

# ValueScript Rx Medication Guide

April 2025

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

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

## Contents

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

## Preferred Medication List

|                                     |     |
|-------------------------------------|-----|
| Anti-Infective Drugs .....          | 1   |
| Biologicals .....                   | 10  |
| Antineoplastic Agents.....          | 14  |
| Endocrine and Metabolic Drugs ..... | 23  |
| Cardiovascular Agents .....         | 34  |
| Respiratory Agents .....            | 43  |
| Gastrointestinal Agents .....       | 47  |
| Genitourinary Agents.....           | 51  |
| Central Nervous System Drugs .....  | 53  |
| Analgesics and Anesthetics.....     | 64  |
| Neuromuscular Drugs .....           | 71  |
| Nutritional Products .....          | 76  |
| Hematological Agents.....           | 78  |
| Topical Products .....              | 83  |
| Miscellaneous Products .....        | 92  |
| Index.....                          | 140 |

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

The ValueScript Rx Formulary Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. 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](http://www.floridablue.com) by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

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

Si 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.
- ValueScript is a closed formulary pharmacy plan. This means any medications not on the formulary (included in the medication list) are not covered. Take this guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs included in the medication list and cost impacts when you discuss medication options.

## Medication List

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

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

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

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

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

### Changes to the formulary

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

The medication list is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness, and current use in therapy. There are varying reasons changes are made to the medications listed in the ValueScript Rx 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](http://www.floridablue.com).

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

## Formulary addition request

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

Please mail to:

**Florida Blue**

Attn: Pharmacy Programs

P.O. Box 1798 Jacksonville,

FL 32231-0014

## Your Share of Expenses

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

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

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

Example: If your drug copay is \$10 for generic and \$40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay. Difference in Drug Cost is \$70 (Brand Drug Cost \$120- Generic Drug Cost \$50) + Brand Co-Pay \$40= **\$110 is Your Total Cost**

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

[DAW penalty waiver request form.](#)

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

[2025 Safe Harbor Guidelines for HIV/AIDS Drugs](#)

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

## Pharmacy Benefits

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

**Tier 1** – Preventive Prescription Drugs and Supplies (USPSTF)

**Tier 2** – Condition Care Generic Prescription Drugs and Supplies

**Tier 3** – Low-Cost Generic Prescription Drugs and Supplies

**Tier 4** – Condition Care Brand Name Prescription Drugs and Supplies

**Tier 5** – High-Cost Generic, Preferred Brand Name Prescription Drugs and Supplies

**Tier 6** – Specialty Generic and Brand Name Prescription Drugs; Non-Preferred Prescription Drugs and Supplies; some Specialty Prescription Drugs may be listed in lower tier

## Medications that are not covered

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

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

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

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

## Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. 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:** Check your plan documents to determine if the Condition Care Rx Program applies to your plan and the applicable cost share. Coverage details may also be available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com) or by calling the customer service number listed on your member ID card.

## Generic drugs

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

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

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

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

## Oral Chemotherapy Drugs

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

## Over-the-counter (OTC) medications

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

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

### Patient Protection 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](http://covermymeds.com) or by fax using the Exception Request Forms in links below.

[Contraceptives Tier Exception Request Form](#)

[HIV PrEP Tier Exception Request Form](#)

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

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

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



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

Specialty Medications are divided into two categories:

- **Self-Administered Specialty Medications** – Patients administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician’s office. If these medications are not obtained from a participating specialty pharmacy, out-of-network coverage is not available. [A current listing of Self-Administered Specialty Medication can be found here.](#)
  - 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 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 any in-network health care provider. [A current listing of Provider-Administered Specialty Medications can be found here.](#)

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

### Medical Pharmacy Tier Program

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

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

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

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

## 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.
  - For members associated with a Small Group SimplyBlue plan  
Your plan may have a Preferred Pharmacy Network within the Retail Pharmacy Network. The Preferred Pharmacy Network is a list of pharmacies that apply your standard cost-share or co-pay. If you choose to fill a prescription outside this Preferred Pharmacy network, you may have higher cost-share or co-pay amounts. To find a pharmacy in the Preferred Pharmacy Network, please log in to Florida Blue account, scroll to Know Before You Go section and click Find, Doctors, Pharmacies, and More.
- Specialty Pharmacy Network – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a ‘Specialty Drug’ in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
  - Limited Distribution (LD) Pharmacy – Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (pre-approval). The pharmacy that dispenses your limited distribution drug can be found here: [Limited Distribution Drugs](#)

### Non-Participating Pharmacy

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



## Participating Specialty Pharmacy Providers

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

### CVS/Caremark Specialty Pharmacy Services

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

[CVS/Caremark Specialty Pharmacy](#)

### Accredo

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

[Accredo](#)

### CVS/Caremark Hemophilia Services

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

[CVS/Caremark Hemophilia Specialty Pharmacy](#)

### Genoa Healthcare

Provider-Administered Mental Health Products

[Genoa](#)

**NOTE: Specialty Pharmacy medications are not covered when purchased through the home delivery 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 provide [Accredo](#) and [CVS/Caremark Specialty](#).

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

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

### Home Delivery Pharmacy

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

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

### Three-month supply at Retail Pharmacy

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

## Utilization Management Programs

### Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of 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](http://www.floridablue.com).

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

1. The termination date of your policy or
2. The period authorized by us, as indicated in the letter you 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](http://www.floridablue.com) or by calling the customer service number listed on your ID card.

## Coverage Protocol Exemption

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

## Coverage Exception Process

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

### Standard Exception Requests

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

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

### Expedited Exception Requests

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

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

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

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

[Coverage Exception Request Form](#)

### What if my exception request is denied?

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

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

## 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  
**cap**..... capsules  
**chew**..... chewable  
**conc**..... concentrate  
**cr**..... controlled release  
**dr**..... delayed release  
**ec**..... enteric coated  
**equiv**..... equivalent  
**er**..... extended release  
**gm**..... gram  
**inhal**..... inhaler  
**inj**..... injection  
**liqd**..... liquid  
**mg**..... milligram  
**ml**..... milliliter

**nebu**..... nebulizer  
**odt**..... orally disintegrating tabs  
**oint**..... ointment  
**ophth**..... ophthalmic  
**osm**..... osmotic release  
**pack**..... packets  
**powd**..... powder  
**pttw**..... twice-weekly patch  
**sl**..... sublingual  
**soln**..... solution  
**suppos**..... suppositories  
**susp**..... suspension  
**tab**..... tablets  
**td**..... transdermal  
**w/**..... with

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



# Section 1557 Notification: Discrimination is Against the Law

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

We provide:

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

If you need these services, contact:

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

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

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

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
[Section1557Coordinator@bcbsfl.com](mailto:Section1557Coordinator@bcbsfl.com)

**Dental, life, and disability coverage:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
[civilrightscoordinator@fclife.com](mailto: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](http://www.hhs.gov/ocr/office/file/index.html)

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

**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 |
|--|-----------|-----------|---------------------|
| <b>ANTI-INFECTIVE AGENTS</b>   |           |           |                     |
| <b>PENICILLINS</b>   |           |           |                     |
| 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)                 | 5         |           |                     |
| amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)          | 3         |           |                     |
| amoxicillin & k clavulanate tab 250-125 mg                                       | 5         |           |                     |
| amoxicillin & k clavulanate tab 500-125 mg (Augmentin)                           | 3         |           |                     |
| amoxicillin & k clavulanate tab 875-125 mg                                       | 3         |           |                     |
| ampicillin cap 500 mg  | 3         |           |                     |
| AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml                | 5         |           |                     |
| 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         |           |                     |
| <b>CEPHALOSPORINS</b>  |           |           |                     |
| CEFACLOR - cefaclor cap 250 mg, 500 mg   | 5         |           |                     |
| cefadroxil cap 500 mg  | 3         |           |                     |
| cefadroxil for susp 250 mg/5ml, 500 mg/5ml                                       | 3         |           |                     |
| cefdinir cap 300 mg  | 3         |           |                     |
| cefdinir for susp 125 mg/5ml, 250 mg/5ml   | 3         |           |                     |
| cefixime cap 400 mg (Suprax)   | 5         |           |                     |
| cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)                                | 5         |           |                     |
| cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml                              | 5         |           |                     |
| cefpodoxime proxetil tab 100 mg  | 3         |           |                     |
| cefpodoxime proxetil tab 200 mg  | 5         |           |                     |
| 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         |           |                     |

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         |
|---|-----------|-----------|-----------------------------|
| <b>cephalexin tab 250 mg, 500 mg</b>  | 5         |           |                             |
| <b>MACROLIDES</b>   |           |           |                             |
| <b>azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)</b>               | 3         |           |                             |
| <b>azithromycin tab 250 mg, 500 mg (Zithromax)</b>                            | 3         |           |                             |
| <b>azithromycin tab 600 mg</b>  | 3         |           |                             |
| CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml               | 5         |           |                             |
| <b>clarithromycin tab er 24hr 500 mg</b>                                      | 5         |           |                             |
| <b>clarithromycin tab 250 mg, 500 mg</b>                                      | 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)       |
| <b>erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)</b>      | 5         |           |                             |
| <b>erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)</b>           | 5         |           |                             |
| <b>erythromycin ethylsuccinate tab 400 mg</b>                                 | 5         |           |                             |
| <b>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</b>                | 5         |           |                             |
| <b>erythromycin tab 250 mg, 500 mg</b>  | 5         |           |                             |
| ZITHROMAX - azithromycin powd pack for susp 1 gm                              | 5         |           |                             |
| <b>TETRACYCLINES</b>  |           |           |                             |
| <b>demeclocycline hcl tab 150 mg, 300 mg</b>                                  | 5         |           |                             |
| <b>doxycycline hyclate cap 50 mg</b>  | 3         |           |                             |
| <b>doxycycline hyclate cap 100 mg (Vibramycin)</b>                            | 3         |           |                             |
| <b>doxycycline hyclate tab 20 mg, 100 mg</b>                                  | 3         |           |                             |
| <b>doxycycline monohydrate cap 50 mg, 100 mg</b>                              | 3         |           |                             |
| <b>doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)</b>                | 5         |           |                             |
| <b>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</b>                       | 3         |           |                             |
| <b>minocycline hcl cap 50 mg, 75 mg, 100 mg</b>                               | 3         |           |                             |
| <b>tetracycline hcl cap 250 mg, 500 mg</b>                                    | 5         |           |                             |
| <b>FLUOROQUINOLONES</b>   |           |           |                             |
| BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)                      | 5         |           | PA, QL (28 tablets/14 days) |
| CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)            | 5         |           |                             |
| <b>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)</b> | 3         |           |                             |
| <b>ciprofloxacin hcl tab 750 mg (base equiv)</b>                              | 3         |           |                             |
| <b>levofloxacin oral soln 25 mg/ml</b>  | 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                   |
|---|-----------|-----------|---------------------------------------|
| <b>levofloxacin tab 250 mg, 500 mg, 750 mg</b>                  | 3         |           |                                       |
| <b>moxifloxacin hcl tab 400 mg (base equiv)</b>                 | 3         |           |                                       |
| <b>ofloxacin tab 400 mg</b>                                     | 5         |           |                                       |
| <b>AMINOGLYCOSIDES</b>  |           |           |                                       |
| HUMATIN - paromomycin sulfate cap 250 mg                        | 5         |           | LD                                    |
| <b>neomycin sulfate tab 500 mg</b>                              | 3         |           |                                       |
| TOBI PODHALER - tobramycin inhal cap 28 mg                      | 6         | SP        | LD, SP                                |
| <b>tobramycin nebu soln 300 mg/5ml (Tobi)</b>                   | 6         | SP        | SP                                    |
| <b>tobramycin nebu soln 300 mg/4ml (Bethkis)</b>                | 6         | SP        | SP                                    |
| <b>SULFONAMIDES</b>   |           |           |                                       |
| <b>sulfadiazine tab 500 mg</b>                                  | 5         |           |                                       |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                                 |           |           |                                       |
| <b>cycloserine cap 250 mg</b>                                   | 5         |           |                                       |
| <b>ethambutol hcl tab 100 mg</b>                                | 3         |           |                                       |
| <b>ethambutol hcl tab 400 mg (Myambutol)</b>                    | 3         |           |                                       |
| <b>isoniazid syrup 50 mg/5ml</b>                                | 5         |           |                                       |
| <b>isoniazid tab 100 mg</b>                                     | 5         |           |                                       |
| <b>isoniazid tab 300 mg</b>                                     | 3         |           |                                       |
| PRETOMANID - pretomanid tab 200 mg                              | 5         |           | LD, QL (182 tablets/365 days)         |
| PRIFTIN - rifapentine tab 150 mg                                | 5         |           |                                       |
| <b>pyrazinamide tab 500 mg</b>                                  | 5         |           |                                       |
| <b>rifabutin cap 150 mg (Mycobutin)</b>                         | 5         |           |                                       |
| <b>rifampin cap 150 mg, 300 mg</b>                              | 5         |           |                                       |
| SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)           | 6         | SP        | LD, PA, QL (940 tablets/365 days), SP |
| SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)          | 6         | SP        | LD, PA, QL (188 tablets/365 days), SP |
| TRECTOR - ethionamide tab 250 mg                                | 6         |           | PA                                    |
| <b>ANTIFUNGALS</b>  |           |           |                                       |
| CRESEMBA - isavuconazonium sulfate cap 186 mg                   | 6         |           | PA                                    |
| <b>fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)</b>       | 3         |           |                                       |
| <b>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)</b> | 3         |           |                                       |
| <b>flucytosine cap 250 mg, 500 mg (Ancobon)</b>                 | 5         |           |                                       |
| <b>griseofulvin microsize susp 125 mg/5ml</b>                   | 5         |           |                                       |
| <b>griseofulvin microsize tab 500 mg</b>                        | 5         |           |                                       |
| <b>griseofulvin ultramicrosize tab 125 mg, 250 mg</b>           | 5         |           |                                       |
| <b>itraconazole cap 100 mg (Sporanox)</b>                       | 5         |           | PA, QL (120 capsules/30 days)         |
| <b>itraconazole oral soln 10 mg/ml (Sporanox)</b>               | 5         |           | PA, QL (1200 mls/30 days)             |
| <b>ketoconazole tab 200 mg</b>                                  | 3         |           |                                       |

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

| Drug Name  | Drug Tier | Specialty | Requirements/Limits           |
|--|-----------|-----------|-------------------------------|
| NOXAFIL - posaconazole for delayed release susp packet 300 mg                    | 5         |           | PA                            |
| <b>nystatin tab 500000 unit</b>  | 5         |           |                               |
| <b>posaconazole susp 40 mg/ml (Noxafil)</b>                                      | 5         |           | PA                            |
| <b>posaconazole tab delayed release 100 mg (Noxafil)</b>                         | 5         |           | PA                            |
| <b>terbinafine hcl tab 250 mg</b>  | 3         |           | QL (30 tablets/30 days)       |
| VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)                        | 5         |           | PA, QL (18 capsules/180 days) |
| <b>voriconazole for susp 40 mg/ml (Vfend)</b>                                    | 5         |           | PA                            |
| <b>voriconazole tab 50 mg, 200 mg (Vfend)</b>                                    | 5         |           | PA                            |
| <b>ANTIVIRALS</b>  |           |           |                               |
| <b>abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)</b>                      | 3         |           | QL (960 mls/30 days)          |
| <b>abacavir sulfate tab 300 mg (base equiv) (Ziagen)</b>                         | 3         |           | QL (60 tablets/30 days)       |
| <b>abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)</b>                      | 3         |           | QL (30 tablets/30 days)       |
| <b>acyclovir cap 200 mg</b>  | 3         |           |                               |
| <b>acyclovir susp 200 mg/5ml (Zovirax)</b>                                       | 5         |           |                               |
| <b>acyclovir tab 400 mg, 800 mg</b>  | 3         |           |                               |
| <b>adefovir dipivoxil tab 10 mg (Hepsera)</b>                                    | 5         |           | QL (30 tablets/30 days)       |
| APTIVUS - tipranavir cap 250 mg  | 5         |           | QL (120 capsules/30 days)     |
| <b>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)</b> | 3         |           | QL (30 capsules/30 days)      |
| <b>atazanavir sulfate cap 200 mg (base equiv) (Reyataz)</b>                      | 3         |           | QL (60 capsules/30 days)      |
| BARACLUDGE - entecavir oral soln 0.05 mg/ml                                      | 5         |           | QL (630 mls/30 days)          |
| BIKTARVY - bictegravir-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)       |
| <b>darunavir tab 600 mg (Prezista)</b>   | 5         |           | QL (60 tablets/30 days)       |
| <b>darunavir tab 800 mg (Prezista)</b>   | 5         |           | 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)       |
| <b>efavirenz tab 600 mg (Sustiva)</b>  | 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             |
|---|-----------|-----------|---------------------------------|
| <b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)</b>                            | 5         |           | QL (30 tablets/30 days)         |
| <b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)</b>                              | 5         |           | QL (30 tablets/30 days)         |
| <b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</b>                                 | 5         |           | QL (30 tablets/30 days)         |
| <b>emtricitabine caps 200 mg (Emtriva)</b>  | 5         |           | QL (30 capsules/30 days)        |
| <b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)</b> | 5         |           | QL (30 tablets/30 days)         |
| <b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)</b>                         | 1         |           | QL (30 tablets/30 days)         |
| EMTRIVA - emtricitabine caps 200 mg   | 5         |           | QL (30 capsules/30 days)        |
| EMTRIVA - emtricitabine soln 10 mg/ml   | 5         |           | QL (680 mls/28 days)            |
| <b>entecavir tab 0.5 mg, 1 mg (Baraclude)</b>   | 5         |           | QL (30 tablets/30 days)         |
| EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg  | 6         | SP        | PA, QL (30 tablets/30 days), SP |
| EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg   | 6         | SP        | PA, QL (28 tablets/28 days), SP |
| EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg  | 6         | SP        | PA, QL (30 packets/30 days), SP |
| EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg  | 6         | SP        | PA, QL (60 packets/30 days), SP |
| EPIVIR - lamivudine oral soln 10 mg/ml  | 5         |           | QL (960 mls/30 days)            |
| EPIVIR - lamivudine tab 150 mg  | 5         |           | QL (60 tablets/30 days)         |
| EPIVIR - lamivudine tab 300 mg  | 5         |           | QL (30 tablets/30 days)         |
| <b>etravirine tab 100 mg, 200 mg (Intelence)</b>  | 5         |           | QL (60 tablets/30 days)         |
| EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)                                  | 5         |           | QL (30 tablets/30 days)         |
| <b>famciclovir tab 125 mg, 250 mg, 500 mg</b>   | 3         |           |                                 |
| <b>fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)</b>                                       | 3         |           | QL (120 tablets/30 days)        |
| FUZEON - enfuvirtide for inj 90 mg  | 6         | 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                                 | 6         | SP        | PA, QL (30 packets/30 days), SP |
| HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg  | 6         | 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   | 5         |           | 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)         |

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|---|-----------|-----------|--------------------------------------|
| 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-ripirovirine hcl tab 50-25 mg (base eq)              | 5         |           | QL (30 tablets/30 days)              |
| KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)                   | 5         |           | QL (480 mls/30 days)                 |
| KALETRA - lopinavir-ritonavir tab 100-25 mg                                       | 5         |           | QL (180 tablets/30 days)             |
| KALETRA - lopinavir-ritonavir tab 200-50 mg                                       | 5         |           | QL (120 tablets/30 days)             |
| LAGEVRIO - molnupiravir cap 200 mg  | 5         |           | QL (40 capsules/30 days)             |
| <b>lamivudine oral soln 10 mg/ml (Epivir)</b>                                     | 3         |           | QL (960 mls/30 days)                 |
| <b>lamivudine tab 100 mg (hbv) (Epivir hbv)</b>                                   | 5         |           | QL (30 tablets/30 days)              |
| <b>lamivudine tab 150 mg (Epivir)</b>   | 3         |           | QL (60 tablets/30 days)              |
| <b>lamivudine tab 300 mg (Epivir)</b>   | 3         |           | QL (30 tablets/30 days)              |
| <b>lamivudine-zidovudine tab 150-300 mg (Combivir)</b>                            | 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   | 6         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| <b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)</b>            | 3         |           | QL (480 mls/30 days)                 |
| <b>lopinavir-ritonavir tab 100-25 mg (Kaletra)</b>                                | 5         |           | QL (180 tablets/30 days)             |
| <b>lopinavir-ritonavir tab 200-50 mg (Kaletra)</b>                                | 5         |           | QL (120 tablets/30 days)             |
| <b>maraviroc tab 150 mg (Selzentry)</b>   | 5         |           | QL (60 tablets/30 days)              |
| <b>maraviroc tab 300 mg (Selzentry)</b>   | 5         |           | QL (120 tablets/30 days)             |
| MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg                                  | 6         | SP        | PA, QL (90 tablets/30 days), SP      |
| MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg                           | 6         | SP        | PA, QL (150 packets/30 days), SP     |
| NEVIRAPINE - nevirapine susp 50 mg/5ml  | 5         |           | QL (1200 mls/30 days)                |
| <b>nevirapine tab er 24hr 400 mg (Viramune xr)</b>                                | 3         |           | QL (30 tablets/30 days)              |
| <b>nevirapine tab 200 mg</b>  | 3         |           | QL (60 tablets/30 days)              |
| NORVIR - ritonavir tab 100 mg   | 5         |           | QL (360 tablets/30 days)             |
| NORVIR - ritonavir powder packet 100 mg   | 5         |           | QL (360 packets/30 days)             |
| ODEFSEY - emtricitabine-ripirovirine-tenofovir af tab 200-25-25 mg                | 5         |           | QL (30 tablets/30 days)              |
| <b>oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)</b>                     | 3         |           | QL (40 capsules/120 days)            |
| <b>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)</b> | 3         |           | QL (20 capsules/120 days)            |
| <b>oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)</b>              | 5         |           | QL (300 mls/120 days)                |

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| 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        | 6         | SP        | PA, SP                          |
| PEGASYS - peginterferon alfa-2a inj 180 mcg/ml                          | 6         | SP        | PA, SP                          |
| PIFELTRO - doravirine tab 100 mg  | 5         |           | QL (30 tablets/30 days)         |
| PREVYMIS - letermovir tab 240 mg, 480 mg                                | 5         |           |                                 |
| PREVYMIS - letermovir pellet pack 20 mg, 120 mg                         | 5         |           |                                 |
| 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   | 5         |           | QL (60 tablets/30 days)         |
| PREZISTA - darunavir tab 800 mg   | 5         |           | QL (30 tablets/30 days)         |
| RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act  | 6         |           | PA, QL (40 blisters/120 days)   |
| RETROVIR - zidovudine cap 100 mg  | 5         |           | QL (180 capsules/30 days)       |
| RETROVIR - zidovudine syrup 10 mg/ml                                    | 5         |           | 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)                    | 5         |           | QL (60 capsules/30 days)        |
| REYATAZ - atazanavir sulfate cap 300 mg (base equiv)                    | 5         |           | 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         |           | PA                              |
| <b>ritonavir tab 100 mg (Norvir)</b>                                    | 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  | 5         |           | QL (60 tablets/30 days)         |
| SELZENTRY - maraviroc tab 300 mg  | 5         |           | QL (120 tablets/30 days)        |
| SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg          | 6         | SP        | PA, QL (28 tablets/28 days), SP |
| SOVALDI - sofosbuvir tab 200 mg, 400 mg                                 | 6         | SP        | PA, QL (30 tablets/30 days), SP |
| SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg                         | 6         | 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)         |

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|--|-----------|-----------|---------------------------------|
| 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   | 5         |           | QL (30 tablets/30 days)         |
| SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg  | 5         |           | QL (30 tablets/30 days)         |
| SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg                                    | 5         |           | QL (30 tablets/30 days)         |
| <b>tenofovir disoproxil fumarate tab 300 mg (Viread)</b>   | 1         |           | QL (30 tablets/30 days)         |
| TIVICAY - dolutegravir sodium tab 50 mg (base equiv)   | 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 | 5         |           | QL (30 tablets/30 days)         |
| TYBOST - cobicistat tab 150 mg   | 5         |           | QL (30 tablets/30 days)         |
| <b>valacyclovir hcl tab 500 mg, 1 gm (Valtrex)</b>   | 3         |           |                                 |
| <b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</b>                                       | 5         |           |                                 |
| <b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</b>   | 5         |           |                                 |
| 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 tab 150 mg, 200 mg, 250 mg, 300 mg                                | 5         |           | QL (30 tablets/30 days)         |
| VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm  | 5         |           | QL (240 grams/30 days)          |
| VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg  | 6         | 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)             | 5         |           | QL (2 tablets/120 days)         |
| ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)   | 5         |           | QL (960 mls/30 days)            |
| <b>zidovudine cap 100 mg (Retrovir)</b>  | 3         |           | QL (180 capsules/30 days)       |
| <b>zidovudine syrup 10 mg/ml (Retrovir)</b>  | 3         |           | QL (1920 mls/30 days)           |
| <b>zidovudine tab 300 mg</b>   | 3         |           | QL (60 tablets/30 days)         |

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|--|-----------|-----------|---------------------------------|
| <b>ANTIMALARIALS</b>   |           |           |                                 |
| atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)                               | 3         |           |                                 |
| atovaquone-proguanil hcl tab 250-100 mg (Malarone)                               | 5         |           |                                 |
| chloroquine phosphate tab 250 mg   | 5         |           |                                 |
| chloroquine phosphate tab 500 mg   | 3         |           |                                 |
| COARTEM - artemether-lumefantrine tab 20-120 mg                                  | 6         |           | PA                              |
| hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg                            | 3         |           |                                 |
| hydroxychloroquine sulfate tab 200 mg (Plaquenil)                                | 3         |           |                                 |
| mefloquine hcl tab 250 mg  | 3         |           |                                 |
| primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)             | 3         |           |                                 |
| pyrimethamine tab 25 mg (Daraprim)   | 6         | SP        | PA, QL (90 tablets/30 days), SP |
| quinine sulfate cap 324 mg (Qualaquin)   | 5         |           | QL (42 capsules/90 days)        |
| <b>ANTHELMINTICS</b>   |           |           |                                 |
| albendazole tab 200 mg (Albenza)   | 5         |           | PA, QL (120 tablets/30 days)    |
| BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg                                  | 5         |           | LD                              |
| EGATEN - triclabendazole tab 250 mg  | 6         | SP        | PA, SP                          |
| ivermectin tab 3 mg (Stromectol)   | 5         |           |                                 |
| praziquantel tab 600 mg (Biltricide)   | 5         |           |                                 |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>   |           |           |                                 |
| atovaquone susp 750 mg/5ml (Mepron)  | 5         |           |                                 |
| CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)                | 6         | SP        | LD, SP                          |
| clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)                              | 3         |           |                                 |
| clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr) | 5         |           |                                 |
| colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)        | 5         |           |                                 |
| dapsone tab 25 mg  | 5         |           |                                 |
| dapsone tab 100 mg   | 3         |           |                                 |
| fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)               | 5         |           |                                 |
| IMPAVIDO - miltefosine cap 50 mg   | 6         | SP        | PA, SP                          |
| LAMPIT - nifurtimox tab 30 mg  | 5         |           | LD, QL (540 tablets/180 days)   |
| LAMPIT - nifurtimox tab 120 mg   | 5         |           | LD, QL (450 tablets/180 days)   |
| linezolid for susp 100 mg/5ml (Zyvox)  | 5         |           |                                 |
| linezolid tab 600 mg (Zyvox)   | 5         |           |                                 |
| methenamine hippurate tab 1 gm (Hiprex)  | 3         |           |                                 |
| metronidazole tab 250 mg   | 3         |           |                                 |

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| <b>metronidazole tab 500 mg (Flagyl)</b>                                      | 3         |           |                             |
| NITAZOXANIDE - nitazoxanide tab 500 mg  | 5         |           | QL (12 tablets/90 days)     |
| <b>nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)</b>               | 5         |           |                             |
| <b>nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrochantin)</b>       | 3         |           |                             |
| <b>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</b>      | 3         |           |                             |
| <b>nitrofurantoin susp 25 mg/5ml</b>  | 5         |           |                             |
| <b>pentamidine isethionate for nebulization soln 300 mg (Nebupent)</b>        | 5         |           |                             |
| SIVEXTRO - tedizolid phosphate tab 200 mg                                     | 5         |           | PA, QL (6 tablets/30 days)  |
| <b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b>                       | 3         |           |                             |
| <b>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</b>                  | 3         |           |                             |
| <b>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</b>              | 3         |           |                             |
| <b>tinidazole tab 250 mg, 500 mg</b>  | 3         |           |                             |
| <b>trimethoprim tab 100 mg</b>  | 3         |           |                             |
| <b>vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)</b>             | 5         |           | QL (480 capsules/30 days)   |
| <b>vancomycin hcl cap 250 mg (base equivalent) (Vancocin)</b>                 | 5         |           | QL (240 capsules/30 days)   |
| <b>vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)</b>      | 5         |           |                             |
| <b>vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)</b>      | 5         |           | 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) |
| <b>BIOLOGICALS</b>  |           |           |                             |
| <b>VACCINES</b>   |           |           |                             |
| 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         |           |                             |

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| BEXSERO - meningococcal vac b (recomb omv adjuv)<br>inj prefilled syringe                 | 1         |           |                        |
| CAPVAXIVE - pneumococcal 21-valent conjugate<br>vaccine soln pref syr 0.5ml               | 1         |           | QL (1 vaccine/90 days) |
| COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im<br>susp pref syr 30 mcg/0.3ml        | 1         |           |                        |
| ENGERIX-B - hepatitis b vaccine (recombinant) susp<br>pref syr 10 mcg/0.5ml, 20 mcg/ml    | 1         |           |                        |
| ENGERIX-B - hepatitis b vaccine (recombinant) susp<br>20 mcg/ml                           | 1         |           |                        |
| FLUAD 2024-2025 - influenza vac type a&b surface ant<br>adj susp pref syr 0.5 ml          | 1         |           | QL (1 vaccine/90 days) |
| FLUARIX 2024-2025 - influenza virus vaccine split pf<br>susp pref syringe 0.5 ml          | 1         |           | QL (1 vaccine/90 days) |
| FLUBLOK 2024-2025 - influenza virus vacc recombinant<br>ha pf soln pref syr 0.5 ml        | 1         |           | QL (1 vaccine/90 days) |
| FLUCELVAX 2024-2025 - influenza virus vac tiss-cult<br>subunit susp pref syr 0.5 ml       | 1         |           | QL (1 vaccine/90 days) |
| FLUCELVAX 2024-2025 - influenza virus vac tiss-cult<br>subunit im susp                    | 1         |           | QL (1 vaccine/90 days) |
| FLULAVAL 2024-2025 - influenza virus vaccine split pf<br>susp pref syringe 0.5 ml         | 1         |           | QL (1 vaccine/90 days) |
| FLUMIST NASAL VACCINE 202 - influenza virus<br>vaccine live intranasal liquid             | 1         |           | QL (1 vaccine/90 days) |
| FLUZONE HIGH-DOSE 2024-20 - influenza virus vac<br>split high-dose pf susp pref syr 0.5ml | 1         |           | QL (1 vaccine/90 days) |
| FLUZONE 2024-2025 - influenza virus vaccine split im<br>susp                              | 1         |           | QL (1 vaccine/90 days) |
| FLUZONE 2024-2025 - influenza virus vaccine split pf<br>susp pref syringe 0.5 ml          | 1         |           | QL (1 vaccine/90 days) |
| GARDASIL 9 - human papillomavirus (hvp) 9-valent<br>recomb vac susp pref syr              | 1         |           |                        |
| GARDASIL 9 - human papillomavirus (hvp) 9-valent<br>recomb vac im susp                    | 1         |           |                        |
| HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml,<br>1440 el unit/ml               | 1         |           |                        |
| HEPLISAV-B - hepatitis b vaccine recomb adjuvanted<br>pref syr 20 mcg/0.5ml               | 1         |           |                        |
| HIBERIX - haemophilus b polysaccharide conjugate vac<br>for inj 10 mcg                    | 1         |           |                        |
| IPOL INACTIVATED IPV - poliovirus vaccine, ipv<br>injection                               | 1         |           |                        |
| JYNNEOS - smallpox & monkeypox vac, live, non-<br>replicating inj 0.5 ml                  | 1         |           |                        |

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| 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         |           |                            |
| 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         |           |                            |

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| Drug Name   | Drug Tier | Specialty | Requirements/Limits    |
|---|-----------|-----------|------------------------|
| 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  | 5         |           |                        |
| VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml  | 1         |           | QL (1 vaccine/90 days) |
| <b>TOXOIDS</b>  |           |           |                        |
| 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 recmb susp  | 1         |           |                        |
| <b>PASSIVE IMMUNIZING AGENTS</b>  |           |           |                        |
| GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml | 6         | SP        | PA, SP                 |
| GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml                                   | 6         | SP        | PA, SP                 |

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|--|-----------|-----------|---------------------|
| GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml | 6         | SP        | PA, SP              |
| HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml                                       | 6         | SP        | LD, PA, SP          |
| HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml   | 6         | SP        | LD, PA, SP          |
| HIZENTRA - immune globulin (human) subcutaneous sol pref syr 10 gm/50ml  | 6         | SP        | LD, PA, SP          |
| HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit   | 6         | SP        | LD, PA, SP          |
| HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit  | 6         | SP        | LD, PA, SP          |
| HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit  | 6         | SP        | LD, PA, SP          |
| HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit  | 6         | SP        | LD, PA, SP          |
| HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit  | 6         | SP        | LD, PA, SP          |

**ANTINEOPLASTIC AGENTS****ANTINEOPLASTICS**

|   |   |    |                                       |
|---|---|----|---------------------------------------|
| <b>abiraterone acetate tab 250 mg (Zytiga)</b>                            | 5 | SP | PA, QL (120 tablets/30 days), SP      |
| <b>abiraterone acetate tab 500 mg (Zytiga)</b>                            | 5 | SP | PA, QL (60 tablets/30 days), SP       |
| ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)    | 6 | SP | LD, PA, SP                            |
| AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg | 5 | SP | LD, PA, QL (60 tablets/30 days), SP   |
| ALECENSA - alectinib hcl cap 150 mg (base equivalent)                     | 5 | SP | LD, PA, QL (240 capsules/30 days), SP |
| ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg          | 5 | SP | LD, PA, QL (30 tablets/180 days), SP  |
| ALUNBRIG - brigatinib tab 30 mg   | 5 | SP | LD, PA, QL (180 tablets/30 days), SP  |
| ALUNBRIG - brigatinib tab 90 mg, 180 mg                                   | 5 | SP | LD, PA, QL (30 tablets/30 days), SP   |
| <b>anastrozole tab 1 mg (Arimidex)</b>                                    | 1 |    |                                       |
| AUGTYRO - repotrectinib cap 40 mg   | 5 | SP | PA, QL (240 capsules/30 days), SP     |
| AUGTYRO - repotrectinib cap 160 mg  | 5 | SP | PA, QL (60 capsules/30 days), SP      |
| AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg            | 5 | SP | LD, PA, QL (30 tablets/30 days), SP   |
| BALVERSA - erdafitinib tab 3 mg   | 5 | SP | LD, PA, QL (90 tablets/30 days), SP   |
| BALVERSA - erdafitinib tab 4 mg   | 5 | SP | LD, PA, QL (60 tablets/30 days), SP   |
| BALVERSA - erdafitinib tab 5 mg   | 5 | SP | LD, PA, QL (30 tablets/30 days), SP   |

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|---|-----------|-----------|---------------------------------------|
| BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml  | 6         | SP        | LD, PA, QL (2 syringes/28 days), SP   |
| <b>bexarotene cap 75 mg (Targretin)</b>   | 5         | SP        | PA, SP                                |
| <b>bicalutamide tab 50 mg (Casodex)</b>   | 3         |           |                                       |
| BOSULIF - bosutinib cap 50 mg   | 5         | SP        | LD, PA, QL (30 capsules/30 days), SP  |
| BOSULIF - bosutinib cap 100 mg  | 5         | SP        | LD, PA, QL (150 capsules/30 days), SP |
| BOSULIF - bosutinib tab 100 mg  | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP  |
| BOSULIF - bosutinib tab 400 mg, 500 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| BRAFTOVI - encorafenib cap 75 mg  | 5         | SP        | LD, PA, QL (180 capsules/30 days), SP |
| BRUKINSA - zanubrutinib cap 80 mg   | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent) | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| CALQUENCE - acalabrutinib maleate tab 100 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| <b>capecitabine tab 150 mg, 500 mg (Xeloda)</b>   | 5         | SP        | SP                                    |
| CAPRELSA - vandetanib tab 100 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| CAPRELSA - vandetanib tab 300 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit   | 5         | 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  | 5         | 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  | 5         | SP        | LD, PA, QL (1 kit/28 days), SP        |
| COPIKTRA - duvelisib cap 15 mg, 25 mg   | 5         | SP        | LD, PA, QL (60 capsules/30 days), SP  |
| COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)   | 5         | SP        | LD, PA, QL (63 tablets/28 days), SP   |
| CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg  | 5         |           |                                       |
| <b>cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)</b>   | 5         |           |                                       |
| DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)                              | 5         | SP        | LD, PA, QL (112 tablets/28 days), SP  |
| <b>dasatinib tab 20 mg (Sprycel)</b>  | 5         | SP        | PA, QL (90 tablets/30 days), SP       |
| <b>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)</b>  | 5         | SP        | PA, QL (30 tablets/30 days), SP       |
| DAURISMO - glasdegib maleate tab 25 mg (base equivalent)  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |

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|---|-----------|-----------|---------------------------------------|
| DAURISMO - glasdegib maleate tab 100 mg (base equivalent)   | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| ERIVEDGE - vismodegib cap 150 mg  | 5         | SP        | LD, PA, QL (30 capsules/30 days), SP  |
| ERLEADA - apalutamide tab 60 mg   | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP  |
| ERLEADA - apalutamide tab 240 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| <b>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</b>  | 5         | SP        | PA, QL (60 tablets/30 days), SP       |
| <b>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)</b>                       | 5         | SP        | PA, QL (30 tablets/30 days), SP       |
| ETOPOSIDE - etoposide cap 50 mg   | 5         |           |                                       |
| <b>everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)</b>   | 5         | SP        | PA, QL (60 tablets/30 days), SP       |
| <b>everolimus tab for oral susp 3 mg (Afinitor disperz)</b>   | 5         | SP        | PA, QL (90 tablets/30 days), SP       |
| <b>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)</b>  | 5         | SP        | PA, QL (30 tablets/30 days), SP       |
| <b>exemestane tab 25 mg (Aromasin)</b>  | 5         |           |                                       |
| FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)                            | 5         | SP        | LD, PA, QL (21 capsules/28 days), SP  |
| FRUZAQLA - fruquintinib cap 1 mg  | 5         | SP        | PA, QL (84 capsules/28 days), SP      |
| FRUZAQLA - fruquintinib cap 5 mg  | 5         | SP        | PA, QL (21 capsules/28 days), SP      |
| GAVRETO - pralsetinib cap 100 mg  | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| <b>gefitinib tab 250 mg (Iressa)</b>  | 5         | SP        | PA, QL (30 tablets/30 days), SP       |
| GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent) | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg  | 5         | SP        | SP                                    |
| GOMEKLI - mirdametinib tab for oral susp 1 mg   | 5         | SP        | PA, QL (168 tablets/28 days), SP      |
| GOMEKLI - mirdametinib cap 1 mg   | 5         | SP        | PA, QL (168 capsules/28 days), SP     |
| GOMEKLI - mirdametinib cap 2 mg   | 5         | SP        | PA, QL (84 tablets/28 days), SP       |
| HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)  | 5         | SP        | PA, SP                                |
| <b>hydroxyurea cap 500 mg (Hydrea)</b>  | 3         |           |                                       |
| IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg   | 5         | SP        | LD, PA, QL (21 capsules/28 days), SP  |
| IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg   | 5         | 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)  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)                          | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| <b>imatinib mesylate tab 100 mg (base equivalent) (Gleevec)</b>   | 5         | SP        | PA, QL (90 tablets/30 days), SP       |

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|---|-----------|-----------|---------------------------------------|
| <b>imatinib mesylate tab 400 mg (base equivalent) (Gleevec)</b>   | 5         | SP        | PA, QL (60 tablets/30 days), SP       |
| IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| IMBRUVICA - ibrutinib oral susp 70 mg/ml  | 5         | SP        | LD, PA, QL (216 mls/30 days), SP      |
| IMBRUVICA - ibrutinib cap 70 mg   | 5         | SP        | LD, PA, QL (30 capsules/30 days), SP  |
| IMBRUVICA - ibrutinib cap 140 mg  | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)  | 5         | SP        | PA, QL (280 mls/28 days), SP          |
| INLYTA - axitinib tab 1 mg  | 5         | SP        | LD, PA, QL (180 tablets/30 days), SP  |
| INLYTA - axitinib tab 5 mg  | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP  |
| INQOVI - decitabine-cedazuridine tab 35-100 mg  | 5         | SP        | LD, PA, QL (5 tablets/28 days), SP    |
| INREBIC - fedratinib hcl cap 100 mg   | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| ITOVEBI - inavolisib tab 3 mg   | 5         | SP        | PA, QL (56 tablets/28 days), SP       |
| ITOVEBI - inavolisib tab 9 mg   | 5         | SP        | PA, QL (28 tablets/28 days), SP       |
| IWILFIN - eflornithine hcl tab 192 mg   | 5         | 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) | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| JAYPIRCA - pirtobrutinib tab 50 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| JAYPIRCA - pirtobrutinib tab 100 mg   | 5         | 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)                                     | 5         | SP        | PA, QL (63 tablets/28 days), SP       |
| KOSELUGO - selumetinib sulfate cap 10 mg  | 5         | SP        | LD, PA, QL (240 capsules/30 days), SP |
| KOSELUGO - selumetinib sulfate cap 25 mg  | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| KRAZATI - adagrasib tab 200 mg  | 5         | SP        | LD, PA, QL (180 tablets/30 days), SP  |
| <b>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)</b>  | 5         | SP        | PA, QL (180 tablets/30 days), SP      |
| LAZCLUZE - lazertinib mesylate tab 80 mg  | 5         | SP        | PA, QL (60 tablets/30 days), SP       |
| LAZCLUZE - lazertinib mesylate tab 240 mg   | 5         | SP        | PA, QL (30 tablets/30 days), SP       |
| LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)   | 5         | 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)   | 5         | SP        | LD, PA, QL (90 capsules/30 days), SP  |

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|--|-----------|-----------|--------------------------------------|
| LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)        | 5         | SP        | LD, PA, QL (60 capsules/30 days), SP |
| LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg & 2 x 4 mg (18 mg daily dose) | 5         | 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)        | 5         | SP        | LD, PA, QL (60 capsules/30 days), SP |
| LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg & 4 mg (24 mg daily dose) | 5         | SP        | LD, PA, QL (90 capsules/30 days), SP |
| LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)               | 5         | 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)           | 5         | SP        | LD, PA, QL (60 capsules/30 days), SP |
| <b>letrozole tab 2.5 mg (Femara)</b>   | 3         |           |                                      |
| <b>leucovorin calcium tab 5 mg</b>   | 3         |           |                                      |
| <b>leucovorin calcium tab 10 mg, 15 mg, 25 mg</b>  | 5         |           |                                      |
| LEUKERAN - chlorambucil tab 2 mg   | 5         |           |                                      |
| <b>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</b>                                     | 6         | SP        | PA, QL (6 vials/30 days), SP         |
| LONSURF - trifluridine-tipiracil tab 15-6.14 mg  | 5         | SP        | LD, PA, QL (100 tablets/28 days), SP |
| LONSURF - trifluridine-tipiracil tab 20-8.19 mg  | 5         | SP        | LD, PA, QL (80 tablets/28 days), SP  |
| LORBRENA - lorlatinib tab 25 mg  | 5         | SP        | LD, PA, QL (90 tablets/30 days), SP  |
| LORBRENA - lorlatinib tab 100 mg   | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| LUMAKRAS - sotorasib tab 120 mg  | 5         | SP        | LD, PA, QL (240 tablets/30 days), SP |
| LUMAKRAS - sotorasib tab 240 mg  | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| LUMAKRAS - sotorasib tab 320 mg  | 5         | SP        | LD, PA, QL (90 tablets/30 days), SP  |
| LYNPARZA - olaparib tab 100 mg, 150 mg   | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| LYSODREN - mitotane tab 500 mg   | 5         | SP        | LD, SP                               |
| LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)                             | 5         | SP        | LD, PA, QL (84 tablets/28 days), SP  |
| LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)                             | 5         | SP        | LD, PA, QL (112 tablets/28 days), SP |
| LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)                             | 5         | SP        | LD, PA, QL (140 tablets/28 days), SP |
| MATULANE - procarbazine hcl cap 50 mg  | 5         | SP        | LD, SP                               |
| <b>megestrol acetate susp 40 mg/ml</b>   | 3         |           |                                      |
| <b>megestrol acetate tab 20 mg, 40 mg</b>  | 3         |           |                                      |
| MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)                     | 5         | SP        | PA, QL (1170 mls/28 day), SP         |

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|---|-----------|-----------|--------------------------------------|
| MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)                                   | 5         | SP        | PA, QL (90 tablets/30 days), SP      |
| MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)                                     | 5         | SP        | PA, QL (30 tablets/30 days), SP      |
| MEKTOVI - binimetinib tab 15 mg   | 5         | SP        | LD, PA, QL (180 tablets/30 days), SP |
| <b>mercaptapurine tab 50 mg</b>   | 5         |           |                                      |
| <b>mesna tab 400 mg (Mesnex)</b>  | 5         |           |                                      |
| METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)                                      | 5         |           |                                      |
| METHOTREXATE SODIUM - methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)                                | 3         |           |                                      |
| <b>methotrexate sodium for inj 1 gm</b>   | 5         |           |                                      |
| <b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</b> | 3         |           |                                      |
| <b>methotrexate sodium tab 2.5 mg (base equiv)</b>  | 3         |           |                                      |
| MYLERAN - busulfan tab 2 mg   | 5         |           |                                      |
| NERLYNX - neratinib maleate tab 40 mg (base equivalent)   | 5         | SP        | LD, PA, QL (180 tablets/30 days), SP |
| <b>nilutamide tab 150 mg (Nilandron)</b>  | 5         |           |                                      |
| NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent) | 5         | SP        | LD, PA, QL (3 capsules/28 days), SP  |
| NUBEQA - darolutamide tab 300 mg  | 5         | SP        | PA, QL (120 tablets/30 days), SP     |
| ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)   | 5         | SP        | LD, PA, QL (30 capsules/30 days), SP |
| OGSIVEO - nirogacestat hydrobromide tab 50 mg   | 5         | SP        | LD, PA, QL (180 tablets/30 days), SP |
| OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg  | 5         | SP        | LD, PA, QL (56 tablets/28 days), SP  |
| OJEMDA - tovorafenib tab 100 mg   | 5         | SP        | PA, QL (24 tablets/28 days), SP      |
| OJEMDA - tovorafenib for oral susp 25 mg/ml   | 5         | SP        | PA, QL (96 mls/28 days), SP          |
| OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| ONUREG - azacitidine tab 200 mg, 300 mg   | 5         | SP        | PA, QL (14 tablets/28 days), SP      |
| ORGOVYX - relugolix tab 120 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| ORSERDU - elacestrant hydrochloride tab 86 mg   | 5         | SP        | LD, PA, QL (90 tablets/30 days), SP  |
| ORSERDU - elacestrant hydrochloride tab 345 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| <b>pazopanib hcl tab 200 mg (base equiv) (Votrient)</b>   | 5         | SP        | PA, QL (120 tablets/30 days), SP     |
| PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg  | 5         | SP        | LD, PA, QL (14 tablets/21 days), SP  |
| PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose                                  | 5         | SP        | PA, QL (1 pack/28 days), SP          |

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|--|-----------|-----------|--------------------------------------|
| PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)                             | 5         | SP        | PA, QL (1 pack/28 days), SP          |
| PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)                                    | 5         | SP        | PA, QL (1 pack/28 days), SP          |
| POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg   | 5         | SP        | LD, PA, QL (21 capsules/28 days), SP |
| PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)   | 5         | SP        | LD, SP                               |
| QINLOCK - ripretinib tab 50 mg   | 5         | SP        | LD, PA, QL (90 tablets/30 days), SP  |
| RETEVMO - selpercatinib tab 40 mg  | 5         | SP        | LD, PA, QL (90 tablets/30 days), SP  |
| RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP  |
| REVUFORJ - revumenib citrate tab 110 mg  | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| REVUFORJ - revumenib citrate tab 160 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP  |
| REZLIDHIA - olutasidenib cap 150 mg  | 5         | SP        | LD, PA, QL (60 capsules/30 days), SP |
| ROZLYTREK - entrectinib pellet pack 50 mg  | 5         | SP        | LD, PA, QL (336 packets/28 days), SP |
| ROZLYTREK - entrectinib cap 100 mg   | 5         | SP        | LD, PA, QL (30 capsules/30 days), SP |
| ROZLYTREK - entrectinib cap 200 mg   | 5         | 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)   | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| RYDAPT - midostaurin cap 25 mg   | 5         | SP        | PA, QL (240 capsules/30 days), SP    |
| SCSEMBLIX - asciminib hcl tab 20 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP  |
| SCSEMBLIX - asciminib hcl tab 40 mg  | 5         | SP        | LD, PA, QL (240 tablets/30 days), SP |
| SCSEMBLIX - asciminib hcl tab 100 mg   | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| <b>sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)</b>   | 5         | SP        | PA, QL (120 tablets/30 days), SP     |
| STIVARGA - regorafenib tab 40 mg   | 5         | SP        | LD, PA, QL (84 tablets/28 days), SP  |
| <b>sunitinib malate cap 12.5 mg (base equivalent) (Sutent)</b>   | 5         | SP        | PA, QL (90 capsules/30 days), SP     |
| <b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)</b> | 5         | SP        | PA, QL (30 capsules/30 days), SP     |
| TABLOID - thioguanine tab 40 mg  | 5         |           |                                      |
| TABRECTA - capmatinib hcl tab 150 mg, 200 mg   | 5         | SP        | PA, QL (120 tablets/30 days), SP     |
| TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)                              | 5         | SP        | PA, QL (120 capsules/30 days), SP    |

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|--|-----------|-----------|---------------------------------------|
| TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)  | 5         | SP        | PA, QL (840 tablets/28 days), SP      |
| TAGRISO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)  | 5         | 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) | 5         | SP        | LD, PA, QL (30 capsules/30 days), SP  |
| TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)  | 5         | SP        | LD, PA, QL (90 capsules/30 days), SP  |
| <b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</b>  | 1         |           |                                       |
| TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)                                    | 5         | SP        | PA, QL (120 capsules/30 days), SP     |
| TAZVERIK - tazemetostat hbr tab 200 mg   | 5         | SP        | LD, PA, QL (240 tablets/30 days), SP  |
| <b>temozolomide cap 5 mg, 20 mg</b>  | 5         | SP        | PA, SP                                |
| <b>temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)</b>   | 5         | SP        | PA, SP                                |
| TEPMETKO - tepotinib hcl tab 225 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| TIBSOVO - ivosidenib tab 250 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| <b>toremifene citrate tab 60 mg (base equivalent) (Fareston)</b>   | 5         |           |                                       |
| <b>tretinoin cap 10 mg</b>   | 5         | SP        | PA, SP                                |
| TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg  | 5         | SP        | LD, PA, QL (64 tablets/28 days), SP   |
| TRUQAP - capivasertib tab 200 mg   | 5         | SP        | LD, PA, QL (64 tablets/28 days), SP   |
| TUKYSA - tucatinib tab 50 mg   | 5         | SP        | LD, PA, QL (300 tablets/30 days), SP  |
| TUKYSA - tucatinib tab 150 mg  | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP  |
| TURALIO - pexidartinib hcl cap 125 mg (base equivalent)  | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| VANFLYTA - quizartinib dihydrochloride tab 17.7 mg   | 5         | SP        | LD, PA, QL (28 tablets/28 days), SP   |
| VANFLYTA - quizartinib dihydrochloride tab 26.5 mg   | 5         | SP        | LD, PA, QL (56 tablets/28 days), SP   |
| VENCLEXTA - venetoclax tab 10 mg   | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| VENCLEXTA - venetoclax tab 50 mg   | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| VENCLEXTA - venetoclax tab 100 mg  | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP  |
| VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg   | 5         | SP        | LD, PA, QL (1 pack/180 days), SP      |
| VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg   | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |

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|---|-----------|-----------|---------------------------------------|
| VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)   | 5         | SP        | LD, PA, QL (300 mls/30 days), SP      |
| VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)  | 5         | SP        | LD, PA, QL (180 capsules/30 days), SP |
| VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)   | 5         | SP        | LD, PA, QL (60 capsules/30 days), SP  |
| VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| VONJO - pacritinib citrate cap 100 mg   | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| VORANIGO - vorasidenib tab 10 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| VORANIGO - vorasidenib tab 40 mg  | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| WELIREG - belzutifan tab 40 mg  | 5         | SP        | LD, PA, QL (90 tablets/30 days), SP   |
| XALKORI - crizotinib cap 200 mg, 250 mg   | 5         | SP        | LD, PA, QL (60 capsules/30 days), SP  |
| XALKORI - crizotinib cap sprinkle 20 mg   | 5         | SP        | LD, PA, QL (120 capsules/30 day), SP  |
| XALKORI - crizotinib cap sprinkle 50 mg   | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| XALKORI - crizotinib cap sprinkle 150 mg  | 5         | SP        | LD, PA, QL (180 capsules/30 days), SP |
| XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)  | 5         | 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)                              | 5         | 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) | 5         | SP        | LD, PA, QL (8 tablets/28 days), SP    |
| XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)                                     | 5         | SP        | LD, PA, QL (24 tablets/28 days), SP   |
| XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)                                     | 5         | SP        | LD, PA, QL (32 tablets/28 days), SP   |
| XTANDI - enzalutamide cap 40 mg   | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| XTANDI - enzalutamide tab 40 mg   | 5         | SP        | LD, PA, QL (120 tablets/30 days), SP  |
| XTANDI - enzalutamide tab 80 mg   | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| YONSA - abiraterone acetate micronized tab 125 mg   | 5         | 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)          | 5         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| ZELBORAF - vemurafenib tab 240 mg   | 5         | SP        | LD, PA, QL (240 tablets/30 days), SP  |

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|--|-----------|-----------|---------------------------------------|
| ZOLINZA - vorinostat cap 100 mg  | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| ZYDELIG - idelalisib tab 100 mg, 150 mg  | 5         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| ZYKADIA - ceritinib tab 150 mg   | 5         | SP        | LD, PA, QL (90 tablets/30 days), SP   |
| <b>ENDOCRINE AND METABOLIC DRUGS</b>   |           |           |                                       |
| <b>CORTICOSTEROIDS</b>   |           |           |                                       |
| AGAMREE - vamorolone oral susp 40 mg/ml  | 6         | SP        | PA, QL (3 bottles/30 days), SP        |
| <b>budesonide delayed release particles cap 3 mg (Entocort ec)</b>   | 5         |           |                                       |
| <b>budesonide tab er 24hr 9 mg (Uceris)</b>  | 5         |           |                                       |
| <b>deflazacort susp 22.75 mg/ml (Emflaza)</b>  | 6         | SP        | LD, PA, SP                            |
| <b>deflazacort tab 6 mg (Emflaza)</b>  | 6         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| <b>deflazacort tab 18 mg (Emflaza)</b>   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| <b>deflazacort tab 30 mg, 36 mg (Emflaza)</b>  | 6         | SP        | LD, PA, SP                            |
| DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml  | 5         |           |                                       |
| <b>dexamethasone elixir 0.5 mg/5ml</b>   | 3         |           |                                       |
| <b>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</b>   | 3         |           |                                       |
| <b>fludrocortisone acetate tab 0.1 mg</b>  | 3         |           |                                       |
| <b>hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)</b>  | 3         |           |                                       |
| <b>methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)</b>  | 3         |           |                                       |
| <b>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)</b>  | 3         |           |                                       |
| <b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)</b>  | 3         |           |                                       |
| <b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>   | 3         |           |                                       |
| PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq) | 5         |           |                                       |
| <b>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</b>   | 3         |           |                                       |
| <b>prednisolone soln 15 mg/5ml</b>   | 3         |           |                                       |
| <b>prednisolone tab 5 mg</b>   | 5         |           |                                       |
| PREDNISONONE - prednisone oral soln 5 mg/5ml   | 5         |           |                                       |
| <b>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</b>  | 3         |           |                                       |
| <b>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</b>  | 3         |           |                                       |
| TARPEYO - budesonide delayed release cap 4 mg  | 6         | SP        | LD, PA, QL (120 capsules/30 days), SP |

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|--|-----------|-----------|-------------------------------|
| <b>ANDROGEN-ANABOLIC</b>   |           |           |                               |
| <b>danazol cap 50 mg, 100 mg, 200 mg</b>   | 5         |           | PA                            |
| <b>methytestosterone cap 10 mg</b>   | 5         |           | PA, QL (600 capsules/30 days) |
| TESTOSTERONE - testosterone td gel 10mg/act (2%)   | 5         |           | PA, QL (2 pumps/30 days)      |
| <b>testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)</b>  | 3         |           | QL (1 vial/28 days)           |
| <b>testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)</b>  | 3         |           | QL (10 mls/28 days)           |
| TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  | 5         |           | QL (1 vial/28 days)           |
| <b>testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (AndroGel)</b>   | 5         |           | PA, QL (60 packets/30 days)   |
| <b>testosterone td gel 12.5 mg/act (1%)</b>  | 5         |           | PA, QL (4 pumps/30 days)      |
| <b>testosterone td gel 20.25 mg/act (1.62%) (AndroGel pump)</b>  | 5         |           | PA, QL (2 pumps/30 days)      |
| <b>testosterone td soln 30 mg/act</b>  | 5         |           | PA, QL (2 pumps/30 days)      |
| <b>ESTROGENS</b>   |           |           |                               |
| BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg   | 6         |           | PA                            |
| CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day  | 5         |           | QL (4 patches/28 days)        |
| DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg  | 5         |           |                               |
| <b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>  | 3         |           |                               |
| <b>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella)</b>  | 3         |           |                               |
| <b>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (EstroGel)</b>  | 5         |           | QL (1 pump/30 days)           |
| <b>estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)</b>  | 3         |           |                               |
| <b>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)</b>       | 5         |           | QL (30 packets/30 days)       |
| <b>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)</b>                     | 5         |           | QL (8 patches/28 days)        |
| <b>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)</b> | 5         |           | QL (4 patches/28 days)        |
| MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg  | 5         |           |                               |
| MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg  | 5         |           | PA, QL (30 tablets/30 days)   |

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|--|-----------|-----------|------------------------------|
| <b>norethindrone acetate-ethinyl estradiol tab<br/>0.5 mg-2.5 mcg (Femhrt)</b>                                   | 5         |           |                              |
| <b>norethindrone acetate-ethinyl estradiol tab<br/>1 mg-5 mcg</b>  | 3         |           |                              |
| OZIAHNN - elagolix-estradiol-noreth 300-1-0.5mg &<br>elagolix 300mg cap pack                                     | 5         |           | PA, QL (56 capsules/28 days) |
| PREMARIN - estrogens, conjugated tab 0.3 mg,<br>0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg                               | 5         |           |                              |
| PREMPHASE - conj est 0.625(14)/conj est-medroxypro<br>ac tab 0.625-5mg(14)                                       | 5         |           |                              |
| PREMPRO - conjugated estrogen-medroxyprogest<br>acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg,<br>0.625-5 mg | 5         |           |                              |
| <b>CONTRACEPTIVES</b>  |           |           |                              |
| <b>desogest-eth estrad &amp; eth estrad tab<br/>0.15-0.02/0.01 mg(21/5) (Mircette)</b>                           | 1         |           |                              |
| <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>  | 1         |           |                              |
| <b>drospirenone-ethinyl estrad-levomefolate tab<br/>3-0.02-0.451 mg (Beyaz)</b>                                  | 1         |           |                              |
| <b>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</b>  | 1         |           |                              |
| <b>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin<br/>28)</b>  | 1         |           |                              |
| DROSPIRENONE/ETHINYL ESTR - drospirenone-<br>ethinyl estrad-levomefolate tab 3-0.03-0.451 mg                     | 1         |           |                              |
| ELLA - ulipristal acetate tab 30 mg  | 1         |           |                              |
| <b>ethynodiol diacetate &amp; ethinyl estradiol tab<br/>1 mg-35 mcg, 1 mg-50 mcg</b>                             | 1         |           |                              |
| <b>etonogestrel-ethinyl estradiol va ring<br/>0.12-0.015 mg/24hr (Nuvaring)</b>                                  | 1         |           | PA                           |
| <b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est<br/>0.01 mg (Quartette)</b>                          | 1         |           |                              |
| <b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab<br/>0.01mg(7) (Loseasonique)</b>                        | 1         |           |                              |
| <b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab<br/>0.01mg(7) (Seasonique)</b>                         | 1         |           |                              |
| <b>levonorgestrel &amp; ethinyl estradiol (91-day) tab<br/>0.15-0.03 mg</b>                                      | 1         |           |                              |
| <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg,<br/>0.15 mg-30 mcg</b>                              | 1         |           |                              |
| <b>levonorgestrel tab 1.5 mg</b>   | 1         |           |                              |
| <b>levonorgestrel-eth estra tab<br/>0.05-30/0.075-40/0.125-30mg-mcg</b>  | 1         |           |                              |

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|---|-----------|-----------|---------------------|
| <b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>                                  | 1         |           |                     |
| LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)                          | 5         |           |                     |
| <b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)</b>           | 1         |           |                     |
| <b>medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)</b>                         | 1         |           |                     |
| <b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b>                                     | 1         |           |                     |
| <b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg</b>          | 1         |           |                     |
| <b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)</b>                | 1         |           |                     |
| <b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)</b>                  | 1         |           |                     |
| <b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</b>                     | 1         |           |                     |
| <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</b>                  | 1         |           |                     |
| <b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)</b>                       | 1         |           |                     |
| <b>norethindrone tab 0.35 mg</b>  | 1         |           |                     |
| <b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</b>        | 1         |           |                     |
| <b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>                                      | 1         |           |                     |
| <b>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</b> | 1         |           |                     |
| <b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>   | 1         |           |                     |
| NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr                                | 1         |           |                     |
| OPILL - norgestrel tab 0.075 mg   | 1         |           |                     |
| VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg                              | 5         |           |                     |
| <b>PROGESTINS</b>   |           |           |                     |
| <b>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)</b>                                | 3         |           |                     |
| <b>norethindrone acetate tab 5 mg (Aygestin)</b>  | 3         |           |                     |
| <b>progesterone cap 100 mg, 200 mg (Prometrium)</b>   | 3         |           |                     |
| <b>ANTIDIABETICS</b>  |           |           |                     |
| <b>Antidiabetics</b>  |           |           |                     |

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|---|-----------|-----------|-----------------------------|
| <b>acarbose tab 25 mg, 50 mg, 100 mg (Precose)</b>  | 2         |           |                             |
| BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose  | 4         |           |                             |
| BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose  | 4         |           |                             |
| <b>diazoxide susp 50 mg/ml (Proglycem)</b>  | 5         |           |                             |
| FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)         | 5         |           | QL (30 tablets/30 days), ST |
| <b>glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)</b>  | 2         |           |                             |
| <b>glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)</b>                                 | 2         |           |                             |
| <b>glipizide tab 5 mg, 10 mg</b>  | 2         |           |                             |
| <b>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg</b>                             | 2         |           |                             |
| 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         |           |                             |
| <b>glyburide tab 1.25 mg, 2.5 mg, 5 mg</b>  | 2         |           |                             |
| <b>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg</b>                                | 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 |
| <b>metformin hcl tab er 24hr 500 mg, 750 mg</b>   | 2         |           |                             |
| <b>metformin hcl tab 500 mg, 850 mg, 1000 mg</b>  | 2         |           |                             |

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|---|-----------|-----------|----------------------------------|
| <b>mifepristone tab 300 mg (Korlym)</b>   | 6         | 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)          |
| <b>nateglinide tab 60 mg, 120 mg</b>  | 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)           |
| <b>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)</b>                | 2         |           |                                  |
| <b>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)</b>                                 | 2         |           |                                  |
| <b>repaglinide tab 0.5 mg, 1 mg, 2 mg</b>   | 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)      |
| <b>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)</b>                                   | 2         |           | QL (30 tablets/30 days)          |
| <b>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)</b>                                      | 2         |           | QL (60 tablets/30 days)          |
| <b>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)</b>                              | 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      |

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| TRULICITY - dulaglutide soln auto-injector<br>0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml,<br>4.5 mg/0.5ml | 5         |           | PA, QL (4 pens/28 days)     |
| XIGDUO XR - dapagliflozin prop-metformin hcl tab er<br>24hr 2.5-1000 mg, 5-1000 mg                     | 5         |           | QL (60 tablets/30 days), ST |
| XIGDUO XR - dapagliflozin prop-metformin hcl tab er<br>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<br>pen-inj 100-3.6 unit-mg/ml                      | 5         |           |                             |
| ZEGALOGUE - dasiglucagon hcl subcutaneous soln<br>auto-inj 0.6 mg/0.6ml                                | 4         |           |                             |
| ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref<br>syringe 0.6 mg/0.6ml                            | 4         |           |                             |
| <b>Rapid-Acting Insulins</b>   |           |           |                             |
| FIASP - insulin aspart (with niacinamide) inj 100 unit/ml  | 2         |           |                             |
| FIASP FLEXTOUCH - insulin aspart (with niacinamide)<br>sol pen-inj 100 unit/ml                         | 2         |           |                             |
| FIASP PENFILL - insulin aspart (with niacinamide) soln<br>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-<br>injector 100 unit/ml (0.5 unit dial)              | 2         |           |                             |
| HUMALOG KWIKPEN - insulin lispro soln pen-injector<br>100 unit/ml (1 unit dial), 200 unit/ml           | 2         |           |                             |
| HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/<br>transmitter port 100 unit/ml                     | 2         |           |                             |
| LYUMJEV - insulin lispro-aabc inj 100 unit/ml  | 2         |           |                             |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj<br>100 unit/ml (1 unit dial)                        | 2         |           |                             |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-<br>injector 200 unit/ml                                | 2         |           |                             |
| LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj<br>w/transmit port 100 unit/ml                    | 2         |           |                             |
| NOVOLOG - insulin aspart inj soln 100 unit/ml  | 2         |           |                             |
| NOVOLOG FLEXPEN - insulin aspart soln pen-injector<br>100 unit/ml                                      | 2         |           |                             |
| NOVOLOG FLEXPEN RELION - insulin aspart soln pen-<br>injector 100 unit/ml                              | 2         |           |                             |
| NOVOLOG PENFILL - insulin aspart soln cartridge 100<br>unit/ml   | 2         |           |                             |
| NOVOLOG RELION - insulin aspart inj soln 100 unit/ml   | 2         |           |                             |
| <b>Short-Acting Insulins</b>   |           |           |                             |

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| HUMULIN R - insulin regular (human) inj 100 unit/ml                                      | 2         |           |                     |
| HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml                      | 2         |           |                     |
| HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml          | 2         |           |                     |
| NOVOLIN R - insulin regular (human) inj 100 unit/ml                                      | 2         |           |                     |
| NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml                | 2         |           |                     |
| NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml         | 2         |           |                     |
| NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml                               | 2         |           |                     |
| RELION R - insulin regular (human) inj 100 unit/ml                                       | 2         |           |                     |
| <b>Intermediate-Acting Insulins</b>  |           |           |                     |
| HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50) | 2         |           |                     |
| HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)                 | 2         |           |                     |
| HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | 2         |           |                     |
| HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml                               | 2         |           |                     |
| 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         |           |                     |

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|---|-----------|-----------|---------------------|
| NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)   | 2         |           |                     |
| NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  | 2         |           |                     |
| NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  | 2         |           |                     |
| NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)   | 2         |           |                     |
| <b>Basal Insulins</b>   |           |           |                     |
| INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml   | 2         |           |                     |
| INSULIN DEGLUDEC FLEXTUOC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml   | 2         |           |                     |
| LANTUS - insulin glargine inj 100 unit/ml   | 2         |           |                     |
| LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml  | 2         |           |                     |
| TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)  | 2         |           |                     |
| TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)  | 2         |           |                     |
| TRESIBA - insulin degludec inj 100 unit/ml  | 2         |           |                     |
| TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml   | 2         |           |                     |
| <b>THYROID AGENTS</b>   |           |           |                     |
| 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                   | 5         |           |                     |
| 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) | 5         |           |                     |
| <b>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)</b>                              | 3         |           |                     |
| <b>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)</b>  | 3         |           |                     |
| <b>methimazole tab 5 mg, 10 mg (Tapazole)</b>   | 3         |           |                     |
| 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)   | 5         |           |                     |
| NP THYROID 120 - thyroid tab 120 mg (2 grain)   | 5         |           |                     |
| NP THYROID 15 - thyroid tab 15 mg (1/4 grain)   | 5         |           |                     |
| NP THYROID 30 - thyroid tab 30 mg (1/2 grain)   | 5         |           |                     |
| NP THYROID 60 - thyroid tab 60 mg (1 grain)   | 5         |           |                     |

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| NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)   | 5         |           |                                      |
| <b>propylthiouracil tab 50 mg</b>   | 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         |           |                                      |
| 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)                          | 5         |           |                                      |
| <b>OXYTOCICS</b>  |           |           |                                      |
| <b>methylergonovine maleate tab 0.2 mg</b>  | 5         |           | QL (28 tablets/270 days)             |
| <b>ENDOCRINE and METABOLIC AGENTS - MISC.</b>   |           |           |                                      |
| ALENDRONATE SODIUM - alendronate sodium tab 5 mg  | 5         |           |                                      |
| <b>alendronate sodium oral soln 70 mg/75ml</b>  | 5         |           |                                      |
| <b>alendronate sodium tab 10 mg, 35 mg</b>  | 3         |           |                                      |
| <b>alendronate sodium tab 70 mg (Fosamax)</b>   | 3         |           |                                      |
| <b>betaine powder for oral solution (Cystadane)</b>   | 6         | SP        | PA, SP                               |
| <b>cabergoline tab 0.5 mg</b>   | 3         |           |                                      |
| <b>calcitonin (salmon) inj 200 unit/ml (Miacalcin)</b>  | 5         |           |                                      |
| <b>calcitonin (salmon) nasal soln 200 unit/act</b>  | 3         |           |                                      |
| <b>calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)</b>   | 3         |           |                                      |
| <b>calcitriol oral soln 1 mcg/ml (Rocaltrol)</b>  | 5         |           |                                      |
| <b>carglumic acid soluble tab 200 mg (Carbaglu)</b>   | 6         | SP        | SP                                   |
| <b>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)</b>   | 5         |           | PA                                   |
| DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml  | 5         |           |                                      |
| <b>desmopressin acetate inj 4 mcg/ml (Ddvp)</b>   | 5         |           |                                      |
| <b>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</b>  | 5         |           |                                      |
| <b>desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddvp)</b>  | 5         |           |                                      |
| <b>desmopressin acetate tab 0.1 mg (Ddvp)</b>   | 3         |           |                                      |
| <b>desmopressin acetate tab 0.2 mg (Ddvp)</b>   | 5         |           |                                      |
| DOXERCALCIFEROL - doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg   | 5         |           |                                      |
| GALAFOLD - migalastat hcl cap 123 mg (base equivalent)  | 6         | SP        | LD, PA, QL (14 capsules/28 days), SP |
| GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)  | 6         | SP        | PA, SP                               |

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|---|-----------|-----------|---------------------------------------|
| 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 | 6         | SP        | PA, SP                                |
| <b>ibandronate sodium tab 150 mg (base equivalent) (Boniva)</b>   | 3         |           |                                       |
| INCRELEX - mecaseprin inj 40 mg/4ml (10 mg/ml)  | 6         | SP        | LD, PA, SP                            |
| JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg   | 6         | SP        | LD, PA, QL (56 tablets/28 days), SP   |
| JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg  | 6         | SP        | LD, PA, QL (4 blisters/28 days), SP   |
| JYNARQUE - tolvaptan tab 15 mg  | 6         | SP        | LD, PA, QL (60 tablets/30 days), SP   |
| JYNARQUE - tolvaptan tab 30 mg  | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP   |
| KERENDIA - finerenone tab 10 mg, 20 mg  | 5         |           | QL (30 tablets/30 days), ST           |
| <b>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</b>   | 5         |           |                                       |
| <b>levocarnitine tab 330 mg (Carnitor)</b>  | 5         |           |                                       |
| MIFEPREX - mifepristone tab 200 mg  | 5         |           |                                       |
| <b>mifepristone tab 200 mg (Mifeprex)</b>   | 3         |           |                                       |
| MYALEPT - metreleptin for subcutaneous inj 11.3 mg  | 6         | SP        | LD, PA, QL (30 vials/30 days), SP     |
| MYCAPSSA - octreotide acetate cap delayed release 20 mg   | 6         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| <b>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)</b>  | 6         | SP        | LD, PA, SP                            |
| NITYR - nitisinone tab 2 mg, 5 mg, 10 mg  | 6         | SP        | LD, PA, SP                            |
| NORDITROPIN FLEXPPO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml  | 6         | SP        | PA, SP                                |
| NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg   | 6         | SP        | LD, PA, SP                            |
| <b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)</b>                              | 6         | SP        | SP                                    |
| <b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</b>   | 6         | SP        | SP                                    |
| OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml   | 6         | SP        | LD, PA, SP                            |
| OMNITROPE - somatropin for inj 5.8 mg   | 6         | SP        | LD, PA, SP                            |
| OPFOLDA - miglustat (gaa deficiency) cap 65 mg  | 6         | SP        | LD, PA, QL (8 capsules/28 days), SP   |
| ORFADIN - nitisinone susp 4 mg/ml   | 6         | SP        | LD, PA, SP                            |
| ORLISSA - elagolix sodium tab 150 mg (base equiv)   | 5         |           | PA, QL (30 tablets/30 days)           |
| ORLISSA - elagolix sodium tab 200 mg (base equiv)   | 5         |           | PA, QL (60 tablets/30 days)           |
| OSPHENA - ospemifene tab 60 mg  | 6         |           | PA                                    |
| <b>paricalcitol cap 1 mcg (Zemlar)</b>  | 3         |           |                                       |

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|---|-----------|-----------|------------------------------------|
| <b>paricalcitol cap 2 mcg (Zemplar)</b>   | 5         |           |                                    |
| <b>paricalcitol cap 4 mcg</b>   | 5         |           |                                    |
| PHEBURANE - sodium phenylbutyrate oral pellets<br>483 mg/gm   | 6         | SP        | LD, PA, QL (7 bottles/29 days), SP |
| <b>raloxifene hcl tab 60 mg (Evista)</b>  | 1         |           |                                    |
| RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml  | 6         | SP        | LD, PA, QL (525 mls/30 days), SP   |
| <b>risedronate sodium tab delayed release 35 mg (Atelvia)</b>   | 5         |           |                                    |
| <b>risedronate sodium tab 5 mg, 30 mg</b>   | 5         |           |                                    |
| <b>risedronate sodium tab 35 mg, 150 mg (Actonel)</b>   | 3         |           |                                    |
| <b>sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)</b>   | 6         | SP        | LD, PA, SP                         |
| <b>sapropterin dihydrochloride tab 100 mg (Kuvan)</b>   | 6         | SP        | LD, PA, SP                         |
| <b>sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)</b>  | 6         | SP        | PA, QL (600 grams/30 days), SP     |
| <b>sodium phenylbutyrate tab 500 mg (Buphenyl)</b>  | 6         | 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) | 6         | SP        | LD, SP                             |
| STRENSIQ - asfotase alfa subcutaneous inj<br>18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml                                     | 6         | SP        | LD, PA, SP                         |
| SYNAREL - nafarelin acetate nasal soln 2 mg/ml<br>(200 mcg/act) (base eq)   | 6         | SP        | SP                                 |
| <b>teriparatide soln pen-inj 600 mcg/2.4ml (Forteo)</b>   | 6         | SP        | PA, SP                             |
| <b>tolvaptan tab 15 mg (Samsca)</b>   | 6         | SP        | QL (30 tablets/365 days), SP       |
| <b>tolvaptan tab 30 mg (Samsca)</b>   | 6         | SP        | QL (60 tablets/365 days), SP       |
| TYMLOS - abaloparatide subcutaneous soln pen-injector<br>3120 mcg/1.56ml  | 6         | SP        | LD, PA, SP                         |
| VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg   | 6         | SP        | LD, PA, QL (30 vials/30 days), SP  |
| <b>CARDIOVASCULAR AGENTS</b>  |           |           |                                    |
| <b>CARDIOTONICS</b>   |           |           |                                    |
| <b>digoxin oral soln 0.05 mg/ml (Digoxin)</b>   | 5         |           |                                    |
| <b>digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)</b>   | 5         |           |                                    |
| <b>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)</b>  | 3         |           |                                    |
| <b>ANTIANGINAL AGENTS</b>   |           |           |                                    |
| <b>isosorbide dinitrate tab 5 mg (Isordil titradose)</b>  | 3         |           |                                    |
| <b>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg</b>   | 3         |           |                                    |
| <b>isosorbide dinitrate tab 40 mg (Isordil titradose)</b>   | 5         |           |                                    |

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|--|-----------|-----------|---------------------|
| ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg   | 3         |           |                     |
| <b>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</b>   | 3         |           |                     |
| NITRO-BID - nitroglycerin oint 2%  | 5         |           |                     |
| <b>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</b>   | 3         |           |                     |
| <b>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)</b>  | 3         |           |                     |
| <b>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)</b>   | 5         |           |                     |
| NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)  | 5         |           |                     |
| <b>ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)</b>   | 3         |           |                     |
| <b>BETA BLOCKERS</b>   |           |           |                     |
| <b>acebutolol hcl cap 200 mg, 400 mg</b>   | 2         |           |                     |
| <b>atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)</b>  | 2         |           |                     |
| <b>betaxolol hcl tab 10 mg, 20 mg</b>  | 2         |           |                     |
| <b>bisoprolol fumarate tab 5 mg, 10 mg</b>   | 2         |           |                     |
| <b>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)</b>  | 2         |           |                     |
| <b>labetalol hcl tab 100 mg, 200 mg, 300 mg</b>  | 2         |           |                     |
| <b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)</b> | 2         |           |                     |
| <b>metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg</b>   | 2         |           |                     |
| <b>metoprolol tartrate tab 50 mg, 100 mg (Lopressor)</b>   | 2         |           |                     |
| <b>nadolol tab 20 mg, 40 mg, 80 mg (Corgard)</b>   | 2         |           |                     |
| <b>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)</b>               | 2         |           |                     |
| <b>pindolol tab 5 mg, 10 mg</b>  | 2         |           |                     |
| PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml  | 2         |           |                     |
| <b>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)</b>   | 2         |           |                     |
| <b>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</b>   | 2         |           |                     |
| PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml  | 2         |           |                     |
| <b>sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg (Betapace af)</b>  | 3         |           |                     |
| <b>sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)</b>  | 3         |           |                     |

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|---|-----------|-----------|---------------------|
| sotalol hcl tab 240 mg  | 3         |           |                     |
| timolol maleate tab 5 mg, 10 mg, 20 mg  | 2         |           |                     |
| <b>CALCIUM CHANNEL BLOCKERS</b>   |           |           |                     |
| 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         |           |                     |
| 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 cap 30 mg  | 5         |           |                     |
| NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg  | 4         |           |                     |
| nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)  | 2         |           |                     |
| 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   | 4         |           |                     |
| verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)  | 2         |           |                     |
| verapamil hcl tab 40 mg, 80 mg, 120 mg  | 2         |           |                     |
| <b>ANTIARRHYTHMICS</b>  |           |           |                     |
| amiodarone hcl tab 100 mg, 400 mg   | 5         |           |                     |
| amiodarone hcl tab 200 mg   | 3         |           |                     |
| disopyramide phosphate cap 100 mg, 150 mg (Norpace)   | 5         |           |                     |
| dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)                            | 5         |           |                     |
| flecainide acetate tab 50 mg, 100 mg, 150 mg  | 3         |           |                     |

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|--|-----------|-----------|-------------------------|
| <b>mexiletine hcl cap 150 mg, 200 mg, 250 mg</b>   | 5         |           |                         |
| MULTAQ - dronedarone hcl tab 400 mg (base equivalent)  | 6         |           | PA                      |
| <b>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)</b>   | 5         |           |                         |
| <b>propafenone hcl tab 150 mg, 225 mg, 300 mg</b>  | 3         |           |                         |
| <b>quinidine gluconate tab er 324 mg</b>   | 5         |           |                         |
| QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg   | 5         |           |                         |
| <b>ANTIHYPERTENSIVES</b>   |           |           |                         |
| <b>aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)</b>  | 2         |           | QL (30 tablets/30 days) |
| <b>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg</b>   | 2         |           |                         |
| <b>amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)</b>  | 2         |           |                         |
| <b>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)</b>  | 2         |           | QL (30 tablets/30 days) |
| <b>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)</b>  | 2         |           | QL (30 tablets/30 days) |
| <b>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)</b> | 2         |           | QL (30 tablets/30 days) |
| <b>atenolol &amp; chlorthalidone tab 50-25 mg (Tenoretic 50)</b>   | 2         |           |                         |
| <b>atenolol &amp; chlorthalidone tab 100-25 mg (Tenoretic 100)</b>   | 2         |           |                         |
| <b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b>  | 2         |           |                         |
| <b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)</b>  | 2         |           |                         |
| <b>benazepril hcl tab 5 mg</b>   | 2         |           |                         |
| <b>benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)</b>   | 2         |           |                         |
| <b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)</b>  | 2         |           |                         |
| <b>candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)</b>   | 2         |           | QL (60 tablets/30 days) |
| <b>candesartan cilexetil tab 32 mg (Atacand)</b>   | 2         |           | QL (30 tablets/30 days) |
| <b>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)</b>                                      | 2         |           | QL (30 tablets/30 days) |
| <b>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</b>   | 2         |           |                         |
| <b>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</b>  | 2         |           |                         |
| <b>clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)</b>  | 2         |           |                         |

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|---|-----------|-----------|-------------------------|
| clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)                                      | 2         |           |                         |
| clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)                                      | 2         |           |                         |
| 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         |           |                         |
| epplerenone 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) |
| 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) |

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|---|-----------|-----------|----------------------------------|
| <b>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)</b> | 2         |           | QL (30 tablets/30 days)          |
| PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg  | 4         |           |                                  |
| <b>perindopril erbumine tab 4 mg</b>  | 2         |           |                                  |
| <b>phenoxybenzamine hcl cap 10 mg (Dibenzyline)</b>   | 2         |           |                                  |
| <b>prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)</b>  | 2         |           |                                  |
| <b>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)</b>   | 2         |           |                                  |
| <b>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)</b>   | 2         |           |                                  |
| <b>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)</b>   | 2         |           |                                  |
| <b>telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)</b>   | 2         |           | QL (30 tablets/30 days)          |
| <b>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)</b>  | 2         |           | QL (30 tablets/30 days)          |
| <b>telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)</b>  | 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)          |
| <b>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b>            | 2         |           |                                  |
| <b>trandolapril tab 1 mg, 2 mg, 4 mg</b>  | 2         |           |                                  |
| <b>valsartan tab 40 mg, 80 mg, 160 mg (Diovan)</b>  | 2         |           | QL (60 tablets/30 days)          |
| <b>valsartan tab 320 mg (Diovan)</b>  | 2         |           | QL (30 tablets/30 days)          |
| <b>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)</b>                    | 2         |           | QL (30 tablets/30 days)          |
| VECAMYL - mecamlamine hcl tab 2.5 mg  | 6         |           | LD, PA                           |
| <b>DIURETICS</b>  |           |           |                                  |
| <b>acetazolamide cap er 12hr 500 mg</b>   | 3         |           |                                  |
| <b>acetazolamide tab 125 mg, 250 mg</b>   | 3         |           |                                  |
| <b>amiloride hcl tab 5 mg</b>   | 2         |           |                                  |
| AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg   | 4         |           |                                  |
| <b>bumetanide tab 0.5 mg (Bumex)</b>  | 2         |           |                                  |
| <b>bumetanide tab 1 mg, 2 mg</b>  | 2         |           |                                  |
| <b>chlorthalidone tab 25 mg, 50 mg</b>  | 2         |           |                                  |
| <b>dichlorphenamide tab 50 mg (Keveyis)</b>   | 6         | SP        | PA, QL (120 tablets/30 days), SP |
| <b>ethacrynic acid tab 25 mg (Edecrin)</b>  | 5         |           |                                  |

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|---|-----------|-----------|---------------------------------|
| FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml   | 6         | SP        | LD, PA, QL (8 kits/30 days), SP |
| <b>furosemide oral soln 10 mg/ml</b>  | 2         |           |                                 |
| <b>furosemide tab 20 mg, 40 mg, 80 mg (Lasix)</b>   | 2         |           |                                 |
| <b>hydrochlorothiazide cap 12.5 mg</b>  | 2         |           |                                 |
| <b>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</b>  | 2         |           |                                 |
| <b>indapamide tab 1.25 mg, 2.5 mg</b>   | 2         |           |                                 |
| <b>methazolamide tab 25 mg, 50 mg</b>   | 5         |           |                                 |
| <b>metolazone tab 2.5 mg, 5 mg, 10 mg</b>   | 2         |           |                                 |
| <b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg (Aldactazide)</b>  | 2         |           |                                 |
| <b>spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)</b>  | 2         |           |                                 |
| <b>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</b>  | 2         |           |                                 |
| <b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b>   | 2         |           |                                 |
| <b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</b>  | 2         |           |                                 |
| <b>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</b>   | 2         |           |                                 |
| <b>triamterene cap 50 mg, 100 mg (Dyrenium)</b>   | 2         |           |                                 |
| <b>VASOPRESSORS</b>   |           |           |                                 |
| AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)            | 5         |           |                                 |
| <b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)</b>                                  | 5         |           |                                 |
| <b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)</b>                                      | 5         |           |                                 |
| <b>midodrine hcl tab 2.5 mg, 5 mg</b>   | 3         |           |                                 |
| <b>midodrine hcl tab 10 mg</b>  | 5         |           |                                 |
| <b>ANTIHYPERLIPIDEMICS</b>  |           |           |                                 |
| <b>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)</b> | 2         |           | QL (45 tablets/30 days)         |
| <b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)</b>   | 2         |           | QL (30 tablets/30 days)         |
| <b>cholestyramine light powder packets 4 gm</b>   | 2         |           |                                 |
| <b>cholestyramine light powder 4 gm/dose (Questran light)</b>   | 2         |           |                                 |
| <b>cholestyramine powder packets 4 gm (Questran)</b>  | 2         |           |                                 |
| <b>cholestyramine powder 4 gm/dose (Questran)</b>   | 2         |           |                                 |

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|---|-----------|-----------|--------------------------------------|
| <b>choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)</b>              | 2         |           |                                      |
| <b>colesevelam hcl packet for susp 3.75 gm (Welchol)</b>  | 2         |           |                                      |
| <b>colesevelam hcl tab 625 mg (Welchol)</b>   | 2         |           |                                      |
| <b>colestipol hcl granule packets 5 gm (Colestid flavored)</b>  | 2         |           |                                      |
| <b>colestipol hcl granules 5 gm (Colestid flavored)</b>   | 2         |           |                                      |
| <b>colestipol hcl tab 1 gm (Colestid)</b>   | 2         |           |                                      |
| <b>ezetimibe tab 10 mg (Zetia)</b>  | 2         |           |                                      |
| <b>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)</b>                                       | 2         |           | QL (30 tablets/30 days)              |
| <b>fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg</b>  | 2         |           |                                      |
| <b>fenofibrate tab 48 mg, 145 mg (Tricor)</b>   | 2         |           |                                      |
| <b>fenofibrate tab 54 mg, 160 mg</b>  | 2         |           |                                      |
| <b>fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)</b>  | 2         |           | QL (60 capsules/30 days)             |
| <b>fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)</b>  | 2         |           | QL (30 tablets/30 days)              |
| <b>gemfibrozil tab 600 mg (Lopid)</b>   | 2         |           |                                      |
| <b>JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)</b> | 6         | SP        | LD, PA, QL (30 capsules/30 days), SP |
| <b>lovastatin tab 10 mg</b>   | 2         |           | QL (60 tablets/30 days)              |
| <b>lovastatin tab 20 mg, 40 mg</b>  | 1         |           | QL (60 tablets/30 days)              |
| <b>NEXLETOL - bempedoic acid tab 180 mg</b>   | 4         |           | PA, QL (30 tablets/30 days)          |
| <b>NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg</b>  | 4         |           | PA, QL (30 tablets/30 days)          |
| <b>niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)</b>   | 2         |           |                                      |
| <b>omega-3-acid ethyl esters cap 1 gm (Lovaza)</b>  | 2         |           |                                      |
| <b>pitavastatin calcium tab 1 mg, 2 mg (Livalo)</b>   | 2         |           | QL (45 tablets/30 days)              |
| <b>pitavastatin calcium tab 4 mg (Livalo)</b>   | 2         |           | QL (30 tablets/30 days)              |
| <b>pravastatin sodium tab 10 mg, 20 mg, 40 mg</b>   | 1         |           | QL (45 tablets/30 days)              |
| <b>pravastatin sodium tab 80 mg</b>   | 1         |           | QL (30 tablets/30 days)              |
| <b>REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml</b>   | 5         |           | PA, QL (6 syringes/28 days)          |
| <b>REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml</b>                          | 5         |           | PA, QL (2 cartridges/28 days)        |
| <b>REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml</b>   | 5         |           | PA, QL (6 pens/28 days)              |

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|---|-----------|-----------|--------------------------------------|
| <b>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)</b>  | 2         |           | QL (45 tablets/30 days)              |
| <b>rosuvastatin calcium tab 40 mg (Crestor)</b>   | 2         |           | QL (30 tablets/30 days)              |
| <b>simvastatin tab 5 mg</b>   | 2         |           | QL (45 tablets/30 days)              |
| <b>simvastatin tab 10 mg, 40 mg (Zocor)</b>   | 2         |           | QL (45 tablets/30 days)              |
| <b>simvastatin tab 20 mg (Zocor)</b>  | 2         |           | QL (60 tablets/30 days)              |
| <b>simvastatin tab 80 mg (Zocor)</b>  | 2         |           | QL (30 tablets/30 days)              |
| 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)        |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>  |           |           |                                      |
| ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg  | 6         | SP        | LD, PA, QL (90 tablets/30 days), SP  |
| <b>ambrisentan tab 5 mg, 10 mg (Letairis)</b>   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| <b>bosentan tab 62.5 mg, 125 mg (Tracleer)</b>  | 6         | SP        | PA, QL (60 tablets/30 days), SP      |
| CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg   | 6         | SP        | LD, PA, QL (30 capsules/30 days), SP |
| 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)            |
| <b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)</b>  | 2         |           |                                      |
| <b>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)</b>   | 5         |           |                                      |
| OPSUMIT - macitentan tab 10 mg  | 6         | 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)                            | 6         | 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 | 6         | SP        | LD, PA, QL (1 kit/180 days), SP      |
| <b>sildenafil citrate tab 20 mg (Revatio)</b>   | 3         |           | PA, QL (90 tablets/30 days)          |
| <b>tadalafil tab 20 mg (pah) (Adcirca)</b>  | 6         | SP        | PA, QL (60 tablets/30 days), SP      |
| TRACLEER - bosentan tab for oral susp 32 mg   | 6         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| <b>treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)</b>  | 6         | SP        | PA, SP                               |

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|--|-----------|-----------|-------------------------------------|
| UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg | 6         | SP        | LD, PA, QL (60 tablets/30 days), SP |
| UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)                   | 6         | SP        | LD, PA, QL (1 pack/180 days), SP    |
| VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml                                       | 6         | 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   | 6         | SP        | PA, QL (30 capsules/30 days), SP    |
| VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg   | 6         | 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          | 6         | SP        | LD, PA, QL (1 kit/21 days), SP      |
| <b>tadalafil tab 2.5 mg, 5 mg (Cialis)</b>   | 3         |           | QL (30 tablets/30 days)             |
| <b>RESPIRATORY AGENTS</b>  |           |           |                                     |
| <b>ANTI-HISTAMINES</b>   |           |           |                                     |
| <b>carbinoxamine maleate tab 4 mg</b>  | 3         |           |                                     |
| <b>cyproheptadine hcl syrup 2 mg/5ml</b>   | 3         |           |                                     |
| <b>cyproheptadine hcl tab 4 mg</b>   | 3         |           |                                     |
| <b>desloratadine tab 5 mg (Clarinet)</b>   | 3         |           |                                     |
| <b>levocetirizine dihydrochloride tab 5 mg</b>   | 3         |           |                                     |
| <b>loratadine oral soln 5 mg/5ml</b>   | 3         |           |                                     |
| <b>loratadine rapidly-disintegrating tab 10 mg (Claritin)</b>                                      | 3         |           |                                     |
| <b>loratadine tab 10 mg</b>  | 3         |           |                                     |
| <b>promethazine hcl oral soln 6.25 mg/5ml</b>  | 3         |           |                                     |
| <b>promethazine hcl suppos 12.5 mg, 25 mg</b>  | 5         |           |                                     |
| <b>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</b>  | 3         |           |                                     |
| <b>NASAL AGENTS - SYSTEMIC and TOPICAL</b>   |           |           |                                     |
| <b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b>   | 3         |           |                                     |
| <b>flunisolide nasal soln 25 mcg/act (0.025%)</b>  | 3         |           |                                     |
| <b>fluticasone propionate nasal susp 50 mcg/act</b>  | 3         |           |                                     |
| <b>ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)</b>                   | 3         |           |                                     |
| <b>olopatadine hcl nasal soln 0.6% (Patanase)</b>  | 3         |           |                                     |
| <b>XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act</b>                               | 5         |           | PA, QL (2 bottles/30 days)          |
| <b>COUGH/COLD/ALLERGY</b>  |           |           |                                     |
| <b>acetylcysteine inhal soln 10%, 20%</b>  | 2         |           |                                     |
| <b>benzonatate cap 100 mg (Tessalon perles)</b>  | 3         |           |                                     |
| <b>benzonatate cap 200 mg</b>  | 3         |           |                                     |
| <b>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)</b>                       | 3         |           |                                     |

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|--|-----------|-----------|--------------------------|
| <b>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)</b>   | 3         |           |                          |
| HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml   | 5         |           |                          |
| <b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b>   | 3         |           |                          |
| <b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b>  | 3         |           |                          |
| <b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>  | 3         |           |                          |
| <b>promethazine-dm syrup 6.25-15 mg/5ml</b>  | 3         |           |                          |
| <b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b>  | 3         |           |                          |
| <b>sodium chloride soln nebu 3%, 10%</b>   | 3         |           |                          |
| <b>sodium chloride soln nebu 7% (Hypersal)</b>   | 3         |           |                          |
| <b>ANTIASTHMATIC and BRONCHODILATOR AGENTS</b>   |           |           |                          |
| 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)  |
| ALBUTEROL SULFATE - albuterol sulfate soln nebu 0.5% (5 mg/ml)   | 2         |           |                          |
| <b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)</b>                                       | 2         |           | QL (2 inhalers/30 days)  |
| <b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</b>               | 2         |           |                          |
| <b>albuterol sulfate syrup 2 mg/5ml</b>  | 2         |           |                          |
| <b>albuterol sulfate tab 2 mg, 4 mg</b>  | 2         |           |                          |
| ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act   | 4         |           | QL (1 inhaler/30 days)   |
| <b>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)</b>   | 2         |           |                          |
| ARNUITY 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) |

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| 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)         |
| <b>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)</b>  | 2         |           |                                |
| <b>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)</b>                          | 2         |           | PA, QL (3 inhalers/30 days)    |
| <b>cromolyn sodium soln nebu 20 mg/2ml</b>   | 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)       |
| FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml  | 6         | 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)         |
| <b>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)</b>               | 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)       |
| <b>ipratropium bromide inhal soln 0.02%</b>  | 2         |           |                                |
| <b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>   | 2         |           |                                |
| <b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)</b>                                  | 2         |           |                                |
| <b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)</b> | 2         |           |                                |
| <b>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)</b>                                      | 2         |           |                                |
| <b>montelukast sodium tab 10 mg (base equiv) (Singulair)</b>   | 2         |           |                                |

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|---|-----------|-----------|-------------------------------------|
| NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml                                  | 6         | SP        | LD, PA, QL (3 pens/28 days), SP     |
| NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml                                 | 6         | SP        | LD, PA, QL (1 syringe/28 days), SP  |
| NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml                                   | 6         | SP        | LD, PA, QL (3 syringes/28 days), SP |
| QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act                             | 4         |           | QL (1 canister/30 days)             |
| QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act                             | 4         |           | QL (2 canisters/30 days)            |
| <b>roflumilast tab 250 mcg, 500 mcg (Daliresp)</b>  | 2         |           |                                     |
| SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)                           | 4         |           | QL (60 blisters/30 days)            |
| 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)             |
| <b>terbutaline sulfate tab 2.5 mg, 5 mg</b>   | 2         |           |                                     |
| TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml                                | 6         | SP        | LD, PA, QL (1 pen/28 days), SP      |
| <b>theophylline elixir 80 mg/15ml</b>   | 2         |           |                                     |
| <b>theophylline soln 80 mg/15ml</b>   | 2         |           |                                     |
| <b>theophylline tab er 12hr 300 mg, 450 mg</b>  | 2         |           |                                     |
| <b>theophylline tab er 24hr 400 mg, 600 mg</b>  | 2         |           |                                     |
| <b>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)</b>            | 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              | 6         | SP        | LD, PA, SP                          |
| XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml          | 6         | SP        | LD, PA, SP                          |
| <b>zafirlukast tab 10 mg, 20 mg (Accolate)</b>  | 2         |           |                                     |
| <b>zileuton tab er 12hr 600 mg</b>  | 5         |           | PA, QL (120 tablets/30 days)        |
| <b>RESPIRATORY AGENTS - MISC.</b>   |           |           |                                     |

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|--|-----------|-----------|--------------------------------------|
| KALYDECO - ivacaftor tab 150 mg  | 6         | SP        | LD, PA, QL (60 tablets/30 days), SP  |
| KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg                 | 6         | SP        | LD, PA, QL (56 packets/28 days), SP  |
| OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent) | 6         | SP        | LD, PA, QL (60 capsules/30 days), SP |
| ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg                        | 6         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg  | 6         | SP        | LD, PA, QL (60 packets/30 days), SP  |
| PIRFENIDONE - pirfenidone tab 534 mg   | 6         | SP        | PA, QL (21 tablets/180 days), SP     |
| <b>pirfenidone cap 267 mg (Esbriet)</b>  | 6         | SP        | PA, QL (180 capsules/30 days), SP    |
| <b>pirfenidone tab 267 mg (Esbriet)</b>  | 6         | SP        | PA, QL (180 tablets/30 days), SP     |
| <b>pirfenidone tab 801 mg (Esbriet)</b>  | 6         | SP        | PA, QL (90 tablets/30 days), SP      |
| PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml                                 | 6         | SP        | SP                                   |
| SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk               | 6         | SP        | LD, PA, QL (56 tablets/28 days), SP  |
| SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk            | 6         | SP        | LD, PA, QL (60 tablets/30 days), SP  |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran          | 6         | SP        | LD, PA, QL (56 packets/28 days), SP  |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran           | 6         | SP        | LD, PA, QL (56 packets/28 days), SP  |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk          | 6         | SP        | LD, PA, QL (90 tablets/30 day), SP   |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk          | 6         | SP        | LD, PA, QL (90 tablets/30 days), SP  |

**GASTROINTESTINAL AGENTS****LAXATIVES**

|  |   |  |  |
|--|---|--|--|
| <b>lactulose solution 10 gm/15ml</b>   | 3 |  |  |
| <b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)</b>                   | 1 |  |  |
| <b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)</b>              | 5 |  |  |
| <b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)</b>                             | 1 |  |  |
| <b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)</b> | 5 |  |  |
| SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm                       | 5 |  |  |
| SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg                            | 5 |  |  |

**ANTIDIARRHEALS**

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| Drug Name  | Drug Tier | Specialty | Requirements/Limits          |
|--|-----------|-----------|------------------------------|
| <b>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</b>                                      | 3         |           |                              |
| MYTESI - crofelemer tab delayed release 125 mg   | 6         |           | LD, PA                       |
| <b>ULCER DRUGS</b>   |           |           |                              |
| <b>cimetidine hcl soln 300 mg/5ml</b>  | 5         |           |                              |
| <b>dicyclomine hcl cap 10 mg</b>   | 3         |           |                              |
| <b>dicyclomine hcl oral soln 10 mg/5ml</b>   | 3         |           |                              |
| <b>dicyclomine hcl tab 20 mg</b>   | 3         |           |                              |
| <b>esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)</b>                       | 3         |           | QL (30 capsules/30 days)     |
| <b>esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)</b> | 5         |           | QL (30 packets/30 days)      |
| <b>esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)</b>                      | 5         |           | QL (30 packets/30 days)      |
| <b>famotidine for susp 40 mg/5ml</b>   | 5         |           |                              |
| <b>famotidine tab 20 mg, 40 mg (Pepcid)</b>  | 3         |           |                              |
| <b>glycopyrrolate oral soln 1 mg/5ml (Cuvposa)</b>   | 5         |           |                              |
| <b>glycopyrrolate tab 1 mg, 2 mg</b>   | 3         |           |                              |
| <b>lansoprazole cap delayed release 30 mg (Prevacid)</b>   | 3         |           | QL (60 capsules/30 days)     |
| <b>methscopolamine bromide tab 2.5 mg, 5 mg</b>  | 5         |           |                              |
| <b>misoprostol tab 100 mcg, 200 mcg (Cytotec)</b>  | 3         |           |                              |
| NIZATIDINE - nizatidine cap 300 mg   | 6         |           | PA                           |
| <b>nizatidine cap 150 mg</b>   | 5         |           |                              |
| <b>omeprazole cap delayed release 10 mg, 40 mg</b>   | 3         |           | QL (60 capsules/30 days)     |
| <b>omeprazole cap delayed release 20 mg</b>  | 3         |           |                              |
| <b>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)</b>              | 3         |           | QL (60 tablets/30 days)      |
| <b>pantoprazole sodium for delayed release susp packet 40 mg (Protonix)</b>                      | 5         |           | QL (60 packets/30 days)      |
| <b>rabeprazole sodium ec tab 20 mg (Aciphex)</b>   | 3         |           | QL (60 tablets/30 days)      |
| <b>sucralfate tab 1 gm (Carafate)</b>  | 3         |           |                              |
| <b>ANTIEMETICS</b>   |           |           |                              |
| ANZEMET - dolasetron mesylate tab 50 mg  | 6         |           | PA, QL (7 tablets/30 days)   |
| <b>aprepitant capsule therapy pack 80 &amp; 125 mg (Emend tripack)</b>                           | 5         |           | QL (2 packs/30 days)         |
| <b>aprepitant capsule 40 mg</b>  | 5         |           |                              |
| <b>aprepitant capsule 80 mg (Emend)</b>  | 5         |           | QL (4 capsules/30 days)      |
| <b>aprepitant capsule 125 mg</b>   | 5         |           | QL (2 capsules/30 days)      |
| <b>doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)</b>                             | 5         |           | PA, QL (120 tablets/30 days) |
| <b>dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)</b>  | 5         |           |                              |

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|---|-----------|-----------|---------------------------------------|
| EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)  | 5         |           | QL (6 packages/30 days)               |
| <b>granisetron hcl tab 1 mg</b>   | 5         |           | QL (14 tablets/30 days)               |
| <b>meclizine hcl tab 12.5 mg, 25 mg</b>   | 3         |           |                                       |
| <b>ondansetron hcl oral soln 4 mg/5ml</b>   | 3         |           |                                       |
| <b>ondansetron hcl tab 4 mg (Zofran)</b>  | 3         |           |                                       |
| <b>ondansetron hcl tab 8 mg</b>   | 3         |           |                                       |
| <b>ondansetron orally disintegrating tab 4 mg, 8 mg</b>   | 3         |           |                                       |
| <b>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</b>  | 5         |           |                                       |
| <b>trimethobenzamide hcl cap 300 mg</b>   | 3         |           |                                       |
| VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)   | 6         | SP        | LD, QL (4 tablets/30 days), SP        |
| <b>DIGESTIVE AIDS</b>   |           |           |                                       |
| CREON - pancrelipase (lip-prot-amyl) dr cap<br>3000-9500-15000 unit, 6000-19000-30000 unit,<br>12000-38000-60000 unit, 24000-76000-120000 unit,<br>36000-114000-180000 unit   | 5         |           |                                       |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap<br>3000-10000-14000 unit, 5000-17000-24000 unit,<br>10000-32000-42000 unit, 15000-47000-63000 unit,<br>20000-63000-84000 unit, 25000-79000-105000 unit,<br>40000-126000-168000 unit, 60000-189600-252600<br>unit | 5         |           |                                       |
| <b>GASTROINTESTINAL AGENTS- MISC.</b>   |           |           |                                       |
| <b>alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)</b>  | 5         |           | PA, QL (60 tablets/30 days)           |
| <b>balsalazide disodium cap 750 mg (Colazal)</b>  | 5         |           |                                       |
| BYLVAY - odevoxibat cap 400 mcg   | 6         | SP        | LD, PA, QL (450 capsules/30 days), SP |
| BYLVAY - odevoxibat cap 1200 mcg  | 6         | SP        | LD, PA, QL (150 capsules/30 days), SP |
| BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle<br>200 mcg   | 6         | SP        | LD, PA, QL (900 capsules/30 days), SP |
| BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle<br>600 mcg   | 6         | SP        | LD, PA, QL (300 capsules/30 days), SP |
| <b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b>  | 5         |           |                                       |
| <b>calcium acetate (phosphate binder) tab 667 mg</b>  | 5         |           |                                       |
| CHENODAL - chenodiol tab 250 mg   | 6         | SP        | LD, SP                                |
| CHOLBAM - cholic acid cap 50 mg, 250 mg   | 6         | SP        | LD, PA, SP                            |
| CIMZIA - certolizumab pegol for inj kit 2 x 200 mg  | 6         | SP        | PA, QL (2 kits/28 days), SP           |

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|--|-----------|-----------|-------------------------------------|
| CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml  | 6         | SP        | PA, QL (2 kits/28 days), SP         |
| CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml                                    | 6         | SP        | PA, QL (1 kit/180 days), SP         |
| <b>cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)</b>   | 5         |           |                                     |
| ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml   | 6         | SP        | LD, PA, QL (2 pens/28 days), SP     |
| GATTEX - teduglutide (rdna) for inj kit 5 mg   | 6         | SP        | LD, PA, QL (30 vials/30 days), SP   |
| IQIRVO - elafibranor tab 80 mg   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP |
| <b>lactulose (encephalopathy) solution 10 gm/15ml</b>  | 3         |           |                                     |
| <b>lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)</b> | 5         |           | ST                                  |
| LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg   | 5         |           | PA, QL (30 capsules/30 days)        |
| LIVDELZI - seladelpar lysine cap 10 mg   | 6         | SP        | PA, QL (30 capsules/30 days), SP    |
| LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml  | 6         | SP        | LD, PA, QL (90 mls/30 days), SP     |
| LIVMARLI - maralixibat chloride oral soln 19 mg/ml   | 6         | SP        | LD, PA, QL (60 mls/30 days), SP     |
| <b>lubiprostone cap 8 mcg (Amitiza)</b>  | 5         |           | PA, QL (120 capsules/30 days)       |
| <b>lubiprostone cap 24 mcg (Amitiza)</b>   | 5         |           | PA, QL (60 capsules/30 days)        |
| <b>mesalamine cap dr 400 mg (Delzicol)</b>   | 5         |           |                                     |
| <b>mesalamine cap er 24hr 0.375 gm (Apriso)</b>  | 5         |           |                                     |
| <b>mesalamine enema 4 gm</b>   | 5         |           |                                     |
| <b>mesalamine suppos 1000 mg (Canasa)</b>  | 5         |           |                                     |
| <b>mesalamine tab delayed release 800 mg</b>   | 5         |           |                                     |
| <b>mesalamine tab delayed release 1.2 gm (Lialda)</b>  | 5         |           |                                     |
| <b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>  | 3         |           |                                     |
| <b>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)</b>                     | 3         |           |                                     |
| MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)                        | 5         |           | PA, QL (30 tablets/30 days)         |
| OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml   | 6         | SP        | LD, PA, QL (2 pens/28 days), SP     |
| OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml  | 6         | SP        | LD, PA, QL (2 syringes/28 days), SP |
| REZDIFFRA - resmetirom 60 mg tab   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP |
| REZDIFFRA - resmetirom 80 mg tab   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP |
| REZDIFFRA - resmetirom 100 mg tab  | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP |
| <b>sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)</b>   | 5         |           |                                     |
| <b>sevelamer carbonate tab 800 mg (Renvela)</b>  | 5         |           |                                     |

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|---|-----------|-----------|-------------------------------------|
| <b>sevelamer hcl tab 400 mg</b>   | 5         |           |                                     |
| <b>sevelamer hcl tab 800 mg (Renagel)</b>   | 5         |           |                                     |
| SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml  | 6         | SP        | PA, QL (1 cartridge/56 days), SP    |
| <b>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</b>                | 3         |           |                                     |
| <b>sulfasalazine tab 500 mg (Azulfidine)</b>  | 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)         |
| <b>ursodiol cap 300 mg</b>  | 5         |           |                                     |
| <b>ursodiol tab 250 mg (Urso 250)</b>   | 5         |           |                                     |
| <b>ursodiol tab 500 mg (Urso forte)</b>   | 5         |           |                                     |
| VELPHORO - sucroferic oxyhydroxide chew tab 500 mg                                  | 6         |           | ST                                  |
| VIBERZI - eluxadolone tab 75 mg, 100 mg   | 5         |           | PA, QL (60 tablets/30 days)         |
| ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml                  | 6         | SP        | LD, PA, QL (2 pens/28 days), SP     |
| ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml                  | 6         | SP        | LD, PA, QL (2 pens/28 days), SP     |
| ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml          | 6         | SP        | LD, PA, QL (2 syringes/28 days), SP |
| <b>GENITOURINARY AGENTS</b>   |           |           |                                     |
| <b>URINARY ANTISPASMODICS</b>   |           |           |                                     |
| <b>bethanechol chloride tab 5 mg, 10 mg, 25 mg</b>                                  | 3         |           |                                     |
| <b>bethanechol chloride tab 50 mg</b>   | 5         |           |                                     |
| <b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)</b> | 5         |           | QL (30 tablets/30 days)             |
| <b>fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)</b>                        | 5         |           | QL (30 tablets/30 days)             |
| <b>flavoxate hcl tab 100 mg</b>   | 5         |           |                                     |
| <b>mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)</b>                             | 5         |           | QL (30 tablets/30 days)             |
| MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg                                    | 6         |           | PA, QL (30 tablets/30 days)         |
| <b>oxybutynin chloride solution 5 mg/5ml</b>  | 3         |           | QL (600 mls/30 days)                |
| <b>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</b>                           | 3         |           | QL (30 tablets/30 days)             |
| <b>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</b>                          | 3         |           | QL (60 tablets/30 days)             |
| <b>oxybutynin chloride tab er 24hr 15 mg</b>  | 3         |           | QL (60 tablets/30 days)             |
| <b>oxybutynin chloride tab 5 mg</b>   | 3         |           |                                     |
| <b>solifenacin succinate tab 5 mg, 10 mg (Vesicare)</b>                             | 3         |           | QL (30 tablets/30 days)             |
| <b>tolterodine tartrate cap er 24hr 2 mg (Detrol la)</b>                            | 5         |           | QL (30 capsules/30 days)            |
| <b>tolterodine tartrate cap er 24hr 4 mg (Detrol la)</b>                            | 3         |           | QL (30 capsules/30 days)            |
| <b>tolterodine tartrate tab 1 mg, 2 mg (Detrol)</b>                                 | 3         |           | QL (60 tablets/30 days)             |

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|--|-----------|-----------|-------------------------------------|
| <b>trosipium chloride cap er 24hr 60 mg</b>                          | 5         |           | QL (30 capsules/30 days)            |
| <b>trosipium chloride tab 20 mg</b>                                  | 3         |           | QL (60 tablets/30 days)             |
| <b>VAGINAL PRODUCTS</b>  |           |           |                                     |
| CLEOCIN - clindamycin phosphate vaginal suppos 100 mg                | 5         |           |                                     |
| <b>clindamycin phosphate vaginal cream 2% (Cleocin)</b>              | 5         |           |                                     |
| ENCARE - nonoxynol-9 vaginal suppos 100 mg                           | 1         |           |                                     |
| <b>estradiol vaginal cream 0.1 mg/gm (Estrace)</b>                   | 3         |           |                                     |
| <b>estradiol vaginal tab 10 mcg (Vagifem)</b>                        | 5         |           |                                     |
| 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         |           | PA                                  |
| INTRAROSA - prasterone vaginal insert 6.5 mg                         | 6         |           | PA                                  |
| <b>metronidazole vaginal gel 0.75%</b>                               | 3         |           |                                     |
| 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         |           |                                     |
| <b>terconazole vaginal cream 0.4%, 0.8%</b>                          | 3         |           |                                     |
| <b>terconazole vaginal suppos 80 mg</b>                              | 5         |           |                                     |
| TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg                    | 1         |           |                                     |
| 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         |           |                                     |
| <b>GENITOURINARY AGENTS - MISC.</b>                                  |           |           |                                     |
| <b>acetic acid irrigation soln 0.25%</b>                             | 3         |           |                                     |
| <b>alfuzosin hcl tab er 24hr 10 mg (Uroxatral)</b>                   | 3         |           |                                     |
| CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg                   | 5         |           | LD                                  |
| <b>dutasteride cap 0.5 mg (Avodart)</b>                              | 3         |           |                                     |
| <b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)</b>             | 5         |           |                                     |
| ELMIRON - pentosan polysulfate sodium caps 100 mg                    | 6         |           | PA                                  |
| FILSPARI - sparsentan tab 200 mg, 400 mg                             | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP |
| <b>finasteride tab 5 mg (Proscar)</b>                                | 3         |           |                                     |
| K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg      | 5         |           |                                     |
| <b>potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)</b>          | 3         |           |                                     |

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|--|-----------|-----------|--------------------------------------|
| potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)                        | 3         |           |                                      |
| potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)                        | 3         |           |                                      |
| RIVFLOZA - nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml, 160 mg/ml | 6         | SP        | LD, PA, QL (1 syringe/30 days), SP   |
| RIVFLOZA - nedosiran sodium subcutaneous soln 80 mg/0.5ml                      | 6         | 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         |           |                                      |
| THIOLA EC - tiopronin tab delayed release 100 mg                               | 6         | SP        | LD, PA, QL (600 tablets/30 days), SP |
| THIOLA EC - tiopronin tab delayed release 300 mg                               | 6         | SP        | LD, PA, QL (180 tablets/30 days), SP |
| tiopronin tab delayed release 100 mg (Thiola ec)                               | 6         | SP        | LD, PA, QL (600 tablets/30 days), SP |
| tiopronin tab delayed release 300 mg (Thiola ec)                               | 6         | SP        | LD, PA, QL (180 tablets/30 days), SP |
| tiopronin tab 100 mg (Thiola)  | 6         | SP        | LD, PA, QL (600 tablets/30 days), SP |

## CENTRAL NERVOUS SYSTEM DRUGS

### ANTI-ANXIETY AGENTS

|  |   |  |  |
|--|---|--|--|
| alprazolam orally disintegrating tab 0.25 mg, 0.5 mg       | 3 |  |  |
| alprazolam orally disintegrating tab 1 mg, 2 mg            | 5 |  |  |
| 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                 | 5 |  |  |
| clorazepate dipotassium tab 7.5 mg (Tranxene t)            | 5 |  |  |
| 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 cap 25 mg, 50 mg (Vistaril)            | 3 |  |  |
| lorazepam conc 2 mg/ml                                     | 3 |  |  |
| lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)                  | 3 |  |  |

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| Drug Name  | Drug Tier | Specialty | Requirements/Limits          |
|--|-----------|-----------|------------------------------|
| <b>meprobamate tab 200 mg, 400 mg</b>  | 5         |           |                              |
| <b>oxazepam cap 10 mg, 15 mg</b>   | 3         |           |                              |
| <b>oxazepam cap 30 mg</b>  | 5         |           |                              |
| <b>ANTIDEPRESSANTS</b>   |           |           |                              |
| <b>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</b>  | 2         |           |                              |
| <b>amoxapine tab 25 mg, 50 mg</b>  | 3         |           |                              |
| <b>amoxapine tab 100 mg, 150 mg</b>  | 5         |           |                              |
| <b>bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)</b>  | 2         |           |                              |
| <b>bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)</b>  | 2         |           |                              |
| <b>bupropion hcl tab 75 mg, 100 mg</b>   | 2         |           |                              |
| <b>citalopram hydrobromide oral soln 10 mg/5ml</b>   | 2         |           |                              |
| <b>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)</b>   | 2         |           |                              |
| <b>clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)</b>  | 5         |           |                              |
| <b>desipramine hcl tab 10 mg, 25 mg (Norpramin)</b>  | 2         |           |                              |
| <b>desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg</b>  | 2         |           |                              |
| <b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)</b>                                    | 2         |           | QL (30 tablets/30 days)      |
| <b>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</b>  | 2         |           |                              |
| <b>doxepin hcl conc 10 mg/ml</b>   | 2         |           |                              |
| <b>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)</b>  | 2         |           |                              |
| <b>EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr</b>   | 6         |           | PA                           |
| <b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>   | 2         |           |                              |
| <b>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)</b>  | 2         |           |                              |
| <b>FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)</b> | 6         |           | QL (30 capsules/30 days), ST |
| <b>FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 &amp; 40 mg therapy pack</b>  | 6         |           | QL (1 pack/180 days), ST     |
| <b>fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)</b>   | 2         |           |                              |
| <b>fluoxetine hcl solution 20 mg/5ml</b>   | 2         |           |                              |
| <b>fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)</b>   | 2         |           |                              |

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| Drug Name   | Drug Tier | Specialty | Requirements/Limits              |
|---|-----------|-----------|----------------------------------|
| <b>fluvoxamine maleate tab 25 mg, 50 mg</b>   | 3         |           | QL (30 tablets/30 days)          |
| <b>fluvoxamine maleate tab 100 mg</b>   | 3         |           | QL (90 tablets/30 days)          |
| <b>imipramine hcl tab 10 mg, 25 mg, 50 mg</b>   | 2         |           |                                  |
| MARPLAN - isocarboxazid tab 10 mg   | 6         |           | PA                               |
| <b>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)</b>   | 2         |           | QL (30 tablets/30 days)          |
| <b>mirtazapine tab 7.5 mg, 45 mg</b>  | 2         |           | QL (30 tablets/30 days)          |
| <b>mirtazapine tab 15 mg, 30 mg (Remeron)</b>   | 2         |           | QL (30 tablets/30 days)          |
| NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg   | 6         |           | PA                               |
| <b>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</b>   | 2         |           |                                  |
| <b>nortriptyline hcl soln 10 mg/5ml</b>   | 2         |           |                                  |
| <b>paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)</b>  | 2         |           |                                  |
| <b>paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)</b>  | 2         |           |                                  |
| PHENELZINE SULFATE - phenelzine sulfate tab 15 mg   | 4         |           |                                  |
| <b>protriptyline hcl tab 5 mg, 10 mg</b>  | 2         |           |                                  |
| <b>sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)</b>   | 2         |           |                                  |
| <b>sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)</b>   | 2         |           |                                  |
| SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)   | 6         | SP        | PA, QL (4 packs/28 days), SP     |
| SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)   | 6         | SP        | PA, QL (4 packs/28 days), SP     |
| <b>tranlycypromine sulfate tab 10 mg (Parnate)</b>  | 2         |           |                                  |
| <b>trazodone hcl tab 50 mg, 100 mg, 150 mg</b>  | 2         |           |                                  |
| <b>trimipramine maleate cap 25 mg, 50 mg, 100 mg</b>  | 2         |           |                                  |
| TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)   | 6         |           | QL (30 tablets/30 days), ST      |
| <b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)</b>                              | 2         |           |                                  |
| <b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</b> | 2         |           |                                  |
| <b>vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)</b>   | 2         |           | QL (30 tablets/30 days)          |
| ZURZUVAE - zuranolone cap 20 mg, 25 mg  | 6         | SP        | PA, QL (28 capsules/30 days), SP |
| ZURZUVAE - zuranolone cap 30 mg   | 6         | SP        | PA, QL (14 capsules/30 days), SP |

**ANTIPSYCHOTICS**

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| Drug Name   | Drug Tier | Specialty | Requirements/Limits         |
|---|-----------|-----------|-----------------------------|
| ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml                          | 6         | SP        | SP                          |
| ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg                                       | 6         | SP        | SP                          |
| ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg                                   | 6         | SP        | SP                          |
| <b>aripiprazole oral solution 1 mg/ml</b>   | 5         |           | QL (750 mls/30 days)        |
| <b>aripiprazole orally disintegrating tab 10 mg, 15 mg</b>  | 5         |           | QL (60 tablets/30 days)     |
| <b>aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)</b>  | 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 | 6         | SP        | SP                          |
| ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml                                     | 6         | SP        | SP                          |
| <b>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)</b>              | 5         |           | QL (60 tablets/30 days)     |
| <b>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</b>   | 5         |           |                             |
| CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg   | 5         |           |                             |
| <b>clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg</b>  | 5         |           |                             |
| <b>clozapine tab 25 mg, 50 mg (Clozaril)</b>  | 3         |           |                             |
| <b>clozapine tab 100 mg, 200 mg (Clozaril)</b>  | 5         |           |                             |
| 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    |
| <b>fluphenazine decanoate inj 25 mg/ml</b>  | 6         | SP        | SP                          |
| <b>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</b>   | 5         |           |                             |
| FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml  | 6         | SP        | SP                          |
| GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)   | 6         | SP        | SP                          |
| HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml  | 6         | SP        | SP                          |
| HALDOL DECANOATE 50 - haloperidol decanoate im soln 50 mg/ml  | 6         | SP        | SP                          |
| <b>haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)</b>   | 6         | SP        | SP                          |
| <b>haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)</b>   | 6         | SP        | SP                          |

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|---|-----------|-----------|-------------------------|
| <b>haloperidol lactate oral conc 2 mg/ml</b>  | 3         |           |                         |
| <b>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg</b>  | 3         |           |                         |
| <b>haloperidol tab 20 mg</b>  | 5         |           |                         |
| INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml                                       | 6         | 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 | 6         | 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          | 6         | SP        | SP                      |
| LITHIUM CARBONATE - lithium carbonate cap 600 mg  | 5         |           |                         |
| <b>lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)</b>   | 3         |           |                         |
| <b>lithium carbonate cap 300 mg</b>   | 3         |           |                         |
| <b>lithium carbonate tab er 300 mg (Lithobid)</b>   | 3         |           |                         |
| <b>lithium carbonate tab er 450 mg</b>  | 3         |           |                         |
| <b>lithium carbonate tab 300 mg</b>   | 3         |           |                         |
| <b>lithium oral solution 8 meq/5ml</b>  | 5         |           |                         |
| <b>loxapine succinate cap 5 mg, 10 mg, 25 mg</b>  | 3         |           |                         |
| <b>loxapine succinate cap 50 mg</b>   | 5         |           |                         |
| <b>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)</b>  | 5         |           | QL (30 tablets/30 days) |
| <b>lurasidone hcl tab 80 mg (Latuda)</b>  | 5         |           | QL (60 tablets/30 days) |
| <b>olanzapine for im inj 10 mg (Zyprexa)</b>  | 6         | SP        | SP                      |
| <b>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)</b>                                       | 3         |           | QL (30 tablets/30 days) |
| <b>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)</b>   | 3         |           | QL (30 tablets/30 days) |
| <b>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)</b>   | 5         |           | QL (30 tablets/30 days) |
| <b>paliperidone tab er 24hr 6 mg (Invega)</b>   | 5         |           | QL (60 tablets/30 days) |
| <b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</b>   | 3         |           |                         |
| PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg   | 6         | SP        | SP                      |
| <b>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</b>   | 3         |           |                         |
| <b>prochlorperazine suppos 25 mg</b>  | 5         |           |                         |
| <b>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)</b>  | 3         |           | QL (60 tablets/30 days) |
| <b>quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)</b>   | 3         |           | QL (30 tablets/30 days) |

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|--|-----------|-----------|--------------------------|
| <b>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)</b>   | 3         |           | QL (90 tablets/30 days)  |
| <b>quetiapine fumarate tab 300 mg, 400 mg (Seroquel)</b>   | 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  | 6         | SP        | SP                       |
| <b>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)</b>   | 6         | SP        | SP                       |
| <b>risperidone orally disintegrating tab 0.5 mg</b>  | 3         |           | QL (60 tablets/30 days)  |
| <b>risperidone orally disintegrating tab 1 mg, 2 mg, 3 mg</b>  | 5         |           | QL (60 tablets/30 days)  |
| <b>risperidone orally disintegrating tab 4 mg</b>  | 5         |           | QL (120 tablets/30 days) |
| <b>risperidone soln 1 mg/ml (Risperdal)</b>  | 3         |           | QL (480 mls/30 days)     |
| <b>risperidone tab 0.25 mg</b>   | 3         |           | QL (60 tablets/30 days)  |
| <b>risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)</b>  | 3         |           | QL (60 tablets/30 days)  |
| <b>risperidone tab 4 mg (Risperdal)</b>  | 3         |           | QL (120 tablets/30 days) |
| RYKINDO - risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg   | 6         | SP        | SP                       |
| THIORIDAZINE HCL - thioridazine hcl tab 10 mg  | 5         |           |                          |
| THIORIDAZINE HCL - thioridazine hcl tab 25 mg, 50 mg, 100 mg   | 3         |           |                          |
| <b>thiothixene cap 1 mg, 2 mg</b>  | 3         |           |                          |
| <b>thiothixene cap 5 mg, 10 mg</b>   | 5         |           |                          |
| <b>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent)</b>  | 3         |           |                          |
| <b>trifluoperazine hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</b>   | 5         |           |                          |
| 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 | 6         | SP        | SP                       |
| 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) |
| <b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)</b>   | 3         |           | QL (60 capsules/30 days) |
| <b>ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)</b>   | 6         | SP        | SP                       |
| ZYPREXA - olanzapine for im inj 10 mg  | 6         | SP        | SP                       |
| <b>HYPNOTICS</b>   |           |           |                          |

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|---|-----------|-----------|----------------------------------|
| <b>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)</b>   | 5         |           | QL (30 tablets/30 days)          |
| <b>estazolam tab 1 mg</b>   | 3         |           |                                  |
| <b>estazolam tab 2 mg</b>   | 5         |           |                                  |
| <b>eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)</b>   | 3         |           | QL (30 tablets/30 days)          |
| <b>phenobarbital elixir 20 mg/5ml</b>   | 3         |           |                                  |
| <b>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</b>                              | 3         |           |                                  |
| <b>QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg</b>  | 5         |           | QL (30 tablets/30 days), ST      |
| <b>ramelteon tab 8 mg (Rozerem)</b>   | 5         |           | QL (30 tablets/30 days)          |
| <b>tasimelteon capsule 20 mg (Hetlioz)</b>  | 6         | SP        | PA, QL (30 capsules/30 days), SP |
| <b>temazepam cap 7.5 mg, 22.5 mg (Restoril)</b>   | 5         |           |                                  |
| <b>temazepam cap 15 mg, 30 mg (Restoril)</b>  | 3         |           |                                  |
| <b>zaleplon cap 5 mg, 10 mg</b>   | 3         |           | QL (30 capsules/30 days)         |
| <b>zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)</b>  | 3         |           | QL (30 tablets/30 days)          |
| <b>zolpidem tartrate tab 5 mg, 10 mg (Ambien)</b>   | 3         |           | QL (30 tablets/30 days)          |
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>  |           |           |                                  |
| <b>ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</b>                        | 5         |           | QL (60 tablets/30 days)          |
| <b>ADDERALL - amphetamine-dextroamphetamine tab 20 mg</b>   | 5         |           | QL (90 tablets/30 days)          |
| <b>ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg</b>                                     | 5         |           | QL (30 capsules/30 days)         |
| <b>ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg</b>                                    | 5         |           | QL (60 capsules/30 days)         |
| <b>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)</b>                                     | 3         |           | QL (30 capsules/30 days)         |
| <b>amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)</b>                                    | 3         |           | QL (60 capsules/30 days)         |
| <b>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)</b>                        | 3         |           | QL (60 tablets/30 days)          |
| <b>amphetamine-dextroamphetamine tab 20 mg (Adderall)</b>   | 3         |           | QL (90 tablets/30 days)          |
| <b>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)</b>  | 3         |           |                                  |
| <b>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)</b> | 5         |           | QL (60 capsules/30 days)         |
| <b>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)</b>                    | 5         |           | QL (30 capsules/30 days)         |

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|--|-----------|-----------|-----------------------------------|
| 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)          |
| <b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</b>  | 5         |           |                                   |
| <b>clonidine hcl tab er 12hr 0.1 mg (Kapvay)</b>   | 3         |           | QL (120 tablets/30 days)          |
| CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg  | 5         |           | QL (30 tablets/30 days)           |
| CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg  | 5         |           | QL (60 tablets/30 days)           |
| <b>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)</b>          | 5         |           | QL (30 capsules/30 days)          |
| <b>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)</b>  | 3         |           | QL (60 tablets/30 days)           |
| <b>dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)</b>  | 5         |           | QL (90 capsules/30 days)          |
| <b>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)</b>  | 5         |           | QL (120 capsules/30 days)         |
| <b>dextroamphetamine sulfate oral solution 5 mg/5ml</b>  | 5         |           | QL (1800 mls/30 days)             |
| <b>dextroamphetamine sulfate tab 5 mg</b>  | 3         |           | QL (90 tablets/30 days)           |
| <b>dextroamphetamine sulfate tab 10 mg</b>   | 5         |           | QL (180 tablets/30 days)          |
| <b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)</b> | 3         |           | QL (30 tablets/30 days)           |
| IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml  | 6         | SP        | LD, PA, QL (10 vials/30 days), SP |
| <b>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)</b>                       | 5         |           | QL (30 capsules/30 days)          |
| <b>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)</b>                         | 5         |           | QL (30 tablets/30 days)           |
| METHAMPHETAMINE HYDROCHLO - methamphetamine hcl tab 5 mg   | 5         |           | QL (150 tablets/30 days)          |
| <b>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</b>               | 5         |           | QL (30 capsules/30 days)          |
| <b>methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)</b>                     | 5         |           | QL (30 capsules/30 days)          |
| <b>methylphenidate hcl chew tab 2.5 mg, 5 mg</b>   | 5         |           | QL (90 tablets/30 days)           |
| <b>methylphenidate hcl chew tab 10 mg</b>  | 5         |           | QL (180 tablets/30 days)          |
| <b>methylphenidate hcl soln 5 mg/5ml (Methylin)</b>  | 5         |           | QL (450 mls/30 days)              |
| <b>methylphenidate hcl soln 10 mg/5ml (Methylin)</b>   | 5         |           | QL (900 mls/30 days)              |
| <b>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)</b>                                 | 5         |           | QL (30 tablets/30 days)           |

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|---|-----------|-----------|-------------------------------|
| <b>methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)</b>                    | 5         |           | QL (60 tablets/30 days)       |
| <b>methylphenidate hcl tab er 10 mg, 20 mg</b>  | 5         |           | QL (90 tablets/30 days)       |
| <b>methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)</b>                                 | 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)       |
| <b>modafinil tab 100 mg (Provigil)</b>  | 3         |           |                               |
| <b>modafinil tab 200 mg (Provigil)</b>  | 5         |           |                               |
| 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)      |
| 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         |           | PA, QL (30 tablets/30 days)   |
| <b>PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.</b>                                    |           |           |                               |
| <b>acamprosate calcium tab delayed release 333 mg</b>                                       | 5         |           |                               |
| AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml                           | 6         | SP        | PA, QL (1 kit/28 days), SP    |
| AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml                           | 6         | SP        | PA, QL (1 kit/28 days), SP    |
| BETASERON - interferon beta-1b for inj kit 0.3 mg   | 6         | SP        | PA, QL (1 kit/28 days), SP    |
| <b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>                                 | 1         |           |                               |
| CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg          | 6         |           | PA                            |
| <b>dalfampridine tab er 12hr 10 mg (Ampyra)</b>   | 5         |           | PA, QL (60 tablets/30 days)   |
| <b>dimethyl fumarate capsule delayed release 120 mg (Tecfidera)</b>                         | 3         | SP        | QL (14 capsules/180 days), SP |
| <b>dimethyl fumarate capsule delayed release 240 mg (Tecfidera)</b>                         | 3         | SP        | QL (60 capsules/30 days), SP  |
| <b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg (Tecfidera starter pa)</b> | 3         | SP        | QL (1 pack/180 days), SP      |
| <b>disulfiram tab 250 mg, 500 mg</b>  | 5         |           |                               |
| <b>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</b>                        | 3         |           |                               |
| <b>donepezil hydrochloride tab 5 mg, 10 mg (Aricept)</b>                                    | 3         |           |                               |
| <b>donepezil hydrochloride tab 23 mg (Aricept)</b>  | 5         |           |                               |

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|--|-----------|-----------|--------------------------------------|
| <b> fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)</b>   | 6         | SP        | QL (30 capsules/30 days), SP         |
| <b> galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)</b>                      | 5         |           |                                      |
| <b> galantamine hydrobromide tab 4 mg</b>  | 3         |           |                                      |
| <b> galantamine hydrobromide tab 8 mg, 12 mg</b>   | 5         |           |                                      |
| <b> glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)</b>                              | 6         | SP        | QL (30 syringes/30 days), SP         |
| <b> glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)</b>                              | 6         | SP        | QL (12 syringes/28 days), SP         |
| <b> KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml</b>                                       | 6         | SP        | PA, QL (1 pen/28 days), SP           |
| <b> lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)</b>                                    | 5         |           | PA, QL (228 tablets/180 days)        |
| <b> LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm</b>                   | 6         | SP        | LD, PA, QL (30 packets/30 days), SP  |
| <b> LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 &amp; 6 &amp; 7.5 gm starter pak</b> | 6         | SP        | LD, PA, QL (28 packets/180 days), SP |
| <b> MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)</b>                     | 6         | SP        | LD, PA, QL (8 tablets/301 days), SP  |
| <b> MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)</b>                                     | 6         | SP        | LD, PA, QL (10 tablets/301 days), SP |
| <b> MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)</b>                                     | 6         | SP        | LD, PA, QL (12 tablets/301 days), SP |
| <b> MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)</b>                                     | 6         | SP        | LD, PA, QL (14 tablets/301 days), SP |
| <b> MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)</b>                                     | 6         | SP        | LD, PA, QL (9 tablets/301 days), SP  |
| <b> MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)</b>                                    | 6         | SP        | LD, PA, QL (20 tablets/301 days), SP |
| <b> MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)</b>                                      | 6         | SP        | LD, PA, QL (120 tablets/30 days), SP |
| <b> MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)</b>                      | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| <b> MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack</b>                     | 6         | SP        | LD, PA, QL (7 tablets/180 days), SP  |
| <b> MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack</b>                    | 6         | SP        | LD, PA, QL (12 tablets/180 days), SP |
| <b> memantine hcl oral solution 2 mg/ml</b>  | 5         |           |                                      |
| <b> memantine hcl tab 5 mg, 10 mg (Namenda)</b>  | 3         |           |                                      |
| <b> memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack (Namenda titration pa)</b>         | 5         |           |                                      |
| <b> nicotine polacrilex gum 2 mg, 4 mg</b>   | 1         |           |                                      |
| <b> nicotine polacrilex lozenge 2 mg, 4 mg</b>   | 1         |           |                                      |

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|---|-----------|-----------|-------------------------------------|
| <b>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</b>   | 1         |           |                                     |
| NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)   | 1         |           |                                     |
| NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)  | 1         |           |                                     |
| <b>paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)</b>  | 5         |           |                                     |
| PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg                              | 6         |           | PA                                  |
| PIMOZIDE - pimozide tab 1 mg, 2 mg  | 5         |           |                                     |
| PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml   | 6         | SP        | LD, PA, QL (2 pens/28 days), SP     |
| PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml   | 6         | SP        | LD, PA, QL (2 syringes/28 days), SP |
| PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml  | 6         | SP        | LD, PA, QL (2 syringes/28 days), SP |
| PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack  | 6         | SP        | LD, PA, QL (1 kit/180 days), SP     |
| PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack  | 6         | SP        | LD, PA, QL (1 kit/180 days), SP     |
| REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml   | 6         | SP        | PA, QL (12 syringes/28 days), SP    |
| REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml  | 6         | 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   | 6         | 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   | 6         | SP        | PA, QL (1 kit/28 days), SP          |
| <b>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</b> | 3         |           |                                     |
| <b>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)</b>   | 5         |           |                                     |
| 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   | 6         | SP        | LD, PA, QL (540 ml/30 days), SP     |
| TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg  | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP |

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|--|-----------|-----------|------------------------------------|
| <b>teriflunomide tab 7 mg, 14 mg (Aubagio)</b>   | 6         | SP        | QL (30 tablets/30 days), SP        |
| <b>tetrabenazine tab 12.5 mg (Xenazine)</b>  | 6         | SP        | PA, QL (240 tablets/30 days), SP   |
| <b>tetrabenazine tab 25 mg (Xenazine)</b>  | 6         | SP        | PA, QL (120 tablets/30 days), SP   |
| <b>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</b>   | 1         |           |                                    |
| <b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b>   | 1         |           |                                    |
| WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml   | 6         | SP        | LD, PA, QL (1 pen/28 days), SP     |
| XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml  | 6         | SP        | LD, PA, QL (540 mls/30 days), SP   |
| ZEPOSIA - ozanimod hcl cap 0.92 mg   | 6         | SP        | PA, QL (30 capsules/30 days), SP   |
| ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg   | 6         | 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  | 6         | SP        | PA, QL (7 capsules/180 days), SP   |
| <b>ANALGESICS AND ANESTHETICS</b>  |           |           |                                    |
| <b>ANALGESICS - NON-NARCOTIC</b>   |           |           |                                    |
| <b>aspirin chew tab 81 mg</b>  | 1         |           |                                    |
| <b>aspirin tab delayed release 81 mg</b>   | 1         |           |                                    |
| <b>butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)</b>   | 5         |           | QL (180 capsules/30 days)          |
| <b>butalbital-acetaminophen tab 50-325 mg</b>  | 3         |           | QL (180 tablets/30 days)           |
| <b>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)</b>  | 3         |           | QL (180 tablets/30 days)           |
| <b>butalbital-aspirin-caffeine cap 50-325-40 mg</b>  | 3         |           | QL (180 capsules/30 days)          |
| <b>diflunisal tab 500 mg</b>   | 5         |           |                                    |
| TENCON - butalbital-acetaminophen tab 50-325 mg  | 5         |           | QL (180 tablets/30 days)           |
| <b>ANALGESICS - NARCOTIC</b>   |           |           |                                    |
| <b>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</b>  | 3         |           | PA, QL (360 tablets/30 days)       |
| <b>acetaminophen w/ codeine tab 300-30 mg</b>  | 3         |           | PA, QL (360 tablets/30 days)       |
| <b>acetaminophen w/ codeine tab 300-60 mg</b>  | 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   | 6         | SP        | LD, PA, QL (1 syringe/28 days), SP |

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|--|-----------|-----------|-------------------------------------|
| BRIXADI - buprenorphine ext rel soln pref syr (weekly)<br>8 mg/0.16ml, (weekly) 24 mg/0.48ml, (weekly)<br>32 mg/0.64ml | 6         | SP        | LD, PA, QL (4 syringes/28 days), SP |
| BRIXADI - buprenorphine ext rel soln pref syr (weekly)<br>16 mg/0.32ml   | 6         | SP        | LD, PA, QL (4 syringes/28 day), SP  |
| <b>buprenorphine hcl sl tab 2 mg (base equiv)</b>  | 3         |           | QL (90 tablets/30 days)             |
| <b>buprenorphine hcl sl tab 8 mg (base equiv)</b>  | 5         |           | QL (90 tablets/30 days)             |
| <b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)</b>   | 5         |           | QL (120 films/30 days)              |
| <b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)</b>                     | 5         |           | QL (60 films/30 days)               |
| <b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)</b>   | 5         |           | QL (90 films/30 days)               |
| <b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>   | 5         |           | QL (120 tablets/30 days)            |
| <b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>   | 5         |           | QL (90 tablets/30 days)             |
| <b>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)</b>                   | 5         |           | PA, QL (4 patches/28 days)          |
| <b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</b>  | 3         |           | PA, QL (180 capsules/30 days)       |
| <b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</b>  | 5         |           | PA, QL (180 capsules/30 days)       |
| <b>butorphanol tartrate nasal soln 10 mg/ml</b>  | 5         |           | PA, QL (2 bottles/30 days)          |
| <b>codeine sulfate tab 30 mg (Codeine sulfate)</b>   | 3         |           | PA, QL (180 tablets/30 days)        |
| <b>fentanyl td patch 72hr 12 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)</b>                                  | 5         |           | PA, QL (15 patches/30 days)         |
| <b>fentanyl td patch 72hr 25 mcg/hr (Duragesic)</b>  | 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)        |
| <b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>  | 3         |           | PA, QL (3600 mls/30 days)           |
| <b>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</b>   | 3         |           | PA, QL (180 tablets/30 days)        |
| <b>hydrocodone-acetaminophen tab 5-325 mg</b>  | 3         |           | PA, QL (360 tablets/30 days)        |
| <b>hydrocodone-ibuprofen tab 7.5-200 mg</b>  | 3         |           | PA, QL (150 tablets/30 days)        |
| <b>hydromorphone hcl liqd 1 mg/ml (Dilaudid)</b>   | 5         |           | PA, QL (1440 mls/30 days)           |
| <b>hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg</b>   | 5         |           | PA, QL (30 tablets/30 days)         |
| <b>hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)</b>   | 3         |           | PA, QL (180 tablets/30 days)        |
| <b>levorphanol tartrate tab 2 mg</b>   | 5         |           | PA, QL (120 tablets/30 days)        |
| <b>methadone hcl conc 10 mg/ml (Methadose)</b>   | 3         |           | PA, QL (90 mls/30 days)             |

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|--|-----------|-----------|-------------------------------------|
| <b>methadone hcl soln 5 mg/5ml (Methadone hcl)</b>   | 3         |           | PA, QL (900 mls/30 days)            |
| <b>methadone hcl soln 10 mg/5ml (Methadone hcl)</b>  | 5         |           | PA, QL (450 mls/30 days)            |
| <b>methadone hcl tab for oral susp 40 mg</b>   | 5         |           | PA, QL (90 tablets/30 days)         |
| <b>methadone hcl tab 5 mg, 10 mg</b>   | 3         |           | PA, QL (90 tablets/30 days)         |
| <b>morphine sulfate oral soln 10 mg/5ml</b>  | 3         |           | PA, QL (2700 mls/30 days)           |
| <b>morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)</b>   | 5         |           | PA, QL (1350 mls/30 days)           |
| <b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>  | 3         |           | PA, QL (270 mls/30 days)            |
| <b>morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)</b>   | 3         |           | PA, QL (120 tablets/30 days)        |
| <b>morphine sulfate tab er 100 mg, 200 mg (Ms contin)</b>  | 5         |           | PA, QL (180 tablets/30 days)        |
| <b>morphine sulfate tab 15 mg (Morphine sulfate)</b>   | 3         |           | PA, QL (240 tablets/30 days)        |
| <b>morphine sulfate tab 30 mg (Morphine sulfate)</b>   | 3         |           | PA, QL (180 tablets/30 days)        |
| <b>NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg</b>   | 6         |           | PA, QL (60 tablets/30 days)         |
| <b>oxycodone hcl cap 5 mg</b>  | 3         |           | PA, QL (360 capsules/30 days)       |
| <b>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</b>  | 5         |           | PA, QL (270 mls/30 days)            |
| <b>oxycodone hcl soln 5 mg/5ml</b>   | 3         |           | PA, QL (5400 mls/30 days)           |
| <b>oxycodone hcl tab 5 mg (Roxicodone)</b>   | 3         |           | PA, QL (360 tablets/30 days)        |
| <b>oxycodone hcl tab 10 mg</b>   | 3         |           | PA, QL (180 tablets/30 days)        |
| <b>oxycodone hcl tab 15 mg, 30 mg (Roxicodone)</b>   | 3         |           | PA, QL (120 tablets/30 days)        |
| <b>oxycodone hcl tab 20 mg</b>   | 3         |           | PA, QL (120 tablets/30 days)        |
| <b>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)</b>  | 3         |           | PA, QL (360 tablets/30 days)        |
| <b>oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)</b>  | 3         |           | PA, QL (240 tablets/30 days)        |
| <b>oxycodone w/ acetaminophen tab 10-325 mg (Percocet)</b>   | 3         |           | PA, QL (180 tablets/30 days)        |
| <b>SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml</b>   | 6         | SP        | LD, PA, QL (1 syringe/28 days), SP  |
| <b>SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml</b>   | 6         | SP        | LD, PA, QL (2 syringe/180 days), SP |
| <b>tramadol hcl tab er 24hr 100 mg</b>   | 3         |           | PA, QL (30 tablets/30 days)         |
| <b>tramadol hcl tab er 24hr 200 mg, 300 mg</b>   | 5         |           | PA, QL (30 tablets/30 days)         |
| <b>tramadol hcl tab 50 mg (Ultram)</b>   | 3         |           | PA, QL (240 tablets/30 days)        |
| <b>tramadol-acetaminophen tab 37.5-325 mg (Ultracet)</b>   | 3         |           | PA, QL (240 tablets/30 days)        |
| <b>XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg</b>   | 5         |           | PA, QL (180 capsules/30 days)       |
| <b>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)</b> | 5         |           | QL (30 tablets/30 days)             |

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|---|-----------|-----------|-----------------------------------|
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab<br>1.4-0.36 mg (base eq)                      | 5         |           | QL (90 tablets/30 days)           |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab<br>8.6-2.1 mg (base eq)                       | 5         |           | QL (60 tablets/30 days)           |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>   |           |           |                                   |
| ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty<br>auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml     | 6         | SP        | PA, QL (2 pens/28 days), SP       |
| ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty<br>auto-injector kit 40 mg/0.4ml                  | 6         | SP        | PA, QL (2 pens/28 days), SP       |
| ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty<br>prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml | 6         | SP        | PA, QL (2 syringes/28 days), SP   |
| ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-<br>injector 40 mg/0.4ml                          | 6         | SP        | PA, QL (2 pens/28 days), SP       |
| ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled<br>syringe 40 mg/0.4ml                       | 6         | SP        | PA, QL (2 syringes/28 days), SP   |
| ARCALYST - riloncept for inj 220 mg   | 6         | SP        | LD, PA, QL (4 vials/28 days), SP  |
| <b>celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg<br/>(Celebrex)</b>                             | 3         |           |                                   |
| <b>diclofenac potassium tab 50 mg</b>   | 3         |           |                                   |
| <b>diclofenac sodium tab delayed release 25 mg, 50 mg,<br/>75 mg</b>                          | 3         |           |                                   |
| <b>diclofenac w/ misoprostol tab delayed release<br/>50-0.2 mg (Arthrotec 50)</b>             | 5         |           |                                   |
| <b>diclofenac w/ misoprostol tab delayed release<br/>75-0.2 mg (Arthrotec 75)</b>             | 5         |           |                                   |
| ENBREL - etanercept subcutaneous inj 25 mg/0.5ml  | 6         | SP        | PA, QL (8 vials/28 days), SP      |
| ENBREL - etanercept subcutaneous soln prefilled<br>syringe 25 mg/0.5ml                        | 6         | SP        | PA, QL (8 syringes/28 days), SP   |
| ENBREL - etanercept subcutaneous soln prefilled<br>syringe 50 mg/ml                           | 6         | SP        | PA, QL (4 syringes/28 days), SP   |
| ENBREL MINI - etanercept subcutaneous solution<br>cartridge 50 mg/ml                          | 6         | SP        | PA, QL (4 cartridges/28 days), SP |
| ENBREL SURECLICK - etanercept subcutaneous<br>solution auto-injector 50 mg/ml                 | 6         | SP        | PA, QL (4 pens/28 days), SP       |
| <b>etodolac cap 200 mg, 300 mg</b>  | 3         |           |                                   |
| <b>etodolac tab er 24hr 400 mg, 500 mg, 600 mg</b>  | 5         |           |                                   |
| <b>etodolac tab 400 mg (Lodine)</b>   | 3         |           |                                   |
| <b>etodolac tab 500 mg</b>  | 3         |           |                                   |
| <b>fenoprofen calcium tab 600 mg (Nalfon)</b>   | 5         |           |                                   |
| <b>flurbiprofen tab 100 mg</b>  | 3         |           |                                   |
| HADLIMA - adalimumab-bwwd soln prefilled syringe<br>40 mg/0.4ml, 40 mg/0.8ml                  | 6         | SP        | PA, QL (2 syringes/28 days), SP   |

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|--|-----------|-----------|--------------------------------------|
| HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml  | 6         | 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   | 6         | 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  | 6         | SP        | PA, QL (2 pens/28 days), SP          |
| HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml   | 6         | SP        | PA, QL (1 kit/180 days), SP          |
| HUMIRA PEN-PS/JV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml  | 6         | SP        | PA, QL (1 kit/180 days), SP          |
| <b>ibuprofen tab 400 mg, 600 mg, 800 mg</b>  | 3         |           |                                      |
| <b>indomethacin cap er 75 mg</b>   | 3         |           |                                      |
| <b>indomethacin cap 25 mg, 50 mg</b>   | 3         |           |                                      |
| <b>ketorolac tromethamine tab 10 mg</b>  | 3         |           | QL (20 tablets/5 days)               |
| KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml   | 6         | SP        | PA, QL (2 pens/28 days), SP          |
| KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml   | 6         | SP        | PA, QL (2 syringes/28 days), SP      |
| KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml   | 6         | SP        | LD, PA, QL (30 syringes/30 days), SP |
| <b>leflunomide tab 10 mg, 20 mg (Arava)</b>  | 3         |           |                                      |
| MECLOFENAMATE SODIUM - meclufenamate sodium cap 50 mg, 100 mg  | 6         |           | PA                                   |
| <b>meloxicam tab 7.5 mg, 15 mg (Mobic)</b>   | 3         |           |                                      |
| <b>nabumetone tab 500 mg, 750 mg</b>   | 3         |           |                                      |
| <b>naproxen sodium tab 275 mg, 550 mg</b>  | 3         |           |                                      |
| <b>naproxen tab 250 mg, 375 mg</b>   | 3         |           |                                      |
| <b>naproxen tab 500 mg (Naprosyn)</b>  | 3         |           |                                      |
| OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg  | 6         | 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  | 6         | SP        | PA, QL (4 syringes/28 days), SP      |
| ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml  | 6         | SP        | PA, QL (4 pens/28 days), SP          |
| OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg   | 6         | SP        | PA, QL (1 kit/180 days), SP          |
| OTEZLA - apremilast tab 20 mg, 30 mg   | 6         | 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         |           |                                      |
| <b>oxaprozin tab 600 mg (Daypro)</b>   | 5         |           |                                      |
| <b>piroxicam cap 10 mg, 20 mg (Feldene)</b>  | 3         |           |                                      |

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|--|-----------|-----------|--------------------------------------|
| RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| RINVOQ - upadacitinib tab er 24hr 45 mg  | 6         | SP        | LD, PA, QL (84 tablets/365 days), SP |
| RINVOQ LQ - upadacitinib oral soln 1 mg/ml   | 6         | 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       | 6         | SP        | PA, QL (2 syringes/28 days), SP      |
| SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml                           | 6         | SP        | PA, QL (2 pens/28 days), SP          |
| SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml                           | 6         | SP        | PA, QL (2 pens/28 days), SP          |
| SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml                                | 6         | SP        | PA, QL (1 pen/28 days), SP           |
| SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml                            | 6         | SP        | PA, QL (1 syringe/28 days), SP       |
| <b>sulindac tab 150 mg, 200 mg</b>   | 3         |           |                                      |
| TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml                            | 6         | SP        | PA, QL (4 pens/28 days), SP          |
| TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml                            | 6         | SP        | PA, QL (4 syringes/28 days), SP      |
| XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)                            | 6         | SP        | PA, QL (240 mls/30 days), SP         |
| XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)                                     | 6         | SP        | PA, QL (60 tablets/30 days), SP      |
| XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)                                    | 6         | SP        | PA, QL (240 tablets/365 days), SP    |
| XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)                         | 6         | SP        | PA, QL (30 tablets/30 days), SP      |
| XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)                         | 6         | SP        | PA, QL (120 tablets/365 days), SP    |
| <b>MIGRAINE PRODUCTS</b>   |           |           |                                      |
| 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)          |
| <b>almotriptan malate tab 6.25 mg, 12.5 mg</b>   | 5         |           | QL (12 tablets/30 days), ST          |
| <b>dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)</b>                                    | 5         |           | PA, QL (24 ampules/28 days)          |
| <b>dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)</b>                             | 5         |           | PA, QL (8 vials/28 days)             |
| <b>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)</b> | 5         |           | QL (12 tablets/30 days)              |
| EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml                       | 5         |           | PA, QL (1 pen/28 days)               |

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| 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)  |
| <b>frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)</b>                                | 5         |           | QL (18 tablets/30 days), ST  |
| <b>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)</b>                        | 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)   |
| <b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>                                | 3         |           | QL (24 tablets/30 days)      |
| <b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</b>                  | 3         |           | QL (18 tablets/30 days)      |
| <b>rizatriptan benzoate tab 5 mg (base equivalent)</b>  | 3         |           | QL (24 tablets/30 days)      |
| <b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</b>                                  | 3         |           | QL (18 tablets/30 days)      |
| <b>sumatriptan nasal spray 5 mg/act (Imitrex)</b>   | 5         |           | QL (6 packs/30 days)         |
| <b>sumatriptan nasal spray 20 mg/act (Imitrex)</b>  | 5         |           | QL (2 packs/30 days)         |
| <b>sumatriptan succinate inj 6 mg/0.5ml (Imitrex)</b>   | 5         |           | 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    |
| <b>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)</b> | 5         |           | QL (12 doses/30 days)        |
| <b>sumatriptan succinate tab 25 mg (Imitrex)</b>  | 3         |           | QL (36 tablets/30 days)      |
| <b>sumatriptan succinate tab 50 mg, 100 mg (Imitrex)</b>  | 3         |           | QL (18 tablets/30 days)      |
| UBRELVY - ubrogepant tab 50 mg, 100 mg  | 5         |           | PA, QL (16 tablets/30 days)  |
| <b>zolmitriptan nasal spray 5 mg/spray unit (Zomig)</b>   | 5         |           | QL (12 units/30 days), ST    |
| <b>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)</b>                            | 5         |           | QL (12 tablets/30 days)      |
| <b>zolmitriptan tab 2.5 mg, 5 mg (Zomig)</b>  | 3         |           | QL (12 tablets/30 days)      |
| <b>GOUT AGENTS</b>  |           |           |                              |
| <b>allopurinol tab 100 mg, 300 mg (Zyloprim)</b>  | 3         |           |                              |
| <b>colchicine tab 0.6 mg (Colcrys)</b>  | 3         |           |                              |
| <b>colchicine w/ probenecid tab 0.5-500 mg</b>  | 3         |           |                              |
| <b>febuxostat tab 40 mg, 80 mg (Uloric)</b>   | 3         |           |                              |
| <b>probenecid tab 500 mg</b>  | 3         |           |                              |

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| <b>NEUROMUSCULAR DRUGS</b>  |           |           |                     |
| <b>ANTICONVULSANTS</b>  |           |           |                     |
| APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg               | 5         |           |                     |
| BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg                    | 6         |           | PA                  |
| BRIVIACT - brivaracetam oral soln 10 mg/ml  | 6         |           | PA                  |
| <b>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)</b>               | 5         |           |                     |
| <b>carbamazepine chew tab 100 mg</b>  | 3         |           |                     |
| <b>carbamazepine susp 100 mg/5ml (Tegretol)</b>                                   | 5         |           |                     |
| <b>carbamazepine tab er 12hr 100 mg (Tegretol-xr)</b>                             | 3         |           |                     |
| <b>carbamazepine tab er 12hr 200 mg, 400 mg (Tegretol-xr)</b>                     | 5         |           |                     |
| <b>carbamazepine tab 200 mg (Tegretol)</b>  | 3         |           |                     |
| <b>clobazam suspension 2.5 mg/ml (Onfi)</b>                                       | 5         |           |                     |
| <b>clobazam tab 10 mg (Onfi)</b>  | 3         |           |                     |
| <b>clobazam tab 20 mg (Onfi)</b>  | 5         |           |                     |
| <b>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</b> | 3         |           |                     |
| <b>clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)</b>                               | 3         |           |                     |
| DIACOMIT - stiripentol cap 250 mg, 500 mg   | 6         | SP        | SP                  |
| DIACOMIT - stiripentol packet 250 mg, 500 mg                                      | 6         | SP        | SP                  |
| <b>diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)</b>         | 5         |           |                     |
| DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg                            | 5         |           |                     |
| <b>divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)</b> | 5         |           |                     |
| <b>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)</b>    | 3         |           |                     |
| <b>divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)</b>                | 3         |           |                     |
| EPIDIOLEX - cannabidiol soln 100 mg/ml  | 6         | SP        | LD, PA, SP          |
| EPRONTIA - topiramate oral soln 25 mg/ml  | 5         |           |                     |
| <b>ethosuximide cap 250 mg (Zarontin)</b>   | 5         |           |                     |
| <b>ethosuximide soln 250 mg/5ml (Zarontin)</b>                                    | 5         |           |                     |
| <b>felbamate susp 600 mg/5ml (Felbatol)</b>                                       | 5         |           |                     |
| <b>felbamate tab 400 mg, 600 mg (Felbatol)</b>                                    | 5         |           |                     |
| FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml                                   | 6         | SP        | LD, PA, SP          |

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| FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg                              | 6         |           | PA                      |
| <b>gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)</b>                                   | 3         |           |                         |
| <b>gabapentin oral soln 250 mg/5ml (Neurontin)</b>   | 5         |           |                         |
| <b>gabapentin tab 600 mg, 800 mg (Neurontin)</b>   | 3         |           |                         |
| <b>lacosamide oral solution 10 mg/ml (Vimpat)</b>  | 5         |           |                         |
| <b>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)</b>                               | 5         |           |                         |
| <b>lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)</b>   | 5         |           |                         |
| <b>lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)</b>                    | 3         |           |                         |
| <b>lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)</b>                   | 5         |           |                         |
| <b>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit (Lamictal odt)</b>      | 5         |           |                         |
| <b>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit (Lamictal odt)</b>      | 5         |           |                         |
| <b>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit (Lamictal odt)</b> | 5         |           |                         |
| <b>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)</b>  | 5         |           |                         |
| <b>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)</b>                            | 3         |           |                         |
| <b>lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)</b>                       | 5         |           |                         |
| <b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit (Lamictal starter/not)</b>      | 5         |           |                         |
| <b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit (Lamictal starter/tak)</b>     | 5         |           |                         |
| <b>levetiracetam oral soln 100 mg/ml (Keppra)</b>  | 3         |           |                         |
| <b>levetiracetam tab er 24hr 500 mg (Keppra xr)</b>  | 3         |           |                         |
| <b>levetiracetam tab er 24hr 750 mg (Keppra xr)</b>  | 5         |           |                         |
| <b>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)</b>                          | 3         |           |                         |
| <b>methsuximide cap 300 mg (Celontin)</b>  | 5         |           |                         |
| <b>MOTPOLY XR - lacosamide cap er 24hr 100 mg, 150 mg, 200 mg</b>                          | 5         |           |                         |
| <b>NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml</b>                                   | 5         |           | QL (10 bottles/30 days) |
| <b>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)</b>                                | 5         |           |                         |
| <b>oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)</b>                      | 5         |           |                         |

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|---|-----------|-----------|-----------------------------------|
| <b>oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)</b>                       | 3         |           |                                   |
| <b>phenytoin chew tab 50 mg (Dilantin infatabs)</b>                               | 3         |           |                                   |
| <b>phenytoin sodium extended cap 100 mg (Dilantin)</b>                            | 3         |           |                                   |
| <b>phenytoin sodium extended cap 200 mg (Phenytek)</b>                            | 3         |           |                                   |
| <b>phenytoin sodium extended cap 300 mg (Phenytek)</b>                            | 5         |           |                                   |
| <b>phenytoin susp 125 mg/5ml (Dilantin-125)</b>                                   | 3         |           |                                   |
| <b>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)</b>        | 3         |           | QL (90 capsules/30 days)          |
| <b>pregabalin cap 225 mg, 300 mg (Lyrica)</b>                                     | 3         |           | QL (60 capsules/30 days)          |
| <b>pregabalin soln 20 mg/ml (Lyrica)</b>  | 5         |           | QL (900 mls/30 days)              |
| <b>primidone tab 50 mg, 250 mg (Mysoline)</b>                                     | 3         |           |                                   |
| <b>rufinamide susp 40 mg/ml (Banzel)</b>  | 5         |           |                                   |
| <b>rufinamide tab 200 mg, 400 mg (Banzel)</b>                                     | 5         |           |                                   |
| SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg                                  | 5         |           |                                   |
| <b>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)</b>                      | 5         |           |                                   |
| TOPIRAMATE - topiramate sprinkle cap 50 mg  | 5         |           |                                   |
| <b>topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)</b>   | 5         |           | PA, QL (30 capsules/30 days)      |
| <b>topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)</b>                         | 5         |           | PA, QL (60 capsules/30 days)      |
| <b>topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)</b>                  | 5         |           | PA, QL (30 capsules/30 days)      |
| <b>topiramate cap er 24hr 200 mg (Trokendi xr)</b>                                | 5         |           | PA, QL (60 capsules/30 days)      |
| <b>topiramate sprinkle cap 15 mg (Topamax sprinkle)</b>                           | 3         |           |                                   |
| <b>topiramate sprinkle cap 25 mg (Topamax sprinkle)</b>                           | 5         |           |                                   |
| <b>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)</b>                      | 3         |           |                                   |
| <b>valproate sodium oral soln 250 mg/5ml (base equiv)</b>                         | 3         |           |                                   |
| <b>valproic acid cap 250 mg</b>   | 3         |           |                                   |
| VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml                            | 5         |           | QL (10 bottles/30 days)           |
| VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose) | 5         |           | QL (10 bottles/30 days)           |
| VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)  | 5         |           | QL (10 bottles/30 days)           |
| VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml                              | 5         |           | QL (10 bottles/30 days)           |
| <b>vigabatrin powd pack 500 mg (Sabril)</b>                                       | 6         | SP        | LD, SP                            |
| <b>vigabatrin tab 500 mg (Sabril)</b>   | 6         | SP        | LD, SP                            |
| <b>zonisamide cap 25 mg, 100 mg (Zonegran)</b>                                    | 3         |           |                                   |
| <b>zonisamide cap 50 mg</b>   | 3         |           |                                   |
| ZTALMY - ganaxolone susp 50 mg/ml   | 6         | SP        | LD, PA, QL (1100 mls/30 days), SP |

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|--|-----------|-----------|---------------------|
| <b>ANTIPARKINSON AGENTS</b>  |           |           |                     |
| amantadine hcl cap 100 mg  | 3         |           |                     |
| amantadine hcl soln 50 mg/5ml  | 3         |           |                     |
| amantadine hcl tab 100 mg  | 5         |           |                     |
| apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)  | 6         | SP        | PA, SP              |
| benztropine mesylate tab 0.5 mg, 1 mg, 2 mg  | 3         |           |                     |
| bromocriptine mesylate cap 5 mg (base equivalent)<br>(Parlodel)  | 5         |           |                     |
| bromocriptine mesylate tab 2.5 mg (base equivalent)<br>(Parlodel)  | 5         |           |                     |
| carbidopa & levodopa tab er 25-100 mg, 50-200 mg   | 3         |           |                     |
| carbidopa & levodopa tab 10-100 mg, 25-100 mg<br>(Sinemet)   | 3         |           |                     |
| carbidopa & levodopa tab 25-250 mg   | 3         |           |                     |
| carbidopa tab 25 mg (Lodosyn)  | 5         |           |                     |
| carbidopa-levodopa-entacapone tabs 12.5-50-200 mg<br>(Stalevo 50)  | 5         |           |                     |
| carbidopa-levodopa-entacapone tabs<br>18.75-75-200 mg (Stalevo 75)   | 5         |           |                     |
| carbidopa-levodopa-entacapone tabs 25-100-200 mg<br>(Stalevo 100)  | 5         |           |                     |
| carbidopa-levodopa-entacapone tabs<br>31.25-125-200 mg (Stalevo 125)   | 5         |           |                     |
| carbidopa-levodopa-entacapone tabs<br>37.5-150-200 mg (Stalevo 150)  | 5         |           |                     |
| carbidopa-levodopa-entacapone tabs 50-200-200 mg<br>(Stalevo 200)  | 5         |           |                     |
| entacapone tab 200 mg (Comtan)   | 5         |           |                     |
| INBRIJA - levodopa inhal powder cap 42 mg  | 6         | SP        | LD, PA, SP          |
| pramipexole dihydrochloride tab er 24hr 0.375 mg,<br>0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg<br>(Mirapex er)                       | 5         |           |                     |
| pramipexole dihydrochloride tab 0.125 mg, 0.5 mg,<br>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<br>(base equiv) (Azilect)  | 5         |           |                     |
| ropinirole hydrochloride tab er 24hr 2 mg (base<br>equivalent)   | 3         |           |                     |
| ropinirole hydrochloride tab er 24hr 4 mg (base<br>equivalent), 6 mg (base equivalent), 8 mg (base<br>equivalent), 12 mg (base equivalent) | 5         |           |                     |

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|---|-----------|-----------|---------------------------------------|
| <b>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</b> | 3         |           |                                       |
| <b>selegiline hcl cap 5 mg</b>  | 5         |           |                                       |
| <b>selegiline hcl tab 5 mg</b>  | 5         |           |                                       |
| <b>tolcapone tab 100 mg (Tasmar)</b>  | 5         |           |                                       |
| TRIHENXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml                    | 5         |           |                                       |
| <b>trihexyphenidyl hcl tab 2 mg, 5 mg</b>   | 3         |           |                                       |
| <b>NEUROMUSCULAR AGENTS</b>   |           |           |                                       |
| DAYBUE - trofinetide oral soln 200 mg/ml  | 6         | SP        | LD, PA, QL (3600 mls/30 days), SP     |
| DUVYZAT - givinostat hcl oral susp 8.86 mg/ml                                     | 6         | SP        | PA, QL (280 mls/28 days), SP          |
| EVRYSDI - risdiplam tab 5 mg  | 6         | SP        | PA, QL (30 tablets/30 days), SP       |
| EVRYSDI - risdiplam for soln 0.75 mg/ml   | 6         | SP        | LD, PA, QL (160 mls/24 days), SP      |
| RADICAVA ORS - edaravone oral susp 105 mg/5ml                                     | 6         | SP        | LD, PA, QL (50 mls/28 days), SP       |
| RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml                         | 6         | SP        | LD, PA, QL (70 mls/180 days), SP      |
| <b>riluzole tab 50 mg (Rilutek)</b>   | 5         |           |                                       |
| SKYCLARYS - omeveloxolone cap 50 mg   | 6         | SP        | PA, QL (90 capsules/30 days), SP      |
| TEGLUTIK - riluzole susp 50 mg/10ml   | 6         | SP        | PA, QL (600 mls/30 days), SP          |
| TIGLUTIK - riluzole susp 50 mg/10ml   | 6         | SP        | LD, PA, QL (600 mls/30 days), SP      |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>   |           |           |                                       |
| <b>baclofen susp 25 mg/5ml (Fleqsuvy)</b>   | 5         |           |                                       |
| <b>baclofen tab 10 mg, 20 mg</b>  | 3         |           |                                       |
| <b>carisoprodol tab 350 mg (Soma)</b>   | 3         |           |                                       |
| <b>chlorzoxazone tab 500 mg</b>   | 3         |           |                                       |
| <b>cyclobenzaprine hcl tab 5 mg, 10 mg</b>  | 3         |           |                                       |
| <b>dantrolene sodium cap 25 mg, 50 mg (Dantrium)</b>                              | 5         |           |                                       |
| <b>dantrolene sodium cap 100 mg</b>   | 5         |           |                                       |
| <b>metaxalone tab 400 mg</b>  | 5         |           |                                       |
| <b>metaxalone tab 800 mg (Skelaxin)</b>   | 5         |           |                                       |
| <b>methocarbamol tab 500 mg, 750 mg</b>   | 3         |           |                                       |
| <b>orphenadrine citrate tab er 12hr 100 mg</b>                                    | 3         |           |                                       |
| <b>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg</b>                    | 6         |           |                                       |
| SOHONOS - palovarotene cap 1 mg, 1.5 mg   | 6         | SP        | LD, PA, QL (112 capsules/28 days), SP |
| SOHONOS - palovarotene cap 2.5 mg   | 6         | SP        | LD, PA, QL (140 capsules/28 days), SP |
| SOHONOS - palovarotene cap 5 mg   | 6         | SP        | LD, PA, QL (84 capsules/28 days), SP  |
| SOHONOS - palovarotene cap 10 mg  | 6         | SP        | LD, PA, QL (56 capsules/28 days), SP  |

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|--|-----------|-----------|--------------------------------------|
| <b>tizanidine hcl tab 2 mg (base equivalent)</b>                               | 3         |           |                                      |
| <b>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)</b>                    | 3         |           |                                      |
| <b>ANTIMYASTHENIC AGENTS</b>   |           |           |                                      |
| FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)                 | 6         | SP        | LD, PA, QL (240 tablets/30 days), SP |
| <b>pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)</b>                   | 5         |           |                                      |
| <b>pyridostigmine bromide tab er 180 mg (Mestinon timespan)</b>                | 5         |           |                                      |
| <b>pyridostigmine bromide tab 60 mg (Mestinon)</b>                             | 3         |           |                                      |
| <b>NUTRITIONAL PRODUCTS</b>  |           |           |                                      |
| <b>VITAMINS</b>  |           |           |                                      |
| <b>cholecalciferol cap 1.25 mg (50000 unit)</b>                                | 3         |           |                                      |
| <b>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)</b>                       | 3         |           |                                      |
| <b>phytonadione tab 5 mg (Mephyton)</b>  | 5         |           |                                      |
| <b>MULTIVITAMINS</b>   |           |           |                                      |
| 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         |           |                                      |
| FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg                   | 5         |           |                                      |
| M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg                      | 5         |           |                                      |
| 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         |           |                                      |
| NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg                         | 5         |           |                                      |
| ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg          | 5         |           |                                      |
| 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         |           |                                      |

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|--|-----------|-----------|---------------------|
| 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         |           |                     |
| 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         |           |                     |
| WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg                                   | 5         |           |                     |
| <b>MINERALS and ELECTROLYTES</b>   |           |           |                     |
| <b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (K-phos neutral)</b>   | 3         |           |                     |
| <b>potassium chloride cap er 8 meq, 10 meq</b>   | 3         |           |                     |
| <b>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</b>             | 3         |           |                     |
| <b>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</b>                   | 5         |           |                     |
| <b>potassium chloride tab er 8 meq (600 mg)</b>  | 3         |           |                     |
| <b>potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)</b>                          | 3         |           |                     |
| <b>potassium phosphate monobasic tab 500 mg (K-phos)</b>                                   | 3         |           |                     |
| SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf) | 5         |           |                     |
| SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)                    | 1         |           |                     |

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|--|-----------|-----------|--------------------------------------|
| <b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)</b>   | 1         |           |                                      |
| <b>HEMATOLOGICAL AGENTS</b>  |           |           |                                      |
| <b>HEMATOPOIETIC AGENTS</b>  |           |           |                                      |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml | 6         | 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   | 6         | SP        | PA, SP                               |
| <b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>  | 1         |           |                                      |
| CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)   | 6         | SP        | LD, PA, QL (60 capsules/30 days), SP |
| <b>cyanocobalamin inj 1000 mcg/ml</b>  | 3         |           |                                      |
| DOPTELET - avatrombopag maleate tab 20 mg (base equiv)   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg  | 5         |           |                                      |
| <b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)</b>  | 1         |           |                                      |
| <b>folic acid tab 400 mcg, 800 mcg</b>   | 1         |           |                                      |
| <b>folic acid tab 1 mg</b>   | 3         |           |                                      |
| FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml  | 6         | SP        | PA, QL (2 syringes/28 days), SP      |
| FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml  | 6         | SP        | PA, QL (2 syringes/28 days), SP      |
| <b>glutamine (sickle cell) powd pack 5 gm (Endari)</b>   | 6         | SP        | PA, SP                               |
| <b>miglustat cap 100 mg (Zavesca)</b>  | 6         | SP        | LD, PA, QL (90 capsules/30 days), SP |
| NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml   | 6         | SP        | PA, QL (2 syringes/28 days), SP      |
| NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml   | 6         | SP        | PA, SP                               |
| NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)  | 6         | SP        | PA, SP                               |
| NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml  | 6         | 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   | 6         | SP        | PA, SP                               |

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|---|-----------|-----------|---------------------------------------|
| PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)                         | 6         | SP        | PA, QL (30 tablets/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                      | 6         | SP        | PA, SP                                |
| UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml  | 6         | SP        | PA, QL (2 pens/28 days), SP           |
| UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml  | 6         | SP        | PA, QL (2 syringes/28 days), SP       |
| XOLREMDI - mavorixafor cap 100 mg   | 6         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml  | 6         | SP        | PA, SP                                |
| ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml  | 6         | SP        | PA, QL (2 syringes/28 days), SP       |
| <b>ANTICOAGULANTS</b>   |           |           |                                       |
| <b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)</b>                                    | 5         |           | QL (60 capsules/30 days)              |
| <b>dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)</b>   | 5         |           | 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)                  |
| <b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)</b> | 5         |           |                                       |
| <b>enoxaparin sodium inj 300 mg/3ml (Lovenox)</b>   | 5         |           |                                       |
| <b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)</b>                                   | 5         |           |                                       |
| <b>heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml</b>   | 5         |           |                                       |
| <b>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</b>  | 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)                   |
| <b>HEMOSTATICS</b>  |           |           |                                       |
| <b>aminocaproic acid oral soln 0.25 gm/ml (Amicar)</b>  | 5         |           |                                       |
| <b>aminocaproic acid tab 500 mg, 1000 mg (Amicar)</b>   | 5         |           |                                       |

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|---|-----------|-----------|-----------------------------------|
| <b>tranexamic acid tab 650 mg (Lysteda)</b>   | 5         |           |                                   |
| <b>HEMATOLOGICAL AGENTS - MISC.</b>   |           |           |                                   |
| ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit                                      | 6         | SP        | PA, SP                            |
| ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit                                     | 6         | SP        | PA, SP                            |
| AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit                                   | 6         | SP        | LD, PA, SP                        |
| ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit   | 6         | SP        | LD, PA, SP                        |
| ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit   | 6         | SP        | PA, SP                            |
| ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit   | 6         | 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   | 6         | SP        | PA, SP                            |
| <b>anagrelide hcl cap 0.5 mg (Agrylin)</b>  | 5         |           |                                   |
| <b>anagrelide hcl cap 1 mg</b>  | 5         |           |                                   |
| <b>aspirin-dipyridamole cap er 12hr 25-200 mg</b>   | 5         |           |                                   |
| BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit   | 6         | SP        | PA, SP                            |
| BRILINTA - ticagrelor tab 60 mg, 90 mg  | 5         |           |                                   |
| CABLIVI - caplacizumab-yhdp for inj kit 11 mg   | 6         | SP        | LD, PA, QL (30 kits/30 days), SP  |
| <b>cilostazol tab 50 mg, 100 mg</b>   | 3         |           |                                   |
| CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit   | 6         | SP        | LD, PA, QL (20 vials/30 days), SP |
| <b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</b>  | 3         |           |                                   |
| <b>clopidogrel bisulfate tab 300 mg (base equiv)</b>  | 5         |           |                                   |
| COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit  | 6         | SP        | LD, PA, SP                        |
| CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit   | 6         | SP        | LD, PA, SP                        |
| <b>dipyridamole tab 25 mg</b>   | 3         |           |                                   |
| <b>dipyridamole tab 50 mg, 75 mg</b>  | 5         |           |                                   |
| 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 | 6         | SP        | PA, SP                            |

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| Drug Name  | Drug Tier | Specialty | Requirements/Limits                     |
|--|-----------|-----------|---|
| EMPAVELI - pegcetacoplan subcutaneous soln<br>1080 mg/20ml (54 mg/ml)  | 6         | SP        | LD, PA, QL (8 vials/28 days), SP        |
| ESPEROCT - antihemophilic factor recomb glycopeg-<br>exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit,<br>3000 unit, 4000 unit   | 6         | SP        | LD, PA, SP                              |
| FEIBA - antiinhibitor coagulant complex for iv soln 500<br>unit, 1000 unit, 2500 unit  | 6         | SP        | PA, SP                                  |
| FIBRYGA - fibrinogen conc (human) inj approximately<br>1 gm (900-1300 mg)  | 6         | SP        | PA, SP                                  |
| HAEGARDA - c1 esterase inhibitor (human) for<br>subcutaneous inj 2000 unit, 3000 unit  | 6         | SP        | LD, PA, QL (16 vials/30 days), SP       |
| HEMLIBRA - emicizumab-kxwh subcutaneous soln<br>12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml<br>(150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml,<br>300 mg/2ml (150 mg/ml) | 6         | SP        | LD, PA, SP                              |
| HEMOFIL M - antihemophilic factor (human) for inj 250<br>unit, 500 unit, 1000 unit, 1700 unit  | 6         | SP        | PA, SP                                  |
| HUMATE-P - antihemophilic factor/vwf (human) for inj<br>250-600 unit, 500-1200 unit, 1000-2400 unit  | 6         | SP        | PA, SP                                  |
| <b>icatibant acetate subcutaneous soln pref syr<br/>30 mg/3ml (Firazyr)</b>  | 6         | SP        | LD, PA, QL (12<br>syringes/30 days), SP |
| IDELVION - coagulation factor ix (recomb) (rix-fp) for inj<br>250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit  | 6         | SP        | PA, SP                                  |
| IXINITY - coagulation factor ix (recombinant) for inj 250<br>unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit  | 6         | SP        | LD, PA, SP                              |
| JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj<br>500 unit   | 6         | SP        | PA, SP                                  |
| JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj<br>1000 unit, 2000 unit, 3000 unit, 4000 unit  | 6         | SP        | PA, SP                                  |
| KOATE - antihemophilic factor (human) for inj 250 unit,<br>500 unit, 1000 unit   | 6         | SP        | PA, SP                                  |
| KOATE-DVI - antihemophilic factor (human) for inj 500<br>unit, 1000 unit   | 6         | SP        | PA, SP                                  |
| KOGENATE FS - antihemophilic factor recomb (rfviii) for<br>inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit   | 6         | SP        | PA, SP                                  |
| KOVALTRY - antihemophilic factor recomb (rahf-pfm) for<br>inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit  | 6         | SP        | PA, SP                                  |
| NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii)<br>for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000<br>unit, 3000 unit  | 6         | SP        | PA, SP                                  |
| NOVOSEVEN RT - coagulation factor viia (recomb)<br>for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg<br>(5000 mcg), 8 mg (8000 mcg)   | 6         | SP        | LD, PA, SP                              |

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|---|-----------|-----------|---------------------------------------|
| NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit  | 6         | 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            | 6         | SP        | LD, PA, SP                            |
| NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit  | 6         | 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           | 6         | SP        | LD, PA, SP                            |
| OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit   | 6         | SP        | LD, PA, SP                            |
| ORLADEYO - berotralstat hcl cap 110 mg, 150 mg  | 6         | SP        | LD, PA, QL (30 capsules/30 days), SP  |
| <b>pentoxifylline tab er 400 mg</b>   | 3         |           |                                       |
| <b>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)</b>  | 3         |           |                                       |
| PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit   | 6         | SP        | PA, SP                                |
| PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg   | 6         | 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                            | 6         | 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                                   | 6         | 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 | 6         | SP        | PA, SP                                |
| RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)  | 6         | SP        | LD, PA, SP                            |
| RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit                             | 6         | SP        | PA, SP                                |
| RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg  | 6         | SP        | LD, PA, SP                            |
| SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)   | 6         | SP        | LD, PA, SP                            |
| TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)   | 6         | SP        | LD, PA, QL (2 syringes/28 days), SP   |
| TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)  | 6         | SP        | LD, PA, QL (2 vials/28 days), SP      |
| TAVNEOS - avacopan cap 10 mg  | 6         | SP        | LD, PA, QL (180 capsules/30 days), SP |
| TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit   | 6         | SP        | LD, PA, SP                            |

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|--|-----------|-----------|--------------------------------------|
| VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit                             | 6         | SP        | PA, SP                               |
| WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit                                    | 6         | SP        | PA, SP                               |
| WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit                                  | 6         | SP        | PA, SP                               |
| XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit                        | 6         | SP        | PA, SP                               |
| XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit                       | 6         | SP        | PA, SP                               |
| XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit               | 6         | SP        | PA, SP                               |
| XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit   | 6         | SP        | PA, SP                               |
| ZILBRYSQ - zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml | 6         | SP        | LD, PA, QL (28 syringes/28 days), SP |
| ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)  | 6         |           | PA                                   |

## TOPICAL PRODUCTS

### OPHTHALMIC AGENTS

|  |   |  |                      |
|--|---|--|----------------------|
| ALOCRIAL - nedocromil sodium ophth soln 2%                                 | 6 |  | PA                   |
| APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)        | 5 |  |                      |
| <b>atropine sulfate ophth soln 1% (Atropine sulfate)</b>                   | 3 |  |                      |
| <b>azelastine hcl ophth soln 0.05%</b>                                     | 3 |  |                      |
| BACITRACIN - bacitracin ophth oint 500 unit/gm                             | 5 |  |                      |
| <b>bacitracin-polymyxin b ophth oint</b>                                   | 3 |  |                      |
| <b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b>                      | 3 |  |                      |
| <b>bepotastine besilate ophth soln 1.5% (Bepreve)</b>                      | 5 |  |                      |
| BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)                  | 6 |  | PA                   |
| BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%                   | 6 |  | PA                   |
| BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%                              | 5 |  |                      |
| <b>bimatoprost ophth soln 0.03%</b>  | 5 |  | QL (2.5 mls/30 days) |
| <b>brimonidine tartrate ophth soln 0.15% (Alphagan p)</b>                  | 5 |  |                      |
| <b>brimonidine tartrate ophth soln 0.2%</b>                                | 3 |  |                      |
| <b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)</b> | 5 |  |                      |
| <b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>         | 5 |  |                      |
| CARTEOLOL HCL - carteolol hcl ophth soln 1%                                | 5 |  |                      |

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|--|-----------|-----------|---------------------------|
| CEQUA - cyclosporine (ophth) soln 0.09% (pf)                               | 5         |           | PA, QL (60 vials/30 days) |
| <b>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)</b>       | 3         |           |                           |
| CROMOLYN SODIUM - cromolyn sodium ophth soln 4%                            | 5         |           |                           |
| CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%                          | 5         |           |                           |
| <b>cyclopentolate hcl ophth soln 1% (Cyclogyl)</b>                         | 3         |           |                           |
| DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1% | 6         |           | PA                        |
| <b>diclofenac sodium ophth soln 0.1%</b>                                   | 3         |           |                           |
| <b>difluprednate ophth emulsion 0.05% (Durezol)</b>                        | 5         |           |                           |
| <b>dorzolamide hcl ophth soln 2% (Trusopt)</b>                             | 3         |           |                           |
| <b>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)</b>          | 3         |           |                           |
| <b>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)</b>    | 5         |           |                           |
| <b>epinastine hcl ophth soln 0.05%</b>                                     | 5         |           |                           |
| <b>erythromycin ophth oint 5 mg/gm</b>                                     | 3         |           |                           |
| EYSUVIS - loteprednol etabonate ophth susp 0.25%                           | 5         |           |                           |
| <b>fluorometholone ophth susp 0.1% (Fml liquifilm)</b>                     | 5         |           |                           |
| FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%                 | 5         |           |                           |
| <b>gatifloxacin ophth soln 0.5% (Zymaxid)</b>                              | 3         |           |                           |
| <b>gentamicin sulfate ophth soln 0.3%</b>                                  | 3         |           |                           |
| ILEVRO - nepafenac ophth susp 0.3%   | 6         |           | PA                        |
| <b>ketorolac tromethamine ophth soln 0.4% (Acular Is)</b>                  | 3         |           |                           |
| <b>ketorolac tromethamine ophth soln 0.5% (Acular)</b>                     | 3         |           |                           |
| <b>latanoprost ophth soln 0.005% (Xalatan)</b>                             | 3         |           | QL (2.5 mls/30 days)      |
| LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%                          | 5         |           |                           |
| <b>loteprednol etabonate ophth gel 0.5% (Lotemax)</b>                      | 5         |           |                           |
| <b>loteprednol etabonate ophth susp 0.2% (Alrex)</b>                       | 5         |           |                           |
| <b>loteprednol etabonate ophth susp 0.5% (Lotemax)</b>                     | 5         |           |                           |
| LUMIGAN - bimatoprost ophth soln 0.01%                                     | 5         |           | QL (2.5 mls/30 days)      |
| MIEBO - perfluoroheptyloctane ophth soln 1.338 gm/ml                       | 5         |           | PA, QL (1 bottle/30 days) |
| <b>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</b>             | 3         |           |                           |
| NATACYN - natamycin ophth susp 5%  | 5         |           |                           |
| <b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</b>         | 3         |           |                           |
| <b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</b>         | 3         |           |                           |

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|--|-----------|-----------|----------------------------|
| <b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</b>                       | 3         |           |                            |
| NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml | 5         |           |                            |
| <b>ofloxacin ophth soln 0.3% (Ocuflox)</b>   | 3         |           |                            |
| <b>phenylephrine hcl ophth soln 2.5%, 10%</b>  | 3         |           |                            |
| PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%                          | 6         |           | LD, PA                     |
| <b>pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)</b>                            | 3         |           |                            |
| <b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</b>                 | 3         |           |                            |
| <b>prednisolone acetate ophth susp 1% (Pred forte)</b>                                   | 5         |           |                            |
| <b>proparacaine hcl ophth soln 0.5% (Alcaine)</b>  | 3         |           |                            |
| RESTASIS - cyclosporine (ophth) emulsion 0.05%   | 5         |           | PA, QL (60 vials/30 days)  |
| RHOPRESSA - netarsudil dimesylate ophth soln 0.02%                                       | 6         |           | PA, QL (2.5 mls/30 days)   |
| SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%                          | 5         |           |                            |
| <b>sulfacetamide sodium ophth soln 10% (Bleph-10)</b>                                    | 3         |           |                            |
| SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%  | 5         |           |                            |
| <b>tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)</b>                    | 5         |           | QL (30 containers/30 days) |
| <b>tetracaine hcl ophth soln 0.5%</b>  | 3         |           |                            |
| <b>timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)</b>                  | 5         |           |                            |
| <b>timolol maleate ophth soln 0.25%, 0.5% (Timoptic)</b>                                 | 3         |           |                            |
| <b>timolol maleate ophth soln 0.5% (once-daily) (Istalol)</b>                            | 5         |           |                            |
| <b>timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)</b>       | 5         |           |                            |
| <b>timolol ophth soln 0.5% (Betimol)</b>   | 5         |           |                            |
| TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%                                  | 5         |           |                            |
| <b>tobramycin ophth soln 0.3% (Tobrex)</b>   | 3         |           |                            |
| <b>tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)</b>                           | 5         |           |                            |
| <b>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)</b>          | 5         |           | QL (2.5 mls/30 days)       |
| TRIFLURIDINE - trifluridine ophth soln 1%  | 5         |           |                            |
| <b>tropicamide ophth soln 0.5%</b>   | 3         |           |                            |
| <b>tropicamide ophth soln 1% (Mydracyl)</b>  | 3         |           |                            |
| XIIDRA - lifitegrast ophth soln 5%   | 5         |           | PA, QL (60 vials/30 days)  |

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|---|-----------|-----------|---------------------------|
| ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv)                        | 6         |           | PA, QL (60 vials/30 days) |
| ZIRGAN - ganciclovir ophth gel 0.15%  | 6         |           | PA                        |
| <b>OTIC AGENTS</b>  |           |           |                           |
| <b>acetic acid otic soln 2%</b>   | 3         |           |                           |
| CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%                      | 6         |           | PA                        |
| <b>ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)</b>          | 5         |           |                           |
| <b>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)</b>              | 5         |           |                           |
| CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml | 6         |           | PA                        |
| <b>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</b>                     | 3         |           |                           |
| <b>hydrocortisone w/ acetic acid otic soln 1-2%</b>                           | 5         |           |                           |
| <b>neomycin-polymyxin-hc otic soln 1%</b>                                     | 5         |           |                           |
| <b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>             | 5         |           |                           |
| <b>ofloxacin otic soln 0.3%</b>   | 3         |           |                           |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>   |           |           |                           |
| <b>cevimeline hcl cap 30 mg (Evoxac)</b>                                      | 5         |           |                           |
| <b>chlorhexidine gluconate soln 0.12% (Peridex)</b>                           | 3         |           |                           |
| <b>clotrimazole troche 10 mg</b>  | 3         |           |                           |
| <b>lidocaine hcl viscous soln 2%</b>  | 3         |           |                           |
| <b>nystatin susp 100000 unit/ml</b>   | 3         |           |                           |
| ORAVIG - miconazole buccal tab 50 mg (mouth-throat)                           | 6         |           | PA                        |
| <b>pilocarpine hcl tab 5 mg (Salagen)</b>                                     | 3         |           |                           |
| <b>pilocarpine hcl tab 7.5 mg (Salagen)</b>                                   | 5         |           |                           |
| 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         |           |                           |
| <b>sodium fluoride cream 1.1% (Prevident 5000 plus)</b>                       | 1         |           |                           |
| <b>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)</b>                 | 1         |           |                           |
| <b>sodium fluoride paste 1.1% (Prevident 5000 boost)</b>                      | 1         |           |                           |
| <b>sodium fluoride rinse 0.2% (Prevident rinse)</b>                           | 1         |           |                           |
| SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%       | 5         |           |                           |
| SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%      | 5         |           |                           |
| <b>stannous fluoride gel 0.4%</b>   | 1         |           |                           |
| <b>triamcinolone acetonide dental paste 0.1%</b>                              | 3         |           |                           |

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|---|-----------|-----------|-------------------------------------|
| <b>ANORECTAL AGENTS</b>   |           |           |                                     |
| HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1% | 5         |           |                                     |
| <b>hydrocortisone enema 100 mg/60ml (Cortenema)</b>                                 | 5         |           |                                     |
| <b>hydrocortisone perianal cream 1% (Proctocort)</b>                                | 3         |           |                                     |
| <b>hydrocortisone perianal cream 2.5% (Anusol-hc)</b>                               | 3         |           |                                     |
| <b>nitroglycerin oint 0.4% (Rectiv)</b>   | 5         |           |                                     |
| PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%              | 5         |           |                                     |
| RECTIV - nitroglycerin oint 0.4%  | 6         |           | PA                                  |
| <b>DERMATOLOGICALS</b>  |           |           |                                     |
| <b>acitretin cap 10 mg, 25 mg (Soriatane)</b>                                       | 5         |           |                                     |
| <b>acitretin cap 17.5 mg</b>  | 5         |           |                                     |
| <b>acyclovir oint 5% (Zovirax)</b>  | 3         |           |                                     |
| <b>adapalene gel 0.1%</b>   | 3         |           |                                     |
| ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml                | 6         | SP        | LD, PA, QL (2 pens/28 days), SP     |
| ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml                 | 6         | SP        | LD, PA, QL (4 syringes/28 days), SP |
| ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%                   | 3         |           | QL (120 grams/30 days), ST          |
| <b>alclometasone dipropionate cream 0.05%</b>                                       | 3         |           | QL (120 grams/30 days)              |
| <b>azelaic acid gel 15% (Finacea)</b>   | 5         |           |                                     |
| <b>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</b>                          | 5         |           |                                     |
| <b>betamethasone dipropionate augmented cream 0.05% (Diprolene af)</b>              | 3         |           | QL (200 grams/28 days)              |
| <b>betamethasone dipropionate augmented lotion 0.05%</b>                            | 5         |           | QL (210 mls/30 days)                |
| <b>betamethasone dipropionate augmented oint 0.05% (Diprolene)</b>                  | 5         |           | QL (200 grams/28 days)              |
| <b>betamethasone dipropionate cream 0.05%</b>                                       | 3         |           | QL (135 grams/30 days)              |
| <b>betamethasone dipropionate lotion 0.05%</b>                                      | 3         |           | QL (120 mls/30 days)                |
| <b>betamethasone dipropionate oint 0.05%</b>  | 5         |           | QL (135 grams/30 days)              |
| <b>betamethasone valerate cream 0.1% (base equivalent)</b>                          | 3         |           | QL (135 grams/30 days)              |
| <b>betamethasone valerate lotion 0.1% (base equivalent)</b>                         | 3         |           | QL (120 mls/30 days)                |
| <b>betamethasone valerate oint 0.1% (base equivalent)</b>                           | 3         |           | QL (135 grams/30 days)              |
| <b>bexarotene gel 1% (Targretin)</b>  | 6         | SP        | PA, SP                              |

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|---|-----------|-----------|-------------------------------------|
| <b>brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)</b>                 | 5         |           |                                     |
| CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)                             | 5         |           | QL (120 mls/30 days)                |
| <b>calcipotriene cream 0.005% (Dovonex)</b>                                       | 5         |           | QL (120 grams/30 days)              |
| <b>calcipotriene oint 0.005%</b>  | 5         |           | QL (120 grams/30 days)              |
| <b>calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)</b>      | 5         |           | QL (120 grams/30 days)              |
| <b>calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)</b>      | 5         |           | QL (120 grams/30 days)              |
| CALCITRIOL - calcitriol oint 3 mcg/gm   | 6         |           | PA, QL (200 grams/30 days)          |
| CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg                                   | 6         | SP        | PA, QL (30 tablets/30 days), SP     |
| <b>ciclopirox gel 0.77%</b>   | 5         |           |                                     |
| <b>ciclopirox olamine cream 0.77% (base equiv) (Loprox)</b>                       | 3         |           |                                     |
| <b>ciclopirox olamine susp 0.77% (base equiv) (Loprox)</b>                        | 5         |           |                                     |
| <b>ciclopirox shampoo 1% (Loprox shampoo)</b>                                     | 3         |           |                                     |
| <b>ciclopirox solution 8% (Penlac Nail Lacquer)</b>                               | 3         |           | QL (6.6 mls/30 days)                |
| <b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>                | 3         |           |                                     |
| <b>clindamycin phosphate gel 1%</b>   | 3         |           |                                     |
| <b>clindamycin phosphate lotion 1% (Cleocin-t)</b>                                | 3         |           |                                     |
| <b>clindamycin phosphate soln 1%</b>  | 3         |           | QL (120 grams/30 days)              |
| <b>clindamycin phosphate swab 1%</b>  | 3         |           |                                     |
| <b>clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)</b>                | 5         |           |                                     |
| <b>clobetasol propionate cream 0.05% (Temovate)</b>                               | 3         |           | QL (210 grams/28 days)              |
| <b>clobetasol propionate emollient base cream 0.05%</b>                           | 5         |           | QL (210 grams/28 days)              |
| <b>clobetasol propionate gel 0.05%</b>  | 5         |           | QL (210 grams/28 days)              |
| <b>clobetasol propionate oint 0.05% (Temovate)</b>                                | 3         |           | QL (210 grams/28 days)              |
| <b>clobetasol propionate soln 0.05%</b>   | 3         |           | QL (200 mls/28 days)                |
| <b>clocortolone pivalate cream 0.1% (Cloderm)</b>                                 | 5         |           | QL (135 grams/30 days)              |
| <b>clotrimazole w/ betamethasone cream 1-0.05%</b>                                | 3         |           |                                     |
| 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 | 6         | SP        | LD, PA, QL (1 syringe/28 days), SP  |
| COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)              | 6         | SP        | LD, PA, QL (2 syringes/28 days), SP |
| COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml   | 6         | SP        | LD, PA, QL (1 pen/28 days), SP      |

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|---|-----------|-----------|---------------------------------|
| COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose) | 6         | SP        | LD, PA, QL (2 pens/28 days), SP |
| COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml          | 6         | SP        | LD, PA, QL (1 pen/28 days), SP  |
| CROTAN - crotamiton lotion 10%  | 6         |           | PA                              |
| <b>desonide cream 0.05% (Desowen)</b>   | 3         |           | QL (120 grams/30 days)          |
| <b>desonide oint 0.05%</b>  | 3         |           | QL (120 grams/30 days)          |
| <b>desoximetasone cream 0.05% (Topicort)</b>  | 5         |           | QL (120 grams/30 days)          |
| <b>desoximetasone cream 0.25% (Topicort)</b>  | 3         |           | QL (120 grams/30 days)          |
| <b>desoximetasone gel 0.05% (Topicort)</b>  | 5         |           | QL (120 grams/30 days)          |
| <b>desoximetasone oint 0.05%, 0.25% (Topicort)</b>                                  | 5         |           | QL (120 grams/30 days)          |
| <b>desoximetasone spray 0.25% (Topicort)</b>  | 5         |           | QL (100 mls/30 days)            |
| <b>diclofenac sodium soln 1.5%</b>  | 3         |           | QL (150 mls/30 days)            |
| <b>doxepin hcl cream 5% (Prudoxin)</b>  | 5         |           | PA, QL (45 grams/30 days)       |
| DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml      | 6         | SP        | PA, QL (2 pens/28 days), SP     |
| DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml  | 6         | SP        | PA, QL (2 syringes/28 days), SP |
| <b>econazole nitrate cream 1%</b>   | 3         |           | QL (120 grams/30 days)          |
| ERTACZO - sertaconazole nitrate cream 2%  | 6         |           | PA                              |
| <b>erythromycin gel 2% (Erygel)</b>   | 3         |           |                                 |
| <b>erythromycin soln 2%</b>   | 3         |           |                                 |
| EXELDERM - sulconazole nitrate cream 1%   | 6         |           | PA                              |
| <b>finasteride tab 1 mg (Propecia)</b>  | 3         |           |                                 |
| <b>fluocinolone acetonide cream 0.01%</b>   | 5         |           | QL (120 grams/30 days)          |
| <b>fluocinolone acetonide cream 0.025% (Synalar)</b>                                | 5         |           | QL (120 grams/30 days)          |
| <b>fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)</b>           | 3         |           | QL (118.28 mls/30 days)         |
| <b>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)</b>          | 3         |           | QL (118.28 mls/30 days)         |
| <b>fluocinolone acetonide oint 0.025% (Synalar)</b>                                 | 3         |           | QL (120 grams/30 days)          |
| <b>fluocinolone acetonide soln 0.01% (Synalar)</b>                                  | 3         |           | QL (120 mls/30 days)            |
| FLUOCINONIDE - fluocinonide gel 0.05%   | 5         |           | QL (120 grams/30 days), ST      |
| <b>fluocinonide cream 0.05%</b>   | 5         |           | QL (120 grams/30 days)          |
| <b>fluocinonide emulsified base cream 0.05%</b>                                     | 5         |           | QL (120 grams/30 days)          |
| <b>fluocinonide oint 0.05%</b>  | 3         |           | QL (120 grams/30 days)          |
| <b>fluocinonide soln 0.05%</b>  | 3         |           | QL (120 mls/30 days)            |
| FLUOROURACIL - fluorouracil soln 2%   | 5         |           |                                 |
| <b>fluorouracil cream 5% (Efudex)</b>   | 5         |           | QL (240 grams/84 days)          |
| <b>fluorouracil soln 5%</b>   | 5         |           |                                 |

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|--|-----------|-----------|--------------------------------------|
| <b>fluticasone propionate cream 0.05%</b>                              | 3         |           | QL (120 grams/30 days)               |
| <b>fluticasone propionate oint 0.005%</b>                              | 3         |           | QL (120 grams/30 days)               |
| <b>gentamicin sulfate cream 0.1%</b>                                   | 3         |           | QL (60 grams/30 days)                |
| <b>gentamicin sulfate oint 0.1%</b>                                    | 3         |           |                                      |
| <b>halcinonide cream 0.1% (Halog)</b>                                  | 5         |           | QL (120 grams/30 days)               |
| <b>halobetasol propionate cream 0.05%</b>                              | 5         |           | QL (200 grams/28 days)               |
| HYDROCORTISONE - hydrocortisone lotion 2.5%                            | 5         |           | QL (118 mls/30 days), ST             |
| HYDROCORTISONE BUTYRATE - hydrocortisone butyrate oint 0.1%            | 5         |           | QL (135 grams/30 days), ST           |
| <b>hydrocortisone cream 2.5%</b>                                       | 3         |           | QL (454 grams/30 days)               |
| <b>hydrocortisone oint 2.5%</b>  | 3         |           | QL (454 grams/30 days)               |
| <b>hydrocortisone valerate cream 0.2%</b>                              | 3         |           | QL (120 grams/30 days)               |
| <b>hydrocortisone valerate oint 0.2%</b>                               | 5         |           | QL (120 grams/30 days)               |
| HYFTOR - sirolimus gel 0.2%  | 5         |           | LD, PA, QL (70 grams/84 days)        |
| <b>imiquimod cream 5% (Aldara)</b>                                     | 3         |           | QL (48 packets/112 days)             |
| <b>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)</b>          | 5         |           |                                      |
| <b>ivermectin cream 1% (Soolantra)</b>                                 | 5         |           | PA                                   |
| <b>ketoconazole cream 2%</b>   | 3         |           | QL (120 grams/30 days)               |
| <b>ketoconazole shampoo 2%</b>   | 3         |           |                                      |
| <b>lidocaine hcl soln 4%</b>   | 3         |           |                                      |
| <b>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</b>         | 3         |           |                                      |
| <b>lidocaine oint 5%</b>   | 3         |           | QL (100 grams/30 days)               |
| <b>lidocaine patch 5% (Lidoderm)</b>                                   | 5         |           | PA, QL (90 patches/30 days)          |
| <b>lidocaine-prilocaine cream 2.5-2.5%</b>                             | 3         |           | QL (60 grams/30 days)                |
| LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)                 | 6         | SP        | LD, PA, QL (28 capsules/28 days), SP |
| MAFENIDE ACETATE - mafenide acetate packet for topical soln 5% (50 gm) | 5         |           |                                      |
| <b>malathion lotion 0.5% (Ovide)</b>                                   | 5         |           |                                      |
| METHOXSALLEN - methoxsalen rapid cap 10 mg                             | 5         |           |                                      |
| <b>metronidazole cream 0.75% (Metrocream)</b>                          | 3         |           |                                      |
| <b>metronidazole gel 0.75%</b>   | 3         |           |                                      |
| <b>metronidazole gel 1% (Metrogel)</b>                                 | 5         |           |                                      |
| <b>metronidazole lotion 0.75% (Metrolotion)</b>                        | 5         |           |                                      |
| <b>mometasone furoate cream 0.1%</b>                                   | 3         |           | QL (135 grams/30 days)               |
| <b>mometasone furoate oint 0.1%</b>                                    | 3         |           | QL (135 grams/30 days)               |
| <b>mometasone furoate solution 0.1% (lotion)</b>                       | 3         |           | QL (120 mls/30 days)                 |
| <b>mupirocin oint 2%</b>   | 3         |           |                                      |

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|--|-----------|-----------|-------------------------------------|
| NEO-SYNALAR - neomycin sulfate-fluocinolone acetone cream 0.5-0.025%                       | 6         |           | PA                                  |
| <b>nystatin cream 100000 unit/gm</b>   | 3         |           |                                     |
| <b>nystatin oint 100000 unit/gm</b>  | 3         |           |                                     |
| <b>nystatin topical powder 100000 unit/gm</b>  | 3         |           |                                     |
| <b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>                                   | 3         |           |                                     |
| <b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>                                    | 3         |           |                                     |
| <b>oxiconazole nitrate cream 1% (Oxistat)</b>  | 5         |           | PA                                  |
| PANRETIN - alitretinoin gel 0.1%   | 6         |           | PA                                  |
| <b>penciclovir cream 1% (Denavir)</b>  | 5         |           |                                     |
| <b>permethrin cream 5% (Elimite)</b>   | 3         |           |                                     |
| <b>pimecrolimus cream 1% (Elidel)</b>  | 5         |           | QL (100 grams/30 days), ST          |
| PODOFILOX - podofilox soln 0.5%  | 5         |           |                                     |
| <b>podofilox gel 0.5% (Condylox)</b>   | 5         |           |                                     |
| REGANEX - becaplermin gel 0.01%  | 6         |           | PA                                  |
| SANTYL - collagenase oint 250 unit/gm  | 6         |           | PA, QL (90 grams/30 days)           |
| <b>selenium sulfide lotion 2.5%</b>  | 3         |           |                                     |
| <b>silver sulfadiazine cream 1% (Silvadene)</b>  | 3         |           |                                     |
| SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml                               | 6         | SP        | PA, QL (1 syringe/84 days), SP      |
| SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml                               | 6         | SP        | PA, QL (1 pen/84 days), SP          |
| SOOLANTRA - ivermectin cream 1%  | 5         |           |                                     |
| SOTYKTU - deucravacitinib tab 6 mg   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP |
| SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml                             | 6         | SP        | PA, QL (2 syringes/28 days), SP     |
| SPINOSAD - spinosad susp 0.9%  | 6         |           | PA                                  |
| STELARA - ustekinumab inj 45 mg/0.5ml  | 6         | SP        | PA, QL (1 vial/84 days), SP         |
| STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml                                   | 6         | SP        | PA, QL (1 syringe/84 days), SP      |
| STELARA - ustekinumab soln prefilled syringe 90 mg/ml                                      | 6         | SP        | PA, QL (1 syringe/56 days), SP      |
| <b>sulfacetamide sodium lotion 10% (acne) (Klaron)</b>                                     | 5         |           |                                     |
| SULFAMYLON - mafenide acetate cream 85 mg/gm   | 5         |           |                                     |
| <b>tacrolimus oint 0.03%, 0.1% (Protopic)</b>  | 5         |           | QL (100 grams/30 day), ST           |
| TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml                                | 6         | 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 | 6         | SP        | LD, PA, QL (1 syringe/28 days), SP  |
| <b>tazarotene cream 0.05%, 0.1% (Tazorac)</b>  | 5         |           | QL (120 grams/30 days)              |
| <b>tazarotene gel 0.05%, 0.1% (Tazorac)</b>  | 5         |           | QL (100 grams/30 days)              |
| TREMFYA - guselkumab soln auto-injector 100 mg/ml  | 6         | SP        | PA, QL (1 pen/56 days), SP          |

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|---|-----------|-----------|--------------------------------|
| TREMFYA - guselkumab soln auto-injector 200 mg/2ml                          | 6         | SP        | PA, QL (1 pen/28 days), SP     |
| TREMFYA - guselkumab soln prefilled syringe 100 mg/ml                       | 6         | SP        | PA, QL (1 syringe/56 days), SP |
| TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml                      | 6         | SP        | PA, QL (1 syringe/28 days), SP |
| <b>tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)</b>                        | 5         |           |                                |
| <b>tretinoin gel 0.01%, 0.025% (Retin-a)</b>                                | 5         |           |                                |
| TRIAMCINOLONE ACETONIDE - triamcinolone acetonide aerosol soln 0.147 mg/gm  | 5         |           | QL (126 grams/30 days), ST     |
| <b>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</b>                     | 3         |           | QL (454 grams/30 days)         |
| <b>triamcinolone acetonide lotion 0.025%, 0.1%</b>                          | 3         |           | QL (120 mls/30 days)           |
| <b>triamcinolone acetonide oint 0.025%, 0.1%</b>                            | 3         |           | QL (454 grams/30 days)         |
| <b>triamcinolone acetonide oint 0.5%</b>                                    | 3         |           | QL (120 grams/30 days)         |
| VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)                 | 6         | SP        | LD, SP                         |
| <b>MISCELLANEOUS PRODUCTS</b>   |           |           |                                |
| <b>ANTIDOTES</b>  |           |           |                                |
| CHEMET - succimer cap 100 mg  | 6         | SP        | PA, SP                         |
| <b>deferiasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)</b> | 6         | SP        | SP                             |
| <b>deferiasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)</b>       | 6         | SP        | SP                             |
| <b>deferiasirox tab 90 mg, 180 mg, 360 mg (Jadenu)</b>                      | 6         | SP        | SP                             |
| <b>deferiprone tab 500 mg, 1000 mg (Ferriprox)</b>                          | 6         | SP        | SP                             |
| KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml                              | 5         |           | QL (4 bottles/30 days)         |
| <b>naloxone hcl inj 0.4 mg/ml</b>   | 3         |           | QL (4 vials/30 days)           |
| <b>naloxone hcl inj 4 mg/10ml</b>   | 5         |           | QL (1 vial/30 days)            |
| <b>naloxone hcl nasal spray 4 mg/0.1ml (Narcan)</b>                         | 5         |           | QL (4 bottles/30 days)         |
| <b>naloxone hcl soln prefilled syringe 2 mg/2ml</b>                         | 3         |           | QL (4 syringes/30 days)        |
| NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml              | 5         |           | QL (4 cartridges/30 days)      |
| <b>naltrexone hcl tab 50 mg</b>   | 3         |           |                                |
| OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)                 | 5         |           | QL (4 bottles/30 days)         |
| REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml                              | 5         |           | QL (4 devices/30 days)         |
| VIVITROL - naltrexone for im extended release susp 380 mg                   | 6         | SP        | SP                             |
| <b>DIAGNOSTIC PRODUCTS</b>  |           |           |                                |
| CHEMSTRIP-K - acetone (urine) test strip                                    | 4         |           |                                |
| CONTOUR BLOOD GLUCOSE TES - glucose blood test strip                        | 4         |           | QL (204 strips/30 days)        |

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| 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) |
| 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         |           |                         |
| 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) |
| RELION KETONE TEST STRIPS - acetone (urine) test strip  | 4         |           |                         |
| <b>MEDICAL DEVICES</b>  |           |           |                         |
| ACCU-CHEK FASTCLIX LANCET - lancets   | 4         |           |                         |
| ACCU-CHEK FASTCLIX LANCET - lancets kit   | 4         |           |                         |
| ACCU-CHEK SAFE-T-PRO LANC - lancets   | 4         |           |                         |
| 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         |           |                         |
| ADVANCED MOBILE LANCET 30 - lancets   | 4         |           |                         |
| 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         |           |                         |

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|---|-----------|-----------|---------------------|
| ADVOCATE LANCETS - lancets  | 4         |           |                     |
| ADVOCATE LANCETS 30G - lancets  | 4         |           |                     |
| ADVOCATE LANCING DEVICE - lancet devices  | 4         |           |                     |
| ADVOCATE RAPID-SAFE LANCI - lancet devices  | 4         |           |                     |
| ADVOCATE SAFETY LANCETS 2 - lancets   | 4         |           |                     |
| AF LANCETS SUPER THIN - lancets   | 4         |           |                     |
| 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<br>u-100 1/2 ml 30 x 5/16"   | 4         |           |                     |
| AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle<br>u-100 1 ml 29 x 1/2"  | 4         |           |                     |
| AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle<br>u-100 1 ml 31 x 5/16"   | 4         |           |                     |
| AQINJECT PEN NEEDLE/31G X - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| AQINJECT PEN NEEDLE/32G X - insulin pen needle<br>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<br>31 g x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| ASSURE ID PRO SAFETY PEN - insulin pen needle<br>30 g x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| ASSURE ID SAFETY PEN NEED - insulin pen needle<br>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         |           |                     |
| AT LAST LANCETS - lancets   | 4         |           |                     |
| AUM INSULIN SAFETY PEN NE - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6<br>mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16") | 4         |           |                     |
| AUM MINI INSULIN PEN NEED - insulin pen needle<br>33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6<br>mm (1/4" or 15/64")                         | 4         |           |                     |
| AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g<br>x 4 mm (1/6" or 5/32")  | 4         |           |                     |

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|--|-----------|-----------|---------------------|
| 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         |           |                     |
| 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         |           |                     |
| BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"   | 4         |           |                     |
| BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"  | 5         |           |                     |
| BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"  | 5         |           |                     |
| BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"   | 5         |           |                     |
| BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"  | 5         |           |                     |
| BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"  | 5         |           |                     |
| BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"  | 5         |           |                     |

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| BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"  | 5         |           |                     |
| BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"  | 5         |           |                     |
| BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1-1/2"  | 5         |           |                     |
| 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         |           |                     |
| BD MICROTAINER LANCETS - lancets   | 4         |           |                     |
| BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"  | 5         |           |                     |
| BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"   | 5         |           |                     |
| 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         |           |                     |

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| 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 PEN NEEDLE/MICRO/ULTRA - insulin pen needle<br>32 g x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| BD PEN NEEDLE/NANO 2ND GE - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| BD PEN NEEDLE/NANO/ULTRA - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle<br>29 g x 12.7 mm (1/2")   | 4         |           |                     |
| BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| BD PLASTIPAK SYRINGES ALL - tuberculin/allergy<br>syringe/needle (disp) 1 ml 28 x 1/2"  | 5         |           |                     |
| BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x<br>1-1/2"  | 5         |           |                     |
| BD SAFETY-GLIDE INSULIN S - insulin syringe/needle<br>u-100 1/2 ml 29 x 1/2"  | 4         |           |                     |
| BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x<br>5/8"  | 5         |           |                     |
| BD SAFETYGLIDE INSULIN SY - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100<br>1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100<br>0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml<br>31 x 15/64" | 4         |           |                     |
| BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"   | 5         |           |                     |
| BD VEO INSULIN SYRINGE UL - insulin syringe/needle<br>u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64",<br>u-100 1 ml 31 x 15/64"   | 4         |           |                     |
| BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy<br>syringe/needle (disp) 1 ml 27 x 1/2"  | 5         |           |                     |
| BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy<br>syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"  | 5         |           |                     |
| BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy<br>syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"  | 5         |           |                     |
| CARDIOCOM LANCING DEVICE - lancet devices   | 4         |           |                     |
| CAREFINE PEN NEEDLE 32GX4 - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |

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|---|-----------|-----------|---------------------|
| CAREFINE PEN NEEDLES 29GX - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| CAREFINE PEN NEEDLES 30GX - insulin pen needle<br>30 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| CAREFINE PEN NEEDLES 31GX - insulin pen needle<br>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<br>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 INSULIN SYRINGES/ - insulin syringe/<br>needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16",<br>u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100<br>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<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| CAREONE UNIFINE PENTIPS P - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x<br>8 mm (1/3" or 5/16")   | 4         |           |                     |
| CAREONE UNIFINE PENTIPS P - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| CAREONE UNIFINE PENTIPS P - insulin pen needle<br>33 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| CARESENS LANCETS - lancets  | 4         |           |                     |
| CARETOUCH INSULIN SYRINGE - insulin syringe/<br>needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x<br>5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16",<br>u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100<br>0.3 ml 31 x 5/16" | 4         |           |                     |
| CARETOUCH LANCING DEVICE - lancet devices   | 4         |           |                     |
| CARETOUCH PEN NEEDLE 29GX - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| CARETOUCH PEN NEEDLE 33GX - insulin pen needle<br>33 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| CARETOUCH PEN NEEDLES 31 - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                     |
| CARETOUCH PEN NEEDLES 31G - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| CARETOUCH SAFETY LANCETS/ - lancets   | 4         |           |                     |

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

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|---|-----------|-----------|---------------------|
| 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         |           |                     |
| 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         |           |                     |

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|--|-----------|-----------|--------------------------------|
| 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 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         |           |                                |
| 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         |           |                                |
| CVS ULTRA THIN LANCETS - lancets   | 4         |           |                                |
| 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     |
| 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         |           |                                |
| 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", | 4         |           |                                |

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|---|-----------|-----------|---------------------|
| 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"       |           |           |                     |
| DROPLET INSULIN SYRINGE 0 - insulin syringe/needle<br>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<br>u-100 1 ml 29 x 1/2"  | 4         |           |                     |
| DROPLET INSULIN SYRINGE/U - insulin syringe/needle<br>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<br>34 g x 3.5 mm (9/64")   | 4         |           |                     |
| DROPLET PEN NEEDLE/MICRON - insulin pen needle<br>34 g x 3.5 mm (9/64")   | 4         |           |                     |
| DROPLET PEN NEEDLES 29G X - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| DROPLET PEN NEEDLES 29GX1 - insulin pen needle<br>29 g x 10 mm, x 12 mm (1/2")  | 4         |           |                     |
| DROPLET PEN NEEDLES 30G X - insulin pen needle<br>30 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| DROPLET PEN NEEDLES 31G X - insulin pen needle<br>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<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| DROPLET PEN NEEDLES 31GX6 - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| DROPLET PEN NEEDLES 31GX8 - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| DROPLET PEN NEEDLES 32G X - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| DROPLET PEN NEEDLES 32GX5 - insulin pen needle<br>32 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| DROPLET PEN NEEDLES 32GX6 - insulin pen needle<br>32 g x 6 mm (1/4" or 15/64")  | 4         |           |                     |

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|---|-----------|-----------|---------------------|
| DROPLET PEN NEEDLES 32GX8 - insulin pen needle<br>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/<br>needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x<br>15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16",<br>u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64",<br>u-100 1 ml 31 x 15/64" | 4         |           |                     |
| DROPSAFE SAFETY PEN NEEDL - insulin pen needle<br>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<br>31 g x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| 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<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| DRUG MART UNIFINE PENTIPS - insulin pen needle<br>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<br>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<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| DUANE READE UNIFINE PENTI - insulin pen needle<br>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<br>lubricated   | 1         |           |                     |
| DUREX REALFEEL NON-LATEX - condoms non-latex<br>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         |           |                     |

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|---|-----------|-----------|---------------------|
| EASY COMFORT INSULIN SYRI - insulin syringe/<br>needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x<br>5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/2",<br>u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100<br>1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x<br>5/16", u-100 0.3 ml 31 x 5/16"  | 4         |           |                     |
| EASY COMFORT PEN NEEDLES - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x<br>8 mm (1/3" or 5/16")  | 4         |           |                     |
| EASY COMFORT PEN NEEDLES - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| EASY COMFORT PEN NEEDLES - insulin pen needle<br>33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6<br>mm (1/4" or 15/64")  | 4         |           |                     |
| EASY COMFORT SAFETY PEN N - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| EASY GLIDE PEN NEEDLES 33 - insulin pen needle<br>33 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| EASY MINI EJECT LANCING D - lancet devices  | 4         |           |                     |
| EASY MINI LANCING DEVICE - lancet devices   | 4         |           |                     |
| EASY TOUCH ALLERGY TRAY S - tuberculin/allergy<br>syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"  | 5         |           |                     |
| EASY TOUCH FLIPLOCK SAFET - insulin syringe/<br>needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16",<br>u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"  | 4         |           |                     |
| EASY TOUCH INSULIN SYRING - insulin syringe/<br>needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2",<br>u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100<br>1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml<br>30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x<br>1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100<br>1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x<br>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         |           |                     |

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|---|-----------|-----------|---------------------|
| 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<br>30 g x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| EASY TOUCH PEN NEEDLE/30 - insulin pen needle<br>30 g x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| EASY TOUCH PEN NEEDLES 29 - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| EASY TOUCH PEN NEEDLES 31 - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6<br>mm (1/4" or 15/64")                     | 4         |           |                     |
| EASY TOUCH PEN NEEDLES/31 - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| EASY TOUCH SAFETY LANCETS - lancets   | 4         |           |                     |
| EASY TOUCH SAFETY PEN NEE - insulin pen needle<br>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<br>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/<br>needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16",<br>u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"    | 4         |           |                     |
| EASY TOUCH TUBERCULIN FLI - tuberculin/allergy<br>syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"  | 5         |           |                     |
| EASY TOUCH TUBERCULIN SHE - tuberculin/allergy<br>syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2",<br>1 ml 28 x 1/2"                             | 5         |           |                     |
| EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5<br>mm (1/5" or 3/16")  | 4         |           |                     |
| EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6<br>mm (1/4" or 15/64")   | 4         |           |                     |
| EMBECTA AUTOSHIELD DUO 30 - insulin pen needle<br>30 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| EMBECTA INSULIN SYRINGE - insulin syringe/needle<br>u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100<br>1/2 ml 30 x 1/2", u-100 1 ml 31 x 5/16" | 4         |           |                     |

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|---|-----------|-----------|---------------------|
| 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 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         |           |                     |
| 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         |           |                     |

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|---|-----------|-----------|----------------------------|
| EQL SHORT PEN NEEDLES 31G - insulin pen needle<br>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<br>31 g x 6 mm (1/4" or 15/64")  | 4         |           |                            |
| EZ-LETS LANCETS 21G - lancets   | 4         |           |                            |
| 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<br>lubricated   | 1         |           |                            |
| FC2 FEMALE CONDOM - condoms - female  | 1         |           |                            |
| FEMCAP - cervical cap 22 mm, 26 mm, 30 mm   | 1         |           |                            |
| FIFTY50 PEN NEEDLES 31G X - insulin pen needle<br>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<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                            |
| FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                            |
| FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                            |
| FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle<br>32 g x 6 mm (1/4" or 15/64")  | 4         |           |                            |
| FIFTY50 SAFETY SEAL LANCE - lancets   | 4         |           |                            |
| FIFTY50 SUPERIOR COMFORT - insulin syringe/needle<br>u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100<br>0.3 ml 31 x 5/16" | 4         |           |                            |
| FIFTY50 UNILET LANCETS 33 - lancets   | 4         |           |                            |
| FINGERSTIX LANCETS - lancets  | 4         |           |                            |
| FORA LANCETS - lancets  | 4         |           |                            |
| FORA LANCING DEVICE - lancet devices  | 4         |           |                            |
| FORA LANCING DEVICE/CLEAR - lancet devices  | 4         |           |                            |
| FREESTYLE LANCETS - lancets   | 4         |           |                            |
| FREESTYLE LIBRE 14 DAY/RE - continuous glucose<br>system receiver   | 5         |           | QL (1 reader/365 days), ST |
| FREESTYLE LIBRE 14 DAY/SE - continuous glucose<br>system sensor   | 5         |           | QL (2 sensors/28 days), ST |
| FREESTYLE LIBRE 2 PLUS/SE - continuous glucose<br>system sensor   | 5         |           | QL (2 sensors/28 days), ST |

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|---|-----------|-----------|----------------------------|
| 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 UNISTICK II LAN - lancets   | 4         |           |                            |
| GENTEEL BUTTERFLY TOUCH L - lancets   | 4         |           |                            |
| GENTEEL PLUS LANCING DEVI - lancet devices  | 4         |           |                            |
| GENTLE-LET LANCETS GENERA - lancets   | 4         |           |                            |
| GENTLE-LET LANCETS SAFETY - lancets   | 4         |           |                            |
| 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         |           |                            |
| GLUCOCOM LANCETS 28G - lancets  | 4         |           |                            |

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|--|-----------|-----------|---------------------|
| GLUCOCOM LANCETS 30G - lancets   | 4         |           |                     |
| GLUCOCOM LANCETS 33G - lancets   | 4         |           |                     |
| GLUCOPRO INSULIN SYRINGE/ - insulin syringe/<br>needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2",<br>u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100<br>1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x<br>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<br>31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100<br>0.3 ml 31 x 5/16"  | 4         |           |                     |
| GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle<br>u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100<br>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<br>u-100 1 ml 29 x 1/2"   | 4         |           |                     |
| GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle<br>u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"   | 4         |           |                     |
| GNP INSULIN SYRINGES/0.3M - insulin syringe/needle<br>u-100 0.3 ml 30 x 5/16"  | 4         |           |                     |
| GNP INSULIN SYRINGES/1/2M - insulin syringe/needle<br>u-100 1/2 ml 29 x 1/2"   | 4         |           |                     |
| GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle<br>u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml<br>30 x 5/16"   | 4         |           |                     |
| GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle<br>u-100 0.3 ml 31 x 5/16"  | 4         |           |                     |
| GNP LANCETS THIN 26G - lancets   | 4         |           |                     |
| GNP LANCETS 21G - lancets  | 4         |           |                     |
| GNP PEN NEEDLES 31GX5MM - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| GNP PEN NEEDLES 31GX8MM - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| GNP PEN NEEDLES 32GX4MM - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| GNP PEN NEEDLES 32GX6MM - insulin pen needle<br>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 ULTICARE PEN NEEDLES - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")   | 4         |           |                     |

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|---|-----------|-----------|---------------------|
| GNP ULTICARE PEN NEEDLES/ - insulin pen needle<br>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<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| GNP ULTIGUARD SAFEPACK/MI - insulin pen needle<br>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<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| GNP ULTRA COMFORT INSULIN - insulin syringe/<br>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<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| 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<br>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<br>32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")                            | 4         |           |                     |
| H-E-B IN CONTROL PEN NEED - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x<br>8 mm (1/3" or 5/16") | 4         |           |                     |
| H-E-B IN CONTROL PEN NEED - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g<br>x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm<br>(1/3" or 5/16")  | 4         |           |                     |
| H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g<br>x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g<br>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<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| HAEMOLANCE - lancets  | 4         |           |                     |
| HAEMOLANCE LOW FLOW LANCE - lancets   | 4         |           |                     |

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| 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         |           |                      |
| HEALTHWISE INSULIN SYRINGE - insulin syringe/<br>needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x<br>5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16",<br>u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16" | 4         |           |                      |
| HEALTHWISE MICRON PEN NEE - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                      |
| HEALTHWISE MINI PEN NEEDL - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                      |
| HEALTHWISE PEN NEEDLES 29 - insulin pen needle<br>29 g x 12 mm (1/2")  | 4         |           |                      |
| HEALTHWISE SHORT PEN NEED - insulin pen needle<br>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<br>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<br>31 g x 5 mm (1/5" or 3/16")  | 4         |           |                      |
| HM ULTICARE SHORT PEN NEE - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")  | 4         |           |                      |
| HY-VEE LANCETS - lancets   | 4         |           |                      |
| HY-VEE THIN LANCETS - lancets  | 4         |           |                      |
| IHEALTH LANCING DEVICE - lancet devices  | 4         |           |                      |
| ILET INSULIN INFUSION KIT - insulin infusion pump<br>supplies  | 4         |           | QL (15 kits/30 days) |
| ILET INSULIN INFUSION KIT - insulin infusion pump<br>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<br>supplies  | 4         |           | QL (1 kit/720 days)  |
| ILET STARTER KIT - INSET - insulin infusion pump<br>supplies   | 4         |           | QL (1 kit/720 days)  |
| IN TOUCH DIABETES MANAGEM - blood glucose<br>monitoring misc.  | 4         |           |                      |
| IN TOUCH LANCING DEVICE - lancet devices   | 4         |           |                      |
| IN TOUCH STERILE LANCETS - lancets   | 4         |           |                      |
| INCONTROL ULTICARE MINI P - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")   | 4         |           |                      |

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| INCONTROL ULTICARE MINI P - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle<br>u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100<br>1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml<br>31 x 5/16" | 4         |           |                     |
| INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle<br>u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml<br>31 x 5/16"  | 4         |           |                     |
| INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2"   | 4         |           |                     |
| INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle<br>u-100 1/2 ml 29 x 1/2"   | 4         |           |                     |
| INSULIN SYRINGE/U-100/1ML - insulin syringe/needle<br>u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml<br>31 x 5/16"  | 4         |           |                     |
| INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle<br>u-100 0.3 ml 30 x 5/16"  | 4         |           |                     |
| INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle<br>u-100 0.3 ml 31 x 5/16"  | 4         |           |                     |
| INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle<br>u-100 1/2 ml 28 x 1/2"   | 4         |           |                     |
| INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle<br>u-100 1/2 ml 30 x 5/16"  | 4         |           |                     |
| INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle<br>u-100 1/2 ml 31 x 5/16"  | 4         |           |                     |
| INSULIN SYRINGE/1ML/29G X - insulin syringe/needle<br>u-100 1 ml 29 x 1/2"   | 4         |           |                     |
| INSULIN SYRINGE/1ML/30G X - insulin syringe/needle<br>u-100 1 ml 30 x 5/16"  | 4         |           |                     |
| INSULIN SYRINGES/U-100/0. - insulin syringe/needle<br>u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100<br>1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml<br>30 x 5/16"   | 4         |           |                     |
| INSULIN SYRINGES/U-100/1M - insulin syringe/needle<br>u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml<br>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<br>mm (1/2")   | 4         |           |                     |
| INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm<br>(1/5" or 3/16")  | 4         |           |                     |
| INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")  | 4         |           |                     |

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| 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         |           |                     |
| 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 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/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16" | 4         |           |                     |

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| KROGER INSULIN SYRINGE/1M - insulin syringe/<br>needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16",<br>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<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| KROGER PEN NEEDLES 31G X - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| KROGER PEN NEEDLES 31GX1/ - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                     |
| KROGER PEN NEEDLES/31G X - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x<br>8 mm (1/3" or 5/16") | 4         |           |                     |
| KROGER PEN NEEDLES/32G X - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| KROGER PEN NEEDLES/33G X - insulin pen needle<br>33 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| LANCET DEVICE ADJUSTABLE - lancet devices  | 4         |           |                     |
| LANCET DEVICE WITH EJECTO - lancet devices   | 4         |           |                     |
| LANCETS - lancets  | 4         |           |                     |
| LANCETS - BAYER ASCENCIA - lancets   | 4         |           |                     |
| 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         |           |                     |

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| LEADER INSULIN SYRINGE/0. - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100<br>1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml<br>29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x<br>5/16"  | 4         |           |                     |
| LEADER INSULIN SYRINGE/1M - insulin syringe/needle<br>u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml<br>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<br>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<br>31 g x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| LEADER UNIFINE PENTIPS/NA - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| LEADER UNIFINE PENTIPS/PL - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| LITETOUCH INSULIN SYRINGE - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100<br>1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml<br>29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x<br>1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100<br>1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16" | 4         |           |                     |
| LITETOUCH LANCETS MICRO T - lancets  | 4         |           |                     |
| LITETOUCH PEN NEEDLES 29G - insulin pen needle<br>29 g x 12.7 mm (1/2")  | 4         |           |                     |
| LITETOUCH PEN NEEDLES 31G - insulin pen needle<br>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<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| LITETOUCH PEN NEEDLES/31G - insulin pen needle<br>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         |           |                     |

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| LIVE BETTER PEN NEEDLES 2 - insulin pen needle<br>29 g x 12 mm (1/2")  | 4         |           |                     |
| LIVE BETTER PEN NEEDLES 3 - insulin pen needle<br>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<br>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/<br>needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16",<br>u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100<br>1 ml 29 x 1/2", u-100 1 ml 30 x 5/16" | 4         |           |                     |
| MAGELLAN TUBERCULIN SAFET - tuberculin/allergy<br>syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"   | 5         |           |                     |
| MARATHON MEDICAL PENTIPS - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| MARATHON MEDICAL PENTIPS - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| MAXI-COMFORT INSULIN SYRI - insulin syringe/needle<br>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<br>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<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                     |
| MAXICOMFORT INSULIN SYRIN - insulin syringe/<br>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<br>lubricated  | 1         |           |                     |
| MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle<br>u-100 0.3 ml 30 x 5/16"  | 4         |           |                     |
| MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle<br>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<br>29 g x 12 mm (1/2")  | 4         |           |                     |

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|--|-----------|-----------|---------------------|
| MEDICINE SHOPPE PEN NEEDL - insulin pen needle<br>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 COLOR LANCETS UNIV - lancets  | 4         |           |                     |
| MEIJER LANCETS - lancets   | 4         |           |                     |
| MEIJER LANCETS THIN - lancets  | 4         |           |                     |
| MEIJER LANCETS UNIVERSAL - lancets   | 4         |           |                     |
| MEIJER PEN NEEDLES 29G X - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| MEIJER PEN NEEDLES 31G X - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| MEIJER SUPER THIN LANCETS - lancets  | 4         |           |                     |
| MICRODOT PEN NEEDLE/31G X - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                     |
| MICRODOT PEN NEEDLE/32G X - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| MICRODOT PEN NEEDLE/33G X - insulin pen needle<br>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 INSULIN SYRINGE/U-100/ - insulin syringe/needle<br>u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100<br>1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31<br>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<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                     |
| MM PEN NEEDLES 31G X 3/16 - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| MM PEN NEEDLES 31G X 5/16 - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| MM PEN NEEDLES 32G X 5/32 - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| MM TWIST LANCETS - lancets   | 4         |           |                     |

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| 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/18 - needle (disp) 18 x 1-1/2"  | 5         |           |                     |
| 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 TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"  | 5         |           |                     |
| MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 28 x 1/2"  | 5         |           |                     |
| MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"  | 5         |           |                     |
| 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         |           |                     |

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|---|-----------|-----------|----------------------|
| MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"    | 4         |           |                      |
| MULTI-LANCET DEVICE - lancet devices  | 4         |           |                      |
| MYGLUCOHEALTH MGH SOFTLAN - lancets   | 4         |           |                      |
| 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         |           |                      |
| OMNIFLEX DIAPHRAGM - diaphragms   | 1         |           |                      |
| OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit            | 5         |           | QL (1 kit/720 days)  |
| OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir      | 5         |           | QL (30 pods/30 days) |
| OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit            | 5         |           | QL (1 kit/720 days)  |
| OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir      | 5         |           | QL (30 pods/30 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir       | 5         |           | QL (30 pods/30 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit             | 5         |           | QL (1 kit/720 days)  |
| 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         |           |                      |

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|--|-----------|-----------|---------------------|
| 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         |           |                     |
| 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         |           |                     |

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| 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         |           |                     |
| 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 PRESSURE ACTIVATE - lancets   | 4         |           |                     |
| PHARMACIST CHOICE SELECT - lancets  | 4         |           |                     |

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| PHARMACIST CHOICE ULTRA T - lancets   | 4         |           |                     |
| PHARMACY COUNTER LANCETS - lancets  | 4         |           |                     |
| PIP LANCETS/28G - lancets   | 4         |           |                     |
| PIP LANCETS/30G - lancets   | 4         |           |                     |
| PIP PEN NEEDLES 31G X 5MM - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| PIP PEN NEEDLES 32G X 4MM - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| PRECISION SURE-DOSE INSUL - insulin syringe/<br>needle u-100 0.3 ml 30 x 5/16"  | 4         |           |                     |
| PREFERRED PLUS INSULIN SY - insulin syringe/<br>needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16",<br>u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100<br>1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x<br>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         |           |                     |
| PREFERRED PLUS UNIFINE PE - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| PREFERRED PLUS UNIFINE PE - insulin pen needle<br>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<br>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<br>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/<br>needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x<br>5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16",<br>u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"   | 4         |           |                     |
| PRO COMFORT PEN NEEDLES/ - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| PRO COMFORT PEN NEEDLES/ - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6<br>mm (1/4" or 15/64")  | 4         |           |                     |
| PRO COMFORT SAFETY LANCET - lancets   | 4         |           |                     |
| PRODIGY INSULIN SYRINGE/U- - insulin syringe/needle<br>u-100 0.3 ml 31 x 5/16"  | 4         |           |                     |
| PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle<br>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 PRESSURE ACTIVATE - lancets   | 4         |           |                     |
| PRODIGY SAFETY LANCETS - lancets  | 4         |           |                     |

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|--|-----------|-----------|---------------------|
| PRODIGY TWIST TOP LANCETS - lancets  | 4         |           |                     |
| PURE COMFORT PEN NEEDLE 3 - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| PURE COMFORT SAFETY PEN N - insulin pen needle<br>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<br>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<br>31 g x 6 mm (1/4" or 15/64")                         | 4         |           |                     |
| PX INSULIN SYRINGE/U-100/ - insulin syringe/needle<br>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<br>31 g x 5 mm (1/5" or 3/16")                          | 4         |           |                     |
| PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g<br>x 12 mm (1/2")                                     | 4         |           |                     |
| PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x<br>8 mm (1/3" or 5/16")                              | 4         |           |                     |
| QC ADVANCED LANCING DEVIC - lancet devices   | 4         |           |                     |
| QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2"                           | 4         |           |                     |
| QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle<br>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<br>u-100 1 ml 29 x 1/2"                             | 4         |           |                     |
| QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle<br>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<br>29 g x 12 mm (1/2")                                  | 4         |           |                     |
| QC PEN NEEDLES 31G X 6MM - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")                          | 4         |           |                     |
| QC PEN NEEDLES 31G X 8MM - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")                           | 4         |           |                     |
| QC UNIFINE PENTIPS 32GX4M - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")                          | 4         |           |                     |
| QC UNILET LANCETS 28G/ULT - lancets  | 4         |           |                     |

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|--|-----------|-----------|---------------------|
| QC UNILET LANCETS 33G/MIC - lancets  | 4         |           |                     |
| QUICK TOUCH INSULIN PEN N - insulin pen needle<br>31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| QUICK TOUCH INSULIN PEN N - insulin pen needle<br>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<br>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         |           |                     |
| 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<br>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<br>u-100 1/2 ml 29 x 1/2"   | 4         |           |                     |
| RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle<br>u-100 1 ml 29 x 1/2"   | 4         |           |                     |
| RA PEN NEEDLES 31G X 5MM - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| RA PEN NEEDLES 31G X 8MM - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| RAYA SURE PEN NEEDLE 29G - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| RAYA SURE PEN NEEDLE 31G - insulin pen needle<br>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<br>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<br>lubricated  | 1         |           |                     |
| REALITY LATEX/ULTRA TEXTU - condoms latex<br>lubricated  | 1         |           |                     |
| REALITY LATEX/ULTRA THIN - condoms latex<br>lubricated   | 1         |           |                     |
| REALITY TRIGGER LANCETS - lancets  | 4         |           |                     |
| RELION INSULIN SYRINGE 0. - insulin syringe/needle<br>u-100 1/2 ml 31 x 15/64"   | 4         |           |                     |
| RELION INSULIN SYRINGE 1M - insulin syringe/needle<br>u-100 1 ml 31 x 15/64"   | 4         |           |                     |

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| RELION INSULIN SYRINGE/U- - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100<br>1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml<br>29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x<br>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 MINI PEN NEEDLES 3 - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                     |
| RELION PEN NEEDLES 29GX12 - insulin pen needle<br>29 g x 12 mm (1/2")  | 4         |           |                     |
| RELION PEN NEEDLES 31G X - insulin pen needle<br>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<br>31 g x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| RELION PEN NEEDLES 31GX6M - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                     |
| RELION PEN NEEDLES 31GX8M - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| RELION PEN NEEDLES 32G X - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| RELION PEN NEEDLES 32GX4M - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| RELION PEN NEEDLES/31G X - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| RELION SHORT PEN NEEDLES - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| RELION THIN LANCETS - lancets  | 4         |           |                     |
| 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 LANCETS ULTRA THIN - lancets  | 4         |           |                     |
| RIGHTEST GD500 LANCING DE - lancet devices   | 4         |           |                     |
| RIGHTEST GL300 LANCETS - lancets   | 4         |           |                     |
| SAFETY LANCETS - lancets   | 4         |           |                     |
| SAFETY LANCETS 21G - lancets   | 4         |           |                     |
| SAFETY LANCETS 23G - lancets   | 4         |           |                     |
| SAFETY LANCETS 28G - lancets   | 4         |           |                     |

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|---|-----------|-----------|---------------------|
| SAFETY LANCETS/PRESSURE A - lancets   | 4         |           |                     |
| SAFETY PEN NEEDLES/30G X - insulin pen needle<br>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         |           |                     |
| SB INSULIN SYRINGE/U-100/ - insulin syringe/needle<br>u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100<br>1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x<br>5/16" | 4         |           |                     |
| SB LANCETS THIN - lancets   | 4         |           |                     |
| SB LANCETS ULTRA THIN - lancets   | 4         |           |                     |
| SCHNUCKS INSULIN SYRINGE - insulin syringe/needle<br>u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"  | 4         |           |                     |
| SECURESAFE SAFETY INSULIN - insulin syringe/<br>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<br>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 STANDARD LANC - lancets   | 4         |           |                     |
| SMART SENSE SUPER THIN LA - lancets   | 4         |           |                     |
| SMART SENSE THIN LANCETS - lancets  | 4         |           |                     |
| SMARTEST LANCETS 28G - lancets  | 4         |           |                     |
| 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         |           |                     |
| SURE COMFORT AUTOKEEPER S - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| SURE COMFORT AUTOKEEPER S - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| SURE COMFORT INSULIN SYRI - insulin syringe/<br>needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16",   | 4         |           |                     |

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|--|-----------|-----------|---------------------|
| 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" |           |           |                     |
| 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 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         |           |                     |
| 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         |           |                     |
| TGT ADVANCED LANCING DEVI - lancet devices   | 4         |           |                     |
| TGT LANCET ALTERNATE SITE - lancets  | 4         |           |                     |
| TGT LANCET MICRO THIN 33G - lancets  | 4         |           |                     |

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| 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<br>29 g x 12 mm (1/2")  | 4         |           |                     |
| TODAYS HEALTH SHORT PEN N - insulin pen needle<br>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<br>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/<br>needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16",<br>u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100<br>1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x<br>5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16" | 4         |           |                     |
| 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<br>lubricated  | 1         |           |                     |
| TROJAN ULTRA THIN LUBRICA - condoms latex<br>lubricated  | 1         |           |                     |
| TROJAN ULTRA THIN/SPERMIC - condoms latex<br>lubricated  | 1         |           |                     |
| TROJAN-ENZ LUBRICATED - condoms latex lubricated   | 1         |           |                     |
| TROJAN-ENZ W/SPERMICIDAL - condoms latex<br>lubricated   | 1         |           |                     |
| TRUE COMFORT INSULIN SYRI - insulin syringe/<br>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<br>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<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| TRUE COMFORT PRO INSULIN - insulin syringe/needle<br>u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100<br>1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml  | 4         |           |                     |

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| 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"   |           |           |                     |
| TRUE COMFORT PRO PEN NEED - insulin pen needle<br>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<br>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<br>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/<br>needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x<br>5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16",<br>u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml<br>31 x 5/16"  | 4         |           |                     |
| TRUE COMFORT SAFETY LANCE - lancets  | 4         |           |                     |
| TRUE COMFORT SAFETY PEN N - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| TRUE COMFORT TWIST TOP LA - lancets  | 4         |           |                     |
| TRUE COVER - condoms latex lubricated  | 1         |           |                     |
| TRUEDRAW LANCING DEVICE - lancet devices   | 4         |           |                     |
| TRUEPLUS INSULIN SYRINGE - insulin syringe/needle<br>u-100 1 ml 29 x 1/2"  | 4         |           |                     |
| TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100<br>1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml<br>29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x<br>1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16",<br>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<br>29 g x 12.7 mm (1/2")  | 4         |           |                     |

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|---|-----------|-----------|----------------------|
| TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x<br>8 mm (1/3" or 5/16")   | 4         |           |                      |
| TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                      |
| TRUSTEX COLOR CONDOMS + L - condoms latex<br>lubricated   | 1         |           |                      |
| TRUSTEX LUBRICATED - condoms latex lubricated   | 1         |           |                      |
| TRUSTEX LUBRICATED EXTRA - condoms latex<br>lubricated  | 1         |           |                      |
| TRUSTEX LUBRICATED/RIBBED - condoms latex<br>lubricated   | 1         |           |                      |
| TRUSTEX LUBRICATED/SPERMI - condoms latex<br>lubricated   | 1         |           |                      |
| TRUSTEX NATURAL CONDOMS + - condoms latex<br>lubricated   | 1         |           |                      |
| TRUSTEX NON-LUBRICATED - condoms latex non-<br>lubricated   | 1         |           |                      |
| TRUSTEX WITH NONOXYNOL-9/ - condoms latex<br>lubricated   | 1         |           |                      |
| TRUSTEX/RIA LUBRICATED - condoms latex lubricated   | 1         |           |                      |
| TRUSTEX/RIA LUBRICATED SP - condoms latex<br>lubricated   | 1         |           |                      |
| TRUSTEX/RIA LUBRICATED/SP - condoms latex<br>lubricated   | 1         |           |                      |
| TRUSTEX/RIA NON-LUBRICATE - condoms latex non-<br>lubricated  | 1         |           |                      |
| TWIIST REFILL KIT - insulin infusion pump supplies  | 4         |           | QL (15 kits/30 days) |
| TWIIST REFILL KIT/INFUSIO - insulin infusion pump<br>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<br>u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"  | 4         |           |                      |
| ULTICARE INSULIN SYRINGE - insulin syringe/needle<br>u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100<br>0.3 ml 31 x 5/16"   | 4         |           |                      |
| ULTICARE INSULIN SYRINGE/ - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100<br>0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml<br>28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x<br>5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", | 4         |           |                      |

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|--|-----------|-----------|---------------------|
| 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         |           |                     |
| ULTIGUARD SAFEPAK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| ULTIGUARD SAFEPAK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")   | 4         |           |                     |

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|---|-----------|-----------|---------------------|
| ULTIGUARD SAFEPACK/MINI P - insulin pen needle<br>32 g x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| ULTIGUARD SAFEPACK/SHORT - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| ULTIGUARD SAFEPACK/SYRINGE - insulin syringe/<br>needle u-100 1/2 ml 31 x 5/16"   | 4         |           |                     |
| ULTIGUARD SAFEPACK/TINY P - insulin pen needle<br>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<br>29 g x 12.7 mm (1/2")   | 4         |           |                     |
| ULTILET PEN NEEDLE 31GX5M - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| ULTILET PEN NEEDLE 31GX8M - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| ULTILET PEN NEEDLE 32GX4M - insulin pen needle<br>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<br>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/<br>needle u-100 0.3 ml 30 x 5/16"  | 4         |           |                     |
| ULTRA FLO INSULIN PEN NEE - insulin pen needle<br>29 g x 12 mm (1/2")   | 4         |           |                     |
| ULTRA FLO INSULIN PEN NEE - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| ULTRA FLO INSULIN PEN NEE - insulin pen needle<br>33 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| ULTRA FLO INSULIN SYRINGE - insulin syringe/needle<br>u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100<br>0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml<br>29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x<br>1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100<br>1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x<br>5/16" | 4         |           |                     |
| ULTRA INSULIN SYRINGE/U-1 - insulin syringe/needle<br>u-100 1/2 ml 29 x 1/2"  | 4         |           |                     |
| ULTRA THIN LANCETS 28G - lancets  | 4         |           |                     |

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

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| UNIFINE PENTIPS 29GX12MM - insulin pen needle<br>29 g x 12 mm (1/2")  | 4         |           |                     |
| UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g<br>x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| UNIFINE PENTIPS 31G X 6MM - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| UNIFINE PENTIPS 31G X 8MM - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g<br>x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g<br>x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g<br>x 8 mm (1/3" or 5/16")   | 4         |           |                     |
| UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g<br>x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g<br>x 6 mm (1/4" or 15/64")  | 4         |           |                     |
| UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g<br>x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g<br>x 5 mm (1/5" or 3/16")   | 4         |           |                     |
| UNIFINE PROTECT SAFETY PE - insulin pen needle<br>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<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| UNIFINE SAFECONTROL PEN N - insulin pen needle<br>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<br>31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x<br>8 mm (1/3" or 5/16") | 4         |           |                     |
| UNIFINE SAFECONTROL PEN N - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x<br>8 mm (1/3" or 5/16") | 4         |           |                     |
| UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| 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         |           |                     |

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| 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                                     | 5         |           | QL (30 systems/30 days) |
| V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr                                     | 5         |           | QL (30 systems/30 days) |
| V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr                                     | 5         |           | QL (30 systems/30 days) |
| VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2" | 4         |           |                         |
| VALUE PLUS LANCETS STANDA - lancets   | 4         |           |                         |
| VALUE PLUS LANCETS SUPER - lancets  | 4         |           |                         |
| VALUE PLUS LANCETS THIN 2 - lancets   | 4         |           |                         |

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| 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<br>29 g x 12 mm (1/2")  | 4         |           |                     |
| VALUMARK PEN NEEDLES 31G - insulin pen needle<br>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<br>u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100<br>1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5<br>mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16",<br>u-100 1 ml 30 x 5/16" | 4         |           |                     |
| VANISHPOINT TUBERCULIN SY - tuberculin/allergy<br>syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"   | 5         |           |                     |
| VERIFINE INSULIN PEN NEED - insulin pen needle<br>29 g x 12 mm (1/2")  | 4         |           |                     |
| VERIFINE INSULIN PEN NEED - insulin pen needle<br>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<br>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<br>u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100<br>1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x<br>5/16"   | 4         |           |                     |
| VERIFINE INSULIN SYRINGE/ - insulin syringe/needle<br>u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100<br>1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x<br>5/16"  | 4         |           |                     |
| VERIFINE PLUS INSULIN PEN - insulin pen needle 31 g<br>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<br>x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| VERIFINE PLUS PEN NEEDLE/ - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| VERIFINE SAFETY LANCET MI - lancets  | 4         |           |                     |
| VERIFINE UNIVERSAL LANCET - lancets  | 4         |           |                     |
| 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<br>u-100 0.3 ml 29 x 1/2"   | 4         |           |                     |

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|---|-----------|-----------|---------------------|
| 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<br>31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x<br>8 mm (1/3" or 5/16") | 4         |           |                     |
| WEGMANS UNIFINE PENTIPS P - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")   | 4         |           |                     |
| WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal<br>60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90<br>mm, 95 mm                      | 1         |           |                     |
| ZEVX INSULIN SYRINGE/0.5 - insulin syringe/needle<br>u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"                              | 4         |           |                     |
| ZEVX INSULIN SYRINGE/1ML - insulin syringe/needle<br>u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"                                  | 4         |           |                     |
| ZEVX PEN NEEDLES 31G X 5 - insulin pen needle<br>31 g x 5 mm (1/5" or 3/16")  | 4         |           |                     |
| ZEVX PEN NEEDLES 31G X 6 - insulin pen needle<br>31 g x 6 mm (1/4" or 15/64")   | 4         |           |                     |
| ZEVX PEN NEEDLES 31G X 8 - insulin pen needle<br>31 g x 8 mm (1/3" or 5/16")  | 4         |           |                     |
| ZEVX PEN NEEDLES 32G X 4 - insulin pen needle<br>32 g x 4 mm (1/6" or 5/32")  | 4         |           |                     |
| ZEVX TWIST TOP LANCETS 3 - lancets  | 4         |           |                     |
| 1ML VANISHPOINT TUBERCULI - tuberculin/allergy<br>syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 1 ml<br>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<br>12 mm (1/2")  | 4         |           |                     |
| 1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x<br>5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm<br>(1/3" or 5/16")  | 4         |           |                     |
| 1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x<br>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<br>4 mm (1/6" or 5/32")  | 4         |           |                     |
| <b>ASSORTED CLASSES</b>   |           |           |                     |
| <b>azathioprine tab 50 mg (Imuran)</b>  | 3         |           |                     |

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|--|-----------|-----------|--------------------------------------|
| BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml   | 6         | SP        | LD, PA, QL (4 pens/28 days), SP      |
| BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml   | 6         | SP        | LD, PA, QL (4 syringes/28 days), SP  |
| <b>cyclosporine cap 25 mg, 100 mg (Sandimmune)</b>   | 5         |           |                                      |
| <b>cyclosporine modified cap 25 mg, 100 mg (Neoral)</b>  | 5         |           |                                      |
| <b>cyclosporine modified cap 50 mg</b>   | 5         |           |                                      |
| <b>cyclosporine modified oral soln 100 mg/ml (Neoral)</b>  | 5         |           |                                      |
| ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml  | 6         | SP        | LD, PA, QL (1 syringe/28 days), SP   |
| <b>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)</b>  | 5         |           |                                      |
| <b>irrigation solution, physiological</b>  | 5         |           |                                      |
| JOENJA - leniolisib phosphate tab 70 mg  | 6         | SP        | LD, PA, QL (60 tablets/30 days), SP  |
| <b>lactated ringer's for irrigation</b>  | 5         |           |                                      |
| <b>lenalidomide caps 2.5 mg (Revlimid)</b>   | 5         | SP        | PA, QL (30 capsules/30 days), SP     |
| <b>lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)</b>  | 5         | SP        | PA, QL (30 capsules/30 days), SP     |
| LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm   | 5         |           |                                      |
| <b>mycophenolate mofetil cap 250 mg (Cellcept)</b>   | 3         |           |                                      |
| <b>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</b>  | 5         |           |                                      |
| <b>mycophenolate mofetil tab 500 mg (Cellcept)</b>   | 3         |           |                                      |
| <b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)</b> | 5         |           |                                      |
| MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml   | 5         |           |                                      |
| <b>penicillamine tab 250 mg (Depen titratabs)</b>  | 6         | SP        | PA, SP                               |
| REVLIMID - lenalidomide caps 2.5 mg  | 5         | SP        | LD, PA, QL (30 capsules/30 days), SP |
| REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg   | 5         | SP        | LD, PA, QL (30 capsules/30 days), SP |
| REZUROCK - belumosudil mesylate tab 200 mg   | 6         | SP        | LD, PA, QL (30 tablets/30 days), SP  |
| <b>ringer's solution for irrigation</b>  | 5         |           |                                      |
| <b>sirolimus oral soln 1 mg/ml (Rapamune)</b>  | 5         |           |                                      |
| <b>sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)</b>   | 5         |           |                                      |
| <b>sodium polystyrene sulfonate powder</b>   | 5         |           |                                      |
| <b>sodium polystyrene sulfonate susp 15 gm/60ml</b>  | 5         |           |                                      |
| SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml   | 5         |           |                                      |
| <b>tacrolimus cap 0.5 mg (Prograf)</b>   | 3         |           |                                      |

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| Drug Name   | Drug Tier | Specialty | Requirements/Limits                   |
|---|-----------|-----------|---------------------------------------|
| <b>tacrolimus cap 1 mg, 5 mg (Prograf)</b>  | 5         |           |                                       |
| THALOMID - thalidomide cap 50 mg  | 5         | SP        | LD, PA, QL (90 capsules/30 days), SP  |
| THALOMID - thalidomide cap 100 mg   | 5         | SP        | LD, PA, QL (120 capsules/30 days), SP |
| <b>trientine hcl cap 250 mg (Syprine)</b>   | 6         | SP        | PA, SP                                |
| VELTASSA - patiomer sorbitex calcium for susp packet<br>1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq),<br>25.2 gm (base eq) | 5         |           |                                       |
| VIJOICE - alpelisib (pros) oral granules packet 50 mg   | 6         | SP        | PA, QL (28 packets/28 days), SP       |
| VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily<br>dose   | 6         | SP        | PA, QL (28 tablets/28 day), SP        |
| VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily<br>dose  | 6         | SP        | PA, QL (28 tablets/28 days), SP       |
| VIJOICE - alpelisib (pros) pak 250 mg daily dose<br>(200 mg & 50 mg tabs)   | 6         | SP        | PA, QL (56 tablets/28 days), SP       |
| <b>water for irrigation, sterile irrigation soln</b>  | 3         |           |                                       |
| ZOKINVY - lonafarnib cap 50 mg, 75 mg   | 6         | SP        | LD, PA, SP                            |

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## INDEX

## A

|   |    |
|---|----|
| abacavir sulfate-lamivudine tab 600-300 mg.....   | 4  |
| abacavir sulfate soln 20 mg/ml (base equiv).....  | 4  |
| abacavir sulfate tab 300 mg (base equiv).....   | 4  |
| ABILIFY ASIMTUFII.....  | 56 |
| ABILIFY MAINTENA.....   | 56 |
| abiraterone acetate tab 250 mg.....   | 14 |
| abiraterone acetate tab 500 mg.....   | 14 |
| ABRYSVO.....  | 10 |
| acamprosate calcium tab delayed release 333 mg.....   | 61 |
| acarbose tab 25 mg, 50 mg, 100 mg.....  | 27 |
| ACCU-CHEK FASTCLIX LANCET.....  | 93 |
| ACCU-CHEK SAFE-T-PRO LANC.....  | 93 |
| ACCU-CHEK SOFTCLIX LANCET.....  | 93 |
| acebutolol hcl cap 200 mg, 400 mg.....  | 35 |
| ACETAMINOPHEN/CODEINE.....  | 64 |
| acetaminophen w/ codeine tab 300-15 mg.....   | 64 |
| acetaminophen w/ codeine tab 300-30 mg.....   | 64 |
| acetaminophen w/ codeine tab 300-60 mg.....   | 64 |
| acetazolamide cap er 12hr 500 mg.....   | 39 |
| acetazolamide tab 125 mg, 250 mg.....   | 39 |
| acetic acid irrigation soln 0.25%.....  | 52 |
| acetic acid otic soln 2%.....   | 86 |
| acetylcysteine inhal soln 10%, 20%.....   | 43 |
| acitretin cap 17.5 mg.....  | 87 |
| acitretin cap 10 mg, 25 mg.....   | 87 |
| ACTHIB.....   | 10 |
| ACTI-LANCE LANCETS 28G.....   | 93 |
| ACTI-LANCE LITE SAFETY LA.....  | 93 |
| ACTI-LANCE SPECIAL SAFETY.....  | 93 |
| ACTI-LANCE UNIVERSAL SAFE.....  | 93 |
| ACTIMMUNE.....  | 14 |
| acyclovir cap 200 mg.....   | 4  |
| acyclovir oint 5%.....  | 87 |
| acyclovir susp 200 mg/5ml.....  | 4  |
| acyclovir tab 400 mg, 800 mg.....   | 4  |
| ADACEL.....   | 13 |
| ADALIMUMAB-AATY 1-PEN KIT.....  | 67 |
| ADALIMUMAB-AATY 2-PEN KIT.....  | 67 |
| ADALIMUMAB-AATY 2-SYRINGE.....  | 67 |
| ADALIMUMAB-ADAZ.....  | 67 |
| adapalene gel 0.1%.....   | 87 |
| ADBRY.....  | 87 |
| ADDERALL.....   | 59 |
| ADDERALL XR.....  | 59 |
| adefovir dipivoxil tab 10 mg.....   | 4  |
| ADEMPAS.....  | 42 |
| ADJUSTABLE LANCING DEVICE.....  | 93 |
| ADTHYZA.....  | 31 |
| ADVAIR HFA.....   | 44 |
| ADVANCED MOBILE LANCET 30.....  | 93 |
| ADVATE.....   | 80 |
| ADVOCATE INSULIN PEN NEED.....  | 93 |
| ADVOCATE INSULIN SYRINGE/.....  | 93 |
| ADVOCATE LANCETS.....   | 94 |
| ADVOCATE LANCETS 30G.....   | 94 |
| ADVOCATE LANCING DEVICE.....  | 94 |
| ADVOCATE RAPID-SAFE LANCI.....  | 94 |
| ADVOCATE SAFETY LANCETS 2.....  | 94 |
| ADYNOVATE.....  | 80 |
| AF LANCETS SUPER THIN.....  | 94 |
| AFLURIA 2024-2025.....  | 10 |
| AFSTYLA.....  | 80 |
| AGAMATRIX ULTRA-THIN LANC.....  | 94 |
| AGAMREE.....  | 23 |
| AIMOVIG.....  | 69 |
| AIMSCO LUBRICATED.....  | 94 |
| AIMSCO TWIST LANCETS 32G.....   | 94 |
| AIMSCO TWIST LANCETS 33G.....   | 94 |
| AIRSUPRA.....   | 44 |
| AJOVY.....  | 69 |
| AKEEGA.....   | 14 |
| albendazole tab 200 mg.....   | 9  |
| ALBUTEROL SULFATE.....  | 44 |
| albuterol sulfate inhal aero 108 mcg/act (90mcg base<br>equiv).....   | 44 |
| albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63<br>mg/3ml (base equiv), 1.25 mg/3ml (base equiv)..... | 44 |
| albuterol sulfate syrup 2 mg/5ml.....   | 44 |
| albuterol sulfate tab 2 mg, 4 mg.....   | 44 |
| ALCLOMETASONE DIPROPIONAT.....  | 87 |
| alclometasone dipropionate cream 0.05%.....   | 87 |
| ALECENSA.....   | 14 |
| ALENDRONATE SODIUM.....   | 32 |
| alendronate sodium oral soln 70 mg/75ml.....  | 32 |
| alendronate sodium tab 70 mg.....   | 32 |
| alendronate sodium tab 10 mg, 35 mg.....  | 32 |
| alfuzosin hcl tab er 24hr 10 mg.....  | 52 |
| aliskiren fumarate tab 150 mg (base equivalent), 300<br>mg (base equivalent).....                           | 37 |
| allopurinol tab 100 mg, 300 mg.....   | 70 |
| almotriptan malate tab 6.25 mg, 12.5 mg.....  | 69 |
| ALOCRI.....   | 83 |
| alosetron hcl tab 0.5 mg (base equiv), 1 mg (base<br>equiv).....  | 49 |
| ALPHANATE.....  | 80 |
| ALPHANINE SD.....   | 80 |
| alprazolam orally disintegrating tab 0.25 mg, 0.5<br>mg.....  | 53 |
| alprazolam orally disintegrating tab 1 mg, 2 mg.....  | 53 |
| alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg.....  | 53 |
| alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....   | 53 |

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|  |    |  |    |
|--|----|--|----|
| ALPROLIX.....  | 80 | anagrelide hcl cap 1 mg.....   | 80 |
| ALTUVIIIO.....   | 80 | anastrozole tab 1 mg.....  | 14 |
| ALUNBRIG.....  | 14 | ANORO ELLIPTA.....   | 44 |
| amantadine hcl cap 100 mg.....   | 74 | ANZEMET.....   | 48 |
| amantadine hcl soln 50 mg/5ml.....   | 74 | apomorphine hcl soln cartridge 30 mg/3ml.....  | 74 |
| amantadine hcl tab 100 mg.....   | 74 | APRACLONIDINE.....   | 83 |
| ambrisentan tab 5 mg, 10 mg.....   | 42 | aprepitant capsule 40 mg.....  | 48 |
| AMILORIDE/HYDROCHLOROTHIA.....   | 39 | aprepitant capsule 80 mg.....  | 48 |
| amiloride hcl tab 5 mg.....  | 39 | aprepitant capsule 125 mg.....   | 48 |
| aminocaproic acid oral soln 0.25 gm/ml.....  | 79 | aprepitant capsule therapy pack 80 & 125 mg.....   | 48 |
| aminocaproic acid tab 500 mg, 1000 mg.....   | 79 | APTIOM.....  | 71 |
| amiodarone hcl tab 200 mg.....   | 36 | APTIVUS.....   | 4  |
| amiodarone hcl tab 100 mg, 400 mg.....   | 36 | AQINJECT PEN NEEDLE/31G X.....   | 94 |
| amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....  | 54 | AQINJECT PEN NEEDLE/32G X.....   | 94 |
| amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg.....   | 37 | AQ INSULIN SYRINGE/0.5ML/.....   | 94 |
| amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg.....   | 37 | AQ INSULIN SYRINGE/1ML/29.....   | 94 |
| amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....                                   | 37 | AQ INSULIN SYRINGE/1ML/31.....   | 94 |
| amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....                   | 36 | ARANESP ALBUMIN FREE.....  | 78 |
| amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....  | 37 | ARCALYST.....  | 67 |
| 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..... | 37 | AREXVY.....  | 10 |
| amoxapine tab 25 mg, 50 mg.....  | 54 | arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....                             | 44 |
| amoxapine tab 100 mg, 150 mg.....  | 54 | aripiprazole orally disintegrating tab 10 mg, 15 mg.....                                 | 56 |
| AMOXICILLIN.....   | 1  | aripiprazole oral solution 1 mg/ml.....  | 56 |
| amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....  | 1  | aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg.....                             | 56 |
| amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....  | 1  | ARISTADA.....  | 56 |
| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml.....   | 1  | ARISTADA INITIO.....   | 56 |
| amoxicillin & k clavulanate tab 250-125 mg.....  | 1  | armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....                                       | 59 |
| amoxicillin & k clavulanate tab 500-125 mg.....  | 1  | ARMOUR THYROID.....  | 31 |
| amoxicillin & k clavulanate tab 875-125 mg.....  | 1  | ARNUITY ELLIPTA.....   | 44 |
| amoxicillin (trihydrate) cap 250 mg, 500 mg.....   | 1  | asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)..... | 56 |
| amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....                                    | 1  | ASMANEX HFA.....   | 44 |
| amoxicillin (trihydrate) tab 500 mg, 875 mg.....   | 1  | ASMANEX TWISTHALER 120 ME.....   | 44 |
| amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg.....  | 59 | ASMANEX TWISTHALER 30 MET.....   | 44 |
| amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg.....   | 59 | ASMANEX TWISTHALER 60 MET.....   | 44 |
| amphetamine-dextroamphetamine tab 20 mg.....   | 59 | aspirin chew tab 81 mg.....  | 64 |
| amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....  | 59 | aspirin-dipyridamole cap er 12hr 25-200 mg.....  | 80 |
| ampicillin cap 500 mg.....   | 1  | aspirin tab delayed release 81 mg.....   | 64 |
| anagrelide hcl cap 0.5 mg.....   | 80 | ASSURE COMFORT LANCETS UL.....   | 94 |
|  |    | ASSURE ID DUO PRO SAFETY.....  | 94 |
|  |    | ASSURE ID PRO SAFETY PEN.....  | 94 |
|  |    | ASSURE ID SAFETY PEN NEED.....   | 94 |
|  |    | ASSURE LANCE LANCETS.....  | 94 |
|  |    | ASSURE LANCE LANCETS 21G.....  | 94 |
|  |    | ASSURE LANCE PLUS SAFETY.....  | 94 |
|  |    | ASSURE LANCE SAFETY LANCE.....   | 94 |
|  |    | atazanavir sulfate cap 200 mg (base equiv).....  | 4  |
|  |    | atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv).....                     | 4  |
|  |    | atenolol & chlorthalidone tab 50-25 mg.....  | 37 |
|  |    | atenolol & chlorthalidone tab 100-25 mg.....   | 37 |

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|   |     |   |    |
|---|-----|---|----|
| atenolol tab 25 mg, 50 mg, 100 mg.....  | 35  | bacitracin-polymyxin-neomycin-hc ophth oint 1%..... | 83 |
| AT LAST LANCETS.....  | 94  | baclofen susp 25 mg/5ml.....                        | 75 |
| atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv).....                    | 59  | baclofen tab 10 mg, 20 mg.....                      | 75 |
| atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)..... | 59  | balsalazide disodium cap 750 mg.....                | 49 |
| atorvastatin calcium tab 80 mg (base equivalent).....   | 40  | BALVERSA.....                                       | 14 |
| atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)..... | 40  | BAQSIMI ONE PACK.....                               | 27 |
| atovaquone-proguanil hcl tab 62.5-25 mg.....  | 9   | BAQSIMI TWO PACK.....                               | 27 |
| atovaquone-proguanil hcl tab 250-100 mg.....  | 9   | BARACLUDGE.....                                     | 4  |
| atovaquone susp 750 mg/5ml.....   | 9   | BAXDELA.....  | 2  |
| atropine sulfate ophth soln 1%.....   | 83  | BD DISPOSABLE NEEDLE 23GX.....                      | 95 |
| ATROVENT HFA.....   | 44  | BD ECLIPSE 18G X 1-1/2".....                        | 95 |
| AUGMENTIN.....  | 1   | BD ECLIPSE NEEDLE/25G X.....                        | 95 |
| AUGTYRO.....  | 14  | BD ECLIPSE NEEDLE 25G X 1.....                      | 95 |
| AUM INSULIN SAFETY PEN NE.....  | 94  | BD ECLIPSE NEEDLE 25GX1".....                       | 95 |
| AUM MINI INSULIN PEN NEED.....  | 94  | BD HYPODERMIC NEEDLE REGU.....                      | 95 |
| AUM PEN NEEDLE/32GX4MM.....   | 94  | BD HYPODERMIC NEEDLES 18G.....                      | 96 |
| AUM PEN NEEDLE/32GX5MM.....   | 95  | BD HYPODERMIC NEEDLES 21G.....                      | 96 |
| AUM PEN NEEDLE/32GX6MM.....   | 95  | BD HYPODERMIC NEEDLES 22G.....                      | 96 |
| AUM PEN NEEDLE/33GX4MM.....   | 95  | BD HYPODERMIC NEEDLES 26G.....                      | 96 |
| AUM PEN NEEDLE/33GX5MM.....   | 95  | BD INSULIN SYRINGE/0.3ML/.....                      | 96 |
| AUM PEN NEEDLE/33GX6MM.....   | 95  | BD INSULIN SYRINGE/0.5ML/.....                      | 96 |
| AUM READYGARD DUO SAFETY.....   | 95  | BD INSULIN SYRINGE/1ML/27.....                      | 96 |
| AUM SAFETY PEN NEEDLE/31.....   | 95  | BD INSULIN SYRINGE/1ML/29.....                      | 96 |
| AURORA LANCET SUPER THIN.....   | 95  | BD INSULIN SYRINGE/U-100/.....                      | 96 |
| AURORA LANCET THIN 23G.....   | 95  | BD INSULIN SYRINGE/U-500/.....                      | 96 |
| AURORA PEN NEEDLES 29GX12.....  | 95  | BD INSULIN SYRINGE LUER-L.....                      | 96 |
| AURORA PEN NEEDLES 31G X.....   | 95  | B-D INSULIN SYRINGE MICRO.....                      | 95 |
| AUTO-LANCET.....  | 95  | BD INSULIN SYRINGE MICROF.....                      | 96 |
| AUTO-LANCET MINI.....   | 95  | BD INSULIN SYRINGE SAFETY.....                      | 96 |
| AUTOLET IMPRESSION LANCIN.....  | 95  | B-D INSULIN SYRINGE ULTRA.....                      | 95 |
| AUTOLET LANCING DEVICE.....   | 95  | BD INSULIN SYRINGE ULTRA.....                       | 96 |
| AUTOLET LITE LANCING DEVI.....  | 95  | BD INSULIN SYRINGE ULTRA.....                       | 96 |
| AUTOLET MINI.....   | 95  | BD INSULIN SYRINGE ULTRA.....                       | 96 |
| AUTOLET PLUS.....   | 95  | BD INSULIN SYRINGE ULTRAF.....                      | 96 |
| AUVI-Q.....   | 40  | BD LO-DOSE INSULIN SYRIN.....                       | 95 |
| AVONEX.....   | 61  | BD MICROTAINER LANCETS.....                         | 96 |
| AVONEX PEN.....   | 61  | BD 1ML ALLERGY SYRINGE SA.....                      | 97 |
| AYVAKIT.....  | 14  | BD 1ML SLIP TIP SYRINGE 2.....                      | 97 |
| azathioprine tab 50 mg.....   | 137 | BD 1ML TUBERCULIN SYRINGE.....                      | 97 |
| azelaic acid gel 15%.....   | 87  | BD NEEDLE/18G 1-1/2".....                           | 96 |
| azelastine hcl nasal spray 0.1% (137 mcg/spray).....  | 43  | BD NEEDLE/21G 1-1/2".....                           | 96 |
| azelastine hcl ophth soln 0.05%.....  | 83  | BD NEEDLE/22G X 1-1/2".....                         | 97 |
| azithromycin for susp 100 mg/5ml, 200 mg/5ml.....   | 2   | BD NEEDLE/25G X 5/8".....                           | 97 |
| azithromycin tab 600 mg.....  | 2   | BD NEEDLE/25G X 7/8".....                           | 97 |
| azithromycin tab 250 mg, 500 mg.....  | 2   | BD NEEDLE/27G X 1/2".....                           | 97 |
| AZSTARYS.....   | 60  | BD NEEDLE/30G X 1/2".....                           | 97 |
|   |     | BD NEEDLE/20G X 1".....                             | 96 |
| <b>B</b>  |     | BD NEEDLE SAFETYGLIDE/27G.....                      | 96 |
| BACITRACIN.....   | 83  | BD PEN NEEDLE/MICRO/ULTRA.....                      | 97 |
| bacitracin-polymyxin b ophth oint.....  | 83  | BD PEN NEEDLE/MINI/ULTRA.....                       | 97 |
|   |     | BD PEN NEEDLE/NANO/ULTRA.....                       | 97 |
|   |     | BD PEN NEEDLE/NANO 2ND GE.....                      | 97 |
|   |     | BD PEN NEEDLE/ORIGINAL/UL.....                      | 97 |
|   |     | BD PEN NEEDLE/SHORT/ULTRA.....                      | 97 |

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|   |     |   |    |
|---|-----|---|----|
| BD PLASTIPAK SYRINGES ALL.....  | 97  | bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,<br>5-6.25 mg, 10-6.25 mg.....             | 37 |
| BD PRECISIONGLIDE 23GX1-1.....  | 97  | bisoprolol fumarate tab 5 mg, 10 mg.....  | 35 |
| BD SAFETYGLIDE 21G X 1".....  | 97  | BOOSTRIX.....   | 13 |
| BD SAFETYGLIDE HYPODERMIC.....  | 97  | bosentan tab 62.5 mg, 125 mg.....   | 42 |
| BD SAFETY-GLIDE INSULIN S.....  | 97  | BOSULIF.....  | 15 |
| BD SAFETYGLIDE INSULIN SY.....  | 97  | BRAFTOVI.....   | 15 |
| BD VEO INSULIN SYRINGE UL.....  | 97  | BREO ELLIPTA.....   | 45 |
| BELBUCA.....  | 64  | BREZTRI AEROSPHERE.....   | 45 |
| benazepril & hydrochlorothiazide tab 5-6.25 mg.....                           | 37  | BRILINTA.....   | 80 |
| benazepril & hydrochlorothiazide tab 10-12.5 mg,<br>20-12.5 mg, 20-25 mg..... | 37  | brimonidine tartrate gel 0.33% (base equivalent).....                                       | 88 |
| benazepril hcl tab 5 mg.....  | 37  | brimonidine tartrate ophth soln 0.15%.....  | 83 |
| benazepril hcl tab 10 mg, 20 mg, 40 mg.....                                   | 37  | brimonidine tartrate ophth soln 0.2%.....   | 83 |
| BENEFIX.....  | 80  | brimonidine tartrate-timolol maleate ophth soln<br>0.2-0.5%.....                            | 83 |
| BENLYSTA.....   | 138 | BRIVIACT.....   | 71 |
| BENZNIDAZOLE.....   | 9   | BRIXADI.....  | 64 |
| benzonatate cap 100 mg.....   | 43  | bromfenac sodium ophth soln 0.09% (base equiv)<br>(once-daily).....                         | 83 |
| benzonatate cap 200 mg.....   | 43  | bromocriptine mesylate cap 5 mg (base<br>equivalent).....                                   | 74 |
| benzoyl peroxide-erythromycin gel 5-3%.....                                   | 87  | bromocriptine mesylate tab 2.5 mg (base<br>equivalent).....                                 | 74 |
| benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....                              | 74  | BRUKINSA.....   | 15 |
| bepotastine besilate ophth soln 1.5%.....                                     | 83  | budesonide delayed release particles cap 3 mg.....  | 23 |
| BESIVANCE.....  | 83  | budesonide-formoterol fumarate dihyd aerosol 80-4.5<br>mcg/act, 160-4.5 mcg/act.....        | 45 |
| BESREMI.....  | 15  | budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1<br>mg/2ml.....                        | 45 |
| BETADINE OPHTHALMIC PREP.....   | 83  | budesonide tab er 24hr 9 mg.....  | 23 |
| betaine powder for oral solution.....   | 32  | bumetanide tab 0.5 mg.....  | 39 |
| betamethasone dipropionate augmented cream<br>0.05%.....                      | 87  | bumetanide tab 1 mg, 2 mg.....  | 39 |
| betamethasone dipropionate augmented lotion<br>0.05%.....                     | 87  | buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base<br>equiv).....                        | 65 |
| betamethasone dipropionate augmented oint<br>0.05%.....                       | 87  | buprenorphine hcl-naloxone hcl sl film 8-2 mg (base<br>equiv).....                          | 65 |
| betamethasone dipropionate cream 0.05%.....                                   | 87  | buprenorphine hcl-naloxone hcl sl film 4-1 mg (base<br>equiv), 12-3 mg (base equiv).....    | 65 |
| betamethasone dipropionate lotion 0.05%.....                                  | 87  | buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base<br>equiv).....                         | 65 |
| betamethasone dipropionate oint 0.05%.....                                    | 87  | buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base<br>equiv).....                           | 65 |
| betamethasone valerate cream 0.1% (base<br>equivalent).....                   | 87  | buprenorphine hcl sl tab 2 mg (base equiv).....   | 65 |
| betamethasone valerate lotion 0.1% (base<br>equivalent).....                  | 87  | buprenorphine hcl sl tab 8 mg (base equiv).....   | 65 |
| betamethasone valerate oint 0.1% (base<br>equivalent).....                    | 87  | buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr,<br>10 mcg/hr, 15 mcg/hr, 20 mcg/hr..... | 65 |
| BETASERON.....  | 61  | bupropion hcl (smoking deterrent) tab er 12hr 150<br>mg.....                                | 61 |
| BETAXOLOL HCL.....  | 83  | bupropion hcl tab er 24hr 150 mg, 300 mg.....   | 54 |
| betaxolol hcl tab 10 mg, 20 mg.....   | 35  | bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg.....                                       | 54 |
| bethanechol chloride tab 50 mg.....   | 51  | bupropion hcl tab 75 mg, 100 mg.....  | 54 |
| bethanechol chloride tab 5 mg, 10 mg, 25 mg.....                              | 51  | buspironone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30<br>mg.....                               | 53 |
| bexarotene cap 75 mg.....   | 15  |   |    |
| bexarotene gel 1%.....  | 87  |   |    |
| BEXSERO.....  | 11  |   |    |
| bicalutamide tab 50 mg.....   | 15  |   |    |
| BIJUVA.....   | 24  |   |    |
| BIKTARVY.....   | 4   |   |    |
| bimatoprost ophth soln 0.03%.....   | 83  |   |    |

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|   |    |  |    |
|---|----|--|----|
| butalbital-acetaminophen-caffeine tab 50-325-40 mg.....                             | 64 | carbidopa & levodopa tab 10-100 mg, 25-100 mg.....       | 74 |
| butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....                       | 65 | carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....   | 74 |
| butalbital-acetaminophen cap 50-300 mg.....   | 64 | carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....  | 74 |
| butalbital-acetaminophen tab 50-325 mg.....   | 64 | carbidopa-levodopa-entacapone tabs 31.25-125-200 mg..... | 74 |
| butalbital-aspirin-caffeine cap 50-325-40 mg.....                                   | 64 | carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....  | 74 |
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....                         | 65 | carbidopa-levodopa-entacapone tabs 25-100-200 mg.....    | 74 |
| butorphanol tartrate nasal soln 10 mg/ml.....                                       | 65 | carbidopa-levodopa-entacapone tabs 50-200-200 mg.....    | 74 |
| BYLVAY.....   | 49 | carbidopa tab 25 mg.....                                 | 74 |
| BYLVAY (PELLETS).....   | 49 | carbinoxamine maleate tab 4 mg.....                      | 43 |
| <b>C</b>  |    | carbonyl iron susp 15 mg/1.25ml (elemental iron).....    | 78 |
| cabergoline tab 0.5 mg.....   | 32 | CARDIOCOM LANCING DEVICE.....                            | 97 |
| CABLIVI.....  | 80 | CAREFINE PEN NEEDLE 32GX4.....                           | 97 |
| CABOMETYX.....  | 15 | CAREFINE PEN NEEDLES 29GX.....                           | 98 |
| caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....                     | 60 | CAREFINE PEN NEEDLES 30GX.....                           | 98 |
| CALCIPOTRIENE.....  | 88 | CAREFINE PEN NEEDLES 31GX.....                           | 98 |
| calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....                     | 88 | CAREFINE PEN NEEDLES 32GX.....                           | 98 |
| calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....                     | 88 | CAREONE ADVANCED LANCING.....                            | 98 |
| calcipotriene cream 0.005%.....   | 88 | CAREONE INSULIN SYRINGES/.....                           | 98 |
| calcipotriene oint 0.005%.....  | 88 | CAREONE LANCET SUPER THIN.....                           | 98 |
| calcitonin (salmon) inj 200 unit/ml.....  | 32 | CAREONE LANCET THIN.....                                 | 98 |
| calcitonin (salmon) nasal soln 200 unit/act.....                                    | 32 | CAREONE LANCET ULTRA THIN.....                           | 98 |
| CALCITRIOL.....   | 88 | CAREONE UNIFINE PENTIPS P.....                           | 98 |
| calcitriol cap 0.25 mcg, 0.5 mcg.....   | 32 | CARESENS LANCETS.....                                    | 98 |
| calcitriol oral soln 1 mcg/ml.....  | 32 | CARETOUCH INSULIN SYRINGE.....                           | 98 |
| calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....                      | 49 | CARETOUCH LANCING DEVICE.....                            | 98 |
| calcium acetate (phosphate binder) tab 667 mg.....                                  | 49 | CARETOUCH PEN NEEDLE 29GX.....                           | 98 |
| CALQUENCE.....  | 15 | CARETOUCH PEN NEEDLE 33GX.....                           | 98 |
| CAMZYOS.....  | 42 | CARETOUCH PEN NEEDLES 31.....                            | 98 |
| candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg..... | 37 | CARETOUCH PEN NEEDLES 31G.....                           | 98 |
| candesartan cilexetil tab 32 mg.....  | 37 | CARETOUCH PEN NEEDLES 32G.....                           | 98 |
| candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....                                    | 37 | CARETOUCH SAFETY LANCETS/.....                           | 98 |
| capecitabine tab 150 mg, 500 mg.....  | 15 | CARETOUCH TWIST LANCETS 2.....                           | 99 |
| CAPRELSA.....   | 15 | CARETOUCH TWIST LANCETS 3.....                           | 99 |
| captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....                                    | 37 | CARETOUCH TWIST LANCETS M.....                           | 99 |
| CAPVAXIVE.....  | 11 | carglumic acid soluble tab 200 mg.....                   | 32 |
| carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....                               | 71 | carisoprodol tab 350 mg.....                             | 75 |
| carbamazepine chew tab 100 mg.....  | 71 | CARTEOLOL HCL.....                                       | 83 |
| carbamazepine susp 100 mg/5ml.....  | 71 | carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....    | 35 |
| carbamazepine tab er 12hr 100 mg.....   | 71 | CAYA.....  | 99 |
| carbamazepine tab er 12hr 200 mg, 400 mg.....                                       | 71 | CAYSTON.....   | 9  |
| carbamazepine tab 200 mg.....   | 71 | CEFACTOR.....  | 1  |
| carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....                               | 74 | cefadroxil cap 500 mg.....                               | 1  |
| carbidopa & levodopa tab 25-250 mg.....   | 74 | cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....          | 1  |
|   |    | cefdinir cap 300 mg.....                                 | 1  |
|   |    | cefdinir for susp 125 mg/5ml, 250 mg/5ml.....            | 1  |
|   |    | cefixime cap 400 mg.....                                 | 1  |
|   |    | cefixime for susp 100 mg/5ml, 200 mg/5ml.....            | 1  |

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|   |    |   |    |
|---|----|---|----|
| cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....                                      | 1  | ciprofloxacin hcl ophth soln 0.3% (base equivalent).....                                    | 84 |
| cefpodoxime proxetil tab 100 mg.....  | 1  | ciprofloxacin hcl otic soln 0.2% (base equivalent).....                                     | 86 |
| cefpodoxime proxetil tab 200 mg.....  | 1  | ciprofloxacin hcl tab 750 mg (base equiv).....  | 2  |
| cefprozil for susp 125 mg/5ml, 250 mg/5ml.....  | 1  | ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....                         | 2  |
| cefprozil tab 250 mg, 500 mg.....   | 1  | CIPRO HC.....   | 86 |
| cefuroxime axetil tab 250 mg, 500 mg.....   | 1  | citalopram hydrobromide oral soln 10 mg/5ml.....  | 54 |
| celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg.....  | 67 | citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)..... | 54 |
| cephalexin cap 250 mg, 500 mg.....  | 1  | CLARITHROMYCIN.....   | 2  |
| cephalexin for susp 125 mg/5ml, 250 mg/5ml.....   | 1  | clarithromycin tab er 24hr 500 mg.....  | 2  |
| cephalexin tab 250 mg, 500 mg.....  | 2  | clarithromycin tab 250 mg, 500 mg.....  | 2  |
| CEQUA.....  | 84 | CLEANLET LANCETS 28G.....   | 99 |
| CERDELGA.....   | 78 | CLEOCIN.....  | 52 |
| cevimeline hcl cap 30 mg.....   | 86 | CLEVER CHEK LANCETS ULTRA.....  | 99 |
| CHEMET.....   | 92 | CLEVER CHOICE COMFORT EZ.....   | 99 |
| CHEMSTRIP-K.....  | 92 | CLICKFINE PEN NEEDLE 32GX.....  | 99 |
| CHENODAL.....   | 49 | CLICKFINE PEN NEEDLES 31G.....  | 99 |
| CHLORDIAZEPOXIDE/AMITRIPT.....  | 61 | CLICKFINE PEN NEEDLES 32G.....  | 99 |
| chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....  | 53 | CLICKFINE PEN NEEDLE UNIV.....  | 99 |
| chlorhexidine gluconate soln 0.12%.....   | 86 | CLICKFINE UNIVERSAL PEN N.....  | 99 |
| chloroquine phosphate tab 250 mg.....   | 9  | CLIMARA PRO.....  | 24 |
| chloroquine phosphate tab 500 mg.....   | 9  | clindamycin hcl cap 75 mg, 150 mg, 300 mg.....  | 9  |
| chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....                               | 56 | clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....                              | 9  |
| chlorthalidone tab 25 mg, 50 mg.....  | 39 | clindamycin phosphate-benzoyl peroxide gel 1-5%.....  | 88 |
| chlorzoxazone tab 500 mg.....   | 75 | clindamycin phosphate gel 1%.....   | 88 |
| CHOLBAM.....  | 49 | clindamycin phosphate lotion 1%.....  | 88 |
| cholecalciferol cap 1.25 mg (50000 unit).....   | 76 | clindamycin phosphate soln 1%.....  | 88 |
| cholestyramine light powder 4 gm/dose.....  | 40 | clindamycin phosphate swab 1%.....  | 88 |
| cholestyramine light powder packets 4 gm.....   | 40 | clindamycin phosphate vaginal cream 2%.....   | 52 |
| cholestyramine powder 4 gm/dose.....  | 40 | clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....                            | 88 |
| cholestyramine powder packets 4 gm.....   | 40 | clobazam suspension 2.5 mg/ml.....  | 71 |
| choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv)..... | 41 | clobazam tab 10 mg.....   | 71 |
| CHOSEN LANCETS 30G.....   | 99 | clobazam tab 20 mg.....   | 71 |
| CHOSEN LANCING DEVICE.....  | 99 | clobetasol propionate cream 0.05%.....  | 88 |
| CHOSEN SAFETY LANCETS 28G.....  | 99 | clobetasol propionate emollient base cream 0.05%.....                                       | 88 |
| CIBINQO.....  | 88 | clobetasol propionate gel 0.05%.....  | 88 |
| ciclopirox gel 0.77%.....   | 88 | clobetasol propionate oint 0.05%.....   | 88 |
| ciclopirox olamine cream 0.77% (base equiv).....  | 88 | clobetasol propionate soln 0.05%.....   | 88 |
| ciclopirox olamine susp 0.77% (base equiv).....   | 88 | clocortolone pivalate cream 0.1%.....   | 88 |
| ciclopirox shampoo 1%.....  | 88 | clomipramine hcl cap 25 mg, 50 mg, 75 mg.....   | 54 |
| ciclopirox solution 8%.....   | 88 | clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....             | 71 |
| cilostazol tab 50 mg, 100 mg.....   | 80 | clonazepam tab 0.5 mg, 1 mg, 2 mg.....  | 71 |
| CIMDUO.....   | 4  | clonidine hcl tab er 12hr 0.1 mg.....   | 60 |
| cimetidine hcl soln 300 mg/5ml.....   | 48 | clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....   | 37 |
| CIMZIA.....   | 49 | clonidine td patch weekly 0.1 mg/24hr.....  | 37 |
| CIMZIA STARTER KIT.....   | 50 | clonidine td patch weekly 0.2 mg/24hr.....  | 38 |
| cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....            | 32 | clonidine td patch weekly 0.3 mg/24hr.....  | 38 |
| CINRYZE.....  | 80 | clodipogrel bisulfate tab 75 mg (base equiv).....   | 80 |
| CIPRO.....  | 2  |   |    |
| ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....   | 86 |   |    |

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|  |     |   |            |
|--|-----|---|------------|
| clopidogrel bisulfate tab 300 mg (base equiv).....                     | 80  | CONTOUR NEXT LINK WIRELES.....  | 101        |
| clorazepate dipotassium tab 7.5 mg.....                                | 53  | CONTOUR NEXT ONE BLOOD GL.....  | 101        |
| clorazepate dipotassium tab 3.75 mg, 15 mg.....                        | 53  | CONTOUR PLUS BLOOD GLUCOS.....  | 93         |
| clotrimazole troche 10 mg.....   | 86  | CONTOUR PLUS BLUE BLOOD G.....  | 101        |
| clotrimazole w/ betamethasone cream 1-0.05%.....                       | 88  | COPIKTRA.....   | 15         |
| CLOZAPINE ODT.....   | 56  | CORDRAN.....  | 88         |
| clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg..... | 56  | CORIFACT.....   | 80         |
| clozapine tab 25 mg, 50 mg.....  | 56  | CORLANOR.....   | 42         |
| clozapine tab 100 mg, 200 mg.....                                      | 56  | CORTISPORIN-TC.....   | 86         |
| COAGADEX.....  | 80  | COSENTYX.....   | 88         |
| COAGUCHEK LANCETS.....   | 99  | COSENTYX SENSOREADY PEN.....  | 88         |
| COARTEM.....   | 9   | COSENTYX UNOREADY.....  | 89         |
| codeine sulfate tab 30 mg.....   | 65  | COTELIC.....  | 15         |
| colchicine tab 0.6 mg.....   | 70  | CREON.....  | 49         |
| colchicine w/ probenecid tab 0.5-500 mg.....                           | 70  | CRESEMBA.....   | 3          |
| colesevelam hcl packet for susp 3.75 gm.....                           | 41  | CROMOLYN SODIUM.....  | 84         |
| colesevelam hcl tab 625 mg.....  | 41  | <b>cromolyn sodium oral conc 100 mg/5ml.....</b>  | <b>50</b>  |
| colestipol hcl granule packets 5 gm.....                               | 41  | <b>cromolyn sodium soln nebu 20 mg/2ml.....</b>   | <b>45</b>  |
| colestipol hcl granules 5 gm.....                                      | 41  | CROTAN.....   | 89         |
| colestipol hcl tab 1 gm.....   | 41  | CVS LANCETS 21G.....  | 101        |
| colistimethate sod for inj 150 mg (colistin base activity).....        | 9   | CVS LANCETS MICRO-THIN 33.....  | 101        |
| COMETRIQ.....  | 15  | CVS LANCETS MICRO THIN 33.....  | 101        |
| COMFORT ASSIST INSULIN SY.....   | 100 | CVS LANCETS ORIGINAL.....   | 101        |
| COMFORT ASSURED LANCETS M.....   | 100 | CVS LANCETS THIN 26G.....   | 101        |
| COMFORT ASSURED LANCETS S.....   | 100 | CVS LANCETS ULTRA-THIN 30.....  | 101        |
| COMFORT EZ/31G X 5MM.....  | 100 | CVS LANCETS ULTRA THIN 30.....  | 101        |
| COMFORT EZ/31G X 6MM.....  | 100 | CVS LANCING DEVICE.....   | 101        |
| COMFORT EZ INSULIN SYRING.....   | 100 | CVS ULTRA THIN LANCETS.....   | 101        |
| COMFORT EZ MICRO/32G X 4M.....   | 100 | <b>cyanocobalamin inj 1000 mcg/ml.....</b>  | <b>78</b>  |
| COMFORT EZ PRO SAFETY PEN.....   | 100 | <b>cyclobenzaprine hcl tab 5 mg, 10 mg.....</b>   | <b>75</b>  |
| COMFORT EZ SHORT/31G X 8M.....   | 100 | CYCLOGYL.....   | 84         |
| COMFORT LANCETS.....   | 100 | <b>cyclopentolate hcl ophth soln 1%.....</b>  | <b>84</b>  |
| COMFORT TOUCH LANCETS ULT.....   | 100 | CYCLOPHOSPHAMIDE.....   | 15         |
| COMFORT TOUCH PEN NEEDLES.....   | 100 | <b>cyclophosphamide cap 25 mg, 50 mg.....</b>   | <b>15</b>  |
| COMFORT TOUCH PLUS SAFETY.....   | 100 | <b>cycloserine cap 250 mg.....</b>  | <b>3</b>   |
| COMFORT TOUCH TWIST LANCE.....   | 100 | <b>cyclosporine cap 25 mg, 100 mg.....</b>  | <b>138</b> |
| COMIRNATY 2024-25.....   | 11  | <b>cyclosporine modified cap 50 mg.....</b>   | <b>138</b> |
| COMPLERA.....  | 4   | <b>cyclosporine modified cap 25 mg, 100 mg.....</b>   | <b>138</b> |
| COMPLETE NATAL DHA.....  | 76  | <b>cyclosporine modified oral soln 100 mg/ml.....</b>   | <b>138</b> |
| COMPLETENATE.....  | 76  | <b>cyproheptadine hcl syrup 2 mg/5ml.....</b>   | <b>43</b>  |
| CO-NATAL FA.....   | 76  | <b>cyproheptadine hcl tab 4 mg.....</b>   | <b>43</b>  |
| CONCEPT DHA.....   | 76  | CYSTAGON.....   | 52         |
| CONCEPT OB.....  | 76  |   |            |
| CONCERTA.....  | 60  | <b>D</b>  |            |
| CONDOMS.....   | 100 | <b>dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....</b>                            | <b>79</b>  |
| CONTOUR BLOOD GLUCOSE MON.....   | 100 | <b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....</b> | <b>79</b>  |
| CONTOUR BLOOD GLUCOSE TES.....   | 92  | <b>dalfampridine tab er 12hr 10 mg.....</b>   | <b>61</b>  |
| CONTOUR NEXT BLOOD GLUCOS.....   | 93  | <b>danazol cap 50 mg, 100 mg, 200 mg.....</b>   | <b>24</b>  |
| CONTOUR NEXT EZ BLOOD GLU.....   | 100 | <b>dantrolene sodium cap 100 mg.....</b>  | <b>75</b>  |
| CONTOUR NEXT GEN BLOOD GL.....   | 100 | <b>dantrolene sodium cap 25 mg, 50 mg.....</b>  | <b>75</b>  |
| CONTOUR NEXT LINK BLOOD G.....   | 101 | DANZITEN.....   | 15         |

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|---|----|--|-----|
| dapsone tab 25 mg.....  | 9  | dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....                         | 23  |
| dapsone tab 100 mg.....   | 9  | DEXCOM G6 RECEIVER.....  | 101 |
| DAPTACEL.....   | 13 | DEXCOM G7 RECEIVER.....  | 101 |
| darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....                     | 51 | DEXCOM G6 SENSOR.....  | 101 |
| darunavir tab 600 mg.....   | 4  | DEXCOM G7 SENSOR.....  | 101 |
| darunavir tab 800 mg.....   | 4  | DEXCOM G6 TRANSMITTER.....   | 101 |
| dasatinib tab 20 mg.....  | 15 | dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg..... | 60  |
| dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg.....  | 15 | dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....  | 60  |
| DAURISMO.....   | 15 | dextroamphetamine sulfate cap er 24hr 5 mg.....  | 60  |
| DAYBUE.....   | 75 | dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....  | 60  |
| deferasirox granules packet 90 mg, 180 mg, 360 mg.....  | 92 | dextroamphetamine sulfate oral solution 5 mg/5ml.....  | 60  |
| deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....   | 92 | dextroamphetamine sulfate tab 5 mg.....  | 60  |
| deferasirox tab 90 mg, 180 mg, 360 mg.....  | 92 | dextroamphetamine sulfate tab 10 mg.....   | 60  |
| deferiprone tab 500 mg, 1000 mg.....  | 92 | DIACOMIT.....  | 71  |
| deflazacort susp 22.75 mg/ml.....   | 23 | DIATHRIVE LANCETS.....   | 101 |
| deflazacort tab 6 mg.....   | 23 | DIATHRIVE LANCETS ULTRA T.....   | 101 |
| deflazacort tab 18 mg.....  | 23 | DIATHRIVE LANCING DEVICE.....  | 101 |
| deflazacort tab 30 mg, 36 mg.....   | 23 | DIATHRIVE PEN NEEDLE/31G.....  | 101 |
| DELSTRIGO.....  | 4  | DIATHRIVE PEN NEEDLE/32G.....  | 101 |
| demeclocycline hcl tab 150 mg, 300 mg.....  | 2  | DIATHRIVE PEN NEEDLE/31 G.....   | 101 |
| DESCOVY.....  | 4  | diazepam conc 5 mg/ml.....   | 53  |
| desipramine hcl tab 10 mg, 25 mg.....   | 54 | diazepam oral soln 1 mg/ml.....  | 53  |
| desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....   | 54 | diazepam rectal gel delivery system 10 mg, 20 mg.....  | 71  |
| desloratadine tab 5 mg.....   | 43 | diazepam tab 2 mg, 5 mg, 10 mg.....  | 53  |
| DESMOPRESSIN ACETATE.....   | 32 | diazoxide susp 50 mg/ml.....   | 27  |
| desmopressin acetate inj 4 mcg/ml.....  | 32 | dichlorphenamide tab 50 mg.....  | 39  |
| desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....                                | 32 | diclofenac potassium tab 50 mg.....  | 67  |
| desmopressin acetate preservative free (pf) inj 4 mcg/ml.....   | 32 | diclofenac sodium ophth soln 0.1%.....   | 84  |
| desmopressin acetate tab 0.1 mg.....  | 32 | diclofenac sodium soln 1.5%.....   | 89  |
| desmopressin acetate tab 0.2 mg.....  | 32 | diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....                                 | 67  |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....                                     | 25 | diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....                                   | 67  |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....   | 25 | diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....                                   | 67  |
| desonide cream 0.05%.....   | 89 | dicloxacin sodium cap 250 mg, 500 mg.....  | 1   |
| desonide oint 0.05%.....  | 89 | dicyclomine hcl cap 10 mg.....   | 48  |
| desoximetasone cream 0.05%.....   | 89 | dicyclomine hcl oral soln 10 mg/5ml.....   | 48  |
| desoximetasone cream 0.25%.....   | 89 | dicyclomine hcl tab 20 mg.....   | 48  |
| desoximetasone gel 0.05%.....   | 89 | DIFICID.....   | 2   |
| desoximetasone oint 0.05%, 0.25%.....   | 89 | diflunisal tab 500 mg.....   | 64  |
| desoximetasone spray 0.25%.....   | 89 | difluprednate ophth emulsion 0.05%.....  | 84  |
| desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)..... | 54 | digoxin oral soln 0.05 mg/ml.....  | 34  |
| DEXAMETHASONE.....  | 23 | digoxin tab 62.5 mcg (0.0625 mg).....  | 34  |
| dexamethasone elixir 0.5 mg/5ml.....  | 23 | digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....   | 34  |
| DEXAMETHASONE SODIUM PHOS.....  | 84 | dihydroergotamine mesylate inj 1 mg/ml.....  | 69  |
|   |    | dihydroergotamine mesylate nasal spray 4 mg/ml.....  | 69  |
|   |    | DILANTIN.....  | 71  |
|   |    | diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....  | 36  |
|   |    | diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....  | 36  |

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|  |     |   |           |
|--|-----|---|-----------|
| diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....                   | 36  | DROPLET INSULIN SYRINGE 1.....  | 102       |
| diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg..... | 36  | DROPLET INSULIN SYRINGE/U.....  | 102       |
| diltiazem hcl tab er 24hr 420 mg.....  | 36  | DROPLET INSULIN SYRINGE U.....  | 101       |
| diltiazem hcl tab 90 mg.....   | 36  | DROPLET LANCETS ULTRA THI.....  | 102       |
| diltiazem hcl tab 30 mg, 60 mg, 120 mg.....  | 36  | DROPLET LANCING DEVICE.....   | 102       |
| dimethyl fumarate capsule delayed release 120 mg.....  | 61  | DROPLET MICRON 34G X 9/64.....  | 102       |
| dimethyl fumarate capsule delayed release 240 mg.....  | 61  | DROPLET PEN NEEDLE/MICRON.....  | 102       |
| dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....                                       | 61  | DROPLET PEN NEEDLES 29GX1.....  | 102       |
| diphenoxylate w/ atropine tab 2.5-0.025 mg.....  | 48  | DROPLET PEN NEEDLES 31GX5.....  | 102       |
| dipyridamole tab 25 mg.....  | 80  | DROPLET PEN NEEDLES 31GX6.....  | 102       |
| dipyridamole tab 50 mg, 75 mg.....   | 80  | DROPLET PEN NEEDLES 31GX8.....  | 102       |
| disopyramide phosphate cap 100 mg, 150 mg.....   | 36  | DROPLET PEN NEEDLES 32GX4.....  | 102       |
| disulfiram tab 250 mg, 500 mg.....   | 61  | DROPLET PEN NEEDLES 32GX5.....  | 102       |
| divalproex sodium cap delayed release sprinkle 125 mg.....   | 71  | DROPLET PEN NEEDLES 32GX6.....  | 102       |
| divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....                                    | 71  | DROPLET PEN NEEDLES 32GX8.....  | 103       |
| divalproex sodium tab er 24 hr 250 mg, 500 mg.....   | 71  | DROPLET PEN NEEDLES 29G X.....  | 102       |
| dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....                          | 36  | DROPLET PEN NEEDLES 30G X.....  | 102       |
| donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....                                   | 61  | DROPLET PEN NEEDLES 31G X.....  | 102       |
| donepezil hydrochloride tab 23 mg.....   | 61  | DROPLET PEN NEEDLES 32G X.....  | 102       |
| donepezil hydrochloride tab 5 mg, 10 mg.....   | 61  | DROPLET PERSONAL LANCETS.....   | 103       |
| DOPTELET.....  | 78  | DROPSAFE ACTI-LANCE SAFTE.....  | 103       |
| dorzolamide hcl ophth soln 2%.....   | 84  | DROPSAFE INSULIN SAFETY S.....  | 103       |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....   | 84  | DROPSAFE SAFETY PEN NEEDL.....  | 103       |
| dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....  | 84  | DROPSAFE SAFTEY PEN NEEDL.....  | 103       |
| DOVATO.....  | 4   | DROSPIRENONE/ETHINYL ESTR.....  | 25        |
| doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....   | 38  | <b>drospirenone-ethinyl estradiol tab 3-0.02 mg.....</b>  | <b>25</b> |
| doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....                                      | 54  | <b>drospirenone-ethinyl estradiol tab 3-0.03 mg.....</b>  | <b>25</b> |
| doxepin hcl conc 10 mg/ml.....   | 54  | <b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....</b>                                | <b>25</b> |
| doxepin hcl cream 5%.....  | 89  | DROXIA.....   | 78        |
| doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....                                    | 59  | DRUG MART LANCETS THIN.....   | 103       |
| DOXERCALCIFEROL.....   | 32  | DRUG MART LANCETS ULTRA T.....  | 103       |
| doxycycline hyclate cap 50 mg.....   | 2   | DRUG MART ON-THE-GO LANCE.....  | 103       |
| doxycycline hyclate cap 100 mg.....  | 2   | DRUG MART UNIFINE PENTIPS.....  | 103       |
| doxycycline hyclate tab 20 mg, 100 mg.....   | 2   | DRUG MART UNILET LANCETS.....   | 103       |
| doxycycline monohydrate cap 50 mg, 100 mg.....   | 2   | DRUG MART UNILET MICRO TH.....  | 103       |
| doxycycline monohydrate for susp 25 mg/5ml.....  | 2   | DUANE READE LANCET ALTERN.....  | 103       |
| doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....  | 2   | DUANE READE LANCET SUPER.....   | 103       |
| doxylamine-pyridoxine tab delayed release 10-10 mg.....  | 48  | DUANE READE LANCET ULTRA.....   | 103       |
| dronabinol cap 2.5 mg, 5 mg, 10 mg.....  | 48  | DUANE READE UNIFINE PENTI.....  | 103       |
| DROPLET GENTEEL LANCING D.....   | 101 | DUAVEE.....   | 24        |
| DROPLET INSULIN SYRINGE 0.....   | 102 | DULERA.....   | 45        |
|  |     | <b>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq).....</b> | <b>54</b> |
|  |     | DUPIXENT.....   | 89        |
|  |     | DUREX EXTRA SENSITIVE THI.....  | 103       |
|  |     | DUREX REALFEEL NON-LATEX.....   | 103       |
|  |     | DUREX TROPICAL.....   | 103       |
|  |     | <b>dutasteride cap 0.5 mg.....</b>  | <b>52</b> |
|  |     | <b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....</b>   | <b>52</b> |
|  |     | DUVYZAT.....  | 75        |

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## E

|   |           |   |           |
|---|-----------|---|-----------|
| EASY COMFORT INSULIN SYRI.....                              | 104       | ELIQUIS STARTER PACK.....                                     | 79        |
| EASY COMFORT PEN NEEDLES.....                               | 104       | ELLA.....   | 25        |
| EASY COMFORT SAFETY PEN N.....                              | 104       | ELMIRON.....  | 52        |
| EASY GLIDE PEN NEEDLES 33.....                              | 104       | ELOCTATE.....   | 80        |
| EASY MINI EJECT LANCING D.....                              | 104       | EMBECTA AUTOSHIELD DUO 30.....                                | 105       |
| EASY MINI LANCING DEVICE.....                               | 104       | EMBECTA INSULIN SYRINGE.....                                  | 105       |
| EASY TOUCH ALLERGY TRAY S.....                              | 104       | EMBECTA INSULIN SYRINGE/.....                                 | 106       |
| EASY TOUCH FLIPLOCK SAFET.....                              | 104       | EMBECTA INSULIN SYRINGE/U.....                                | 106       |
| EASY TOUCH 32GX5MM.....                                     | 105       | EMBECTA PEN NEEDLE/NANO 2.....                                | 106       |
| EASY TOUCH 32GX6MM.....                                     | 105       | EMBECTA PEN NEEDLE/NANO/2.....                                | 106       |
| EASY TOUCH INSULIN SYRING.....                              | 104       | EMBECTA PEN NEEDLE/NANO/3.....                                | 106       |
| EASY TOUCH LANCETS 30G/BU.....                              | 104       | EMBECTA PEN NEEDLE/ULTRA.....                                 | 106       |
| EASY TOUCH LANCETS 21G/PR.....                              | 104       | EMBRACE LANCETS ULTRA THI.....                                | 106       |
| EASY TOUCH LANCETS 23G/PR.....                              | 104       | EMBRACE LANCING DEVICE WI.....                                | 106       |
| EASY TOUCH LANCETS 26G/PR.....                              | 104       | EMBRACE PEN NEEDLES/29G X.....                                | 106       |
| EASY TOUCH LANCETS 28G/PR.....                              | 104       | EMBRACE PEN NEEDLES/30G X.....                                | 106       |
| EASY TOUCH LANCETS 30G/PR.....                              | 105       | EMBRACE PEN NEEDLES/31G X.....                                | 106       |
| EASY TOUCH LANCETS 32G/PR.....                              | 105       | EMBRACE PEN NEEDLES/32G X.....                                | 106       |
| EASY TOUCH LANCETS 26G/PU.....                              | 104       | EMBRACE PRESSURE ACTIVATE.....                                | 106       |
| EASY TOUCH LANCETS 28G/PU.....                              | 104       | EMEND.....  | 49        |
| EASY TOUCH LANCETS 30G/PU.....                              | 105       | EMGALITY.....   | 69        |
| EASY TOUCH LANCETS 32G/PU.....                              | 105       | EMPAVELI.....   | 81        |
| EASY TOUCH LANCETS 28G/TW.....                              | 104       | EMSAM.....  | 54        |
| EASY TOUCH LANCETS 30G/TW.....                              | 105       | <b>emtricitabine caps 200 mg.....</b>                         | <b>5</b>  |
| EASY TOUCH LANCETS 32G/TW.....                              | 105       | <b>emtricitabine-tenofovir disoproxil fumarate tab</b>        |           |
| EASY TOUCH LANCETS 33G/TW.....                              | 105       | <b>200-300 mg.....</b>  | <b>5</b>  |
| EASY TOUCH LANCING DEVICE.....                              | 105       | <b>emtricitabine-tenofovir disoproxil fumarate tab</b>        |           |
| EASY TOUCH PEN NEEDLE 30.....                               | 105       | <b>100-150 mg, 133-200 mg, 167-250 mg.....</b>                | <b>5</b>  |
| EASY TOUCH PEN NEEDLE/30.....                               | 105       | EMTRIVA.....  | 5         |
| EASY TOUCH PEN NEEDLES 29.....                              | 105       | <b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5</b> |           |
| EASY TOUCH PEN NEEDLES 31.....                              | 105       | <b>mg.....</b>  | <b>38</b> |
| EASY TOUCH PEN NEEDLES 32.....                              | 105       | <b>enalapril maleate &amp; hydrochlorothiazide tab 10-25</b>  |           |
| EASY TOUCH PEN NEEDLES/31.....                              | 105       | <b>mg.....</b>  | <b>38</b> |
| EASY TOUCH SAFETY LANCETS.....                              | 105       | <b>enalapril maleate oral soln 1 mg/ml.....</b>               | <b>38</b> |
| EASY TOUCH SAFETY PEN NEE.....                              | 105       | <b>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....</b>  | <b>38</b> |
| EASY TOUCH SHEATHLOCK SAF.....                              | 105       | ENBREL.....   | 67        |
| EASY TOUCH TUBERCULIN FLI.....                              | 105       | ENBREL MINI.....  | 67        |
| EASY TOUCH TUBERCULIN SHE.....                              | 105       | ENBREL SURECLICK.....   | 67        |
| <b>econazole nitrate cream 1%.....</b>                      | <b>89</b> | ENCARE.....   | 52        |
| EDURANT.....  | 4         | ENGERIX-B.....  | 11        |
| <b>efavirenz-emtricitabine-tenofovir df tab 600-200-300</b> |           | <b>enoxaparin sodium inj 300 mg/3ml.....</b>                  | <b>79</b> |
| <b>mg.....</b>  | <b>5</b>  | <b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40</b>    |           |
| <b>efavirenz-lamivudine-tenofovir df tab 400-300-300</b>    |           | <b>mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120</b>     |           |
| <b>mg.....</b>  | <b>5</b>  | <b>mg/0.8ml, 150 mg/ml.....</b>                               | <b>79</b> |
| <b>efavirenz-lamivudine-tenofovir df tab 600-300-300</b>    |           | ENSPRYNG.....   | 138       |
| <b>mg.....</b>  | <b>5</b>  | <b>entacapone tab 200 mg.....</b>                             | <b>74</b> |
| <b>efavirenz tab 600 mg.....</b>                            | <b>4</b>  | <b>entecavir tab 0.5 mg, 1 mg.....</b>                        | <b>5</b>  |
| EGATEN.....   | 9         | ENTRESTO.....   | 42        |
| <b>eletriptan hydrobromide tab 20 mg (base equivalent),</b> |           | ENTYVIO PEN.....  | 50        |
| <b>40 mg (base equivalent).....</b>                         | <b>69</b> | EPCLUSA.....  | 5         |
| ELIQUIS.....  | 79        | EPIDIOLEX.....  | 71        |
|   |           | <b>epinastine hcl ophth soln 0.05%.....</b>                   | <b>84</b> |

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|   |     |  |     |
|---|-----|--|-----|
| epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....                          | 40  | 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%).....       | 24  |
| epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....                           | 40  | 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.....                         | 24  |
| EPIVIR.....   | 5   | 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..... | 24  |
| eplerenone tab 25 mg, 50 mg.....  | 38  | estradiol vaginal cream 0.1 mg/gm.....   | 52  |
| EPRONTIA.....   | 71  | estradiol vaginal tab 10 mcg.....  | 52  |
| EQL COLOR LANCETS 21G.....  | 106 | ESTRING.....   | 52  |
| EQL COLOR LANCETS MICRO T.....  | 106 | eszopiclone tab 1 mg, 2 mg, 3 mg.....  | 59  |
| EQL INSULIN SYRINGE/0.3ML.....  | 106 | ethacrynic acid tab 25 mg.....   | 39  |
| EQL INSULIN SYRINGE/0.5ML.....  | 106 | ethambutol hcl tab 100 mg.....   | 3   |
| EQL INSULIN SYRINGE/1ML/2.....  | 106 | ethambutol hcl tab 400 mg.....   | 3   |
| EQL INSULIN SYRINGE/1ML/3.....  | 106 | ethosuximide cap 250 mg.....   | 71  |
| EQL SHORT PEN NEEDLES 31G.....  | 107 | ethosuximide soln 250 mg/5ml.....  | 71  |
| EQL SUPER THIN LANCETS 30.....  | 107 | ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....   | 25  |
| EQL THIN LANCETS 26G.....   | 107 | etodolac cap 200 mg, 300 mg.....   | 67  |
| EQL ULTRA SHORT PEN NEEDL.....  | 107 | etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....   | 67  |
| ergocalciferol cap 1.25 mg (50000 unit).....  | 76  | etodolac tab 400 mg.....   | 67  |
| ERGOMAR.....  | 70  | etodolac tab 500 mg.....   | 67  |
| ERGOTAMINE TARTRATE/CAFFE.....  | 70  | etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....   | 25  |
| ERIVEDGE.....   | 16  | ETOPOSIDE.....   | 16  |
| ERLEADA.....  | 16  | etravirine tab 100 mg, 200 mg.....   | 5   |
| erlotinib hcl tab 25 mg (base equivalent).....  | 16  | everolimus tab for oral susp 3 mg.....   | 16  |
| erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....               | 16  | everolimus tab for oral susp 2 mg, 5 mg.....   | 16  |
| ERTACZO.....  | 89  | everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....  | 16  |
| erythromycin ethylsuccinate for susp 200 mg/5ml.....                                    | 2   | everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....   | 138 |
| erythromycin ethylsuccinate for susp 400 mg/5ml.....                                    | 2   | EVOTAZ.....  | 5   |
| erythromycin ethylsuccinate tab 400 mg.....   | 2   | EVRYSDI.....   | 75  |
| erythromycin gel 2%.....  | 89  | EXELDERM.....  | 89  |
| erythromycin ophth oint 5 mg/gm.....  | 84  | exemestane tab 25 mg.....  | 16  |
| erythromycin soln 2%.....   | 89  | EYSUVIS.....   | 84  |
| erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....                            | 2   | ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....  | 41  |
| erythromycin tab 250 mg, 500 mg.....  | 2   | ezetimibe tab 10 mg.....   | 41  |
| escitalopram oxalate soln 5 mg/5ml (base equiv).....                                    | 54  | E-Z JECT LANCETS.....  | 103 |
| escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)..... | 54  | E-Z JECT LANCETS COLOR.....  | 103 |
| esomeprazole magnesium cap delayed release 40 mg (base eq).....                         | 48  | E-Z JECT LANCETS 21G.....  | 103 |
| esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg.....   | 48  | E-ZJECT LANCETS MICRO-THI.....   | 103 |
| esomeprazole magnesium for delayed release susp pack 2.5 mg.....                        | 48  | E-Z JECT LANCETS SUPER TH.....   | 103 |
| ESPEROCT.....   | 81  | E-Z JECT LANCETS THIN 26G.....   | 103 |
| estazolam tab 1 mg.....   | 59  | EZ-LETS LANCETS 21G.....   | 107 |
| estazolam tab 2 mg.....   | 59  | EZ-LETS LANCETS 30G.....   | 107 |
| estradiol & norethindrone acetate tab 0.5-0.1 mg.....                                   | 24  | EZ-LETS LANCETS 26G SUPER.....   | 107 |
| estradiol & norethindrone acetate tab 1-0.5 mg.....                                     | 24  | EZ-LETS LANCETS 28G ULTRA.....   | 107 |
| estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....                            | 24  |  |     |
| estradiol tab 0.5 mg, 1 mg, 2 mg.....   | 24  | <b>F</b>   |     |
|   |     | famciclovir tab 125 mg, 250 mg, 500 mg.....  | 5   |

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|---|-----|---|-----|
| famotidine for susp 40 mg/5ml.....  | 48  | fluconazole for susp 10 mg/ml, 40 mg/ml.....  | 3   |
| famotidine tab 20 mg, 40 mg.....  | 48  | fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....  | 3   |
| FANAPT.....   | 56  | flucytosine cap 250 mg, 500 mg.....   | 3   |
| FANAPT TITRATION PACK.....  | 56  | fludrocortisone acetate tab 0.1 mg.....   | 23  |
| FANTASY LUBRICATED.....   | 107 | FLULAVAL 2024-2025.....   | 11  |
| FANTASY LUBRICATED/SPERMI.....  | 107 | FLUMIST NASAL VACCINE 202.....  | 11  |
| FARXIGA.....  | 27  | flunisolide nasal soln 25 mcg/act (0.025%).....   | 43  |
| FASENRA PEN.....  | 45  | fluocinolone acetonide cream 0.01%.....   | 89  |
| FC2 FEMALE CONDOM.....  | 107 | fluocinolone acetonide cream 0.025%.....  | 89  |
| febuxostat tab 40 mg, 80 mg.....  | 70  | fluocinolone acetonide oil 0.01% (body oil).....  | 89  |
| FEIBA.....  | 81  | fluocinolone acetonide oil 0.01% (scalp oil).....   | 89  |
| felbamate susp 600 mg/5ml.....  | 71  | fluocinolone acetonide oint 0.025%.....   | 89  |
| felbamate tab 400 mg, 600 mg.....   | 71  | fluocinolone acetonide (otic) oil 0.01%.....  | 86  |
| felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....   | 36  | fluocinolone acetonide soln 0.01%.....  | 89  |
| FEMCAP.....   | 107 | FLUOCINONIDE.....   | 89  |
| fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....                            | 41  | fluocinonide cream 0.05%.....   | 89  |
| fenofibrate tab 48 mg, 145 mg.....  | 41  | fluocinonide emulsified base cream 0.05%.....   | 89  |
| fenofibrate tab 54 mg, 160 mg.....  | 41  | fluocinonide oint 0.05%.....  | 89  |
| fenoprofen calcium tab 600 mg.....  | 67  | fluocinonide soln 0.05%.....  | 89  |
| fentanyl td patch 72hr 25 mcg/hr.....   | 65  | fluorometholone ophth susp 0.1%.....  | 84  |
| fentanyl td patch 72hr 12 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....                         | 65  | FLUOROURACIL.....   | 89  |
| ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)..... | 78  | fluorouracil cream 5%.....  | 89  |
| fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....   | 51  | fluorouracil soln 5%.....   | 89  |
| FETZIMA.....  | 54  | fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....   | 54  |
| FETZIMA TITRATION PACK.....   | 54  | fluoxetine hcl solution 20 mg/5ml.....  | 54  |
| FIASP.....  | 29  | fluoxetine hcl tab 60 mg.....   | 54  |
| FIASP FLEXTOUCH.....  | 29  | fluphenazine decanoate inj 25 mg/ml.....  | 56  |
| FIASP PENFILL.....  | 29  | fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....   | 56  |
| FIBRYGA.....  | 81  | FLUPHENAZINE HYDROCHLORID.....  | 56  |
| FIFTY50 PEN NEEDLES/31GX8.....  | 107 | FLURBIPROFEN SODIUM.....  | 84  |
| FIFTY50 PEN NEEDLES/32GX4.....  | 107 | flurbiprofen tab 100 mg.....  | 67  |
| FIFTY50 PEN NEEDLES/32GX6.....  | 107 | FLUTICASONE PROPIONATE/SA.....  | 45  |
| FIFTY50 PEN NEEDLES 31GX5.....  | 107 | fluticasone propionate cream 0.05%.....   | 90  |
| FIFTY50 PEN NEEDLES 31G X.....  | 107 | FLUTICASONE PROPIONATE DI.....  | 45  |
| FIFTY50 SAFETY SEAL LANCE.....  | 107 | FLUTICASONE PROPIONATE HF.....  | 45  |
| FIFTY50 SUPERIOR COMFORT.....   | 107 | fluticasone propionate nasal susp 50 mcg/act.....   | 43  |
| FIFTY50 UNILET LANCETS 33.....  | 107 | fluticasone propionate oint 0.005%.....   | 90  |
| FILSPARI.....   | 52  | fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....      | 45  |
| finasteride tab 1 mg.....   | 89  | fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....                  | 41  |
| finasteride tab 5 mg.....   | 52  | fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....                                  | 41  |
| FINGERSTIX LANCETS.....   | 107 | fluvoxamine maleate tab 100 mg.....   | 55  |
| fingolimod hcl cap 0.5 mg (base equiv).....   | 62  | fluvoxamine maleate tab 25 mg, 50 mg.....   | 55  |
| FINTEPLA.....   | 71  | FLUZONE 2024-2025.....  | 11  |
| FIRDAPSE.....   | 76  | FLUZONE HIGH-DOSE 2024-20.....  | 11  |
| flavoxate hcl tab 100 mg.....   | 51  | folic acid tab 400 mcg, 800 mcg.....  | 78  |
| flecainide acetate tab 50 mg, 100 mg, 150 mg.....   | 36  | folic acid tab 1 mg.....  | 78  |
| FLUAD 2024-2025.....  | 11  | FOLIVANE-OB.....  | 76  |
| FLUARIX 2024-2025.....  | 11  | fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml..... | 79  |
| FLUBLOK 2024-2025.....  | 11  | FORA LANCETS.....   | 107 |
| FLUCELVAX 2024-2025.....  | 11  |   |     |

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|  |           |  |           |
|--|-----------|--|-----------|
| FORA LANCING DEVICE.....   | 107       | gentamicin sulfate ophth soln 0.3%.....                                  | 84        |
| FORA LANCING DEVICE/CLEAR.....   | 107       | GENTEEL BUTTERFLY TOUCH L.....   | 108       |
| <b>fosamprenavir calcium tab 700 mg (base equiv).....</b>                          | <b>5</b>  | GENTEEL PLUS LANCING DEVI.....   | 108       |
| <b>fosfomycin tromethamine powd pack 3 gm (base equivalent).....</b>               | <b>9</b>  | GENTLE-LET LANCETS GENERA.....   | 108       |
| <b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....</b> | <b>38</b> | GENTLE-LET LANCETS SAFETY.....   | 108       |
| <b>fosinopril sodium tab 10 mg, 20 mg, 40 mg.....</b>                              | <b>38</b> | GENVOYA.....   | 5         |
| FOTIVDA.....   | 16        | GEODON.....  | 56        |
| FREESTYLE LANCETS.....   | 107       | GILOTRIF.....  | 16        |
| FREESTYLE LIBRE 2/READER/.....   | 108       | <b>glatiramer acetate soln prefilled syringe 20 mg/ml.....</b>           | <b>62</b> |
| FREESTYLE LIBRE 3/READER/.....   | 108       | <b>glatiramer acetate soln prefilled syringe 40 mg/ml.....</b>           | <b>62</b> |
| FREESTYLE LIBRE/READER/FL.....   | 108       | GLEOSTINE.....   | 16        |
| FREESTYLE LIBRE 2/SENSOR/.....   | 108       | <b>glimepiride tab 1 mg, 2 mg, 4 mg.....</b>                             | <b>27</b> |
| FREESTYLE LIBRE 3/SENSOR/.....   | 108       | <b>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....</b> | <b>27</b> |
| FREESTYLE LIBRE 14 DAY/RE.....   | 107       | <b>glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....</b>                    | <b>27</b> |
| FREESTYLE LIBRE 14 DAY/SE.....   | 107       | <b>glipizide tab 5 mg, 10 mg.....</b>                                    | <b>27</b> |
| FREESTYLE LIBRE 2 PLUS/SE.....   | 107       | GLOBAL EASE INJECT PEN NE.....   | 108       |
| FREESTYLE LIBRE 3 PLUS/SE.....   | 108       | GLOBAL EASY GLIDE INSULIN.....   | 108       |
| FREESTYLE UNISTICK II LAN.....   | 108       | GLOBAL EASY GLIDE PEN NEE.....   | 108       |
| <b>frovatriptan succinate tab 2.5 mg (base equivalent).....</b>                    | <b>70</b> | GLOBAL INJECT EASE INSULI.....   | 108       |
| FRUZAQLA.....  | 16        | GLOBAL INJECT EASE LANCET.....   | 108       |
| FULPHILA.....  | 78        | GLOBAL INSULIN SYRINGE/U.....  | 108       |
| FUROSCIX.....  | 40        | GLOBAL INSULIN SYRINGES/U.....   | 108       |
| <b>furosemide oral soln 10 mg/ml.....</b>  | <b>40</b> | GLOBAL LANCING DEVICE.....   | 108       |
| <b>furosemide tab 20 mg, 40 mg, 80 mg.....</b>                                     | <b>40</b> | GLUCAGON EMERGENCY KIT FO.....   | 27        |
| FUZEON.....  | 5         | GLUCOCOM LANCETS 28G.....  | 108       |
| FYCOMPA.....   | 72        | GLUCOCOM LANCETS 30G.....  | 109       |
| FYLNETRA.....  | 78        | GLUCOCOM LANCETS 33G.....  | 109       |
| <b>G</b>   |           | GLUCOPRO INSULIN SYRINGE/.....   | 109       |
| <b>gabapentin cap 100 mg, 300 mg, 400 mg.....</b>                                  | <b>72</b> | <b>glutamine (sickle cell) powd pack 5 gm.....</b>                       | <b>78</b> |
| <b>gabapentin oral soln 250 mg/5ml.....</b>  | <b>72</b> | <b>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg.....</b>    | <b>27</b> |
| <b>gabapentin tab 600 mg, 800 mg.....</b>  | <b>72</b> | GLYBURIDE MICRONIZED.....  | 27        |
| GALAFOLD.....  | 32        | <b>glyburide tab 1.25 mg, 2.5 mg, 5 mg.....</b>                          | <b>27</b> |
| <b>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....</b>                | <b>62</b> | <b>glycopyrrolate oral soln 1 mg/5ml.....</b>                            | <b>48</b> |
| <b>galantamine hydrobromide tab 4 mg.....</b>                                      | <b>62</b> | <b>glycopyrrolate tab 1 mg, 2 mg.....</b>                                | <b>48</b> |
| <b>galantamine hydrobromide tab 8 mg, 12 mg.....</b>                               | <b>62</b> | GLYXAMBI.....  | 27        |
| GAMMAGARD LIQUID.....  | 13        | GNP CLICKFINE UNIVERSAL P.....   | 109       |
| GAMMAKED.....  | 13        | GNP INSULIN SYRINGE/0.3ML.....   | 109       |
| GAMUNEX-C.....   | 14        | GNP INSULIN SYRINGE/0.5ML.....   | 109       |
| GARDASIL 9.....  | 11        | GNP INSULIN SYRINGE/1ML/2.....   | 109       |
| <b>gatifloxacin ophth soln 0.5%.....</b>   | <b>84</b> | GNP INSULIN SYRINGE/1ML/3.....   | 109       |
| GATTEX.....  | 50        | GNP INSULIN SYRINGES/1/2M.....   | 109       |
| GAVRETO.....   | 16        | GNP INSULIN SYRINGES/0.3M.....   | 109       |
| <b>gefitinib tab 250 mg.....</b>   | <b>16</b> | GNP INSULIN SYRINGES/1ML/.....   | 109       |
| <b>gemfibrozil tab 600 mg.....</b>   | <b>41</b> | GNP INSULIN SYRINGES/3ML/.....   | 109       |
| GENOTROPIN.....  | 32        | GNP LANCETS 21G.....   | 109       |
| GENOTROPIN MINIQUICK.....  | 33        | GNP LANCETS THIN 26G.....  | 109       |
| <b>gentamicin sulfate cream 0.1%.....</b>  | <b>90</b> | GNP PEN NEEDLES 31GX5MM.....   | 109       |
| <b>gentamicin sulfate oint 0.1%.....</b>   | <b>90</b> | GNP PEN NEEDLES 31GX8MM.....   | 109       |
|  |           | GNP PEN NEEDLES 32GX4MM.....   | 109       |
|  |           | GNP PEN NEEDLES 32GX6MM.....   | 109       |
|  |           | GNP STERILE LANCETS 28G.....   | 109       |

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|   |           |   |           |
|---|-----------|---|-----------|
| GNP STERILE LANCETS 30G.....                                | 109       | HEALTHWISE INSULIN SYRING.....                                | 111       |
| GNP STERILE LANCETS 33G.....                                | 109       | HEALTHWISE MICRON PEN NEE.....                                | 111       |
| GNP ULTICARE PEN NEEDLES.....                               | 109       | HEALTHWISE MINI PEN NEEDL.....                                | 111       |
| GNP ULTICARE PEN NEEDLES/.....                              | 110       | HEALTHWISE PEN NEEDLES 29.....                                | 111       |
| GNP ULTIGUARD SAFEPAK/MI.....                               | 110       | HEALTHWISE SHORT PEN NEED.....                                | 111       |
| GNP ULTIGUARD SAFEPAK/SH.....                               | 110       | H-E-B INCONTROL ADVANCED.....                                 | 110       |
| GNP ULTRA COMFORT INSULIN.....                              | 110       | H-E-B INCONTROL LANCETS M.....                                | 110       |
| GOJJI LANCING DEVICE/CLEA.....                              | 110       | H-E-B INCONTROL LANCETS S.....                                | 110       |
| GOJJI STERILE LANCETS 30G.....                              | 110       | H-E-B INCONTROL LANCETS U.....                                | 110       |
| GOMEKLI.....  | 16        | H-E-B IN CONTROL PEN NEED.....                                | 110       |
| GOODSENSE CLICKFINE SAFET.....                              | 110       | H-E-B INCONTROL PEN NEEDL.....                                | 110       |
| GOODSENSE COLOR LANCETS M.....                              | 110       | H-E-B IN CONTROL UNIFINE.....                                 | 110       |
| GOODSENSE LANCETS MICRO-T.....                              | 110       | HEMLIBRA.....   | 81        |
| GOODSENSE LANCETS ULTRA-T.....                              | 110       | HEMOPIL M.....  | 81        |
| GOODSENSE LANCING DEVICE.....                               | 110       | <b>heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/</b> |           |
| GOODSENSE PEN NEEDLE/PENF.....                              | 110       | <b>ml.....</b>  | <b>79</b> |
| <b>granisetron hcl tab 1 mg.....</b>                        | <b>49</b> | HEPLISAV-B.....   | 11        |
| <b>griseofulvin microsize susp 125 mg/5ml.....</b>          | <b>3</b>  | HIBERIX.....  | 11        |
| <b>griseofulvin microsize tab 500 mg.....</b>               | <b>3</b>  | HIZENTRA.....   | 14        |
| <b>griseofulvin ultramicrosize tab 125 mg, 250 mg.....</b>  | <b>3</b>  | HM ULTICARE INSULIN SYRIN.....                                | 111       |
| <b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2</b>      |           | HM ULTICARE MINI PEN NEED.....                                | 111       |
| <b>mg (base equiv), 3 mg (base equiv), 4 mg (base</b>       |           | HM ULTICARE SHORT PEN NEE.....                                | 111       |
| <b>equiv).....</b>  | <b>60</b> | HUMALOG.....  | 29        |
| <b>guanfacine hcl tab 1 mg, 2 mg.....</b>                   | <b>38</b> | HUMALOG JUNIOR KWIKPEN.....                                   | 29        |
| GVOKE HYPOPEN 1-PACK.....                                   | 27        | HUMALOG KWIKPEN.....  | 29        |
| GVOKE HYPOPEN 2-PACK.....                                   | 27        | HUMALOG MIX 75/25.....  | 30        |
| GVOKE KIT.....  | 27        | HUMALOG MIX 50/50 KWIKPEN.....                                | 30        |
| GVOKE PFS.....  | 27        | HUMALOG MIX 75/25 KWIKPEN.....                                | 30        |
| GYNAZOLE-1.....   | 52        | HUMALOG TEMPO PEN.....  | 29        |
| <b>H</b>  |           | HUMATE-P.....   | 81        |
| HADLIMA.....  | 67        | HUMATIN.....  | 3         |
| HADLIMA PUSH TOUCH.....                                     | 68        | HUMIRA.....   | 68        |
| HAEGARDA.....   | 81        | HUMIRA PEN.....   | 68        |
| HAEMOLANCE.....   | 110       | HUMIRA PEN-CD/UC/HS START.....                                | 68        |
| HAEMOLANCE LOW FLOW LANCE.....                              | 110       | HUMIRA PEN-PS/UV STARTER.....                                 | 68        |
| HAEMOLANCE PLUS.....  | 111       | HUMULIN 70/30.....  | 30        |
| HAEMOLANCE PLUS HIGH FLOW.....                              | 111       | HUMULIN 70/30 KWIKPEN.....                                    | 30        |
| HAEMOLANCE PLUS LOW FLOW.....                               | 111       | HUMULIN N.....  | 30        |
| HAEMOLANCE PLUS MAX FLOW.....                               | 111       | HUMULIN N KWIKPEN.....  | 30        |
| HAEMOLANCE PLUS PEDIATRIC.....                              | 111       | HUMULIN R.....  | 30        |
| <b>halcinonide cream 0.1%.....</b>                          | <b>90</b> | HUMULIN R U-500 (CONCENTR.....                                | 30        |
| HALDOL DECANOATE 50.....                                    | 56        | HUMULIN R U-500 KWIKPEN.....                                  | 30        |
| HALDOL DECANOATE 100.....                                   | 56        | HYCANTIN.....   | 16        |
| <b>halobetasol propionate cream 0.05%.....</b>              | <b>90</b> | <b>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....</b>   | <b>38</b> |
| <b>haloperidol decanoate im soln 50 mg/ml.....</b>          | <b>56</b> | <b>hydrochlorothiazide cap 12.5 mg.....</b>                   | <b>40</b> |
| <b>haloperidol decanoate im soln 100 mg/ml.....</b>         | <b>56</b> | <b>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....</b>     | <b>40</b> |
| <b>haloperidol lactate oral conc 2 mg/ml.....</b>           | <b>57</b> | <b>hydrocodone-acetaminophen soln 7.5-325</b>                 |           |
| <b>haloperidol tab 20 mg.....</b>                           | <b>57</b> | <b>mg/15ml.....</b>   | <b>65</b> |
| <b>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg.....</b> | <b>57</b> | <b>hydrocodone-acetaminophen tab 5-325 mg.....</b>            | <b>65</b> |
| HARVONI.....  | 5         | <b>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325</b>       |           |
| HAVRIX.....   | 11        | <b>mg.....</b>  | <b>65</b> |
| HEALTH CARE LANCING DEVIC.....                              | 111       | <b>hydrocodone bitart-homatropine methylbromide tab</b>       |           |
|   |           | <b>5-1.5 mg.....</b>  | <b>44</b> |

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|---|-----------|---|------------|
| <b>hydrocodone bitart-homatropine methylbrom soln</b>       |           | <b>imiquimod cream 5%.....</b>                                | <b>90</b>  |
| <b>5-1.5 mg/5ml.....</b>                                    | <b>43</b> | IMKELDI.....  | 17         |
| HYDROCODONE BITARTRATE ER.....                              | 65        | IMPAVIDO.....   | 9          |
| <b>hydrocodone-ibuprofen tab 7.5-200 mg.....</b>            | <b>65</b> | INBRIJA.....  | 74         |
| HYDROCODONE POLISTIREX/CH.....                              | 44        | INCONTROL ULTICARE MINI P.....                                | 111        |
| HYDROCORTISONE.....   | 90        | INCRELEX.....   | 33         |
| HYDROCORTISONE ACETATE/PR.....                              | 87        | INCRUSE ELLIPTA.....  | 45         |
| HYDROCORTISONE BUTYRATE.....                                | 90        | <b>indapamide tab 1.25 mg, 2.5 mg.....</b>                    | <b>40</b>  |
| <b>hydrocortisone cream 2.5%.....</b>                       | <b>90</b> | <b>indomethacin cap er 75 mg.....</b>                         | <b>68</b>  |
| <b>hydrocortisone enema 100 mg/60ml.....</b>                | <b>87</b> | <b>indomethacin cap 25 mg, 50 mg.....</b>                     | <b>68</b>  |
| <b>hydrocortisone oint 2.5%.....</b>                        | <b>90</b> | INFANRIX.....   | 13         |
| <b>hydrocortisone perianal cream 1%.....</b>                | <b>87</b> | INLYTA.....   | 17         |
| <b>hydrocortisone perianal cream 2.5%.....</b>              | <b>87</b> | INQOVI.....   | 17         |
| <b>hydrocortisone tab 5 mg, 10 mg, 20 mg.....</b>           | <b>23</b> | INREBIC.....  | 17         |
| <b>hydrocortisone valerate cream 0.2%.....</b>              | <b>90</b> | INSULIN DEGLUDEC.....   | 31         |
| <b>hydrocortisone valerate oint 0.2%.....</b>               | <b>90</b> | INSULIN DEGLUDEC FLEXTOUC.....                                | 31         |
| <b>hydrocortisone w/ acetic acid otic soln 1-2%.....</b>    | <b>86</b> | INSULIN SYRINGE/0.3ML/30G.....                                | 112        |
| <b>hydromorphone hcl liqd 1 mg/ml.....</b>                  | <b>65</b> | INSULIN SYRINGE/0.3ML/31G.....                                | 112        |
| <b>hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32</b> |           | INSULIN SYRINGE/0.5ML/28G.....                                | 112        |
| <b>mg.....</b>  | <b>65</b> | INSULIN SYRINGE/0.5ML/30G.....                                | 112        |
| <b>hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....</b>          | <b>65</b> | INSULIN SYRINGE/0.5ML/31G.....                                | 112        |
| <b>hydroxychloroquine sulfate tab 200 mg.....</b>           | <b>9</b>  | INSULIN SYRINGE/1ML/29G X.....                                | 112        |
| <b>hydroxychloroquine sulfate tab 100 mg, 300 mg, 400</b>   |           | INSULIN SYRINGE/1ML/30G X.....                                | 112        |
| <b>mg.....</b>  | <b>9</b>  | INSULIN SYRINGE/NEEDLE 0.....                                 | 112        |
| <b>hydroxyurea cap 500 mg.....</b>                          | <b>16</b> | INSULIN SYRINGE/NEEDLE 1M.....                                | 112        |
| <b>hydroxyzine hcl syrup 10 mg/5ml.....</b>                 | <b>53</b> | INSULIN SYRINGE/U-100/0.3.....                                | 112        |
| <b>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....</b>         | <b>53</b> | INSULIN SYRINGE/U-100/0.5.....                                | 112        |
| <b>hydroxyzine pamoate cap 25 mg, 50 mg.....</b>            | <b>53</b> | INSULIN SYRINGE/U-100/1ML.....                                | 112        |
| HYFTOR.....   | 90        | INSULIN SYRINGES/U-100/0.....                                 | 112        |
| HYQVIA.....   | 14        | INSULIN SYRINGES/U-100/1M.....                                | 112        |
| HY-VEE LANCETS.....   | 111       | INSUPEN 33GX4MM.....  | 113        |
| HY-VEE THIN LANCETS.....                                    | 111       | INSUPEN 29G X 12MM.....                                       | 112        |
| <b>I</b>  |           | INSUPEN 31G X 5MM.....  | 112        |
| <b>ibandronate sodium tab 150 mg (base equivalent).....</b> | <b>33</b> | INSUPEN 31G X 8MM.....  | 112        |
| IBRANCE.....  | 16        | INSUPEN 32G X 4MM.....  | 113        |
| <b>ibuprofen tab 400 mg, 600 mg, 800 mg.....</b>            | <b>68</b> | INTELENCE.....  | 5          |
| <b>icatibant acetate subcutaneous soln pref syr 30</b>      |           | IN TOUCH DIABETES MANAGEM.....                                | 111        |
| <b>mg/3ml.....</b>  | <b>81</b> | IN TOUCH LANCING DEVICE.....                                  | 111        |
| ICLUSIG.....  | 16        | IN TOUCH STERILE LANCETS.....                                 | 111        |
| IDELVION.....   | 81        | INTRAROSA.....  | 52         |
| IDHIFA.....   | 16        | INVEGA HAFYERA.....   | 57         |
| IHEALTH LANCING DEVICE.....                                 | 111       | INVEGA SUSTENNA.....  | 57         |
| ILET INSULIN INFUSION KIT.....                              | 111       | INVEGA TRINZA.....  | 57         |
| ILET INSULIN PUMP.....                                      | 111       | IPOL INACTIVATED IPV.....                                     | 11         |
| ILET STARTER KIT - CONTAC.....                              | 111       | <b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....</b> | <b>45</b>  |
| ILET STARTER KIT - INSET.....                               | 111       | <b>ipratropium bromide inhal soln 0.02%.....</b>              | <b>45</b>  |
| ILEVRO.....   | 84        | <b>ipratropium bromide nasal soln 0.03% (21 mcg/spray),</b>   |            |
| <b>imatinib mesylate tab 100 mg (base equivalent).....</b>  | <b>16</b> | <b>0.06% (42 mcg/spray).....</b>                              | <b>43</b>  |
| <b>imatinib mesylate tab 400 mg (base equivalent).....</b>  | <b>17</b> | IQIRVO.....   | 50         |
| IMBRUVICA.....  | 17        | <b>irbesartan-hydrochlorothiazide tab 150-12.5 mg,</b>        |            |
| IMCIVREE.....   | 60        | <b>300-12.5 mg.....</b>                                       | <b>38</b>  |
| <b>imipramine hcl tab 10 mg, 25 mg, 50 mg.....</b>          | <b>55</b> | <b>irbesartan tab 75 mg, 150 mg, 300 mg.....</b>              | <b>38</b>  |
|   |           | <b>irrigation solution, physiological.....</b>                | <b>138</b> |

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|  |           |   |     |
|--|-----------|---|-----|
| ISENTRESS.....   | 5         | KETOSTIX.....                                 | 93  |
| ISENTRESS HD.....  | 6         | KEVZARA.....                                  | 68  |
| <b>isoniazid syrup 50 mg/5ml.....</b>                          | <b>3</b>  | KIMONO COLORS.....                            | 113 |
| <b>isoniazid tab 100 mg.....</b>                               | <b>3</b>  | KIMONO LUBRICATED.....                        | 113 |
| <b>isoniazid tab 300 mg.....</b>                               | <b>3</b>  | KIMONO MAXX/LARGE FLARE.....                  | 113 |
| <b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg....</b> | <b>42</b> | KIMONO MICRO THIN.....                        | 113 |
| <b>isosorbide dinitrate tab 5 mg.....</b>                      | <b>34</b> | KIMONO MICRO THIN PLUS SP.....                | 113 |
| <b>isosorbide dinitrate tab 40 mg.....</b>                     | <b>34</b> | KIMONO PLUS SPERMICIDE/LU.....                | 113 |
| <b>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....</b>       | <b>34</b> | KIMONO PLUS SPERMICIDE LU.....                | 113 |
| ISOSORBIDE MONONITRATE.....                                    | 35        | KIMONO PS LUBRICATED.....                     | 113 |
| <b>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120</b>    | <b>35</b> | KIMONO PS PLUS SPERMICIDE.....                | 113 |
| <b>mg.....</b>   | <b>35</b> | KIMONO SENSATION LUBRICAT.....                | 113 |
| <b>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....</b>        | <b>90</b> | KIMONO SENSATION PLUS SPE.....                | 113 |
| <b>isradipine cap 2.5 mg, 5 mg.....</b>                        | <b>36</b> | KIMONO SPECIAL.....                           | 113 |
| ITOVEBI.....   | 17        | KINERET.....                                  | 68  |
| <b>itraconazole cap 100 mg.....</b>                            | <b>3</b>  | KINNEY LANCETS.....                           | 113 |
| <b>itraconazole oral soln 10 mg/ml.....</b>                    | <b>3</b>  | KINNEY THIN LANCETS.....                      | 113 |
| <b>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base</b>      | <b>42</b> | KINRAY INSULIN SYRINGE/0.....                 | 113 |
| <b>equiv).....</b>   | <b>42</b> | KINRAY INSULIN SYRINGE PR.....                | 113 |
| <b>ivermectin cream 1%.....</b>                                | <b>90</b> | KINRIX.....                                   | 13  |
| <b>ivermectin tab 3 mg.....</b>                                | <b>9</b>  | KISQALI.....                                  | 17  |
| IWILFIN.....   | 17        | KLOXXADO.....                                 | 92  |
| IXINITY.....   | 81        | KMART VALU PLUS INSULIN S.....                | 113 |
| <b>J</b>   |           | KOATE.....                                    | 81  |
| JAKAFI.....  | 17        | KOATE-DVI.....                                | 81  |
| JANUMET.....   | 27        | KOGENATE FS.....                              | 81  |
| JANUMET XR.....  | 27        | KOSELUGO.....                                 | 17  |
| JANUVIA.....   | 27        | KOVALTRY.....                                 | 81  |
| JARDIANCE.....   | 27        | K-PHOS NO 2.....                              | 52  |
| JAYPIRCA.....  | 17        | KRAZATI.....                                  | 17  |
| JIVI.....  | 81        | KROGER AUTOLET LANCING DE.....                | 113 |
| JOENJA.....  | 138       | KROGER HEALTHPRO TWIST LA.....                | 113 |
| JULUCA.....  | 6         | KROGER INSULIN SYRINGE/0.....                 | 113 |
| JUXTAPID.....  | 41        | KROGER INSULIN SYRINGE/1M.....                | 114 |
| JYNARQUE.....  | 33        | KROGER INSULIN SYRINGE/U.....                 | 113 |
| JYNNEOS.....   | 11        | KROGER LANCETS.....                           | 114 |
| <b>K</b>   |           | KROGER LANCETS 21G.....                       | 114 |
| KALETRA.....   | 6         | KROGER LANCETS MICRO THIN.....                | 114 |
| KALYDECO.....  | 47        | KROGER LANCETS SUPER THIN.....                | 114 |
| KAMELEON LUBRICATED.....                                       | 113       | KROGER LANCETS THIN.....                      | 114 |
| KERENDIA.....  | 33        | KROGER LANCETS THIN 26G.....                  | 114 |
| KESIMPTA.....  | 62        | KROGER LANCETS ULTRATHIN.....                 | 114 |
| KETOCARE.....  | 93        | KROGER LANCING DEVICE.....                    | 114 |
| <b>ketoconazole cream 2%.....</b>                              | <b>90</b> | KROGER PEN NEEDLES/31G X.....                 | 114 |
| <b>ketoconazole shampoo 2%.....</b>                            | <b>90</b> | KROGER PEN NEEDLES/32G X.....                 | 114 |
| <b>ketoconazole tab 200 mg.....</b>                            | <b>3</b>  | KROGER PEN NEEDLES/33G X.....                 | 114 |
| KETONE.....  | 93        | KROGER PEN NEEDLES 29G X.....                 | 114 |
| KETONE TEST STRIPS.....  | 93        | KROGER PEN NEEDLES 31G X.....                 | 114 |
| <b>ketorolac tromethamine ophth soln 0.4%.....</b>             | <b>84</b> | KROGER PEN NEEDLES 31GX1/.....                | 114 |
| <b>ketorolac tromethamine ophth soln 0.5%.....</b>             | <b>84</b> | <b>L</b>                                      |     |
| <b>ketorolac tromethamine tab 10 mg.....</b>                   | <b>68</b> | labetalol hcl tab 100 mg, 200 mg, 300 mg..... | 35  |
|  |           | lacosamide oral solution 10 mg/ml.....        | 72  |

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|   |     |   |     |
|---|-----|---|-----|
| lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg.....   | 72  | LEADER INSULIN SYRINGE/0.....   | 115 |
| lactated ringer's for irrigation.....   | 138 | LEADER INSULIN SYRINGE/1M.....  | 115 |
| lactulose (encephalopathy) solution 10 gm/15ml.....   | 50  | LEADER LANCETS COLORED.....   | 115 |
| lactulose solution 10 gm/15ml.....  | 47  | LEADER SUPER THIN LANCET.....   | 115 |
| LAGEVRIO.....   | 6   | LEADER THIN LANCETS.....  | 115 |
| lamivudine oral soln 10 mg/ml.....  | 6   | LEADER UNIFINE PENTIPS/MI.....  | 115 |
| lamivudine tab 150 mg.....  | 6   | LEADER UNIFINE PENTIPS/NA.....  | 115 |
| lamivudine tab 300 mg.....  | 6   | LEADER UNIFINE PENTIPS/PL.....  | 115 |
| lamivudine tab 100 mg (hbv).....  | 6   | LEADER UNIFINE PENTIPS PL.....  | 115 |
| lamivudine-zidovudine tab 150-300 mg.....   | 6   | LEDIPASVIR/SOFOSBUVIR.....  | 6   |
| lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg.....                       | 72  | leflunomide tab 10 mg, 20 mg.....   | 68  |
| lamotrigine tab chewable dispersible 5 mg.....  | 72  | lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg.....  | 138 |
| lamotrigine tab chewable dispersible 25 mg.....   | 72  | lenalidomide caps 2.5 mg.....   | 138 |
| lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....                             | 72  | LENVIMA 4 MG DAILY DOSE.....  | 18  |
| lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....                              | 72  | LENVIMA 8 MG DAILY DOSE.....  | 18  |
| lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....                              | 72  | LENVIMA 10 MG DAILY DOSE.....   | 17  |
| lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg.....                     | 72  | LENVIMA 12MG DAILY DOSE.....  | 17  |
| lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg.....  | 72  | LENVIMA 14 MG DAILY DOSE.....   | 18  |
| lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....                                      | 72  | LENVIMA 18 MG DAILY DOSE.....   | 18  |
| lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....                                     | 72  | LENVIMA 20 MG DAILY DOSE.....   | 18  |
| lamotrigine tab 35 x 25 mg starter kit.....   | 72  | LENVIMA 24 MG DAILY DOSE.....   | 18  |
| LAMPIT.....   | 9   | letrozole tab 2.5 mg.....   | 18  |
| LANCET DEVICE ADJUSTABLE.....   | 114 | leucovorin calcium tab 5 mg.....  | 18  |
| LANCET DEVICE WITH EJECTO.....  | 114 | leucovorin calcium tab 10 mg, 15 mg, 25 mg.....   | 18  |
| LANCETS.....  | 114 | LEUKERAN.....   | 18  |
| LANCETS - BAYER ASCENCIA.....   | 114 | leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....  | 18  |
| LANCETS 30G.....  | 114 | levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....  | 45  |
| LANCETS 30G/TWIST TOP.....  | 114 | levabuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)..... | 45  |
| LANCETS 33G EXTRA FINE.....   | 114 | levetiracetam oral soln 100 mg/ml.....  | 72  |
| LANCETS 28G THIN.....   | 114 | levetiracetam tab er 24hr 500 mg.....   | 72  |
| LANCETS 30G TWIST TOP.....  | 114 | levetiracetam tab er 24hr 750 mg.....   | 72  |
| LANCETS 33G UNIVERSAL DES.....  | 114 | levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....  | 72  |
| LANCETS MICRO THIN 33G.....   | 114 | LEVOBUNOLOL HCL.....  | 84  |
| LANCETS SUPER THIN 28G.....   | 114 | levocarnitine oral soln 1 gm/10ml (10%).....  | 33  |
| LANCETS THIN.....   | 114 | levocarnitine tab 330 mg.....   | 33  |
| LANCETS ULTRA THIN 30G.....   | 114 | levocetirizine dihydrochloride tab 5 mg.....  | 43  |
| LANCING DEVICE.....   | 114 | levofloxacin oral soln 25 mg/ml.....  | 2   |
| lansoprazole cap delayed release 30 mg.....   | 48  | levofloxacin tab 250 mg, 500 mg, 750 mg.....  | 3   |
| lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)..... | 50  | levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.....  | 25  |
| LANTUS.....   | 31  | levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....   | 25  |
| LANTUS SOLOSTAR.....  | 31  | levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....                                   | 25  |
| LANZO.....  | 114 | levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....   | 25  |
| lapatinib ditosylate tab 250 mg (base equiv).....   | 17  | levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....  | 26  |
| latanoprost ophth soln 0.005%.....  | 84  |   |     |
| LAZCLUZE.....   | 17  |   |     |
| LEADER ADVANCED LANCING D.....  | 114 |   |     |

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|  |     |   |     |
|--|-----|---|-----|
| levonorgestrel tab 1.5 mg.....   | 25  | LIVMARLI.....   | 50  |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab<br>0.01mg(7).....  | 25  | LIVTENCITY.....   | 6   |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab<br>0.01mg(7).....   | 25  | lofexidine hcl tab 0.18 mg (base equivalent).....                                       | 62  |
| levorphanol tartrate tab 2 mg.....   | 65  | LOKELMA.....  | 138 |
| levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88<br>mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg,<br>175 mcg, 200 mcg, 300 mcg..... | 31  | LO LOESTRIN FE.....   | 26  |
| LIBERTY MEDICAL LANCETS 3.....   | 115 | LONGS INSULIN SYRINGE/0.5.....  | 116 |
| lidocaine hcl soln 4%.....   | 90  | LONGS LANCETS STANDARD.....   | 116 |
| lidocaine hcl urethral/mucosal gel prefilled syringe<br>2%.....  | 90  | LONGS LANCETS THIN.....   | 116 |
| lidocaine hcl viscous soln 2%.....   | 86  | LONGS LANCETS ULTRA THIN.....   | 116 |
| lidocaine oint 5%.....   | 90  | LONSURF.....  | 18  |
| lidocaine patch 5%.....  | 90  | lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/<br>ml).....                          | 6   |
| lidocaine-prilocaine cream 2.5-2.5%.....   | 90  | lopinavir-ritonavir tab 100-25 mg.....  | 6   |
| LIFESCAN UNISTIK 2 DEEP P.....   | 115 | lopinavir-ritonavir tab 200-50 mg.....  | 6   |
| linezolid for susp 100 mg/5ml.....   | 9   | loratadine & pseudoephedrine tab er 12hr 5-120<br>mg.....                               | 44  |
| linezolid tab 600 mg.....  | 9   | loratadine & pseudoephedrine tab er 24hr 10-240<br>mg.....                              | 44  |
| LINZESS.....   | 50  | loratadine oral soln 5 mg/5ml.....  | 43  |
| liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....   | 31  | loratadine rapidly-disintegrating tab 10 mg.....  | 43  |
| lisdexamphetamine dimesylate cap 10 mg, 20 mg, 30<br>mg, 40 mg, 50 mg, 60 mg, 70 mg.....   | 60  | loratadine tab 10 mg.....   | 43  |
| lisdexamphetamine dimesylate chew tab 10 mg, 20 mg,<br>30 mg, 40 mg, 50 mg, 60 mg.....   | 60  | lorazepam conc 2 mg/ml.....   | 53  |
| lisinopril & hydrochlorothiazide tab 10-12.5 mg,<br>20-12.5 mg, 20-25 mg.....  | 38  | lorazepam tab 0.5 mg, 1 mg, 2 mg.....   | 53  |
| lisinopril tab 20 mg.....  | 38  | LORBRENA.....   | 18  |
| lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg.....  | 38  | losartan potassium & hydrochlorothiazide tab 50-12.5<br>mg, 100-12.5 mg, 100-25 mg..... | 38  |
| LITETOUCH INSULIN PEN NEE.....   | 115 | losartan potassium tab 100 mg.....  | 38  |
| LITETOUCH INSULIN SYRINGE.....   | 115 | losartan potassium tab 25 mg, 50 mg.....  | 38  |
| LITE TOUCH LANCETS.....  | 115 | loteprednol etabonate ophth gel 0.5%.....   | 84  |
| LITETOUCH LANCETS MICRO T.....   | 115 | loteprednol etabonate ophth susp 0.2%.....  | 84  |
| LITE TOUCH LANCING PEN.....  | 115 | loteprednol etabonate ophth susp 0.5%.....  | 84  |
| LITETOUCH PEN NEEDLES/31.....  | 115 | lovastatin tab 10 mg.....   | 41  |
| LITETOUCH PEN NEEDLES/31G.....   | 115 | lovastatin tab 20 mg, 40 mg.....  | 41  |
| LITETOUCH PEN NEEDLES 29G.....   | 115 | loxapine succinate cap 50 mg.....   | 57  |
| LITETOUCH PEN NEEDLES 31G.....   | 115 | loxapine succinate cap 5 mg, 10 mg, 25 mg.....  | 57  |
| LITFULO.....   | 90  | lubiprostone cap 8 mcg.....   | 50  |
| LITHIUM CARBONATE.....   | 57  | lubiprostone cap 24 mcg.....  | 50  |
| lithium carbonate cap 300 mg.....  | 57  | LUMAKRAS.....   | 18  |
| lithium carbonate cap 150 mg, 600 mg.....  | 57  | LUMIGAN.....  | 84  |
| lithium carbonate tab er 300 mg.....   | 57  | LUMRYZ.....   | 62  |
| lithium carbonate tab er 450 mg.....   | 57  | LUMRYZ STARTER PACK.....  | 62  |
| lithium carbonate tab 300 mg.....  | 57  | lurasidone hcl tab 80 mg.....   | 57  |
| lithium oral solution 8 meq/5ml.....   | 57  | lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....                                     | 57  |
| LIVDELZI.....  | 50  | LYNPARZA.....   | 18  |
| LIVE BETTER ADVANCED LANC.....   | 115 | LYSODREN.....   | 18  |
| LIVE BETTER LANCET SUPER.....  | 115 | LYTGOBI.....  | 18  |
| LIVE BETTER LANCET ULTRA.....  | 115 | LYUMJEV.....  | 29  |
| LIVE BETTER PEN NEEDLES 2.....   | 116 | LYUMJEV KWIKPEN.....  | 29  |
| LIVE BETTER PEN NEEDLES 3.....   | 116 | LYUMJEV TEMPO PEN.....  | 29  |
|  |     | <b>M</b>  |     |
|  |     | MAFENIDE ACETATE.....   | 90  |
|  |     | MAGELLAN INSULIN SAFETY S.....  | 116 |

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|  |     |  |    |
|--|-----|--|----|
| MAGELLAN TUBERCULIN SAFET.....                                   | 116 | memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....   | 62 |
| malathion lotion 0.5%.....                                       | 90  | MENEST.....  | 24 |
| MARATHON MEDICAL PENTIPS.....                                    | 116 | MENQUADFI.....   | 12 |
| maraviroc tab 150 mg.....  | 6   | MENVEO.....  | 12 |
| maraviroc tab 300 mg.....  | 6   | meprobamate tab 200 mg, 400 mg.....  | 54 |
| MARPLAN.....   | 55  | mercaptopurine tab 50 mg.....  | 19 |
| MATULANE.....  | 18  | mesalamine cap dr 400 mg.....  | 50 |
| MAVENCLAD.....   | 62  | mesalamine cap er 24hr 0.375 gm.....   | 50 |
| MAVYRET.....   | 6   | mesalamine enema 4 gm.....   | 50 |
| MAXICOMFORT II PEN NEEDLE.....                                   | 116 | mesalamine suppos 1000 mg.....   | 50 |
| MAXI-COMFORT INSULIN SYRI.....                                   | 116 | mesalamine tab delayed release 1.2 gm.....   | 50 |
| MAXICOMFORT INSULIN SYRIN.....                                   | 116 | mesalamine tab delayed release 800 mg.....   | 50 |
| MAXI-COMFORT SAFETY PEN N.....                                   | 116 | mesna tab 400 mg.....  | 19 |
| MAXX LUBRICATED.....   | 116 | metaxalone tab 400 mg.....   | 75 |
| MAXX PLUS SPERMICIDE LUBR.....                                   | 116 | metaxalone tab 800 mg.....   | 75 |
| MAYZENT.....   | 62  | metformin hcl tab er 24hr 500 mg, 750 mg.....  | 27 |
| MAYZENT STARTER PACK.....  | 62  | metformin hcl tab 500 mg, 850 mg, 1000 mg.....   | 27 |
| meclizine hcl tab 12.5 mg, 25 mg.....                            | 49  | methadone hcl conc 10 mg/ml.....   | 65 |
| MECLOFENAMATE SODIUM.....  | 68  | methadone hcl soln 5 mg/5ml.....   | 66 |
| MEDICHOICE PRE-SET SAFETY.....                                   | 116 | methadone hcl soln 10 mg/5ml.....  | 66 |
| MEDICHOICE SAFETY LANCET.....                                    | 116 | methadone hcl tab for oral susp 40 mg.....   | 66 |
| MEDICINE SHOPPE LANCETS.....                                     | 116 | methadone hcl tab 5 mg, 10 mg.....   | 66 |
| MEDICINE SHOPPE LANCETS T.....                                   | 116 | METHAMPHETAMINE HYDROCHLO.....   | 60 |
| MEDICINE SHOPPE PEN NEEDL.....                                   | 116 | methazolamide tab 25 mg, 50 mg.....  | 40 |
| MEDIC INSULIN SYRINGE/0.3.....                                   | 116 | methenamine hippurate tab 1 gm.....  | 9  |
| MEDIC INSULIN SYRINGE/0.5.....                                   | 116 | methimazole tab 5 mg, 10 mg.....   | 31 |
| MEDLANCE PLUS/LITE 25G.....                                      | 117 | methocarbamol tab 500 mg, 750 mg.....  | 75 |
| MEDLANCE PLUS EXTRA LANCE.....                                   | 117 | METHOTREXATE SODIUM.....   | 19 |
| MEDLANCE PLUS LANCETS LIT.....                                   | 117 | methotrexate sodium for inj 1 gm.....  | 19 |
| MEDLANCE PLUS LITE LANCET.....                                   | 117 | methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....  | 19 |
| MEDLANCE PLUS SPECIAL LAN.....                                   | 117 | methotrexate sodium tab 2.5 mg (base equiv).....   | 19 |
| MEDLANCE PLUS SUPERLITE 3.....                                   | 117 | METHOXSALEN.....   | 90 |
| MEDLANCE PLUS UNIVERSAL L.....                                   | 117 | methscopolamine bromide tab 2.5 mg, 5 mg.....  | 48 |
| medroxyprogesterone acetate im susp 150 mg/ml.....               | 26  | methsuximide cap 300 mg.....   | 72 |
| medroxyprogesterone acetate im susp prefilled syr 150 mg/ml..... | 26  | METHYLDOPA.....  | 38 |
| medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg.....         | 26  | methylergonovine maleate tab 0.2 mg.....   | 32 |
| mefloquine hcl tab 250 mg.....                                   | 9   | methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....                    | 60 |
| megestrol acetate susp 40 mg/ml.....                             | 18  | methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)..... | 60 |
| megestrol acetate tab 20 mg, 40 mg.....                          | 18  | methylphenidate hcl chew tab 10 mg.....  | 60 |
| MEIJER COLOR LANCETS UNIV.....                                   | 117 | methylphenidate hcl chew tab 2.5 mg, 5 mg.....   | 60 |
| MEIJER LANCETS.....  | 117 | methylphenidate hcl soln 5 mg/5ml.....   | 60 |
| MEIJER LANCETS THIN.....   | 117 | methylphenidate hcl soln 10 mg/5ml.....  | 60 |
| MEIJER LANCETS UNIVERSAL.....                                    | 117 | methylphenidate hcl tab er 10 mg, 20 mg.....   | 61 |
| MEIJER PEN NEEDLES 29G X.....                                    | 117 | methylphenidate hcl tab er osmotic release (osm) 36 mg.....  | 61 |
| MEIJER PEN NEEDLES 31G X.....                                    | 117 | methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....                              | 60 |
| MEIJER SUPER THIN LANCETS.....                                   | 117 | methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....  | 61 |
| MEKINIST.....  | 18  | METHYLPHENIDATE HYDROCHLO.....   | 61 |
| MEKTOVI.....   | 19  |  |    |
| meloxicam tab 7.5 mg, 15 mg.....                                 | 68  |  |    |
| memantine hcl oral solution 2 mg/ml.....                         | 62  |  |    |
| memantine hcl tab 5 mg, 10 mg.....                               | 62  |  |    |

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|  |     |   |     |
|--|-----|---|-----|
| methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....   | 23  | MM TWIST LANCETS.....   | 117 |
| methylprednisolone tab therapy pack 4 mg (21).....   | 23  | M-NATAL PLUS.....   | 76  |
| methyltestosterone cap 10 mg.....  | 24  | modafinil tab 100 mg.....   | 61  |
| metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....  | 50  | modafinil tab 200 mg.....   | 61  |
| metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....  | 50  | MODERNA COVID-19 VACCINE.....   | 12  |
| metolazone tab 2.5 mg, 5 mg, 10 mg.....  | 40  | moexipril hcl tab 7.5 mg, 15 mg.....  | 38  |
| metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....   | 38  | mometasone furoate cream 0.1%.....  | 90  |
| metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)..... | 35  | mometasone furoate oint 0.1%.....   | 90  |
| metoprolol tartrate tab 50 mg, 100 mg.....   | 35  | mometasone furoate solution 0.1% (lotion).....  | 90  |
| metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....   | 35  | MONOJECT HYPO/ALUM HUB/18.....  | 118 |
| metronidazole cream 0.75%.....   | 90  | MONOJECT HYPO/ALUM HUB/LU.....  | 118 |
| metronidazole gel 0.75%.....   | 90  | MONOJECT INSULIN SYRINGE.....   | 118 |
| metronidazole gel 1%.....  | 90  | MONOJECT INSULIN SYRINGE/.....  | 118 |
| metronidazole lotion 0.75%.....  | 90  | MONOJECT MAGELLAN SAFETY.....   | 118 |
| metronidazole tab 250 mg.....  | 9   | MONOJECT TB SYRINGE-NDL 1.....  | 118 |
| metronidazole tab 500 mg.....  | 10  | MONOJECT TUBERCULIN SAFET.....  | 118 |
| metronidazole vaginal gel 0.75%.....   | 52  | MONOJECT TUBERCULIN SYRIN.....  | 118 |
| mexiletine hcl cap 150 mg, 200 mg, 250 mg.....   | 37  | MONOJECT ULTRA COMFORT IN.....  | 118 |
| MICRODOT PEN NEEDLE/31G X.....   | 117 | MONOLET LANCETS.....  | 118 |
| MICRODOT PEN NEEDLE/32G X.....   | 117 | MONOLET OPD LANCETS.....  | 118 |
| MICRODOT PEN NEEDLE/33G X.....   | 117 | MONOLETTOR SAFETY LANCETS.....  | 118 |
| MICROLET LANCETS.....  | 117 | montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....                               | 45  |
| MICROLET NEXT.....   | 117 | montelukast sodium tab 10 mg (base equiv).....  | 45  |
| midodrine hcl tab 10 mg.....   | 40  | morphine sulfate oral soln 10 mg/5ml.....   | 66  |
| midodrine hcl tab 2.5 mg, 5 mg.....  | 40  | morphine sulfate oral soln 20 mg/5ml.....   | 66  |
| MIEBO.....   | 84  | morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....   | 66  |
| MIFEPREX.....  | 33  | morphine sulfate tab er 100 mg, 200 mg.....   | 66  |
| mifepristone tab 200 mg.....   | 33  | morphine sulfate tab er 15 mg, 30 mg, 60 mg.....  | 66  |
| mifepristone tab 300 mg.....   | 28  | morphine sulfate tab 15 mg.....   | 66  |
| MIGLITOL.....  | 28  | morphine sulfate tab 30 mg.....   | 66  |
| miglustat cap 100 mg.....  | 78  | MOTPOLY XR.....   | 72  |
| MINI LANCING DEVICE.....   | 117 | MOUNJARO.....   | 28  |
| minocycline hcl cap 50 mg, 75 mg, 100 mg.....  | 2   | MOVANTIK.....   | 50  |
| minoxidil tab 2.5 mg, 10 mg.....   | 38  | moxifloxacin hcl ophth soln 0.5% (base equiv).....  | 84  |
| mirabegron tab er 24 hr 25 mg, 50 mg.....  | 51  | moxifloxacin hcl tab 400 mg (base equiv).....   | 3   |
| mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg.....   | 55  | MRESVIA.....  | 12  |
| mirtazapine tab 7.5 mg, 45 mg.....   | 55  | MS INSULIN SYRINGE/0.3ML/.....  | 118 |
| mirtazapine tab 15 mg, 30 mg.....  | 55  | MS INSULIN SYRINGE/0.5ML/.....  | 118 |
| misoprostol tab 100 mcg, 200 mcg.....  | 48  | MS INSULIN SYRINGE/1ML/29.....  | 118 |
| 1ML VANISHPOINT TUBERCULI.....   | 137 | MS INSULIN SYRINGE/1ML/30.....  | 118 |
| MM INSULIN SYRINGE/U-100/.....   | 117 | MS INSULIN SYRINGE/1ML/31.....  | 119 |
| MM LANCING DEVICE.....   | 117 | MULTAQ.....   | 37  |
| MM PEN NEEDLES 31G X 3/16.....   | 117 | MULTI-LANCET DEVICE.....  | 119 |
| MM PEN NEEDLES 31G X 5/16.....   | 117 | mupirocin oint 2%.....  | 90  |
| MM PEN NEEDLES 32G X 5/32.....   | 117 | MYALEPT.....  | 33  |
| MM PEN NEEDLES 31G X 1/4".....   | 117 | MYCAPSSA.....   | 33  |
| M-M-R II.....  | 12  | mycophenolate mofetil cap 250 mg.....   | 138 |
|  |     | mycophenolate mofetil for oral susp 200 mg/ml.....  | 138 |
|  |     | mycophenolate mofetil tab 500 mg.....   | 138 |
|  |     | mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)..... | 138 |
|  |     | MYFEMBREE.....  | 24  |

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|   |     |  |    |
|---|-----|--|----|
| MYGLUCOHEALTH MGH SOFTLAN.....  | 119 | nicotine polacrilex lozenge 2 mg, 4 mg.....  | 62 |
| MYHIBBIN.....   | 138 | nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....                        | 63 |
| MYLERAN.....  | 19  | NICOTROL INHALER.....  | 63 |
| MYRBETRIQ.....  | 51  | NICOTROL NS.....   | 63 |
| MYTESI.....   | 48  | nifedipine cap 10 mg, 20 mg.....   | 36 |
| <b>N</b>  |     | nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....                                      | 36 |
| nabumetone tab 500 mg, 750 mg.....  | 68  | nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....                      | 36 |
| nadolol tab 20 mg, 40 mg, 80 mg.....  | 35  | nilutamide tab 150 mg.....   | 19 |
| naloxone hcl inj 0.4 mg/ml.....   | 92  | nimodipine cap 30 mg.....  | 36 |
| naloxone hcl inj 4 mg/10ml.....   | 92  | NINLARO.....   | 19 |
| naloxone hcl nasal spray 4 mg/0.1ml.....  | 92  | NISOLDIPINE ER.....  | 36 |
| naloxone hcl soln prefilled syringe 2 mg/2ml.....   | 92  | nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....                                    | 36 |
| NALOXONE HYDROCHLORIDE.....   | 92  | NITAZOXANIDE.....  | 10 |
| naltrexone hcl tab 50 mg.....   | 92  | nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....   | 33 |
| naproxen sodium tab 275 mg, 550 mg.....   | 68  | NITRO-BID.....   | 35 |
| naproxen tab 500 mg.....  | 68  | nitrofurantoin macrocrystalline cap 25 mg.....                                       | 10 |
| naproxen tab 250 mg, 375 mg.....  | 68  | nitrofurantoin macrocrystalline cap 50 mg, 100 mg.....                               | 10 |
| naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....   | 70  | nitrofurantoin monohydrate macrocrystalline cap 100 mg.....                          | 10 |
| NATACYN.....  | 84  | nitrofurantoin susp 25 mg/5ml.....   | 10 |
| nateglinide tab 60 mg, 120 mg.....  | 28  | nitroglycerin oint 0.4%.....   | 87 |
| NAYZILAM.....   | 72  | nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....                                     | 35 |
| nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)..... | 35  | nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....          | 35 |
| NEFAZODONE HYDROCHLORIDE.....   | 55  | nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....                              | 35 |
| NEOMYCIN/POLYMYXIN/GRAMIC.....  | 85  | NITROLINGUAL.....  | 35 |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....   | 84  | NITYR.....   | 33 |
| neomycin-polymyxin-dexamethasone ophth oint 0.1%.....   | 84  | NIVA-PLUS.....   | 76 |
| neomycin-polymyxin-dexamethasone ophth susp 0.1%.....   | 85  | NIVA THYROID.....  | 31 |
| neomycin-polymyxin-hc otic soln 1%.....   | 86  | NIVESTYM.....  | 78 |
| neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....   | 86  | NIZATIDINE.....  | 48 |
| neomycin sulfate tab 500 mg.....  | 3   | nizatidine cap 150 mg.....   | 48 |
| NEONATAL COMPLETE.....  | 76  | NORDITROPIN FLEXPRO.....   | 33 |
| NEONATAL PLUS.....  | 76  | norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....                        | 26 |
| NEO-SYNALAR.....  | 91  | norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....                     | 26 |
| NERLYNX.....  | 19  | norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg..... | 26 |
| NEULASTA.....   | 78  | norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....         | 26 |
| NEVIRAPINE.....   | 6   | norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....            | 26 |
| nevirapine tab er 24hr 400 mg.....  | 6   | norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....                     | 26 |
| nevirapine tab 200 mg.....  | 6   | norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....                      | 25 |
| NEXLETOL.....   | 41  | norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....                          | 25 |
| NEXLIZET.....   | 41  | norethindrone acetate tab 5 mg.....  | 26 |
| niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....                 | 41  |  |    |
| nicardipine hcl cap 20 mg, 30 mg.....   | 36  |  |    |
| nicotine polacrilex gum 2 mg, 4 mg.....   | 62  |  |    |

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|   |     |   |     |
|---|-----|---|-----|
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....                                 | 26  | NUVARING.....   | 26  |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....        | 26  | NUWIQ.....  | 82  |
| norethindrone tab 0.35 mg.....  | 26  | nystatin cream 100000 unit/gm.....  | 91  |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....  | 26  | nystatin oint 100000 unit/gm.....   | 91  |
| 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..... | 26  | nystatin susp 100000 unit/ml.....   | 86  |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....   | 26  | nystatin tab 500000 unit.....   | 4   |
| nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....   | 55  | nystatin topical powder 100000 unit/gm.....   | 91  |
| nortriptyline hcl soln 10 mg/5ml.....   | 55  | nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....  | 91  |
| NORVIR.....   | 6   | nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....   | 91  |
| NOVA SAFETY LANCETS 23G.....  | 119 | NYVEPRIA.....   | 78  |
| NOVA SAFETY LANCETS 28G.....  | 119 | <b>O</b>  |     |
| NOVA SUREFLEX LANCETS.....  | 119 | OBIZUR.....   | 82  |
| NOVA SUREFLEX LANCING DEV.....  | 119 | octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....   | 33  |
| NOVAVAX COVID-19 VACCINE/.....  | 12  | octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).....                    | 33  |
| NOVOEIGHT.....  | 81  | ODEFSEY.....  | 6   |
| NOVOFINE PEN NEEDLE 32G X.....  | 119 | ODOMZO.....   | 19  |
| NOVOFINE PLUS PEN NEEDLE.....   | 119 | OFEV.....   | 47  |
| NOVOLIN 70/30.....  | 30  | ofloxacin ophth soln 0.3%.....  | 85  |
| NOVOLIN 70/30 FLEXPEN.....  | 30  | ofloxacin otic soln 0.3%.....   | 86  |
| NOVOLIN 70/30 FLEXPEN REL.....  | 30  | ofloxacin tab 400 mg.....   | 3   |
| NOVOLIN 70/30 RELION.....   | 31  | OGSIVEO.....  | 19  |
| NOVOLIN N.....  | 30  | OJEMDA.....   | 19  |
| NOVOLIN N FLEXPEN.....  | 30  | OJJAARA.....  | 19  |
| NOVOLIN N FLEXPEN RELION.....   | 30  | olanzapine for im inj 10 mg.....  | 57  |
| NOVOLIN N RELION.....   | 30  | olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....   | 57  |
| NOVOLIN R.....  | 30  | olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg.....   | 57  |
| NOVOLIN R FLEXPEN.....  | 30  | 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..... | 39  |
| NOVOLIN R FLEXPEN RELION.....   | 30  | olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....                                    | 38  |
| NOVOLIN R RELION.....   | 30  | olmesartan medoxomil tab 5 mg.....  | 38  |
| NOVOLOG.....  | 29  | olmesartan medoxomil tab 20 mg, 40 mg.....  | 38  |
| NOVOLOG FLEXPEN.....  | 29  | olopatadine hcl nasal soln 0.6%.....  | 43  |
| NOVOLOG FLEXPEN RELION.....   | 29  | OLUMIANT.....   | 68  |
| NOVOLOG MIX 70/30.....  | 31  | omega-3-acid ethyl esters cap 1 gm.....   | 41  |
| NOVOLOG MIX 70/30 PREFILL.....  | 31  | omeprazole cap delayed release 20 mg.....   | 48  |
| NOVOLOG MIX 70/30 RELION.....   | 31  | omeprazole cap delayed release 10 mg, 40 mg.....  | 48  |
| NOVOLOG PENFILL.....  | 29  | OMNIFLEX DIAPHRAGM.....   | 119 |
| NOVOLOG RELION.....   | 29  | OMNIPOD DASH INTRO KIT (G.....  | 119 |
| NOVOSEVEN RT.....   | 81  | OMNIPOD DASH PODS (GEN 4).....  | 119 |
| NOXAFIL.....  | 4   | OMNIPOD 5 DEXCOM G7G6 INT.....  | 119 |
| NP THYROID 15.....  | 31  | OMNIPOD 5 DEXCOM G7G6 POD.....  | 119 |
| NP THYROID 30.....  | 31  | OMNIPOD 5 LIBRE2 PLUS G6.....   | 119 |
| NP THYROID 60.....  | 31  | OMNITROPE.....  | 33  |
| NP THYROID 90.....  | 32  | OMVOH.....  | 50  |
| NP THYROID 120.....   | 31  | ondansetron hcl oral soln 4 mg/5ml.....   | 49  |
| NUBEQA.....   | 19  |   |     |
| NUCALA.....   | 46  |   |     |
| NUCYNTA ER.....   | 66  |   |     |
| NULIBRY.....  | 33  |   |     |
| NURTEC.....   | 70  |   |     |

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|   |     |  |     |
|---|-----|--|-----|
| ondansetron hcl tab 4 mg.....   | 49  | oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg.....                  | 72  |
| ondansetron hcl tab 8 mg.....   | 49  | oxcarbazepine tab 150 mg, 300 mg, 600 mg.....                          | 73  |
| ondansetron orally disintegrating tab 4 mg, 8 mg.....                 | 49  | oxiconazole nitrate cream 1%.....                                      | 91  |
| ONETOUCH DELICA LANCETS E.....  | 119 | oxybutynin chloride solution 5 mg/5ml.....                             | 51  |
| ONETOUCH DELICA LANCETS F.....  | 119 | oxybutynin chloride tab er 24hr 5 mg.....                              | 51  |
| ONETOUCH DELICA LANCING D.....  | 119 | oxybutynin chloride tab er 24hr 10 mg.....                             | 51  |
| ONETOUCH DELICA PLUS LANC.....  | 119 | oxybutynin chloride tab er 24hr 15 mg.....                             | 51  |
| ONETOUCH DELICA SAFETY LA.....  | 119 | oxybutynin chloride tab 5 mg.....                                      | 51  |
| ONETOUCH LANCETS.....   | 119 | oxycodone hcl cap 5 mg.....  | 66  |
| ONETOUCH ULTRA.....   | 93  | oxycodone hcl conc 100 mg/5ml (20 mg/ml).....                          | 66  |
| ONETOUCH ULTRA 2.....   | 119 | oxycodone hcl soln 5 mg/5ml.....                                       | 66  |
| ONETOUCH ULTRA BLUE TEST.....   | 93  | oxycodone hcl tab 5 mg.....  | 66  |
| ONETOUCH ULTRASOFT 2 LANC.....  | 119 | oxycodone hcl tab 10 mg.....   | 66  |
| ONETOUCH ULTRA TEST STRIP.....  | 93  | oxycodone hcl tab 20 mg.....   | 66  |
| ONETOUCH VERIO.....   | 119 | oxycodone hcl tab 15 mg, 30 mg.....                                    | 66  |
| ONETOUCH VERIO FLEX BLOOD.....  | 119 | oxycodone w/ acetaminophen tab 7.5-325 mg.....                         | 66  |
| ONETOUCH VERIO IQ BLOOD G.....  | 119 | oxycodone w/ acetaminophen tab 10-325 mg.....                          | 66  |
| ONETOUCH VERIO REFLECT.....   | 120 | oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....               | 66  |
| ONETOUCH VERIO TEST STRIP.....  | 93  | OZEMPIC.....   | 28  |
| ONE VITE WOMENS PRENATAL.....   | 76  |  |     |
| ONUREG.....   | 19  | <b>P</b>   |     |
| OPFOLDA.....  | 33  | paliperidone tab er 24hr 6 mg.....                                     | 57  |
| OPILL.....  | 26  | paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....                       | 57  |
| OPSUMIT.....  | 42  | PANRETIN.....  | 91  |
| OPTIONS GYNOL II VAGINAL.....   | 52  | pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv)..... | 48  |
| OPVEE.....  | 92  | pantoprazole sodium for delayed release susp packet 40 mg.....         | 48  |
| ORAVIG.....   | 86  | paricalcitol cap 1 mcg.....  | 33  |
| ORENCIA.....  | 68  | paricalcitol cap 2 mcg.....  | 34  |
| ORENCIA CLICKJECT.....  | 68  | paricalcitol cap 4 mcg.....  | 34  |
| ORENITRAM.....  | 42  | paroxetine hcl oral susp 10 mg/5ml (base equiv).....                   | 55  |
| ORENITRAM TITRATION KIT M.....  | 42  | paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....                     | 55  |
| ORFADIN.....  | 33  | paroxetine mesylate cap 7.5 mg (base equiv).....                       | 63  |
| ORGOVYX.....  | 19  | PAXLOVID.....  | 7   |
| ORIAHNN.....  | 25  | pazopanib hcl tab 200 mg (base equiv).....                             | 19  |
| ORILISSA.....   | 33  | PC UNIFINE PENTIPS 29G X.....  | 120 |
| ORKAMBI.....  | 47  | PC UNIFINE PENTIPS 31G X.....  | 120 |
| ORLADEYO.....   | 82  | PEDIARIX.....  | 13  |
| orphenadrine citrate tab er 12hr 100 mg.....                          | 75  | PEDVAX HIB.....  | 12  |
| orphenadrine w/ aspirin & caffeine tab 25-385-30 mg.....              | 75  | PEGASYS.....   | 7   |
| ORSERDU.....  | 19  | peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....            | 47  |
| oseltamivir phosphate cap 30 mg (base equiv).....                     | 6   | peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....       | 47  |
| oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)..... | 6   | peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....                      | 47  |
| oseltamivir phosphate for susp 6 mg/ml (base equiv).....              | 6   | PEMAZYRE.....  | 19  |
| OSPHENA.....  | 33  | PENBRAYA.....  | 12  |
| OTEZLA.....   | 68  | penciclovir cream 1%.....  | 91  |
| OTREXUP.....  | 68  | penicillamine tab 250 mg.....  | 138 |
| oxaprozin tab 600 mg.....   | 68  | PENICILLIN V POTASSIUM.....  | 1   |
| oxazepam cap 30 mg.....   | 54  | penicillin v potassium tab 250 mg, 500 mg.....                         | 1   |
| oxazepam cap 10 mg, 15 mg.....  | 54  |  |     |
| oxcarbazepine susp 300 mg/5ml (60 mg/ml).....                         | 72  |  |     |

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|  |           |  |     |
|--|-----------|--|-----|
| PEN NEEDLE/5-BEVEL TIP/32.....                                   | 120       | PHENELZINE SULFATE.....  | 55  |
| PEN NEEDLES.....   | 120       | phenobarbital elixir 20 mg/5ml.....  | 59  |
| PEN NEEDLES/29G X 1/2".....                                      | 121       | phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg..... | 59  |
| PEN NEEDLES/31G X 1/4".....                                      | 121       | phenoxybenzamine hcl cap 10 mg.....  | 39  |
| PEN NEEDLES/31G X 3/16".....                                     | 121       | phenylephrine hcl ophth soln 2.5%, 10%.....  | 85  |
| PEN NEEDLES/31G X 5/16".....                                     | 121       | phenytoin chew tab 50 mg.....  | 73  |
| PEN NEEDLES/32G X 5/32".....                                     | 121       | phenytoin sodium extended cap 100 mg.....  | 73  |
| PEN NEEDLES/31G X 6MM.....                                       | 121       | phenytoin sodium extended cap 200 mg.....  | 73  |
| PEN NEEDLES 31GX5/16".....                                       | 120       | phenytoin sodium extended cap 300 mg.....  | 73  |
| PEN NEEDLES 31G X 3/16".....                                     | 120       | phenytoin susp 125 mg/5ml.....   | 73  |
| PEN NEEDLES 33G X 5/32".....                                     | 121       | PHEXXI.....  | 52  |
| PEN NEEDLES 30GX5MM.....   | 120       | PHOSPHOLINE IODIDE.....  | 85  |
| PEN NEEDLES 30GX8MM.....   | 120       | phytonadione tab 5 mg.....   | 76  |
| PEN NEEDLES 31GX5MM.....   | 120       | PIFELTRO.....  | 7   |
| PEN NEEDLES 31GX8MM.....   | 120       | pilocarpine hcl ophth soln 1%, 2%, 4%.....   | 85  |
| PEN NEEDLES 32GX4MM.....   | 120       | pilocarpine hcl tab 5 mg.....  | 86  |
| PEN NEEDLES 29GX12MM.....  | 120       | pilocarpine hcl tab 7.5 mg.....  | 86  |
| PEN NEEDLES 31G X 5MM.....                                       | 120       | pimecrolimus cream 1%.....   | 91  |
| PEN NEEDLES 31G X 6MM.....                                       | 120       | PIMOZIDE.....  | 63  |
| PEN NEEDLES 31G X 8MM.....                                       | 120       | pindolol tab 5 mg, 10 mg.....  | 35  |
| PEN NEEDLES 32G X 4MM.....                                       | 120       | pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.....                           | 28  |
| PEN NEEDLES 32G X 5MM.....                                       | 120       | pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv).....   | 28  |
| PEN NEEDLES 31GX8MM (5/16.....                                   | 120       | PIP LANCETS/28G.....   | 122 |
| PEN NEEDLES 31GX6MM (1/4".....                                   | 120       | PIP LANCETS/30G.....   | 122 |
| PENTACEL.....  | 13        | PIP PEN NEEDLES 31G X 5MM.....   | 122 |
| <b>pentamidine isethionate for nebulization soln 300 mg.....</b> | <b>10</b> | PIP PEN NEEDLES 32G X 4MM.....   | 122 |
| PENTIPS GENERIC PEN NEEDL.....                                   | 121       | PIQRAY 200MG DAILY DOSE.....   | 19  |
| PENTIPS 31GX5MM.....   | 121       | PIQRAY 250MG DAILY DOSE.....   | 20  |
| PENTIPS 31GX6MM.....   | 121       | PIQRAY 300MG DAILY DOSE.....   | 20  |
| PENTIPS 31GX8MM.....   | 121       | PIRFENIDONE.....   | 47  |
| PENTIPS 32GX4MM.....   | 121       | pirfenidone cap 267 mg.....  | 47  |
| PENTIPS 29GX12MM.....  | 121       | pirfenidone tab 267 mg.....  | 47  |
| PENTIPS 29G X 12MM.....  | 121       | pirfenidone tab 801 mg.....  | 47  |
| PENTIPS 31G X 5MM.....   | 121       | piroxicam cap 10 mg, 20 mg.....  | 68  |
| PENTIPS 31G X 8MM.....   | 121       | pitavastatin calcium tab 4 mg.....   | 41  |
| PENTIPS 32G X 4MM.....   | 121       | pitavastatin calcium tab 1 mg, 2 mg.....   | 41  |
| <b>pentoxifylline tab er 400 mg.....</b>                         | <b>82</b> | PLEGRIDY.....  | 63  |
| PERFECT LANCETS 30G.....   | 121       | PLEGRIDY STARTER PACK.....   | 63  |
| PERFECT POINT SAFETY LANC.....                                   | 121       | PNEUMOVAX 23.....  | 12  |
| PERFECT PRESSURE ACTIVATE.....                                   | 121       | PODOFILOX.....   | 91  |
| PERINDOPRIL ERBUMINE.....  | 39        | podofilox gel 0.5%.....  | 91  |
| <b>perindopril erbumine tab 4 mg.....</b>                        | <b>39</b> | polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....                            | 85  |
| <b>permethrin cream 5%.....</b>                                  | <b>91</b> | POMALYST.....  | 20  |
| PERPHENAZINE/AMITRIPTYLIN.....                                   | 63        | posaconazole susp 40 mg/ml.....  | 4   |
| <b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....</b>             | <b>57</b> | posaconazole tab delayed release 100 mg.....   | 4   |
| PERSERIS.....  | 57        | potassium chloride cap er 8 meq, 10 meq.....   | 77  |
| PFIZER-BIONTECH COVID-19.....                                    | 12        | potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....           | 77  |
| PHARMACIST CHOICE SELECT.....                                    | 121       |  |     |
| PHARMACIST CHOICE ULTRA T.....                                   | 122       |  |     |
| PHARMACY COUNTER LANCETS.....                                    | 122       |  |     |
| PHEBURANE.....   | 34        |  |     |

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|  |     |   |     |
|--|-----|---|-----|
| potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....                                 | 77  | PRENATAL PLUS VITAMIN AND.....  | 76  |
| potassium chloride tab er 10 meq, 20 meq (1500 mg).....  | 77  | PRENATAL-U.....   | 77  |
| potassium chloride tab er 8 meq (600 mg).....  | 77  | PRETOMANID.....   | 3   |
| potassium citrate tab er 5 meq (540 mg).....   | 52  | PREVENT DROPSAFE SAFETY P.....  | 122 |
| potassium citrate tab er 10 meq (1080 mg).....   | 53  | PREVENT SAFETY PEN NEEDLE.....  | 122 |
| potassium citrate tab er 15 meq (1620 mg).....   | 53  | PREVIDENT 5000 ENAMEL PRO.....  | 86  |
| potassium phosphate monobasic tab 500 mg.....  | 77  | PREVIDENT 5000 SENSITIVE.....   | 86  |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....                                      | 77  | PREVNAR 20.....   | 12  |
| 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..... | 74  | PREVYMIS.....   | 7   |
| pramipexole dihydrochloride tab 0.25 mg, 1.5 mg.....   | 74  | PREZCOBIX.....  | 7   |
| pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg.....                                   | 74  | PREZISTA.....   | 7   |
| prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....   | 82  | PRIFTIN.....  | 3   |
| pravastatin sodium tab 80 mg.....  | 41  | primaquine phosphate tab 26.3 mg (15 mg base).....                                | 9   |
| pravastatin sodium tab 10 mg, 20 mg, 40 mg.....  | 41  | primidone tab 50 mg, 250 mg.....  | 73  |
| praziquantel tab 600 mg.....   | 9   | PRIORIX.....  | 12  |
| prazosin hcl cap 1 mg, 2 mg, 5 mg.....   | 39  | probenecid tab 500 mg.....  | 70  |
| PRECISION SURE-DOSE INSUL.....   | 122 | prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)..... | 57  |
| prednisolone acetate ophth susp 1%.....  | 85  | prochlorperazine suppos 25 mg.....  | 57  |
| PREDNISOLONE SODIUM PHOSP.....   | 23  | PRO COMFORT INSULIN SYRIN.....  | 122 |
| prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....                                       | 23  | PRO COMFORT PEN NEEDLES/.....   | 122 |
| prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....                                       | 23  | PRO COMFORT SAFETY LANCET.....  | 122 |
| prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....                                      | 23  | PROCRIT.....  | 78  |
| prednisolone soln 15 mg/5ml.....   | 23  | PROCTOFOAM HC.....  | 87  |
| prednisolone tab 5 mg.....   | 23  | PRODIGY INSULIN SYRING/U-.....  | 122 |
| PREDNISON.....   | 23  | PRODIGY INSULIN SYRINGE/1.....  | 122 |
| prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....  | 23  | PRODIGY LANCING DEVICE.....   | 122 |
| prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....                          | 23  | PRODIGY PRESSURE ACTIVATE.....  | 122 |
| PREFERRED PLUS INSULIN SY.....   | 122 | PRODIGY SAFETY LANCETS.....   | 122 |
| PREFERRED PLUS LANCETS CO.....   | 122 | PRODIGY TWIST TOP LANCETS.....  | 123 |
| PREFERRED PLUS LANCETS SU.....   | 122 | PROFILNINE.....   | 82  |
| PREFERRED PLUS LANCETS TH.....   | 122 | progesterone cap 100 mg, 200 mg.....  | 26  |
| PREFERRED PLUS UNIFINE PE.....   | 122 | PROMACTA.....   | 79  |
| pregabalin cap 225 mg, 300 mg.....   | 73  | promethazine-dm syrup 6.25-15 mg/5ml.....   | 44  |
| pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....  | 73  | promethazine hcl oral soln 6.25 mg/5ml.....                                       | 43  |
| pregabalin soln 20 mg/ml.....  | 73  | promethazine hcl suppos 12.5 mg, 25 mg.....                                       | 43  |
| PREMARIN.....  | 25  | promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....                                   | 43  |
| PREMPHASE.....   | 25  | promethazine w/ codeine syrup 6.25-10 mg/5ml.....                                 | 44  |
| PREMPRO.....   | 25  | propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....                           | 37  |
| PRENATAL.....  | 76  | propafenone hcl tab 150 mg, 225 mg, 300 mg.....                                   | 37  |
| PRENATAL 19.....   | 77  | proparacaine hcl ophth soln 0.5%.....   | 85  |
| PRENATAL PLUS.....   | 76  | PROPRANOLOL HCL.....  | 35  |
|  |     | propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....                     | 35  |
|  |     | propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....                        | 35  |
|  |     | PROPRANOLOL HYDROCHLORIDE.....  | 35  |
|  |     | propylthiouracil tab 50 mg.....   | 32  |
|  |     | PROQUAD.....  | 12  |
|  |     | protriptyline hcl tab 5 mg, 10 mg.....  | 55  |
|  |     | PROVIDA OB.....   | 77  |
|  |     | pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....                                 | 44  |

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|  |           |  |           |
|--|-----------|--|-----------|
| PULMOZYME.....   | 47        | QUVIVIQ.....   | 59        |
| PURE COMFORT PEN NEEDLE 3.....                               | 123       | QVAR REDIHALER.....                                      | 46        |
| PURE COMFORT PEN NEEDLE/3.....                               | 123       |  |           |
| PURE COMFORT SAFETY PEN N.....                               | 123       | <b>R</b>   |           |
| PURIXAN.....   | 20        | <b>rabeprazole sodium ec tab 20 mg.....</b>              | <b>48</b> |
| PX ADVANCED LANCING DEVIC.....                               | 123       | RADICAVA ORS.....  | 75        |
| PX EXTRA SHORT PEN NEEDLE.....                               | 123       | RADICAVA ORS STARTER KIT.....                            | 75        |
| PX INSULIN SYRINGE/U-100/.....                               | 123       | RA E-ZJECT LANCETS 28G.....                              | 124       |
| PX LANCETS MICROTHIN 33G.....                                | 123       | RA E-ZJECT LANCETS THIN 2.....                           | 124       |
| PX LANCETS ULTRA THIN.....                                   | 123       | RA E-ZJECT LANCETS ULTRA.....                            | 124       |
| PX LANCETS ULTRA THIN 28G.....                               | 123       | RA INSULIN SYRINGE/0.5ML/.....                           | 124       |
| PX MINI PEN NEEDLES 31GX5.....                               | 123       | RA INSULIN SYRINGE/1ML/29.....                           | 124       |
| PX PEN NEEDLE 31GX8MM.....                                   | 123       | RA INSULIN SYRINGE/U-100/.....                           | 124       |
| PX PEN NEEDLE 29GX12MM.....                                  | 123       | <b>raloxifene hcl tab 60 mg.....</b>                     | <b>34</b> |
| <b>pyrazinamide tab 500 mg.....</b>                          | <b>3</b>  | <b>ramelteon tab 8 mg.....</b>                           | <b>59</b> |
| <b>pyridostigmine bromide oral soln 60 mg/5ml.....</b>       | <b>76</b> | <b>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....</b>    | <b>39</b> |
| <b>pyridostigmine bromide tab er 180 mg.....</b>             | <b>76</b> | <b>ranolazine tab er 12hr 500 mg, 1000 mg.....</b>       | <b>35</b> |
| <b>pyridostigmine bromide tab 60 mg.....</b>                 | <b>76</b> | RA PEN NEEDLES 31G X 5MM.....                            | 124       |
| <b>pyrimethamine tab 25 mg.....</b>                          | <b>9</b>  | RA PEN NEEDLES 31G X 8MM.....                            | 124       |
| PYRUKYND.....  | 82        | <b>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg</b> |           |
| PYRUKYND TAPER PACK.....                                     | 82        | <b>(base equiv).....</b>                                 | <b>74</b> |
| <b>Q</b>   |           | RAVICTI.....   | 34        |
| QC ADVANCED LANCING DEVIC.....                               | 123       | RAYA SURE PEN NEEDLE 29G.....                            | 124       |
| QC INSULIN SYRINGE/0.3ML/.....                               | 123       | RAYA SURE PEN NEEDLE 31G.....                            | 124       |
| QC INSULIN SYRINGE/0.5ML/.....                               | 123       | READYLANCE SAFETY LANCETS.....                           | 124       |
| QC INSULIN SYRINGE/1ML/29.....                               | 123       | REALITY INSULIN SYRINGE/U.....                           | 124       |
| QC INSULIN SYRINGE/1ML/31.....                               | 123       | REALITY LANCETS.....                                     | 124       |
| QC LANCETS SUPER THIN.....                                   | 123       | REALITY LATEX/ULTRA TEXTU.....                           | 124       |
| QC LANCETS ULTRA THIN.....                                   | 123       | REALITY LATEX/ULTRA THIN.....                            | 124       |
| QC PEN NEEDLES 29G X 12MM.....                               | 123       | REALITY LATEX CONDOMS/LUB.....                           | 124       |
| QC PEN NEEDLES 31G X 6MM.....                                | 123       | REALITY TRIGGER LANCETS.....                             | 124       |
| QC PEN NEEDLES 31G X 8MM.....                                | 123       | REBIF.....   | 63        |
| QC UNIFINE PENTIPS 32GX4M.....                               | 123       | REBIF REBIDOSE.....                                      | 63        |
| QC UNILET LANCETS 33G/MIC.....                               | 124       | REBIF REBIDOSE TITRATION.....                            | 63        |
| QC UNILET LANCETS 28G/ULT.....                               | 123       | REBIF TITRATION PACK.....                                | 63        |
| QELBREE.....   | 61        | REBINYN.....   | 82        |
| QINLOCK.....   | 20        | RECOMBINATE.....   | 82        |
| QUADRACEL.....   | 13        | RECOMBIVAX HB.....                                       | 12        |
| <b>quetiapine fumarate tab er 24hr 150 mg, 200 mg.....</b>   | <b>57</b> | RECTIV.....  | 87        |
| <b>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400</b>    |           | REGRANEX.....  | 91        |
| <b>mg.....</b>   | <b>57</b> | RELENZA DISKHALER.....                                   | 7         |
| <b>quetiapine fumarate tab 300 mg, 400 mg.....</b>           | <b>58</b> | RELION 2-IN-1 LANCET DEV.....                            | 125       |
| <b>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200</b>     |           | RELION 2-IN-1 LANCING DEV.....                           | 125       |
| <b>mg.....</b>   | <b>58</b> | RELION INSULIN SYRINGE 0.....                            | 124       |
| QUICK TOUCH INSULIN PEN N.....                               | 124       | RELION INSULIN SYRINGE/U.....                            | 125       |
| <b>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....</b>      | <b>39</b> | RELION INSULIN SYRINGE 1M.....                           | 124       |
| <b>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5</b> |           | RELION KETONE TEST STRIPS.....                           | 93        |
| <b>mg.....</b>   | <b>39</b> | RELION LANCETS.....                                      | 125       |
| <b>quinidine gluconate tab er 324 mg.....</b>                | <b>37</b> | RELION LANCETS MICRO-THIN.....                           | 125       |
| QUINIDINE SULFATE.....                                       | 37        | RELION LANCETS THIN 26G.....                             | 125       |
| <b>quinine sulfate cap 324 mg.....</b>                       | <b>9</b>  | RELION LANCETS ULTRA-THIN.....                           | 125       |
| QULIPTA.....   | 70        | RELION LANCING DEVICE.....                               | 125       |
|  |           | RELION MINI PEN NEEDLES 3.....                           | 125       |

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|   |     |   |     |
|---|-----|---|-----|
| RELION PEN NEEDLES/31G X.....   | 125 | risperidone soln 1 mg/ml.....   | 58  |
| RELION PEN NEEDLES 29GX12.....  | 125 | risperidone tab 0.25 mg.....  | 58  |
| RELION PEN NEEDLES 31G X.....   | 125 | risperidone tab 4 mg.....   | 58  |
| RELION PEN NEEDLES 32G X.....   | 125 | risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....   | 58  |
| RELION PEN NEEDLES 31GX5/.....  | 125 | ritonavir tab 100 mg.....   | 7   |
| RELION PEN NEEDLES 31GX6M.....  | 125 | rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....         | 63  |
| RELION PEN NEEDLES 31GX8M.....  | 125 | rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr.....  | 63  |
| RELION PEN NEEDLES 32GX4M.....  | 125 | RIVFLOZA.....   | 53  |
| RELION R.....   | 30  | RIXUBIS.....  | 82  |
| RELION SHORT PEN NEEDLES.....   | 125 | rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....  | 70  |
| RELION THIN LANCETS.....  | 125 | rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....   | 70  |
| RELION ULTRA THIN LANCETS.....  | 125 | rizatriptan benzoate tab 5 mg (base equivalent).....  | 70  |
| RELION ULTRA THIN PLUS LA.....  | 125 | rizatriptan benzoate tab 10 mg (base equivalent).....   | 70  |
| repaglinide tab 0.5 mg, 1 mg, 2 mg.....   | 28  | roflumilast tab 250 mcg, 500 mcg.....   | 46  |
| REPATHA.....  | 41  | ropinirole hydrochloride tab er 24hr 2 mg (base equivalent).....  | 74  |
| REPATHA PUSHTRONEX SYSTEM.....  | 41  | ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)..... | 74  |
| REPATHA SURECLICK.....  | 41  | ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....   | 75  |
| RESTASIS.....   | 85  | rosuvastatin calcium tab 40 mg.....   | 42  |
| RETACRIT.....   | 79  | rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....  | 42  |
| RETEVMO.....  | 20  | ROTARIX.....  | 12  |
| RETROVIR.....   | 7   | ROTATEQ.....  | 12  |
| REVLIMID.....   | 138 | ROZLYTREK.....  | 20  |
| REVUFORJ.....   | 20  | RUBRACA.....  | 20  |
| REXALL LANCETS ULTRA THIN.....  | 125 | rufinamide susp 40 mg/ml.....   | 73  |
| REXTOVY.....  | 92  | rufinamide tab 200 mg, 400 mg.....  | 73  |
| REXULTI.....  | 58  | RUKOBIA.....  | 7   |
| REYATAZ.....  | 7   | RYBELSUS.....   | 28  |
| REYVOW.....   | 70  | RYDAPT.....   | 20  |
| REZDIFFRA.....  | 50  | RYKINDO.....  | 58  |
| REZLIDHIA.....  | 20  | RYPLAZIM.....   | 82  |
| REZUROCK.....   | 138 | <b>S</b>  |     |
| RHOPRESSA.....  | 85  | SAFETY LANCETS.....   | 125 |
| RIASTAP.....  | 82  | SAFETY LANCETS/PRESSURE A.....  | 126 |
| RIBAVIRIN.....  | 7   | SAFETY LANCETS 21G.....   | 125 |
| rifabutin cap 150 mg.....   | 3   | SAFETY LANCETS 23G.....   | 125 |
| rifampin cap 150 mg, 300 mg.....  | 3   | SAFETY LANCETS 28G.....   | 125 |
| RIGHTEST GD500 LANCING DE.....  | 125 | SAFETY PEN NEEDLES/30G X.....   | 126 |
| RIGHTEST GL300 LANCETS.....   | 125 | SANTYL.....   | 91  |
| riluzole tab 50 mg.....   | 75  | sapropterin dihydrochloride powder packet 100 mg, 500 mg.....   | 34  |
| RIMANTADINE HYDROCHLORIDE.....  | 7   | sapropterin dihydrochloride tab 100 mg.....   | 34  |
| ringer's solution for irrigation.....   | 138 | SAPSCARE TWIST TOP LANCET.....  | 126 |
| RINVOQ.....   | 69  | SAPS HEALTH CARE TWIST TO.....  | 126 |
| RINVOQ LQ.....  | 69  |   |     |
| risedronate sodium tab delayed release 35 mg.....                                     | 34  |   |     |
| risedronate sodium tab 5 mg, 30 mg.....   | 34  |   |     |
| risedronate sodium tab 35 mg, 150 mg.....   | 34  |   |     |
| RISPERDAL CONSTA.....   | 58  |   |     |
| risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg..... | 58  |   |     |
| risperidone orally disintegrating tab 0.5 mg.....                                     | 58  |   |     |
| risperidone orally disintegrating tab 4 mg.....                                       | 58  |   |     |
| risperidone orally disintegrating tab 1 mg, 2 mg, 3 mg.....                           | 58  |   |     |

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|  |            |   |            |
|--|------------|---|------------|
| SAPS HEALTH PLUS TWIST TO.....   | 126        | SKYRIZI PEN.....  | 91         |
| SAPS HEALTH TWIST TOP LAN.....   | 126        | SMART DIABETES VANTAGE LA.....  | 126        |
| SAVELLA.....   | 63         | SMARTEST LANCETS 28G.....   | 126        |
| SAVELLA TITRATION PACK.....  | 63         | SMART SENSE COLOR LANCETS.....  | 126        |
| <b>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv).....</b> | <b>28</b>  | SMART SENSE STANDARD LANC.....  | 126        |
| <b>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....</b>          | <b>28</b>  | SMART SENSE SUPER THIN LA.....  | 126        |
| <b>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg.....</b>  | <b>28</b>  | SMART SENSE THIN LANCETS.....   | 126        |
| SB INSULIN SYRINGE/U-100/.....   | 126        | SM MICRO THIN LANCETS 33G.....  | 126        |
| SB LANCETS THIN.....   | 126        | SM TRUEDRAW LANCING DEVIC.....  | 126        |
| SB LANCETS ULTRA THIN.....   | 126        | <b>sodium chloride irrigation soln 0.9%.....</b>  | <b>53</b>  |
| SCEMBLIX.....  | 20         | <b>sodium chloride soln nebu 7%.....</b>  | <b>44</b>  |
| SCHNUCKS INSULIN SYRINGE.....  | 126        | <b>sodium chloride soln nebu 3%, 10%.....</b>   | <b>44</b>  |
| <b>scopolamine td patch 72hr 1 mg/3days.....</b>                       | <b>49</b>  | <b>sodium citrate &amp; citric acid soln 500-334 mg/5ml.....</b>  | <b>53</b>  |
| SECURESAFE SAFETY INSULIN.....   | 126        | SODIUM FLUORIDE.....  | 77         |
| SECURESAFE SAFETY PEN NEE.....   | 126        | SODIUM FLUORIDE/POTASSIUM.....  | 86         |
| SELECT-LITE LANCING DEVIC.....   | 126        | <b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf).....</b> | <b>78</b>  |
| <b>selegiline hcl cap 5 mg.....</b>                                    | <b>75</b>  | <b>sodium fluoride cream 1.1%.....</b>  | <b>86</b>  |
| <b>selegiline hcl tab 5 mg.....</b>                                    | <b>75</b>  | <b>sodium fluoride gel 1.1% (0.5% f).....</b>   | <b>86</b>  |
| <b>selenium sulfide lotion 2.5%.....</b>                               | <b>91</b>  | <b>sodium fluoride paste 1.1%.....</b>  | <b>86</b>  |
| SELZENTRY.....   | 7          | SODIUM FLUORIDE 5000 PPM.....   | 86         |
| SE-NATAL 19.....   | 77         | <b>sodium fluoride rinse 0.2%.....</b>  | <b>86</b>  |
| SEREVENT DISKUS.....   | 46         | SODIUM OXYBATE.....   | 63         |
| <b>sertraline hcl oral concentrate for solution 20 mg/ml.....</b>      | <b>55</b>  | <b>sodium phenylbutyrate oral powder 3 gm/teaspoonful.....</b>  | <b>34</b>  |
| <b>sertraline hcl tab 25 mg, 50 mg, 100 mg.....</b>                    | <b>55</b>  | <b>sodium phenylbutyrate tab 500 mg.....</b>  | <b>34</b>  |
| <b>sevelamer carbonate packet 0.8 gm, 2.4 gm.....</b>                  | <b>50</b>  | <b>sodium polystyrene sulfonate powder.....</b>   | <b>138</b> |
| <b>sevelamer carbonate tab 800 mg.....</b>                             | <b>50</b>  | <b>sodium polystyrene sulfonate susp 15 gm/60ml.....</b>  | <b>138</b> |
| <b>sevelamer hcl tab 400 mg.....</b>                                   | <b>51</b>  | <b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....</b>  | <b>47</b>  |
| <b>sevelamer hcl tab 800 mg.....</b>                                   | <b>51</b>  | SOFOSBUVIR/VELPATASVIR.....   | 7          |
| SEVENFACT.....   | 82         | SOHONOS.....  | 75         |
| SHINGRIX.....  | 12         | <b>solifenacin succinate tab 5 mg, 10 mg.....</b>   | <b>51</b>  |
| <b>sildenafil citrate tab 20 mg.....</b>                               | <b>42</b>  | SOLQUA 100/33.....  | 28         |
| <b>silodosin cap 4 mg, 8 mg.....</b>                                   | <b>53</b>  | SOLUS V2 LANCING DEVICE.....  | 126        |
| <b>silver sulfadiazine cream 1%.....</b>                               | <b>91</b>  | SOLUS V2 PRESSURE ACTIVAT.....  | 126        |
| SIMBRINZA.....   | 85         | SOLUS V2 TWIST LANCETS 30.....  | 126        |
| SIMLANDI.....  | 69         | SOMAVERT.....   | 34         |
| SIMLANDI 1-PEN KIT.....  | 69         | SOOLANTRA.....  | 91         |
| SIMLANDI 2-PEN KIT.....  | 69         | <b>sorafenib tosylate tab 200 mg (base equivalent).....</b>   | <b>20</b>  |
| SIMPLE DIAGNOSTICS LANCIN.....   | 126        | <b>sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg.....</b>  | <b>35</b>  |
| SIMPONI.....   | 69         | <b>sotalol hcl tab 240 mg.....</b>  | <b>36</b>  |
| <b>simvastatin tab 5 mg.....</b>                                       | <b>42</b>  | <b>sotalol hcl tab 80 mg, 120 mg, 160 mg.....</b>   | <b>35</b>  |
| <b>simvastatin tab 20 mg.....</b>                                      | <b>42</b>  | SOTYKTU.....  | 91         |
| <b>simvastatin tab 80 mg.....</b>                                      | <b>42</b>  | SOVALDI.....  | 7          |
| <b>simvastatin tab 10 mg, 40 mg.....</b>                               | <b>42</b>  | SPEVIGO.....  | 91         |
| SINGLE-LET.....  | 126        | SPIKEVAX COVID-19 VACCINE.....  | 12         |
| <b>sirolimus oral soln 1 mg/ml.....</b>                                | <b>138</b> | SPINOSAD.....   | 91         |
| <b>sirolimus tab 0.5 mg, 1 mg, 2 mg.....</b>                           | <b>138</b> | SPIRIVA HANDIHALER.....   | 46         |
| SIRTURO.....   | 3          | SPIRIVA RESPIMAT.....   | 46         |
| SIVEXTRO.....  | 10         | <b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg.....</b>   | <b>40</b>  |
| SKYCLARYS.....   | 75         |   |            |
| SKYRIZI.....   | 51         |   |            |

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|--|-----------|---|------------|
| <b>spironolactone tab 25 mg, 50 mg, 100 mg</b> .....         | <b>40</b> | SURE COMFORT PEN NEEDLES.....                               | 127        |
| SPRAVATO 56MG DOSE.....                                      | 55        | SURELITE LANCETS.....                                       | 127        |
| SPRAVATO 84MG DOSE.....                                      | 55        | SUTAB.....  | 47         |
| SPS.....   | 138       | SYMBICORT.....  | 46         |
| <b>stannous fluoride gel 0.4%</b> .....                      | <b>86</b> | SYMDEKO.....  | 47         |
| 1ST CHOICE LANCETS SUPER.....                                | 137       | SYMFI.....  | 8          |
| 1ST CHOICE LANCETS THIN.....                                 | 137       | SYMFI LO.....   | 8          |
| 1ST CHOICE LANCETS ULTRA.....                                | 137       | SYMLINPEN 60.....   | 28         |
| STELARA.....   | 91        | SYMLINPEN 120.....  | 28         |
| STERILANCE TL.....   | 126       | SYMPAZAN.....   | 73         |
| STIOLTO RESPIMAT.....  | 46        | SYMPROIC.....   | 51         |
| STIVARGA.....  | 20        | SYMTUZA.....  | 8          |
| STRENSIQ.....  | 34        | SYNAREL.....  | 34         |
| STRIBILD.....  | 7         | SYNJARDY.....   | 28         |
| STRIVERDI RESPIMAT.....                                      | 46        | SYNJARDY XR.....  | 28         |
| 1ST TIER UNIFINE PENTIPS.....                                | 137       | SYNTHROID.....  | 32         |
| SUBLOCADE.....   | 66        |   |            |
| <b>sucalfate tab 1 gm</b> .....                              | <b>48</b> | <b>T</b>  |            |
| SUFLAVE.....   | 47        | TABLOID.....  | 20         |
| SULFACETAMIDE SODIUM/PRED.....                               | 85        | TABRECTA.....   | 20         |
| <b>sulfacetamide sodium lotion 10% (acne)</b> .....          | <b>91</b> | <b>tacrolimus cap 0.5 mg</b> .....                          | <b>138</b> |
| <b>sulfacetamide sodium ophth soln 10%</b> .....             | <b>85</b> | <b>tacrolimus cap 1 mg, 5 mg</b> .....                      | <b>139</b> |
| <b>sulfadiazine tab 500 mg</b> .....                         | <b>3</b>  | <b>tacrolimus oint 0.03%, 0.1%</b> .....                    | <b>91</b>  |
| <b>sulfamethoxazole-trimethoprim susp 200-40</b>             |           | <b>tadalafil tab 2.5 mg, 5 mg</b> .....                     | <b>43</b>  |
| <b>mg/5ml</b> .....  | <b>10</b> | <b>tadalafil tab 20 mg (pah)</b> .....                      | <b>42</b>  |
| <b>sulfamethoxazole-trimethoprim tab 400-80 mg</b> .....     | <b>10</b> | TAFINLAR.....   | 20         |
| <b>sulfamethoxazole-trimethoprim tab 800-160 mg</b> .....    | <b>10</b> | <b>tafluprost preservative free (pf) ophth soln</b>         |            |
| SULFAMYLON.....  | 91        | <b>0.0015%</b> .....  | <b>85</b>  |
| <b>sulfasalazine tab delayed release 500 mg</b> .....        | <b>51</b> | TAGRISSE.....   | 21         |
| <b>sulfasalazine tab 500 mg</b> .....                        | <b>51</b> | TAKHZYRO.....   | 82         |
| <b>sulindac tab 150 mg, 200 mg</b> .....                     | <b>69</b> | TALTZ.....  | 91         |
| <b>sumatriptan nasal spray 5 mg/act</b> .....                | <b>70</b> | TALZENNA.....   | 21         |
| <b>sumatriptan nasal spray 20 mg/act</b> .....               | <b>70</b> | <b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg</b> |            |
| <b>sumatriptan succinate inj 6 mg/0.5ml</b> .....            | <b>70</b> | <b>(base equivalent)</b> .....                              | <b>21</b>  |
| SUMATRIPTAN SUCCINATE REF.....                               | 70        | <b>tamsulosin hcl cap 0.4 mg</b> .....                      | <b>53</b>  |
| <b>sumatriptan succinate solution auto-injector 4</b>        |           | TARON-C DHA.....  | 77         |
| <b>mg/0.5ml, 6 mg/0.5ml</b> .....                            | <b>70</b> | TARPEYO.....  | 23         |
| <b>sumatriptan succinate tab 25 mg</b> .....                 | <b>70</b> | TASCENSO ODT.....   | 63         |
| <b>sumatriptan succinate tab 50 mg, 100 mg</b> .....         | <b>70</b> | TASIGNA.....  | 21         |
| <b>sunitinib malate cap 12.5 mg (base equivalent)</b> .....  | <b>20</b> | <b>tasimelteon capsule 20 mg</b> .....                      | <b>59</b>  |
| <b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg</b> |           | TAVNEOS.....  | 82         |
| <b>(base equivalent), 50 mg (base equivalent)</b> .....      | <b>20</b> | <b>tazarotene cream 0.05%, 0.1%</b> .....                   | <b>91</b>  |
| SUNLENCA.....  | 8         | <b>tazarotene gel 0.05%, 0.1%</b> .....                     | <b>91</b>  |
| SUNOSI.....  | 61        | TAZVERIK.....   | 21         |
| SUPER THIN LANCETS.....                                      | 126       | TDVAX.....  | 13         |
| SURE COMFORT AUTOKEEPER S.....                               | 126       | TECHLITE AST LANCETS.....                                   | 127        |
| SURE COMFORT INSULIN SYRI.....                               | 126       | TECHLITE INSULIN SYRINGE.....                               | 127        |
| SURE COMFORT LANCETS 18G.....                                | 127       | TECHLITE LANCETS.....                                       | 127        |
| SURE COMFORT LANCETS 21G.....                                | 127       | TECHLITE LANCETS 26G.....                                   | 127        |
| SURE COMFORT LANCETS 23G.....                                | 127       | TECHLITE PEN NEEDLES/31G.....                               | 127        |
| SURE COMFORT LANCETS 28G.....                                | 127       | TECHLITE PEN NEEDLES/32G.....                               | 127        |
| SURE COMFORT LANCETS 30G.....                                | 127       | TECHLITE PEN NEEDLES 29G.....                               | 127        |
| SURE COMFORT LANCING PEN.....                                | 127       | TECHLITE PEN NEEDLES 31G.....                               | 127        |

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|  |           |   |           |
|--|-----------|---|-----------|
| TECHLITE PLUS PEN NEEDLES.....   | 127       | THIOLA EC.....  | 53        |
| TEGLUTIK.....  | 75        | THIORIDAZINE HCL.....   | 58        |
| TELMISARTAN/AMLODIPINE.....  | 39        | <b>thiothixene cap 1 mg, 2 mg.....</b>                            | <b>58</b> |
| <b>telmisartan-hydrochlorothiazide tab 80-12.5 mg.....</b>   | <b>39</b> | <b>thiothixene cap 5 mg, 10 mg.....</b>                           | <b>58</b> |
| <b>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....</b>   | <b>39</b> | THRIVITE RX.....  | 77        |
| telmisartan tab 20 mg, 40 mg, 80 mg.....   | 39        | THYROID.....  | 32        |
| temazepam cap 7.5 mg, 22.5 mg.....   | 59        | tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....                   | 73        |
| temazepam cap 15 mg, 30 mg.....  | 59        | TIBSOVO.....  | 21        |
| temozolomide cap 5 mg, 20 mg.....  | 21        | TIGLUTIK.....   | 75        |
| temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg.....   | 21        | timolol maleate ophth gel forming soln 0.25%, 0.5%.....           | 85        |
| TENCON.....  | 64        | timolol maleate ophth soln 0.25%, 0.5%.....                       | 85        |
| TENIVAC.....   | 13        | timolol maleate ophth soln 0.5% (once-daily).....                 | 85        |
| tenofovir disoproxil fumarate tab 300 mg.....  | 8         | timolol maleate preservative free ophth soln 0.25%, 0.5%.....     | 85        |
| TEPMETKO.....  | 21        | timolol maleate tab 5 mg, 10 mg, 20 mg.....                       | 36        |
| terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)..... | 39        | timolol ophth soln 0.5%.....                                      | 85        |
| terbinafine hcl tab 250 mg.....  | 4         | tinidazole tab 250 mg, 500 mg.....                                | 10        |
| terbutaline sulfate tab 2.5 mg, 5 mg.....  | 46        | tiopronin tab delayed release 100 mg.....                         | 53        |
| terconazole vaginal cream 0.4%, 0.8%.....  | 52        | tiopronin tab delayed release 300 mg.....                         | 53        |
| terconazole vaginal suppos 80 mg.....  | 52        | tiopronin tab 100 mg.....   | 53        |
| teriflunomide tab 7 mg, 14 mg.....   | 64        | tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)..... | 46        |
| teriparatide soln pen-inj 600 mcg/2.4ml.....   | 34        | TIVICAY.....  | 8         |
| TESTOSTERONE.....  | 24        | TIVICAY PD.....   | 8         |
| testosterone cypionate im inj in oil 100 mg/ml.....  | 24        | tizanidine hcl tab 2 mg (base equivalent).....                    | 76        |
| testosterone cypionate im inj in oil 200 mg/ml.....  | 24        | tizanidine hcl tab 4 mg (base equivalent).....                    | 76        |
| TESTOSTERONE ENANTHATE.....  | 24        | TOBI PODHALER.....  | 3         |
| testosterone td gel 12.5 mg/act (1%).....  | 24        | TOBRADEX.....   | 85        |
| testosterone td gel 20.25 mg/act (1.62%).....  | 24        | tobramycin-dexamethasone ophth susp 0.3-0.1%.....                 | 85        |
| testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%).....  | 24        | tobramycin nebu soln 300 mg/5ml.....                              | 3         |
| testosterone td soln 30 mg/act.....  | 24        | tobramycin nebu soln 300 mg/4ml.....                              | 3         |
| tetrabenazine tab 12.5 mg.....   | 64        | tobramycin ophth soln 0.3%.....                                   | 85        |
| tetrabenazine tab 25 mg.....   | 64        | TODAYS HEALTH ADVANCED LA.....                                    | 128       |
| tetracaine hcl ophth soln 0.5%.....  | 85        | TODAYS HEALTH ORIGINAL PE.....                                    | 128       |
| tetracycline hcl cap 250 mg, 500 mg.....   | 2         | TODAYS HEALTH SHORT PEN N.....                                    | 128       |
| TEZSPIRE.....  | 46        | TODAYS HEALTH SUPER THIN.....                                     | 128       |
| TGT ADVANCED LANCING DEVI.....   | 127       | TODAYS HEALTH ULTRA THIN.....                                     | 128       |
| TGT LANCET ALTERNATE SITE.....   | 127       | TODAY SPONGE.....   | 52        |
| TGT LANCET MICRO THIN 33G.....   | 127       | tolcapone tab 100 mg.....   | 75        |
| TGT LANCET SUPER THIN 30G.....   | 128       | tolterodine tartrate cap er 24hr 2 mg.....                        | 51        |
| TGT LANCET THIN 23G.....   | 128       | tolterodine tartrate cap er 24hr 4 mg.....                        | 51        |
| TGT LANCET THIN 26G.....   | 128       | tolterodine tartrate tab 1 mg, 2 mg.....                          | 51        |
| TGT LANCET THIN 28G.....   | 128       | tolvaptan tab 15 mg.....  | 34        |
| TGT LANCET ULTRA THIN 28G.....   | 128       | tolvaptan tab 30 mg.....  | 34        |
| TGT LANCET ULTRA THIN 30G.....   | 128       | TOPCARE CLICKFINE UNIVERS.....                                    | 128       |
| TGT LANCING DEVICE.....  | 128       | TOPCARE LANCETS MICRO-THI.....                                    | 128       |
| THALOMID.....  | 139       | TOPCARE ULTRA COMFORT INS.....                                    | 128       |
| theophylline elixir 80 mg/15ml.....  | 46        | TOPIRAMATE.....   | 73        |
| theophylline soln 80 mg/15ml.....  | 46        | topiramate cap er 24hr 200 mg.....                                | 73        |
| theophylline tab er 12hr 300 mg, 450 mg.....   | 46        | topiramate cap er 24hr 25 mg, 50 mg, 100 mg.....                  | 73        |
| theophylline tab er 24hr 400 mg, 600 mg.....   | 46        | topiramate cap er 24hr sprinkle 200 mg.....                       | 73        |

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|--|-----|--|-----|
| topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....  | 73  | trimethobenzamide hcl cap 300 mg.....              | 49  |
| topiramate sprinkle cap 15 mg.....   | 73  | trimethoprim tab 100 mg.....                       | 10  |
| topiramate sprinkle cap 25 mg.....   | 73  | trimipramine maleate cap 25 mg, 50 mg, 100 mg..... | 55  |
| topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....   | 73  | TRINATAL RX 1.....                                 | 77  |
| toremifene citrate tab 60 mg (base equivalent).....  | 21  | TRINATE.....                                       | 77  |
| torsemide tab 5 mg, 10 mg, 20 mg, 100 mg.....  | 40  | TRINTELLIX.....                                    | 55  |
| TOUJEO MAX SOLOSTAR.....   | 31  | TRIUMEQ.....                                       | 8   |
| TOUJEO SOLOSTAR.....   | 31  | TRIUMEQ PD.....                                    | 8   |
| TRACLEER.....  | 42  | TROJAN ENZ.....                                    | 128 |
| tramadol-acetaminophen tab 37.5-325 mg.....  | 66  | TROJAN-ENZ LUBRICATED.....                         | 128 |
| tramadol hcl tab er 24hr 100 mg.....   | 66  | TROJAN-ENZ W/SPERMICIDAL.....                      | 128 |
| tramadol hcl tab er 24hr 200 mg, 300 mg.....   | 66  | TROJAN MAGNUM.....                                 | 128 |
| tramadol hcl tab 50 mg.....  | 66  | TROJAN ULTRA RIBBED/LUBRI.....                     | 128 |
| trandolapril tab 1 mg, 2 mg, 4 mg.....   | 39  | TROJAN ULTRA THIN/SPERMIC.....                     | 128 |
| tranexamic acid tab 650 mg.....  | 80  | TROJAN ULTRA THIN LUBRICA.....                     | 128 |
| tranylcyproamine sulfate tab 10 mg.....  | 55  | tropicamide ophth soln 0.5%.....                   | 85  |
| TRAVEL LANCETS ADVANCED 2.....   | 128 | tropicamide ophth soln 1%.....                     | 85  |
| travoprost ophth soln 0.004% (benzalkonium free) (bak free).....   | 85  | trosipium chloride cap er 24hr 60 mg.....          | 52  |
| trazodone hcl tab 50 mg, 100 mg, 150 mg.....   | 55  | trosipium chloride tab 20 mg.....                  | 52  |
| TRECTOR.....   | 3   | TRUE COMFORT INSULIN SYRI.....                     | 128 |
| TRELEGY ELLIPTA.....   | 46  | TRUE COMFORT PEN NEEDLES.....                      | 128 |
| TREMFYA.....   | 91  | TRUE COMFORT PRO INSULIN.....                      | 128 |
| 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)..... | 42  | TRUE COMFORT PRO PEN NEED.....                     | 129 |
| TRESIBA.....   | 31  | TRUE COMFORT SAFETY INSUL.....                     | 129 |
| TRESIBA FLEXTOUCH.....   | 31  | TRUE COMFORT SAFETY LANCE.....                     | 129 |
| tretinoin cap 10 mg.....   | 21  | TRUE COMFORT SAFETY PEN N.....                     | 129 |
| tretinoin cream 0.025%, 0.05%, 0.1%.....   | 92  | TRUE COMFORT TWIST TOP LA.....                     | 129 |
| tretinoin gel 0.01%, 0.025%.....   | 92  | TRUE COVER.....                                    | 129 |
| TRETEN.....  | 82  | TRUEDRAW LANCING DEVICE.....                       | 129 |
| TRIAMCINOLONE ACETONIDE.....   | 92  | TRUEPLUS 5-BEVEL PEN NEED.....                     | 129 |
| triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....  | 92  | TRUEPLUS INSULIN SYRINGE.....                      | 129 |
| triamcinolone acetonide dental paste 0.1%.....   | 86  | TRUEPLUS INSULIN SYRINGE/.....                     | 129 |
| triamcinolone acetonide lotion 0.025%, 0.1%.....   | 92  | TRUEPLUS LANCETS 26G.....                          | 129 |
| triamcinolone acetonide oint 0.5%.....   | 92  | TRUEPLUS LANCETS 28G.....                          | 129 |
| triamcinolone acetonide oint 0.025%, 0.1%.....   | 92  | TRUEPLUS LANCETS 30G.....                          | 129 |
| triamterene & hydrochlorothiazide cap 37.5-25 mg.....  | 40  | TRUEPLUS LANCETS 33G.....                          | 129 |
| triamterene & hydrochlorothiazide tab 37.5-25 mg.....  | 40  | TRUEPLUS LANCETS 33G MICR.....                     | 129 |
| triamterene & hydrochlorothiazide tab 75-50 mg.....  | 40  | TRUEPLUS LANCETS 28G SUPE.....                     | 129 |
| triamterene cap 50 mg, 100 mg.....   | 40  | TRUEPLUS LANCETS 30G ULTR.....                     | 129 |
| trientine hcl cap 250 mg.....  | 139 | TRUEPLUS SAFETY LANCETS 2.....                     | 129 |
| trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent).....  | 58  | TRULANCE.....                                      | 51  |
| trifluoperazine hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....   | 58  | TRULICITY.....                                     | 29  |
| TRIFLURIDINE.....  | 85  | TRUMENBA.....                                      | 12  |
| TRIHENYPHENIDYL HCL.....   | 75  | TRUQAP.....  | 21  |
| trihexyphenidyl hcl tab 2 mg, 5 mg.....  | 75  | TRUSTEX/RIA LUBRICATED.....                        | 130 |
| TRIJARDY XR.....   | 28  | TRUSTEX/RIA LUBRICATED/SP.....                     | 130 |
| TRIKAFTA.....  | 47  | TRUSTEX/RIA LUBRICATED SP.....                     | 130 |
|  |     | TRUSTEX/RIA NON-LUBRICATE.....                     | 130 |
|  |     | TRUSTEX COLOR CONDOMS + L.....                     | 130 |
|  |     | TRUSTEX LUBRICATED.....                            | 130 |
|  |     | TRUSTEX LUBRICATED/RIBBED.....                     | 130 |
|  |     | TRUSTEX LUBRICATED/SPERMI.....                     | 130 |
|  |     | TRUSTEX LUBRICATED EXTRA.....                      | 130 |

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|--------------------------------|-----|--------------------------------|-----|
| TRUSTEX NATURAL CONDOMS +..... | 130 | ULTRACARE PEN NEEDLES/32G..... | 133 |
| TRUSTEX NON-LUBRICATED.....    | 130 | ULTRACARE PEN NEEDLES/33G..... | 133 |
| TRUSTEX WITH NONOXYNOL-9/..... | 130 | ULTRA COMFORT INSULIN SYR..... | 132 |
| TRUVADA.....                   | 8   | ULTRA FLO INSULIN PEN NEE..... | 132 |
| TUKYSA.....                    | 21  | ULTRA FLO INSULIN SYRINGE..... | 132 |
| TURALIO.....                   | 21  | ULTRA INSULIN SYRINGE/U-1..... | 132 |
| TWIIST REFILL KIT.....         | 130 | ULTRA-THIN II AUTO LANCET..... | 133 |
| TWIIST REFILL KIT/INFUSIO..... | 130 | ULTRA-THIN II INSULIN SYR..... | 133 |
| TWIIST STARTER KIT.....        | 130 | ULTRA-THIN II LANCETS 28G..... | 133 |
| TWINRIX.....                   | 13  | ULTRA-THIN II LANCETS 30G..... | 133 |
| TWIST TOP LANCETS 30G.....     | 130 | ULTRA-THIN II MINI PEN NE..... | 133 |
| TYBOST.....                    | 8   | ULTRA-THIN II PEN NEEDLES..... | 133 |
| TYENNE.....                    | 69  | ULTRA THIN LANCETS 28G.....    | 132 |
| TYMLOS.....                    | 34  | ULTRA THIN LANCETS 31G.....    | 133 |
| <b>U</b>                       |     | ULTRA THIN PEN NEEDLES 32..... | 133 |
| UBRELVY.....                   | 70  | UNIFINE PENTIPS/30G X 3/1..... | 134 |
| UDENYCA.....                   | 79  | UNIFINE PENTIPS 31G X 3/1..... | 134 |
| ULTICARE INSULIN SAFETY S..... | 130 | UNIFINE PENTIPS 31GX5MM.....   | 134 |
| ULTICARE INSULIN SYRINGE.....  | 130 | UNIFINE PENTIPS 31GX6MM.....   | 134 |
| ULTICARE INSULIN SYRINGE/..... | 130 | UNIFINE PENTIPS 31GX8MM.....   | 134 |
| ULTICARE MICRO PEN NEEDLE..... | 131 | UNIFINE PENTIPS 32GX4MM.....   | 134 |
| ULTICARE MINI PEN NEEDLES..... | 131 | UNIFINE PENTIPS 32GX6MM.....   | 134 |
| ULTICARE MINI SAFETY PEN.....  | 131 | UNIFINE PENTIPS 33GX4MM.....   | 134 |
| ULTICARE ORIGINAL PEN NEE..... | 131 | UNIFINE PENTIPS 29GX12MM.....  | 134 |
| ULTICARE PEN NEEDLES/29G.....  | 131 | UNIFINE PENTIPS 31G X 6MM..... | 134 |
| ULTICARE PEN NEEDLES 31G.....  | 131 | UNIFINE PENTIPS 31G X 8MM..... | 134 |
| ULTICARE SHORT PEN NEEDLE..... | 131 | UNIFINE PENTIPS PLUS/30G.....  | 133 |
| ULTICARE SHORT SAFETY PEN..... | 131 | UNIFINE PENTIPS PLUS 33G.....  | 133 |
| ULTICARE TUBERCULIN SAFET..... | 131 | UNIFINE PENTIPS PLUS 29GX..... | 133 |
| ULTICARE U-100 INSULIN SY..... | 131 | UNIFINE PENTIPS PLUS 31GX..... | 133 |
| ULTIGUARD INSULIN SYRINGE..... | 131 | UNIFINE PENTIPS PLUS 32GX..... | 133 |
| ULTIGUARD SAFEPACK/MICRO.....  | 131 | UNIFINE PENTIPS PLUS 33GX..... | 133 |
| ULTIGUARD SAFEPACK/MINI P..... | 131 | UNIFINE PROTECT SAFETY PE..... | 134 |
| ULTIGUARD SAFEPACK/SHORT.....  | 132 | UNIFINE SAFECONTROL PEN N..... | 134 |
| ULTIGUARD SAFEPACK/SYRING..... | 132 | UNIFINE ULTRA PEN NEEDLE/..... | 134 |
| ULTIGUARD SAFEPACK/TINY P..... | 132 | UNILET COMFORTOUCH LANCET..... | 134 |
| ULTIGUARD SAFEPACK INSULI..... | 131 | UNILET EXCELITE.....           | 134 |
| ULTIGUARD SAFEPACK MINI P..... | 131 | UNILET EXCELITE II.....        | 134 |
| ULTIGUARD SAFEPACK PEN NE..... | 131 | UNILET G.P. LANCET.....        | 134 |
| ULTI-LANCE AUTOMATIC/ CLE..... | 130 | UNILET G.P. SUPERLITE LAN..... | 134 |
| ULTILET CLASSIC LANCETS.....   | 132 | UNILET GP 28 ULTRA THIN.....   | 135 |
| ULTILET LANCETS.....           | 132 | UNILET LANCET.....             | 135 |
| ULTILET LANCETS 33G.....       | 132 | UNILET LANCETS MICRO-THIN..... | 135 |
| ULTILET PEN NEEDLE 29GX12..... | 132 | UNILET LANCETS SUPER-THIN..... | 135 |
| ULTILET PEN NEEDLE 31GX5M..... | 132 | UNILET LANCETS ULTRA-THIN..... | 135 |
| ULTILET PEN NEEDLE 31GX8M..... | 132 | UNILET SUPERLITE LANCET.....   | 135 |
| ULTILET PEN NEEDLE 32GX4M..... | 132 | UNISTIK 1.....                 | 135 |
| ULTILET SAFETY LANCETS 21..... | 132 | UNISTIK 2.....                 | 135 |
| ULTILET SAFETY LANCETS 23..... | 132 | UNISTIK 3.....                 | 135 |
| ULTILET SHORT PEN NEEDLES..... | 132 | UNISTIK 2 COMFORT.....         | 135 |
| ULTRACARE INSULIN SYRINGE..... | 133 | UNISTIK 3 COMFORT.....         | 135 |
| ULTRACARE PEN NEEDLES/31G..... | 133 | UNISTIK CZT COMFORT.....       | 135 |
|                                |     | UNISTIK CZT NORMAL.....        | 135 |

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|--|-----------|--|-----------|
| UNISTIK 2 EXTRA.....   | 135       | <b>vancomycin hcl for oral soln 50 mg/ml (base equivalent).....</b>  | <b>10</b> |
| UNISTIK 3 EXTRA.....   | 135       | VANFLYTA.....  | 21        |
| UNISTIK 3 GENTLE.....  | 135       | VANISHPOINT INSULIN SYRIN.....   | 136       |
| UNISTIK 2 NEONATAL.....  | 135       | VANISHPOINT TUBERCULIN SY.....   | 136       |
| UNISTIK 3 NEONATAL.....  | 135       | VAQTA.....   | 13        |
| UNISTIK NORMAL.....  | 135       | <b>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv).....</b>  | <b>64</b> |
| UNISTIK 2 NORMAL.....  | 135       | <b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack.....</b>  | <b>64</b> |
| UNISTIK 3 NORMAL.....  | 135       | VARIVAX.....   | 13        |
| UNISTIK PRO SAFETY LANCET.....   | 135       | VARUBI.....  | 49        |
| UNISTIK SAFETY LANCETS 28.....   | 135       | VASCEPA.....   | 42        |
| UNISTIK SAFETY LANCETS 30.....   | 135       | VAXCHORA.....  | 13        |
| UNISTIK 2 SUPER.....   | 135       | VAXELIS.....   | 13        |
| UNISTIK TOUCH SAFETY LANC.....   | 135       | VAXNEUVANCE.....   | 13        |
| UNIVERSAL 1 LANCETS/33G/M.....   | 135       | VCF VAGINAL CONTRACEPTIVE.....   | 52        |
| UNIVERSAL 1 LANCETS THIN.....  | 135       | VECAMYL.....   | 39        |
| UNIVERSAL 1 LANCETS ULTRA.....   | 135       | VELIVET.....   | 26        |
| UPTRAVI.....   | 43        | VELPHORO.....  | 51        |
| UPTRAVI TITRATION PACK.....  | 43        | VELTASSA.....  | 139       |
| <b>ursodiol cap 300 mg.....</b>  | <b>51</b> | VEMLIDY.....   | 8         |
| <b>ursodiol tab 250 mg.....</b>  | <b>51</b> | VENCLEXTA.....   | 21        |
| <b>ursodiol tab 500 mg.....</b>  | <b>51</b> | VENCLEXTA STARTING PACK.....   | 21        |
| UZEDY.....   | 58        | <b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent).....</b>   | <b>55</b> |
| <b>V</b>   |           | <b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....</b> | <b>55</b> |
| <b>valacyclovir hcl tab 500 mg, 1 gm.....</b>  | <b>8</b>  | VENTAVIS.....  | 43        |
| VALCHLOR.....  | 92        | VENTOLIN HFA.....  | 46        |
| <b>valganciclovir hcl for soln 50 mg/ml (base equiv).....</b>  | <b>8</b>  | <b>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....</b>   | <b>36</b> |
| <b>valganciclovir hcl tab 450 mg (base equivalent).....</b>  | <b>8</b>  | VERAPAMIL HCL ER.....  | 36        |
| <b>valproate sodium oral soln 250 mg/5ml (base equiv).....</b>   | <b>73</b> | <b>verapamil hcl tab er 120 mg, 180 mg, 240 mg.....</b>  | <b>36</b> |
| <b>valproic acid cap 250 mg.....</b>   | <b>73</b> | <b>verapamil hcl tab 40 mg, 80 mg, 120 mg.....</b>   | <b>36</b> |
| <b>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg.....</b> | <b>39</b> | VERIFINE INSULIN PEN NEED.....   | 136       |
| <b>valsartan tab 320 mg.....</b>   | <b>39</b> | VERIFINE INSULIN SYRINGE.....  | 136       |
| <b>valsartan tab 40 mg, 80 mg, 160 mg.....</b>   | <b>39</b> | VERIFINE INSULIN SYRINGE/.....   | 136       |
| VALTOCO 5 MG DOSE.....   | 73        | VERIFINE PLUS INSULIN PEN.....   | 136       |
| VALTOCO 10 MG DOSE.....  | 73        | VERIFINE PLUS PEN NEEDLE/.....   | 136       |
| VALTOCO 15 MG DOSE.....  | 73        | VERIFINE SAFETY LANCET MI.....   | 136       |
| VALTOCO 20 MG DOSE.....  | 73        | VERIFINE UNIVERSAL LANCET.....   | 136       |
| VALUE HEALTH INSULIN SYRI.....   | 135       | VERQUVO.....   | 43        |
| VALUE PLUS LANCETS STANDA.....   | 135       | VERZENIO.....  | 21        |
| VALUE PLUS LANCETS SUPER.....  | 135       | V-GO 20.....   | 135       |
| VALUE PLUS LANCETS THIN 2.....   | 135       | V-GO 30.....   | 135       |
| VALUE PLUS LANCING DEVICE.....   | 136       | V-GO 40.....   | 135       |
| VALUMARK LANCET SUPER THI.....   | 136       | VIBERZI.....   | 51        |
| VALUMARK LANCET ULTRA THI.....   | 136       | <b>vigabatrin powd pack 500 mg.....</b>  | <b>73</b> |
| VALUMARK PEN NEEDLES 31G.....  | 136       | <b>vigabatrin tab 500 mg.....</b>  | <b>73</b> |
| VALUMARK PEN NEEDLES 29GX.....   | 136       | VIJOICE.....   | 139       |
| <b>vancomycin hcl cap 125 mg (base equivalent).....</b>  | <b>10</b> | <b>vilazodone hcl tab 10 mg, 20 mg, 40 mg.....</b>   | <b>55</b> |
| <b>vancomycin hcl cap 250 mg (base equivalent).....</b>  | <b>10</b> |  |           |
| <b>vancomycin hcl for oral soln 25 mg/ml (base equivalent).....</b>                                      | <b>10</b> |  |           |

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|  |            |   |           |
|--|------------|---|-----------|
| VIRACEPT.....  | 8          | XOLAIR.....   | 46        |
| VIREAD.....  | 8          | XOLREMDI.....   | 79        |
| VITATHELY/GINGER.....  | 77         | XOSPATA.....  | 22        |
| VITRAKVI.....  | 22         | XPOVIO.....   | 22        |
| VIVAGUARD LANCETS.....                                       | 136        | XPOVIO 60 MG TWICE WEEKLY.....                                  | 22        |
| VIVAGUARD LANCETS 30G.....                                   | 136        | XPOVIO 80 MG TWICE WEEKLY.....                                  | 22        |
| VIVAGUARD LANCING DEVICE.....                                | 136        | XTAMPZA ER.....   | 66        |
| VIVAGUARD SAFETY LANCETS.....                                | 136        | XTANDI.....   | 22        |
| VIVAGUARD SAFETY LANCETS/.....                               | 136        | XULTOPHY 100/3.6.....   | 29        |
| VIVITROL.....  | 92         | XYNTHA.....   | 83        |
| VIVJOA.....  | 4          | XYNTHA SOLOFUSE.....  | 83        |
| VIZIMPRO.....  | 22         | XYWAV.....  | 64        |
| VONJO.....   | 22         | <b>Y</b>  |           |
| VONVENDI.....  | 83         | YONSA.....  | 22        |
| VORANIGO.....  | 22         | <b>Z</b>  |           |
| <b>voriconazole for susp 40 mg/ml.....</b>                   | <b>4</b>   | <b>zafirlukast tab 10 mg, 20 mg.....</b>                        | <b>46</b> |
| <b>voriconazole tab 50 mg, 200 mg.....</b>                   | <b>4</b>   | <b>zaleplon cap 5 mg, 10 mg.....</b>                            | <b>59</b> |
| VOSEVI.....  | 8          | ZARXIO.....   | 79        |
| VOXZOGO.....   | 34         | ZEGALOGUE.....  | 29        |
| VP INSULIN SYRINGE/U-100/.....                               | 136        | ZEJULA.....   | 22        |
| VRAYLAR.....   | 58         | ZELBORAF.....   | 22        |
| VYNDAMAX.....  | 43         | ZENPEP.....   | 49        |
| VYNDAQEL.....  | 43         | ZEPOSIA.....  | 64        |
| VYVANSE.....   | 61         | ZEPOSIA 7-DAY STARTER PAC.....                                  | 64        |
| <b>W</b>   |            | ZEPOSIA STARTER KIT.....  | 64        |
| WAINUA.....  | 64         | ZERVIATE.....   | 86        |
| WALGREENS COMFORT ASSURED.....                               | 137        | ZEVRX INSULIN SYRINGE/0.5.....                                  | 137       |
| WALGREENS LANCETS.....                                       | 137        | ZEVRX INSULIN SYRINGE/1ML.....                                  | 137       |
| WALGREENS THIN LANCETS.....                                  | 137        | ZEVRX PEN NEEDLES 31G X 5.....                                  | 137       |
| WALGREENS ULTRA THIN LANC.....                               | 137        | ZEVRX PEN NEEDLES 31G X 6.....                                  | 137       |
| <b>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5</b> | <b>79</b>  | ZEVRX PEN NEEDLES 31G X 8.....                                  | 137       |
| <b>mg, 6 mg, 7.5 mg, 10 mg.....</b>                          | <b>79</b>  | ZEVRX PEN NEEDLES 32G X 4.....                                  | 137       |
| <b>water for irrigation, sterile irrigation soln.....</b>    | <b>139</b> | ZEVRX TWIST TOP LANCETS 3.....                                  | 137       |
| WEGMANS UNIFINE PENTIPS P.....                               | 137        | ZIAGEN.....   | 8         |
| WELIREG.....   | 22         | <b>zidovudine cap 100 mg.....</b>                               | <b>8</b>  |
| WESCAP-C DHA.....  | 77         | <b>zidovudine syrup 10 mg/ml.....</b>                           | <b>8</b>  |
| WESTAB PLUS.....   | 77         | <b>zidovudine tab 300 mg.....</b>                               | <b>8</b>  |
| WIDE-SEAL SILICONE DIAPHR.....                               | 137        | ZIEXTENZO.....  | 79        |
| WILATE.....  | 83         | ZILBRYSQ.....   | 83        |
| WINREVAIR.....   | 43         | <b>zileuton tab er 12hr 600 mg.....</b>                         | <b>46</b> |
| <b>X</b>   |            | <b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....</b>      | <b>58</b> |
| XALKORI.....   | 22         | <b>ziprasidone mesylate for inj 20 mg (base</b>                 |           |
| XARELTO.....   | 79         | <b>equivalent).....</b>   | <b>58</b> |
| XARELTO STARTER PACK.....                                    | 79         | ZIRGAN.....   | 86        |
| XELJANZ.....   | 69         | ZITHROMAX.....  | 2         |
| XELJANZ XR.....  | 69         | ZOKINVY.....  | 139       |
| XHANCE.....  | 43         | ZOLINZA.....  | 23        |
| XIFAXAN.....   | 10         | <b>zolmitriptan nasal spray 5 mg/spray unit.....</b>            | <b>70</b> |
| XIGDUO XR.....   | 29         | <b>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg.....</b> | <b>70</b> |
| XIIDRA.....  | 85         | <b>zolmitriptan tab 2.5 mg, 5 mg.....</b>                       | <b>70</b> |
| XOFLUZA.....   | 8          | <b>zolpidem tartrate tab er 6.25 mg, 12.5 mg.....</b>           | <b>59</b> |

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|  |    |
|--|----|
| zolpidem tartrate tab 5 mg, 10 mg..... | 59 |
| zonisamide cap 50 mg.....              | 73 |
| zonisamide cap 25 mg, 100 mg.....      | 73 |
| ZONTIVITY.....                         | 83 |
| ZTALMY.....                            | 73 |
| ZUBSOLV.....                           | 66 |
| ZURZUVAE.....                          | 55 |
| ZYDELIG.....                           | 23 |
| ZYKADIA.....                           | 23 |
| ZYMFENTRA 1-PEN.....                   | 51 |
| ZYMFENTRA 2-PEN.....                   | 51 |
| ZYMFENTRA 2-SYRINGE.....               | 51 |
| ZYPREXA.....                           | 58 |

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