days), SP
DIURIL - chlorothiazide susp 250 mg/5ml	6		
DYRENIUM - triamterene cap 50 mg, 100 mg	6		
EDECRIN - ethacrynic acid tab 25 mg	6		
ethacrynic acid tab 25 mg (Edecrin)	3		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	7	SP	LD, PA, QL (8 kits/30 days), SP
FUROSEMIDE - furosemide oral soln 8 mg/ml	6		
furosemide oral soln 10 mg/ml	2		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	2		
hydrochlorothiazide cap 12.5 mg	2		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	2		
indapamide tab 1.25 mg, 2.5 mg	2		
KEVEYIS - dichlorphenamide tab 50 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
LASIX - furosemide tab 20 mg, 40 mg, 80 mg	6		
methazolamide tab 25 mg, 50 mg	3		
metolazone tab 2.5 mg, 5 mg, 10 mg	2		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	2		
toremide tab 5 mg, 10 mg, 20 mg, 100 mg	2		
triamterene & hydrochlorothiazide cap 37.5-25 mg	2		
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	2		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	2		
triamterene cap 50 mg, 100 mg (Dyrenium)	2		
VASOPRESSORS			
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	5		
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	6		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	3		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	3		
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	3		
ANTIHYPERLIPIDEMICS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	2		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	2		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	2		
cholestyramine light powder 4 gm/dose (Questran light)	2		
cholestyramine powder packets 4 gm (Questran)	2		
cholestyramine powder 4 gm/dose (Questran)	2		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	2		
colesevelam hcl packet for susp 3.75 gm (Welchol)	2		
colesevelam hcl tab 625 mg (Welchol)	2		
COLESTID - colestipol hcl tab 1 gm	6		
COLESTID - colestipol hcl granules 5 gm	6		
colestipol hcl granule packets 5 gm (Colestid flavored)	2		
colestipol hcl granules 5 gm (Colestid flavored)	2		
colestipol hcl tab 1 gm (Colestid)	2		
ezetimibe tab 10 mg (Zetia)	2		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	2		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	2		
fenofibrate tab 48 mg, 145 mg (Tricor)	2		
fenofibrate tab 54 mg, 160 mg	2		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	2		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	2		
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	7	SP	LD, PA, QL (30 capsules/30 days), SP
LOPID - gemfibrozil tab 600 mg	6		
lovastatin tab 10 mg	2		QL (60 tablets/30 days)
lovastatin tab 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	4		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	4		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	2		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	2		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	2		QL (45 tablets/30 days)
pitavastatin calcium tab 4 mg (Livalo)	2		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)
QUESTRAN - cholestyramine powder 4 gm/dose	6		
QUESTRAN - cholestyramine powder packets 4 gm	6		
QUESTRAN LIGHT - cholestyramine light powder 4 gm/dose	6		
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	5		PA, QL (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	5		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5		PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	2		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	2		QL (30 tablets/30 days)
simvastatin tab 5 mg	2		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	2		QL (45 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
simvastatin tab 20 mg (Zocor)	2		QL (60 tablets/30 days)
simvastatin tab 80 mg (Zocor)	2		QL (30 tablets/30 days)
TRICOR - fenofibrate tab 48 mg, 145 mg	6		
VASCEPA - icosapent ethyl cap 0.5 gm	4		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	4		PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP
ambrisentan tab 5 mg, 10 mg (Letairis)	7	SP	LD, PA, QL (30 tablets/30 days), SP
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	6		
bosentan tab 62.5 mg, 125 mg (Tracleer)	7	SP	PA, QL (60 tablets/30 days), SP
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	7	SP	LD, PA, QL (30 capsules/30 days), SP
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	6		LD
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	5		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	5		QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	5		QL (240 capsules/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2		
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	3		
LETAIRIS - ambrisentan tab 5 mg, 10 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
OPSUMIT - macitentan tab 10 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	7	SP	LD, PA, SP
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	7	SP	LD, PA, QL (1 kit/180 days), SP
REMODULIN - 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)	7	SP	LD, PA, SP
sildenafil citrate for suspension 10 mg/ml (Revatio)	3		PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	3		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	7	SP	PA, QL (60 tablets/30 days), SP
TRACLEER - bosentan tab 62.5 mg, 125 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRACLEER - bosentan tab for oral susp 32 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
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)	7	SP	PA, SP
TYVASO - treprostinil inhalation solution 0.6 mg/ml	7	SP	LD, PA, QL (28 ampules/28 days), SP
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge	7	SP	LD, PA, QL (112 cartridges/28 days), SP
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	7	SP	LD, PA, QL (252 cartridges/180 days), SP
TYVASO REFILL KIT - treprostinil inhalation solution 0.6 mg/ml	7	SP	LD, PA, QL (28 ampules/28 days), SP
TYVASO STARTER KIT - treprostinil inhalation solution 0.6 mg/ml	7	SP	LD, PA, QL (1 kit/180 days), SP
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	7	SP	LD, PA, QL (60 tablets/30 days), SP
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	7	SP	LD, PA, QL (1 pack/180 days), SP
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	7	SP	LD, PA, QL (68 ampules/30 days), SP
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	5		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	7	SP	PA, QL (30 capsules/30 days), SP
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	7	SP	PA, QL (120 capsules/30 days), SP
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	7	SP	LD, PA, QL (1 kit/21 days), SP
CIALIS - tadalafil tab 5 mg	6		QL (30 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	3		QL (30 tablets/30 days)

RESPIRATORY AGENTS**ANTI-HISTAMINES**

carbinoxamine maleate tab 4 mg	3		
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	6		
cyproheptadine hcl syrup 2 mg/5ml	3		
cyproheptadine hcl tab 4 mg	3		
desloratadine tab 5 mg (Clarinet)	3		
levocetirizine dihydrochloride tab 5 mg	3		
loratadine oral soln 5 mg/5ml	3		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	3		
loratadine tab 10 mg	3		
promethazine hcl oral soln 6.25 mg/5ml	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
promethazine hcl suppos 12.5 mg, 25 mg	3		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	3		
PROMETHEGAN - promethazine hcl suppos 50 mg	6		
NASAL AGENTS - SYSTEMIC and TOPICAL			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3		
flunisolide nasal soln 25 mcg/act (0.025%)	3		
fluticasone propionate nasal susp 50 mcg/act	3		
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	3		
olopatadine hcl nasal soln 0.6% (Patanase)	3		
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	6		PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY			
acetylcysteine inhal soln 10%, 20%	2		
benzonatate cap 100 mg (Tessalon perles)	3		
benzonatate cap 200 mg	3		
HYCODAN - hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	6		
HYCODAN - hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	6		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	3		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	3		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	5		
HYPERSAL - sodium chloride soln nebu 7%	6		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	3		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	3		
promethazine w/ codeine syrup 6.25-10 mg/5ml	3		
promethazine-dm syrup 6.25-15 mg/5ml	3		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3		
sodium chloride soln nebu 3%, 10%	3		
sodium chloride soln nebu 7% (Hypersal)	3		
ANTIASTHMATIC and BRONCHODILATOR AGENTS			
ACCOLATE - zafirlukast tab 10 mg, 20 mg	6		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	4		QL (1 canister/30 days)
AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	5		QL (3 inhalers/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ALBUTEROL SULFATE - albuterol sulfate soln nebu 0.5% (5 mg/ml)	2		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2		QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	2		
albuterol sulfate syrup 2 mg/5ml	2		
albuterol sulfate tab 2 mg, 4 mg	2		
ANORO ELLIPTA - umecclidinium-vilanterol aero powd ba 62.5-25 mcg/act	4		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	2		
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4		QL (2 canisters/30 days)
BEVESPI AEROSPHERE - glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	6		QL (1 canister/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	4		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	4		QL (1 inhaler/30 days)
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	6		
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	2		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	2		PA, QL (3 inhalers/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4		QL (2 canisters/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	4		QL (3 canisters/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	7	SP	LD, PA, QL (1 pen/56 days), SP
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	4		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	4		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act	4		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	4		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	2		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	4		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	2		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	2		
montelukast sodium tab 10 mg (base equiv) (Singulair)	2		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	7	SP	LD, PA, QL (3 pens/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	7	SP	LD, PA, QL (1 syringe/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	7	SP	LD, PA, QL (3 syringes/28 days), SP
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	4		QL (1 canister/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	4		QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	2		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	4		QL (60 blisters/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	4		QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	4		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	4		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	4		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	2		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	7	SP	LD, PA, QL (1 pen/28 days), SP
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	6		
theophylline elixir 80 mg/15ml	2		
THEOPHYLLINE ER - theophylline tab er 12hr 100 mg, 200 mg	6		
theophylline soln 80 mg/15ml	2		
theophylline tab er 12hr 300 mg, 450 mg	2		
theophylline tab er 24hr 400 mg, 600 mg	2		
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	2		PA, QL (30 capsules/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	4		QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	4		QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	7	SP	LD, PA, SP
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	7	SP	LD, PA, SP
zafirlukast tab 10 mg, 20 mg (Accolate)	2		
zileuton tab er 12hr 600 mg	3		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
BRONCHITOL - mannitol inhal cap 40 mg	7	SP	SP
BRONCHITOL TOLERANCE TEST - mannitol inhal cap 40 mg	7	SP	SP
ESBRIET - pirfenidone cap 267 mg	7	SP	LD, PA, QL (180 capsules/30 days), SP
ESBRIET - pirfenidone tab 267 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
ESBRIET - pirfenidone tab 801 mg	7	SP	LD, PA, QL (90 tablets/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KALYDECO - ivacaftor tab 150 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	7	SP	LD, PA, QL (56 packets/28 days), SP
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	7	SP	LD, PA, QL (60 capsules/30 days), SP
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	7	SP	LD, PA, QL (120 tablets/30 days), SP
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	7	SP	LD, PA, QL (60 packets/30 days), SP
PIRFENIDONE - pirfenidone tab 534 mg	7	SP	PA, QL (21 tablets/180 days), SP
pirfenidone cap 267 mg (Esbriet)	7	SP	PA, QL (180 capsules/30 days), SP
pirfenidone tab 267 mg (Esbriet)	7	SP	PA, QL (180 tablets/30 days), SP
pirfenidone tab 801 mg (Esbriet)	7	SP	PA, QL (90 tablets/30 days), SP
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	7	SP	SP
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	7	SP	LD, PA, QL (56 tablets/28 days), SP
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	7	SP	LD, PA, QL (60 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	7	SP	LD, PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	7	SP	LD, PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	7	SP	LD, PA, QL (90 tablets/30 day), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	7	SP	LD, PA, QL (90 tablets/30 days), SP
GASTROINTESTINAL AGENTS			
LAXATIVES			
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	6		
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	6		
lactulose solution 10 gm/15ml	3		
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	6		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	3		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	1		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	6		
PLENVU - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	6		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	3		
SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	6		
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	6		
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	6		
ANTIDIARRHEALS			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	3		
LOMOTIL - diphenoxylate w/ atropine tab 2.5-0.025 mg	6		
MYTESI - crofelemer tab delayed release 125 mg	6		LD
ULCER DRUGS			
cimetidine hcl soln 300 mg/5ml	3		
CUVPOSA - glycopyrrolate oral soln 1 mg/5ml	6		
CYTOTEC - misoprostol tab 100 mcg, 200 mcg	6		
dicyclomine hcl cap 10 mg	3		
dicyclomine hcl oral soln 10 mg/5ml	3		
dicyclomine hcl tab 20 mg	3		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	3		QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)	3		QL (30 packets/30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	3		QL (30 packets/30 days)
famotidine for susp 40 mg/5ml	3		
famotidine tab 20 mg, 40 mg (Pepcid)	3		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	3		
glycopyrrolate tab 1 mg, 2 mg	3		
HELIDAC THERAPY - metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	6		
lansoprazole cap delayed release 30 mg (Prevacid)	3		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	3		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	3		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	6		QL (30 packets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	6		QL (30 packets/30 days)
NIZATIDINE - nizatidine cap 300 mg	6		
nizatidine cap 150 mg	3		
omeprazole cap delayed release 10 mg, 40 mg	3		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	3		
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	3		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	3		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	3		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	3		
ANTIEMETICS			
AKYNZEO - netupitant-palonosetron cap 300-0.5 mg	6		QL (2 capsules/30 days)
ANZEMET - dolasetron mesylate tab 50 mg	6		QL (7 tablets/30 days)
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	3		QL (2 packs/30 days)
aprepitant capsule 40 mg	3		
aprepitant capsule 80 mg (Emend)	3		QL (4 capsules/30 days)
aprepitant capsule 125 mg	3		QL (2 capsules/30 days)
BONJESTA - doxylamine-pyridoxine tab er 20-20 mg	6		PA, QL (60 tablets/30 days)
DICLEGIS - doxylamine-pyridoxine tab delayed release 10-10 mg	6		PA, QL (120 tablets/30 days)
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	3		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	3		
EMEND - aprepitant capsule 80 mg	6		QL (4 capsules/30 days)
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	5		QL (6 packages/30 days)
EMEND TRIPACK - aprepitant capsule therapy pack 80 & 125 mg	6		QL (2 packs/30 days)
granisetron hcl tab 1 mg	3		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	3		
ONDANSETRON HCL - ondansetron hcl tab 24 mg	6		QL (1 tablet/30 days)
ondansetron hcl oral soln 4 mg/5ml	3		
ondansetron hcl tab 4 mg (Zofran)	3		
ondansetron hcl tab 8 mg	3		
ondansetron orally disintegrating tab 4 mg, 8 mg	3		
SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	6		QL (2 patches/30 days), ST
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	3		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRANSDERM-SCOP - scopolamine td patch 72hr 1 mg/3days	6		
trimethobenzamide hcl cap 300 mg	3		
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	7	SP	LD, QL (4 tablets/30 days), SP
DIGESTIVE AIDS			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	5		
SUCRAID - sacrosidase soln 8500 unit/ml	7	SP	LD, PA, QL (236 mls/29 days), SP
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, 40000-126000-168000 unit, 60000-189600-252600 unit	5		
GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	3		PA, QL (60 tablets/30 days)
AZULFIDINE - sulfasalazine tab 500 mg	6		
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	6		
balsalazide disodium cap 750 mg (Colazal)	3		
BYLVAY - odevixibat cap 400 mcg	7	SP	LD, PA, QL (450 capsules/30 days), SP
BYLVAY - odevixibat cap 1200 mcg	7	SP	LD, PA, QL (150 capsules/30 days), SP
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	7	SP	LD, PA, QL (900 capsules/30 days), SP
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	7	SP	LD, PA, QL (300 capsules/30 days), SP
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	3		
calcium acetate (phosphate binder) tab 667 mg	3		
CHENODAL - chenodiol tab 250 mg	7	SP	LD, SP
CHOLBAM - cholic acid cap 50 mg, 250 mg	7	SP	LD, PA, SP
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	7	SP	PA, QL (2 kits/28 days), SP
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ ml	7	SP	PA, QL (2 kits/28 days), SP
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	7	SP	PA, QL (1 kit/180 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	3		
DELZICOL - mesalamine cap dr 400 mg	6		
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	7	SP	LD, PA, QL (2 pens/28 days), SP
FOSRENOL - lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)	6		ST
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	6		ST
GATTEX - teduglutide (rdna) for inj kit 5 mg	7	SP	LD, PA, QL (30 vials/30 days), SP
IQIRVO - elafibranor tab 80 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
lactulose (encephalopathy) solution 10 gm/15ml	3		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	3		ST
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	5		PA, QL (30 capsules/30 days)
LIVDELZI - seladelpar lysine cap 10 mg	7	SP	PA, QL (30 capsules/30 days), SP
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	7	SP	LD, PA, QL (90 mls/30 days), SP
LIVMARLI - maralixibat chloride oral soln 19 mg/ml	7	SP	LD, PA, QL (60 mls/30 days), SP
lubiprostone cap 8 mcg (Amitiza)	3		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	3		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	3		
mesalamine cap er 24hr 0.375 gm (Apriso)	3		
mesalamine enema 4 gm	3		
mesalamine suppos 1000 mg (Canasa)	3		
mesalamine tab delayed release 800 mg	3		
mesalamine tab delayed release 1.2 gm (Lialda)	3		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	3		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 5 mg, 10 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	7	SP	LD, PA, QL (2 pens/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	7	SP	LD, PA, QL (2 syringes/28 days), SP
REGLAN - metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	6		
REZDIFFRA - resmetirom 60 mg tab	7	SP	LD, PA, QL (30 tablets/30 days), SP
REZDIFFRA - resmetirom 80 mg tab	7	SP	LD, PA, QL (30 tablets/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
REZDIFFRA - resmetirom 100 mg tab	7	SP	LD, PA, QL (30 tablets/30 days), SP
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	3		
sevelamer carbonate tab 800 mg (Renvela)	3		
sevelamer hcl tab 400 mg	3		
sevelamer hcl tab 800 mg (Renagel)	3		
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	6		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	7	SP	PA, QL (1 cartridge/56 days), SP
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	3		
sulfasalazine tab 500 mg (Azulfidine)	3		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	5		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	3		
ursodiol tab 250 mg (Urso 250)	3		
ursodiol tab 500 mg (Urso forte)	3		
VELPHORO - sucroferriic oxyhydroxide chew tab 500 mg	5		ST
VIBERZI - eluxadolone tab 75 mg, 100 mg	5		PA, QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	7	SP	LD, PA, SP
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	7	SP	LD, PA, SP
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	7	SP	LD, PA, QL (2 pens/28 days), SP
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	7	SP	LD, PA, QL (2 pens/28 days), SP
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	7	SP	LD, PA, QL (2 syringes/28 days), SP
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	3		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	3		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	3		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	3		
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	3		QL (30 tablets/30 days)
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	5		QL (300 mls/28 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	5		QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	3		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	3		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	3		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	3		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	3		
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	3		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	3		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	3		QL (60 tablets/30 days)
tropium chloride cap er 24hr 60 mg	3		QL (30 capsules/30 days)
tropium chloride tab 20 mg	3		QL (60 tablets/30 days)
VESICARE - solifenacin succinate tab 5 mg, 10 mg	6		QL (30 tablets/30 days)
VAGINAL PRODUCTS			
CLEOCIN - clindamycin phosphate vaginal cream 2%	6		
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	5		
clindamycin phosphate vaginal cream 2% (Cleocin)	3		
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	6		
CRINONE - progesterone vaginal gel 4%	6		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	1		
ESTRACE - estradiol vaginal cream 0.1 mg/gm	6		
estradiol vaginal cream 0.1 mg/gm (Estrace)	3		
estradiol vaginal tab 10 mcg (Vagifem)	3		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	5		QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	6		
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 4 mcg, 10 mcg	6		QL (8 suppositories/28 days)
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 4 mcg, 10 mcg	6		QL (18 suppositories/180 days)
INTRAROSA - prasterone vaginal insert 6.5 mg	6		
metronidazole vaginal gel 0.75%	3		
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	6		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	1		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	1		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	5		
terconazole vaginal cream 0.4%, 0.8%	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
terconazole vaginal suppos 80 mg	3		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	1		
VANAZOLE - metronidazole vaginal gel 0.75%	6		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	1		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	3		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	3		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	5		LD
dutasteride cap 0.5 mg (Avodart)	3		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	3		
ELMIRON - pentosan polysulfate sodium caps 100 mg	6		PA
FILSPARI - sparsentan tab 200 mg, 400 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
finasteride tab 5 mg (Proscar)	3		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	5		
LITHOSTAT - acetohydroxamic acid tab 250 mg	6		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	3		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	3		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	3		
PROCYSBI - cysteamine bitartrate delayed release granules packet 75 mg, 300 mg	7	SP	LD, PA, SP
PROCYSBI - cysteamine bitartrate cap delayed release 25 mg (base equiv), 75 mg (base equiv)	7	SP	LD, PA, SP
PROSCAR - finasteride tab 5 mg	6		
RAPAFLO - silodosin cap 4 mg, 8 mg	6		
RIVFLOZA - nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml, 160 mg/ml	7	SP	LD, PA, QL (1 syringe/30 days), SP
RIVFLOZA - nedosiran sodium subcutaneous soln 80 mg/0.5ml	7	SP	LD, PA, QL (2 vials/30 day), SP
silodosin cap 4 mg, 8 mg (Rapaflo)	3		
sodium chloride irrigation soln 0.9%	3		
sodium citrate & citric acid soln 500-334 mg/5ml	3		
tamsulosin hcl cap 0.4 mg (Flomax)	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
THIOLA - tiopronin tab 100 mg	7	SP	LD, PA, QL (600 tablets/30 days), SP
THIOLA EC - tiopronin tab delayed release 100 mg	7	SP	LD, PA, QL (600 tablets/30 days), SP
THIOLA EC - tiopronin tab delayed release 300 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
tiopronin tab delayed release 100 mg (Thiola ec)	7	SP	LD, PA, QL (600 tablets/30 days), SP
tiopronin tab delayed release 300 mg (Thiola ec)	7	SP	LD, PA, QL (180 tablets/30 days), SP
tiopronin tab 100 mg (Thiola)	7	SP	LD, PA, QL (600 tablets/30 days), SP
UROCIT-K 10 - potassium citrate tab er 10 meq (1080 mg)	6		
UROCIT-K 15 - potassium citrate tab er 15 meq (1620 mg)	6		

CENTRAL NERVOUS SYSTEM DRUGS

ANTI-ANXIETY AGENTS

ALPRAZOLAM INTENSOL - alprazolam conc 1 mg/ml	6		
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	3		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	3		
bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	3		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	3		
clorazepate dipotassium tab 3.75 mg, 15 mg	3		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	3		
diazepam conc 5 mg/ml	3		
diazepam oral soln 1 mg/ml	3		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	3		
hydroxyzine hcl syrup 10 mg/5ml	3		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	3		
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	6		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	3		
lorazepam conc 2 mg/ml	3		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	3		
meprobamate tab 200 mg, 400 mg	3		
oxazepam cap 10 mg, 15 mg, 30 mg	3		

ANTIDEPRESSANTS

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	2		
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	3		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	2		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	2		
bupropion hcl tab 75 mg, 100 mg	2		
citalopram hydrobromide oral soln 10 mg/5ml	2		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	2		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	3		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	2		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	2		
DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 50 mg, 100 mg	6		QL (30 tablets/30 days), ST
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	2		QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	2		
doxepin hcl conc 10 mg/ml	2		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	2		
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	6		
escitalopram oxalate soln 5 mg/5ml (base equiv)	2		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	2		
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	6		QL (30 capsules/30 days), ST
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	6		QL (1 pack/180 days), ST
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	6		ST
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	2		
fluoxetine hcl solution 20 mg/5ml	2		
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	2		
fluvoxamine maleate tab 25 mg, 50 mg	3		QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
fluvoxamine maleate tab 100 mg	3		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	2		
MARPLAN - isocarboxazid tab 10 mg	6		
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	2		QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 45 mg	2		QL (30 tablets/30 days)
mirtazapine tab 15 mg, 30 mg (Remeron)	2		QL (30 tablets/30 days)
NARDIL - phenelzine sulfate tab 15 mg	6		
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		
NORPRAMIN - desipramine hcl tab 10 mg, 25 mg	6		
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	2		
nortriptyline hcl soln 10 mg/5ml	2		
PAMELOR - nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg	6		
PARNATE - tranylcypromine sulfate tab 10 mg	6		
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	2		
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	2		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	4		
protriptyline hcl tab 5 mg, 10 mg	2		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	2		
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	7	SP	PA, QL (4 packs/28 days), SP
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	7	SP	PA, QL (4 packs/28 days), SP
tranylcypromine sulfate tab 10 mg (Parnate)	2		
trazodone hcl tab 50 mg, 100 mg, 150 mg	2		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	2		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	6		QL (30 tablets/30 days), ST
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	2		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	2		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	2		QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml	6		ST
ZURZUVAE - zuranolone cap 20 mg, 25 mg	7	SP	PA, QL (28 capsules/30 days), SP
ZURZUVAE - zuranolone cap 30 mg	7	SP	PA, QL (14 capsules/30 days), SP
ANTIPSYCHOTICS			
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	7	SP	SP
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	7	SP	SP
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	7	SP	SP
aripiprazole oral solution 1 mg/ml	3		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	3		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	3		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	7	SP	SP
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	7	SP	SP
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	3		QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	6		QL (30 capsules/30 days), ST
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	3		
CHLORPROMAZINE HYDROCHLOR - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	6		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	6		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	3		
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	3		
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	6		
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		QL (60 tablets/30 days), ST
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	6		QL (1 pack/180 days), ST
fluphenazine decanoate inj 25 mg/ml	7	SP	SP
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ ml	5		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	3		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	5		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	7	SP	SP
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	7	SP	SP
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	7	SP	SP
HALDOL DECANOATE 50 - haloperidol decanoate im soln 50 mg/ml	7	SP	SP
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	7	SP	SP
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	7	SP	SP
haloperidol lactate oral conc 2 mg/ml	3		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	3		
INVEGA - paliperidone tab er 24hr 3 mg, 9 mg	6		QL (30 tablets/30 days), ST
INVEGA - paliperidone tab er 24hr 6 mg	6		QL (60 tablets/30 days), ST
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	7	SP	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	7	SP	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	7	SP	SP
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	6		
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	3		
lithium carbonate cap 300 mg	3		
lithium carbonate tab er 300 mg (Lithobid)	3		
lithium carbonate tab er 450 mg	3		
lithium carbonate tab 300 mg	3		
lithium oral solution 8 meq/5ml	3		
LITHOBID - lithium carbonate tab er 300 mg	6		
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	3		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	3		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	3		QL (60 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	6		
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)	7	SP	LD, PA, QL (30 capsules/30 days), SP
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)	7	SP	LD, PA, QL (30 tablets/30 days), SP
olanzapine for im inj 10 mg (Zyprexa)	7	SP	SP
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	3		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	3		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	3		
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	7	SP	SP
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	3		
prochlorperazine suppos 25 mg	3		
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	6		QL (30 tablets/30 days), ST
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	3		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	3		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	3		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	3		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5		QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	7	SP	SP
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)	7	SP	SP
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	6		QL (60 tablets/30 days), ST
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	3		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	3		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	3		QL (480 mls/30 days)
risperidone tab 0.25 mg	3		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	3		QL (60 tablets/30 days)

KEY | PA = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
risperidone tab 4 mg (Risperdal)	3		QL (120 tablets/30 days)
RYKINDO - risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg	7	SP	SP
SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	6		QL (60 tablets/30 days), ST
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	6		QL (30 patches/30 days), ST
THIORIDAZINE HCL - thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	3		
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	3		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	3		
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml, 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	7	SP	SP
VERSACLOZ - clozapine susp 50 mg/ml	6		QL (540 mls/30 days), ST
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	5		QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	3		QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)	7	SP	SP
ZYPREXA - olanzapine for im inj 10 mg	7	SP	SP
HYPNOTICS			
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	6		QL (30 tablets/30 days), ST
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	3		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	3		
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	3		QL (30 tablets/30 days)
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	7	SP	LD, PA, QL (158 mls/30 days), SP
phenobarbital elixir 20 mg/5ml	3		
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	3		
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	5		QL (30 tablets/30 days), ST
ramelteon tab 8 mg (Rozerem)	3		QL (30 tablets/30 days)
ROZEREM - ramelteon tab 8 mg	6		QL (30 tablets/30 days), ST
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	6		QL (30 tablets/30 days), ST

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
tasimelteon capsule 20 mg (Hetlioz)	7	SP	PA, QL (30 capsules/30 days), SP
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)	3		
zaleplon cap 5 mg, 10 mg	3		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	3		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	3		QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	6		QL (60 tablets/30 days)
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	6		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	6		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	6		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	3		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	3		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	3		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	3		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	3		
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	3		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	3		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	5		QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	3		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	3		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	6		QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	6		QL (60 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	3		QL (30 capsules/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	3		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	3		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	3		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	3		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	3		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	3		QL (180 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	6		QL (60 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	3		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	7	SP	LD, PA, QL (10 vials/30 days), SP
JORNAY PM - methylphenidate hcl cap delayed er 24hr 20 mg (pm), 40 mg (pm), 60 mg (pm), 80 mg (pm), 100 mg (pm)	6		QL (30 capsules/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	3		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	3		QL (30 tablets/30 days)
METADATE CD - methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	6		QL (30 capsules/30 days)
METHAMPHETAMINE HYDROCHLO - methamphetamine hcl tab 5 mg	3		QL (150 tablets/30 days)
METHYLIN - methylphenidate hcl soln 5 mg/5ml	6		QL (450 mls/30 days)
METHYLIN - methylphenidate hcl soln 10 mg/5ml	6		QL (900 mls/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	3		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	3		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	3		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	3		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	3		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	3		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	3		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	3		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	3		QL (90 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	3		QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	5		QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	5		QL (60 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	3		
QELBREE - viloxazine hcl cap er 24hr 100 mg	5		QL (30 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 150 mg	5		QL (60 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 200 mg	5		QL (90 capsules/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg, 40 mg	6		QL (30 tablets/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg	6		QL (60 tablets/30 days)
QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	6		QL (360 mls/30 days)
RITALIN - methylphenidate hcl tab 5 mg, 10 mg, 20 mg	6		QL (90 tablets/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	6		QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	6		QL (30 tablets/30 days)
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	7	SP	LD, PA, QL (60 tablets/30 days), SP
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.			
acamprosate calcium tab delayed release 333 mg	3		
AUBAGIO - teriflunomide tab 7 mg, 14 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
AUSTEDO - deutetrabenazine tab 6 mg	7	SP	PA, QL (60 tablets/30 days), SP
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg	7	SP	PA, QL (120 tablets/30 days), SP
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	7	SP	PA, QL (30 tablets/30 days), SP
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg	7	SP	PA, QL (60 tablets/30 days), SP
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	7	SP	PA, QL (1 kit/180 days), SP
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days), SP
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days), SP
BETASERON - interferon beta-1b for inj kit 0.3 mg	7	SP	PA, QL (1 kit/28 days), SP
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	6		
dalfampridine tab er 12hr 10 mg (Ampyra)	3		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	3	SP	QL (14 capsules/180 days), SP
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	3	SP	QL (60 capsules/30 days), SP
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	3	SP	QL (1 pack/180 days), SP
disulfiram tab 250 mg, 500 mg	3		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	3		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	3		
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	6		
 fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	7	SP	QL (30 capsules/30 days), SP
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	6		
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	3		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	3		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	7	SP	QL (30 syringes/30 days), SP
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	7	SP	QL (12 syringes/28 days), SP
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	7	SP	LD, PA, QL (28 capsules/180 days), SP
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	7	SP	LD, PA, QL (30 capsules/30 days), SP
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	7	SP	LD, PA, QL (30 capsules/30 days), SP
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	7	SP	PA, QL (1 pen/28 days), SP
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	3		PA, QL (228 tablets/180 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	6		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	7	SP	LD, PA, QL (30 packets/30 days), SP
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	7	SP	LD, PA, QL (28 packets/180 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	6		QL (30 tablets/30 days), ST
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	7	SP	LD, PA, QL (8 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	7	SP	LD, PA, QL (10 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	7	SP	LD, PA, QL (12 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	7	SP	LD, PA, QL (14 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	7	SP	LD, PA, QL (9 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	7	SP	LD, PA, QL (20 tablets/301 days), SP
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	7	SP	LD, PA, QL (120 tablets/30 days), SP
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	7	SP	LD, PA, QL (30 tablets/30 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	7	SP	LD, PA, QL (7 tablets/180 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	7	SP	LD, PA, QL (12 tablets/180 days), SP
memantine hcl oral solution 2 mg/ml	3		
memantine hcl tab 5 mg, 10 mg (Namenda)	3		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	3		
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	1		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/ spray)	1		
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	6		PA, QL (60 capsules/30 days)
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	3		
PERPHENAZINE/AMITRIPTYLIN - perphenazine- amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	6		
PIMOZIDE - pimozone tab 1 mg, 2 mg	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	7	SP	LD, PA, QL (2 pens/28 days), SP
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	7	SP	LD, PA, QL (2 syringes/28 days), SP
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	7	SP	LD, PA, QL (2 syringes/28 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	7	SP	LD, PA, QL (1 kit/180 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	7	SP	LD, PA, QL (1 kit/180 days), SP
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	7	SP	PA, QL (12 syringes/28 days), SP
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	7	SP	PA, QL (12 syringes/28 days), SP
REBIF REBIDOSE TITRATION - interferon beta-1a auto- inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days), SP
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days), SP
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	3		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	6		QL (60 tablets/30 days), ST
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	6		QL (1 pack/180 days), ST
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	7	SP	LD, PA, QL (540 ml/30 days), SP
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
teriflunomide tab 7 mg, 14 mg (Aubagio)	7	SP	QL (30 tablets/30 days), SP
tetrabenazine tab 12.5 mg (Xenazine)	7	SP	PA, QL (240 tablets/30 days), SP
tetrabenazine tab 25 mg (Xenazine)	7	SP	PA, QL (120 tablets/30 days), SP
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
WAINUA - eplontersen sodium subcutaneous soln auto- inj 45 mg/0.8ml	7	SP	LD, PA, QL (1 pen/28 days), SP
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	7	SP	LD, PA, QL (540 mls/30 days), SP
ZEPOSIA - ozanimod hcl cap 0.92 mg	7	SP	PA, QL (30 capsules/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	7	SP	PA, QL (28 capsules/180 days), SP
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	7	SP	PA, QL (7 capsules/180 days), SP
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	3		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	3		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	3		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	3		QL (180 capsules/30 days)
diflunisal tab 500 mg	3		
TENCON - butalbital-acetaminophen tab 50-325 mg	6		QL (180 tablets/30 days)
ANALGESICS - NARCOTIC			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	5		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)	5		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	7	SP	LD, PA, QL (1 syringe/28 days), SP
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 8 mg/0.16ml, (weekly) 24 mg/0.48ml, (weekly) 32 mg/0.64ml	7	SP	LD, PA, QL (4 syringes/28 days), SP
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 16 mg/0.32ml	7	SP	LD, PA, QL (4 syringes/28 day), SP
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	3		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	3		QL (60 films/30 days)

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	3		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	3		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	3		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)	3		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	3		PA, QL (2 bottles/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 30 mg, 60 mg	6		PA, QL (180 tablets/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	3		PA, QL (180 tablets/30 days)
DILAUDID - hydromorphone hcl liqd 1 mg/ml	6		PA, QL (1440 mls/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	3		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	6		PA, QL (60 capsules/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	6		PA, QL (360 tablets/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen soln 10-325 mg/15ml	6		PA, QL (2700 mls/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	3		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	3		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3		PA, QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	6		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	3		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	3		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	3		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	3		PA, QL (120 tablets/30 days)
MEPERIDINE HCL - meperidine hcl oral soln 50 mg/5ml	6		PA, QL (2400 mls/30 days)
METHADONE HCL - methadone hcl soln 5 mg/5ml	6		PA, QL (900 mls/30 days)
METHADONE HCL - methadone hcl soln 10 mg/5ml	6		PA, QL (450 mls/30 days)
methadone hcl conc 10 mg/ml (Methadose)	3		PA, QL (90 mls/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
methadone hcl soln 5 mg/5ml (Methadone hcl)	3		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	3		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	3		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	3		PA, QL (90 tablets/30 days)
METHADOSE - methadone hcl conc 10 mg/ml	6		PA, QL (90 mls/30 days)
METHADOSE SUGAR-FREE - methadone hcl conc 10 mg/ml	6		PA, QL (90 mls/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	6		PA, QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	6		PA, QL (180 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	6		PA, QL (2700 mls/30 day)
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5ml	6		PA, QL (1350 mls/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	6		PA, QL (270 mls/30 days)
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	6		PA, QL (30 capsules/30 days)
morphine sulfate oral soln 10 mg/5ml	3		PA, QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	3		PA, QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	3		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	3		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	3		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	3		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA, QL (60 tablets/30 days)
oxycodone hcl cap 5 mg	3		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	3		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	3		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	3		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	3		PA, QL (120 tablets/30 days)
OXYCODONE HYDROCHLORIDE/A - oxycodone w/ acetaminophen soln 5-325 mg/5ml	6		PA, QL (1800 mls/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	3		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	3		PA, QL (240 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	3		PA, QL (180 tablets/30 days)
OXYCODONE/ACETAMINOPHEN - oxycodone w/ acetaminophen tab 2.5-300 mg	6		PA, QL (360 tablets/30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	3		PA, QL (360 tablets/30 days)
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	7	SP	LD, PA, QL (1 syringe/28 days), SP
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	7	SP	LD, PA, QL (2 syringe/180 days), SP
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	3		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	3		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	3		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	5		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)	6		QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	6		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	6		QL (60 tablets/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	7	SP	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	7	SP	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	7	SP	PA, QL (2 syringes/28 days), SP
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml	7	SP	PA, QL (2 pens/28 days), SP
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	7	SP	PA, QL (2 syringes/28 days), SP
ANAPROX DS - naproxen sodium tab 550 mg	6		
ARCALYST - riloncept for inj 220 mg	7	SP	LD, PA, QL (4 vials/28 days), SP
AURANOFIN - auranofin cap 3 mg	6		
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	3		
DAYPRO - oxaprozin tab 600 mg	6		
diclofenac potassium tab 50 mg	3		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	3		
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	3		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	7	SP	PA, QL (8 vials/28 days), SP
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	7	SP	PA, QL (8 syringes/28 days), SP
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	7	SP	PA, QL (4 syringes/28 days), SP
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	7	SP	PA, QL (4 cartridges/28 days), SP
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	7	SP	PA, QL (4 pens/28 days), SP
etodolac cap 200 mg, 300 mg	3		
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	3		
etodolac tab 400 mg (Lodine)	3		
etodolac tab 500 mg	3		
fenoprofen calcium tab 600 mg (Nalfon)	3		
FLURBIPROFEN - flurbiprofen tab 50 mg	6		
flurbiprofen tab 100 mg	3		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	7	SP	PA, QL (2 syringes/28 days), SP
HADLIMA PUSH TOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	7	SP	PA, QL (2 pens/28 days), SP
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	7	SP	PA, QL (2 syringes/28 days), SP
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	7	SP	PA, QL (2 pens/28 days), SP
HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml	7	SP	PA, QL (1 kit/180 days), SP
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	7	SP	PA, QL (1 kit/180 days), SP
ibuprofen tab 400 mg, 600 mg, 800 mg	3		
indomethacin cap er 75 mg	3		
indomethacin cap 25 mg, 50 mg	3		
ketorolac tromethamine tab 10 mg	3		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	7	SP	PA, QL (2 pens/28 days), SP
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	7	SP	PA, QL (2 syringes/28 days), SP
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	7	SP	LD, PA, QL (30 syringes/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
leflunomide tab 10 mg, 20 mg (Arava)	3		
LODINE - etodolac tab 400 mg	6		
MECLOFENAMATE SODIUM - meclufenamate sodium cap 50 mg, 100 mg	6		
MELOXICAM - meloxicam susp 7.5 mg/5ml	6		
meloxicam tab 7.5 mg, 15 mg (Mobic)	3		
nabumetone tab 500 mg, 750 mg	3		
NAPROSYN - naproxen tab 500 mg	6		
naproxen sodium tab 275 mg, 550 mg	3		
naproxen tab 250 mg, 375 mg	3		
naproxen tab 500 mg (Naprosyn)	3		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	7	SP	PA, QL (4 syringes/28 days), SP
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	7	SP	PA, QL (4 pens/28 days), SP
OZEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	7	SP	PA, QL (1 kit/180 days), SP
OZEZLA - apremilast tab 20 mg, 30 mg	7	SP	PA, QL (60 tablets/30 days), SP
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	5		
oxaprozin tab 600 mg (Daypro)	3		
piroxicam cap 10 mg, 20 mg (Feldene)	3		
RIDAURA - auranofin cap 3 mg	5		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
RINVOQ - upadacitinib tab er 24hr 45 mg	7	SP	LD, PA, QL (84 tablets/365 days), SP
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	7	SP	LD, PA, QL (360 mls/30 days), SP
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml, 80 mg/0.8ml	7	SP	PA, QL (2 syringes/28 days), SP
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	7	SP	PA, QL (2 pens/28 days), SP
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	7	SP	PA, QL (2 pens/28 days), SP
SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml, 100 mg/ml	7	SP	PA, QL (1 pen/28 days), SP
SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	7	SP	PA, QL (1 syringe/28 days), SP
sulindac tab 150 mg, 200 mg	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	7	SP	PA, QL (4 pens/28 days), SP
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	7	SP	PA, QL (4 syringes/28 days), SP
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	7	SP	PA, QL (240 mls/30 days), SP
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	7	SP	PA, QL (60 tablets/30 days), SP
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	7	SP	PA, QL (240 tablets/365 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	7	SP	PA, QL (30 tablets/30 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	7	SP	PA, QL (120 tablets/365 days), SP
MIGRAINE PRODUCTS			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	5		PA, QL (1 pen/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	5		PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	5		PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	3		QL (12 tablets/30 days), ST
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	3		PA, QL (24 ampules/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	3		PA, QL (8 vials/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	3		QL (12 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	5		PA, QL (1 pen/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	5		PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	5		PA, QL (1 syringe/28 days)
ERGOMAR - ergotamine tartrate sl tab 2 mg	6		PA, QL (20 tablets/28 days)
ERGOTAMINE TARTRATE/CAFFE - ergotamine w/ caffeine tab 1-100 mg	5		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	3		QL (18 tablets/30 days), ST
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	6		PA, QL (20 suppositories/28 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	3		QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	5		PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	5		PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	5		PA, QL (8 tablets/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	3		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	3		QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	3		QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	3		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	3		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	3		QL (10 vials/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	5		QL (12 doses/30 days), ST
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	3		QL (12 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	3		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg, 100 mg (Imitrex)	3		QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	5		PA, QL (16 tablets/30 days)
ZOLMITRIPTAN - zolmitriptan nasal spray 2.5 mg/spray unit	6		QL (12 units/30 days), ST
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	3		QL (12 units/30 days), ST
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)	3		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	3		QL (12 tablets/30 days)
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit	6		QL (12 units/30 days), ST
GOUT AGENTS			
allopurinol tab 100 mg, 300 mg (Zyloprim)	3		
colchicine tab 0.6 mg (Colcrys)	3		
colchicine w/ probenecid tab 0.5-500 mg	3		
febuxostat tab 40 mg, 80 mg (Uloric)	3		
probenecid tab 500 mg	3		
NEUROMUSCULAR DRUGS			
ANTICONVULSANTS			
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	5		
BANZEL - rufinamide tab 200 mg, 400 mg	6		
BANZEL - rufinamide susp 40 mg/ml	6		
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	6		
BRIVIACT - brivaracetam oral soln 10 mg/ml	6		
BRIVIACT - brivaracetam iv soln 50 mg/5ml	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARBAMAZEPINE - carbamazepine chew tab 200 mg	6		
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	3		
carbamazepine chew tab 100 mg	3		
carbamazepine susp 100 mg/5ml (Tegretol)	3		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	3		
carbamazepine tab 200 mg (Tegretol)	3		
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	6		
clobazam suspension 2.5 mg/ml (Onfi)	3		
clobazam tab 10 mg, 20 mg (Onfi)	3		
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	3		
DEPAKOTE - divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	6		
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg, 500 mg	6		
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	6		
DIACOMIT - stiripentol cap 250 mg, 500 mg	7	SP	SP
DIACOMIT - stiripentol packet 250 mg, 500 mg	7	SP	SP
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	6		
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	3		
DILANTIN - phenytoin sodium extended cap 30 mg	5		
DILANTIN - phenytoin sodium extended cap 100 mg	6		
DILANTIN INFATABS - phenytoin chew tab 50 mg	6		
DILANTIN-125 - phenytoin susp 125 mg/5ml	6		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	3		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	3		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	3		
EPIDIOLEX - cannabidiol soln 100 mg/ml	7	SP	LD, PA, SP
EPRONTIA - topiramate oral soln 25 mg/ml	6		
ethosuximide cap 250 mg (Zarontin)	3		
ethosuximide soln 250 mg/5ml (Zarontin)	3		
felbamate susp 600 mg/5ml (Felbatol)	3		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
felbamate tab 400 mg, 600 mg (Felbatol)	3		
FELBATOL - felbamate tab 400 mg, 600 mg	6		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	7	SP	LD, PA, SP
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		
FYCOMPA - perampanel susp 0.5 mg/ml	6		
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	3		
gabapentin oral soln 250 mg/5ml (Neurontin)	3		
gabapentin tab 600 mg, 800 mg (Neurontin)	3		
KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	6		
KEPPRA - levetiracetam oral soln 100 mg/ml	6		
KEPPRA XR - levetiracetam tab er 24hr 500 mg, 750 mg	6		
lacosamide oral solution 10 mg/ml (Vimpat)	3		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	3		
LAMICTAL - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	6		
LAMICTAL CHEWABLE DISPERS - lamotrigine tab chewable dispersible 5 mg, 25 mg	6		
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	6		
LAMICTAL ODT - lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	6		
LAMICTAL ODT - lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	6		
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	6		
LAMICTAL STARTER/NOT TAKI - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	6		
LAMICTAL STARTER/TAKING C - lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	6		
LAMICTAL STARTER/TAKING V - lamotrigine tab 35 x 25 mg starter kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	6		
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	3		
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	3		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	3		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	3		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	3		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	3		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	3		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	3		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	3		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	3		
levetiracetam oral soln 100 mg/ml (Keppra)	3		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	3		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	3		
LYRICA - pregabalin soln 20 mg/ml	6		QL (900 mls/30 days), ST
methsuximide cap 300 mg (Celontin)	3		
MOTPOLY XR - lacosamide cap er 24hr 100 mg, 150 mg, 200 mg	6		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	6		QL (10 bottles/30 days)
NEURONTIN - gabapentin cap 100 mg, 300 mg, 400 mg	6		
NEURONTIN - gabapentin tab 600 mg, 800 mg	6		
NEURONTIN - gabapentin oral soln 250 mg/5ml	6		
ONFI - clobazam tab 10 mg, 20 mg	6		
ONFI - clobazam suspension 2.5 mg/ml	6		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	3		
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)	3		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	3		
OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg	6		
phenytoin chew tab 50 mg (Dilantin infatabs)	3		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
phenytoin sodium extended cap 100 mg (Dilantin)	3		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	3		
phenytoin susp 125 mg/5ml (Dilantin-125)	3		
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)	3		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	3		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	3		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	3		
QUDEXY XR - topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg	6		PA, QL (30 capsules/30 days)
QUDEXY XR - topiramate cap er 24hr sprinkle 200 mg	6		PA, QL (60 capsules/30 days)
rufinamide susp 40 mg/ml (Banzel)	3		
rufinamide tab 200 mg, 400 mg (Banzel)	3		
SABRIL - vigabatrin tab 500 mg	7	SP	LD, SP
SABRIL - vigabatrin powd pack 500 mg	7	SP	LD, SP
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	5		
TEGRETOL - carbamazepine tab 200 mg	6		
TEGRETOL - carbamazepine susp 100 mg/5ml	6		
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	6		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	3		
TOPAMAX - topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	6		
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg, 25 mg	6		
TOPIRAMATE - topiramate sprinkle cap 50 mg	5		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	3		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	3		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	3		PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	3		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	3		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	3		
TRILEPTAL - oxcarbazepine tab 150 mg, 300 mg, 600 mg	6		
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TROKENDI XR - topiramate cap er 24hr 25 mg, 50 mg, 100 mg	6		PA, QL (30 capsules/30 days)
TROKENDI XR - topiramate cap er 24hr 200 mg	6		PA, QL (60 capsules/30 days)
valproate sodium oral soln 250 mg/5ml (base equiv)	3		
valproic acid cap 250 mg	3		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	6		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	6		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	6		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	6		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	7	SP	LD, SP
vigabatrin tab 500 mg (Sabril)	7	SP	LD, SP
VIMPAT - lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	6		
VIMPAT - lacosamide oral solution 10 mg/ml	6		
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	6		
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	6		
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	6		
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	6		
ZARONTIN - ethosuximide cap 250 mg	6		
ZARONTIN - ethosuximide soln 250 mg/5ml	6		
ZONEGRAN - zonisamide cap 25 mg, 100 mg	6		
zonisamide cap 25 mg, 100 mg (Zonegran)	3		
zonisamide cap 50 mg	3		
ZTALMY - ganaxolone susp 50 mg/ml	7	SP	LD, PA, QL (1100 mls/30 days), SP
ANTIPARKINSON AGENTS			
amantadine hcl cap 100 mg	3		
amantadine hcl soln 50 mg/5ml	3		
amantadine hcl tab 100 mg	3		
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	7	SP	LD, PA, SP
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	7	SP	PA, SP
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	3		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	3		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	3		
carbidopa & levodopa tab 25-250 mg	3		
carbidopa tab 25 mg (Lodosyn)	3		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	3		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	3		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	3		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	3		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	3		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	3		
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	6		
entacapone tab 200 mg (Comtan)	3		
INBRIJA - levodopa inhal powder cap 42 mg	7	SP	LD, PA, SP
LODOSYN - carbidopa tab 25 mg	6		
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	6		
NOURIANZ - istradefylline tab 20 mg, 40 mg	7	SP	LD, PA, SP
PARLODEL - bromocriptine mesylate cap 5 mg (base equivalent)	6		
PARLODEL - bromocriptine mesylate tab 2.5 mg (base equivalent)	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 (Mirapex er)	3		
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)	3		
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg	3		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	3		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base	3		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
equivalent), 8 mg (base equivalent), 12 mg (base equivalent)			
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	3		
selegiline hcl cap 5 mg	3		
selegiline hcl tab 5 mg	3		
SINEMET - carbidopa & levodopa tab 10-100 mg, 25-100 mg	6		
TASMAR - tolcapone tab 100 mg	6		
tolcapone tab 100 mg (Tasmar)	3		
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	6		
trihexyphenidyl hcl tab 2 mg, 5 mg	3		
NEUROMUSCULAR AGENTS			
DAYBUE - trofinetide oral soln 200 mg/ml	7	SP	LD, PA, QL (3600 mls/30 days), SP
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	7	SP	PA, QL (280 mls/28 days), SP
EVRYSDI - risdiplam tab 5 mg	7	SP	PA, QL (30 tablets/30 days), SP
EVRYSDI - risdiplam for soln 0.75 mg/ml	7	SP	LD, PA, QL (160 mls/24 days), SP
RADICAVA ORS - edaravone oral susp 105 mg/5ml	7	SP	LD, PA, QL (50 mls/28 days), SP
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	7	SP	LD, PA, QL (70 mls/180 days), SP
riluzole tab 50 mg (Rilutek)	3		
SKYCLARYS - omeveloxolone cap 50 mg	7	SP	PA, QL (90 capsules/30 days), SP
TEGLUTIK - riluzole susp 50 mg/10ml	7	SP	PA, QL (600 mls/30 days), SP
TIGLUTIK - riluzole susp 50 mg/10ml	7	SP	LD, PA, QL (600 mls/30 days), SP
MUSCULOSKELETAL THERAPY AGENTS			
baclofen susp 25 mg/5ml (Fleqsuvy)	3		
baclofen tab 10 mg, 20 mg	3		
carisoprodol tab 350 mg (Soma)	3		
chlorzoxazone tab 500 mg	3		
cyclobenzaprine hcl tab 5 mg, 10 mg	3		
DANTRIUM - dantrolene sodium cap 25 mg	6		
dantrolene sodium cap 25 mg, 50 mg (Dantrium)	3		
dantrolene sodium cap 100 mg	3		
metaxalone tab 400 mg	3		
metaxalone tab 800 mg (Skelaxin)	3		
methocarbamol tab 500 mg, 750 mg	3		
orphenadrine citrate tab er 12hr 100 mg	3		
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SOHONOS - palovarotene cap 1 mg, 1.5 mg	7	SP	LD, PA, QL (112 capsules/28 days), SP
SOHONOS - palovarotene cap 2.5 mg	7	SP	LD, PA, QL (140 capsules/28 days), SP
SOHONOS - palovarotene cap 5 mg	7	SP	LD, PA, QL (84 capsules/28 days), SP
SOHONOS - palovarotene cap 10 mg	7	SP	LD, PA, QL (56 capsules/28 days), SP
tizanidine hcl tab 2 mg (base equivalent)	3		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	3		
ZANAFLEX - tizanidine hcl tab 4 mg (base equivalent)	6		
ANTIMYASTHENIC AGENTS			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	7	SP	LD, PA, QL (240 tablets/30 days), SP
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	3		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	3		
pyridostigmine bromide tab 60 mg (Mestinon)	3		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	3		
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	6		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	3		
phytonadione tab 5 mg (Mephyton)	3		
MULTIVITAMINS			
ATABEX OB - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	6		
CITRANATAL B-CALM - prenat w/o a w/febn-feglu-fa tab 20-1 mg & vit b6 tab pak	6		
CITRANATAL MEDLEY - prenat w/o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg	6		
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	5		
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	5		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	5		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	5		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	5		
INATAL GT - prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	6		
JENLIVA PRENATAL/POSTNATA - prenatal multivitamins & minerals w/ iron & fa cap 1 mg	6		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NATALVIT - prenatal vit w/ fe fumarate-fa tab 75-1 mg	6		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NESTABS - prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	6		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
OBSTETRIX EC - prenatal vit w/ iron carbonyl-fa tab delayed rel 29-1 mg	6		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PNV-DHA+DOCUSATE - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	6		
PNV-OMEGA - prenatal w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	6		
PRENAISSANCE - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	6		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	5		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	5		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	5		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	5		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SELECT-OB - prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	6		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	5		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	5		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	5		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	5		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	5		
WESNATAL DHA COMPLETE - prenatal-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	6		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
MINERALS and ELECTROLYTES			
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	6		
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	6		
K-PHOS - potassium phosphate monobasic tab 500 mg	6		
K-PHOS NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	6		
POKONZA - potassium chloride powder packet 10 meq	6		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	3		
potassium chloride cap er 8 meq, 10 meq	3		
POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq	6		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	3		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	3		
potassium chloride tab er 8 meq (600 mg)	3		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	3		
potassium phosphate monobasic tab 500 mg (K-phos)	3		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	5		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
NUTRIENTS			
DOJOLVI - triheptanoin oral liquid 100%	7	SP	LD, PA, SP
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	7	SP	PA, SP
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	7	SP	PA, SP
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	7	SP	LD, PA, QL (60 capsules/30 days), SP
cyanocobalamin inj 1000 mcg/ml	3		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	7	SP	LD, PA, QL (30 tablets/30 days), SP
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	5		
ENDARI - glutamine (sickle cell) powd pack 5 gm	7	SP	LD, PA, SP
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	7	SP	PA, SP
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg	1		
folic acid tab 1 mg	3		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days), SP
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days), SP
glutamine (sickle cell) powd pack 5 gm (Endari)	7	SP	PA, SP
LEUKINE - sargramostim lyophilized for inj 250 mcg	7	SP	PA, SP
miglustat cap 100 mg (Zavesca)	7	SP	LD, PA, QL (90 capsules/30 days), SP
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	7	SP	PA, SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MULPLETA - lusutrombopag tab 3 mg	7	SP	PA, QL (7 tablets/7 days), SP
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days), SP
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	7	SP	PA, SP
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	7	SP	PA, SP
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days), SP
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	7	SP	PA, SP
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	7	SP	PA, QL (30 tablets/30 days), SP
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	7	SP	PA, QL (30 packets/30 days), SP
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	7	SP	PA, SP
STIMUFEND - pegfilgrastim-fpgk soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days), SP
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	7	SP	PA, QL (2 pens/28 days), SP
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days), SP
XOLREMDI - mavorixafor cap 100 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	7	SP	PA, SP
ZAVESCA - miglustat cap 100 mg	7	SP	LD, PA, QL (90 capsules/30 days), SP
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days), SP
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	3		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	3		QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	5		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	5		QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	5		QL (1 pack/180 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)	3		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	3		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	3		
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	6		
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	6		
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	6		
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	3		
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	6		QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	6		QL (120 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	6		QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	6		QL (120 packets/30 days)
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	3		
XARELTO - rivaroxaban for susp 1 mg/ml	5		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	5		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	5		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	5		QL (1 pack/30 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	3		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	3		
tranexamic acid tab 650 mg (Lysteda)	3		
HEMATOLOGICAL AGENTS - MISC.			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	PA, SP
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	SP	PA, SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	7	SP	LD, PA, SP
AGRYLIN - anagrelide hcl cap 0.5 mg	6		
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	7	SP	LD, PA, SP
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	7	SP	PA, SP
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	LD, PA, SP
ALTUVIIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	PA, SP
anagrelide hcl cap 0.5 mg (Agyrin)	3		
anagrelide hcl cap 1 mg	3		
aspirin-dipyridamole cap er 12hr 25-200 mg	3		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA, SP
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	7	SP	LD, PA, QL (16 vials/30 days), SP
BRILINTA - ticagrelor tab 60 mg, 90 mg	5		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	7	SP	LD, PA, QL (30 kits/30 days), SP
cilostazol tab 50 mg, 100 mg	3		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	7	SP	LD, PA, QL (20 vials/30 days), SP
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	3		
clopidogrel bisulfate tab 300 mg (base equiv)	3		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	7	SP	LD, PA, SP
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	7	SP	LD, PA, SP
dipyridamole tab 25 mg, 50 mg, 75 mg	3		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	7	SP	PA, SP
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	7	SP	LD, PA, QL (8 vials/28 days), SP
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	LD, PA, SP
FABHALTA - iptacopan hcl cap 200 mg	7	SP	LD, PA, QL (60 capsules/30 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	7	SP	PA, SP
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	7	SP	PA, SP
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	7	SP	LD, PA, QL (16 vials/30 days), SP
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)	7	SP	LD, PA, SP
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	7	SP	PA, SP
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	7	SP	PA, SP
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	7	SP	LD, PA, QL (12 syringes/30 days), SP
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	7	SP	PA, SP
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	SP	LD, PA, SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	7	SP	PA, SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	PA, SP
KALBITOR - ecallantide inj 10 mg/ml	7	SP	LD, PA, QL (12 vials/30 days), SP
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	7	SP	PA, SP
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	7	SP	PA, SP
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA, SP
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA, SP
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	SP	PA, SP
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	7	SP	LD, PA, SP
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	7	SP	LD, PA, SP
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	7	SP	LD, PA, SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	7	SP	LD, PA, SP
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	7	SP	LD, PA, SP
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	7	SP	LD, PA, SP
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	7	SP	LD, PA, QL (30 capsules/30 days), SP
pentoxifylline tab er 400 mg	3		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	3		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	7	SP	PA, SP
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	7	SP	LD, PA, QL (56 tablets/28 days), SP
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	7	SP	LD, PA, QL (1 pack/365 days), SP
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	7	SP	LD, PA, SP
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	7	SP	PA, SP
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	7	SP	LD, PA, SP
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA, SP
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	7	SP	LD, PA, QL (16 vials/30 days), SP
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	7	SP	LD, PA, SP
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	7	SP	LD, PA, SP
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	7	SP	LD, PA, QL (2 syringes/28 days), SP
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	7	SP	LD, PA, QL (2 vials/28 days), SP
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	7	SP	LD, PA, QL (60 tablets/30 days), SP
TAVNEOS - avacopan cap 10 mg	7	SP	LD, PA, QL (180 capsules/30 days), SP
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	7	SP	LD, PA, SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	7	SP	PA, SP
VOYDEYA - danicopan tab therapy pack 50 mg & 100 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
VOYDEYA - danicopan tab 100 mg	7	SP	LD, PA, QL (180 tablets/30 days), SP
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	7	SP	PA, SP
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	7	SP	PA, SP
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	7	SP	PA, SP
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	7	SP	PA, SP
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	7	SP	PA, SP
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	7	SP	PA, SP
ZILBRYSQ - zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml	7	SP	LD, PA, QL (28 syringes/28 days), SP
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	6		

TOPICAL PRODUCTS

OPHTHALMIC AGENTS

ACULAR - ketorolac tromethamine ophth soln 0.5%	6		
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	6		
AKTEN - lidocaine hcl ophth gel 3.5%	6		
ALOCRIAL - nedocromil sodium ophth soln 2%	6		
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	6		
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	5		
ATROPINE SULFATE - atropine sulfate ophth soln 1%	6		
atropine sulfate ophth soln 1% (Atropine sulfate)	3		
azelastine hcl ophth soln 0.05%	3		
BACITRACIN - bacitracin ophth oint 500 unit/gm	5		
bacitracin-polymyxin b ophth oint	3		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3		
bepotastine besilate ophth soln 1.5% (Bepreve)	3		
BEPREVE - bepotastine besilate ophth soln 1.5%	6		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	6		
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	5		
bimatoprost ophth soln 0.03%	3		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	3		
brimonidine tartrate ophth soln 0.2%	3		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	3		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	3		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	6		
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	5		PA, QL (60 vials/30 days)
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	3		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	5		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	5		
CYCLOGYL - cyclopentolate hcl ophth soln 1%	6		
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	6		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	3		
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	7	SP	LD, PA, QL (20 mls/28 days), SP
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	7	SP	LD, PA, QL (60 mls/28 days), SP
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	6		
diclofenac sodium ophth soln 0.1%	3		
difluprednate ophth emulsion 0.05% (Durezol)	3		
dorzolamide hcl ophth soln 2% (Trusopt)	3		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	3		
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	3		
DUREZOL - difluprednate ophth emulsion 0.05%	6		
epinastine hcl ophth soln 0.05%	3		
ERYTHROMYCIN - erythromycin ophth oint 5 mg/gm	6		
erythromycin ophth oint 5 mg/gm	3		
EYSUVIS - loteprednol etabonate ophth susp 0.25%	5		
FLAREX - fluorometholone acetate ophth susp 0.1%	6		
fluorometholone ophth susp 0.1% (Fml liquifilm)	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	6		
FML FORTE - fluorometholone ophth susp 0.25%	6		
FML LIQUIFILM - fluorometholone ophth susp 0.1%	6		
gatifloxacin ophth soln 0.5% (Zymaxid)	3		
gentamicin sulfate ophth soln 0.3%	3		
ILEVRO - nepafenac ophth susp 0.3%	5		
IOPIDINE - apraclonidine hcl ophth soln 1% (base equivalent)	6		
ketorolac tromethamine ophth soln 0.4% (Acular Is)	3		
ketorolac tromethamine ophth soln 0.5% (Acular)	3		
latanoprost ophth soln 0.005% (Xalatan)	3		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	6		
LEVOFLOXACIN - levofloxacin ophth soln 1.5%	6		
LOTEMAX - loteprednol etabonate ophth oint 0.5%	5		
LOTEMAX - loteprednol etabonate ophth susp 0.5%	6		
LOTEMAX - loteprednol etabonate ophth gel 0.5%	6		
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	5		
loteprednol etabonate ophth gel 0.5% (Lotemax)	3		
loteprednol etabonate ophth susp 0.2% (Alrex)	3		
loteprednol etabonate ophth susp 0.5% (Lotemax)	3		
LUMIGAN - bimatoprost ophth soln 0.01%	5		QL (2.5 mls/30 days)
MAXIDEX - dexamethasone ophth susp 0.1%	6		
MAXITROL - neomycin-polymyxin-dexamethasone ophth susp 0.1%	6		
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	6		
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	5		PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	3		
MYDRIACYL - tropicamide ophth soln 1%	6		
NATACYN - natamycin ophth susp 5%	5		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	3		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	3		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymygramicid op sol 1.75-10000-0.025mg-unt-mg/ml	6		
OCUFLOX - ofloxacin ophth soln 0.3%	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ofloxacin ophth soln 0.3% (Ocuflox)	3		
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	7	SP	LD, PA, QL (56 vials/28 days), SP
phenylephrine hcl ophth soln 2.5%, 10%	3		
PHENYLEPHRINE HYDROCHLORI - phenylephrine hcl ophth soln 2.5%	6		
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	6		LD
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	3		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	3		
PRED MILD - prednisolone acetate ophth susp 0.12%	6		
prednisolone acetate ophth susp 1% (Pred forte)	3		
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	6		
proparacaine hcl ophth soln 0.5% (Alcaine)	3		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	5		PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	6		QL (2.5 mls/30 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	6		QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	5		
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	6		
sulfacetamide sodium ophth soln 10% (Bleph-10)	3		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	6		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	3		QL (30 containers/30 days)
tetracaine hcl ophth soln 0.5%	3		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	3		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	3		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	3		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	3		
timolol ophth soln 0.5% (Betimol)	3		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	5		
TOBRADEX ST - tobramycin-dexamethasone ophth susp 0.3-0.05%	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
tobramycin ophth soln 0.3% (Tobrex)	3		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	3		
TOBREX - tobramycin ophth oint 0.3%	6		
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	6		QL (2.5 mls/30 days)
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	3		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	5		
tropicamide ophth soln 0.5%	3		
tropicamide ophth soln 1% (Mydracyl)	3		
TYRVAYA - varenicline tartrate nasal soln 0.03 mg/act	6		PA, QL (2 bottles/30 days)
XIIDRA - lifitegrast ophth soln 5%	5		PA, QL (60 vials/30 days)
ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv)	6		PA, QL (60 vials/30 days)
ZIRGAN - ganciclovir ophth gel 0.15%	6		
OTIC AGENTS			
acetic acid otic soln 2%	3		
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	6		
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	3		
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	3		
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	6		
DERMOTIC - fluocinolone acetonide (otic) oil 0.01%	6		
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	3		
hydrocortisone w/ acetic acid otic soln 1-2%	3		
neomycin-polymyxin-hc otic soln 1%	3		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3		
ofloxacin otic soln 0.3%	3		
MOUTH/THROAT/DENTAL AGENTS			
cevimeline hcl cap 30 mg (Evoxac)	3		
chlorhexidine gluconate soln 0.12% (Peridex)	3		
clotrimazole troche 10 mg	3		
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	6		
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	6		
LIDOCAINE HCL - lidocaine hcl laryngotracheal soln 4%	6		
lidocaine hcl viscous soln 2%	3		
NYSTATIN - nystatin susp 100000 unit/ml	6		
nystatin susp 100000 unit/ml	3		
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	6		
PERIDEX - chlorhexidine gluconate soln 0.12%	6		
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	3		
PREVIDENT RINSE - sodium fluoride rinse 0.2%	6		
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	5		
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	5		
SALAGEN - pilocarpine hcl tab 5 mg, 7.5 mg	6		
sodium fluoride cream 1.1% (Prevident 5000 plus)	1		
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1		
sodium fluoride paste 1.1% (Prevident 5000 boost)	1		
sodium fluoride rinse 0.2% (Prevident rinse)	1		
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	5		
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	5		
stannous fluoride gel 0.4%	1		
triamcinolone acetate dental paste 0.1%	3		
ANORECTAL AGENTS			
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	6		
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	6		
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	6		
ANUSOL-HC - hydrocortisone perianal cream 2.5%	6		
CORTENEMA - hydrocortisone enema 100 mg/60ml	6		
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	6		
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	5		
hydrocortisone enema 100 mg/60ml (Cortenema)	3		
hydrocortisone perianal cream 1% (Proctocort)	3		
hydrocortisone perianal cream 2.5% (Anusol-hc)	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
nitroglycerin oint 0.4% (Rectiv)	3		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	5		
RECTIV - nitroglycerin oint 0.4%	6		
DERMATOLOGICALS			
acitretin cap 10 mg, 25 mg (Soriatane)	3		
acitretin cap 17.5 mg	3		
acyclovir oint 5% (Zovirax)	3		
adapalene gel 0.1%	3		
ADBRY - tralokinumab-ldrm subcutaneous soln auto- injector 300 mg/2ml	7	SP	LD, PA, QL (2 pens/28 days), SP
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	7	SP	LD, PA, QL (4 syringes/28 days), SP
AFTERTEST TOPICAL PAIN RE - benzocaine stick 10%	6		
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	3		QL (120 grams/30 days), ST
alclometasone dipropionate cream 0.05%	3		QL (120 grams/30 days)
azelaic acid gel 15% (Finacea)	3		
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	6		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	3		
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	6		QL (200 grams/28 days), ST
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	3		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	3		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	3		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	3		QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3		QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3		QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	7	SP	PA, SP
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	5		QL (120 mls/30 days)
calcipotriene cream 0.005% (Dovonex)	3		QL (120 grams/30 days)
calcipotriene oint 0.005%	3		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	3		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	3		QL (120 grams/30 days)
CALCITRIOL - calcitriol oint 3 mcg/gm	6		QL (200 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	7	SP	PA, QL (30 tablets/30 days), SP
ciclopirox gel 0.77%	3		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	3		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	3		
ciclopirox shampoo 1% (Loprox shampoo)	3		
ciclopirox solution 8% (Penlac Nail Lacquer)	3		QL (6.6 mls/30 days)
CLEOCIN-T - clindamycin phosphate lotion 1%	6		
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3		
clindamycin phosphate gel 1%	3		
clindamycin phosphate lotion 1% (Cleocin-t)	3		
clindamycin phosphate soln 1%	3		QL (120 grams/30 days)
clindamycin phosphate swab 1%	3		
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	3		
clobetasol propionate cream 0.05% (Temovate)	3		QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	3		QL (210 grams/28 days)
clobetasol propionate gel 0.05%	3		QL (210 grams/28 days)
clobetasol propionate oint 0.05% (Temovate)	3		QL (210 grams/28 days)
clobetasol propionate soln 0.05%	3		QL (200 mls/28 days)
clocortolone pivalate cream 0.1% (Cloderm)	3		QL (135 grams/30 days)
CLODERM - clocortolone pivalate cream 0.1%	6		QL (135 grams/30 days), ST
clotrimazole w/ betamethasone cream 1-0.05%	3		
CONDYLOX - podofilox gel 0.5%	6		
CORDRAN - flurandrenolide tape 4 mcg/sqcm	6		QL (1 box/30 days), ST
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	7	SP	LD, PA, QL (1 syringe/28 days), SP
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	7	SP	LD, PA, QL (2 syringes/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	7	SP	LD, PA, QL (1 pen/28 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	7	SP	LD, PA, QL (2 pens/28 days), SP
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	7	SP	LD, PA, QL (1 pen/28 days), SP
CROTAN - crotamiton lotion 10%	6		
DERMA-SMOOTHIE/FS BODY - fluocinolone acetonide oil 0.01% (body oil)	6		QL (118.28 mls/30 days), ST
DERMA-SMOOTHIE/FS SCALP - fluocinolone acetonide oil 0.01% (scalp oil)	6		QL (118.28 mls/30 days), ST
desonide cream 0.05% (Desowen)	3		QL (120 grams/30 days)
desonide oint 0.05%	3		QL (120 grams/30 days)
desoximetasone cream 0.05%, 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone gel 0.05% (Topicort)	3		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	3		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	3		QL (150 mls/30 days)
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	6		QL (200 grams/28 days), ST
doxepin hcl cream 5% (Prudoxin)	3		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	7	SP	PA, QL (2 pens/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	7	SP	PA, QL (2 syringes/28 days), SP
DYCLOPRO - dyclonine hcl soln 0.5%	6		
econazole nitrate cream 1%	3		QL (120 grams/30 days)
ELIMITE - permethrin cream 5%	6		
EPIFOAM - pramoxine-hc aerosol foam 1-1%	6		
ERTACZO - sertaconazole nitrate cream 2%	6		PA
ERY - erythromycin pads 2%	6		
ERYGEL - erythromycin gel 2%	6		
erythromycin gel 2% (Erygel)	3		
erythromycin soln 2%	3		
EXELDERM - sulconazole nitrate solution 1%	6		PA
EXELDERM - sulconazole nitrate cream 1%	6		PA
FILSUVEZ - birch triterpenes gel 10%	7	SP	LD, PA, QL (30 tubes/30 days), SP
fluocinolone acetonide cream 0.01%	3		QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	3		QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	3		QL (118.28 mls/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
fluocinolone acetonide oint 0.025% (Synalar)	3		QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	3		QL (120 mls/30 days)
FLUOCINONIDE - fluocinonide gel 0.05%	5		QL (120 grams/30 days), ST
fluocinonide cream 0.05%	3		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	3		QL (120 grams/30 days)
fluocinonide oint 0.05%	3		QL (120 grams/30 days)
fluocinonide soln 0.05%	3		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	6		
fluorouracil cream 5% (Efudex)	3		QL (240 grams/84 days)
fluorouracil soln 5%	3		
fluticasone propionate cream 0.05%	3		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	3		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	3		
HALCINONIDE - halcinonide soln 0.1%	6		QL (120 mls/30 days), ST
halcinonide cream 0.1% (Halog)	3		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	3		QL (200 grams/28 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	5		QL (118 mls/30 days), ST
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate soln 0.1%	6		QL (120 mls/30 days), ST
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate cream 0.1%	6		QL (135 grams/30 days), ST
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate oint 0.1%	5		QL (135 grams/30 days), ST
hydrocortisone cream 2.5%	3		QL (454 grams/30 days)
hydrocortisone oint 2.5%	3		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	3		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	3		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	6		LD, PA, QL (70 grams/84 days)
imiquimod cream 5% (Aldara)	3		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	3		
ivermectin cream 1% (Soolantra)	3		PA
ketoconazole cream 2%	3		QL (120 grams/30 days)
ketoconazole shampoo 2%	3		
KLARON - sulfacetamide sodium lotion 10% (acne)	6		
KLISYRI - tirbanibulin ointment 1%	6		PA, QL (5 packets/90 days)
lidocaine hcl soln 4%	3		
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	3		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
lidocaine oint 5%	3		QL (100 grams/30 days)
lidocaine patch 5% (Lidoderm)	3		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	7	SP	LD, PA, QL (28 capsules/28 days), SP
MAFENIDE ACETATE - mafenide acetate packet for topical soln 5% (50 gm)	5		
malathion lotion 0.5% (Ovide)	3		
METHOXSALEN - methoxsalen rapid cap 10 mg	6		
METROGEL - metronidazole gel 1%	6		
METROLOTION - metronidazole lotion 0.75%	6		
metronidazole cream 0.75% (Metrocream)	3		
metronidazole gel 0.75%	3		
metronidazole gel 1% (Metrogel)	3		
metronidazole lotion 0.75% (Metrolotion)	3		
mometasone furoate cream 0.1%	3		QL (135 grams/30 days)
mometasone furoate oint 0.1%	3		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	3		QL (120 mls/30 days)
mupirocin oint 2%	3		
NATROBA - spinosad susp 0.9%	6		
NEMLUVIO - nemolizumab-ilto for subcutaneous auto-injector 30 mg	7	SP	LD, PA, QL (2 pens/28 days), SP
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	6		
nystatin cream 100000 unit/gm	3		
nystatin oint 100000 unit/gm	3		
nystatin topical powder 100000 unit/gm	3		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	3		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	3		
OPZELURA - ruxolitinib phosphate cream 1.5%	6		PA, QL (60 grams/30 days)
OVIDE - malathion lotion 0.5%	6		
oxiconazole nitrate cream 1% (Oxistat)	3		PA
PANRETIN - alitretinoin gel 0.1%	6		
penciclovir cream 1% (Denavir)	3		
permethrin cream 5% (Elimite)	3		
pimecrolimus cream 1% (Elidel)	3		QL (100 grams/30 days), ST
PODOFILOX - podofilox soln 0.5%	5		
podofilox gel 0.5% (Condylox)	3		
REGANEX - becaplermin gel 0.01%	6		
RETIN-A - tretinoin gel 0.01%, 0.025%	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SANTYL - collagenase oint 250 unit/gm	5		QL (90 grams/30 days)
selenium sulfide lotion 2.5%	3		
SILIQ - brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	7	SP	PA, QL (2 syringes/28 days), SP
SILVADENE - silver sulfadiazine cream 1%	6		
silver sulfadiazine cream 1% (Silvadene)	3		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	7	SP	PA, QL (1 syringe/84 days), SP
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	7	SP	PA, QL (1 pen/84 days), SP
SOOLANTRA - ivermectin cream 1%	5		
SOTYKTU - deucravacitinib tab 6 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	7	SP	PA, QL (2 syringes/28 days), SP
SPINOSAD - spinosad susp 0.9%	6		
STELARA - ustekinumab inj 45 mg/0.5ml	7	SP	PA, QL (1 vial/84 days), SP
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	7	SP	PA, QL (1 syringe/84 days), SP
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	7	SP	PA, QL (1 syringe/56 days), SP
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	6		PA
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	6		PA
sulfacetamide sodium lotion 10% (acne) (Klaron)	3		
SULFAMYLON - mafenide acetate cream 85 mg/gm	6		
tacrolimus oint 0.03%, 0.1% (Protopic)	3		QL (100 grams/30 day), ST
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	7	SP	LD, PA, QL (1 pen/28 days), SP
TALTZ - ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml	7	SP	LD, PA, QL (1 syringe/28 days), SP
tazarotene cream 0.05%, 0.1% (Tazorac)	3		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	3		QL (100 grams/30 days)
TAZORAC - tazarotene cream 0.05%	6		QL (120 grams/30 days)
TAZORAC - tazarotene gel 0.05%, 0.1%	6		QL (100 grams/30 days)
TOLAK - fluorouracil cream 4%	6		PA, QL (40 grams/28 days)
TOPICORT - desoximetasone cream 0.25%	6		QL (120 grams/30 days), ST
TOPICORT - desoximetasone gel 0.05%	6		QL (120 grams/30 days), ST
TOPICORT - desoximetasone oint 0.25%	6		QL (120 grams/30 days), ST
TREMFYA - guselkumab soln auto-injector 100 mg/ml	7	SP	PA, QL (1 pen/56 days), SP
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	7	SP	PA, QL (1 pen/28 days), SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	7	SP	PA, QL (1 syringe/56 days), SP
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	7	SP	PA, QL (1 syringe/28 days), SP
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	3		
tretinoin gel 0.01%, 0.025% (Retin-a)	3		
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide aerosol soln 0.147 mg/gm	3		QL (126 grams/30 days), ST
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	3		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	3		QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	3		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	3		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	7	SP	LD, SP
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	7	SP	PA, SP
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	7	SP	SP
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	7	SP	SP
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	7	SP	SP
deferiprone tab 500 mg, 1000 mg (Ferriprox)	7	SP	SP
EXJADE - deferasirox tab for oral susp 125 mg, 250 mg, 500 mg	7	SP	SP
FERRIPROX - deferiprone tab 500 mg, 1000 mg	7	SP	LD, SP
FERRIPROX - deferiprone oral soln 100 mg/ml	7	SP	LD, SP
JADENU - deferasirox tab 90 mg, 180 mg, 360 mg	7	SP	SP
JADENU SPRINKLE - deferasirox granules packet 90 mg, 180 mg, 360 mg	7	SP	SP
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	5		QL (4 bottles/30 days)
naloxone hcl inj 0.4 mg/ml	3		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	3		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	3		QL (4 bottles/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	3		QL (4 syringes/30 days)
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	6		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	3		
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	6		QL (4 bottles/30 days)
OPVEE - nalmeffene hcl nasal spray 2.7 mg/0.1ml (base equiv)	5		QL (4 bottles/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
RADIOGARDASE - prussian blue insoluble cap 0.5 gm	6		
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	5		QL (4 devices/30 days)
VISTOGARD - uridine triacetate oral granules packet 10 gm	7	SP	LD, PA, SP
VIVITROL - naltrexone for im extended release susp 380 mg	7	SP	SP
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	6		QL (4 syringes/30 days)
DIAGNOSTIC PRODUCTS			
ACCU-CHEK AVIVA PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK COMPACT STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK COMPACT TEST DR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK GUIDE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK GUIDE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK SMARTVIEW STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCUTREND GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVANCE INTUITION TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVANCE MICRO-DRAW TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE REDI-CODE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE REDI-CODE+ TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX AMP NO CODE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX JAZZ TEST STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX PRESTO TEST STR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II CHECK STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PLATINUM TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PRISM MULTI TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PRO TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE 3 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ASSURE 4 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
AT LAST TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
BIOTEL CARE BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
BLULINK GLUCOSE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
CAREONE BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
CARESENS N BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
CARETOUCH BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
CHEMSTRIP-K - acetone (urine) test strip	4		
CLEVER CHEK AUTO-CODE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHEK AUTO-CODE VOI - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHEK TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE AUTO-CODE P - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE MICRO TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE NO CODING T - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE TALK NO COD - glucose blood test strip	6		PA, QL (204 strips/30 days)
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	4		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	4		QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	4		QL (204 strips/30 days)
COOL BLOOD GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
CVS ADVANCED GLUCOSE METE - glucose blood test strip	6		PA, QL (204 strips/30 days)
CVS GLUCOSE METER TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
CVS TRUE METRIX BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DIATHRIVE BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
DIATHRIVE+ BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
DUO-CARE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY MAX BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY PLUS II BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY STEP TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TALK BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TALK PLUS II BLOOD G - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TOUCH GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TOUCH HEALTHPRO GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TRAK BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TRAK II BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYGLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYMAX TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYMAX 15 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYPRO BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYPRO PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ELEMENT COMPACT TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
ELEMENT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE EVO BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE PRO BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE TALK BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE WAVE BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EQ BLOOD GLUCOSE TEST STR - glucose blood test strip	6		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EVENCARE BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
EVOLUTION AUTOCODE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FIFTY50 GLUCOSE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA D40/G31 BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA GD20 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA GD50 BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA GTEL BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA G20 BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA TN'G ADVANCE PRO BLO - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA TN'G/TN'G VOICE BLOO - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA V10 BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA V30A BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA 6 CONNECT - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA 6 CONNECT/GTEL BLOOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORACARE GD40 - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORACARE PREMIUM V10 TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORACARE TEST N GO TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
FREESTYLE INSULINX BLOOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
FREESTYLE PRECISION NEO B - glucose blood test strip	6		PA, QL (204 strips/30 days)
FREESTYLE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GENULTIMATE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GE100 BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
GHT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCO PERFECT 3 TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLUCOCARD EXPRESSION BLOO - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD SHINE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD VITAL TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD X-SENSOR - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD 01 SENSOR PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCOM TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCONAVII BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOSE METER TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP EASY TOUCH GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUE METRIX SELF MONI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUETRACK BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUETRACK SMART SYSTE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GOJJI BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
GOODSENSE PREMIUM BLOOD G - glucose blood test strip	6		PA, QL (204 strips/30 days)
HW EMBRACE PRO BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
HW EMBRACE TALK BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
IGLUCOSE BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
IHEALTH BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
IN TOUCH BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
INFINITY BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
INFINITY VOICE - glucose blood test strip	6		PA, QL (204 strips/30 days)
KETOCARE - acetone (urine) test strip	4		
KETONE - acetone (urine) test strip	4		
KETONE TEST STRIPS - acetone (urine) test strip	4		
KETOSTIX - acetone (urine) test strip	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KROGER BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
KROGER HEALTHPRO GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
KROGER PREMIUM BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER ESSENTIAL BLOOD GL - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER TRUETEST BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER TRUETRACK BLOOD GL - glucose blood test strip	6		PA, QL (204 strips/30 days)
METOPIRONE - metyrapone cap 250 mg	7	SP	LD, SP
MICRODOT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
MICRODOT XTRA TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
MM BLULINK GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
MM EASY TOUCH GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
MYGLUCOHEALTH BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
NEUTEK 2TEK TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
NOVA MAX GLUCOSE TEST STR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ON CALL EXPRESS BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
ONE DROP BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ONETOUCH ULTRA - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH ULTRA BLUE TEST - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	4		QL (204 strips/30 days)
OPTIUMEZ TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
PHARMACIST CHOICE AUTOCOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
PHARMACIST CHOICE NO CODI - glucose blood test strip	6		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PIP BLOOD GLUCOSE TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
POCKETCHEM EZ BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
POGO AUTOMATIC TEST CARTR - glucose blood test automatic cartridge	6		PA, QL (200 strips/30 days)
PRECISION SOF-TACT TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
PRECISION XTRA BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
PREMIUM BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
PRO VOICE V8/V9 BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
PRODIGY NO CODING BLOOD G - glucose blood test strip	6		PA, QL (204 strips/30 days)
PTS PANELS EGLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
QUICK TOUCH BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
QUICKTEK TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
QUINTET AC BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
QUINTET BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
REFUAH PLUS BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION CONFIRM/MICRO TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	4		
RELION PLATINUM BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION PREMIER BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION PRIME BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION TRUE METRIX BLOOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION ULTIMA BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
REXALL BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
RIGHTEST GS100 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
RIGHTEST GS300 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
RIGHTEST GS333 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
RIGHTEST GS550 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
RIGHTEST GT333 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
SMART SENSE PREMIUM BLOOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
SMART SENSE VALUE BLOOD G - glucose blood test strip	6		PA, QL (204 strips/30 days)
SMARTEST BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
SOLUS V2 AUDIBLE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
SUPREME TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
TGT BLOOD GLUCOSE TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUE FOCUS SELF MONITORIN - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUE METRIX BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUE METRIX SELF MONITORI - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUETEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUETRACK TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
UNISTRIP1 GENERIC - glucose blood test strip	6		PA, QL (204 strips/30 days)
VERASENS BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
VIVAGUARD INO BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEDICAL DEVICES			
ACCU-CHEK AVIVA PLUS - blood glucose monitoring kit w/ device	6		
ACCU-CHEK FASTCLIX LANCET - lancets	4		
ACCU-CHEK FASTCLIX LANCET - lancets kit	4		
ACCU-CHEK GUIDE - blood glucose monitoring kit w/ device	6		
ACCU-CHEK GUIDE ME - blood glucose monitoring kit w/ device	6		
ACCU-CHEK SAFE-T-PRO LANC - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ACCU-CHEK SOFTCLIX LANCET - lancets	4		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	4		
ACTI-LANCE LANCETS 28G - lancets	4		
ACTI-LANCE LITE SAFETY LA - lancets	4		
ACTI-LANCE SPECIAL SAFETY - lancets	4		
ACTI-LANCE UNIVERSAL SAFE - lancets	4		
ADJUSTABLE LANCING DEVICE - lancet devices	4		
ADVANCE INTUITION BLOOD G - blood glucose monitoring devices	6		
ADVANCE INTUITION BLOOD G - blood glucose monitoring kit w/ device	6		
ADVANCE MICRO-DRAW METER - blood glucose monitoring devices	6		
ADVANCED MOBILE LANCET 30 - lancets	4		
ADVOCATE BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
ADVOCATE BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ADVOCATE LANCETS - lancets	4		
ADVOCATE LANCETS 30G - lancets	4		
ADVOCATE LANCING DEVICE - lancet devices	4		
ADVOCATE RAPID-SAFE LANCI - lancet devices	4		
ADVOCATE REDI-CODE - blood glucose monitoring devices	6		
ADVOCATE REDI-CODE+ BLOOD - blood glucose monitoring devices	6		
ADVOCATE REDI-CODE/TALKIN - blood glucose monitoring kit w/ device	6		
ADVOCATE SAFETY LANCETS 2 - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
AF LANCETS SUPER THIN - lancets	4		
AGAMATRIX JAZZ WIRELESS 2 - blood glucose monitoring kit w/ device	6		
AGAMATRIX PRESTO - blood glucose monitoring kit w/ device	6		
AGAMATRIX ULTRA-THIN LANC - lancets	4		
AIMSCO LUBRICATED - condoms latex lubricated	1		
AIMSCO TWIST LANCETS 32G - lancets	4		
AIMSCO TWIST LANCETS 33G - lancets	4		
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ASSURE COMFORT LANCETS UL - lancets	4		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
ASSURE LANCE LANCETS - lancets	4		
ASSURE LANCE LANCETS 21G - lancets	4		
ASSURE LANCE PLUS SAFETY - lancets	4		
ASSURE LANCE SAFETY LANCE - lancets	4		
ASSURE PLATINUM BLOOD GLU - blood glucose monitoring devices	6		
ASSURE PRISM MULTI BLOOD - blood glucose monitoring devices	6		
ASSURE PRO BLOOD GLUCOSE - blood glucose monitoring devices	6		
ASSURE 3 METER - blood glucose monitoring kit	6		
ASSURE 4 BLOOD GLUCOSE ME - blood glucose monitoring devices	6		
AT LAST BLOOD GLUCOSE SYS - blood glucose monitoring kit	6		
AT LAST LANCETS - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
AUM INSULIN SAFETY PEN NE - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	4		
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	4		
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
AURORA LANCET SUPER THIN - lancets	4		
AURORA LANCET THIN 23G - lancets	4		
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4		
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
AUTO-LANCET - lancet devices	4		
AUTO-LANCET MINI - lancet devices	4		
AUTOLET IMPRESSION LANCIN - lancet devices	4		
AUTOLET LANCING DEVICE - lancet devices	4		
AUTOLET LITE LANCING DEVI - lancet devices	4		
AUTOLET MINI - lancet devices	4		
AUTOLET PLUS - lancet devices	4		
AUTOPEN - injection device for insulin	6		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	4		
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
BD ALLERGY SYRINGE 0.5ML/ - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2", 1/2 ml 27 x 3/8"	6		
BD ALLERGY SYRINGE 1ML/27 - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	6		
BD ALLERGY SYRINGE/NEEDLE - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	6		
BD ALLERGY/SYRINGE/NEEDLE - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5		
BD BLUNT FILL NEEDLE/FILT - needle (disp) 18 x 1-1/2"	6		
BD BLUNT FILL NEEDLE/18G - needle (disp) 18 x 1-1/2"	6		
BD DISPOSABLE NEEDLE REGU - needle (disp) 25 x 1"	5		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	5		
BD ECLIPSE NEEDLE 21G X 1 - needle (disp) 21 x 1", 21 x 1-1/2"	6		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	5		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	6		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	5		
BD ECLIPSE NEEDLE 27G X 1 - needle (disp) 27 x 1/2"	6		
BD ECLIPSE NEEDLE/LUER-LO - needle (disp) 30 x 1/2"	6		
BD ECLIPSE NEEDLE/18G X 1 - needle (disp) 18 x 1-1/2"	6		
BD ECLIPSE NEEDLE/23G X 1 - needle (disp) 23 x 1"	6		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	5		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	6		
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD ECLIPSE 23G X 1" NEEDL - needle (disp) 23 x 1"	6		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	5		
BD HYPODERMIC NEEDLES 16G - needle (disp) 16 x 1"	6		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	5		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1-1/2"	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD HYPODERMIC NEEDLES 19G - needle (disp) 19 x 1", 19 x 1-1/2"	6		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	5		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 2"	6		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1", 22 x 1-1/2"	5		
BD HYPODERMIC NEEDLES 23G - needle (disp) 23 x 3/4", 23 x 1"	6		
BD HYPODERMIC NEEDLES 25G - needle (disp) 25 x 1-1/2"	6		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	5		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	4		
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	4		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	4		
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	4		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	4		
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	4		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD INTEGRA RETRACTABLE NE - needle (disp) 23 x 1"	6		
BD LATITUDE DIABETES MANA - blood glucose monitoring kit w/ device	6		
BD LOGIC BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
BD MAGNI-GUIDE MAGNIFIER - blood glucose monitoring supplies	6		
BD MICROTAINER LANCETS - lancets	4		
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	5		
BD NEEDLE 30G X 1" - needle (disp) 30 x 1"	6		
BD NEEDLE/16G X 1-1/2" - needle (disp) 16 x 1-1/2"	6		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD NEEDLE/19G X 1" - needle (disp) 19 x 1"	6		
BD NEEDLE/20G X 1-1/2" - needle (disp) 20 x 1-1/2"	6		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	5		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	5		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	5		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	5		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	5		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	5		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	5		
BD NOKOR NEEDLE ADMIX THI - needle (disp) 18 x 1-1/2"	6		
BD NOKOR VENTED NEEDLE 18 - needle (disp) 18 x 1"	6		
BD PEN - injection device for insulin	6		
BD PEN MINI - injection device for insulin	6		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	4		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5		
BD PRECISIONGLIDE NEEDLE - needle (disp) 27 x 3/8", 27 x 1-1/2"	6		
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	5		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 18 x 1-1/2"	6		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	5		
BD SAFETYGLIDE INJECTION - needle (disp) 23 x 1-1/2"	6		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
BD SAFETYGLIDE NEEDLE 25G - needle (disp) 25 x 1"	6		
BD SAFETYGLIDE NEEDLE/SHI - needle (disp) 22 x 1-1/2"	6		
BD SAFETYGLIDE SHIELDED N - needle (disp) 23 x 1"	6		
BD SAFETYGLIDE 21G X 1-1/ - needle (disp) 21 x 1-1/2"	6		
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	5		
BD TB SYRINGE/NEEDLE/1ML/ - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	6		
BD TUBERCULIN SYRINGE/NEE - tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1"	6		
BD TUBERCULIN SYRINGE/SAF - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	6		
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"	4		
BD 1/2ML TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2"	6		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	5		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BIGFOOT UNITY PROGRAM KIT - blood glucose monitor kit w/ monitor device & digital app	6		
BIOTEL CARE BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
BIOTEL CARE CONNECTED BLO - blood glucose monitoring kit w/ device	6		
BLOOD GLUCOSE MONITORING - blood glucose monitoring devices	6		
BLOOD GLUCOSE MONITORING - blood glucose monitoring kit w/ device	6		
BLOOD GLUCOSE SYSTEM PAK - blood glucose monitoring kit w/ device	6		
BLULINK BLOOD GLUCOSE MON - blood glucose monitoring devices	6		
CARDIOCOM LANCING DEVICE - lancet devices	4		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
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")	4		
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")	4		
CAREONE ADVANCED LANCING - lancet devices	4		
CAREONE BLOOD GLUCOSE MON - blood glucose monitoring kit w/ device	6		
CAREONE INSULIN SYRINGES/ - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
CAREONE LANCET SUPER THIN - lancets	4		
CAREONE LANCET THIN - lancets	4		
CAREONE LANCET ULTRA THIN - lancets	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CAREPOINT PRECISION POLY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 27 x 1/2", 30 x 1/2"	6		
CAREPOINT PRECISION SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	6		
CAREPOINT SAFETY 1ST NEED - needle (disp) 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2"	6		
CARESENS LANCETS - lancets	4		
CARESENS N BLOOD GLUCOSE - blood glucose monitoring devices	6		
CARESENS N FELIZ - blood glucose monitoring devices	6		
CARESENS N FELIZ BT - blood glucose monitoring devices	6		
CARESENS N GLUCOSE MONITO - blood glucose monitoring devices	6		
CARESENS N VOICE BLOOD GL - blood glucose monitoring devices	6		
CARETOUCH BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
CARETOUCH HYPODERMIC NEED - needle (disp) 18 x 1-1/2", 20 x 1", 22 x 1", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1", 27 x 1-1/2"	6		
CARETOUCH INSULIN SYRINGE - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
CARETOUCH LANCING DEVICE - lancet devices	4		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
CARETOUCH SAFETY LANCETS/ - lancets	4		
CARETOUCH TWIST LANCETS M - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARETOUCH TWIST LANCETS 2 - lancets	4		
CARETOUCH TWIST LANCETS 3 - lancets	4		
CAYA - diaphragm arc-spring	1		
CHEMSTRIP BG LOG BOOK - blood glucose monitoring misc.	6		
CHOSEN LANCETS 30G - lancets	4		
CHOSEN LANCING DEVICE - lancet devices	4		
CHOSEN SAFETY LANCETS 28G - lancets	4		
CLEANLET LANCETS 28G - lancets	4		
CLEVER CHEK AUTO CODE VOI - blood glucose monitoring devices	6		
CLEVER CHEK AUTO-CODE BLO - blood glucose monitoring devices	6		
CLEVER CHEK AUTO-CODE VOI - blood glucose monitoring devices	6		
CLEVER CHEK BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
CLEVER CHEK LANCETS ULTRA - lancets	4		
CLEVER CHOICE AUTO-CODE P - blood glucose monitoring devices	6		
CLEVER CHOICE COMFORT EZ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", 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", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLEVER CHOICE COMFORT EZ - lancets	4		
CLEVER CHOICE MICRO BLOOD - blood glucose monitoring kit w/ device	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

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

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
COMFORT TOUCH PLUS SAFETY - lancets	4		
COMFORT TOUCH TWIST LANCE - lancets	4		
CONDOMS - condoms - male	1		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	4		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK 2.4 WIR - blood glucose monitoring kit w/ device	6		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	4		
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device	4		
COOL BLOOD GLUCOSE MONITO - blood glucose monitoring devices	6		
COOL BLOOD GLUCOSE MONITO - blood glucose monitoring kit w/ device	6		
CVS ADVANCED GLUCOSE METE - blood glucose monitoring kit w/ device	6		
CVS LANCETS MICRO THIN 33 - lancets	4		
CVS LANCETS MICRO-THIN 33 - lancets	4		
CVS LANCETS ORIGINAL - lancets	4		
CVS LANCETS THIN 26G - lancets	4		
CVS LANCETS ULTRA THIN 30 - lancets	4		
CVS LANCETS ULTRA-THIN 30 - lancets	4		
CVS LANCETS 21G - lancets	4		
CVS LANCING DEVICE - lancet devices	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CVS ULTRA THIN LANCETS - lancets	4		
D-CARE GLUCOMETER KIT/GLU - blood glucose monitoring kit w/ device	6		
DEXCOM G6 RECEIVER - continuous glucose system receiver	5		QL (1 receiver/365 days), ST
DEXCOM G6 SENSOR - continuous glucose system sensor	5		QL (3 sensors/30 days), ST
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	5		QL (1 transmitter/90 days), ST
DEXCOM G7 RECEIVER - continuous glucose system receiver	5		QL (1 receiver/365 days), ST
DEXCOM G7 SENSOR - continuous glucose system sensor	5		QL (3 sensors/30 days), ST
DIABETES CARE - blood glucose monitor kit w/ monitor device & digital app	6		
DIABETES MONITORING DIGIT - blood glucose monitor kit w/ monitor device & digital app	6		
DIATHRIVE BLOOD GLUCOSE M - blood glucose monitoring devices	6		
DIATHRIVE LANCETS - lancets	4		
DIATHRIVE LANCETS ULTRA T - lancets	4		
DIATHRIVE LANCING DEVICE - lancet devices	4		
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")	4		
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DIATHRIVE+ BLOOD GLUCOSE - blood glucose monitoring devices	6		
DROPLET GENTEEL LANCING D - lancet devices	4		
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"	4		
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"	4		
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
DROPLET LANCETS ULTRA THI - lancets	4		
DROPLET LANCING DEVICE - lancet devices	4		
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	4		
DROPLET PEN NEEDLE/MICRON - insulin pen needle 34 g x 3.5 mm (9/64")	4		
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	4		
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
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")	4		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
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")	4		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	4		
DROPLET PERSONAL LANCETS - lancets	4		
DROPSAFE ACTI-LANCE SAFTE - lancets	4		
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"	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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")	4		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DROPSAFE SICURA - needle (disp) 25 x 1"	6		
DRUG MART LANCETS THIN - lancets	4		
DRUG MART LANCETS ULTRA T - lancets	4		
DRUG MART ON-THE-GO LANCE - lancets	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DRUG MART UNILET LANCETS - lancets	4		
DRUG MART UNILET MICRO TH - lancets	4		
DUANE READE LANCET ALTERN - lancets	4		
DUANE READE LANCET SUPER - lancets	4		
DUANE READE LANCET ULTRA - lancets	4		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	1		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	1		
DUREX TROPICAL - condoms latex lubricated	1		
E-Z JECT LANCETS - lancets	4		
E-Z JECT LANCETS COLOR - lancets	4		
E-Z JECT LANCETS SUPER TH - lancets	4		
E-Z JECT LANCETS THIN 26G - lancets	4		
E-Z JECT LANCETS 21G - lancets	4		
E-ZJECT LANCETS MICRO-THI - lancets	4		
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"	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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")	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
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")	4		
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")	4		
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
EASY MAX T1 SELF-MONITORI - blood glucose monitoring kit w/ device	6		
EASY MINI EJECT LANCING D - lancet devices	4		
EASY MINI LANCING DEVICE - lancet devices	4		
EASY PLUS II BLOOD GLUCOS - blood glucose monitoring devices	6		
EASY STEP BLOOD GLUCOSE M - blood glucose monitoring devices	6		
EASY TALK BLOOD GLUCOSE M - blood glucose monitoring devices	6		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	6		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
EASY TOUCH FLIPLock NEEDL - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 3/4", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 27 x 1" (25 mm), 28 x 1/2" (12.7 mm), 29 x 1/2" (12.7 mm), 30 x 5/16" (8 mm), 30 x 1/2", 31 x 5/16" (8 mm)	6		
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"	4		
EASY TOUCH GLUCOSE MONITO - blood glucose monitoring kit w/ device	6		
EASY TOUCH HEALTHPRO GLUC - blood glucose monitoring kit w/ device	6		
EASY TOUCH HYPODERMIC NEE - needle (disp) 16 x 1", 16 x 1-1/2", 18 x 1", 18 x 1.25" (30 mm), 18 x	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 23 x 1-1/4", 23 x 1-1/2", 24 x 1", 24 x 1.25" (30 mm), 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 3/8", 26 x 1/2", 26 x 5/8", 27 x 1/2", 27 x 1-1/4", 27 x 1-1/2", 30 x 1/2", 30 x 1", 31 x 5/16" (8 mm), 32 x 5/16" (8 mm)			
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"	4		
EASY TOUCH LANCETS 21G/PR - lancets	4		
EASY TOUCH LANCETS 23G/PR - lancets	4		
EASY TOUCH LANCETS 26G/PR - lancets	4		
EASY TOUCH LANCETS 26G/PU - lancets	4		
EASY TOUCH LANCETS 28G/PR - lancets	4		
EASY TOUCH LANCETS 28G/PU - lancets	4		
EASY TOUCH LANCETS 28G/TW - lancets	4		
EASY TOUCH LANCETS 30G/BU - lancets	4		
EASY TOUCH LANCETS 30G/PR - lancets	4		
EASY TOUCH LANCETS 30G/PU - lancets	4		
EASY TOUCH LANCETS 30G/TW - lancets	4		
EASY TOUCH LANCETS 32G/PR - lancets	4		
EASY TOUCH LANCETS 32G/PU - lancets	4		
EASY TOUCH LANCETS 32G/TW - lancets	4		
EASY TOUCH LANCETS 33G/TW - lancets	4		
EASY TOUCH LANCING DEVICE - lancet devices	4		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
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")	4		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TOUCH SAFETY LANCETS - lancets	4		
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")	4		
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")	4		
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"	4		
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	6		
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	6		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
EASY TRAK BLOOD GLUCOSE M - blood glucose monitoring devices	6		
EASY TRAK II BLOOD GLUCOS - blood glucose monitoring devices	6		
EASYGLUCO - blood glucose monitoring kit	6		
EASYMAX NG SELF-MONITORIN - blood glucose monitoring devices	6		
EASYMAX NG SELF-MONITORIN - blood glucose monitoring kit w/ device	6		
EASYMAX V BLOOD GLUCOSE S - blood glucose monitoring devices	6		
EASYPOINT NEEDLE 23G X 1" - needle (disp) 23 x 1"	6		
EASYPOINT NEEDLE 25G X 1" - needle (disp) 25 x 1"	6		
EASYPOINT NEEDLE 25G X 5/ - needle (disp) 25 x 5/8"	6		
EASYPOINT NEEDLE 25GX1-1/ - needle (disp) 25 x 1-1/2"	6		
EASYPOINT NEEDLE/18G X 1- - needle (disp) 18 x 1-1/2"	6		
EASYPOINT NEEDLE/18G X 1" - needle (disp) 18 x 1"	6		
EASYPOINT NEEDLE/20G X 1- - needle (disp) 20 x 1-1/2"	6		
EASYPOINT NEEDLE/20G X 1" - needle (disp) 20 x 1"	6		
EASYPOINT NEEDLE/21G X 1- - needle (disp) 21 x 1-1/2"	6		
EASYPOINT NEEDLE/21G X 1" - needle (disp) 21 x 1"	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASYPOINT NEEDLE/22G X 1- - needle (disp) 22 x 1-1/2"	6		
EASYPOINT NEEDLE/22G X 1" - needle (disp) 22 x 1"	6		
EASYPRO BLOOD GLUCOSE MON - blood glucose monitoring kit w/ device	6		
EASYPRO PLUS - blood glucose monitoring kit w/ device	6		
ELEMENT AUTOCODE SYSTEM - blood glucose monitoring kit w/ device	6		
ELEMENT COMPACT BLOOD GLU - blood glucose monitoring devices	6		
ELEMENT COMPACT V BLOOD - blood glucose monitoring devices	6		
ELEMENT PLUS BLOOD GLUCOS - blood glucose monitoring devices	6		
EMBECTA AUTOSHIELD DUO 30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
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"	4		
EMBECTA INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
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"	4		
EMBECTA PEN NEEDLE/NANO 2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EMBECTA PEN NEEDLE/NANO/2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EMBECTA PEN NEEDLE/NANO/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 29 g x 12.7 mm (1/2")	4		
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")	4		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
EMBRACE BLOOD GLUCOSE MON - blood glucose monitoring devices	6		
EMBRACE EVO BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
EMBRACE EVO COMPACT BLOOD - blood glucose monitoring devices	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBRACE LANCETS ULTRA THI - lancets	4		
EMBRACE LANCING DEVICE WI - lancet devices	4		
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
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")	4		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EMBRACE PRESSURE ACTIVATE - lancets	4		
EMBRACE PRO BLOOD GLUCOSE - blood glucose monitoring devices	6		
EMBRACE TALK BLOOD GLUCOS - blood glucose monitoring devices	6		
EMBRACE TALK BLOOD GLUCOS - blood glucose monitoring kit w/ device	6		
EMBRACE WAVE BLOOD GLUCOS - blood glucose monitoring devices	6		
EQL COLOR LANCETS MICRO T - lancets	4		
EQL COLOR LANCETS 21G - lancets	4		
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"	4		
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"	4		
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
EQL SUPER THIN LANCETS 30 - lancets	4		
EQL THIN LANCETS 26G - lancets	4		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
EVENCARE BLOOD GLUCOSE MO - blood glucose monitoring kit	6		
EVOLUTION AUTOCODE - blood glucose monitoring devices	6		
EZ-LETS LANCETS 21G - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EZ-LETS LANCETS 26G SUPER - lancets	4		
EZ-LETS LANCETS 28G ULTRA - lancets	4		
EZ-LETS LANCETS 30G - lancets	4		
FANTASY LUBRICATED - condoms latex lubricated	1		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	1		
FC2 FEMALE CONDOM - condoms - female	1		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	1		
FIFTY50 GLUCOSE METER 2.0 - blood glucose monitoring kit w/ device	6		
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")	4		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
FIFTY50 SAFETY SEAL LANCE - lancets	4		
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
FIFTY50 UNILET LANCETS 33 - lancets	4		
FINGERSTIX LANCETS - lancets	4		
FLOW-EZE VENTED NEEDLE - hypodermic needles (disposable)	6		
FORA GD20 BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA GD50 BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA GTEL BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA G20 BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
FORA G30A BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA LANCETS - lancets	4		
FORA LANCING DEVICE - lancet devices	4		
FORA LANCING DEVICE/CLEAR - lancet devices	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FORA PREMIUM V10 BLE BLOO - blood glucose monitoring devices	6		
FORA TEST N' GO VOICE BLO - blood glucose monitoring devices	6		
FORA TN'G VOICE BLOOD GLU - blood glucose monitoring kit w/ device	6		
FORA V12 BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
FORACARE GD40 BLOOD GLUCO - blood glucose monitoring devices	6		
FORACARE PREMIUM V10 BLOO - blood glucose monitoring devices	6		
FORACARE TEST N GO BLOOD - blood glucose monitoring devices	6		
FREESTYLE FREEDOM LITE - blood glucose monitoring kit w/ device	6		
FREESTYLE LANCETS - lancets	4		
FREESTYLE LIBRE 14 DAY/RE - continuous glucose system receiver	5		QL (1 reader/365 days), ST
FREESTYLE LIBRE 14 DAY/SE - continuous glucose system sensor	5		QL (2 sensors/28 days), ST
FREESTYLE LIBRE 2 PLUS/SE - continuous glucose system sensor	5		QL (2 sensors/28 days), ST
FREESTYLE LIBRE 2/READER/ - continuous glucose system receiver	5		QL (1 reader/365 days), ST
FREESTYLE LIBRE 2/SENSOR/ - continuous glucose system sensor	5		QL (2 sensors/28 days), ST
FREESTYLE LIBRE 3 PLUS/SE - continuous glucose system sensor	5		QL (2 sensors/28 days), ST
FREESTYLE LIBRE 3/READER/ - continuous glucose system receiver	5		QL (1 reader/365 days), ST
FREESTYLE LIBRE 3/SENSOR/ - continuous glucose system sensor	5		QL (2 sensors/28 days), ST
FREESTYLE LIBRE/READER/FL - continuous glucose system receiver	5		QL (1 reader/365 days), ST
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices	6		
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit w/ device	6		
FREESTYLE PRECISION NEO B - blood glucose monitoring kit w/ device	6		
FREESTYLE UNISTICK II LAN - lancets	4		
GENTEEL BUTTERFLY TOUCH L - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GENTEEL PLUS LANCING DEVI - lancet devices	4		
GENTLE-LET LANCETS GENERA - lancets	4		
GENTLE-LET LANCETS SAFETY - lancets	4		
GE100 BLOOD GLUCOSE MONIT - blood glucose monitoring devices	6		
GE100 BLOOD GLUCOSE MONIT - blood glucose monitoring kit w/ device	6		
GHT BLOOD GLUCOSE MONITO - blood glucose monitoring kit w/ device	6		
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	4		
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
GLOBAL INJECT EASE LANCET - lancets	4		
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4		
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
GLOBAL LANCING DEVICE - lancet devices	4		
GLUCO PERFECT 3 BLOOD GLU - blood glucose monitoring devices	6		
GLUCOCARD EXPRESSION AUDI - blood glucose monitoring kit w/ device	6		
GLUCOCARD SHINE - blood glucose monitoring devices	6		
GLUCOCARD SHINE - blood glucose monitoring kit w/ device	6		
GLUCOCARD SHINE CONNEX BL - blood glucose monitoring kit w/ device	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLUCOCARD SHINE EXPRESS B - blood glucose monitoring kit w/ device	6		
GLUCOCARD SHINE XL - blood glucose monitoring devices	6		
GLUCOCARD VITAL BLOOD GLU - blood glucose monitoring kit w/ device	6		
GLUCOCARD X-METER - blood glucose monitoring kit w/ device	6		
GLUCOCARD 01 BLOOD GLUCOS - blood glucose monitoring devices	6		
GLUCOCARD 01 BLOOD GLUCOS - blood glucose monitoring kit w/ device	6		
GLUCOCARD 01-MINI BLOOD G - blood glucose monitoring kit w/ device	6		
GLUCOCOM AUTOLINK TELEMON - blood glucose monitoring misc.	6		
GLUCOCOM BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
GLUCOCOM BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
GLUCOCOM LANCETS 28G - lancets	4		
GLUCOCOM LANCETS 30G - lancets	4		
GLUCOCOM LANCETS 33G - lancets	4		
GLUCONAVII BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
GNP EASY TOUCH GLUCOSE MO - blood glucose monitoring devices	6		
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
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"	4		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
GNP LANCETS THIN 26G - lancets	4		
GNP LANCETS 21G - lancets	4		
GNP LANCING SYSTEM DEVICE - lancet devices	4		
GNP PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
GNP PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
GNP PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
GNP PEN NEEDLES 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
GNP STERILE LANCETS 28G - lancets	4		
GNP STERILE LANCETS 30G - lancets	4		
GNP STERILE LANCETS 33G - lancets	4		
GNP TRUE METRIX AIR SELF - blood glucose monitoring kit w/ device	6		
GNP TRUE METRIX SELF MONI - blood glucose monitoring kit w/ device	6		
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")	4		
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")	4		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
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")	4		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
GNP ULTRA COMFORT INSULIN - insulin syringe/ needle u-100 1 ml 28 x 1/2"	4		
GOJJI LANCING DEVICE/CLEA - lancet devices	4		
GOJJI STERILE LANCETS 30G - lancets	4		
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GOODSENSE COLOR LANCETS M - lancets	4		
GOODSENSE LANCETS MICRO-T - lancets	4		
GOODSENSE LANCETS ULTRA-T - lancets	4		
GOODSENSE LANCING DEVICE - lancet devices	4		
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")	4		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
GOODSENSE PREMIUM BLOOD - blood glucose monitoring kit w/ device	6		
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
H-E-B INCONTROL ADVANCED - lancet devices	4		
H-E-B INCONTROL LANCETS M - lancets	4		
H-E-B INCONTROL LANCETS S - lancets	4		
H-E-B INCONTROL LANCETS U - lancets	4		
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
HAEMOLANCE - lancets	4		
HAEMOLANCE LOW FLOW LANCE - lancets	4		
HAEMOLANCE PLUS - lancets	4		
HAEMOLANCE PLUS HIGH FLOW - lancets	4		
HAEMOLANCE PLUS LOW FLOW - lancets	4		
HAEMOLANCE PLUS MAX FLOW - lancets	4		
HAEMOLANCE PLUS PEDIATRIC - lancets	4		
HEALTH CARE LANCING DEVIC - lancet devices	4		
HEALTHPRO BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
HEALTHWISE INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	4		
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	4		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
HW EMBRACE PRO BLOOD GLUC - blood glucose monitoring devices	6		
HW EMBRACE TALK BLOOD GLU - blood glucose monitoring devices	6		
HW EMBRACE TALK BLOOD GLU - blood glucose monitoring kit w/ device	6		
HY-VEE LANCETS - lancets	4		
HY-VEE THIN LANCETS - lancets	4		
HYPODERMIC NEEDLES 18GX1- - needle (disp) 18 x 1-1/2"	6		
HYPODERMIC NEEDLES 18GX1" - needle (disp) 18 x 1"	6		
HYPODERMIC NEEDLES 20GX1- - needle (disp) 20 x 1-1/2"	6		
HYPODERMIC NEEDLES 20GX1" - needle (disp) 20 x 1"	6		
HYPODERMIC NEEDLES 21GX1- - needle (disp) 21 x 1-1/2"	6		
HYPODERMIC NEEDLES 21GX1" - needle (disp) 21 x 1"	6		
HYPODERMIC NEEDLES 22GX1- - needle (disp) 22 x 1-1/2"	6		
HYPODERMIC NEEDLES 22GX1" - needle (disp) 22 x 1"	6		
HYPODERMIC NEEDLES 23GX1- - needle (disp) 23 x 1-1/2"	6		
HYPODERMIC NEEDLES 23GX1" - needle (disp) 23 x 1"	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HYPODERMIC NEEDLES 25GX1- - needle (disp) 25 x 1-1/2"	6		
HYPODERMIC NEEDLES 25GX5/ - needle (disp) 25 x 5/8"	6		
HYPODERMIC NEEDLES 26GX1/ - needle (disp) 26 x 1/2"	6		
HYPODERMIC NEEDLES 27GX1- - needle (disp) 27 x 1-1/2"	6		
HYPODERMIC NEEDLES 27GX1/ - needle (disp) 27 x 1/2"	6		
IGLUOSE BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
IHEALTH GLUCO+ - blood glucose monitor kit w/ monitor device & digital app	6		
IHEALTH LANCING DEVICE - lancet devices	4		
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	4		QL (15 kits/30 days)
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	4		QL (30 kits/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	4		QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	4		QL (1 kit/720 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	4		QL (1 kit/720 days)
IN TOUCH - blood glucose monitoring devices	6		
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	4		
IN TOUCH LANCING DEVICE - lancet devices	4		
IN TOUCH STERILE LANCETS - lancets	4		
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")	4		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
INFINITY BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
INFINITY VOICE - blood glucose monitoring kit w/ device	6		
INPEN 100/BLUE/HUMALOG - injection device for insulin	6		
INPEN 100/BLUE/LILLY/HUMA - injection device for insulin	6		
INPEN 100/BLUE/NOVOLOG/FI - injection device for insulin	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
INPEN 100/GREY/HUMALOG - injection device for insulin	6		
INPEN 100/GREY/LILLY/HUMA - injection device for insulin	6		
INPEN 100/GREY/NOVOLOG/FI - injection device for insulin	6		
INPEN 100/PINK/HUMALOG - injection device for insulin	6		
INPEN 100/PINK/LILLY/HUMA - injection device for insulin	6		
INPEN 100/PINK/NOVOLOG/FI - injection device for insulin	6		
INSUL-TOTE - blood glucose monitoring supplies	6		
INSUL-TOTE JR - blood glucose monitoring supplies	6		
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"	4		
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"	4		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
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"	4		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4		
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

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

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml, u-100 1/2 ml, u-100 1 ml	4		
KROGER AUTOLET LANCING DE - lancet devices	4		
KROGER BLOOD GLUCOSE MONI - blood glucose monitoring kit w/ device	6		
KROGER HEALTHPRO TWIST LA - lancets	4		
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4		
KROGER INSULIN SYRINGE/O. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
KROGER INSULIN SYRINGE/1M - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
KROGER LANCETS - lancets	4		
KROGER LANCETS MICRO THIN - lancets	4		
KROGER LANCETS SUPER THIN - lancets	4		
KROGER LANCETS THIN - lancets	4		
KROGER LANCETS THIN 26G - lancets	4		
KROGER LANCETS ULTRATHIN - lancets	4		
KROGER LANCETS 21G - lancets	4		
KROGER LANCING DEVICE - lancet devices	4		
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
KROGER PREMIUM BLOOD GLUC - blood glucose monitoring kit w/ device	6		
LANCET DEVICE ADJUSTABLE - lancet devices	4		
LANCET DEVICE WITH EJECTO - lancet devices	4		
LANCETS - lancets	4		
LANCETS - BAYER ASCENCIA - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

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

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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"			
LITETOUCH LANCETS MICRO T - lancets	4		
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	4		
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")	4		
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
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")	4		
LIVE BETTER ADVANCED LANC - lancet devices	4		
LIVE BETTER LANCET SUPER - lancets	4		
LIVE BETTER LANCET ULTRA - lancets	4		
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4		
LONGS LANCETS STANDARD - lancets	4		
LONGS LANCETS THIN - lancets	4		
LONGS LANCETS ULTRA THIN - lancets	4		
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"	4		
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	6		
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	4		
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")	4		
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MAXICOMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	4		
MAXX LUBRICATED - condoms latex lubricated	1		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	1		
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
MEDICHOICE PRE-SET SAFETY - lancets	4		
MEDICHOICE SAFETY LANCET - lancets	4		
MEDICINE SHOPPE LANCETS - lancets	4		
MEDICINE SHOPPE LANCETS T - lancets	4		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
MEDLANCE PLUS EXTRA LANCE - lancets	4		
MEDLANCE PLUS LANCETS LIT - lancets	4		
MEDLANCE PLUS LITE LANCET - lancets	4		
MEDLANCE PLUS SPECIAL LAN - lancets	4		
MEDLANCE PLUS SUPERLITE 3 - lancets	4		
MEDLANCE PLUS UNIVERSAL L - lancets	4		
MEDLANCE PLUS/LITE 25G - lancets	4		
MEIJER BLOOD GLUCOSE MONI - blood glucose monitoring kit w/ device	6		
MEIJER COLOR LANCETS UNIV - lancets	4		
MEIJER ESSENTIAL BLOOD GL - blood glucose monitoring kit w/ device	6		
MEIJER LANCETS - lancets	4		
MEIJER LANCETS THIN - lancets	4		
MEIJER LANCETS UNIVERSAL - lancets	4		
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
MEIJER PREMIUM BLOOD GLUC - blood glucose monitoring kit w/ device	6		
MEIJER SUPER THIN LANCETS - lancets	4		
MEIJER TRUERESULT BLOOD G - blood glucose monitoring kit w/ device	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MEIJER TRUETRACK BLOOD GL - blood glucose monitoring kit w/ device	6		
MEIJER TRUE2GO BLOOD GLUC - blood glucose monitoring kit w/ device	6		
MICRODOT BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
MICROLET LANCETS - lancets	4		
MICROLET NEXT - lancet devices	4		
MINI LANCING DEVICE - lancet devices	4		
MM BLOOD GLUCOSE MONITORI - blood glucose monitoring kit	6		
MM BLOOD GLUCOSE MONITORI - blood glucose monitoring kit w/ device	6		
MM BLULINK GLUCOSE MONITO - blood glucose monitoring devices	6		
MM EASY TOUCH BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
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"	4		
MM LANCING DEVICE - lancet devices	4		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MM TWIST LANCETS - lancets	4		
MONOJECT BLUNT CANNULA/20 - needle (disp) 20 x 1-1/2"	6		
MONOJECT BLUNT CANNULA/21 - needle (disp) 21 x 1"	6		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 14 x 1", 14 x 2", 16 x 5/8", 16 x 3/4", 16 x 1-1/2", 18 x 1", 19	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
x 1", 19 x 1-1/2", 20 x 1", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1-1/4", 25 x 2", 27 x 1/2", 27 x 1-1/4"			
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	5		
MONOJECT HYPO/ALUM HUB/16 - needle (disp) 16 x 1"	6		
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	5		
MONOJECT HYPO/POLYPROPYLE - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 30 x 3/4"	6		
MONOJECT HYPODERMIC NEEDL - needle (disp) 18 x 1", 27 x 1-1/2", 30 x 3/4"	6		
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	4		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	4		
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"	4		
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"	5		
MONOJECT MAGELLAN SAFETY - needle (disp) 19 x 1", 19 x 1-1/2"	6		
MONOJECT MEDICATION TRANS - hypodermic needles (disposable)	6		
MONOJECT STANDARD HYPODER - needle (disp) 14 x 1-1/2", 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 21 x 2", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1-1/2", 27 x 1/2"	6		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	6		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	6		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	5		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 28 x 1/2"	6		
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"	4		
MONOLET LANCETS - lancets	4		
MONOLET OPD LANCETS - lancets	4		
MONOLETTOR SAFETY LANCETS - lancets	4		
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"	4		
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"	4		
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
MULTI-LANCET DEVICE - lancet devices	4		
MYGLUCOHEALTH BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
MYGLUCOHEALTH MGH SOFTLAN - lancets	4		
NOVA MAX BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
NOVA MAX BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
NOVA SAFETY LANCETS 23G - lancets	4		
NOVA SAFETY LANCETS 28G - lancets	4		
NOVA SUREFLEX LANCETS - lancets	4		
NOVA SUREFLEX LANCING DEV - lancet devices	4		
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
NOVOPEN ECHO - injection device for insulin	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
OMNIFLEX DIAPHRAGM - diaphragms	1		
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	6		QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	6		QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	6		QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	6		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	6		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	6		QL (1 kit/720 days)
ON CALL EXPRESS BLOOD GLU - blood glucose monitoring kit w/ device	6		
ONE DROP BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
ONETOUCH DELICA LANCETS E - lancets	4		
ONETOUCH DELICA LANCETS F - lancets	4		
ONETOUCH DELICA LANCING D - lancet devices	4		
ONETOUCH DELICA PLUS LANC - lancets	4		
ONETOUCH DELICA PLUS LANC - lancet devices	4		
ONETOUCH DELICA SAFETY LA - lancets	4		
ONETOUCH LANCETS - lancets	4		
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	4		
ONETOUCH ULTRASOFT 2 LANC - lancets	4		
ONETOUCH VERIO - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO REFLECT - blood glucose monitoring kit w/ device	4		
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
PEN NEEDLE/5-BEVEL TIP/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	4		
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PENTIPS GENERIC PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
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")	4		
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PERFECT LANCETS 30G - lancets	4		
PERFECT POINT SAFETY LANC - lancets	4		
PERFECT POINT SAFTEY NEED - needle (disp) 25 x 1"	6		
PERFECT PRESSURE ACTIVATE - lancets	4		
PHARMACIST CHOICE AUTOCOD - blood glucose monitoring kit w/ device	6		
PHARMACIST CHOICE MINI BL - blood glucose monitoring devices	6		
PHARMACIST CHOICE SELECT - lancets	4		
PHARMACIST CHOICE ULTRA T - lancets	4		
PHARMACY COUNTER LANCETS - lancets	4		
PIP BLOOD GLUCOSE MONITOR - blood glucose monitoring devices	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PIP LANCETS/28G - lancets	4		
PIP LANCETS/30G - lancets	4		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
POCKETCHEM EZ BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
POGO AUTOMATIC BLOOD GLUC - blood glucose monitoring devices	6		
POLY HUB NEEDLE/18G X 1-1 - needle (disp) 18 x 1-1/2"	6		
POLY HUB NEEDLE/18G X 1" - needle (disp) 18 x 1"	6		
POLY HUB NEEDLE/21G X 1-1 - needle (disp) 21 x 1-1/2"	6		
POLY HUB NEEDLE/21G X 1" - needle (disp) 21 x 1"	6		
POLY HUB NEEDLE/22G X 1-1 - needle (disp) 22 x 1-1/2"	6		
POLY HUB NEEDLE/22G X 1" - needle (disp) 22 x 1"	6		
POLY HUB NEEDLE/23G X 1-1 - needle (disp) 23 x 1-1/2"	6		
POLY HUB NEEDLE/23G X 1" - needle (disp) 23 x 1"	6		
POLY HUB NEEDLE/25G X 1-1 - needle (disp) 25 x 1-1/2"	6		
POLY HUB NEEDLE/25G X 1" - needle (disp) 25 x 1"	6		
POLY HUB NEEDLE/25G X 5/8 - needle (disp) 25 x 5/8"	6		
POLY HUB NEEDLE/27G X 1-1 - needle (disp) 27 x 1-1/4"	6		
POLY HUB NEEDLE/27G X 1/2 - needle (disp) 27 x 1/2"	6		
POLY HUB NEEDLE/30G X 1/2 - needle (disp) 30 x 1/2"	6		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	4		
PRECISION XTRA - blood glucose monitoring kit w/ device	6		
PREFERRED PLUS INSULIN SY - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	4		
PREFERRED PLUS LANCETS CO - lancets	4		
PREFERRED PLUS LANCETS SU - lancets	4		
PREFERRED PLUS LANCETS TH - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	4		
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
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")	4		
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")	4		
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"	4		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
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")	4		
PRO COMFORT SAFETY LANCET - lancets	4		
PRO VOICE V9 BLOOD GLUCOS - blood glucose monitoring devices	6		
PRODIGY AUTOCODE BLOOD GL - blood glucose monitoring devices	6		
PRODIGY AUTOCODE BLOOD GL - blood glucose monitoring kit w/ device	6		
PRODIGY INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	4		
PRODIGY LANCING DEVICE - lancet devices	4		
PRODIGY NO CODING BLOOD G - blood glucose monitoring kit w/ device	6		
PRODIGY POCKET BLOOD GLUC - blood glucose monitoring kit w/ device	6		
PRODIGY PRESSURE ACTIVATE - lancets	4		
PRODIGY SAFETY LANCETS - lancets	4		
PRODIGY TWIST TOP LANCETS - lancets	4		
PRODIGY VOICE BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
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")	4		
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")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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")	4		
PURE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PX ADVANCED LANCING DEVIC - lancet devices	4		
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4		
PX LANCETS MICROTHIN 33G - lancets	4		
PX LANCETS ULTRA THIN - lancets	4		
PX LANCETS ULTRA THIN 28G - lancets	4		
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
QC ADVANCED LANCING DEVIC - lancet devices	4		
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"	4		
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
QC LANCETS SUPER THIN - lancets	4		
QC LANCETS ULTRA THIN - lancets	4		
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
QC UNILET LANCETS 28G/ULT - lancets	4		
QC UNILET LANCETS 33G/MIC - lancets	4		
QUICK TOUCH BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
QUICK TOUCH INSULIN PEN N - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
QUICK TOUCH INSULIN PEN N - 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")	4		
QUICK TOUCH INSULIN PEN N - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
QUICKTEK - blood glucose monitoring kit	6		
QUICKTEK - blood glucose monitoring kit w/ device	6		
QUINTET AC BLOOD GLUCOSE - blood glucose monitoring devices	6		
QUINTET BLOOD GLUCOSE MON - blood glucose monitoring devices	6		
RA E-ZJECT LANCETS THIN 2 - lancets	4		
RA E-ZJECT LANCETS ULTRA - lancets	4		
RA E-ZJECT LANCETS 28G - lancets	4		
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"	4		
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
RAYA SURE PEN NEEDLE 29G - insulin pen needle 29 g x 12 mm (1/2")	4		
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
READYLANCE SAFETY LANCETS - lancets	4		
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2"	4		
REALITY LANCETS - lancets	4		
REALITY LATEX CONDOMS/LUB - condoms latex lubricated	1		
REALITY LATEX/ULTRA TEXTU - condoms latex lubricated	1		
REALITY LATEX/ULTRA THIN - condoms latex lubricated	1		
REALITY TRIGGER LANCETS - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
REFUAH PLUS BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
RELION CONFIRM BLOOD GLUC - blood glucose monitoring kit w/ device	6		
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4		
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	4		
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	4		
RELION LANCETS - lancets	4		
RELION LANCETS MICRO-THIN - lancets	4		
RELION LANCETS THIN 26G - lancets	4		
RELION LANCETS ULTRA-THIN - lancets	4		
RELION LANCING DEVICE - lancet devices	4		
RELION MICRO BLOOD GLUCOS - blood glucose monitoring kit w/ device	6		
RELION MINI PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4		
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
RELION PEN NEEDLES 31GX6M - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
RELION PEN NEEDLES 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
RELION PEN NEEDLES 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
RELION PEN NEEDLES/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
RELION PREMIER BLU BLOOD - blood glucose monitoring devices	6		
RELION PREMIER CLASSIC BL - blood glucose monitoring devices	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
RELION PREMIER COMPACT BL - blood glucose monitoring kit w/ device	6		
RELION PREMIER VOICE BLOO - blood glucose monitoring devices	6		
RELION PRIME BLOOD GLUCOS - blood glucose monitoring devices	6		
RELION SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
RELION THIN LANCETS - lancets	4		
RELION TRUE METRIX AIR BL - blood glucose monitoring kit w/ device	6		
RELION ULTIMA BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
RELION ULTRA THIN LANCETS - lancets	4		
RELION ULTRA THIN PLUS LA - lancets	4		
RELION 2-IN-1 LANCET DEV - lancets	4		
RELION 2-IN-1 LANCING DEV - lancets	4		
REXALL BLOOD GLUCOSE MONI - blood glucose monitoring kit w/ device	6		
REXALL LANCETS ULTRA THIN - lancets	4		
RIGHTEST GD500 LANCING DE - lancet devices	4		
RIGHTEST GL300 LANCETS - lancets	4		
RIGHTEST GM100 BLOOD GLUC - blood glucose monitoring kit w/ device	6		
RIGHTEST GM300 BLOOD GLUC - blood glucose monitoring kit w/ device	6		
RIGHTEST GM550 BLOOD GLUC - blood glucose monitoring kit w/ device	6		
RIGHTEST GT333 BLOOD GLUC - blood glucose monitoring devices	6		
SAFETY LANCETS - lancets	4		
SAFETY LANCETS 21G - lancets	4		
SAFETY LANCETS 23G - lancets	4		
SAFETY LANCETS 28G - lancets	4		
SAFETY LANCETS/PRESSURE A - lancets	4		
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
SAPS HEALTH CARE TWIST TO - lancets	4		
SAPS HEALTH PLUS TWIST TO - lancets	4		
SAPS HEALTH TWIST TOP LAN - lancets	4		
SAPSCARE TWIST TOP LANCET - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
SB LANCETS THIN - lancets	4		
SB LANCETS ULTRA THIN - lancets	4		
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
SECURESAFE SAFETY HYPODER - needle (disp) 19 x 1", 19 x 1-1/2", 21 x 1-1/2", 22 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2"	6		
SECURESAFE SAFETY INSULIN - insulin syringe/ needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
SELECT-LITE LANCING DEVIC - lancet devices	4		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	4		
SINGLE-LET - lancets	4		
SM MICRO THIN LANCETS 33G - lancets	4		
SM TRUEDRAW LANCING DEVIC - lancet devices	4		
SMART DIABETES VANTAGE LA - lancet devices	4		
SMART SENSE COLOR LANCETS - lancets	4		
SMART SENSE PREMIUM BLOOD - blood glucose monitoring kit w/ device	6		
SMART SENSE STANDARD LANC - lancets	4		
SMART SENSE SUPER THIN LA - lancets	4		
SMART SENSE THIN LANCETS - lancets	4		
SMART SENSE VALUE BLOOD - blood glucose monitoring kit w/ device	6		
SMARTEST EJECT BLOOD GLUC - blood glucose monitoring devices	6		
SMARTEST EJECT STARTER KI - blood glucose monitoring kit w/ device	6		
SMARTEST LANCETS 28G - lancets	4		
SMARTEST PERSONA STARTER - blood glucose monitoring kit w/ device	6		
SMARTEST PRONTO STARTER - blood glucose monitoring kit w/ device	6		
SMARTEST PROTEGE BLOOD GL - blood glucose monitoring devices	6		
SMARTEST PROTEGE STARTER - blood glucose monitoring kit w/ device	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SOLUS V2 AUDIBLE BLOOD GL - blood glucose monitoring devices	6		
SOLUS V2 AUDIBLE BLOOD GL - blood glucose monitoring kit w/ device	6		
SOLUS V2 LANCING DEVICE - lancet devices	4		
SOLUS V2 PRESSURE ACTIVAT - lancets	4		
SOLUS V2 TWIST LANCETS 30 - lancets	4		
STERILANCE TL - lancets	4		
SUPER THIN LANCETS - lancets	4		
SUPREME II CONFIDENCE PAD - blood glucose monitoring misc.	6		
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
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"	4		
SURE COMFORT LANCETS 18G - lancets	4		
SURE COMFORT LANCETS 21G - lancets	4		
SURE COMFORT LANCETS 23G - lancets	4		
SURE COMFORT LANCETS 28G - lancets	4		
SURE COMFORT LANCETS 30G - lancets	4		
SURE COMFORT LANCING PEN - lancet devices	4		
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	4		
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
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")	4		
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")	4		
SURELITE LANCETS - lancets	4		
TECHLITE AST LANCETS - lancets	4		
TECHLITE INSULIN SYRINGE - 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 30 x 1/2", u-100 1 ml 31 x 5/16", u-100	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"			
TECHLITE LANCETS - lancets	4		
TECHLITE LANCETS 26G - lancets	4		
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 12 mm (1/2")	4		
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
TECHLITE PLUS PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TEMPO REFILL - blood glucose monitoring kit	6		
TEMPO SMART BUTTON - blood glucose monitoring misc.	6		
TEMPO WELCOME - blood glucose monitoring kit w/ device	6		
TGT ADVANCED LANCING DEVI - lancet devices	4		
TGT BLOOD GLUCOSE MONITOR - blood glucose monitoring kit w/ device	6		
TGT LANCET ALTERNATE SITE - lancets	4		
TGT LANCET MICRO THIN 33G - lancets	4		
TGT LANCET SUPER THIN 30G - lancets	4		
TGT LANCET THIN 23G - lancets	4		
TGT LANCET THIN 26G - lancets	4		
TGT LANCET ULTRA THIN 28G - lancets	4		
TGT LANCET ULTRA THIN 30G - lancets	4		
TGT LANCING DEVICE - lancet devices	4		
TODAYS HEALTH ADVANCED LA - lancet devices	4		
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	4		
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
TODAYS HEALTH SUPER THIN - lancets	4		
TODAYS HEALTH ULTRA THIN - lancets	4		
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TOPCARE LANCETS MICRO-THI - lancets	4		
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",	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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"			
TRACER II 3 VOLT BATTERY - blood glucose monitoring misc.	6		
TRAVEL LANCETS ADVANCED 2 - lancets	4		
TROJAN ENZ - condoms latex non-lubricated	1		
TROJAN MAGNUM - condoms latex lubricated	1		
TROJAN ULTRA RIBBED/LUBRI - condoms latex lubricated	1		
TROJAN ULTRA THIN LUBRICA - condoms latex lubricated	1		
TROJAN ULTRA THIN/SPERMIC - condoms latex lubricated	1		
TROJAN-ENZ LUBRICATED - condoms latex lubricated	1		
TROJAN-ENZ W/SPERMICIDAL - condoms latex lubricated	1		
TRUE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 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"	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT SAFETY INSUL - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT SAFETY LANCE - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT TWIST TOP LA - lancets	4		
TRUE COVER - condoms latex lubricated	1		
TRUE FOCUS BLOOD GLUCOSE - blood glucose monitoring devices	6		
TRUE METRIX AIR BLOOD GLU - blood glucose monitoring devices	6		
TRUE METRIX AIR BLOOD GLU - blood glucose monitoring kit w/ device	6		
TRUE METRIX AIR W/BLUETOO - blood glucose monitoring kit w/ device	6		
TRUE METRIX BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
TRUE METRIX GO BLOOD GLUC - blood glucose monitoring kit w/ device	6		
TRUEDRAW LANCING DEVICE - lancet devices	4		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
TRUEPLUS LANCETS 26G - lancets	4		
TRUEPLUS LANCETS 28G - lancets	4		
TRUEPLUS LANCETS 28G SUPE - lancets	4		
TRUEPLUS LANCETS 30G - lancets	4		
TRUEPLUS LANCETS 30G ULTR - lancets	4		
TRUEPLUS LANCETS 33G - lancets	4		
TRUEPLUS LANCETS 33G MICR - lancets	4		
TRUEPLUS SAFETY LANCETS 2 - lancets	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUERESULT BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
TRUETRACK BLOOD GLUCOSE M - blood glucose monitoring devices	6		
TRUETRACK BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
TRUETRACK SMART SYSTEM - blood glucose monitoring kit w/ device	6		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	1		
TRUSTEX LUBRICATED - condoms latex lubricated	1		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	1		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	1		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	1		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	1		
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	1		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	1		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non-lubricated	1		
TWIIST REFILL KIT - insulin infusion pump supplies	4		QL (15 kits/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion pump supplies	4		QL (1 kit/720 days)
TWIIST STARTER KIT - insulin infusion pump - kit	4		QL (1 kit/720 days)
TWIST TOP LANCETS 30G - lancets	4		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	4		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
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"	4		
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	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

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

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

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

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

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

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PROTECT SAFETY PE - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
UNIFINE PROTECT SAFETY PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE SAFECONTROL PEN N - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
UNIFINE SAFECONTROL PEN N - 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")	4		
UNIFINE SAFECONTROL PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
UNILET COMFORTOUCH LANCET - lancets	4		
UNILET EXCELITE - lancets	4		
UNILET EXCELITE II - lancets	4		
UNILET G.P. LANCET - lancets	4		
UNILET G.P. SUPERLITE LAN - lancets	4		
UNILET GP 28 ULTRA THIN - lancets	4		
UNILET LANCET - lancets	4		
UNILET LANCETS MICRO-THIN - lancets	4		
UNILET LANCETS SUPER-THIN - lancets	4		
UNILET LANCETS ULTRA-THIN - lancets	4		
UNILET SUPERLITE LANCET - lancets	4		
UNISTIK CZT COMFORT - lancets	4		
UNISTIK CZT NORMAL - lancets	4		
UNISTIK NORMAL - lancets	4		
UNISTIK PRO SAFETY LANCET - lancets	4		
UNISTIK SAFETY LANCETS 28 - lancets	4		
UNISTIK SAFETY LANCETS 30 - lancets	4		
UNISTIK TOUCH SAFETY LANC - lancets	4		
UNISTIK 1 - lancets	4		
UNISTIK 2 - lancets	4		
UNISTIK 2 COMFORT - lancets	4		
UNISTIK 2 EXTRA - lancets	4		
UNISTIK 2 NEONATAL - lancets	4		
UNISTIK 2 NORMAL - lancets	4		
UNISTIK 2 SUPER - lancets	4		
UNISTIK 3 - lancets	4		
UNISTIK 3 COMFORT - lancets	4		
UNISTIK 3 EXTRA - lancets	4		
UNISTIK 3 GENTLE - lancets	4		
UNISTIK 3 NEONATAL - lancets	4		
UNISTIK 3 NORMAL - lancets	4		
UNIVERSAL 1 LANCETS THIN - lancets	4		
UNIVERSAL 1 LANCETS ULTRA - lancets	4		
UNIVERSAL 1 LANCETS/33G/M - lancets	4		
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	6		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	6		QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	6		QL (30 systems/30 days)

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
VALUE PLUS LANCETS STANDA - lancets	4		
VALUE PLUS LANCETS SUPER - lancets	4		
VALUE PLUS LANCETS THIN 2 - lancets	4		
VALUE PLUS LANCING DEVICE - lancet devices	4		
VALUMARK LANCET SUPER THI - lancets	4		
VALUMARK LANCET ULTRA THI - lancets	4		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	4		
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	5		
VERASENS BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
VERASENS BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	4		
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
VERIFINE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
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")	4		
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VERIFINE SAFETY LANCET MI - lancets	4		
VERIFINE UNIVERSAL LANCET - lancets	4		
VIVAGUARD INO BLOOD GLUCO - blood glucose monitoring devices	6		
VIVAGUARD INO BLOOD GLUCO - blood glucose monitoring kit	6		
VIVAGUARD INO SMART BLOOD - blood glucose monitoring devices	6		
VIVAGUARD LANCETS - lancets	4		
VIVAGUARD LANCETS 30G - lancets	4		
VIVAGUARD LANCING DEVICE - lancet devices	4		
VIVAGUARD SAFETY LANCETS - lancets	4		
VIVAGUARD SAFETY LANCETS/ - lancets	4		
VP INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
WALGREENS COMFORT ASSURED - lancets	4		
WALGREENS LANCETS - lancets	4		
WALGREENS THIN LANCETS - lancets	4		
WALGREENS ULTRA THIN LANC - lancets	4		
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")	4		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	1		
YALE NEEDLES 21G X 1-1/4" - needle (disp) 21 x 1-1/4"	6		
ZEV RX 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"	4		
ZEV RX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	4		
ZEV RX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ZEV RX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
ZEV RX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ZEV RX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ZEV RX TWIST TOP LANCETS 3 - lancets	4		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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"	5		
1ST CHOICE LANCETS SUPER - lancets	4		
1ST CHOICE LANCETS THIN - lancets	4		
1ST CHOICE LANCETS ULTRA - lancets	4		
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
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")	4		
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ASSORTED CLASSES			
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	6		
azathioprine tab 50 mg (Imuran)	3		
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	7	SP	LD, PA, QL (4 pens/28 days), SP
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	7	SP	LD, PA, QL (4 syringes/28 days), SP
CELLCEPT - mycophenolate mofetil cap 250 mg	6		
CELLCEPT - mycophenolate mofetil tab 500 mg	6		
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	6		
cyclosporine cap 25 mg, 100 mg (Sandimmune)	3		
cyclosporine modified cap 25 mg, 100 mg (Neoral)	3		
cyclosporine modified cap 50 mg	3		
cyclosporine modified oral soln 100 mg/ml (Neoral)	3		
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	7	SP	LD, PA, QL (1 syringe/28 days), SP
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	6		
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	3		
IMURAN - azathioprine tab 50 mg	6		
irrigation solution, physiological	3		
JOENJA - leniolisib phosphate tab 70 mg	7	SP	LD, PA, QL (60 tablets/30 days), SP
lactated ringer's for irrigation	3		
lenalidomide caps 2.5 mg (Revlimid)	7	SP	PA, QL (30 capsules/30 days), SP

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	7	SP	PA, QL (30 capsules/30 days), SP
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	5		
LUPKYNIS - voclosporin cap 7.9 mg	7	SP	LD, PA, QL (180 capsules/30 days), SP
mycophenolate mofetil cap 250 mg (Cellcept)	3		
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	3		
mycophenolate mofetil tab 500 mg (Cellcept)	3		
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	3		
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	6		
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5		
NEORAL - cyclosporine modified cap 25 mg, 100 mg	6		
NEORAL - cyclosporine modified oral soln 100 mg/ml	6		
penicillamine tab 250 mg (Depen titratabs)	7	SP	PA, SP
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	6		
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	6		
REVLIMID - lenalidomide caps 2.5 mg	7	SP	LD, PA, QL (30 capsules/30 days), SP
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	7	SP	LD, PA, QL (30 capsules/30 days), SP
REZUROCK - belumosudil mesylate tab 200 mg	7	SP	LD, PA, QL (30 tablets/30 days), SP
ringer's solution for irrigation	3		
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	6		
sirolimus oral soln 1 mg/ml (Rapamune)	3		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	3		
sodium polystyrene sulfonate powder	3		
sodium polystyrene sulfonate susp 15 gm/60ml	3		
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	5		
SYPRINE - trientine hcl cap 250 mg	7	SP	PA, SP
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	3		
THALOMID - thalidomide cap 50 mg	7	SP	LD, PA, QL (90 capsules/30 days), SP
THALOMID - thalidomide cap 100 mg	7	SP	LD, PA, QL (120 capsules/30 days), SP
trientine hcl cap 250 mg (Syprine)	7	SP	PA, SP

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRIENTINE HYDROCHLORIDE - trientine hcl cap 500 mg	7	SP	PA, SP
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)	5		
VIJOICE - alpelisib (pros) oral granules packet 50 mg	7	SP	PA, QL (28 packets/28 days), SP
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose	7	SP	PA, QL (28 tablets/28 day), SP
VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily dose	7	SP	PA, QL (28 tablets/28 days), SP
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	7	SP	PA, QL (56 tablets/28 days), SP
water for irrigation, sterile irrigation soln	3		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	7	SP	LD, PA, SP
ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	6		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

INDEX	
A	
abacavir sulfate-lamivudine tab 600-300 mg.....	5
abacavir sulfate soln 20 mg/ml (base equiv).....	5
abacavir sulfate tab 300 mg (base equiv).....	5
ABILIFY ASIMTUFII.....	67
ABILIFY MAINTENA.....	67
abiraterone acetate tab 250 mg.....	17
abiraterone acetate tab 500 mg.....	17
ABRYSVO.....	12
acamprosate calcium tab delayed release 333 mg.....	73
acarbose tab 25 mg, 50 mg, 100 mg.....	31
ACCOLATE.....	52
ACCU-CHEK AVIVA PLUS.....	114
ACCU-CHEK COMPACT STRIPS.....	114
ACCU-CHEK COMPACT TEST DR.....	114
ACCU-CHEK FASTCLIX LANCET.....	121
ACCU-CHEK GUIDE.....	114
ACCU-CHEK GUIDE ME.....	121
ACCU-CHEK GUIDE TEST STRI.....	114
ACCU-CHEK SAFE-T-PRO LANC.....	121
ACCU-CHEK SMARTVIEW STRIP.....	114
ACCU-CHEK SOFTCLIX LANCET.....	122
ACCURETIC.....	44
ACCUTREND GLUCOSE.....	114
acebutolol hcl cap 200 mg, 400 mg.....	41
ACETAMINOPHEN/CODEINE.....	77
acetaminophen w/ codeine tab 300-15 mg.....	77
acetaminophen w/ codeine tab 300-30 mg.....	77
acetaminophen w/ codeine tab 300-60 mg.....	77
acetazolamide cap er 12hr 500 mg.....	47
acetazolamide tab 125 mg, 250 mg.....	47
acetic acid irrigation soln 0.25%.....	63
acetic acid otic soln 2%.....	105
acetylcysteine inhal soln 10%, 20%.....	52
acitretin cap 17.5 mg.....	107
acitretin cap 10 mg, 25 mg.....	107
ACTHAR.....	37
ACTHAR GEL.....	37
ACTHIB.....	12
ACTI-LANCE LANCETS 28G.....	122
ACTI-LANCE LITE SAFETY LA.....	122
ACTI-LANCE SPECIAL SAFETY.....	122
ACTI-LANCE UNIVERSAL SAFE.....	122
ACTIMMUNE.....	17
ACULAR.....	101
ACULAR LS.....	101
acyclovir cap 200 mg.....	5
acyclovir oint 5%.....	107
acyclovir susp 200 mg/5ml.....	5
acyclovir tab 400 mg, 800 mg.....	5
ADACEL.....	15
ADALIMUMAB-AATY 1-PEN KIT.....	80
ADALIMUMAB-AATY 2-PEN KIT.....	80
ADALIMUMAB-AATY 2-SYRINGE.....	80
ADALIMUMAB-ADAZ.....	80
adapalene gel 0.1%.....	107
ADBRY.....	107
ADDERALL.....	71
ADDERALL XR.....	71
adefovir dipivoxil tab 10 mg.....	5
ADEMPAS.....	50
ADJUSTABLE LANCING DEVICE.....	122
ADTHYZA.....	36
ADVAIR HFA.....	52
ADVANCED MOBILE LANCET 30.....	122
ADVANCE INTUITION BLOOD G.....	122
ADVANCE INTUITION TEST ST.....	114
ADVANCE MICRO-DRAW METER.....	122
ADVANCE MICRO-DRAW TEST S.....	114
ADVATE.....	97
ADVOCATE BLOOD GLUCOSE MO.....	122
ADVOCATE INSULIN PEN NEED.....	122
ADVOCATE INSULIN SYRINGE/.....	122
ADVOCATE LANCETS.....	122
ADVOCATE LANCETS 30G.....	122
ADVOCATE LANCING DEVICE.....	122
ADVOCATE RAPID-SAFE LANCI.....	122
ADVOCATE REDI-CODE.....	114
ADVOCATE REDI-CODE/TALKIN.....	122
ADVOCATE REDI-CODE+ BLOOD.....	122
ADVOCATE REDI-CODE+ TEST.....	114
ADVOCATE SAFETY LANCETS 2.....	122
ADVOCATE TEST STRIPS.....	114
ADYNOVATE.....	97
AFINITOR.....	17
AFINITOR DISPERZ.....	17
AF LANCETS SUPER THIN.....	123
AFLURIA 2024-2025.....	12
AFREZZA.....	34
AFSTYLA.....	98
AFTERTEST TOPICAL PAIN RE.....	107
AGAMATRIX AMP NO CODE TES.....	114
AGAMATRIX JAZZ TEST STRIP.....	114
AGAMATRIX JAZZ WIRELESS 2.....	123
AGAMATRIX PRESTO.....	123
AGAMATRIX PRESTO TEST STR.....	114
AGAMATRIX ULTRA-THIN LANC.....	123
AGAMREE.....	26
AGRYLIN.....	98
AIMOVIG.....	83
AIMSCO LUBRICATED.....	123
AIMSCO TWIST LANCETS 32G.....	123

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

AIMSCO TWIST LANCETS 33G.....	123	amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg.....	44
AIRSUPRA.....	52	amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg.....	44
AJOVY.....	83	amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....	44
AKEEGA.....	17	amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	42
AKTEN.....	101	amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....	44
AKYNZEO.....	58	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.....	44
albendazole tab 200 mg.....	10	amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg.....	65
ALBUTEROL SULFATE.....	53	AMOXICILLIN.....	1
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	53	AMOXICILLIN/CLAVULANATE P.....	1
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	53	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....	1
albuterol sulfate syrup 2 mg/5ml.....	53	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	1
albuterol sulfate tab 2 mg, 4 mg.....	53	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml.....	1
ALCLOMETASONE DIPROPIONAT.....	107	amoxicillin & k clavulanate tab 500-125 mg.....	1
alclometasone dipropionate cream 0.05%.....	107	amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg.....	1
ALECENSA.....	17	amoxicillin (trihydrate) cap 250 mg, 500 mg.....	1
ALENDRONATE SODIUM.....	37	amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....	1
alendronate sodium oral soln 70 mg/75ml.....	37	amoxicillin (trihydrate) tab 500 mg, 875 mg.....	1
alendronate sodium tab 70 mg.....	37	amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg.....	71
alendronate sodium tab 10 mg, 35 mg.....	37	amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg.....	71
alfuzosin hcl tab er 24hr 10 mg.....	63	amphetamine-dextroamphetamine tab 20 mg.....	71
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent).....	44	amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....	71
allopurinol tab 100 mg, 300 mg.....	84	ampicillin cap 500 mg.....	1
almotriptan malate tab 6.25 mg, 12.5 mg.....	83	anagrelide hcl cap 0.5 mg.....	98
ALOCRI.....	101	anagrelide hcl cap 1 mg.....	98
ALORA.....	28	ANALPRAM-HC.....	106
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv).....	59	ANALPRAM HC.....	106
ALPHAGAN P.....	101	ANAPROX DS.....	80
ALPHANATE.....	98	anastrozole tab 1 mg.....	17
ALPHANINE SD.....	98	ANCOBON.....	4
ALPRAZOLAM INTENSOL.....	64	ANGELIQ.....	28
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	64	ANORO ELLIPTA.....	53
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg.....	64	ANUSOL-HC.....	106
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	64	ANZEMET.....	58
ALPROLIX.....	98	APOKYN.....	89
ALTUVIIIIO.....	98	apomorphine hcl soln cartridge 30 mg/3ml.....	89
ALUNBRIG.....	17	APRACLONIDINE.....	101
amantadine hcl cap 100 mg.....	89	aprepitant capsule 40 mg.....	58
amantadine hcl soln 50 mg/5ml.....	89	aprepitant capsule 80 mg.....	58
amantadine hcl tab 100 mg.....	89		
ambrisentan tab 5 mg, 10 mg.....	50		
AMILORIDE/HYDROCHLOROTHIA.....	47		
amiloride hcl tab 5 mg.....	47		
aminocaproic acid oral soln 0.25 gm/ml.....	97		
aminocaproic acid tab 500 mg, 1000 mg.....	97		
amiodarone hcl tab 100 mg, 200 mg, 400 mg.....	43		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	65		

KEY | PA = Prior Authorization
 | LD = Limited Distribution
 | SP = Specialty

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

aprepitant capsule 125 mg	58	ASSURE 3 TEST STRIPS.....	114
aprepitant capsule therapy pack 80 & 125 mg	58	ASSURE 4 TEST STRIPS.....	115
APTIOM.....	84	ASTAGRAF XL.....	181
APTIVUS.....	5	ATABEX OB.....	92
AQINJECT PEN NEEDLE/31G X.....	123	atazanavir sulfate cap 200 mg (base equiv)	5
AQINJECT PEN NEEDLE/32G X.....	123	atazanavir sulfate cap 150 mg (base equiv), 300 mg	
AQ INSULIN SYRINGE/0.5ML/.....	123	(base equiv)	5
AQ INSULIN SYRINGE/1ML/29.....	123	atenolol & chlorthalidone tab 50-25 mg	44
AQ INSULIN SYRINGE/1ML/31.....	123	atenolol & chlorthalidone tab 100-25 mg	44
ARAKODA.....	10	atenolol tab 25 mg, 50 mg, 100 mg	42
ARANESP ALBUMIN FREE.....	95	AT LAST BLOOD GLUCOSE SYS.....	123
ARCALYST.....	80	AT LAST LANCETS.....	123
AREXVY.....	12	AT LAST TEST STRIPS.....	115
arformoterol tartrate soln nebu 15 mcg/2ml (base		atomoxetine hcl cap 60 mg (base equiv), 80 mg (base	
equiv)	53	equiv), 100 mg (base equiv)	71
ARIKAYCE.....	3	atomoxetine hcl cap 10 mg (base equiv), 18 mg (base	
aripiprazole orally disintegrating tab 10 mg, 15 mg	67	equiv), 25 mg (base equiv), 40 mg (base equiv)	71
aripiprazole oral solution 1 mg/ml	67	atorvastatin calcium tab 80 mg (base equivalent)	48
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30		atorvastatin calcium tab 10 mg (base equivalent), 20	
mg	67	mg (base equivalent), 40 mg (base equivalent)	48
ARISTADA.....	67	atovaquone-proguanil hcl tab 62.5-25 mg, 250-100	
ARISTADA INITIO.....	67	mg	10
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	71	atovaquone susp 750 mg/5ml	10
ARMOUR THYROID.....	36	ATROPINE SULFATE.....	101
ARNUITY ELLIPTA.....	53	atropine sulfate ophth soln 1%	101
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg		ATROVENT HFA.....	53
(base equiv), 10 mg (base equiv)	67	AUBAGIO.....	73
ASMANEX HFA.....	53	AUGMENTIN.....	1
ASMANEX TWISTHALER 120 ME.....	53	AUGMENTIN ES-600.....	1
ASMANEX TWISTHALER 30 MET.....	53	AUGTYRO.....	17
ASMANEX TWISTHALER 60 MET.....	53	AUM INSULIN SAFETY PEN NE.....	124
aspirin chew tab 81 mg	77	AUM MINI INSULIN PEN NEED.....	124
aspirin-dipyridamole cap er 12hr 25-200 mg	98	AUM PEN NEEDLE/32GX4MM.....	124
aspirin tab delayed release 81 mg	77	AUM PEN NEEDLE/32GX5MM.....	124
ASSURE 4 BLOOD GLUCOSE ME.....	123	AUM PEN NEEDLE/32GX6MM.....	124
ASSURE COMFORT LANCETS UL.....	123	AUM PEN NEEDLE/33GX4MM.....	124
ASSURE ID DUO PRO SAFETY.....	123	AUM PEN NEEDLE/33GX5MM.....	124
ASSURE ID PRO SAFETY PEN.....	123	AUM PEN NEEDLE/33GX6MM.....	124
ASSURE ID SAFETY PEN NEED.....	123	AUM READYGARD DUO SAFETY.....	124
ASSURE II.....	114	AUM SAFETY PEN NEEDLE/31.....	124
ASSURE II CHECK STRIP.....	114	AURANOFIN.....	80
ASSURE II TEST STRIPS.....	114	AURORA LANCET SUPER THIN.....	124
ASSURE LANCE LANCETS.....	123	AURORA LANCET THIN 23G.....	124
ASSURE LANCE LANCETS 21G.....	123	AURORA PEN NEEDLES 29GX12.....	124
ASSURE LANCE PLUS SAFETY.....	123	AURORA PEN NEEDLES 31G X.....	124
ASSURE LANCE SAFETY LANCE.....	123	AUSTEDO.....	73
ASSURE 3 METER.....	123	AUSTEDO XR.....	73
ASSURE PLATINUM BLOOD GLU.....	123	AUSTEDO XR PATIENT TITRAT.....	73
ASSURE PLATINUM TEST STRI.....	114	AUTO-LANCET.....	124
ASSURE PRISM MULTI BLOOD.....	123	AUTO-LANCET MINI.....	124
ASSURE PRISM MULTI TEST S.....	114	AUTOLET IMPRESSION LANCIN.....	124
ASSURE PRO BLOOD GLUCOSE.....	123	AUTOLET LANCING DEVICE.....	124
ASSURE PRO TEST STRIPS.....	114	AUTOLET LITE LANCING DEVI.....	124

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

AUTOLET MINI.....	124	BD ECLIPSE NEEDLE 25GX1".....	125
AUTOLET PLUS.....	124	BD HYPODERMIC NEEDLE REGU.....	125
AUTOPEN.....	124	BD HYPODERMIC NEEDLES 16G.....	125
AUVI-Q.....	48	BD HYPODERMIC NEEDLES 18G.....	125
AVONEX.....	73	BD HYPODERMIC NEEDLES 19G.....	126
AVONEX PEN.....	73	BD HYPODERMIC NEEDLES 21G.....	126
AYVAKIT.....	17	BD HYPODERMIC NEEDLES 22G.....	126
azathioprine tab 50 mg.....	181	BD HYPODERMIC NEEDLES 23G.....	126
azelaic acid gel 15%.....	107	BD HYPODERMIC NEEDLES 25G.....	126
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	52	BD HYPODERMIC NEEDLES 26G.....	126
azelastine hcl ophth soln 0.05%.....	101	BD INSULIN SYRINGE/0.3ML/.....	126
azithromycin for susp 100 mg/5ml, 200 mg/5ml.....	2	BD INSULIN SYRINGE/0.5ML/.....	126
azithromycin tab 600 mg.....	2	BD INSULIN SYRINGE/1ML/27.....	126
azithromycin tab 250 mg, 500 mg.....	2	BD INSULIN SYRINGE/1ML/29.....	126
AZSTARYS.....	71	BD INSULIN SYRINGE/U-100/.....	126
AZULFIDINE.....	59	BD INSULIN SYRINGE/U-500/.....	126
AZULFIDINE EN-TABS.....	59	BD INSULIN SYRINGE LUER-L.....	126
B			
BACITRACIN.....	101	B-D INSULIN SYRINGE MICRO.....	124
bacitracin-polymyxin b ophth oint.....	101	BD INSULIN SYRINGE MICROF.....	126
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	101	BD INSULIN SYRINGE SAFETY.....	126
baclofen susp 25 mg/5ml.....	91	B-D INSULIN SYRINGE ULTRA.....	124
baclofen tab 10 mg, 20 mg.....	91	BD INSULIN SYRINGE ULTRA.....	126
BACTRIM.....	10	BD INSULIN SYRINGE ULTRA.....	126
BACTRIM DS.....	10	BD INSULIN SYRINGE ULTRAF.....	126
balsalazide disodium cap 750 mg.....	59	BD INTEGRA RETRACTABLE NE.....	127
BALVERSA.....	17	BD LATITUDE DIABETES MANA.....	127
BANZEL.....	84	BD LO-DOSE INSULIN SYRIN.....	125
BAQSIMI ONE PACK.....	31	BD LOGIC BLOOD GLUCOSE MO.....	127
BAQSIMI TWO PACK.....	31	BD MAGNI-GUIDE MAGNIFIER.....	127
BARACLUDE.....	5	BD MICROTAINER LANCETS.....	127
BASAGLAR KWIKPEN.....	36	BD 1ML ALLERGY SYRINGE SA.....	128
BASAGLAR TEMPO PEN.....	36	BD 1ML SLIP TIP SYRINGE 2.....	128
BAXDELA.....	3	BD 1ML TUBERCULIN SYRINGE.....	128
BD 1/2ML TUBERCULIN SYRIN.....	128	BD NEEDLE/18G 1-1/2".....	127
BD ALLERGY/SYRINGE/NEEDLE.....	125	BD NEEDLE/21G 1-1/2".....	127
BD ALLERGY SYRINGE/NEEDLE.....	125	BD NEEDLE/16G X 1-1/2".....	127
BD ALLERGY SYRINGE 0.5ML/.....	125	BD NEEDLE/20G X 1-1/2".....	127
BD ALLERGY SYRINGE 1ML/27.....	125	BD NEEDLE/22G X 1-1/2".....	127
BD BLUNT FILL NEEDLE/FILT.....	125	BD NEEDLE/25G X 5/8".....	127
BD BLUNT FILL NEEDLE/18G.....	125	BD NEEDLE/25G X 7/8".....	127
BD DISPOSABLE NEEDLE 23GX.....	125	BD NEEDLE/27G X 1/2".....	127
BD DISPOSABLE NEEDLE REGU.....	125	BD NEEDLE/30G X 1/2".....	127
BD ECLIPSE 18G X 1-1/2".....	125	BD NEEDLE/19G X 1".....	127
BD ECLIPSE 23G X 1" NEEDL.....	125	BD NEEDLE/20G X 1".....	127
BD ECLIPSE NEEDLE/18G X 1.....	125	BD NEEDLE 30G X 1".....	127
BD ECLIPSE NEEDLE/23G X 1.....	125	BD NEEDLE SAFETYGLIDE/27G.....	127
BD ECLIPSE NEEDLE/25G X.....	125	BD NOKOR NEEDLE ADMIX THI.....	127
BD ECLIPSE NEEDLE/LUER-LO.....	125	BD NOKOR VENTED NEEDLE 18.....	127
BD ECLIPSE NEEDLE 21G X 1.....	125	BD PEN.....	127
BD ECLIPSE NEEDLE 25G X 1.....	125	BD PEN MINI.....	127
BD ECLIPSE NEEDLE 27G X 1.....	125	BD PEN NEEDLE/MICRO/ULTRA.....	127
		BD PEN NEEDLE/MINI/ULTRA.....	127
		BD PEN NEEDLE/NANO/ULTRA.....	127

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

BD PEN NEEDLE/NANO 2ND GE.....	127	betamethasone valerate lotion 0.1% (base equivalent).....	107
BD PEN NEEDLE/ORIGINAL/UL.....	127	betamethasone valerate oint 0.1% (base equivalent).....	107
BD PEN NEEDLE/SHORT/ULTRA.....	127	BETASERON.....	73
BD PLASTIPAK SYRINGES ALL.....	128	BETAXOLOL HCL.....	102
BD PRECISIONGLIDE 23GX1-1.....	128	betaxolol hcl tab 10 mg, 20 mg.....	42
BD PRECISIONGLIDE NEEDLE.....	128	bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg.....	61
BD SAFETYGLIDE 21G X 1-1/.....	128	BETHKIS.....	3
BD SAFETYGLIDE 21G X 1".....	128	BEVESPI AEROSPHERE.....	53
BD SAFETYGLIDE HYPODERMIC.....	128	bexarotene cap 75 mg.....	17
BD SAFETYGLIDE INJECTION.....	128	bexarotene gel 1%.....	107
BD SAFETY-GLIDE INSULIN S.....	128	BEXSERO.....	12
BD SAFETYGLIDE INSULIN SY.....	128	BEYAZ.....	29
BD SAFETYGLIDE NEEDLE/SHI.....	128	bicalutamide tab 50 mg.....	17
BD SAFETYGLIDE NEEDLE 25G.....	128	BIDIL.....	50
BD SAFETYGLIDE SHIELDED N.....	128	BIGFOOT UNITY PROGRAM KIT.....	129
BD TB SYRINGE/NEEDLE/1ML/.....	128	BIJUVA.....	28
BD TUBERCULIN SYRINGE/NEE.....	128	BIKTARVY.....	5
BD TUBERCULIN SYRINGE/SAF.....	128	BILTRICIDE.....	10
BD VEO INSULIN SYRINGE UL.....	128	bimatoprost ophth soln 0.03%.....	102
BELBUCA.....	77	BINOSTO.....	37
BELSOMRA.....	70	BIOTEL CARE BLOOD GLUCOSE.....	115
benazepril & hydrochlorothiazide tab 5-6.25 mg.....	44	BIOTEL CARE CONNECTED BLO.....	129
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	44	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg.....	44
benazepril hcl tab 5 mg.....	44	bisoprolol fumarate tab 5 mg, 10 mg.....	42
benazepril hcl tab 10 mg, 20 mg, 40 mg.....	44	BLOOD GLUCOSE MONITORING.....	129
BENEFIX.....	98	BLOOD GLUCOSE SYSTEM PAK.....	129
BENLYSTA.....	181	BLOOD GLUCOSE TEST STRIPS.....	115
BENZAMYCIN.....	107	BLULINK BLOOD GLUCOSE MON.....	129
BENZNIDAZOLE.....	10	BLULINK GLUCOSE TEST STRI.....	115
benzonatate cap 100 mg.....	52	BONJESTA.....	58
benzonatate cap 200 mg.....	52	BOOSTRIX.....	15
benzoyl peroxide-erythromycin gel 5-3%.....	107	bosentan tab 62.5 mg, 125 mg.....	50
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....	89	BOSULIF.....	17
bepotastine besilate ophth soln 1.5%.....	101	BRAFTOVI.....	17
BEPREVE.....	101	BREO ELLIPTA.....	53
BERINERT.....	98	BREZTRI AEROSPHERE.....	53
BESIVANCE.....	101	BRILINTA.....	98
BESREMI.....	17	brimonidine tartrate gel 0.33% (base equivalent).....	107
BETADINE OPHTHALMIC PREP.....	102	brimonidine tartrate ophth soln 0.15%.....	102
betaine powder for oral solution.....	37	brimonidine tartrate ophth soln 0.2%.....	102
BETAMETHASONE DIPROPIONAT.....	107	brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....	102
betamethasone dipropionate augmented cream 0.05%.....	107	BRIVIACT.....	84
betamethasone dipropionate augmented lotion 0.05%.....	107	BRIXADI.....	77
betamethasone dipropionate augmented oint 0.05%.....	107	bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....	102
betamethasone dipropionate cream 0.05%.....	107	bromocriptine mesylate cap 5 mg (base equivalent).....	89
betamethasone dipropionate lotion 0.05%.....	107		
betamethasone dipropionate oint 0.05%.....	107		
betamethasone valerate cream 0.1% (base equivalent).....	107		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

bromocriptine mesylate tab 2.5 mg (base equivalent).....	90	CABLIVI.....	98
BRONCHITOL.....	55	CABOMETYX.....	18
BRONCHITOL TOLERANCE TEST.....	55	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	71
BROVANA.....	53	CALCIPOTRIENE.....	108
BRUKINSA.....	17	calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....	108
budesonide delayed release particles cap 3 mg.....	26	calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....	108
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act.....	53	calcipotriene cream 0.005%.....	108
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml.....	53	calcipotriene oint 0.005%.....	108
budesonide tab er 24hr 9 mg.....	26	calcitonin (salmon) inj 200 unit/ml.....	37
bumetanide tab 0.5 mg.....	47	calcitonin (salmon) nasal soln 200 unit/act.....	37
bumetanide tab 1 mg, 2 mg.....	47	CALCITRIOL.....	108
BUMEX.....	47	calcitriol cap 0.25 mcg, 0.5 mcg.....	37
BUPHENYL.....	37	calcitriol oral soln 1 mcg/ml.....	37
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	77	calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	59
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	78	calcium acetate (phosphate binder) tab 667 mg.....	59
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv).....	77	CALQUENCE.....	18
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	78	CAMZYOS.....	50
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	78	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	45
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv).....	77	candesartan cilexetil tab 32 mg.....	45
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr.....	78	candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....	45
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	73	capecitabine tab 150 mg, 500 mg.....	18
bupropion hcl tab er 24hr 150 mg, 300 mg.....	65	CAPLYTA.....	67
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg.....	65	CAPRELSA.....	18
bupropion hcl tab 75 mg, 100 mg.....	65	captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	45
buspiron hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	64	CAPVAXIVE.....	12
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	77	CARBAGLU.....	37
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	78	CARBAMAZEPINE.....	85
butalbital-acetaminophen cap 50-300 mg.....	77	carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	85
butalbital-acetaminophen tab 50-325 mg.....	77	carbamazepine chew tab 100 mg.....	85
butalbital-aspirin-caffeine cap 50-325-40 mg.....	77	carbamazepine susp 100 mg/5ml.....	85
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	78	carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	85
butorphanol tartrate nasal soln 10 mg/ml.....	78	carbamazepine tab 200 mg.....	85
BYDUREON BCISE.....	31	CARBATROL.....	85
BYLVAY.....	59	CARBIDOPA/LEVODOPA ODT.....	90
BYLVAY (PELLETS).....	59	carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	90
C		carbidopa & levodopa tab 25-250 mg.....	90
cabergoline tab 0.5 mg.....	37	carbidopa & levodopa tab 10-100 mg, 25-100 mg.....	90
		carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	90
		carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	90
		carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	90
		carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	90

KEY | PA = Prior Authorization
 | LD = Limited Distribution
 | SP = Specialty

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

carbidopa-levodopa-entacapone tabs 25-100-200 mg	90	CEFADROXIL.....	1
carbidopa-levodopa-entacapone tabs 50-200-200 mg	90	cefadroxil cap 500 mg.....	1
carbidopa tab 25 mg	90	cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1
carbinoxamine maleate tab 4 mg	51	cefdinir cap 300 mg.....	1
carbonyl iron susp 15 mg/1.25ml (elemental iron)	95	cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	2
CARDIOCOM LANCING DEVICE.....	129	cefixime cap 400 mg.....	2
CAREFINE PEN NEEDLE 32GX4.....	129	cefixime for susp 100 mg/5ml, 200 mg/5ml.....	2
CAREFINE PEN NEEDLES 29GX.....	129	cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	2
CAREFINE PEN NEEDLES 30GX.....	129	cefpodoxime proxetil tab 100 mg, 200 mg	2
CAREFINE PEN NEEDLES 31GX.....	129	cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	2
CAREFINE PEN NEEDLES 32GX.....	129	cefprozil tab 250 mg, 500 mg.....	2
CAREONE ADVANCED LANCING.....	129	cefuroxime axetil tab 250 mg, 500 mg.....	2
CAREONE BLOOD GLUCOSE MON.....	129	celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg	80
CAREONE BLOOD GLUCOSE TES.....	115	CELLCEPT.....	181
CAREONE INSULIN SYRINGES/.....	129	cephalexin cap 250 mg, 500 mg	2
CAREONE LANCET SUPER THIN.....	129	cephalexin for susp 125 mg/5ml, 250 mg/5ml	2
CAREONE LANCET THIN.....	129	cephalexin tab 250 mg, 500 mg	2
CAREONE LANCET ULTRA THIN.....	129	CEQUA.....	102
CAREONE UNIFINE PENTIPS P.....	129	CERDELGA.....	95
CAREPOINT PRECISION POLY.....	130	cevimeline hcl cap 30 mg	105
CAREPOINT PRECISION SYRIN.....	130	CHEMET.....	113
CAREPOINT SAFETY 1ST NEED.....	130	CHEMSTRIP BG LOG BOOK.....	131
CARESENS LANCETS.....	130	CHEMSTRIP-K.....	115
CARESENS N BLOOD GLUCOSE.....	115	CHENODAL.....	59
CARESENS N FELIZ.....	130	CHLORDIAZEPOXIDE/AMITRIPT.....	74
CARESENS N FELIZ BT.....	130	chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	64
CARESENS N GLUCOSE MONITO.....	130	chlorhexidine gluconate soln 0.12%	105
CARESENS N VOICE BLOOD GL.....	130	chloroquine phosphate tab 250 mg, 500 mg	10
CARETOUCH BLOOD GLUCOSE M.....	130	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	67
CARETOUCH BLOOD GLUCOSE T.....	115	CHLORPROMAZINE HYDROCHLOR.....	67
CARETOUCH HYPODERMIC NEED.....	130	chlorthalidone tab 25 mg, 50 mg	47
CARETOUCH INSULIN SYRINGE.....	130	chlorzoxazone tab 500 mg	91
CARETOUCH LANCING DEVICE.....	130	CHOLBAM.....	59
CARETOUCH PEN NEEDLE 29GX.....	130	cholecalciferol cap 1.25 mg (50000 unit)	92
CARETOUCH PEN NEEDLE 33GX.....	130	cholestyramine light powder 4 gm/dose	48
CARETOUCH PEN NEEDLES 31.....	130	cholestyramine light powder packets 4 gm	48
CARETOUCH PEN NEEDLES 31G.....	130	cholestyramine powder 4 gm/dose	48
CARETOUCH PEN NEEDLES 32G.....	130	cholestyramine powder packets 4 gm	48
CARETOUCH SAFETY LANCETS/.....	130	choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv)	48
CARETOUCH TWIST LANCETS 2.....	131	CHOSEN LANCETS 30G.....	131
CARETOUCH TWIST LANCETS 3.....	131	CHOSEN LANCING DEVICE.....	131
CARETOUCH TWIST LANCETS M.....	130	CHOSEN SAFETY LANCETS 28G.....	131
carlumic acid soluble tab 200 mg	37	CIALIS.....	51
carisoprodol tab 350 mg	91	CIBINQO.....	108
CARNITOR.....	37	ciclopirox gel 0.77%	108
CARNITOR SF.....	38	ciclopirox olamine cream 0.77% (base equiv)	108
CARTEOLOL HCL.....	102	ciclopirox olamine susp 0.77% (base equiv)	108
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	42	ciclopirox shampoo 1%	108
CAYA.....	131	ciclopirox solution 8%	108
CAYSTON.....	10	cilostazol tab 50 mg, 100 mg	98
CEFACTOR.....	1		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

CIMDUO.....	5	clindamycin phosphate-benzoyl peroxide gel	
cimetidine hcl soln 300 mg/5ml.....	57	1-5%.....	108
CIMZIA.....	59	clindamycin phosphate gel 1%.....	108
CIMZIA STARTER KIT.....	59	clindamycin phosphate lotion 1%.....	108
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....	38	clindamycin phosphate soln 1%.....	108
CINRYZE.....	98	clindamycin phosphate swab 1%.....	108
CIPRO.....	3	clindamycin phosphate vaginal cream 2%.....	62
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	105	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	108
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	102	CLINDESSE.....	62
ciprofloxacin hcl otic soln 0.2% (base equivalent).....	105	clobazam suspension 2.5 mg/ml.....	85
ciprofloxacin hcl tab 750 mg (base equiv).....	3	clobazam tab 10 mg, 20 mg.....	85
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....	3	clobetasol propionate cream 0.05%.....	108
CIPRO HC.....	105	clobetasol propionate emollient base cream 0.05%.....	108
citalopram hydrobromide oral soln 10 mg/5ml.....	65	clobetasol propionate gel 0.05%.....	108
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....	65	clobetasol propionate oint 0.05%.....	108
CITRANATAL B-CALM.....	92	clobetasol propionate soln 0.05%.....	108
CITRANATAL MEDLEY.....	92	clocortolone pivalate cream 0.1%.....	108
CLARITHROMYCIN.....	2	CLODERM.....	108
clarithromycin tab er 24hr 500 mg.....	2	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	65
clarithromycin tab 250 mg, 500 mg.....	2	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	85
CLEANLET LANCETS 28G.....	131	clonazepam tab 0.5 mg, 1 mg, 2 mg.....	85
CLEMASTINE FUMARATE.....	51	clonidine hcl tab er 12hr 0.1 mg.....	71
CLEOCIN.....	10	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	45
CLEOCIN PEDIATRIC GRANULE.....	11	clonidine td patch weekly 0.1 mg/24hr.....	45
CLEOCIN-T.....	108	clonidine td patch weekly 0.2 mg/24hr.....	45
CLEVER CHEK AUTO-CODE BLO.....	131	clonidine td patch weekly 0.3 mg/24hr.....	45
CLEVER CHEK AUTO-CODE TES.....	115	clopidogrel bisulfate tab 75 mg (base equiv).....	98
CLEVER CHEK AUTO-CODE VOI.....	115	clopidogrel bisulfate tab 300 mg (base equiv).....	98
CLEVER CHEK AUTO CODE VOI.....	131	clorazepate dipotassium tab 7.5 mg.....	64
CLEVER CHEK BLOOD GLUCOSE.....	131	clorazepate dipotassium tab 3.75 mg, 15 mg.....	64
CLEVER CHEK LANCETS ULTRA.....	131	clotrimazole troche 10 mg.....	105
CLEVER CHEK TEST STRIPS.....	115	clotrimazole w/ betamethasone cream 1-0.05%.....	108
CLEVER CHOICE AUTO-CODE P.....	115	CLOZAPINE ODT.....	67
CLEVER CHOICE COMFORT EZ.....	131	clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg.....	67
CLEVER CHOICE MICRO BLOOD.....	131	clozapine tab 25 mg, 50 mg, 100 mg, 200 mg.....	67
CLEVER CHOICE MICRO TEST.....	115	COAGADDEX.....	98
CLEVER CHOICE MINI BLOOD.....	132	COAGUCHEK LANCETS.....	132
CLEVER CHOICE NO CODING T.....	115	COARTEM.....	10
CLEVER CHOICE TALK BLOOD.....	132	CODEINE SULFATE.....	78
CLEVER CHOICE TALK NO COD.....	115	codeine sulfate tab 30 mg.....	78
CLICKFINE PEN NEEDLE 32GX.....	132	colchicine tab 0.6 mg.....	84
CLICKFINE PEN NEEDLES 31G.....	132	colchicine w/ probenecid tab 0.5-500 mg.....	84
CLICKFINE PEN NEEDLES 32G.....	132	colesevelam hcl packet for susp 3.75 gm.....	48
CLICKFINE PEN NEEDLE UNIV.....	132	colesevelam hcl tab 625 mg.....	48
CLICKFINE UNIVERSAL PEN N.....	132	COLESTID.....	48
CLIMARA PRO.....	28	colestipol hcl granule packets 5 gm.....	48
clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	11	colestipol hcl granules 5 gm.....	48
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	11	colestipol hcl tab 1 gm.....	48

KEY | PA = Prior Authorization
 | LD = Limited Distribution
 | SP = Specialty

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

colistimethate sod for inj 150 mg (colistin base activity)	11	COSENTYX UNOREADY.....	109
COLY-MYCIN M.....	11	COTELLIC.....	18
COMBIPATCH.....	28	CREON.....	59
COMBIVENT RESPIMAT.....	53	CRESEMBA.....	4
COMETRIQ.....	18	CRINONE.....	62
COMFORT ASSIST INSULIN SY.....	132	CROMOLYN SODIUM.....	102
COMFORT ASSURED LANCETS M.....	132	cromolyn sodium oral conc 100 mg/5ml	60
COMFORT ASSURED LANCETS S.....	132	cromolyn sodium soln nebu 20 mg/2ml	53
COMFORT EZ/31G X 5MM.....	132	CROTAN.....	109
COMFORT EZ/31G X 6MM.....	132	CUVPOSA.....	57
COMFORT EZ INSULIN SYRING.....	132	CVS ADVANCED GLUCOSE METE.....	115
COMFORT EZ MICRO/32G X 4M.....	132	CVS GLUCOSE METER TEST ST.....	115
COMFORT EZ PRO SAFETY PEN.....	132	CVS LANCETS 21G.....	133
COMFORT EZ SHORT/31G X 8M.....	132	CVS LANCETS MICRO-THIN 33.....	133
COMFORT LANCETS.....	132	CVS LANCETS MICRO THIN 33.....	133
COMFORT TOUCH LANCETS ULT.....	132	CVS LANCETS ORIGINAL.....	133
COMFORT TOUCH PEN NEEDLES.....	132	CVS LANCETS THIN 26G.....	133
COMFORT TOUCH PLUS SAFETY.....	133	CVS LANCETS ULTRA-THIN 30.....	133
COMFORT TOUCH TWIST LANCE.....	133	CVS LANCETS ULTRA THIN 30.....	133
COMIRNATY 2024-25.....	12	CVS LANCING DEVICE.....	133
COMPLERA.....	5	CVS TRUE METRIX BLOOD GLU.....	115
COMPLETE NATAL DHA.....	92	CVS ULTRA THIN LANCETS.....	134
COMPLETENATE.....	92	cyanocobalamin inj 1000 mcg/ml	95
CO-NATAL FA.....	92	cyclobenzaprine hcl tab 5 mg, 10 mg	91
CONCEPT DHA.....	92	CYCLOGYL.....	102
CONCEPT OB.....	92	CYCLOMYDRIL.....	102
CONCERTA.....	71	cyclopentolate hcl ophth soln 1%	102
CONDOMS.....	133	CYCLOPHOSPHAMIDE.....	18
CONDYLOX.....	108	cyclophosphamide cap 25 mg, 50 mg	18
CONTOUR BLOOD GLUCOSE MON.....	133	cycloserine cap 250 mg	3
CONTOUR BLOOD GLUCOSE TES.....	115	CYCLOSET.....	31
CONTOUR NEXT BLOOD GLUCOS.....	115	cyclosporine cap 25 mg, 100 mg	181
CONTOUR NEXT EZ BLOOD GLU.....	133	cyclosporine modified cap 50 mg	181
CONTOUR NEXT GEN BLOOD GL.....	133	cyclosporine modified cap 25 mg, 100 mg	181
CONTOUR NEXT LINK BLOOD G.....	133	cyclosporine modified oral soln 100 mg/ml	181
CONTOUR NEXT LINK 2.4 WIR.....	133	cyproheptadine hcl syrup 2 mg/5ml	51
CONTOUR NEXT LINK WIRELES.....	133	cyproheptadine hcl tab 4 mg	51
CONTOUR NEXT ONE BLOOD GL.....	133	CYSTADANE.....	38
CONTOUR PLUS BLOOD GLUCOS.....	115	CYSTADROPS.....	102
CONTOUR PLUS BLUE BLOOD G.....	133	CYSTAGON.....	63
COOL BLOOD GLUCOSE MONITO.....	133	CYSTARAN.....	102
COOL BLOOD GLUCOSE TEST S.....	115	CYTOTEC.....	57
COPIKTRA.....	18	D	
CORDRAN.....	108	dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	96
CORIFACT.....	98	dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	96
CORLANOR.....	50	dalfampridine tab er 12hr 10 mg	74
CORTENEMA.....	106	danazol cap 50 mg, 100 mg, 200 mg	27
CORTIFOAM.....	106	DANTRIUM.....	91
CORTISONE ACETATE.....	26	dantrolene sodium cap 100 mg	91
CORTISPORIN-TC.....	105	dantrolene sodium cap 25 mg, 50 mg	91
COSENTYX.....	108		
COSENTYX SENSOREADY PEN.....	108		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

DANZITEN.....	18	desonide oint 0.05%.....	109
dapsone tab 25 mg, 100 mg.....	11	desoximetasone cream 0.05%, 0.25%.....	109
DAPTACEL.....	15	desoximetasone gel 0.05%.....	109
DARAPRIM.....	10	desoximetasone oint 0.05%, 0.25%.....	109
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	61	desoximetasone spray 0.25%.....	109
darunavir tab 600 mg.....	5	DESVENLAFAXINE ER.....	65
darunavir tab 800 mg.....	5	desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	65
dasatinib tab 20 mg.....	18	DEXAMETHASONE.....	26
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg.....	18	dexamethasone elixir 0.5 mg/5ml.....	26
DAURISMO.....	18	DEXAMETHASONE INTENSOL.....	26
DAYBUE.....	91	DEXAMETHASONE SODIUM PHOS.....	102
DAYPRO.....	80	dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	26
D-CARE GLUCOMETER KIT/GLU.....	134	DEXCOM G6 RECEIVER.....	134
DDAVP.....	38	DEXCOM G7 RECEIVER.....	134
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	113	DEXCOM G6 SENSOR.....	134
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	113	DEXCOM G7 SENSOR.....	134
deferasirox tab 90 mg, 180 mg, 360 mg.....	113	DEXCOM G6 TRANSMITTER.....	134
deferiprone tab 500 mg, 1000 mg.....	113	dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	71
deflazacort susp 22.75 mg/ml.....	26	dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	72
deflazacort tab 6 mg.....	26	dextroamphetamine sulfate cap er 24hr 5 mg.....	72
deflazacort tab 18 mg.....	26	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	72
deflazacort tab 30 mg, 36 mg.....	26	dextroamphetamine sulfate oral solution 5 mg/5ml.....	72
DELESTROGEN.....	28	dextroamphetamine sulfate tab 5 mg.....	72
DELSTRIGO.....	5	dextroamphetamine sulfate tab 10 mg.....	72
DELZICOL.....	60	DIABETES CARE.....	134
demeclocycline hcl tab 150 mg, 300 mg.....	2	DIABETES MONITORING DIGIT.....	134
DENTA 5000 PLUS SENSITIVE.....	105	DIACOMIT.....	85
DEPAKOTE.....	85	DIATHRIVE+ BLOOD GLUCOSE.....	116
DEPAKOTE ER.....	85	DIATHRIVE BLOOD GLUCOSE M.....	134
DEPAKOTE SPRINKLES.....	85	DIATHRIVE BLOOD GLUCOSE T.....	116
DERMA-SMOOTH/FS BODY.....	109	DIATHRIVE LANCETS.....	134
DERMA-SMOOTH/FS SCALP.....	109	DIATHRIVE LANCETS ULTRA T.....	134
DERMOTIC.....	105	DIATHRIVE LANCING DEVICE.....	134
DESCOVY.....	5	DIATHRIVE PEN NEEDLE/31G.....	134
desipramine hcl tab 10 mg, 25 mg.....	65	DIATHRIVE PEN NEEDLE/32G.....	134
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	65	DIATHRIVE PEN NEEDLE/31 G.....	134
desloratadine tab 5 mg.....	51	diazepam conc 5 mg/ml.....	64
DESMOPRESSIN ACETATE.....	38	diazepam oral soln 1 mg/ml.....	64
desmopressin acetate inj 4 mcg/ml.....	38	DIAZEPAM RECTAL GEL.....	85
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	38	diazepam rectal gel delivery system 10 mg, 20 mg.....	85
desmopressin acetate preservative free (pf) inj 4 mcg/ ml.....	38	diazepam tab 2 mg, 5 mg, 10 mg.....	64
desmopressin acetate tab 0.1 mg, 0.2 mg.....	38	diazoxide susp 50 mg/ml.....	31
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	29	DIBENZYLINE.....	45
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	29	dichlorphenamide tab 50 mg.....	47
desonide cream 0.05%.....	109	DICLEGIS.....	58
		diclofenac potassium tab 50 mg.....	80
		diclofenac sodium ophth soln 0.1%.....	102
		diclofenac sodium soln 1.5%.....	109

KEY | PA = Prior Authorization
 | LD = Limited Distribution
 | SP = Specialty

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

diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	80	donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	74
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	81	donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	74
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	81	DOPTELET.....	95
dicloxacillin sodium cap 250 mg, 500 mg.....	1	dorzolamide hcl ophth soln 2%.....	102
dicyclomine hcl cap 10 mg.....	57	dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	102
dicyclomine hcl oral soln 10 mg/5ml.....	57	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....	102
dicyclomine hcl tab 20 mg.....	57	DOVATO.....	5
DIFICID.....	2	doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	45
DIFLUCAN.....	4	doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	65
diflunisal tab 500 mg.....	77	doxepin hcl conc 10 mg/ml.....	65
difluprednate ophth emulsion 0.05%.....	102	doxepin hcl cream 5%.....	109
DIGOXIN.....	41	doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	70
digoxin oral soln 0.05 mg/ml.....	41	DOXERCALCIFEROL.....	38
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	41	doxycycline hyclate cap 50 mg.....	2
dihydroergotamine mesylate inj 1 mg/ml.....	83	doxycycline hyclate cap 100 mg.....	3
dihydroergotamine mesylate nasal spray 4 mg/ml.....	83	doxycycline hyclate tab 20 mg, 100 mg.....	3
DILANTIN.....	85	doxycycline monohydrate cap 50 mg, 100 mg.....	3
DILANTIN-125.....	85	doxycycline monohydrate for susp 25 mg/5ml.....	3
DILANTIN INFATABS.....	85	doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	3
DILAUDID.....	78	doxylamine-pyridoxine tab delayed release 10-10 mg.....	58
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	42	DRISDOL.....	92
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	42	dronabinol cap 2.5 mg, 5 mg, 10 mg.....	58
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	43	DROPLET GENTEEL LANCING D.....	134
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	43	DROPLET INSULIN SYRINGE 0.....	134
diltiazem hcl tab er 24hr 420 mg.....	43	DROPLET INSULIN SYRINGE 1.....	134
diltiazem hcl tab 90 mg.....	43	DROPLET INSULIN SYRINGE/U.....	135
diltiazem hcl tab 30 mg, 60 mg, 120 mg.....	43	DROPLET INSULIN SYRINGE U.....	134
dimethyl fumarate capsule delayed release 120 mg.....	74	DROPLET LANCETS ULTRA THI.....	135
dimethyl fumarate capsule delayed release 240 mg.....	74	DROPLET LANCING DEVICE.....	135
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	74	DROPLET MICRON 34G X 9/64.....	135
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	57	DROPLET PEN NEEDLE/MICRON.....	135
DIPROLENE.....	109	DROPLET PEN NEEDLES 29GX1.....	135
dipyridamole tab 25 mg, 50 mg, 75 mg.....	98	DROPLET PEN NEEDLES 31GX5.....	135
disopyramide phosphate cap 100 mg, 150 mg.....	43	DROPLET PEN NEEDLES 31GX6.....	135
disulfiram tab 250 mg, 500 mg.....	74	DROPLET PEN NEEDLES 31GX8.....	135
DIURIL.....	47	DROPLET PEN NEEDLES 32GX4.....	135
divalproex sodium cap delayed release sprinkle 125 mg.....	85	DROPLET PEN NEEDLES 32GX5.....	135
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	85	DROPLET PEN NEEDLES 32GX6.....	135
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	85	DROPLET PEN NEEDLES 32GX8.....	135
DIVIGEL.....	28	DROPLET PEN NEEDLES 29G X.....	135
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	44	DROPLET PEN NEEDLES 30G X.....	135
DOJOLVI.....	95	DROPLET PEN NEEDLES 31G X.....	135
		DROPLET PEN NEEDLES 32G X.....	135
		DROPLET PERSONAL LANCETS.....	135
		DROPSAFE ACTI-LANCE SAFTE.....	135
		DROPSAFE INSULIN SAFETY S.....	135

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

DROPSAFE SAFETY PEN NEEDL.....	136	EASYPOINT NEEDLE/22G X 1-.....	140
DROPSAFE SAFTEY PEN NEEDL.....	136	EASYPOINT NEEDLE/18G X 1".....	139
DROPSAFE SICURA.....	136	EASYPOINT NEEDLE/20G X 1".....	139
DROSPIRENONE/ETHINYL ESTR.....	29	EASYPOINT NEEDLE/21G X 1".....	139
drospirenone-ethinyl estradiol tab 3-0.02 mg.....	29	EASYPOINT NEEDLE/22G X 1".....	140
drospirenone-ethinyl estradiol tab 3-0.03 mg.....	29	EASYPOINT NEEDLE 25GX1-1/.....	139
drospirenone-ethinyl estrad-levomefolate tab		EASYPOINT NEEDLE 25G X 5/.....	139
3-0.02-0.451 mg.....	29	EASYPOINT NEEDLE 23G X 1".....	139
DROXIA.....	95	EASYPOINT NEEDLE 25G X 1".....	139
DRUG MART LANCETS THIN.....	136	EASYPRO BLOOD GLUCOSE MON.....	140
DRUG MART LANCETS ULTRA T.....	136	EASYPRO BLOOD GLUCOSE TES.....	116
DRUG MART ON-THE-GO LANCE.....	136	EASYPRO PLUS.....	116
DRUG MART UNIFINE PENTIPS.....	136	EASY STEP BLOOD GLUCOSE M.....	137
DRUG MART UNILET LANCETS.....	136	EASY STEP TEST STRIPS.....	116
DRUG MART UNILET MICRO TH.....	136	EASY TALK BLOOD GLUCOSE M.....	137
DUANE READE LANCET ALTERN.....	136	EASY TALK BLOOD GLUCOSE T.....	116
DUANE READE LANCET SUPER.....	136	EASY TALK PLUS II BLOOD G.....	116
DUANE READE LANCET ULTRA.....	136	EASY TOUCH ALLERGY TRAY S.....	137
DUANE READE UNIFINE PENTI.....	136	EASY TOUCH FLIPLOCK NEEDL.....	137
DUAVEE.....	28	EASY TOUCH FLIPLOCK SAFET.....	137
DULERA.....	53	EASY TOUCH GLUCOSE MONITO.....	137
duloxetine hcl enteric coated pellets cap 20 mg (base		EASY TOUCH GLUCOSE TEST S.....	116
eq), 30 mg (base eq), 60 mg (base eq).....	65	EASY TOUCH 32GX5MM.....	139
DUO-CARE TEST STRIPS.....	116	EASY TOUCH 32GX6MM.....	139
DUPIXENT.....	109	EASY TOUCH HEALTHPRO GLUC.....	116
DUREX EXTRA SENSITIVE THI.....	136	EASY TOUCH HYPODERMIC NEE.....	137
DUREX REALFEEL NON-LATEX.....	136	EASY TOUCH INSULIN SYRING.....	138
DUREX TROPICAL.....	136	EASY TOUCH LANCETS 30G/BU.....	138
DUREZOL.....	102	EASY TOUCH LANCETS 21G/PR.....	138
dutasteride cap 0.5 mg.....	63	EASY TOUCH LANCETS 23G/PR.....	138
dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	63	EASY TOUCH LANCETS 26G/PR.....	138
DUVYZAT.....	91	EASY TOUCH LANCETS 28G/PR.....	138
DYCLOPRO.....	109	EASY TOUCH LANCETS 30G/PR.....	138
DYRENIUM.....	47	EASY TOUCH LANCETS 32G/PR.....	138
E			
EASY COMFORT INSULIN SYRI.....	136	EASY TOUCH LANCETS 26G/PU.....	138
EASY COMFORT PEN NEEDLES.....	137	EASY TOUCH LANCETS 28G/PU.....	138
EASY COMFORT SAFETY PEN N.....	137	EASY TOUCH LANCETS 30G/PU.....	138
EASY GLIDE PEN NEEDLES 33.....	137	EASY TOUCH LANCETS 32G/PU.....	138
EASYGLUCO.....	116	EASY TOUCH LANCETS 28G/TW.....	138
EASY MAX BLOOD GLUCOSE TE.....	116	EASY TOUCH LANCETS 30G/TW.....	138
EASYMAX NG SELF-MONITORIN.....	139	EASY TOUCH LANCETS 32G/TW.....	138
EASYMAX TEST STRIPS.....	116	EASY TOUCH LANCETS 33G/TW.....	138
EASYMAX 15 TEST STRIPS.....	116	EASY TOUCH LANCING DEVICE.....	138
EASY MAX T1 SELF-MONITORI.....	137	EASY TOUCH PEN NEEDLE 30.....	138
EASYMAX V BLOOD GLUCOSE S.....	139	EASY TOUCH PEN NEEDLE/30.....	138
EASY MINI EJECT LANCING D.....	137	EASY TOUCH PEN NEEDLES 29.....	138
EASY MINI LANCING DEVICE.....	137	EASY TOUCH PEN NEEDLES 31.....	138
EASY PLUS II BLOOD GLUCOS.....	116	EASY TOUCH PEN NEEDLES 32.....	138
EASYPOINT NEEDLE/18G X 1-.....	139	EASY TOUCH PEN NEEDLES/31.....	138
EASYPOINT NEEDLE/20G X 1-.....	139	EASY TOUCH SAFETY LANCETS.....	139
EASYPOINT NEEDLE/21G X 1-.....	139	EASY TOUCH SAFETY PEN NEE.....	139
		EASY TOUCH SHEATHLOCK SAF.....	139
		EASY TOUCH TUBERCULIN FLI.....	139

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

EASY TOUCH TUBERCULIN SHE.....	139	EMBRACE WAVE BLOOD GLUCOS.....	116
EASY TRAK BLOOD GLUCOSE M.....	139	EMEND.....	58
EASY TRAK BLOOD GLUCOSE T.....	116	EMEND TRIPACK.....	58
EASY TRAK II BLOOD GLUCOS.....	116	EMFLAZA.....	26
econazole nitrate cream 1%.....	109	EMGALITY.....	83
EDECRIN.....	47	EMPAVELI.....	98
EDURANT.....	5	EMSAM.....	65
E.E.S. GRANULES.....	2	emtricitabine caps 200 mg.....	5
efavirenz-emtricitabine-tenofovir df tab 600-200-300	5	emtricitabine-tenofovir disoproxil fumarate tab	6
mg.....	5	200-300 mg.....	6
efavirenz-lamivudine-tenofovir df tab 400-300-300	5	emtricitabine-tenofovir disoproxil fumarate tab	6
mg.....	5	100-150 mg, 133-200 mg, 167-250 mg.....	6
efavirenz-lamivudine-tenofovir df tab 600-300-300	5	EMTRIVA.....	6
mg.....	5	EMVERM.....	10
efavirenz tab 600 mg.....	5	enalapril maleate & hydrochlorothiazide tab 5-12.5	45
EGATEN.....	10	mg.....	45
EGRIFTA SV.....	38	enalapril maleate & hydrochlorothiazide tab 10-25	45
ELEMENT AUTOCODE SYSTEM.....	140	mg.....	45
ELEMENT COMPACT BLOOD GLU.....	140	enalapril maleate oral soln 1 mg/ml.....	45
ELEMENT COMPACT TEST STRI.....	116	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	45
ELEMENT COMPACT V BLOOD.....	140	ENBREL.....	81
ELEMENT PLUS BLOOD GLUCOS.....	140	ENBREL MINI.....	81
ELEMENT TEST STRIPS.....	116	ENBREL SURECLICK.....	81
ELESTRIN.....	28	ENCARE.....	62
eletriptan hydrobromide tab 20 mg (base equivalent),	83	ENDARI.....	95
40 mg (base equivalent).....	83	ENGERIX-B.....	12
ELIMITE.....	109	enoxaparin sodium inj 300 mg/3ml.....	97
ELIQUIS.....	96	enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40	97
ELIQUIS STARTER PACK.....	96	mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120	97
ELLA.....	29	mg/0.8ml, 150 mg/ml.....	97
ELMIRON.....	63	ENSPRYNG.....	181
ELOCTATE.....	98	entacapone tab 200 mg.....	90
EMBECTA AUTOSHIELD DUO 30.....	140	entecavir tab 0.5 mg, 1 mg.....	6
EMBECTA INSULIN SYRINGE.....	140	ENTRESTO.....	50
EMBECTA INSULIN SYRINGE/.....	140	ENTYVIO PEN.....	60
EMBECTA INSULIN SYRINGE/U.....	140	ENVARUS XR.....	181
EMBECTA PEN NEEDLE/NANO 2.....	140	EOHILIA.....	26
EMBECTA PEN NEEDLE/NANO/2.....	140	EPANED.....	45
EMBECTA PEN NEEDLE/NANO/3.....	140	EPCLUSA.....	6
EMBECTA PEN NEEDLE/ULTRA-.....	140	EPIDIOLEX.....	85
EMBRACE BLOOD GLUCOSE MON.....	140	EPIFOAM.....	109
EMBRACE BLOOD GLUCOSE TES.....	116	epinastine hcl ophth soln 0.05%.....	102
EMBRACE EVO BLOOD GLUCOSE.....	116	EPINEPHRINE.....	48
EMBRACE EVO COMPACT BLOOD.....	140	epinephrine solution auto-injector 0.15 mg/0.3ml	48
EMBRACE LANCETS ULTRA THI.....	141	(1:2000).....	48
EMBRACE LANCING DEVICE WI.....	141	epinephrine solution auto-injector 0.3 mg/0.3ml	48
EMBRACE PEN NEEDLES/29G X.....	141	(1:1000).....	48
EMBRACE PEN NEEDLES/30G X.....	141	EPIVIR.....	6
EMBRACE PEN NEEDLES/31G X.....	141	epplerenone tab 25 mg, 50 mg.....	45
EMBRACE PEN NEEDLES/32G X.....	141	EPOGEN.....	95
EMBRACE PRESSURE ACTIVATE.....	141	EPRONTIA.....	85
EMBRACE PRO BLOOD GLUCOSE.....	116	EQ BLOOD GLUCOSE TEST STR.....	116
EMBRACE TALK BLOOD GLUCOS.....	116	EQL COLOR LANCETS 21G.....	141

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

EQL COLOR LANCETS MICRO T.....	141	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%).....	28
EQL INSULIN SYRINGE/0.3ML.....	141	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.....	28
EQL INSULIN SYRINGE/0.5ML.....	141	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.....	28
EQL INSULIN SYRINGE/1ML/2.....	141	estradiol vaginal cream 0.1 mg/gm.....	62
EQL INSULIN SYRINGE/1ML/3.....	141	estradiol vaginal tab 10 mcg.....	62
EQL SHORT PEN NEEDLES 31G.....	141	estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml.....	28
EQL SUPER THIN LANCETS 30.....	141	ESTRING.....	62
EQL THIN LANCETS 26G.....	141	ESTROGEL.....	29
EQL ULTRA SHORT PEN NEEDL.....	141	eszopiclone tab 1 mg, 2 mg, 3 mg.....	70
EQUETRO.....	67	ethacrynic acid tab 25 mg.....	47
ergocalciferol cap 1.25 mg (50000 unit).....	92	ethambutol hcl tab 100 mg.....	4
ERGOMAR.....	83	ethambutol hcl tab 400 mg.....	4
ERGOTAMINE TARTRATE/CAFFE.....	83	ethosuximide cap 250 mg.....	85
ERIVEDGE.....	18	ethosuximide soln 250 mg/5ml.....	85
ERLEADA.....	18	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	29
erlotinib hcl tab 25 mg (base equivalent).....	18	etodolac cap 200 mg, 300 mg.....	81
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	18	etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	81
ERMEZA.....	36	etodolac tab 400 mg.....	81
ERTACZO.....	109	etodolac tab 500 mg.....	81
ERY.....	109	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	29
ERYGEL.....	109	ETOPOSIDE.....	18
ERYPED 200.....	2	etravirine tab 100 mg, 200 mg.....	6
ERYPED 400.....	2	EULEXIN.....	18
ERYTHROMYCIN.....	102	EVAMIST.....	29
erythromycin ethylsuccinate for susp 200 mg/5ml.....	2	EVENCARE BLOOD GLUCOSE MO.....	141
erythromycin ethylsuccinate for susp 400 mg/5ml.....	2	EVENCARE BLOOD GLUCOSE TE.....	117
erythromycin ethylsuccinate tab 400 mg.....	2	everolimus tab for oral susp 3 mg.....	19
erythromycin gel 2%.....	109	everolimus tab for oral susp 2 mg, 5 mg.....	19
erythromycin ophth oint 5 mg/gm.....	102	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	19
erythromycin soln 2%.....	109	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	181
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	2	EVOLUTION AUTOCODE.....	117
erythromycin tab 250 mg, 500 mg.....	2	EVOTAZ.....	6
ESBRIET.....	55	EVRYSDI.....	91
escitalopram oxalate soln 5 mg/5ml (base equiv).....	65	EXELDERM.....	109
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv).....	65	EXELON.....	74
esomeprazole magnesium cap delayed release 40 mg (base eq).....	57	exemestane tab 25 mg.....	19
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg.....	57	EXJADE.....	113
esomeprazole magnesium for delayed release susp pack 2.5 mg.....	57	EYSUVIS.....	102
ESPEROCT.....	98	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	49
estazolam tab 1 mg, 2 mg.....	70	ezetimibe tab 10 mg.....	48
ESTRACE.....	28	E-Z JECT LANCETS.....	136
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	28	E-Z JECT LANCETS COLOR.....	136
estradiol & norethindrone acetate tab 1-0.5 mg.....	28	E-Z JECT LANCETS 21G.....	136
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	28		
estradiol tab 0.5 mg, 1 mg, 2 mg.....	28		

KEY | PA = Prior Authorization
 | LD = Limited Distribution
 | SP = Specialty

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

E-ZJECT LANCETS MICRO-THI.....	136	FIFTY50 SUPERIOR COMFORT.....	142
E-Z JECT LANCETS SUPER TH.....	136	FIFTY50 UNILET LANCETS 33.....	142
E-Z JECT LANCETS THIN 26G.....	136	FILSPARI.....	63
EZ-LETS LANCETS 21G.....	141	FILSUVEZ.....	109
EZ-LETS LANCETS 30G.....	142	finasteride tab 5 mg.....	63
EZ-LETS LANCETS 26G SUPER.....	142	FINGERSTIX LANCETS.....	142
EZ-LETS LANCETS 28G ULTRA.....	142	 fingolimod hcl cap 0.5 mg (base equiv).....	74
F		FINTEPLA.....	86
FABHALTA.....	98	FIRDAPSE.....	92
famciclovir tab 125 mg, 250 mg, 500 mg.....	6	FIRVANQ.....	11
famotidine for susp 40 mg/5ml.....	57	FLAREX.....	102
famotidine tab 20 mg, 40 mg.....	57	flavoxate hcl tab 100 mg.....	61
FANAPT.....	67	flecainide acetate tab 50 mg, 100 mg, 150 mg.....	44
FANAPT TITRATION PACK.....	67	FLORIVA.....	94
FANTASY LUBRICATED.....	142	FLOW-EZE VENTED NEEDLE.....	142
FANTASY LUBRICATED/SPERMI.....	142	FLUAD 2024-2025.....	13
FARESTON.....	19	FLUARIX 2024-2025.....	13
FARXIGA.....	31	FLUBLOK 2024-2025.....	13
FASENRA PEN.....	54	FLUCELVAX 2024-2025.....	13
FC2 FEMALE CONDOM.....	142	fluconazole for susp 10 mg/ml, 40 mg/ml.....	4
febuxostat tab 40 mg, 80 mg.....	84	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	4
FEIBA.....	99	flucytosine cap 250 mg, 500 mg.....	4
felbamate susp 600 mg/5ml.....	85	fludrocortisone acetate tab 0.1 mg.....	26
felbamate tab 400 mg, 600 mg.....	86	FLULAVAL 2024-2025.....	13
FELBATOL.....	86	FLUMIST NASAL VACCINE 202.....	13
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	43	flunisolide nasal soln 25 mcg/act (0.025%).....	52
FEMCAP.....	142	fluocinolone acetonide cream 0.01%.....	109
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....	49	fluocinolone acetonide cream 0.025%.....	109
fenofibrate tab 48 mg, 145 mg.....	49	fluocinolone acetonide oil 0.01% (body oil).....	109
fenofibrate tab 54 mg, 160 mg.....	49	fluocinolone acetonide oil 0.01% (scalp oil).....	109
fenoprofen calcium tab 600 mg.....	81	fluocinolone acetonide oint 0.025%.....	110
fantanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	78	fluocinolone acetonide (otic) oil 0.01%.....	105
FERRIPROX.....	113	fluocinolone acetonide soln 0.01%.....	110
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe).....	95	FLUOCINONIDE.....	110
fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	61	fluocinonide cream 0.05%.....	110
FETZIMA.....	65	fluocinonide emulsified base cream 0.05%.....	110
FETZIMA TITRATION PACK.....	65	fluocinonide oint 0.05%.....	110
FIASP.....	34	fluocinonide soln 0.05%.....	110
FIASP FLEXTOUCH.....	34	FLUORIDEX SENSITIVITY REL.....	105
FIASP PENFILL.....	34	FLUORIMAX 5000 SENSITIVE.....	106
FIBRYGA.....	99	fluorometholone ophth susp 0.1%.....	102
FIFTY50 GLUCOSE METER 2.0.....	142	FLUOROURACIL.....	110
FIFTY50 GLUCOSE TEST STRI.....	117	fluorouracil cream 5%.....	110
FIFTY50 PEN NEEDLES/31GX8.....	142	fluorouracil soln 5%.....	110
FIFTY50 PEN NEEDLES/32GX4.....	142	FLUOXETINE DR.....	65
FIFTY50 PEN NEEDLES/32GX6.....	142	fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....	65
FIFTY50 PEN NEEDLES 31GX5.....	142	fluoxetine hcl solution 20 mg/5ml.....	65
FIFTY50 PEN NEEDLES 31G X.....	142	fluoxetine hcl tab 60 mg.....	65
FIFTY50 SAFETY SEAL LANCE.....	142	fluphenazine decanoate inj 25 mg/ml.....	67
		FLUPHENAZINE HCL.....	67
		fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	68
		FLUPHENAZINE HYDROCHLORID.....	68
		FLURBIPROFEN.....	81

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

FLURBIPROFEN SODIUM.....	103	FORA V12 BLOOD GLUCOSE MO.....	143
flurbiprofen tab 100 mg.....	81	FORA V10 BLOOD GLUCOSE TE.....	117
FLUTICASONE PROPIONATE/SA.....	54	FOSAMAX.....	38
fluticasone propionate cream 0.05%.....	110	fosamprenavir calcium tab 700 mg (base equiv).....	6
FLUTICASONE PROPIONATE DI.....	54	fosfomycin tromethamine powd pack 3 gm (base	
FLUTICASONE PROPIONATE HF.....	54	equivalent).....	11
fluticasone propionate nasal susp 50 mcg/act.....	52	fosinopril sodium & hydrochlorothiazide tab 10-12.5	
fluticasone propionate oint 0.005%.....	110	mg, 20-12.5 mg.....	45
fluticasone-salmeterol aer powder ba 100-50 mcg/act,		fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	45
250-50 mcg/act, 500-50 mcg/act.....	54	FOSRENOL.....	60
fluvastatin sodium cap 20 mg (base equivalent), 40 mg		FOTIVDA.....	19
(base equivalent).....	49	FRAGMIN.....	97
fluvastatin sodium tab er 24 hr 80 mg (base		FREESTYLE FREEDOM LITE.....	143
equivalent).....	49	FREESTYLE INSULINX BLOOD.....	117
fluvoxamine maleate tab 100 mg.....	66	FREESTYLE LANCETS.....	143
fluvoxamine maleate tab 25 mg, 50 mg.....	65	FREESTYLE LIBRE 2/READER/.....	143
FLUZONE 2024-2025.....	13	FREESTYLE LIBRE 3/READER/.....	143
FLUZONE HIGH-DOSE 2024-20.....	13	FREESTYLE LIBRE/READER/FL.....	143
FML FORTE.....	103	FREESTYLE LIBRE 2/SENSOR/.....	143
FML LIQUIFILM.....	103	FREESTYLE LIBRE 3/SENSOR/.....	143
FOCALIN.....	72	FREESTYLE LIBRE 14 DAY/RE.....	143
folic acid tab 400 mcg, 800 mcg.....	95	FREESTYLE LIBRE 14 DAY/SE.....	143
folic acid tab 1 mg.....	95	FREESTYLE LIBRE 2 PLUS/SE.....	143
FOLIVANE-OB.....	93	FREESTYLE LIBRE 3 PLUS/SE.....	143
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5		FREESTYLE LITE BLOOD GLUC.....	143
mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	97	FREESTYLE LITE TEST STRIP.....	117
FORACARE GD40.....	117	FREESTYLE PRECISION NEO B.....	117
FORACARE GD40 BLOOD GLUCO.....	143	FREESTYLE TEST STRIPS.....	117
FORACARE PREMIUM V10 BLOO.....	143	FREESTYLE UNISTICK II LAN.....	143
FORACARE PREMIUM V10 TEST.....	117	frovatriptan succinate tab 2.5 mg (base	
FORACARE TEST N GO BLOOD.....	143	equivalent).....	83
FORACARE TEST N GO TEST S.....	117	FRUZAQLA.....	19
FORA 6 CONNECT.....	117	FULPHILA.....	95
FORA 6 CONNECT/GTEL BLOOD.....	117	FUROSCIX.....	47
FORA D40/G31 BLOOD GLUCOS.....	117	FUROSEMIDE.....	47
FORA G30A BLOOD GLUCOSE M.....	142	furosemide oral soln 10 mg/ml.....	47
FORA G20 BLOOD GLUCOSE MO.....	142	furosemide tab 20 mg, 40 mg, 80 mg.....	47
FORA G20 BLOOD GLUCOSE TE.....	117	FUZEON.....	6
FORA GD20 BLOOD GLUCOSE M.....	142	FYCOMPA.....	86
FORA GD50 BLOOD GLUCOSE M.....	142	FYLNETRA.....	95
FORA GD50 BLOOD GLUCOSE T.....	117	G	
FORA GD20 TEST STRIPS.....	117	gabapentin cap 100 mg, 300 mg, 400 mg.....	86
FORA GTEL BLOOD GLUCOSE M.....	142	gabapentin oral soln 250 mg/5ml.....	86
FORA GTEL BLOOD GLUCOSE T.....	117	gabapentin tab 600 mg, 800 mg.....	86
FORA LANCETS.....	142	GALAFOLD.....	38
FORA LANCING DEVICE.....	142	GALANTAMINE HYDROBROMIDE.....	74
FORA LANCING DEVICE/CLEAR.....	142	galantamine hydrobromide cap er 24hr 8 mg, 16 mg,	
FORA PREMIUM V10 BLE BLOO.....	143	24 mg.....	74
FORA TEST N' GO VOICE BLO.....	143	galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....	74
FORA TN'G/TN'G VOICE BLOO.....	117	GALZIN.....	94
FORA TN'G ADVANCE PRO BLO.....	117	GAMMAGARD LIQUID.....	15
FORA TN'G VOICE BLOOD GLU.....	143	GAMMAKED.....	15
FORA V30A BLOOD GLUCOSE T.....	117		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

GAMUNEX-C.....	15	GLUCOCARD VITAL BLOOD GLU.....	145
GARDASIL 9.....	13	GLUCOCARD VITAL TEST STRI.....	118
gatifloxacin ophth soln 0.5%.....	103	GLUCOCARD X-METER.....	145
GATTEX.....	60	GLUCOCARD X-SENSOR.....	118
GAVILYTE-C.....	56	GLUCOCOM AUTOLINK TELEMON.....	145
GAVRETO.....	19	GLUCOCOM BLOOD GLUCOSE MO.....	145
GE100 BLOOD GLUCOSE MONIT.....	144	GLUCOCOM LANCETS 28G.....	145
GE100 BLOOD GLUCOSE TEST.....	117	GLUCOCOM LANCETS 30G.....	145
gefitinib tab 250 mg.....	19	GLUCOCOM LANCETS 33G.....	145
gemfibrozil tab 600 mg.....	49	GLUCOCOM TEST STRIPS.....	118
GENOTROPIN.....	38	GLUCONAVII BLOOD GLUCOSE.....	118
GENOTROPIN MINIQUICK.....	38	GLUCO PERFECT 3 BLOOD GLU.....	144
gentamicin sulfate cream 0.1%.....	110	GLUCO PERFECT 3 TEST STRI.....	117
gentamicin sulfate oint 0.1%.....	110	GLUCOPRO INSULIN SYRINGE/.....	145
gentamicin sulfate ophth soln 0.3%.....	103	GLUCOSE METER TEST STRIPS.....	118
GENTEEL BUTTERFLY TOUCH L.....	143	glutamine (sickle cell) powd pack 5 gm.....	95
GENTEEL PLUS LANCING DEVI.....	144	glyburide-metformin tab 1.25-250 mg, 2.5-500 mg,	
GENTLE-LET LANCETS GENERA.....	144	5-500 mg.....	32
GENTLE-LET LANCETS SAFETY.....	144	GLYBURIDE MICRONIZED.....	32
GENULTIMATE TEST STRIPS.....	117	glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	32
GENVOYA.....	6	glycopyrrolate oral soln 1 mg/5ml.....	57
GEODON.....	68	glycopyrrolate tab 1 mg, 2 mg.....	57
GHT BLOOD GLUCOSE MONITO.....	144	GLYXAMBI.....	32
GHT TEST STRIPS.....	117	GNP CLICKFINE UNIVERSAL P.....	145
GILOTRIF.....	19	GNP EASY TOUCH GLUCOSE MO.....	145
glatiramer acetate soln prefilled syringe 20 mg/ml.....	74	GNP EASY TOUCH GLUCOSE TE.....	118
glatiramer acetate soln prefilled syringe 40 mg/ml.....	74	GNP INSULIN SYRINGE/0.3ML.....	145
GLEOSTINE.....	19	GNP INSULIN SYRINGE/0.5ML.....	145
glimepiride tab 1 mg, 2 mg, 4 mg.....	31	GNP INSULIN SYRINGE/1ML/2.....	145
GLIPIZIDE.....	31	GNP INSULIN SYRINGE/1ML/3.....	145
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg,		GNP INSULIN SYRINGES/1/2M.....	146
5-500 mg.....	31	GNP INSULIN SYRINGES/0.3M.....	146
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....	31	GNP INSULIN SYRINGES/1ML/.....	146
glipizide tab 5 mg, 10 mg.....	31	GNP INSULIN SYRINGES/3ML/.....	146
GLOBAL EASE INJECT PEN NE.....	144	GNP LANCETS 21G.....	146
GLOBAL EASY GLIDE INSULIN.....	144	GNP LANCETS THIN 26G.....	146
GLOBAL EASY GLIDE PEN NEE.....	144	GNP LANCING SYSTEM DEVICE.....	146
GLOBAL INJECT EASE INSULI.....	144	GNP PEN NEEDLES 31GX5MM.....	146
GLOBAL INJECT EASE LANCET.....	144	GNP PEN NEEDLES 31GX8MM.....	146
GLOBAL INSULIN SYRINGE/U.....	144	GNP PEN NEEDLES 32GX4MM.....	146
GLOBAL INSULIN SYRINGES/U.....	144	GNP PEN NEEDLES 32GX6MM.....	146
GLOBAL LANCING DEVICE.....	144	GNP STERILE LANCETS 28G.....	146
GLUCAGON EMERGENCY KIT FO.....	32	GNP STERILE LANCETS 30G.....	146
GLUCOCARD 01 BLOOD GLUCOS.....	145	GNP STERILE LANCETS 33G.....	146
GLUCOCARD EXPRESSION AUDI.....	144	GNP TRUE METRIX AIR SELF.....	146
GLUCOCARD EXPRESSION BLOO.....	118	GNP TRUE METRIX SELF MONI.....	118
GLUCOCARD 01-MINI BLOOD G.....	145	GNP TRUETRACK BLOOD GLUCO.....	118
GLUCOCARD 01 SENSOR PLUS.....	118	GNP TRUETRACK SMART SYSTE.....	118
GLUCOCARD SHINE.....	144	GNP ULTICARE PEN NEEDLES.....	146
GLUCOCARD SHINE CONNEX BL.....	144	GNP ULTICARE PEN NEEDLES/.....	146
GLUCOCARD SHINE EXPRESS B.....	145	GNP ULTIGUARD SAFEPACK/MI.....	146
GLUCOCARD SHINE TEST STRI.....	118	GNP ULTIGUARD SAFEPACK/SH.....	146
GLUCOCARD SHINE XL.....	145	GNP ULTRA COMFORT INSULIN.....	146

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

GOJJI BLOOD GLUCOSE TEST.....	118	HEALTHWISE INSULIN SYRING.....	147
GOJJI LANCING DEVICE/CLEA.....	146	HEALTHWISE MICRON PEN NEE.....	148
GOJJI STERILE LANCETS 30G.....	146	HEALTHWISE MINI PEN NEEDL.....	148
GOLYTELY.....	56	HEALTHWISE PEN NEEDLES 29.....	148
GOMEKLI.....	19	HEALTHWISE SHORT PEN NEED.....	148
GOODSENSE CLICKFINE SAFET.....	146	H-E-B INCONTROL ADVANCED.....	147
GOODSENSE COLOR LANCETS M.....	147	H-E-B INCONTROL LANCETS M.....	147
GOODSENSE LANCETS MICRO-T.....	147	H-E-B INCONTROL LANCETS S.....	147
GOODSENSE LANCETS ULTRA-T.....	147	H-E-B INCONTROL LANCETS U.....	147
GOODSENSE LANCING DEVICE.....	147	H-E-B IN CONTROL PEN NEED.....	147
GOODSENSE PEN NEEDLE/PENF.....	147	H-E-B INCONTROL PEN NEEDL.....	147
GOODSENSE PREMIUM BLOOD.....	147	H-E-B IN CONTROL UNIFINE.....	147
GOODSENSE PREMIUM BLOOD G.....	118	HELIDAC THERAPY.....	57
granisetron hcl tab 1 mg.....	58	HEMLIBRA.....	99
GRASTEK.....	16	HEMOFIL M.....	99
griseofulvin microsize susp 125 mg/5ml.....	4	HEPARIN SODIUM.....	97
griseofulvin microsize tab 500 mg.....	4	heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/	97
griseofulvin ultramicrosize tab 125 mg, 250 mg.....	4	ml.....	97
guanfacine hcl tab er 24hr 1 mg (base equiv), 2		HEPLISAV-B.....	13
mg (base equiv), 3 mg (base equiv), 4 mg (base		HETLIOZ LQ.....	70
equiv).....	72	HIBERIX.....	13
guanfacine hcl tab 1 mg, 2 mg.....	45	HIPREX.....	11
GVOKE HYPOPEN 1-PACK.....	32	HIZENTRA.....	15
GVOKE HYPOPEN 2-PACK.....	32	HM ULTICARE INSULIN SYRIN.....	148
GVOKE KIT.....	32	HM ULTICARE MINI PEN NEED.....	148
GVOKE PFS.....	32	HM ULTICARE SHORT PEN NEE.....	148
GYNAZOLE-1.....	62	HUMALOG.....	34
H			
HADLIMA.....	81	HUMALOG JUNIOR KWIKPEN.....	34
HADLIMA PUSH TOUCH.....	81	HUMALOG KWIKPEN.....	34
HAEGARDA.....	99	HUMALOG MIX 75/25.....	35
HAEMOLANCE.....	147	HUMALOG MIX 50/50 KWIKPEN.....	35
HAEMOLANCE LOW FLOW LANCE.....	147	HUMALOG MIX 75/25 KWIKPEN.....	35
HAEMOLANCE PLUS.....	147	HUMALOG TEMPO PEN.....	34
HAEMOLANCE PLUS HIGH FLOW.....	147	HUMATE-P.....	99
HAEMOLANCE PLUS LOW FLOW.....	147	HUMATIN.....	3
HAEMOLANCE PLUS MAX FLOW.....	147	HUMIRA.....	81
HAEMOLANCE PLUS PEDIATRIC.....	147	HUMIRA PEN.....	81
HALCINONIDE.....	110	HUMIRA PEN-CD/UC/HS START.....	81
halcinonide cream 0.1%.....	110	HUMIRA PEN-PS/UV STARTER.....	81
HALDOL DECANOATE 50.....	68	HUMULIN 70/30.....	35
HALDOL DECANOATE 100.....	68	HUMULIN 70/30 KWIKPEN.....	35
halobetasol propionate cream 0.05%.....	110	HUMULIN N.....	35
haloperidol decanoate im soln 50 mg/ml.....	68	HUMULIN N KWIKPEN.....	35
haloperidol decanoate im soln 100 mg/ml.....	68	HUMULIN R.....	35
haloperidol lactate oral conc 2 mg/ml.....	68	HUMULIN R U-500 (CONCENTR.....	35
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20		HUMULIN R U-500 KWIKPEN.....	35
mg.....	68	HW EMBRACE PRO BLOOD GLUC.....	118
HARVONI.....	6	HW EMBRACE TALK BLOOD GLU.....	118
HAVRIX.....	13	HYCANTIN.....	19
HEALTH CARE LANCING DEVIC.....	147	HYCODAN.....	52
HEALTHPRO BLOOD GLUCOSE M.....	147	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	45
		HYDREA.....	19
		hydrochlorothiazide cap 12.5 mg.....	47

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	47	HYPODERMIC NEEDLES 21GX1".....	148
HYDROCODONE/IBUPROFEN.....	78	HYPODERMIC NEEDLES 22GX1".....	148
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	78	HYPODERMIC NEEDLES 23GX1".....	148
hydrocodone-acetaminophen tab 5-325 mg.....	78	HYQVIA.....	15
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....	78	HY-VEE LANCETS.....	148
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....	52	HY-VEE THIN LANCETS.....	148
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	52	I	
HYDROCODONE BITARTRATE/AC.....	78	ibandronate sodium tab 150 mg (base equivalent).....	38
HYDROCODONE BITARTRATE ER.....	78	IBRANCE.....	19
hydrocodone-ibuprofen tab 7.5-200 mg.....	78	ibuprofen tab 400 mg, 600 mg, 800 mg.....	81
HYDROCODONE POLISTIREX/CH.....	52	icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	99
HYDROCORTISONE.....	110	ICLUSIG.....	19
HYDROCORTISONE ACETATE/PR.....	106	IDELVION.....	99
HYDROCORTISONE BUTYRATE.....	110	IDHIFA.....	19
hydrocortisone cream 2.5%.....	110	IGLUCOSE BLOOD GLUCOSE MO.....	149
hydrocortisone enema 100 mg/60ml.....	106	IGLUCOSE BLOOD GLUCOSE TE.....	118
hydrocortisone oint 2.5%.....	110	IHEALTH BLOOD GLUCOSE TES.....	118
hydrocortisone perianal cream 1%.....	106	IHEALTH GLUCO+.....	149
hydrocortisone perianal cream 2.5%.....	106	IHEALTH LANCING DEVICE.....	149
hydrocortisone tab 5 mg, 10 mg, 20 mg.....	26	ILET INSULIN INFUSION KIT.....	149
hydrocortisone valerate cream 0.2%.....	110	ILET INSULIN PUMP.....	149
hydrocortisone valerate oint 0.2%.....	110	ILET STARTER KIT - CONTAC.....	149
hydrocortisone w/ acetic acid otic soln 1-2%.....	105	ILET STARTER KIT - INSET.....	149
hydromorphone hcl liqd 1 mg/ml.....	78	ILEVRO.....	103
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....	78	imatinib mesylate tab 100 mg (base equivalent).....	19
hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	78	imatinib mesylate tab 400 mg (base equivalent).....	19
hydroxychloroquine sulfate tab 200 mg.....	10	IMBRUVICA.....	19
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg.....	10	IMCIVREE.....	72
hydroxyurea cap 500 mg.....	19	imipramine hcl tab 10 mg, 25 mg, 50 mg.....	66
hydroxyzine hcl syrup 10 mg/5ml.....	64	imiquimod cream 5%.....	110
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	64	IMKELDI.....	20
HYDROXYZINE PAMOATE.....	64	IMPAVIDO.....	11
hydroxyzine pamoate cap 25 mg, 50 mg.....	64	IMURAN.....	181
HYFTOR.....	110	IMVEXXY MAINTENANCE PACK.....	62
HYPERSAL.....	52	IMVEXXY STARTER PACK.....	62
HYPODERMIC NEEDLES 18GX1-.....	148	INATAL GT.....	93
HYPODERMIC NEEDLES 20GX1-.....	148	INBRIJA.....	90
HYPODERMIC NEEDLES 21GX1-.....	148	INCONTROL ULTICARE MINI P.....	149
HYPODERMIC NEEDLES 22GX1-.....	148	INCRELEX.....	38
HYPODERMIC NEEDLES 23GX1-.....	148	INCRUSE ELLIPTA.....	54
HYPODERMIC NEEDLES 25GX1-.....	149	indapamide tab 1.25 mg, 2.5 mg.....	47
HYPODERMIC NEEDLES 27GX1-.....	149	indomethacin cap er 75 mg.....	81
HYPODERMIC NEEDLES 25GX5/.....	149	indomethacin cap 25 mg, 50 mg.....	81
HYPODERMIC NEEDLES 26GX1/.....	149	INFANRIX.....	15
HYPODERMIC NEEDLES 27GX1/.....	149	INFINITY BLOOD GLUCOSE MO.....	149
HYPODERMIC NEEDLES 18GX1".....	148	INFINITY BLOOD GLUCOSE TE.....	118
HYPODERMIC NEEDLES 20GX1".....	148	INFINITY VOICE.....	118
		INGREZZA.....	74
		INLYTA.....	20
		INPEN 100/BLUE/HUMALOG.....	149
		INPEN 100/BLUE/LILLY/HUMA.....	149

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

INPEN 100/BLUE/NOVOLOG/FI.....	149	IRESSA.....	20
INPEN 100/GREY/HUMALOG.....	150	irrigation solution, physiological.....	181
INPEN 100/GREY/LILLY/HUMA.....	150	ISENTRESS.....	6
INPEN 100/GREY/NOVOLOG/FI.....	150	ISENTRESS HD.....	6
INPEN 100/PINK/HUMALOG.....	150	isoniazid syrup 50 mg/5ml.....	4
INPEN 100/PINK/LILLY/HUMA.....	150	isoniazid tab 100 mg, 300 mg.....	4
INPEN 100/PINK/NOVOLOG/FI.....	150	isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....	50
INQOVI.....	20	isosorbide dinitrate tab 5 mg, 40 mg.....	41
INREBIC.....	20	isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	41
INSULIN DEGLUDEC.....	36	ISOSORBIDE MONONITRATE.....	41
INSULIN DEGLUDEC FLEXTOUC.....	36	isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg.....	41
INSULIN SYRINGE/0.3ML/30G.....	150	isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	110
INSULIN SYRINGE/0.3ML/31G.....	150	isradipine cap 2.5 mg, 5 mg.....	43
INSULIN SYRINGE/0.5ML/28G.....	150	ISTURISA.....	38
INSULIN SYRINGE/0.5ML/30G.....	150	ITOVEBI.....	20
INSULIN SYRINGE/0.5ML/31G.....	150	itraconazole cap 100 mg.....	4
INSULIN SYRINGE/1ML/29G X.....	150	itraconazole oral soln 10 mg/ml.....	4
INSULIN SYRINGE/1ML/30G X.....	150	ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv).....	50
INSULIN SYRINGE/NEEDLE 0.....	150	ivermectin cream 1%.....	110
INSULIN SYRINGE/NEEDLE 1M.....	150	ivermectin tab 3 mg.....	10
INSULIN SYRINGE/U-100/0.3.....	150	IWILFIN.....	20
INSULIN SYRINGE/U-100/0.5.....	150	IXINITY.....	99
INSULIN SYRINGE/U-100/1ML.....	150		
INSULIN SYRINGES/U-100/0.....	150	J	
INSULIN SYRINGES/U-100/1M.....	151	JADENU.....	113
INSUL-TOTE.....	150	JADENU SPRINKLE.....	113
INSUL-TOTE JR.....	150	JAKAFI.....	20
INSUPEN 33GX4MM.....	151	JANUMET.....	32
INSUPEN 29G X 12MM.....	151	JANUMET XR.....	32
INSUPEN 31G X 5MM.....	151	JANUVIA.....	32
INSUPEN 31G X 8MM.....	151	JARDIANCE.....	32
INSUPEN 32G X 4MM.....	151	JAYPIRCA.....	20
INTELENCE.....	6	JENLIVA PRENATAL/POSTNATA.....	93
IN TOUCH.....	149	JIVI.....	99
IN TOUCH BLOOD GLUCOSE TE.....	118	JOENJA.....	181
IN TOUCH DIABETES MANAGEM.....	149	JORNAY PM.....	72
IN TOUCH LANCING DEVICE.....	149	JULUCA.....	6
IN TOUCH STERILE LANCETS.....	149	JUXTAPID.....	49
INTRAROSA.....	62	JYNARQUE.....	38
INVEGA.....	68	JYNNEOS.....	13
INVEGA HAFYERA.....	68		
INVEGA SUSTENNA.....	68	K	
INVEGA TRINZA.....	68	KALBITOR.....	99
IOPIDINE.....	103	KALETRA.....	7
IPOL INACTIVATED IPV.....	13	KALYDECO.....	56
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	54	KAMELEON LUBRICATED.....	151
ipratropium bromide inhal soln 0.02%.....	54	KEPPRA.....	86
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray).....	52	KEPPRA XR.....	86
IQIRVO.....	60	KERENDIA.....	38
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg.....	45	KESIMPTA.....	74
irbesartan tab 75 mg, 150 mg, 300 mg.....	45	KETOCARE.....	118

KEY | PA = Prior Authorization
 | LD = Limited Distribution
 | SP = Specialty

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

ketoconazole cream 2%	110	KROGER INSULIN SYRINGE/U-.....	152
ketoconazole shampoo 2%	110	KROGER LANCETS.....	152
ketoconazole tab 200 mg	4	KROGER LANCETS 21G.....	152
KETONE.....	118	KROGER LANCETS MICRO THIN.....	152
KETONE TEST STRIPS.....	118	KROGER LANCETS SUPER THIN.....	152
ketorolac tromethamine ophth soln 0.4%	103	KROGER LANCETS THIN.....	152
ketorolac tromethamine ophth soln 0.5%	103	KROGER LANCETS THIN 26G.....	152
ketorolac tromethamine tab 10 mg	81	KROGER LANCETS ULTRATHIN.....	152
KETOSTIX.....	118	KROGER LANCING DEVICE.....	152
KEVEYIS.....	47	KROGER PEN NEEDLES/31G X.....	152
KEVZARA.....	81	KROGER PEN NEEDLES/32G X.....	152
KIMONO COLORS.....	151	KROGER PEN NEEDLES/33G X.....	152
KIMONO LUBRICATED.....	151	KROGER PEN NEEDLES 29G X.....	152
KIMONO MAXX/LARGE FLARE.....	151	KROGER PEN NEEDLES 31G X.....	152
KIMONO MICRO THIN.....	151	KROGER PEN NEEDLES 31GX1/.....	152
KIMONO MICRO THIN PLUS SP.....	151	KROGER PREMIUM BLOOD GLUC.....	119
KIMONO PLUS SPERMICIDE/LU.....	151	KUVAN.....	38
KIMONO PLUS SPERMICIDE LU.....	151		
KIMONO PS LUBRICATED.....	151	L	
KIMONO PS PLUS SPERMICIDE.....	151	labetalol hcl tab 100 mg, 200 mg, 300 mg	42
KIMONO SENSATION LUBRICAT.....	151	lacosamide oral solution 10 mg/ml	86
KIMONO SENSATION PLUS SPE.....	151	lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	86
KIMONO SPECIAL.....	151	lactated ringer's for irrigation	181
KINERET.....	81	lactulose (encephalopathy) solution 10 gm/15ml	60
KINNEY LANCETS.....	151	lactulose solution 10 gm/15ml	56
KINNEY THIN LANCETS.....	151	LAGEVRIO.....	7
KINRAY INSULIN SYRINGE/0.....	151	LAMICTAL.....	86
KINRAY INSULIN SYRINGE PR.....	151	LAMICTAL CHEWABLE DISPERS.....	86
KINRIX.....	15	LAMICTAL ODT.....	86
KISQALI.....	20	LAMICTAL STARTER/NOT TAKI.....	86
KITABIS PAK.....	3	LAMICTAL STARTER/TAKING C.....	86
KLARON.....	110	LAMICTAL STARTER/TAKING V.....	86
KLISYRI.....	110	LAMICTAL XR.....	86
KLOXXADO.....	113	lamivudine oral soln 10 mg/ml	7
KMART VALU PLUS INSULIN S.....	152	lamivudine tab 150 mg	7
KOATE.....	99	lamivudine tab 300 mg	7
KOATE-DVI.....	99	lamivudine tab 100 mg (hbv)	7
KOGENATE FS.....	99	lamivudine-zidovudine tab 150-300 mg	7
KORLYM.....	32	lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	87
KOSELUGO.....	20	lamotrigine tab chewable dispersible 5 mg, 25 mg	87
KOVALTRY.....	99	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	87
K-PHOS.....	94	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	87
K-PHOS NEUTRAL.....	94	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	87
K-PHOS NO 2.....	63	lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	87
KRAZATI.....	20	lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	87
KRINTAFEL.....	10	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	87
KROGER AUTOLET LANCING DE.....	152	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	87
KROGER BLOOD GLUCOSE MONI.....	152		
KROGER BLOOD GLUCOSE TEST.....	119		
KROGER HEALTHPRO GLUCOSE.....	119		
KROGER HEALTHPRO TWIST LA.....	152		
KROGER INSULIN SYRINGE/0.....	152		
KROGER INSULIN SYRINGE/1M.....	152		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

lamotrigine tab 35 x 25 mg starter kit.....	87	leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg.....	21
LAMPIT.....	11	LEUKERAN.....	21
LANCET DEVICE ADJUSTABLE.....	152	LEUKINE.....	95
LANCET DEVICE WITH EJECTO.....	152	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	21
LANCETS.....	152	levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	54
LANCETS - BAYER ASCENCIA.....	152	levabuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	54
LANCETS 30G.....	153	levetiracetam oral soln 100 mg/ml.....	87
LANCETS 30G/TWIST TOP.....	153	levetiracetam tab er 24hr 500 mg, 750 mg.....	87
LANCETS 33G EXTRA FINE.....	153	levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	87
LANCETS 28G THIN.....	153	LEVOBUNOLOL HCL.....	103
LANCETS 30G TWIST TOP.....	153	levocarnitine oral soln 1 gm/10ml (10%).....	39
LANCETS 33G UNIVERSAL DES.....	153	levocarnitine tab 330 mg.....	39
LANCETS MICRO THIN 33G.....	153	levocetirizine dihydrochloride tab 5 mg.....	51
LANCETS SUPER THIN 28G.....	153	LEVOFLOXACIN.....	103
LANCETS THIN.....	153	levofloxacin oral soln 25 mg/ml.....	3
LANCETS ULTRA THIN 30G.....	153	levofloxacin tab 250 mg, 500 mg, 750 mg.....	3
LANCING DEVICE.....	153	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.....	29
LANOXIN.....	41	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	30
lansoprazole cap delayed release 30 mg.....	57	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	30
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental).....	60	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	30
LANTUS.....	36	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	30
LANTUS SOLOSTAR.....	36	levonorgestrel tab 1.5 mg.....	30
LANZO.....	153	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	29
lapatinib ditosylate tab 250 mg (base equiv).....	20	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	30
LASIX.....	47	levorphanol tartrate tab 2 mg.....	78
latanoprost ophth soln 0.005%.....	103	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.....	36
LAZCLUZE.....	20	LIBERTY MEDICAL LANCETS 3.....	153
LEADER ADVANCED LANCING D.....	153	LIDOCAINE HCL.....	106
LEADER INSULIN SYRINGE/0.....	153	lidocaine hcl soln 4%.....	110
LEADER INSULIN SYRINGE/1M.....	153	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	110
LEADER LANCETS COLORED.....	153	lidocaine hcl viscous soln 2%.....	106
LEADER SUPER THIN LANCET.....	153	lidocaine oint 5%.....	111
LEADER THIN LANCETS.....	153	lidocaine patch 5%.....	111
LEADER UNIFINE PENTIPS/MI.....	153	lidocaine-prilocaine cream 2.5-2.5%.....	111
LEADER UNIFINE PENTIPS/NA.....	153	LIFESCAN UNISTIK 2 DEEP P.....	153
LEADER UNIFINE PENTIPS/PL.....	153	linezolid for susp 100 mg/5ml.....	11
LEADER UNIFINE PENTIPS PL.....	153	linezolid tab 600 mg.....	11
LEDIPASVIR/SOFOSBUVIR.....	7	LINZESS.....	60
leflunomide tab 10 mg, 20 mg.....	82	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	36
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg.....	182		
lenalidomide caps 2.5 mg.....	181		
LENVIMA 4 MG DAILY DOSE.....	21		
LENVIMA 8 MG DAILY DOSE.....	21		
LENVIMA 10 MG DAILY DOSE.....	20		
LENVIMA 12MG DAILY DOSE.....	20		
LENVIMA 14 MG DAILY DOSE.....	20		
LENVIMA 18 MG DAILY DOSE.....	20		
LENVIMA 20 MG DAILY DOSE.....	20		
LENVIMA 24 MG DAILY DOSE.....	20		
LETAIRIS.....	50		
letrozole tab 2.5 mg.....	21		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

lisdexamphetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg.....	72	loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	52
lisdexamphetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg.....	72	loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	52
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	45	loratadine oral soln 5 mg/5ml.....	51
lisinopril tab 20 mg.....	45	loratadine rapidly-disintegrating tab 10 mg.....	51
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg.....	45	loratadine tab 10 mg.....	51
LITETOUCH INSULIN PEN NEE.....	153	lorazepam conc 2 mg/ml.....	64
LITETOUCH INSULIN SYRINGE.....	153	lorazepam tab 0.5 mg, 1 mg, 2 mg.....	64
LITE TOUCH LANCETS.....	153	LORBRENA.....	21
LITETOUCH LANCETS MICRO T.....	154	losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	45
LITE TOUCH LANCING PEN.....	153	losartan potassium tab 100 mg.....	45
LITETOUCH PEN NEEDLES/31.....	154	losartan potassium tab 25 mg, 50 mg.....	45
LITETOUCH PEN NEEDLES/31G.....	154	LOTEMAX.....	103
LITETOUCH PEN NEEDLES 29G.....	154	LOTEMAX SM.....	103
LITETOUCH PEN NEEDLES 31G.....	154	LOTENSIN.....	46
LITFULO.....	111	LOTENSIN HCT.....	46
LITHIUM CARBONATE.....	68	loteprednol etabonate ophth gel 0.5%.....	103
lithium carbonate cap 300 mg.....	68	loteprednol etabonate ophth susp 0.2%.....	103
lithium carbonate cap 150 mg, 600 mg.....	68	loteprednol etabonate ophth susp 0.5%.....	103
lithium carbonate tab er 300 mg.....	68	lovastatin tab 10 mg.....	49
lithium carbonate tab er 450 mg.....	68	lovastatin tab 20 mg, 40 mg.....	49
lithium carbonate tab 300 mg.....	68	loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg....	68
lithium oral solution 8 meq/5ml.....	68	lubiprostone cap 8 mcg.....	60
LITHOBID.....	68	lubiprostone cap 24 mcg.....	60
LITHOSTAT.....	63	LUCEMYRA.....	74
LIVDELZI.....	60	LUMAKRAS.....	21
LIVE BETTER ADVANCED LANC.....	154	LUMIGAN.....	103
LIVE BETTER LANCET SUPER.....	154	LUMRYZ.....	74
LIVE BETTER LANCET ULTRA.....	154	LUMRYZ STARTER PACK.....	74
LIVE BETTER PEN NEEDLES 2.....	154	LUPKYNIS.....	182
LIVE BETTER PEN NEEDLES 3.....	154	lurasidone hcl tab 80 mg.....	68
LIVMARLI.....	60	lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....	68
LIVTENCITY.....	7	LYBALVI.....	75
LODINE.....	82	LYNPARZA.....	21
LODOSYN.....	90	LYRICA.....	87
lofexidine hcl tab 0.18 mg (base equivalent).....	74	LYSODREN.....	21
LOKELMA.....	182	LYTGOBI.....	21
LO LOESTRIN FE.....	30	LYUMJEV.....	34
LOMOTIL.....	57	LYUMJEV KWIKPEN.....	34
LONGS INSULIN SYRINGE/0.5.....	154	LYUMJEV TEMPO PEN.....	34
LONGS LANCETS STANDARD.....	154	M	
LONGS LANCETS THIN.....	154	MACROBID.....	11
LONGS LANCETS ULTRA THIN.....	154	MACRODANTIN.....	11
LONSURF.....	21	MAFENIDE ACETATE.....	111
LOPID.....	49	MAGELLAN INSULIN SAFETY S.....	154
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	7	MAGELLAN TUBERCULIN SAFET.....	154
lopinavir-ritonavir tab 100-25 mg.....	7	malathion lotion 0.5%.....	111
lopinavir-ritonavir tab 200-50 mg.....	7	MARATHON MEDICAL PENTIPS.....	154
LOPRESSOR.....	42	maraviroc tab 150 mg.....	7
		maraviroc tab 300 mg.....	7

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

MARPLAN.....	66	MEIJER TRUETEST BLOOD GLU.....	119
MATULANE.....	21	MEIJER TRUETRACK BLOOD GL.....	119
MAVENCLAD.....	75	MEKINIST.....	21
MAVYRET.....	7	MEKTOVI.....	21
MAXICOMFORT II PEN NEEDLE.....	154	MELOXICAM.....	82
MAXI-COMFORT INSULIN SYRI.....	154	meloxicam tab 7.5 mg, 15 mg.....	82
MAXICOMFORT INSULIN SYRIN.....	155	memantine hcl oral solution 2 mg/ml.....	75
MAXI-COMFORT SAFETY PEN N.....	154	memantine hcl tab 5 mg, 10 mg.....	75
MAXIDEX.....	103	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration	
MAXITROL.....	103	pack.....	75
MAXX LUBRICATED.....	155	MENEST.....	29
MAXX PLUS SPERMICIDE LUBR.....	155	MENOSTAR.....	29
MAYZENT.....	75	MENQUADFI.....	13
MAYZENT STARTER PACK.....	75	MENVEO.....	13
meclizine hcl tab 12.5 mg, 25 mg.....	58	MEPERIDINE HCL.....	78
MECLOFENAMATE SODIUM.....	82	meprobamate tab 200 mg, 400 mg.....	64
MEDICHOICE PRE-SET SAFETY.....	155	MEPRON.....	11
MEDICHOICE SAFETY LANCET.....	155	mercaptapurine tab 50 mg.....	21
MEDICINE SHOPPE LANCETS.....	155	mesalamine cap dr 400 mg.....	60
MEDICINE SHOPPE LANCETS T.....	155	mesalamine cap er 24hr 0.375 gm.....	60
MEDICINE SHOPPE PEN NEEDL.....	155	mesalamine enema 4 gm.....	60
MEDIC INSULIN SYRINGE/0.3.....	155	mesalamine suppos 1000 mg.....	60
MEDIC INSULIN SYRINGE/0.5.....	155	mesalamine tab delayed release 1.2 gm.....	60
MEDLANCE PLUS/LITE 25G.....	155	mesalamine tab delayed release 800 mg.....	60
MEDLANCE PLUS EXTRA LANCE.....	155	mesna tab 400 mg.....	21
MEDLANCE PLUS LANCETS LIT.....	155	MESNEX.....	21
MEDLANCE PLUS LITE LANCET.....	155	METADATE CD.....	72
MEDLANCE PLUS SPECIAL LAN.....	155	metaxalone tab 400 mg.....	91
MEDLANCE PLUS SUPERLITE 3.....	155	metaxalone tab 800 mg.....	91
MEDLANCE PLUS UNIVERSAL L.....	155	metformin hcl tab er 24hr 500 mg, 750 mg.....	32
MEDROL.....	27	metformin hcl tab 500 mg, 850 mg, 1000 mg.....	32
MEDROL DOSEPAK.....	27	METHADONE HCL.....	78
medroxyprogesterone acetate im susp 150 mg/ml.....	30	methadone hcl conc 10 mg/ml.....	78
medroxyprogesterone acetate im susp prefilled syr		methadone hcl soln 5 mg/5ml.....	79
150 mg/ml.....	30	methadone hcl soln 10 mg/5ml.....	79
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10		methadone hcl tab for oral susp 40 mg.....	79
mg.....	31	methadone hcl tab 5 mg, 10 mg.....	79
mefloquine hcl tab 250 mg.....	10	METHADOSE.....	79
megestrol acetate susp 40 mg/ml.....	21	METHADOSE SUGAR-FREE.....	79
megestrol acetate tab 20 mg, 40 mg.....	21	METHAMPHETAMINE HYDROCHLO.....	72
MEIJER BLOOD GLUCOSE MONI.....	155	methazolamide tab 25 mg, 50 mg.....	47
MEIJER BLOOD GLUCOSE TEST.....	119	methenamine hippurate tab 1 gm.....	11
MEIJER COLOR LANCETS UNIV.....	155	methimazole tab 5 mg, 10 mg.....	36
MEIJER ESSENTIAL BLOOD GL.....	119	METHITEST.....	27
MEIJER LANCETS.....	155	methocarbamol tab 500 mg, 750 mg.....	91
MEIJER LANCETS THIN.....	155	METHOTREXATE SODIUM.....	22
MEIJER LANCETS UNIVERSAL.....	155	methotrexate sodium for inj 1 gm.....	22
MEIJER PEN NEEDLES 29G X.....	155	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250	
MEIJER PEN NEEDLES 31G X.....	155	mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	22
MEIJER PREMIUM BLOOD GLUC.....	155	methotrexate sodium tab 2.5 mg (base equiv).....	22
MEIJER SUPER THIN LANCETS.....	155	METHOXSALEN.....	111
MEIJER TRUE2GO BLOOD GLUC.....	156	methscopolamine bromide tab 2.5 mg, 5 mg.....	57
MEIJER TRUERESULT BLOOD G.....	155	methsuximide cap 300 mg.....	87

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

METHYLDOPA.....	46	MICROLET NEXT.....	156
methylergonovine maleate tab 0.2 mg.....	37	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	48
METHYLIN.....	72	MIEBO.....	103
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....	72	MIFEPREX.....	39
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	72	mifepristone tab 200 mg.....	39
methylphenidate hcl chew tab 10 mg.....	72	mifepristone tab 300 mg.....	32
methylphenidate hcl chew tab 2.5 mg, 5 mg.....	72	MIGERGOT.....	83
methylphenidate hcl soln 5 mg/5ml.....	72	MIGLITOL.....	32
methylphenidate hcl soln 10 mg/5ml.....	72	miglustat cap 100 mg.....	95
methylphenidate hcl tab er 10 mg, 20 mg.....	72	MINI LANCING DEVICE.....	156
methylphenidate hcl tab er osmotic release (osm) 36 mg.....	72	minocycline hcl cap 50 mg, 75 mg, 100 mg.....	3
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....	72	minoxidil tab 2.5 mg, 10 mg.....	46
methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	73	mirabegron tab er 24 hr 25 mg, 50 mg.....	61
METHYLPHENIDATE HYDROCHLO.....	73	MIRCERA.....	95
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	27	mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg.....	66
methylprednisolone tab therapy pack 4 mg (21).....	27	mirtazapine tab 7.5 mg, 45 mg.....	66
methyltestosterone cap 10 mg.....	27	mirtazapine tab 15 mg, 30 mg.....	66
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	60	misoprostol tab 100 mcg, 200 mcg.....	57
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	60	1ML VANISHPOINT TUBERCULI.....	181
metolazone tab 2.5 mg, 5 mg, 10 mg.....	47	MM BLOOD GLUCOSE MONITORI.....	156
METOPIRONE.....	119	MM BLULINK GLUCOSE MONITO.....	156
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	46	MM BLULINK GLUCOSE TEST S.....	119
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	42	MM EASY TOUCH BLOOD GLUCO.....	156
metoprolol tartrate tab 50 mg, 100 mg.....	42	MM EASY TOUCH GLUCOSE TES.....	119
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	42	MM INSULIN SYRINGE/U-100/.....	156
METROGEL.....	111	MM LANCING DEVICE.....	156
METROLOTION.....	111	MM PEN NEEDLES 31G X 3/16.....	156
metronidazole cream 0.75%.....	111	MM PEN NEEDLES 31G X 5/16.....	156
metronidazole gel 0.75%.....	111	MM PEN NEEDLES 32G X 5/32.....	156
metronidazole gel 1%.....	111	MM PEN NEEDLES 31G X 1/4".....	156
metronidazole lotion 0.75%.....	111	M-M-R II.....	13
metronidazole tab 250 mg.....	11	MM TWIST LANCETS.....	156
metronidazole tab 500 mg.....	11	M-NATAL PLUS.....	93
metronidazole vaginal gel 0.75%.....	62	modafinil tab 100 mg, 200 mg.....	73
mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	44	MODERNA COVID-19 VACCINE.....	13
MIACALCIN.....	39	moexipril hcl tab 7.5 mg, 15 mg.....	46
MICONAZOLE 3.....	62	MOLINDONE HYDROCHLORIDE.....	69
MICRODOT BLOOD GLUCOSE MO.....	156	mometasone furoate cream 0.1%.....	111
MICRODOT PEN NEEDLE/31G X.....	156	mometasone furoate oint 0.1%.....	111
MICRODOT PEN NEEDLE/32G X.....	156	mometasone furoate solution 0.1% (lotion).....	111
MICRODOT PEN NEEDLE/33G X.....	156	MONOJECT BLUNT CANNULA/20.....	156
MICRODOT TEST STRIPS.....	119	MONOJECT BLUNT CANNULA/21.....	156
MICRODOT XTRA TEST STRIPS.....	119	MONOJECT HYPO/ALUM HUB/16.....	157
MICROLET LANCETS.....	156	MONOJECT HYPO/ALUM HUB/18.....	157
		MONOJECT HYPO/ALUM HUB/LU.....	156
		MONOJECT HYPO/POLYPROPYLE.....	157
		MONOJECT HYPODERMIC NEEDL.....	157
		MONOJECT INSULIN SYRINGE.....	157
		MONOJECT INSULIN SYRINGE/.....	157
		MONOJECT MAGELLAN SAFETY.....	157
		MONOJECT MEDICATION TRANS.....	157
		MONOJECT STANDARD HYPODER.....	157

KEY | PA = Prior Authorization
 | LD = Limited Distribution
 | SP = Specialty

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

MONOJECT TB SYRINGE-NDL 1.....	157
MONOJECT TUBERCULIN SAFET.....	157
MONOJECT TUBERCULIN SYRIN.....	158
MONOJECT ULTRA COMFORT IN.....	158
MONOLET LANCETS.....	158
MONOLET OPD LANCETS.....	158
MONOLETTOR SAFETY LANCETS.....	158
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	54
montelukast sodium tab 10 mg (base equiv).....	54
MORPHINE SULFATE.....	79
MORPHINE SULFATE ER.....	79
morphine sulfate oral soln 10 mg/5ml.....	79
morphine sulfate oral soln 20 mg/5ml.....	79
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	79
morphine sulfate tab er 100 mg, 200 mg.....	79
morphine sulfate tab er 15 mg, 30 mg, 60 mg.....	79
morphine sulfate tab 15 mg.....	79
morphine sulfate tab 30 mg.....	79
MOTPOLY XR.....	87
MOUNJARO.....	32
MOVANTIK.....	60
MOVIPREP.....	56
moxifloxacin hcl ophth soln 0.5% (base equiv).....	103
moxifloxacin hcl tab 400 mg (base equiv).....	3
MRESVIA.....	14
MS INSULIN SYRINGE/0.3ML/.....	158
MS INSULIN SYRINGE/0.5ML/.....	158
MS INSULIN SYRINGE/1ML/29.....	158
MS INSULIN SYRINGE/1ML/30.....	158
MS INSULIN SYRINGE/1ML/31.....	158
MULPLETA.....	96
MULTAQ.....	44
MULTI-LANCET DEVICE.....	158
mupirocin oint 2%.....	111
MYALEPT.....	39
MYCAPSSA.....	39
mycophenolate mofetil cap 250 mg.....	182
mycophenolate mofetil for oral susp 200 mg/ml.....	182
mycophenolate mofetil tab 500 mg.....	182
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	182
MYDRIACYL.....	103
MYFEMBREE.....	29
MYFORTIC.....	182
MYGLUCOHEALTH BLOOD GLUCO.....	119
MYGLUCOHEALTH MGH SOFTLAN.....	158
MYHIBBIN.....	182
MYLERAN.....	22
MYRBETRIQ.....	61
MYTESI.....	57

N

nabumetone tab 500 mg, 750 mg.....	82
nadolol tab 20 mg, 40 mg, 80 mg.....	42
naloxone hcl inj 0.4 mg/ml.....	113
naloxone hcl inj 4 mg/10ml.....	113
naloxone hcl nasal spray 4 mg/0.1ml.....	113
naloxone hcl soln prefilled syringe 2 mg/2ml.....	113
NALOXONE HYDROCHLORIDE.....	113
naltrexone hcl tab 50 mg.....	113
NAPROSYN.....	82
naproxen sodium tab 275 mg, 550 mg.....	82
naproxen tab 500 mg.....	82
naproxen tab 250 mg, 375 mg.....	82
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	83
NARCAN.....	113
NARDIL.....	66
NATACYN.....	103
NATALVIT.....	93
NATAZIA.....	30
nateglinide tab 60 mg, 120 mg.....	32
NATROBA.....	111
NAYZILAM.....	87
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	42
NEBUPENT.....	11
NEFAZODONE HYDROCHLORIDE.....	66
NEMLUVIO.....	111
NEOMYCIN/POLYMYXIN/GRAMIC.....	103
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	103
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	103
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	103
neomycin-polymyxin-hc otic soln 1%.....	105
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	105
neomycin sulfate tab 500 mg.....	3
NEONATAL COMPLETE.....	93
NEONATAL PLUS.....	93
NEORAL.....	182
NEO-SYNALAR.....	111
NERLYNX.....	22
NESTABS.....	93
NEULASTA.....	96
NEUPRO.....	90
NEURONTIN.....	87
NEUTEK 2TEK TEST STRIPS.....	119
NEVIRAPINE.....	7
nevirapine tab er 24hr 400 mg.....	7

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

nevirapine tab 200 mg.....	7	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	30
NEXAVAR.....	22	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....	30
NEXIUM.....	57	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	30
NEXLETOL.....	49	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	30
NEXLIZET.....	49	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	30
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....	49	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	29
nicardipine hcl cap 20 mg, 30 mg.....	43	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	29
nicotine polacrilex gum 2 mg, 4 mg.....	75	norethindrone acetate tab 5 mg.....	31
nicotine polacrilex lozenge 2 mg, 4 mg.....	75	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	30
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	75	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....	30
NICOTROL INHALER.....	75	norethindrone tab 0.35 mg.....	30
NICOTROL NS.....	75	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	30
nifedipine cap 10 mg, 20 mg.....	43	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.....	30
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	43	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	30
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	43	NORPACE.....	44
NILANDRON.....	22	NORPACE CR.....	44
nilutamide tab 150 mg.....	22	NORPRAMIN.....	66
NIMODIPINE.....	43	nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	66
nimodipine cap 30 mg.....	43	nortriptyline hcl soln 10 mg/5ml.....	66
NINLARO.....	22	NORVIR.....	7
NISOLDIPINE ER.....	43	NOURIANZ.....	90
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	43	NOVA MAX BLOOD GLUCOSE MO.....	158
NITAZOXANIDE.....	11	NOVA MAX GLUCOSE TEST STR.....	119
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	39	NOVA SAFETY LANCETS 23G.....	158
NITRO-BID.....	41	NOVA SAFETY LANCETS 28G.....	158
NITRO-DUR.....	41	NOVA SUREFLEX LANCETS.....	158
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg.....	11	NOVA SUREFLEX LANCING DEV.....	158
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	11	NOVAVAX COVID-19 VACCINE/.....	14
nitrofurantoin susp 25 mg/5ml.....	11	NOVOEIGHT.....	99
nitroglycerin oint 0.4%.....	107	NOVOFINE PEN NEEDLE 32G X.....	158
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	41	NOVOFINE PLUS PEN NEEDLE.....	158
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	41	NOVOLIN 70/30.....	35
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	41	NOVOLIN 70/30 FLEXPEN.....	35
NITROLINGUAL.....	41	NOVOLIN 70/30 FLEXPEN REL.....	35
NITROSTAT.....	41	NOVOLIN 70/30 RELION.....	36
NITRO-TIME.....	41	NOVOLIN N.....	35
NITYR.....	39	NOVOLIN N FLEXPEN.....	35
NIVA-PLUS.....	93	NOVOLIN N FLEXPEN RELION.....	35
NIVA THYROID.....	37	NOVOLIN N RELION.....	35
NIVESTYM.....	96	NOVOLIN R.....	35
NIZATIDINE.....	58	NOVOLIN R FLEXPEN.....	35
nizatidine cap 150 mg.....	58	NOVOLIN R FLEXPEN RELION.....	35
NORDITROPIN FLEXPEN.....	39		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	30		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

NOVOLIN R RELION.....	35	OFLOXACIN.....	3
NOVOLOG.....	34	ofloxacin ophth soln 0.3%.....	104
NOVOLOG FLEXPEN.....	34	ofloxacin otic soln 0.3%.....	105
NOVOLOG FLEXPEN RELION.....	34	ofloxacin tab 400 mg.....	3
NOVOLOG MIX 70/30.....	36	OGSIVEO.....	22
NOVOLOG MIX 70/30 PREFILL.....	36	OJEMDA.....	22
NOVOLOG MIX 70/30 RELION.....	36	OJJAARA.....	22
NOVOLOG PENFILL.....	34	olanzapine for im inj 10 mg.....	69
NOVOLOG RELION.....	34	olanzapine orally disintegrating tab 5 mg, 10 mg, 15	
NOVOPEN ECHO.....	158	mg, 20 mg.....	69
NOVOSEVEN RT.....	99	olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20	
NOXAFIL.....	4	mg.....	69
NP THYROID 15.....	37	olmesartan-amlodipine-hydrochlorothiazide tab	
NP THYROID 30.....	37	20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5	
NP THYROID 60.....	37	mg, 40-10-25 mg.....	46
NP THYROID 90.....	37	olmesartan medoxomil-hydrochlorothiazide tab	
NP THYROID 120.....	37	20-12.5 mg, 40-12.5 mg, 40-25 mg.....	46
NUBEQA.....	22	olmesartan medoxomil tab 5 mg.....	46
NUCALA.....	54	olmesartan medoxomil tab 20 mg, 40 mg.....	46
NUCYNTA ER.....	79	olopatadine hcl nasal soln 0.6%.....	52
NUDEXTA.....	75	OLUMIANT.....	82
NULIBRY.....	39	omega-3-acid ethyl esters cap 1 gm.....	49
NUPLAZID.....	69	omeprazole cap delayed release 20 mg.....	58
NURTEC.....	83	omeprazole cap delayed release 10 mg, 40 mg.....	58
NUVARING.....	31	OMNIFLEX DIAPHRAGM.....	159
NUWIQ.....	99	OMNIPOD DASH INTRO KIT (G.....	159
NUZYRA.....	3	OMNIPOD DASH PODS (GEN 4).....	159
NYMALIZE.....	43	OMNIPOD 5 DEXCOM G7G6 INT.....	159
NYSTATIN.....	106	OMNIPOD 5 DEXCOM G7G6 POD.....	159
nystatin cream 100000 unit/gm.....	111	OMNIPOD 5 LIBRE2 PLUS G6.....	159
nystatin oint 100000 unit/gm.....	111	OMNITROPE.....	39
nystatin susp 100000 unit/ml.....	106	OMVOH.....	60
nystatin tab 500000 unit.....	4	ON CALL EXPRESS BLOOD GLU.....	119
nystatin topical powder 100000 unit/gm.....	111	ONDANSETRON HCL.....	58
nystatin-triamcinolone cream 100000-0.1 unit/gm-		ondansetron hcl oral soln 4 mg/5ml.....	58
%.....	111	ondansetron hcl tab 4 mg.....	58
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	111	ondansetron hcl tab 8 mg.....	58
NYVEPRIA.....	96	ondansetron orally disintegrating tab 4 mg, 8 mg.....	58
O		ONE DROP BLOOD GLUCOSE MO.....	159
OBIZUR.....	100	ONE DROP BLOOD GLUCOSE TE.....	119
OBSTETRIX EC.....	93	ONETOUCH DELICA LANCETS E.....	159
OALIVA.....	60	ONETOUCH DELICA LANCETS F.....	159
OCTREOTIDE ACETATE.....	39	ONETOUCH DELICA LANCING D.....	159
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000		ONETOUCH DELICA PLUS LANC.....	159
mcg/ml (1 mg/ml).....	39	ONETOUCH DELICA SAFETY LA.....	159
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100		ONETOUCH LANCETS.....	159
mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).....	39	ONETOUCH ULTRA.....	119
OCUFLOX.....	103	ONETOUCH ULTRA 2.....	159
ODACTRA.....	16	ONETOUCH ULTRA BLUE TEST.....	119
ODEFSEY.....	7	ONETOUCH ULTRASOFT 2 LANC.....	159
ODOMZO.....	22	ONETOUCH ULTRA TEST STRIP.....	119
OFEV.....	56	ONETOUCH VERIO.....	159
		ONETOUCH VERIO FLEX BLOOD.....	159

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

ONETOUCH VERIO IQ BLOOD G.....	159	oxycodone hcl soln 5 mg/5ml.....	79
ONETOUCH VERIO REFLECT.....	159	oxycodone hcl tab 5 mg.....	79
ONETOUCH VERIO TEST STRIP.....	119	oxycodone hcl tab 10 mg.....	79
ONE VITE WOMENS PRENATAL.....	93	oxycodone hcl tab 20 mg.....	79
ONFI.....	87	oxycodone hcl tab 15 mg, 30 mg.....	79
ONUREG.....	22	OXYCODONE HYDROCHLORIDE/A.....	79
OPFOLDA.....	39	oxycodone w/ acetaminophen tab 7.5-325 mg.....	79
OPILL.....	31	oxycodone w/ acetaminophen tab 10-325 mg.....	80
OPSUMIT.....	50	oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....	79
OPTIONS GYNOL II VAGINAL.....	62	OZEMPIC.....	32
OPTIUMEZ TEST STRIPS.....	119		
OPVEE.....	113	P	
OPZELURA.....	111	PALFORZIA INITIAL DOSE ES.....	16
ORAVIG.....	106	PALFORZIA LEVEL 1.....	16
ORENCIA.....	82	PALFORZIA LEVEL 2.....	16
ORENCIA CLICKJECT.....	82	PALFORZIA LEVEL 3.....	16
ORENITRAM.....	50	PALFORZIA LEVEL 4.....	16
ORENITRAM TITRATION KIT M.....	50	PALFORZIA LEVEL 5.....	16
ORFADIN.....	39	PALFORZIA LEVEL 6.....	16
ORGOVYX.....	22	PALFORZIA LEVEL 7.....	16
ORIAHNN.....	29	PALFORZIA LEVEL 8.....	16
ORLISSA.....	39	PALFORZIA LEVEL 9.....	16
ORKAMBI.....	56	PALFORZIA LEVEL 10.....	16
ORLADEYO.....	100	PALFORZIA LEVEL 11 (MAINT.....	16
orphenadrine citrate tab er 12hr 100 mg.....	91	PALFORZIA LEVEL 11 (TITRA.....	16
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg.....	91	paliperidone tab er 24hr 6 mg.....	69
ORSERDU.....	22	paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	69
oseltamivir phosphate cap 30 mg (base equiv).....	7	PALYNZIQ.....	39
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv).....	7	PAMELOR.....	66
oseltamivir phosphate for susp 6 mg/ml (base equiv).....	7	PANRETIN.....	111
OSPHENA.....	39	pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv).....	58
OTEZLA.....	82	pantoprazole sodium for delayed release susp packet 40 mg.....	58
OTREXUP.....	82	paricalcitol cap 4 mcg.....	39
OVIDE.....	111	paricalcitol cap 1 mcg, 2 mcg.....	39
oxaprozin tab 600 mg.....	82	PARLODEL.....	90
oxazepam cap 10 mg, 15 mg, 30 mg.....	64	PARNATE.....	66
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	87	paroxetine hcl oral susp 10 mg/5ml (base equiv).....	66
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg....	87	paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....	66
oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	87	paroxetine mesylate cap 7.5 mg (base equiv).....	75
OXERVATE.....	104	PAXLOVID.....	7
oxiconazole nitrate cream 1%.....	111	pazopanib hcl tab 200 mg (base equiv).....	22
OXTELLAR XR.....	87	PC UNIFINE PENTIPS 29G X.....	159
oxybutynin chloride solution 5 mg/5ml.....	62	PC UNIFINE PENTIPS 31G X.....	159
oxybutynin chloride tab er 24hr 5 mg.....	62	PEDIAPRED.....	27
oxybutynin chloride tab er 24hr 10 mg.....	62	PEDIARIX.....	15
oxybutynin chloride tab er 24hr 15 mg.....	62	PEDVAX HIB.....	14
oxybutynin chloride tab 5 mg.....	62	PEGASYS.....	7
OXYCODONE/ACETAMINOPHEN.....	80	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	56
oxycodone hcl cap 5 mg.....	79		
oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	79		

KEY | PA = Prior Authorization
 LD = Limited Distribution
 SP = Specialty

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

peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	56	PERFECT PRESSURE ACTIVATE.....	161
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	56	PERIDEX.....	106
PEG-PREP.....	57	PERINDOPRIL ERBUMINE.....	46
PEMAZYRE.....	22	perindopril erbumine tab 4 mg.....	46
PENBRAYA.....	14	permethrin cream 5%.....	111
 penciclovir cream 1%.....	111	PERPHENAZINE/AMITRIPTYLIN.....	75
penicillamine tab 250 mg.....	182	perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	69
PENICILLIN V POTASSIUM.....	1	PERSERIS.....	69
penicillin v potassium tab 250 mg, 500 mg.....	1	PFIZER-BIONTECH COVID-19.....	14
PEN NEEDLE/5-BEVEL TIP/32.....	159	PHARMACIST CHOICE AUTOCOD.....	119
PEN NEEDLES.....	160	PHARMACIST CHOICE MINI BL.....	161
PEN NEEDLES/29G X 1/2".....	160	PHARMACIST CHOICE NO CODI.....	119
PEN NEEDLES/31G X 1/4".....	160	PHARMACIST CHOICE SELECT.....	161
PEN NEEDLES/31G X 3/16".....	160	PHARMACIST CHOICE ULTRA T.....	161
PEN NEEDLES/31G X 5/16".....	160	PHARMACY COUNTER LANCETS.....	161
PEN NEEDLES/32G X 5/32".....	161	PHEBURANE.....	40
PEN NEEDLES/31G X 6MM.....	161	PHENELZINE SULFATE.....	66
PEN NEEDLES 31GX5/16".....	160	phenobarbital elixir 20 mg/5ml.....	70
PEN NEEDLES 31G X 3/16".....	160	phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	70
PEN NEEDLES 33G X 5/32".....	160	phenoxybenzamine hcl cap 10 mg.....	46
PEN NEEDLES 30GX5MM.....	160	phenylephrine hcl ophth soln 2.5%, 10%.....	104
PEN NEEDLES 30GX8MM.....	160	PHENYLEPHRINE HYDROCHLORI.....	104
PEN NEEDLES 31GX5MM.....	160	phenytoin chew tab 50 mg.....	87
PEN NEEDLES 31GX8MM.....	160	phenytoin sodium extended cap 100 mg.....	88
PEN NEEDLES 32GX4MM.....	160	phenytoin sodium extended cap 200 mg, 300 mg.....	88
PEN NEEDLES 29GX12MM.....	160	phenytoin susp 125 mg/5ml.....	88
PEN NEEDLES 31G X 5MM.....	160	PHEXXI.....	62
PEN NEEDLES 31G X 6MM.....	160	PHOSPHOLINE IODIDE.....	104
PEN NEEDLES 31G X 8MM.....	160	phytonadione tab 5 mg.....	92
PEN NEEDLES 32G X 4MM.....	160	PIFELTRO.....	8
PEN NEEDLES 32G X 5MM.....	160	pilocarpine hcl ophth soln 1%, 2%, 4%.....	104
PEN NEEDLES 32G X 6MM.....	160	pilocarpine hcl tab 5 mg, 7.5 mg.....	106
PEN NEEDLES 31GX8MM (5/16.....	160	pimecrolimus cream 1%.....	111
PEN NEEDLES 31GX6MM (1/4".....	160	PIMOZIDE.....	75
PENTACEL.....	15	pindolol tab 5 mg, 10 mg.....	42
pentamidine isethionate for nebulization soln 300 mg.....	11	pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.....	33
pentazocine w/ naloxone hcl tab 50-0.5 mg.....	80	pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv).....	32
PENTIPS GENERIC PEN NEEDL.....	161	PIP BLOOD GLUCOSE MONITOR.....	161
PENTIPS 31GX5MM.....	161	PIP BLOOD GLUCOSE TEST ST.....	120
PENTIPS 31GX6MM.....	161	PIP LANCETS/28G.....	162
PENTIPS 31GX8MM.....	161	PIP LANCETS/30G.....	162
PENTIPS 32GX4MM.....	161	PIP PEN NEEDLES 31G X 5MM.....	162
PENTIPS 29GX12MM.....	161	PIP PEN NEEDLES 32G X 4MM.....	162
PENTIPS 29G X 12MM.....	161	PIQRAY 200MG DAILY DOSE.....	22
PENTIPS 31G X 5MM.....	161	PIQRAY 250MG DAILY DOSE.....	22
PENTIPS 31G X 8MM.....	161	PIQRAY 300MG DAILY DOSE.....	23
PENTIPS 32G X 4MM.....	161	PIRFENIDONE.....	56
pentoxifylline tab er 400 mg.....	100	pirfenidone cap 267 mg.....	56
PERFECT LANCETS 30G.....	161	pirfenidone tab 267 mg.....	56
PERFECT POINT SAFETY LANC.....	161	pirfenidone tab 801 mg.....	56
PERFECT POINT SAFTEY NEED.....	161		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

piroxicam cap 10 mg, 20 mg.....	82	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.....	90
pitavastatin calcium tab 4 mg.....	49	pramipexole dihydrochloride tab 0.25 mg, 1.5 mg.....	90
pitavastatin calcium tab 1 mg, 2 mg.....	49	pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg.....	90
PLAN B ONE-STEP.....	31	prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....	100
PLAQUENIL.....	10	pravastatin sodium tab 80 mg.....	49
PLEGRIDY.....	76	pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	49
PLEGRIDY STARTER PACK.....	76	praziquantel tab 600 mg.....	10
PLENVU.....	57	prazosin hcl cap 1 mg, 2 mg, 5 mg.....	46
PNEUMOVAX 23.....	14	PRECISION SOF-TACT TEST S.....	120
PNV-DHA+DOCUSATE.....	93	PRECISION SURE-DOSE INSUL.....	162
PNV-OMEGA.....	93	PRECISION XTRA.....	162
POCKETCHEM EZ BLOOD GLUCO.....	120	PRECISION XTRA BLOOD GLUC.....	120
PODOFILOX.....	111	PRED MILD.....	104
podofilox gel 0.5%.....	111	prednisolone acetate ophth susp 1%.....	104
POGO AUTOMATIC BLOOD GLUC.....	162	PREDNISOLONE SODIUM PHOSP.....	27
POGO AUTOMATIC TEST CARTR.....	120	prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	27
POKONZA.....	94	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	27
POLY HUB NEEDLE/18G X 1-1.....	162	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....	27
POLY HUB NEEDLE/21G X 1-1.....	162	prednisolone soln 15 mg/5ml.....	27
POLY HUB NEEDLE/22G X 1-1.....	162	prednisolone tab 5 mg.....	27
POLY HUB NEEDLE/23G X 1-1.....	162	PREDNISONE.....	27
POLY HUB NEEDLE/25G X 1-1.....	162	PREDNISONE INTENSOL.....	27
POLY HUB NEEDLE/27G X 1-1.....	162	prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	27
POLY HUB NEEDLE/25G X 5/8.....	162	prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....	27
POLY HUB NEEDLE/27G X 1/2.....	162	PREFERRED PLUS INSULIN SY.....	162
POLY HUB NEEDLE/30G X 1/2.....	162	PREFERRED PLUS LANCETS CO.....	162
POLY HUB NEEDLE/18G X 1".....	162	PREFERRED PLUS LANCETS SU.....	162
POLY HUB NEEDLE/21G X 1".....	162	PREFERRED PLUS LANCETS TH.....	162
POLY HUB NEEDLE/22G X 1".....	162	PREFERRED PLUS UNIFINE PE.....	163
POLY HUB NEEDLE/23G X 1".....	162	pregabalin cap 225 mg, 300 mg.....	88
POLY HUB NEEDLE/25G X 1".....	162	pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....	88
polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1%.....	104	pregabalin soln 20 mg/ml.....	88
POMALYST.....	23	PREMARIN.....	29
posaconazole susp 40 mg/ml.....	4	PREMIUM BLOOD GLUCOSE TES.....	120
posaconazole tab delayed release 100 mg.....	4	PREMPHASE.....	29
potassium chloride cap er 8 meq, 10 meq.....	94	PREMPRO.....	29
POTASSIUM CHLORIDE ER.....	94	PRENAISSANCE.....	93
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....	94	PRENATAL.....	93
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	94	PRENATAL 19.....	93
potassium chloride tab er 10 meq, 20 meq (1500 mg).....	94	PRENATAL PLUS.....	93
potassium chloride tab er 8 meq (600 mg).....	94	PRENATAL PLUS VITAMIN AND.....	93
potassium citrate tab er 5 meq (540 mg).....	63	PRENATAL-U.....	93
potassium citrate tab er 10 meq (1080 mg).....	63	PRETOMANID.....	4
potassium citrate tab er 15 meq (1620 mg).....	63	PREVENT DROPSAFE SAFETY P.....	163
potassium phosphate monobasic tab 500 mg.....	94		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....	94		
PRADAXA.....	97		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

PREVENT SAFETY PEN NEEDLE.....	163	PROPRANOLOL HYDROCHLORIDE.....	42
PREVIDENT 5000 ENAMEL PRO.....	106	propylthiouracil tab 50 mg.....	37
PREVIDENT RINSE.....	106	PROQUAD.....	14
PREVIDENT 5000 SENSITIVE.....	106	PROSCAR.....	63
PREVNAR 20.....	14	protriptyline hcl tab 5 mg, 10 mg.....	66
PREVYMIS.....	8	PROVERA.....	31
PREZCOBIX.....	8	PROVIDA OB.....	93
PREZISTA.....	8	PRO VOICE V8/V9 BLOOD GLU.....	120
PRIFTIN.....	4	PRO VOICE V9 BLOOD GLUCOS.....	163
PRIMAQUINE PHOSPHATE.....	10	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....	52
primaquine phosphate tab 26.3 mg (15 mg base).....	10	PTS PANELS EGLU.....	120
primidone tab 50 mg, 250 mg.....	88	PULMOZYME.....	56
PRIORIX.....	14	PURE COMFORT PEN NEEDLE 3.....	163
probenecid tab 500 mg.....	84	PURE COMFORT PEN NEEDLE/3.....	163
prochlorperazine maleate tab 5 mg (base equivalent),		PURE COMFORT SAFETY PEN N.....	164
10 mg (base equivalent).....	69	PURIXAN.....	23
prochlorperazine suppos 25 mg.....	69	PX ADVANCED LANCING DEVIC.....	164
PRO COMFORT INSULIN SYRIN.....	163	PX EXTRA SHORT PEN NEEDLE.....	164
PRO COMFORT PEN NEEDLES/.....	163	PX INSULIN SYRINGE/U-100/.....	164
PRO COMFORT SAFETY LANCET.....	163	PX LANCETS MICROTHIN 33G.....	164
PROCRIT.....	96	PX LANCETS ULTRA THIN.....	164
PROCTOFOAM HC.....	107	PX LANCETS ULTRA THIN 28G.....	164
PROCYSBI.....	63	PX MINI PEN NEEDLES 31GX5.....	164
PRODIGY AUTOCODE BLOOD GL.....	163	PX PEN NEEDLE 31GX8MM.....	164
PRODIGY INSULIN SYRINGE/U-.....	163	PX PEN NEEDLE 29GX12MM.....	164
PRODIGY INSULIN SYRINGE/1.....	163	pyrazinamide tab 500 mg.....	4
PRODIGY LANCING DEVICE.....	163	pyridostigmine bromide oral soln 60 mg/5ml.....	92
PRODIGY NO CODING BLOOD G.....	120	pyridostigmine bromide tab er 180 mg.....	92
PRODIGY POCKET BLOOD GLUC.....	163	pyridostigmine bromide tab 60 mg.....	92
PRODIGY PRESSURE ACTIVATE.....	163	pyrimethamine tab 25 mg.....	10
PRODIGY SAFETY LANCETS.....	163	PYRUKYND.....	100
PRODIGY TWIST TOP LANCETS.....	163	PYRUKYND TAPER PACK.....	100
PRODIGY VOICE BLOOD GLUCO.....	163		
PROFILNINE.....	100	Q	
progesterone cap 100 mg, 200 mg.....	31	QC ADVANCED LANCING DEVIC.....	164
PROGLYCEM.....	33	QC INSULIN SYRINGE/0.3ML/.....	164
PROGRAF.....	182	QC INSULIN SYRINGE/0.5ML/.....	164
PROMACTA.....	96	QC INSULIN SYRINGE/1ML/29.....	164
promethazine-dm syrup 6.25-15 mg/5ml.....	52	QC INSULIN SYRINGE/1ML/31.....	164
promethazine hcl oral soln 6.25 mg/5ml.....	51	QC LANCETS SUPER THIN.....	164
promethazine hcl suppos 12.5 mg, 25 mg.....	52	QC LANCETS ULTRA THIN.....	164
promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	52	QC PEN NEEDLES 29G X 12MM.....	164
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	52	QC PEN NEEDLES 31G X 6MM.....	164
PROMETHEGAN.....	52	QC PEN NEEDLES 31G X 8MM.....	164
propafenone hcl cap er 12hr 225 mg, 325 mg, 425		QC UNIFINE PENTIPS 32GX4M.....	164
mg.....	44	QC UNILET LANCETS 33G/MIC.....	164
propafenone hcl tab 150 mg, 225 mg, 300 mg.....	44	QC UNILET LANCETS 28G/ULT.....	164
proparacaine hcl ophth soln 0.5%.....	104	QELBREE.....	73
PROPRANOLOL HCL.....	42	QINLOCK.....	23
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160		QUADRACEL.....	15
mg.....	42	QUALAQUIN.....	10
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80		QUDEXY XR.....	88
mg.....	42	QUESTRAN.....	49

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

QUESTRAN LIGHT.....	49	REALITY INSULIN SYRINGE/U.....	165
QUETIAPINE FUMARATE.....	69	REALITY LANCETS.....	165
quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	69	REALITY LATEX/ULTRA TEXTU.....	165
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400		REALITY LATEX/ULTRA THIN.....	165
mg.....	69	REALITY LATEX CONDOMS/LUB.....	165
quetiapine fumarate tab 300 mg, 400 mg.....	69	REALITY TRIGGER LANCETS.....	165
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200		REBIF.....	76
mg.....	69	REBIF REBIDOSE.....	76
QUICKTEK.....	165	REBIF REBIDOSE TITRATION.....	76
QUICKTEK TEST STRIPS.....	120	REBIF TITRATION PACK.....	76
QUICK TOUCH BLOOD GLUCOSE.....	120	REBINYN.....	100
QUICK TOUCH INSULIN PEN N.....	164	RECOMBINATE.....	100
QUILLICHEW ER.....	73	RECOMBIVAX HB.....	14
QUILLIVANT XR.....	73	RECTIV.....	107
QUINAPRIL/HYDROCHLOROTHIA.....	46	REFUAH PLUS BLOOD GLUCOSE.....	120
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....	46	REGLAN.....	60
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5		REGRANEX.....	111
mg.....	46	RELENZA DISKHALER.....	8
quinidine gluconate tab er 324 mg.....	44	RELION CONFIRM/MICRO TEST.....	120
QUINIDINE SULFATE.....	44	RELION CONFIRM BLOOD GLUC.....	166
quinine sulfate cap 324 mg.....	10	RELION 2-IN-1 LANCET DEV.....	167
QUINTET AC BLOOD GLUCOSE.....	120	RELION 2-IN-1 LANCING DEV.....	167
QUINTET BLOOD GLUCOSE MON.....	165	RELION INSULIN SYRINGE 0.....	166
QUINTET BLOOD GLUCOSE TES.....	120	RELION INSULIN SYRINGE/U.....	166
QULIPTA.....	83	RELION INSULIN SYRINGE 1M.....	166
QUVIVIQ.....	70	RELION KETONE TEST STRIPS.....	120
QVAR REDIHALER.....	54	RELION LANCETS.....	166
R			
rabeprazole sodium ec tab 20 mg.....	58	RELION LANCETS MICRO-THIN.....	166
RADICAVA ORS.....	91	RELION LANCETS THIN 26G.....	166
RADICAVA ORS STARTER KIT.....	91	RELION LANCETS ULTRA-THIN.....	166
RADIOGARDASE.....	114	RELION LANCING DEVICE.....	166
RA E-ZJECT LANCETS 28G.....	165	RELION MICRO BLOOD GLUCOS.....	166
RA E-ZJECT LANCETS THIN 2.....	165	RELION MINI PEN NEEDLES 3.....	166
RA E-ZJECT LANCETS ULTRA.....	165	RELION PEN NEEDLES/31G X.....	166
RAGWITEK.....	16	RELION PEN NEEDLES 29GX12.....	166
RA INSULIN SYRINGE/0.5ML/.....	165	RELION PEN NEEDLES 31G X.....	166
RA INSULIN SYRINGE/1ML/29.....	165	RELION PEN NEEDLES 32G X.....	166
RA INSULIN SYRINGE/U-100/.....	165	RELION PEN NEEDLES 31GX5/.....	166
raloxifene hcl tab 60 mg.....	40	RELION PEN NEEDLES 31GX6M.....	166
ramelteon tab 8 mg.....	70	RELION PEN NEEDLES 31GX8M.....	166
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....	46	RELION PEN NEEDLES 32GX4M.....	166
ranolazine tab er 12hr 500 mg, 1000 mg.....	41	RELION PLATINUM BLOOD GLU.....	120
RAPAFLO.....	63	RELION PREMIER BLOOD GLUC.....	120
RA PEN NEEDLES 31G X 5MM.....	165	RELION PREMIER BLU BLOOD.....	166
RA PEN NEEDLES 31G X 8MM.....	165	RELION PREMIER CLASSIC BL.....	166
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg		RELION PREMIER COMPACT BL.....	167
(base equiv).....	90	RELION PREMIER VOICE BLOO.....	167
RAVICTI.....	40	RELION PRIME BLOOD GLUCOS.....	120
RAYA SURE PEN NEEDLE 29G.....	165	RELION R.....	35
RAYA SURE PEN NEEDLE 31G.....	165	RELION SHORT PEN NEEDLES.....	167
READYLANCE SAFETY LANCETS.....	165	RELION THIN LANCETS.....	167
		RELION TRUE METRIX AIR BL.....	167
		RELION TRUE METRIX BLOOD.....	120

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

RELION ULTIMA BLOOD GLUCO.....	120	risperidone orally disintegrating tab 4 mg.....	69
RELION ULTRA THIN LANCETS.....	167	risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	69
RELION ULTRA THIN PLUS LA.....	167	risperidone soln 1 mg/ml.....	69
REMODULIN.....	50	risperidone tab 0.25 mg.....	69
repaglinide tab 0.5 mg, 1 mg, 2 mg.....	33	risperidone tab 4 mg.....	70
REPATHA.....	49	risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	69
REPATHA PUSHTRONEX SYSTEM.....	49	RITALIN.....	73
REPATHA SURECLICK.....	49	ritonavir tab 100 mg.....	8
RESTASIS.....	104	rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....	76
RETACRIT.....	96	rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr.....	76
RETEVMO.....	23	RIVFLOZA.....	63
RETIN-A.....	111	RIXUBIS.....	100
RETROVIR.....	8	rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	84
REVLIMID.....	182	rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	84
REVUFORJ.....	23	rizatriptan benzoate tab 5 mg (base equivalent).....	84
REXALL BLOOD GLUCOSE MONI.....	167	rizatriptan benzoate tab 10 mg (base equivalent).....	84
REXALL BLOOD GLUCOSE TEST.....	120	ROCALTROL.....	40
REXALL LANCETS ULTRA THIN.....	167	ROCKLATAN.....	104
REXTOVY.....	114	roflumilast tab 250 mcg, 500 mcg.....	54
REXULTI.....	69	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).....	90
REYATAZ.....	8	ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....	91
REYVOW.....	83	rosuvastatin calcium tab 40 mg.....	49
REZDIFFRA.....	60	rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....	49
REZLIDHIA.....	23	ROTARIX.....	14
REZUROCK.....	182	ROTATEQ.....	14
RHOPRESSA.....	104	ROZEREM.....	70
RIASTAP.....	100	ROZLYTREK.....	23
RIBAVIRIN.....	8	RUBRACA.....	23
RIDAURA.....	82	RUCONEST.....	100
rifabutin cap 150 mg.....	4	rufinamide susp 40 mg/ml.....	88
rifampin cap 150 mg, 300 mg.....	4	rufinamide tab 200 mg, 400 mg.....	88
RIGHTEST GD500 LANCING DE.....	167	RUKOBIA.....	8
RIGHTEST GL300 LANCETS.....	167	RYBELSUS.....	33
RIGHTEST GM100 BLOOD GLUC.....	167	RYDAPT.....	23
RIGHTEST GM300 BLOOD GLUC.....	167	RYKINDO.....	70
RIGHTEST GM550 BLOOD GLUC.....	167	RYPLAZIM.....	100
RIGHTEST GS100 BLOOD GLUC.....	121	S	
RIGHTEST GS300 BLOOD GLUC.....	121	SABRIL.....	88
RIGHTEST GS333 BLOOD GLUC.....	121	SAFETY LANCETS.....	167
RIGHTEST GS550 BLOOD GLUC.....	121	SAFETY LANCETS/PRESSURE A.....	167
RIGHTEST GT333 BLOOD GLUC.....	121	SAFETY LANCETS 21G.....	167
riluzole tab 50 mg.....	91	SAFETY LANCETS 23G.....	167
RIMANTADINE HYDROCHLORIDE.....	8		
ringer's solution for irrigation.....	182		
RINVOQ.....	82		
RINVOQ LQ.....	82		
risedronate sodium tab delayed release 35 mg.....	40		
risedronate sodium tab 5 mg, 30 mg.....	40		
risedronate sodium tab 35 mg, 150 mg.....	40		
RISPERDAL CONSTA.....	69		
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg.....	69		
RISPERIDONE ODT.....	69		

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

SAFETY LANCETS 28G.....	167	SHINGRIX.....	14
SAFETY PEN NEEDLES/30G X.....	167	SIGNIFOR.....	40
SAFYRAL.....	31	SIGNIFOR LAR.....	40
SALAGEN.....	106	sildenafil citrate for suspension 10 mg/ml.....	50
SAMSCA.....	40	sildenafil citrate tab 20 mg.....	50
SANCUSO.....	58	SILENOR.....	70
SANDIMMUNE.....	182	SILIQ.....	112
SANDOSTATIN.....	40	silodosin cap 4 mg, 8 mg.....	63
SANTYL.....	112	SILVADENE.....	112
SAPHRIS.....	70	silver sulfadiazine cream 1%.....	112
sapropterin dihydrochloride powder packet 100 mg,		SIMBRINZA.....	104
500 mg.....	40	SIMLANDI.....	82
sapropterin dihydrochloride tab 100 mg.....	40	SIMLANDI 1-PEN KIT.....	82
SAPSCARE TWIST TOP LANCET.....	167	SIMLANDI 2-PEN KIT.....	82
SAPS HEALTH CARE TWIST TO.....	167	SIMPLE DIAGNOSTICS LANCIN.....	168
SAPS HEALTH PLUS TWIST TO.....	167	SIMPONI.....	82
SAPS HEALTH TWIST TOP LAN.....	167	simvastatin tab 5 mg.....	49
SAVELLA.....	76	simvastatin tab 20 mg.....	50
SAVELLA TITRATION PACK.....	76	simvastatin tab 80 mg.....	50
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base		simvastatin tab 10 mg, 40 mg.....	49
equiv).....	33	SINEMET.....	91
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	33	SINGLE-LET.....	168
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000		sirolimus oral soln 1 mg/ml.....	182
mg.....	33	sirolimus tab 0.5 mg, 1 mg, 2 mg.....	182
SB INSULIN SYRINGE/U-100/.....	168	SIRTURO.....	4
SB LANCETS THIN.....	168	SIVEXTRO.....	11
SB LANCETS ULTRA THIN.....	168	SKYCLARYS.....	91
SCEMBLIX.....	23	SKYRIZI.....	61
SCHNUCKS INSULIN SYRINGE.....	168	SKYRIZI PEN.....	112
scopolamine td patch 72hr 1 mg/3days.....	58	SLYND.....	31
SECUADO.....	70	SMART DIABETES VANTAGE LA.....	168
SECURESAFE SAFETY HYPODER.....	168	SMARTEST BLOOD GLUCOSE TE.....	121
SECURESAFE SAFETY INSULIN.....	168	SMARTEST EJECT BLOOD GLUC.....	168
SECURESAFE SAFETY PEN NEE.....	168	SMARTEST EJECT STARTER KI.....	168
SELECT-LITE LANCING DEVIC.....	168	SMARTEST LANCETS 28G.....	168
SELECT-OB.....	94	SMARTEST PERSONA STARTER.....	168
selegiline hcl cap 5 mg.....	91	SMARTEST PRONTO STARTER.....	168
selegiline hcl tab 5 mg.....	91	SMARTEST PROTEGE BLOOD GL.....	168
selenium sulfide lotion 2.5%.....	112	SMARTEST PROTEGE STARTER.....	168
SELZENTRY.....	8	SMART SENSE COLOR LANCETS.....	168
SE-NATAL 19.....	93	SMART SENSE PREMIUM BLOOD.....	121
SENSIPAR.....	40	SMART SENSE STANDARD LANC.....	168
SEREVENT DISKUS.....	54	SMART SENSE SUPER THIN LA.....	168
SEROSTIM.....	40	SMART SENSE THIN LANCETS.....	168
sertraline hcl oral concentrate for solution 20 mg/		SMART SENSE VALUE BLOOD.....	168
ml.....	66	SMART SENSE VALUE BLOOD G.....	121
sertraline hcl tab 25 mg, 50 mg, 100 mg.....	66	SM MICRO THIN LANCETS 33G.....	168
sevelamer carbonate packet 0.8 gm, 2.4 gm.....	61	SM TRUEDRAW LANCING DEVIC.....	168
sevelamer carbonate tab 800 mg.....	61	sodium chloride irrigation soln 0.9%.....	63
sevelamer hcl tab 400 mg.....	61	sodium chloride soln nebu 7%.....	52
sevelamer hcl tab 800 mg.....	61	sodium chloride soln nebu 3%, 10%.....	52
SEVENFACT.....	100	sodium citrate & citric acid soln 500-334 mg/5ml.....	63
SFROWASA.....	61	SODIUM FLUORIDE.....	94

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

SODIUM FLUORIDE/POTASSIUM.....	106	STERILANCE TL.....	169
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).....	95	STIMUFEND.....	96
sodium fluoride cream 1.1%.....	106	STIOLTO RESPIMAT.....	55
sodium fluoride gel 1.1% (0.5% f).....	106	STIVARGA.....	23
sodium fluoride paste 1.1%.....	106	STRENSIQ.....	40
SODIUM FLUORIDE 5000 PPM.....	106	STRIBILD.....	8
sodium fluoride rinse 0.2%.....	106	STRIVERDI RESPIMAT.....	55
SODIUM OXYBATE.....	76	STROMECTOL.....	10
sodium phenylbutyrate oral powder 3 gm/teaspoonful.....	40	1ST TIER UNIFINE PENTIPS.....	181
sodium phenylbutyrate tab 500 mg.....	40	SUBLOCADE.....	80
sodium polystyrene sulfonate powder.....	182	SUCRAID.....	59
sodium polystyrene sulfonate susp 15 gm/60ml.....	182	sucralfate tab 1 gm.....	58
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	57	SUFLAVE.....	57
SOFOSBUVIR/VELPATASVIR.....	8	SULAR.....	43
SOHONOS.....	92	SULCONAZOLE NITRATE.....	112
solifenacin succinate tab 5 mg, 10 mg.....	62	SULFACETAMIDE SODIUM.....	104
SOLIQUA 100/33.....	33	SULFACETAMIDE SODIUM/PRED.....	104
SOLTAMOX.....	23	sulfacetamide sodium lotion 10% (acne).....	112
SOLUS V2 AUDIBLE BLOOD GL.....	169	sulfacetamide sodium ophth soln 10%.....	104
SOLUS V2 AUDIBLE TEST.....	121	sulfadiazine tab 500 mg.....	3
SOLUS V2 LANCING DEVICE.....	169	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	11
SOLUS V2 PRESSURE ACTIVAT.....	169	sulfamethoxazole-trimethoprim tab 400-80 mg.....	12
SOLUS V2 TWIST LANCETS 30.....	169	sulfamethoxazole-trimethoprim tab 800-160 mg.....	12
SOMAVERT.....	40	SULFAMYLON.....	112
SOOLANTRA.....	112	sulfasalazine tab delayed release 500 mg.....	61
sorafenib tosylate tab 200 mg (base equivalent).....	23	sulfasalazine tab 500 mg.....	61
sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg.....	42	sulindac tab 150 mg, 200 mg.....	82
sotalol hcl tab 240 mg.....	42	sumatriptan nasal spray 5 mg/act.....	84
sotalol hcl tab 80 mg, 120 mg, 160 mg.....	42	sumatriptan nasal spray 20 mg/act.....	84
SOTYKTU.....	112	sumatriptan succinate inj 6 mg/0.5ml.....	84
SOVALDI.....	8	SUMATRIPTAN SUCCINATE REF.....	84
SPEVIGO.....	112	sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml.....	84
SPIKEVAX COVID-19 VACCINE.....	14	sumatriptan succinate tab 25 mg.....	84
SPINOSAD.....	112	sumatriptan succinate tab 50 mg, 100 mg.....	84
SPIRIVA HANDIHALER.....	55	sunitinib malate cap 12.5 mg (base equivalent).....	23
SPIRIVA RESPIMAT.....	55	sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent).....	23
spironolactone & hydrochlorothiazide tab 25-25 mg.....	47	SUNLENCA.....	8
spironolactone tab 25 mg, 50 mg, 100 mg.....	48	SUNOSI.....	73
SPORANOX.....	4	SUPER THIN LANCETS.....	169
SPRAVATO 56MG DOSE.....	66	SUPREME II CONFIDENCE PAD.....	169
SPRAVATO 84MG DOSE.....	66	SUPREME TEST STRIPS.....	121
SPRYCEL.....	23	SUPREP BOWEL PREP KIT.....	57
SPS.....	182	SURE COMFORT AUTOKEEPER S.....	169
stannous fluoride gel 0.4%.....	106	SURE COMFORT INSULIN SYRI.....	169
1ST CHOICE LANCETS SUPER.....	181	SURE COMFORT LANCETS 18G.....	169
1ST CHOICE LANCETS THIN.....	181	SURE COMFORT LANCETS 21G.....	169
1ST CHOICE LANCETS ULTRA.....	181	SURE COMFORT LANCETS 23G.....	169
STELARA.....	112	SURE COMFORT LANCETS 28G.....	169
		SURE COMFORT LANCETS 30G.....	169
		SURE COMFORT LANCING PEN.....	169

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

SURE COMFORT PEN NEEDLES.....	169	TECHLITE INSULIN SYRINGE.....	169
SURELITE LANCETS.....	169	TECHLITE LANCETS.....	170
SUTAB.....	57	TECHLITE LANCETS 26G.....	170
SUTENT.....	24	TECHLITE PEN NEEDLES/31G.....	170
SYMBICORT.....	55	TECHLITE PEN NEEDLES/32G.....	170
SYMDEKO.....	56	TECHLITE PEN NEEDLES 29G.....	170
SYMFI.....	8	TECHLITE PEN NEEDLES 31G.....	170
SYMFI LO.....	9	TECHLITE PLUS PEN NEEDLES.....	170
SYMLINPEN 60.....	33	TEGLUTIK.....	91
SYMLINPEN 120.....	33	TEGRETOL.....	88
SYMPAZAN.....	88	TEGRETOL-XR.....	88
SYMPROIC.....	61	TEKURNA.....	46
SYMTUZA.....	9	TELMISARTAN/AMLODIPINE.....	46
SYNAREL.....	40	telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	46
SYNJARDY.....	33	telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25	46
SYNJARDY XR.....	33	mg.....	46
SYNTHROID.....	37	telmisartan tab 20 mg, 40 mg, 80 mg.....	46
SYPRINE.....	182	temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg.....	71
T			
TABLOID.....	24	temozolomide cap 5 mg, 20 mg.....	24
TABRECTA.....	24	temozolomide cap 100 mg, 140 mg, 180 mg, 250	24
tacrolimus cap 0.5 mg, 1 mg, 5 mg.....	182	mg.....	24
tacrolimus oint 0.03%, 0.1%.....	112	TEMPO REFILL.....	170
tadalafil tab 2.5 mg, 5 mg.....	51	TEMPO SMART BUTTON.....	170
tadalafil tab 20 mg (pah).....	50	TEMPO WELCOME.....	170
TAFINLAR.....	24	TENCON.....	77
tafluprost preservative free (pf) ophth soln		TENIVAC.....	15
0.0015%.....	104	tenofovir disoproxil fumarate tab 300 mg.....	9
TAGRISSE.....	24	TENORETIC 50.....	46
TAKHZYRO.....	100	TENORETIC 100.....	46
TALTZ.....	112	TEPMETKO.....	24
TALZENNA.....	24	terazosin hcl cap 1 mg (base equivalent), 2 mg (base	46
TAMIFLU.....	9	equivalent), 5 mg (base equivalent), 10 mg (base	46
tamoxifen citrate tab 10 mg (base equivalent), 20 mg		equivalent).....	46
(base equivalent).....	24	terbinafine hcl tab 250 mg.....	4
tamsulosin hcl cap 0.4 mg.....	63	terbutaline sulfate tab 2.5 mg, 5 mg.....	55
TARCEVA.....	24	terconazole vaginal cream 0.4%, 0.8%.....	62
TARGRETIN.....	24	terconazole vaginal suppos 80 mg.....	63
TARON-C DHA.....	94	teriflunomide tab 7 mg, 14 mg.....	76
TARPEYO.....	27	TERIPARATIDE.....	40
TASCENSO ODT.....	76	teriparatide soln pen-inj 600 mcg/2.4ml.....	40
TASIGNA.....	24	TESTOSTERONE.....	27
tasimelteon capsule 20 mg.....	71	testosterone cypionate im inj in oil 100 mg/ml.....	27
TASMAR.....	91	testosterone cypionate im inj in oil 200 mg/ml.....	27
TAVALISSE.....	100	TESTOSTERONE ENANTHATE.....	27
TAVNEOS.....	100	testosterone td gel 12.5 mg/act (1%).....	28
tazarotene cream 0.05%, 0.1%.....	112	testosterone td gel 20.25 mg/act (1.62%).....	28
tazarotene gel 0.05%, 0.1%.....	112	testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm	27
TAZORAC.....	112	(1%).....	27
TAZVERIK.....	24	testosterone td soln 30 mg/act.....	28
TDVAX.....	15	tetrabenazine tab 12.5 mg.....	76
TECHLITE AST LANCETS.....	169	tetrabenazine tab 25 mg.....	76
		tetracaine hcl ophth soln 0.5%.....	104
		tetracycline hcl cap 250 mg, 500 mg.....	3

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

TEZSPIRE.....	55	tobramycin nebu soln 300 mg/4ml.....	3
TGT ADVANCED LANCING DEVI.....	170	tobramycin ophth soln 0.3%.....	105
TGT BLOOD GLUCOSE MONITOR.....	170	TOBREX.....	105
TGT BLOOD GLUCOSE TEST ST.....	121	TODAYS HEALTH ADVANCED LA.....	170
TGT LANCET ALTERNATE SITE.....	170	TODAYS HEALTH ORIGINAL PE.....	170
TGT LANCET MICRO THIN 33G.....	170	TODAYS HEALTH SHORT PEN N.....	170
TGT LANCET SUPER THIN 30G.....	170	TODAYS HEALTH SUPER THIN.....	170
TGT LANCET THIN 23G.....	170	TODAYS HEALTH ULTRA THIN.....	170
TGT LANCET THIN 26G.....	170	TODAY SPONGE.....	63
TGT LANCET ULTRA THIN 28G.....	170	TOLAK.....	112
TGT LANCET ULTRA THIN 30G.....	170	tolcapone tab 100 mg.....	91
TGT LANCING DEVICE.....	170	tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	62
THALOMID.....	182	tolterodine tartrate tab 1 mg, 2 mg.....	62
THEO-24.....	55	tolvaptan tab 15 mg.....	40
theophylline elixir 80 mg/15ml.....	55	tolvaptan tab 30 mg.....	40
THEOPHYLLINE ER.....	55	TOPAMAX.....	88
theophylline soln 80 mg/15ml.....	55	TOPAMAX SPRINKLE.....	88
theophylline tab er 12hr 300 mg, 450 mg.....	55	TOPCARE CLICKFINE UNIVERS.....	170
theophylline tab er 24hr 400 mg, 600 mg.....	55	TOPCARE LANCETS MICRO-THI.....	170
THIOLA.....	64	TOPCARE ULTRA COMFORT INS.....	170
THIOLA EC.....	64	TOPICORT.....	112
THIORIDAZINE HCL.....	70	TOPIRAMATE.....	88
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	70	topiramate cap er 24hr 200 mg.....	88
THRIVITE RX.....	94	topiramate cap er 24hr 25 mg, 50 mg, 100 mg.....	88
THYQUIDITY.....	37	topiramate cap er 24hr sprinkle 200 mg.....	88
THYROID.....	37	topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....	88
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	88	topiramate sprinkle cap 15 mg, 25 mg.....	88
TIBSOVO.....	24	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	88
TIGLUTIK.....	91	TOPROL XL.....	42
timolol maleate ophth gel forming soln 0.25%, 0.5%.....	104	toremifene citrate tab 60 mg (base equivalent).....	24
timolol maleate ophth soln 0.25%, 0.5%.....	104	torsemide tab 5 mg, 10 mg, 20 mg, 100 mg.....	48
timolol maleate ophth soln 0.5% (once-daily).....	104	TOUJEO MAX SOLOSTAR.....	36
timolol maleate preservative free ophth soln 0.25%, 0.5%.....	104	TOUJEO SOLOSTAR.....	36
timolol maleate tab 5 mg, 10 mg, 20 mg.....	42	TRACER II 3 VOLT BATTERY.....	171
timolol ophth soln 0.5%.....	104	TRACLEER.....	50
tinidazole tab 250 mg, 500 mg.....	12	tramadol-acetaminophen tab 37.5-325 mg.....	80
tiopronin tab delayed release 100 mg.....	64	tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....	80
tiopronin tab delayed release 300 mg.....	64	tramadol hcl tab 50 mg.....	80
tiopronin tab 100 mg.....	64	TRANDOLAPRIL/VERAPAMIL HC.....	47
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	55	trandolapril tab 1 mg, 2 mg, 4 mg.....	47
TIVICAY.....	9	tranexamic acid tab 650 mg.....	97
TIVICAY PD.....	9	TRANSDERM-SCOP.....	59
tizanidine hcl tab 2 mg (base equivalent).....	92	tranylcypramine sulfate tab 10 mg.....	66
tizanidine hcl tab 4 mg (base equivalent).....	92	TRAVATAN Z.....	105
TOBI PODHALER.....	3	TRAVEL LANCETS ADVANCED 2.....	171
TOBRADEX.....	104	travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	105
TOBRADEX ST.....	104	trazodone hcl tab 50 mg, 100 mg, 150 mg.....	66
TOBRAMYCIN.....	3	TRECTOR.....	4
tobramycin-dexamethasone ophth susp 0.3-0.1%.....	105	TRELEGY ELLIPTA.....	55
tobramycin nebu soln 300 mg/5ml.....	3	TREMFYA.....	112

KEY | PA = Prior Authorization
 | LD = Limited Distribution
 | SP = Specialty

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

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)	51	TRUE COMFORT INSULIN SYRI.....	171
TRESIBA.....	36	TRUE COMFORT PEN NEEDLES.....	171
TRESIBA FLEXTOUCH.....	36	TRUE COMFORT PRO INSULIN.....	171
tretinoin cap 10 mg	24	TRUE COMFORT PRO PEN NEED.....	171
tretinoin cream 0.025%, 0.05%, 0.1%	113	TRUE COMFORT SAFETY INSUL.....	171
tretinoin gel 0.01%, 0.025%	113	TRUE COMFORT SAFETY LANCE.....	171
TRETEN.....	100	TRUE COMFORT SAFETY PEN N.....	172
TRIAMCINOLONE ACETONIDE.....	113	TRUE COMFORT TWIST TOP LA.....	172
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	113	TRUE COVER.....	172
triamcinolone acetonide dental paste 0.1%	106	TRUEDRAW LANCING DEVICE.....	172
triamcinolone acetonide lotion 0.025%, 0.1%	113	TRUE FOCUS BLOOD GLUCOSE.....	172
triamcinolone acetonide oint 0.5%	113	TRUE FOCUS SELF MONITORIN.....	121
triamcinolone acetonide oint 0.025%, 0.1%	113	TRUE METRIX AIR BLOOD GLU.....	172
triamterene & hydrochlorothiazide cap 37.5-25 mg	48	TRUE METRIX AIR W/BLUETOO.....	172
triamterene & hydrochlorothiazide tab 37.5-25 mg	48	TRUE METRIX BLOOD GLUCOSE.....	121
triamterene & hydrochlorothiazide tab 75-50 mg	48	TRUE METRIX GO BLOOD GLUC.....	172
triamterene cap 50 mg, 100 mg	48	TRUE METRIX SELF MONITORI.....	121
TRICOR.....	50	TRUEPLUS 5-BEVEL PEN NEED.....	172
trientine hcl cap 250 mg	182	TRUEPLUS INSULIN SYRINGE.....	172
TRIENTINE HYDROCHLORIDE.....	183	TRUEPLUS INSULIN SYRINGE/.....	172
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	70	TRUEPLUS LANCETS 26G.....	172
TRIFLURIDINE.....	105	TRUEPLUS LANCETS 28G.....	172
TRIHENYPHENIDYL HCL.....	91	TRUEPLUS LANCETS 30G.....	172
trihexyphenidyl hcl tab 2 mg, 5 mg	91	TRUEPLUS LANCETS 33G.....	172
TRIJARDY XR.....	33	TRUEPLUS LANCETS 33G MICR.....	172
TRIKAFTA.....	56	TRUEPLUS LANCETS 28G SUPE.....	172
TRILEPTAL.....	88	TRUEPLUS LANCETS 30G ULTR.....	172
trimethobenzamide hcl cap 300 mg	59	TRUEPLUS SAFETY LANCETS 2.....	172
TRIMETHOPRIM.....	12	TRUERESULT BLOOD GLUCOSE.....	173
trimethoprim tab 100 mg	12	TRUETEST STRIPS.....	121
trimipramine maleate cap 25 mg, 50 mg, 100 mg	66	TRUETRACK BLOOD GLUCOSE M.....	173
TRINATAL RX 1.....	94	TRUETRACK SMART SYSTEM.....	173
TRINATE.....	94	TRUETRACK TEST.....	121
TRINTELLIX.....	66	TRULANCE.....	61
TRIUMEQ.....	9	TRULICITY.....	33
TRIUMEQ PD.....	9	TRUMENBA.....	14
TROJAN ENZ.....	171	TRUQAP.....	24
TROJAN-ENZ LUBRICATED.....	171	TRUSTEX/RIA LUBRICATED.....	173
TROJAN-ENZ W/SPERMICIDAL.....	171	TRUSTEX/RIA LUBRICATED/SP.....	173
TROJAN MAGNUM.....	171	TRUSTEX/RIA LUBRICATED SP.....	173
TROJAN ULTRA RIBBED/LUBRI.....	171	TRUSTEX/RIA NON-LUBRICATE.....	173
TROJAN ULTRA THIN/SPERMIC.....	171	TRUSTEX COLOR CONDOMS + L.....	173
TROJAN ULTRA THIN LUBRICA.....	171	TRUSTEX LUBRICATED.....	173
TROKENDI XR.....	89	TRUSTEX LUBRICATED/RIBBED.....	173
tropicamide ophth soln 0.5%	105	TRUSTEX LUBRICATED/SPERMI.....	173
tropicamide ophth soln 1%	105	TRUSTEX LUBRICATED EXTRA.....	173
tropium chloride cap er 24hr 60 mg	62	TRUSTEX NATURAL CONDOMS +.....	173
tropium chloride tab 20 mg	62	TRUSTEX NON-LUBRICATED.....	173
		TRUSTEX WITH NONOXYNOL-9/.....	173
		TRUVADA.....	9
		TUKYSA.....	24
		TURALIO.....	24
		TWIIST REFILL KIT.....	173

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

TWIIST REFILL KIT/INFUSIO.....	173	ULTRACARE PEN NEEDLES/31G.....	176
TWIIST STARTER KIT.....	173	ULTRACARE PEN NEEDLES/32G.....	176
TWINRIX.....	14	ULTRACARE PEN NEEDLES/33G.....	176
TWIST TOP LANCETS 30G.....	173	ULTRA COMFORT INSULIN SYR.....	175
TYBLUME.....	31	ULTRA FLO INSULIN PEN NEE.....	175
TYBOST.....	9	ULTRA FLO INSULIN SYRINGE.....	175
TYENNE.....	83	ULTRA INSULIN SYRINGE/U-1.....	176
TYKERB.....	24	ULTRA-THIN II AUTO LANCET.....	176
TYMLOS.....	41	ULTRA-THIN II INSULIN SYR.....	176
TYRVAYA.....	105	ULTRA-THIN II LANCETS 28G.....	176
TYVASO.....	51	ULTRA-THIN II LANCETS 30G.....	176
TYVASO DPI MAINTENANCE KI.....	51	ULTRA-THIN II MINI PEN NE.....	176
TYVASO DPI TITRATION KIT.....	51	ULTRA-THIN II PEN NEEDLES.....	176
TYVASO REFILL KIT.....	51	ULTRA THIN LANCETS 28G.....	176
TYVASO STARTER KIT.....	51	ULTRA THIN LANCETS 31G.....	176
U		ULTRA THIN PEN NEEDLES 32.....	176
UBRELVY.....	84	ULTRATRAK ACTIVE.....	176
UDENYCA.....	96	UNIFINE PENTIPS/30G X 3/1.....	177
ULTICARE INSULIN SAFETY S.....	173	UNIFINE PENTIPS 31G X 3/1.....	177
ULTICARE INSULIN SYRINGE.....	173	UNIFINE PENTIPS 31GX5MM.....	177
ULTICARE INSULIN SYRINGE/.....	173	UNIFINE PENTIPS 31GX6MM.....	177
ULTICARE MICRO PEN NEEDLE.....	174	UNIFINE PENTIPS 31GX8MM.....	177
ULTICARE MINI PEN NEEDLES.....	174	UNIFINE PENTIPS 32GX4MM.....	177
ULTICARE MINI SAFETY PEN.....	174	UNIFINE PENTIPS 32GX6MM.....	177
ULTICARE ORIGINAL PEN NEE.....	174	UNIFINE PENTIPS 33GX4MM.....	177
ULTICARE PEN NEEDLES/29G.....	174	UNIFINE PENTIPS 29GX12MM.....	177
ULTICARE PEN NEEDLES 31G.....	174	UNIFINE PENTIPS 31G X 6MM.....	177
ULTICARE SHORT PEN NEEDLE.....	174	UNIFINE PENTIPS 31G X 8MM.....	177
ULTICARE SHORT SAFETY PEN.....	174	UNIFINE PENTIPS PLUS/30G.....	177
ULTICARE TUBERCULIN SAFET.....	174	UNIFINE PENTIPS PLUS 33G.....	177
ULTICARE U-100 INSULIN SY.....	174	UNIFINE PENTIPS PLUS 29GX.....	176
ULTIGUARD INSULIN SYRINGE.....	174	UNIFINE PENTIPS PLUS 31GX.....	176
ULTIGUARD SAFEPACK/MICRO.....	175	UNIFINE PENTIPS PLUS 32GX.....	176
ULTIGUARD SAFEPACK/MINI P.....	175	UNIFINE PENTIPS PLUS 33GX.....	177
ULTIGUARD SAFEPACK/SHORT.....	175	UNIFINE PROTECT SAFETY PE.....	177
ULTIGUARD SAFEPACK/SYRING.....	175	UNIFINE SAFECONTROL PEN N.....	177
ULTIGUARD SAFEPACK/TINY P.....	175	UNIFINE ULTRA PEN NEEDLE/.....	177
ULTIGUARD SAFEPACK INSULI.....	174	UNILET COMFORTOUCH LANCET.....	178
ULTIGUARD SAFEPACK MINI P.....	174	UNILET EXCELITE.....	178
ULTIGUARD SAFEPACK PEN NE.....	174	UNILET EXCELITE II.....	178
ULTI-LANCE AUTOMATIC/ CLE.....	173	UNILET G.P. LANCET.....	178
ULTILET CLASSIC LANCETS.....	175	UNILET G.P. SUPERLITE LAN.....	178
ULTILET LANCETS.....	175	UNILET GP 28 ULTRA THIN.....	178
ULTILET LANCETS 33G.....	175	UNILET LANCET.....	178
ULTILET PEN NEEDLE 29GX12.....	175	UNILET LANCETS MICRO-THIN.....	178
ULTILET PEN NEEDLE 31GX5M.....	175	UNILET LANCETS SUPER-THIN.....	178
ULTILET PEN NEEDLE 31GX8M.....	175	UNILET LANCETS ULTRA-THIN.....	178
ULTILET PEN NEEDLE 32GX4M.....	175	UNILET SUPERLITE LANCET.....	178
ULTILET SAFETY LANCETS 21.....	175	UNISTIK 1.....	178
ULTILET SAFETY LANCETS 23.....	175	UNISTIK 2.....	178
ULTILET SHORT PEN NEEDLES.....	175	UNISTIK 3.....	178
ULTRACARE INSULIN SYRINGE.....	176	UNISTIK 2 COMFORT.....	178
		UNISTIK 3 COMFORT.....	178

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty

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

UNISTIK CZT COMFORT.....	178	VANCOGIN.....	12
UNISTIK CZT NORMAL.....	178	vancomycin hcl cap 125 mg (base equivalent).....	12
UNISTIK 2 EXTRA.....	178	vancomycin hcl cap 250 mg (base equivalent).....	12
UNISTIK 3 EXTRA.....	178	vancomycin hcl for oral soln 25 mg/ml (base	
UNISTIK 3 GENTLE.....	178	equivalent).....	12
UNISTIK 2 NEONATAL.....	178	vancomycin hcl for oral soln 50 mg/ml (base	
UNISTIK 3 NEONATAL.....	178	equivalent).....	12
UNISTIK NORMAL.....	178	VANDAZOLE.....	63
UNISTIK 2 NORMAL.....	178	VANFLYTA.....	25
UNISTIK 3 NORMAL.....	178	VANISHPOINT INSULIN SYRIN.....	179
UNISTIK PRO SAFETY LANCET.....	178	VANISHPOINT TUBERCULIN SY.....	179
UNISTIK SAFETY LANCETS 28.....	178	VAQTA.....	14
UNISTIK SAFETY LANCETS 30.....	178	varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base	
UNISTIK 2 SUPER.....	178	equiv).....	76
UNISTIK TOUCH SAFETY LANC.....	178	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start	
UNISTRIP1 GENERIC.....	121	pack.....	76
UNIVERSAL 1 LANCETS/33G/M.....	178	VARIVAX.....	14
UNIVERSAL 1 LANCETS THIN.....	178	VARUBI.....	59
UNIVERSAL 1 LANCETS ULTRA.....	178	VASCEPA.....	50
UPTRAVI.....	51	VAXCHORA.....	14
UPTRAVI TITRATION PACK.....	51	VAXELIS.....	15
UROCIT-K 10.....	64	VAXNEUVANCE.....	14
UROCIT-K 15.....	64	VCF VAGINAL CONTRACEPTIVE.....	63
ursodiol cap 300 mg.....	61	VECAMYL.....	47
ursodiol tab 250 mg.....	61	VELIVET.....	31
ursodiol tab 500 mg.....	61	VELPHORO.....	61
UZEDY.....	70	VELTASSA.....	183
V		VEMLIDY.....	9
valacyclovir hcl tab 500 mg, 1 gm.....	9	VENCLEXTA.....	25
VALCHLOR.....	113	VENCLEXTA STARTING PACK.....	25
valganciclovir hcl for soln 50 mg/ml (base equiv).....	9	venlafaxine hcl cap er 24hr 37.5 mg (base	
valganciclovir hcl tab 450 mg (base equivalent).....	9	equivalent), 75 mg (base equivalent), 150 mg (base	
valproate sodium oral soln 250 mg/5ml (base		equivalent).....	66
equiv).....	89	venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg	
valproic acid cap 250 mg.....	89	(base equivalent), 50 mg (base equivalent), 75 mg	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5		(base equivalent), 100 mg (base equivalent).....	66
mg, 160-25 mg, 320-12.5 mg, 320-25 mg.....	47	VENTAVIS.....	51
valsartan tab 320 mg.....	47	VENTOLIN HFA.....	55
valsartan tab 40 mg, 80 mg, 160 mg.....	47	verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	43
VALTOCO 5 MG DOSE.....	89	VERAPAMIL HCL ER.....	43
VALTOCO 10 MG DOSE.....	89	VERAPAMIL HCL SR.....	43
VALTOCO 15 MG DOSE.....	89	verapamil hcl tab er 120 mg, 180 mg, 240 mg.....	43
VALTOCO 20 MG DOSE.....	89	verapamil hcl tab 40 mg, 80 mg, 120 mg.....	43
VALUE HEALTH INSULIN SYRI.....	179	VERAPAMIL HYDROCHLORIDE E.....	43
VALUE PLUS LANCETS STANDA.....	179	VERAPAMIL HYDROCHLORIDE S.....	43
VALUE PLUS LANCETS SUPER.....	179	VERASENS BLOOD GLUCOSE MO.....	179
VALUE PLUS LANCETS THIN 2.....	179	VERASENS BLOOD GLUCOSE TE.....	121
VALUE PLUS LANCING DEVICE.....	179	VERELAN.....	43
VALUMARK LANCET SUPER THI.....	179	VERIFINE INSULIN PEN NEED.....	179
VALUMARK LANCET ULTRA THI.....	179	VERIFINE INSULIN SYRINGE.....	179
VALUMARK PEN NEEDLES 31G.....	179	VERIFINE INSULIN SYRINGE/.....	179
VALUMARK PEN NEEDLES 29GX.....	179	VERIFINE PLUS INSULIN PEN.....	179
		VERIFINE PLUS PEN NEEDLE/.....	179

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

VERIFINE SAFETY LANCET MI.....	180	WALGREENS ULTRA THIN LANC.....	180
VERIFINE UNIVERSAL LANCET.....	180	warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....	97
VERQUVO.....	51	water for irrigation, sterile irrigation soln.....	183
VERSACLOZ.....	70	WEGMANS UNIFINE PENTIPS P.....	180
VERZENIO.....	25	WELIREG.....	25
VESICARE.....	62	WESCAP-C DHA.....	94
VFEND.....	4	WESNATAL DHA COMPLETE.....	94
V-GO 20.....	178	WESTAB PLUS.....	94
V-GO 30.....	178	WIDE-SEAL SILICONE DIAPHR.....	180
V-GO 40.....	178	WILATE.....	101
VIBERZI.....	61	WINREVAIR.....	51
vigabatrin powd pack 500 mg.....	89	X	
vigabatrin tab 500 mg.....	89	XALKORI.....	25
VIJOICE.....	183	XARELTO.....	97
vilazodone hcl tab 10 mg, 20 mg, 40 mg.....	66	XARELTO STARTER PACK.....	97
VIMPAT.....	89	XCOPRI.....	89
VIRACEPT.....	9	XELJANZ.....	83
VIREAD.....	9	XELJANZ XR.....	83
VISTOGARD.....	114	XERMELO.....	61
VITATHELY/GINGER.....	94	XHANCE.....	52
VITRAKVI.....	25	XIFAXAN.....	12
VIVAGUARD INO BLOOD GLUCO.....	121	XIGDUO XR.....	33
VIVAGUARD INO SMART BLOOD.....	180	XIIDRA.....	105
VIVAGUARD LANCETS.....	180	XOFLUZA.....	9
VIVAGUARD LANCETS 30G.....	180	XOLAIR.....	55
VIVAGUARD LANCING DEVICE.....	180	XOLREMDI.....	96
VIVAGUARD SAFETY LANCETS.....	180	XOSPATA.....	25
VIVAGUARD SAFETY LANCETS/.....	180	XPOVIO.....	25
VIVITROL.....	114	XPOVIO 60 MG TWICE WEEKLY.....	25
VIVJOA.....	5	XPOVIO 80 MG TWICE WEEKLY.....	25
VIZIMPRO.....	25	XTAMPZA ER.....	80
VONJO.....	25	XTANDI.....	26
VONVENDI.....	101	XULTOPHY 100/3.6.....	33
VORANIGO.....	25	XURIDEN.....	41
voriconazole for susp 40 mg/ml.....	5	XYNTHA.....	101
voriconazole tab 50 mg, 200 mg.....	5	XYNTHA SOLOFUSE.....	101
VOSEVI.....	9	XYWAV.....	76
VOTRIENT.....	25	Y	
VOWST.....	61	YALE NEEDLES 21G X 1-1/4".....	180
VOXZOGO.....	41	YASMIN 28.....	31
VOYDEYA.....	101	YAZ.....	31
VP INSULIN SYRINGE/U-100/.....	180	YONSA.....	26
VRAYLAR.....	70	Z	
VYNDAMAX.....	51	zafirlukast tab 10 mg, 20 mg.....	55
VYNDAQEL.....	51	zaleplon cap 5 mg, 10 mg.....	71
VYVANSE.....	73	ZANAFLEX.....	92
W		ZARONTIN.....	89
WAINUA.....	76	ZARXIO.....	96
WAKIX.....	73	ZAVESCA.....	96
WALGREENS COMFORT ASSURED.....	180		
WALGREENS LANCETS.....	180		
WALGREENS THIN LANCETS.....	180		

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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

ZEGALOGUE.....	33
ZEJULA.....	26
ZELBORAF.....	26
ZEMPLAR.....	41
ZENPEP.....	59
ZEPOSIA.....	76
ZEPOSIA 7-DAY STARTER PAC.....	77
ZEPOSIA STARTER KIT.....	77
ZERVIAE.....	105
ZEVRX INSULIN SYRINGE/0.5.....	180
ZEVRX INSULIN SYRINGE/1ML.....	180
ZEVRX PEN NEEDLES 31G X 5.....	180
ZEVRX PEN NEEDLES 31G X 6.....	180
ZEVRX PEN NEEDLES 31G X 8.....	180
ZEVRX PEN NEEDLES 32G X 4.....	180
ZEVRX TWIST TOP LANCETS 3.....	180
ZIAGEN.....	9
zidovudine cap 100 mg.....	9
zidovudine syrup 10 mg/ml.....	9
zidovudine tab 300 mg.....	10
ZIEXTENZO.....	96
ZILBRYSQ.....	101
zileuton tab er 12hr 600 mg.....	55
ZIMHI.....	114
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....	70
ziprasidone mesylate for inj 20 mg (base equivalent).....	70
ZIRGAN.....	105
ZITHROMAX.....	2
ZOKINVY.....	183
ZOLINZA.....	26
ZOLMITRIPTAN.....	84
zolmitriptan nasal spray 5 mg/spray unit.....	84
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg.....	84
zolmitriptan tab 2.5 mg, 5 mg.....	84
ZOLOFT.....	67
zolpidem tartrate tab er 6.25 mg, 12.5 mg.....	71
zolpidem tartrate tab 5 mg, 10 mg.....	71
ZOMIG.....	84
ZONEGRAN.....	89
zonisamide cap 50 mg.....	89
zonisamide cap 25 mg, 100 mg.....	89
ZONTIVITY.....	101
ZORTRESS.....	183
ZTALMY.....	89
ZUBSOLV.....	80
ZURZUVAE.....	67
ZYDELIG.....	26
ZYKADIA.....	26
ZYMFENTRA 1-PEN.....	61
ZYMFENTRA 2-PEN.....	61
ZYMFENTRA 2-SYRINGE.....	61
ZYPREXA.....	70

KEY | **PA** = Prior Authorization
| **LD** = Limited Distribution
| **SP** = Specialty

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