

ValueScript Rx Medication Guide

July 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 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.....	VI
Utilization Management Programs	VIII
Notice.....	X
How to use this Drug list.....	X
Abbreviation Key.....	XI

Preferred Medication List

Anti-Infective Drugs.....	1
Biologicals	10
Antineoplastic Agents.....	14
Endocrine and Metabolic Drugs	22
Cardiovascular Agents	34
Respiratory Agents	42
Gastrointestinal Agents	46
Genitourinary Agents.....	50
Central Nervous System Drugs	52
Analgesics and Anesthetics.....	63
Neuromuscular Drugs	70
Nutritional Products	75
Hematological Agents.....	77
Topical Products	83
Miscellaneous Products	92
Index.....	138

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 by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

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

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

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

Key Tips and Coverage Guidelines

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

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive, and most generics are covered unless specifically excluded under your plan documents.
- Brand name medications are covered on your plan only if they are included in the medication list. Brand name medications not listed in the medication list are not covered.
- 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) is 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

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 Items
- 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.

Your Share of Expenses

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

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

- the difference in cost between the generic medication and the brand name medication; and
- the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.
Example: If your drug copay is \$10 for generic and \$40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

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

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

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](#).

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

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. See your Schedule of Benefit for additional details on coverage.

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

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

Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. You can purchase medications at a reduced cost using the Condition Care Rx Program. Check your Schedule of Benefits to determine the applicable cost share.

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

Note: 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 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 may be substituted for its brand name counterpart because it:

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

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

Oral Chemotherapy Drugs

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

Over-the-counter (OTC) medications

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

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

Patient Protection and Affordable Care Act (ACA) Preventive Services

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

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

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

[Contraceptives Tier Exception Request Form](#)

[HIV Prep Tier Exception Request Form](#)

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

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

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

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

Specialty Medications are divided into two categories:

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

Pharmacy Options

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

Participating Pharmacy

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

Non-Participating Pharmacy

- Choosing a non-participating pharmacy may risk your ability to be reimbursed. You may have to pay the full cost of the medication.

Participating Specialty Pharmacy Providers

Your network for Specialty 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 mail order pharmacy. Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy 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.

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

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

Obtaining Prior Authorization

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

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

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

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

Responsible Quantity Program

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

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

[Responsible Quantity Program Information](#)

[Responsible Quantity Authorization Form](#)

Responsible Steps Program

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

A list of current drugs included in the Responsible Steps Program maybe found here: [Responsible Steps Program Information and Authorization Forms](#)

Responsible Steps Program for Medical Pharmacy

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

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

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

[Responsible Steps for Medical Pharmacy](#)

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

Coverage Protocol Exemption

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

Formulary Exception Process

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

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

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

Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in 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	nebu	nebulizer
cap	capsules	odt	orally disintegrating tabs
chew	chewable	oint	ointment
conc	concentrate	ophth	ophthalmic
cr	controlled release	osm	osmotic release
dr	delayed release	pack	packets
ec	enteric coated	powd	powder
equiv	equivalent	pttw	twice-weekly patch
er	extended release	sl	sublingual
gm	gram	soln	solution
inhal	inhaler	suppos	suppositories
inj	injection	susp	suspension
liqd	liquid	tab	tablets
mg	milligram	td	transdermal
ml	milliliter	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 In Your Account choose My Plan, then Pharmacy Resources, and click on Compare Drug Prices.

Section 1557 Notification: Discrimination is Against the Law

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

We provide:

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

If you need these services, contact:

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

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

Health and vision coverage (including FEP members):

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

Dental, life, and disability coverage:

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room
509F, HHH Building Washington,
D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)
Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

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

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

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

CHÚ Yǐ: 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 اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-559-0077). 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.

සුඛතා: 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 hólq. Kojí' hodíłlnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojí' hodíłlnih 1-800-333-2227.

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
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		
CEPHALOSPORINS			
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 - 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
cephalexin tab 250 mg, 500 mg	5		
MACROLIDES			
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	3		
azithromycin tab 250 mg, 500 mg (Zithromax)	3		
azithromycin tab 600 mg	3		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	5		
clarithromycin tab er 24hr 500 mg	5		
clarithromycin tab 250 mg, 500 mg	3		
DIFICID - fidaxomicin tab 200 mg	5		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	5		QL (272 mls/180 days)
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	5		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	5		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	5		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	5		
erythromycin tab 250 mg, 500 mg	5		
ZITHROMAX - azithromycin powd pack for susp 1 gm	5		
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	5		
doxycycline hyclate cap 50 mg	3		
doxycycline hyclate cap 100 mg (Vibramycin)	3		
doxycycline hyclate tab 20 mg, 100 mg	3		
doxycycline monohydrate cap 50 mg, 100 mg	3		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	5		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3		
minocycline hcl cap 50 mg, 75 mg, 100 mg	3		
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	6	SP	PA, LD, QL (30 tablets/180 days)
tetracycline hcl cap 250 mg, 500 mg	5		
FLUOROQUINOLONES			
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		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ciprofloxacin hcl tab 750 mg (base equiv)	3		
levofloxacin oral soln 25 mg/ml	5		
levofloxacin tab 250 mg, 500 mg, 750 mg	3		
moxifloxacin hcl tab 400 mg (base equiv)	3		
ofloxacin tab 400 mg	5		
AMINOGLYCOSIDES			
HUMATIN - paromomycin sulfate cap 250 mg	5		LD
neomycin sulfate tab 500 mg	3		
TOBI PODHALER - tobramycin inhal cap 28 mg	6	SP	LD
tobramycin nebu soln 300 mg/5ml (Tobi)	6	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	6	SP	
SULFONAMIDES			
sulfadiazine tab 500 mg	5		
ANTIMYCOBACTERIAL AGENTS			
CYCLOSERINE - cycloserine cap 250 mg	5		
ethambutol hcl tab 100 mg	3		
ethambutol hcl tab 400 mg (Myambutol)	3		
isoniazid syrup 50 mg/5ml	5		
isoniazid tab 100 mg	5		
isoniazid tab 300 mg	3		
PRETOMANID - pretomanid tab 200 mg	5		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	5		
pyrazinamide tab 500 mg	5		
rifabutin cap 150 mg (Mycobutin)	5		
rifampin cap 150 mg, 300 mg	5		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	6	SP	PA, LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	6	SP	PA, LD, QL (188 tablets/365 days)
TRECTOR - ethionamide tab 250 mg	6		PA
ANTIFUNGALS			
CRESEMBA - isavuconazonium sulfate cap 186 mg	6		PA
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	3		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	3		
flucytosine cap 250 mg, 500 mg (Ancobon)	5		
griseofulvin microsize susp 125 mg/5ml	5		
griseofulvin microsize tab 500 mg	5		
griseofulvin ultramicrosize tab 125 mg, 250 mg	5		
itraconazole cap 100 mg (Sporanox)	5		PA, QL (120 capsules/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
itraconazole oral soln 10 mg/ml (Sporanox)	5		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	3		
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5		PA
nystatin tab 500000 unit	5		
posaconazole susp 40 mg/ml (Noxafil)	5		PA
posaconazole tab delayed release 100 mg (Noxafil)	5		PA
terbinafine hcl tab 250 mg	3		QL (30 tablets/30 days)
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	5		PA, QL (18 capsules/180 days)
voriconazole for susp 40 mg/ml (Vfend)	5		PA
voriconazole tab 50 mg, 200 mg (Vfend)	5		PA
ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	3		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	3		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	3		QL (30 tablets/30 days)
acyclovir cap 200 mg	3		
acyclovir susp 200 mg/5ml (Zovirax)	5		
acyclovir tab 400 mg, 800 mg	3		
adefovir dipivoxil tab 10 mg (Hepsera)	5		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	5		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	3		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	3		QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5		QL (630 mls/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	5		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	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)

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
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	5		QL (180 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	3		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	5		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	5		QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	5		QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	5		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	5		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	5		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	5		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	5		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	6	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	6	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	6	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	6	SP	PA, QL (60 packets/30 days)
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)
etravirine tab 100 mg, 200 mg (Intelence)	5		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	3		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	6	SP	QL (60 vials/30 days)
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)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	6	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	5		QL (120 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
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)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5		QL (30 tablets/30 days)
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)
lamivudine oral soln 10 mg/ml (Epivir)	3		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	5		QL (30 tablets/30 days)
lamivudine tab 150 mg (Epivir)	3		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	3		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	3		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	SP	PA, QL (30 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	6	SP	PA, LD, QL (120 tablets/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	5		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	5		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	5		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	5		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	6	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	6	SP	PA, QL (150 packets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	5		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg (Viramune xr)	3		QL (30 tablets/30 days)
nevirapine tab 200 mg	3		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	5		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	5		QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	3		QL (40 capsules/120 days)

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
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	3		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	5		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	5		QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	6	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	6	SP	PA
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
ritonavir tab 100 mg (Norvir)	3		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5		QL (120 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
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	6	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	6	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	6	SP	PA, QL (30 packets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab 300 mg	5		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5		QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	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)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	3		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	5		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	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)
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)

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
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	5		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	3		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	3		QL (1920 mls/30 days)
zidovudine tab 300 mg	3		QL (60 tablets/30 days)
ANTIMALARIALS			
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)
quinine sulfate cap 324 mg (Qualaquin)	5		QL (42 capsules/90 days)
ANTHELMINTICS			
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
ivermectin tab 3 mg (Stromectol)	5		
praziquantel tab 600 mg (Biltricide)	5		
ANTI-INFECTIVE AGENTS - MISC.			
atovaquone susp 750 mg/5ml (Mepron)	5		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	6	SP	LD
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
LAMPIT - nifurtimox tab 30 mg	5		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	5		LD, QL (450 tablets/180 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
metronidazole tab 500 mg (Flagyl)	3		
nitazoxanide tab 500 mg	5		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)	5		
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrochantin)	3		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3		
nitrofurantoin susp 25 mg/5ml	5		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	5		
SIVEXTRO - tedizolid phosphate tab 200 mg	5		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	3		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	3		
tinidazole tab 250 mg, 500 mg	3		
trimethoprim tab 100 mg	3		
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	5		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	5		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	5		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	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)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1		
AFLURIA 2024-2025 - influenza virus vaccine split im susp	1		QL (1 vaccine/90 days)

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
AFLURIA 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1		
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	1		QL (1 vaccine/90 days)
COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	1		
ENGRIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1		
ENGRIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1		
FLUAD 2024-2025 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUARIX 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
FLUBLOK 2024-2025 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit im susp	1		QL (1 vaccine/90 days)
FLULAVAL 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	1		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE 2024-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUZONE 2024-2025 - influenza virus vaccine split im susp	1		QL (1 vaccine/90 days)
FLUZONE 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	1		
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	1		
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	1		
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	1		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1		
MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	1		
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		

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
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	1		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1		
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1		
VAXCHORA - cholera vaccine live attenuated for oral susp	5		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	5		
TOXOIDS			
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		
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		
PASSIVE IMMUNIZING AGENTS			

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

ANTINEOPLASTIC AGENTS

ANTINEOPLASTICS

abiraterone acetate tab 250 mg (Zytiga)	5	SP	PA, QL (120 tablets/30 days)
abiraterone acetate tab 500 mg (Zytiga)	5	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	6	SP	PA, LD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	5	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	5	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	5	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	5	SP	PA, LD, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	5	SP	PA, QL (240 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	5	SP	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	5	SP	PA, QL (1 pack/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	5	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	5	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	6	SP	PA, LD, QL (2 syringes/28 days)
bexarotene cap 75 mg (Targretin)	5	SP	PA
bicalutamide tab 50 mg (Casodex)	3		
BOSULIF - bosutinib cap 50 mg	5	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	5	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	5	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	5	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	SP	PA, LD, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	5	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	5	SP	
CAPRELSA - vandetanib tab 100 mg	5	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	5	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	5	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	5	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	5	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	5	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	5	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	5		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	5		
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)	5	SP	PA, LD, QL (112 tablets/28 days)
dasatinib tab 20 mg (Sprycel)	5	SP	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	5	SP	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	5	SP	PA, LD, QL (60 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg	5	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	5	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	5	SP	PA, LD, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	5	SP	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	5	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	5		
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	5	SP	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	5	SP	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	5	SP	PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	5		
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	5	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	5	SP	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	5	SP	
GOMEKLI - mirdametinib tab for oral susp 1 mg	5	SP	PA, QL (168 tablets/28 days)
GOMEKLI - mirdametinib cap 1 mg	5	SP	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	5	SP	PA, QL (84 capsules/28 days)
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	5	SP	PA
hydroxyurea cap 500 mg (Hydrea)	3		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	5	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	5	SP	PA, LD, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	5	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	5	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	5	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	5	SP	PA, LD, 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
IMBRUVICA - ibrutinib oral susp 70 mg/ml	5	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	5	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	5	SP	PA, LD, QL (120 capsules/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	5	SP	PA, QL (280 mls/28 days)
INLYTA - axitinib tab 1 mg	5	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	5	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	5	SP	PA, QL (56 tablets/28 days)
ITOVEBI - inavolisib tab 9 mg	5	SP	PA, QL (28 tablets/28 days)
IWILFIN - eflornithine hcl tab 192 mg	5	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	5	SP	PA, LD, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	5	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	5	SP	PA, LD, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	5	SP	PA, QL (63 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	5	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	5	SP	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	SP	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	SP	PA, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	5	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	5	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	5	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	5	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	5	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	5	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	5	SP	PA, LD, QL (30 capsules/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	5	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	3		
leucovorin calcium tab 5 mg	3		
leucovorin calcium tab 10 mg, 15 mg, 25 mg	5		
LEUKERAN - chlorambucil tab 2 mg	5		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	6	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	5	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	5	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	5	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg	5	SP	PA, LD, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	5	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	5	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	5	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	5	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	5	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	5	SP	LD
megestrol acetate susp 40 mg/ml	3		
megestrol acetate tab 20 mg, 40 mg	3		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	5	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	5	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	5	SP	PA, LD, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	5	SP	
mercaptopurine tab 50 mg	5		
mesna tab 400 mg (Mesnex)	5		
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	5		
methotrexate sodium for inj 1 gm	5		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
methotrexate sodium tab 2.5 mg (base equiv)	3		
MYLERAN - busulfan tab 2 mg	5		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	5	SP	PA, LD, QL (180 tablets/30 days)
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	5	SP	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg (Nilandron)	5		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	5	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	5	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	5	SP	PA, LD, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	5	SP	PA, LD, QL (56 tablets/28 days)
OJEMDA - tovorafenib tab 100 mg	5	SP	PA, QL (24 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	SP	PA, QL (96 mls/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	5	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	5	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	5	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	5	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	SP	PA, LD, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	5	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	5	SP	PA, LD, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	5	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	5	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	5	SP	PA, LD, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	5	SP	PA, LD, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	5	SP	PA, LD, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	5	SP	PA, LD, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg	5	SP	PA, LD, QL (60 capsules/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	5	SP	PA, QL (8 capsules/28 day)
ROZLYTREK - entrectinib pellet pack 50 mg	5	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	5	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	5	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	5	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	SP	PA, LD, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	SP	PA, LD, QL (120 tablets/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	5	SP	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	5	SP	PA, LD, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	5	SP	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	5	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	5	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.25 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	5	SP	PA, LD, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	5	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	SP	PA, LD, QL (240 tablets/30 days)
temozolomide cap 5 mg, 20 mg	5	SP	PA
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	5	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	5	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	5	SP	PA, LD, QL (60 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
toremifene citrate tab 60 mg (base equivalent) (Fareston)	5		
tretinoin cap 10 mg	5	SP	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	5	SP	PA, LD, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	5	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	5	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	5	SP	PA, LD, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	5	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	5	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	5	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	5	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	5	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	5	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	5	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	5	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	5	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	5	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	5	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	SP	PA, LD, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	SP	PA, LD, QL (30 tablets/30 days)
WELIREG - belzutifan tab 40 mg	5	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	5	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg	5	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	5	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	5	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	5	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	5	SP	PA, LD, QL (16 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	5	SP	PA, LD, QL (4 tablets/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	5	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	5	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	5	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	5	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	5	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	5	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	5	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	5	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	5	SP	PA, LD, QL (90 tablets/30 days)

ENDOCRINE AND METABOLIC DRUGS

CORTICOSTEROIDS

AGAMREE - vamorolone oral susp 40 mg/ml	6	SP	PA, QL (3 bottles/30 days)
budesonide delayed release particles cap 3 mg (Entocort ec)	5		
budesonide tab er 24hr 9 mg (Uceris)	5		
deflazacort susp 22.75 mg/ml (Emflaza)	6	SP	PA, LD
deflazacort tab 6 mg (Emflaza)	6	SP	PA, LD, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	6	SP	PA, LD, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	6	SP	PA, LD
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	5		
dexamethasone elixir 0.5 mg/5ml	3		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3		
fludrocortisone acetate tab 0.1 mg	3		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	3		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	3		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	3		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (Pediapred)	3		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	5		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3		
prednisolone soln 15 mg/5ml	3		
prednisolone tab 5 mg	5		
PREDNISONE - prednisone oral soln 5 mg/5ml	5		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	3		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	3		
TARPEYO - budesonide delayed release cap 4 mg	6	SP	PA, LD, QL (120 capsules/30 days)
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	5		PA
methylestosterone cap 10 mg	5		PA, QL (600 capsules/30 days)
TESTOSTERONE - testosterone td gel 10mg/act (2%)	5		PA, QL (2 pumps/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	3		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	3		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	5		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (AndroGel)	5		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	5		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (AndroGel pump)	5		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	5		PA, QL (2 pumps/30 days)
ESTROGENS			
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		
estradiol & norethindrone acetate tab 0.5-0.1 mg	3		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	5		QL (1 pump/30 days)
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	3		
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	5		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	5		QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	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)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	5		
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3		
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	5		PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	5		
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	5		
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	5		
CONTRACEPTIVES			
desogest-eth estradiol & eth estradiol tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
DROSPIRENONE/ETHINYL ESTR - drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg	5		
ELLA - ulipristal acetate tab 30 mg	1		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)	1		PA
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	5		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg- mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		

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
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
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		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	3		
norethindrone acetate tab 5 mg (Aygestin)	3		
progesterone cap 100 mg, 200 mg (Prometrium)	3		
ANTIDIABETICS			
<i>Antidiabetics</i>			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	2		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ dose	4		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/ dose	4		
diazoxide susp 50 mg/ml (Proglycem)	5		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	5		ST, QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	2		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	2		
glipizide tab 5 mg, 10 mg	2		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	2		
glucagon (rdna) for inj kit 1 mg	2		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	4		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	5		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	2		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	2		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	5		ST, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4		

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

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

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

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
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		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	5		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	5		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	5		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	5		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	5		ST, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	5		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	5		ST, QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	5		ST, QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	5		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	4		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	4		
Rapid-Acting Insulins			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro inj soln 100 unit/ml	2		
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen- injector 100 unit/ml (0.5 unit dial)	2		
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2		
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	2		
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2		

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
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2		
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
Short-Acting Insulins			
HUMULIN R - insulin regular (human) inj 100 unit/ml	2		
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2		
RELION R - insulin regular (human) inj 100 unit/ml	2		
Intermediate-Acting Insulins			
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2		
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2		
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2		
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		

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
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
Basal Insulins			
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	2		
INSULIN DEGLUDEC FLEXTUOC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
LANTUS - insulin glargine inj 100 unit/ml	2		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		
TRESIBA - insulin degludec inj 100 unit/ml	2		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
THYROID AGENTS			
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	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),	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
120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)			
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	3		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	3		
methimazole tab 5 mg, 10 mg (Tapazole)	3		
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		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	5		
propylthiouracil tab 50 mg	3		
RENTHYROID - 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		
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		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	5		QL (28 tablets/270 days)
ENDOCRINE and METABOLIC AGENTS - MISC.			
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	5		
alendronate sodium oral soln 70 mg/75ml	5		
alendronate sodium tab 10 mg, 35 mg	3		
alendronate sodium tab 70 mg (Fosamax)	3		
betaine powder for oral solution (Cystadane)	6	SP	PA
cabergoline tab 0.5 mg	3		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	5		
calcitonin (salmon) nasal soln 200 unit/act	3		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	3		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	5		
carglumic acid soluble tab 200 mg (Carbaglu)	6	SP	

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	5		PA
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	5		
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	5		
desmopressin acetate inj 4 mcg/ml (Ddavp)	5		
desmopressin acetate nasal spray soln 0.01% (refrigerated)	5		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	5		
desmopressin acetate tab 0.1 mg (Ddavp)	3		
desmopressin acetate tab 0.2 mg (Ddavp)	5		
DOXERCALCIFEROL - doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	5		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	6	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	6	SP	PA
GENOTROPIN MINISQUICK - 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
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	3		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	6	SP	PA, LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	6	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	6	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	6	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	6	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	5		ST, QL (30 tablets/30 days)
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	5		
levocarnitine tab 330 mg (Carnitor)	5		
MIFEPREX - mifepristone tab 200 mg	5		
mifepristone tab 200 mg (Mifeprex)	3		
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	6	SP	PA, LD, QL (30 vials/30 days)
MYCAPSSA - octreotide acetate cap delayed release 20 mg	6	SP	PA, LD, QL (120 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	6	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	6	SP	PA, LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NORDITROPIN FLEXPOR - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	6	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	6	SP	PA, LD
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	6	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	6	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	6	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	6	SP	PA, LD
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	6	SP	PA, LD, QL (8 capsules/28 days)
ORFADIN - nitisinone susp 4 mg/ml	6	SP	PA, LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	5		PA, QL (60 tablets/30 days)
OSPHENA - ospemifene tab 60 mg	6		PA
paricalcitol cap 1 mcg (Zemlar)	3		
paricalcitol cap 2 mcg (Zemlar)	5		
paricalcitol cap 4 mcg	5		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	6	SP	PA, LD, QL (7 bottles/29 days)
raloxifene hcl tab 60 mg (Evista)	1		
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	6	SP	PA, LD, QL (525 mls/30 days)
risedronate sodium tab delayed release 35 mg (Atelvia)	5		
risedronate sodium tab 5 mg, 30 mg	5		
risedronate sodium tab 35 mg, 150 mg (Actonel)	3		
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	6	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	6	SP	PA, LD
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	6	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	6	SP	PA, QL (1200 tablets/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	6	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	6	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	6	SP	

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	6	SP	PA
tolvaptan tab 15 mg (Samsca)	6	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	6	SP	QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	6	SP	PA, LD
VEOZAH - fezolinetant tab 45 mg	5		PA, LD, QL (30 tablets/30 days)
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	6	SP	PA, LD, QL (30 vials/30 days)
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)	6	SP	PA, LD, QL (2 pens/28 days)

CARDIOVASCULAR AGENTS**CARDIOTONICS**

digoxin oral soln 0.05 mg/ml (Digoxin)	5		
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	5		
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	3		

ANTIANGINAL AGENTS

isosorbide dinitrate tab 5 mg (Isordil titradose)	3		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	3		
isosorbide dinitrate tab 40 mg (Isordil titradose)	5		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	5		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	3		
NITRO-BID - nitroglycerin oint 2%	5		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	3		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	3		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	5		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	3		

BETA BLOCKERS

acebutolol hcl cap 200 mg, 400 mg	2		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	2		
betaxolol hcl tab 10 mg, 20 mg	2		
bisoprolol fumarate tab 5 mg, 10 mg	2		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	2		
labetalol hcl tab 100 mg, 200 mg, 300 mg	2		

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
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	2		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	2		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	2		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	2		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	2		
pindolol tab 5 mg, 10 mg	2		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	2		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2		
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	4		
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	3		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	3		
sotalol hcl tab 240 mg	3		
timolol maleate tab 5 mg, 10 mg, 20 mg	2		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	2		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	2		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2		
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		

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
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 tab er 120 mg, 180 mg, 240 mg (Calan sr)	2		
verapamil hcl tab 40 mg, 80 mg, 120 mg	2		
ANTIARRHYTHMICS			
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		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	5		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	6		PA
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	5		
propafenone hcl tab 150 mg, 225 mg, 300 mg	3		
quinidine gluconate tab er 324 mg	5		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	5		
ANTIHYPERTENSIVES			
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	2		
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	2		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	2		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	2		
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	2		
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	2		
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	2		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
benazepril & hydrochlorothiazide tab 5-6.25 mg	2		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	2		
benazepril hcl tab 5 mg	2		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	2		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	2		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	2		
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	2		
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	2		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2		
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		
eplerenone tab 25 mg, 50 mg (Inspra)	2		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	2		
guanfacine hcl tab 1 mg, 2 mg	2		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	2		
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	2		
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		

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
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	2		
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	2		
METHYLDOPA - methyl dopa tab 500 mg	4		
methyl dopa tab 250 mg	2		
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, 20 mg, 40 mg (Benicar)	2		
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	2		
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	2		
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	4		
perindopril erbumine tab 4 mg	2		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	2		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	2		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	2		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	2		
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	2		
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)	2		
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	4		
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	2		
trandolapril tab 1 mg, 2 mg, 4 mg	2		
TRYVIO - apocritentan tab 12.5 mg	6	SP	PA, QL (30 tablets/30 days)
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	2		
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	2		
VECAMYL - mecamlamine hcl tab 2.5 mg	6		PA, LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DIURETICS			
acetazolamide cap er 12hr 500 mg	3		
acetazolamide tab 125 mg, 250 mg	3		
amiloride hcl tab 5 mg	2		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	4		
bumetanide tab 0.5 mg (Bumex)	2		
bumetanide tab 1 mg, 2 mg	2		
chlorthalidone tab 25 mg, 50 mg	2		
dichlorphenamide tab 50 mg (Keveyis)	6	SP	PA, QL (120 tablets/30 days)
ethacrynic acid tab 25 mg (Edecrin)	5		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	6	SP	PA, LD, QL (8 kits/30 days)
furosemide oral soln 10 mg/ml	2		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	2		
hydrochlorothiazide cap 12.5 mg	2		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	2		
indapamide tab 1.25 mg, 2.5 mg	2		
methazolamide tab 25 mg, 50 mg	5		
metolazone tab 2.5 mg, 5 mg, 10 mg	2		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	2		
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	2		
triamterene & hydrochlorothiazide cap 37.5-25 mg	2		
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	2		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	2		
triamterene cap 50 mg, 100 mg (Dyrenium)	2		
VASOPRESSORS			
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	5		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	5		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	5		
midodrine hcl tab 2.5 mg, 5 mg	3		
midodrine hcl tab 10 mg	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTIHYPERLIPIDEMICS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	2		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	2		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	2		
cholestyramine light powder 4 gm/dose (Questran light)	2		
cholestyramine powder packets 4 gm (Questran)	2		
cholestyramine powder 4 gm/dose (Questran)	2		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	2		
colesevelam hcl packet for susp 3.75 gm (Welchol)	2		
colesevelam hcl tab 625 mg (Welchol)	2		
colestipol hcl granule packets 5 gm (Colestid flavored)	2		
colestipol hcl granules 5 gm (Colestid flavored)	2		
colestipol hcl tab 1 gm (Colestid)	2		
ezetimibe tab 10 mg (Zetia)	2		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	2		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	2		
fenofibrate tab 48 mg, 145 mg (Tricor)	2		
fenofibrate tab 54 mg, 160 mg	2		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	2		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	2		
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	6	SP	PA, LD, QL (30 capsules/30 days)
lovastatin tab 10 mg	2		QL (60 tablets/30 days)
lovastatin tab 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	4		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	4		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	2		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	2		

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
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	2		QL (45 tablets/30 days)
pitavastatin calcium tab 4 mg (Livalo)	2		QL (30 tablets/30 days)
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	5		PA, QL (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	5		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5		PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	2		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	2		QL (30 tablets/30 days)
simvastatin tab 5 mg	2		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	2		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	2		QL (60 tablets/30 days)
simvastatin tab 80 mg (Zocor)	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)
CARDIOVASCULAR AGENTS - MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	6	SP	PA, LD, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	6	SP	PA, LD, QL (30 tablets/30 days)
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	6	SP	PA, LD, QL (112 tablets/28 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	6	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	6	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	5		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	5		QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	5		QL (240 capsules/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2		
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	5		
OPSUMIT - macitentan tab 10 mg	6	SP	PA, LD, QL (30 tablets/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	6	SP	PA, LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	PA, LD, QL (1 kit/180 days)
sildenafil citrate tab 20 mg (Revatio)	3		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	6	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	6	SP	PA, LD, QL (120 tablets/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)	6	SP	PA
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	6	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	6	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	6	SP	PA, LD, QL (68 ampules/30 days)
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)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	6	SP	PA, QL (120 capsules/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	6	SP	PA, LD, QL (1 kit/21 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	3		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTI-HISTAMINES			
carbinoxamine maleate tab 4 mg	3		
cypheptadine hcl syrup 2 mg/5ml	3		
cypheptadine hcl tab 4 mg	3		
desloratadine tab 5 mg (Clarinet)	3		
levocetirizine dihydrochloride tab 5 mg	3		
loratadine oral soln 5 mg/5ml	3		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	3		
loratadine tab 10 mg	3		
promethazine hcl oral soln 6.25 mg/5ml	3		
promethazine hcl suppos 12.5 mg, 25 mg	5		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	3		
NASAL AGENTS - SYSTEMIC and TOPICAL			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3		
flunisolide nasal soln 25 mcg/act (0.025%)	3		
fluticasone propionate nasal susp 50 mcg/act	3		
ipratropium bromide nasal soln 0.03% (21 mcg/ spray), 0.06% (42 mcg/spray)	3		

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
olopatadine hcl nasal soln 0.6% (Patanase)	3		
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	5		PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY			
acetylcysteine inhal soln 10%, 20%	2		
benzonatate cap 100 mg (Tessalon perles)	3		
benzonatate cap 200 mg	3		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	3		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	3		
HYDROCODONE POLISTIREX/CH - hydrocod polst- chlorphen polst er susp 10-8 mg/5ml	5		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	3		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	3		
promethazine w/ codeine syrup 6.25-10 mg/5ml	3		
promethazine-dm syrup 6.25-15 mg/5ml	3		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3		
sodium chloride soln nebu 3%, 10%	3		
sodium chloride soln nebu 7% (Hypersal)	3		
ANTIASTHMATIC and BRONCHODILATOR AGENTS			
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 inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2		QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	2		
albuterol sulfate syrup 2 mg/5ml	2		
albuterol sulfate tab 2 mg, 4 mg	2		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	4		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	2		
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)

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
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)
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)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	2		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	2		PA, QL (3 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	4		QL (3 canisters/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	6	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	4		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	4		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act	4		QL (2 canisters/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	4		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	2		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	4		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2		

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
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	2		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	2		
montelukast sodium tab 10 mg (base equiv) (Singulair)	2		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	6	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	6	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	6	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	4		QL (1 canister/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	4		QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	2		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	4		QL (60 blisters/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	4		QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	4		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	4		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	4		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	2		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	6	SP	PA, LD, QL (1 pen/28 days)
theophylline elixir 80 mg/15ml	2		
theophylline soln 80 mg/15ml	2		
theophylline tab er 12hr 300 mg, 450 mg	2		
theophylline tab er 24hr 400 mg, 600 mg	2		
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	2		PA, QL (30 capsules/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	4		QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	4		QL (2 inhalers/30 days)

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
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	6	SP	PA, LD
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	6	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	2		
zileuton tab er 12hr 600 mg	5		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg	6	SP	PA, LD, QL (84 tablets/28 days)
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg	6	SP	PA, LD, QL (56 tablets/28 days)
KALYDECO - ivacaftor tab 150 mg	6	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	6	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	6	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	6	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	6	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	6	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	6	SP	PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	6	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	6	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	6	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	6	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	6	SP	PA, LD, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	6	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	6	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	6	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	6	SP	PA, LD, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS			
LAXATIVES			
lactulose solution 10 gm/15ml	3		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	5		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	1		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	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			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	3		
MYTESI - crofelemer tab delayed release 125 mg	6		PA, LD
ULCER DRUGS			
cimetidine hcl soln 300 mg/5ml	5		
dicyclomine hcl cap 10 mg	3		
dicyclomine hcl oral soln 10 mg/5ml	3		
dicyclomine hcl tab 20 mg	3		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	3		QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)	5		QL (30 packets/30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	5		QL (30 packets/30 days)
famotidine for susp 40 mg/5ml	5		
famotidine tab 20 mg, 40 mg (Pepcid)	3		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	5		
glycopyrrolate tab 1 mg, 2 mg	3		
lansoprazole cap delayed release 30 mg (Prevacid)	3		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	5		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	3		
NIZATIDINE - nizatidine cap 300 mg	6		PA
nizatidine cap 150 mg	5		
omeprazole cap delayed release 10 mg, 40 mg	3		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	3		
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	3		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	5		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	3		QL (60 tablets/30 days)
sucalfate tab 1 gm (Carafate)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTIEMETICS			
ANZEMET - dolasetron mesylate tab 50 mg	6		PA, QL (7 tablets/30 days)
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	5		QL (2 packs/30 days)
aprepitant capsule 40 mg	5		
aprepitant capsule 80 mg (Emend)	5		QL (4 capsules/30 days)
aprepitant capsule 125 mg	5		QL (2 capsules/30 days)
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	5		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	5		
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	5		QL (6 packages/30 days)
granisetron hcl tab 1 mg	5		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	3		
ondansetron hcl oral soln 4 mg/5ml	3		
ondansetron hcl tab 4 mg (Zofran)	3		
ondansetron hcl tab 8 mg	3		
ondansetron orally disintegrating tab 4 mg, 8 mg	3		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	5		
trimethobenzamide hcl cap 300 mg	3		
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	6	SP	LD, QL (4 tablets/30 days)
DIGESTIVE AIDS			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	5		
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	5		
GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	5		PA, QL (60 tablets/30 days)
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5		ST
balsalazide disodium cap 750 mg (Colazal)	5		
BYLVAY - odevixibat cap 400 mcg	6	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - odevixibat cap 1200 mcg	6	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	6	SP	PA, LD, QL (900 capsules/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle 600 mcg	6	SP	PA, LD, QL (300 capsules/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	5		
calcium acetate (phosphate binder) tab 667 mg	5		
CHENODAL - chenodiol tab 250 mg	6	SP	PA, LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	6	SP	PA, LD
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	6	SP	PA, QL (2 kits/28 days)
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	6	SP	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	6	SP	PA, QL (1 kit/180 days)
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	5		
CTEXLI - chenodiol tab 250 mg	6	SP	PA, QL (90 tablets/30 days)
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	6	SP	PA, LD, QL (2 pens/28 days)
GATTEX - teduglutide (rdna) for inj kit 5 mg	6	SP	PA, LD, QL (30 vials/30 days)
IQIRVO - elafibranor tab 80 mg	6	SP	PA, LD, QL (30 tablets/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	3		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	5		
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)
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg	6	SP	PA, LD, QL (60 tablets/30 days)
LIVMARLI - maralixibat chloride tab 30 mg	6	SP	PA, LD, QL (30 tablets/30 days)
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	6	SP	PA, LD, QL (90 mls/30 days)
LIVMARLI - maralixibat chloride oral soln 19 mg/ml	6	SP	PA, LD, QL (60 mls/30 days)
lubiprostone cap 8 mcg (Amitiza)	5		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	5		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	5		
mesalamine cap er 24hr 0.375 gm (Apriso)	5		
mesalamine enema 4 gm	5		
mesalamine suppos 1000 mg (Canasa)	5		
mesalamine tab delayed release 800 mg	5		
mesalamine tab delayed release 1.2 gm (Lialda)	5		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	3		

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
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	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	6	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	6	SP	PA, LD, QL (2 syringes/28 days)
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	6	SP	PA, LD, QL (2 syringes/28 days)
REZDIFFRA - resmetirom 60 mg tab	6	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	6	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	6	SP	PA, LD, QL (30 tablets/30 days)
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	5		
sevelamer carbonate tab 800 mg (Renvela)	5		
sevelamer hcl tab 400 mg	5		
sevelamer hcl tab 800 mg (Renagel)	5		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	6	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	3		
sulfasalazine tab 500 mg (Azulfidine)	3		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	6	SP	PA, QL (1 syringe/28 days)
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	6	SP	PA, QL (1 pen/28 days)
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	6	SP	PA, QL (3 packs/180 days)
TRULANCE - plecanatide tab 3 mg	5		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	5		
ursodiol tab 250 mg (Urso 250)	5		
ursodiol tab 500 mg (Urso forte)	5		
VIBERZI - eluxadoline 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	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	6	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	6	SP	PA, LD, QL (2 syringes/28 days)

GENITOURINARY AGENTS

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
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg	3		
bethanechol chloride tab 50 mg	5		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	5		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	5		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	5		
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	5		QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	6		PA, QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	3		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	3		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	3		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	3		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	3		
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	3		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	5		QL (30 capsules/30 days)
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	3		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	3		QL (60 tablets/30 days)
tropium chloride cap er 24hr 60 mg	5		QL (30 capsules/30 days)
tropium chloride tab 20 mg	3		QL (60 tablets/30 days)
VAGINAL PRODUCTS			
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	5		
clindamycin phosphate vaginal cream 2% (Cleocin)	5		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	1		
estradiol vaginal cream 0.1 mg/gm (Estrace)	3		
estradiol vaginal tab 10 mcg (Vagifem)	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
metronidazole vaginal gel 0.75%	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		
terconazole vaginal cream 0.4%, 0.8%	3		
terconazole vaginal suppos 80 mg	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	3		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	3		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	5		LD
dutasteride cap 0.5 mg (Avodart)	3		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	5		
ELMIRON - pentosan polysulfate sodium caps 100 mg	6		PA
FILSPARI - sparsentan tab 200 mg, 400 mg	6	SP	PA, LD, QL (30 tablets/30 days)
finasteride tab 5 mg (Proscar)	3		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	5		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	3		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	3		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	3		
RIVFLOZA - nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml, 160 mg/ml	6	SP	PA, LD, QL (1 syringe/30 days)
RIVFLOZA - nedosiran sodium subcutaneous soln 80 mg/0.5ml	6	SP	PA, LD, QL (2 vials/30 day)
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	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	6	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab delayed release 100 mg (Thiola ec)	6	SP	PA, LD, QL (600 tablets/30 days)
tiopronin tab delayed release 300 mg (Thiola ec)	6	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	6	SP	PA, LD, QL (600 tablets/30 days)
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		

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
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		
buspirone 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		
meprobamate tab 200 mg, 400 mg	5		
oxazepam cap 10 mg, 15 mg	3		
oxazepam cap 30 mg	5		
ANTIDEPRESSANTS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	2		
amoxapine tab 25 mg, 50 mg	3		
amoxapine tab 100 mg, 150 mg	5		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	2		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	2		
bupropion hcl tab 75 mg, 100 mg	2		
citalopram hydrobromide oral soln 10 mg/5ml	2		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	2		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	5		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	2		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	2		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv) (Pristiq)	2		QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	2		QL (120 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	2		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
doxepin hcl conc 10 mg/ml	2		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	2		
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	6		PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	2		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	2		
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	6		ST, QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	6		ST, QL (1 pack/180 days)
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	2		
fluoxetine hcl solution 20 mg/5ml	2		
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	2		
fluvoxamine maleate tab 25 mg, 50 mg	3		QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	3		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	2		
MARPLAN - isocarboxazid tab 10 mg	6		PA
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	2		QL (90 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg, 45 mg (Remeron soltab)	2		QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 45 mg	2		QL (30 tablets/30 days)
mirtazapine tab 15 mg (Remeron)	2		QL (90 tablets/30 days)
mirtazapine tab 30 mg (Remeron)	2		QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	2		
nortriptyline hcl soln 10 mg/5ml	2		
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	2		
PAROXETINE HYDROCHLORIDE - paroxetine hcl oral susp 10 mg/5ml (base equiv)	2		ST
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	4		
protriptyline hcl tab 5 mg, 10 mg	2		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	2		

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
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	6	SP	PA, QL (4 packs/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	6	SP	PA, QL (4 packs/28 days)
tranylcypromine sulfate tab 10 mg (Parnate)	2		
trazodone hcl tab 50 mg, 100 mg, 150 mg	2		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	2		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	6		ST, QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	2		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	2		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	2		QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	6	SP	PA, QL (28 capsules/30 days)
ZURZUVAE - zuranolone cap 30 mg	6	SP	PA, QL (14 capsules/30 days)
ANTIPSYCHOTICS			
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	6	SP	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	6	SP	
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	6	SP	
aripiprazole oral solution 1 mg/ml	5		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	5		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	3		QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	6	SP	
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	6	SP	
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	5		QL (60 tablets/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	5		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	5		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	5		
clozapine tab 25 mg, 50 mg (Clozaril)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
clozapine tab 100 mg, 200 mg (Clozaril)	5		
ERZOFRI - 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, 351 mg/2.25ml	6	SP	
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	6		ST, QL (1 pack/180 days)
fluphenazine decanoate inj 25 mg/ml	6	SP	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	5		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	6	SP	
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	6	SP	
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	6	SP	
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	6	SP	
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	6	SP	
haloperidol lactate oral conc 2 mg/ml	3		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	3		
haloperidol tab 20 mg	5		
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	6	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	
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	
LITHIUM CARBONATE - lithium carbonate cap 600 mg	5		
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	3		
lithium carbonate cap 300 mg	3		
lithium carbonate tab er 300 mg (Lithobid)	3		
lithium carbonate tab er 450 mg	3		
lithium carbonate tab 300 mg	3		
lithium oral solution 8 meq/5ml	5		
loxapine succinate cap 5 mg, 10 mg, 25 mg	3		
loxapine succinate cap 50 mg	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	5		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	5		QL (60 tablets/30 days)
olanzapine for im inj 10 mg (Zyprexa)	6	SP	
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	3		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	5		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	5		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	3		
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	6	SP	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	3		
prochlorperazine suppos 25 mg	5		
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	3		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	3		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	3		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	3		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5		QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	6	SP	
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)	6	SP	
risperidone orally disintegrating tab 0.5 mg	3		QL (60 tablets/30 days)
risperidone orally disintegrating tab 1 mg, 2 mg, 3 mg	5		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	5		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	3		QL (480 mls/30 days)
risperidone tab 0.25 mg	3		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	3		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	3		QL (120 tablets/30 days)
RYKINDO - risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg	6	SP	
thioridazine hcl tab 10 mg	5		
thioridazine hcl tab 25 mg, 50 mg, 100 mg	3		
thiothixene cap 1 mg, 2 mg	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
thiothixene cap 5 mg, 10 mg	5		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent)	3		
trifluoperazine hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	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	
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	5		QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	3		QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)	6	SP	
ZYPREXA - olanzapine for im inj 10 mg	6	SP	
HYPNOTICS			
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	5		QL (30 tablets/30 days)
estazolam tab 1 mg	3		
estazolam tab 2 mg	5		
eszopiclone tab 1 mg (Lunesta)	3		QL (90 tablets/30 days)
eszopiclone tab 2 mg, 3 mg (Lunesta)	3		QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml	3		
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	3		
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	5		ST, QL (30 tablets/30 days)
ramelteon tab 8 mg (Rozerem)	5		QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	6	SP	PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 22.5 mg (Restoril)	5		
temazepam cap 15 mg, 30 mg (Restoril)	3		
zaleplon cap 5 mg	3		QL (60 capsules/30 days)
zaleplon cap 10 mg	3		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg (Ambien cr)	3		QL (60 tablets/30 days)
zolpidem tartrate tab er 12.5 mg (Ambien cr)	3		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg (Ambien)	3		QL (60 tablets/30 days)
zolpidem tartrate tab 10 mg (Ambien)	3		QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	5		QL (60 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	5		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	5		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	5		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	3		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	3		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	3		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	3		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	3		
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	5		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	5		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	5		QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	5		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	3		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	5		QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	5		QL (60 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	5		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	3		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	5		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	5		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	5		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	3		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	5		QL (180 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
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	3		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	6	SP	PA, LD, QL (10 vials/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	5		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	5		QL (30 tablets/30 days)
methamphetamine hcl tab 5 mg	5		QL (150 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	5		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	5		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	5		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	5		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	5		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	5		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	5		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	5		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	5		QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	3		QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	5		QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	5		QL (60 tablets/30 days)
modafinil tab 100 mg (Provigil)	3		
modafinil tab 200 mg (Provigil)	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)
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	6	SP	PA, LD, QL (60 tablets/30 days)

PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.

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
acamprosate calcium tab delayed release 333 mg	5		
AQNEURSA - levacetylleucine for susp packet 1 gm	6	SP	PA, LD, QL (112 packets/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	6	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	6		PA
dalfampridine tab er 12hr 10 mg (Ampyra)	5		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	3	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	3	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	3	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	5		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	3		
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	3		
donepezil hydrochloride tab 23 mg (Aricept)	5		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	6	SP	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	5		
galantamine hydrobromide tab 4 mg	3		
galantamine hydrobromide tab 8 mg, 12 mg	5		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	6	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	6	SP	QL (12 syringes/28 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	6	SP	PA, QL (1 pen/28 days)
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	5		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	6	SP	PA, LD, QL (30 packets/30 days)
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	6	SP	PA, LD, QL (28 packets/180 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	6	SP	PA, LD, QL (8 tablets/301 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
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	6	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	6	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	6	SP	PA, LD, QL (14 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	6	SP	PA, LD, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	6	SP	PA, LD, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	6	SP	PA, LD, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	6	SP	PA, LD, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	6	SP	PA, LD, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	6	SP	PA, LD, QL (12 tablets/180 days)
memantine hcl oral solution 2 mg/ml	5		
memantine hcl tab 5 mg, 10 mg (Namenda)	3		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	5		
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	1		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	1		
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	5		
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	6		PA
PIMOZIDE - pimozone tab 1 mg, 2 mg	5		
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	6	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	6	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	6	SP	PA, LD, QL (2 syringes/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	6	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	6	SP	PA, LD, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	6	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	6	SP	PA, QL (12 syringes/28 days)
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)
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)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	5		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	6		ST, QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	6		ST, QL (1 pack/180 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	6	SP	PA, LD, QL (540 ml/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	6	SP	PA, LD, QL (30 tablets/30 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	6	SP	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	6	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	6	SP	PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	6	SP	PA, LD, QL (1 pen/28 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	6	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	6	SP	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	6	SP	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	6	SP	PA, QL (7 capsules/180 days)

ANALGESICS AND ANESTHETICS**ANALGESICS - NON-NARCOTIC**

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
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	5		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	3		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	3		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	3		QL (180 capsules/30 days)
diflunisal tab 500 mg	5		
TENCON - butalbital-acetaminophen tab 50-325 mg	5		QL (180 tablets/30 days)
ANALGESICS - NARCOTIC			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	5		PA, QL (2700 mls/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	5		PA, QL (60 films/30 days)
BRIXADI - buprenorphine extended release soln pref syr 64 mg/0.18ml, 96 mg/0.27ml, 128 mg/0.36ml	6	SP	PA, LD, QL (1 syringe/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 8 mg/0.16ml, (weekly) 24 mg/0.48ml, (weekly) 32 mg/0.64ml	6	SP	PA, LD, QL (4 syringes/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 16 mg/0.32ml	6	SP	PA, LD, QL (4 syringes/28 day)
buprenorphine hcl sl tab 2 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	5		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	5		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	5		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	5		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	5		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	5		QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	5		PA, QL (4 patches/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	5		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	5		PA, QL (2 bottles/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	3		PA, QL (180 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	5		PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	3		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	6		PA, QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	3		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	3		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	5		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	5		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	3		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	5		PA, QL (120 tablets/30 days)
methadone hcl conc 10 mg/ml (Methadose)	3		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	3		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	5		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	5		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	3		PA, QL (90 tablets/30 days)
morphine sulfate oral soln 10 mg/5ml	3		PA, QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	5		PA, QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	3		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	5		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	3		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	3		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA, QL (60 tablets/30 days)
oxycodone hcl cap 5 mg	3		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	5		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	3		PA, QL (5400 mls/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
oxycodone hcl tab 5 mg (Roxicodone)	3		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	3		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	3		PA, QL (120 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	3		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	3		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	3		PA, QL (180 tablets/30 days)
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	6	SP	PA, LD, QL (1 syringe/28 days)
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	6	SP	PA, LD, QL (2 syringe/180 days)
tramadol hcl tab er 24hr 100 mg	3		PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg, 300 mg	5		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	3		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	3		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	5		PA, QL (180 capsules/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	5		QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	5		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	5		QL (60 tablets/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	6	SP	PA, QL (1 kit/180 days)
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	6	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	6	SP	PA, QL (2 syringes/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml, 80 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	6	SP	PA, QL (2 syringes/28 days)
ARCALYST - riloncept for inj 220 mg	6	SP	PA, LD, QL (4 vials/28 days)

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	6	SP	PA, QL (2 syringes/28 days)
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	6	SP	PA, LD, QL (30 syringes/30 days)
leflunomide tab 10 mg, 20 mg (Arava)	3		
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	6		PA
meloxicam tab 7.5 mg, 15 mg (Mobic)	3		
nabumetone tab 500 mg, 750 mg	3		
naproxen sodium tab 275 mg, 550 mg	3		
naproxen tab 250 mg, 375 mg	3		
naproxen tab 500 mg (Naprosyn)	3		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	6	SP	PA, LD, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	6	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	6	SP	PA, QL (4 pens/28 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	6	SP	PA, QL (1 kit/180 days)
OTEZLA - apremilast tab 20 mg, 30 mg	6	SP	PA, QL (60 tablets/30 days)
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	5		
oxaprozin tab 600 mg (Daypro)	5		
piroxicam cap 10 mg, 20 mg (Feldene)	3		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	6	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	6	SP	PA, LD, QL (84 tablets/365 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	6	SP	PA, LD, QL (360 mls/30 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml, 80 mg/0.8ml	6	SP	PA, QL (2 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	6	SP	PA, QL (2 pens/28 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	6	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	6	SP	PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	3		
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	6	SP	PA, QL (4 pens/28 days)

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
rizatriptan benzoate tab 5 mg (base equivalent)	3		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	3		QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	5		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	5		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	5		QL (10 vials/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	5		ST, QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	5		QL (12 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	3		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg, 100 mg (Imitrex)	3		QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	5		PA, QL (16 tablets/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	5		ST, QL (12 units/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)	5		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	3		QL (12 tablets/30 days)
GOUT AGENTS			
allopurinol tab 100 mg, 300 mg (Zyloprim)	3		
colchicine tab 0.6 mg (Colcrys)	3		
colchicine w/ probenecid tab 0.5-500 mg	3		
febuxostat tab 40 mg, 80 mg (Uloric)	3		
probenecid tab 500 mg	3		
NEUROMUSCULAR DRUGS			
ANTICONVULSANTS			
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	5		
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	6		PA
BRIVIACT - brivaracetam oral soln 10 mg/ml	6		PA
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	5		
carbamazepine chew tab 100 mg	3		
carbamazepine susp 100 mg/5ml (Tegretol)	5		
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	3		
carbamazepine tab er 12hr 200 mg, 400 mg (Tegretol-xr)	5		
carbamazepine tab 200 mg (Tegretol)	3		
clobazam suspension 2.5 mg/ml (Onfi)	5		
clobazam tab 10 mg (Onfi)	3		
clobazam tab 20 mg (Onfi)	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
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	3		
DIACOMIT - stiripentol cap 250 mg, 500 mg	6	SP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	6	SP	
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	5		
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	5		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	5		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	3		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	3		
EPIDIOLEX - cannabidiol soln 100 mg/ml	6	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	5		
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)	5		
ethosuximide cap 250 mg (Zarontin)	5		
ethosuximide soln 250 mg/5ml (Zarontin)	5		
felbamate susp 600 mg/5ml (Felbatol)	5		
felbamate tab 400 mg, 600 mg (Felbatol)	5		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	6	SP	PA, LD
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		PA
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	3		
gabapentin oral soln 250 mg/5ml (Neurontin)	5		
gabapentin tab 600 mg, 800 mg (Neurontin)	3		
lacosamide oral solution 10 mg/ml (Vimpat)	5		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	5		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	5		
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	3		
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	5		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	5		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	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
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	5		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	5		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	3		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	5		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	5		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	5		
levetiracetam oral soln 100 mg/ml (Keppra)	3		
levetiracetam tab er 24hr 500 mg (Keppra xr)	3		
levetiracetam tab er 24hr 750 mg (Keppra xr)	5		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	3		
methsuximide cap 300 mg (Celontin)	5		
MOTPOLY XR - lacosamide cap er 24hr 100 mg, 150 mg, 200 mg	5		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	5		QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	5		
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)	5		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	3		
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	5		
phenytoin chew tab 50 mg (Dilantin infatabs)	3		
phenytoin sodium extended cap 100 mg (Dilantin)	3		
phenytoin sodium extended cap 200 mg (Phenytek)	3		
phenytoin sodium extended cap 300 mg (Phenytek)	5		
phenytoin susp 125 mg/5ml (Dilantin-125)	3		
pregabalin cap 25 mg (Lyrica)	3		QL (360 capsules/30 days)
pregabalin cap 50 mg (Lyrica)	3		QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg (Lyrica)	3		QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg (Lyrica)	3		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	3		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	5		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	3		
rufinamide susp 40 mg/ml (Banzel)	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
rufinamide tab 200 mg, 400 mg (Banzel)	5		
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	5		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	5		
TOPIRAMATE - topiramate sprinkle cap 50 mg	5		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	5		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	5		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	5		PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	5		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg (Topamax sprinkle)	3		
topiramate sprinkle cap 25 mg (Topamax sprinkle)	5		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	3		
valproate sodium oral soln 250 mg/5ml (base equiv)	3		
valproic acid cap 250 mg	3		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	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)
vigabatrin powd pack 500 mg (Sabril)	6	SP	LD
vigabatrin tab 500 mg (Sabril)	6	SP	LD
zonisamide cap 25 mg, 100 mg (Zonegran)	3		
zonisamide cap 50 mg	3		
ZTALMY - ganaxolone susp 50 mg/ml	6	SP	PA, LD, QL (1100 mls/30 days)
ANTIPARKINSON AGENTS			
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
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	3		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	5		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	5		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	3		
carbidopa & levodopa tab 25-250 mg	3		
carbidopa tab 25 mg (Lodosyn)	5		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	5		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	5		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	5		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	5		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	5		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	5		
entacapone tab 200 mg (Comtan)	5		
INBRIJA - levodopa inhal powder cap 42 mg	6	SP	PA, LD
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	5		
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)	3		
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg	3		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	5		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	3		
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	5		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	3		
selegiline hcl cap 5 mg	5		
selegiline hcl tab 5 mg	5		
tolcapone tab 100 mg (Tasmar)	5		
TRIHXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	5		
trihexyphenidyl hcl tab 2 mg, 5 mg	3		
NEUROMUSCULAR AGENTS			
DAYBUE - trofinetide oral soln 200 mg/ml	6	SP	PA, LD, QL (3600 mls/30 days)
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	6	SP	PA, QL (280 mls/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EVRYSDI - risdiplam tab 5 mg	6	SP	PA, LD, QL (30 tablets/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	6	SP	PA, LD, QL (160 mls/24 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	6	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	6	SP	PA, LD, QL (70 mls/180 days)
riluzole tab 50 mg (Rilutek)	5		
SKYCLARYS - omarveloxolone cap 50 mg	6	SP	PA, QL (90 capsules/30 days)
TEGLUTIK - riluzole susp 50 mg/10ml	6	SP	PA, QL (600 mls/30 days)
TIGLUTIK - riluzole susp 50 mg/10ml	6	SP	PA, LD, QL (600 mls/30 days)
MUSCULOSKELETAL THERAPY AGENTS			
baclofen susp 25 mg/5ml (Fleqsuvy)	5		
baclofen tab 10 mg, 20 mg	3		
carisoprodol tab 350 mg (Soma)	3		
chlorzoxazone tab 500 mg	3		
cyclobenzaprine hcl tab 5 mg, 10 mg	3		
dantrolene sodium cap 25 mg, 50 mg (Dantrium)	5		
dantrolene sodium cap 100 mg	5		
metaxalone tab 400 mg	5		
metaxalone tab 800 mg (Skelaxin)	5		
methocarbamol tab 500 mg, 750 mg	3		
orphenadrine citrate tab er 12hr 100 mg	3		
ORPHENADRINE/ASPIRIN/CAFF - orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	6		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	6	SP	PA, LD, QL (112 capsules/28 days)
SOHONOS - palovarotene cap 2.5 mg	6	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	6	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	6	SP	PA, LD, QL (56 capsules/28 days)
tizanidine hcl tab 2 mg (base equivalent)	3		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	3		
ANTIMYASTHENIC AGENTS			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	6	SP	PA, LD, QL (300 tablets/30 days)
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	5		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	5		
pyridostigmine bromide tab 60 mg (Mestinon)	3		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	3		
phytonadione tab 5 mg (Mephyton)	5		
MULTIVITAMINS			
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	5		
COMPLETE NATAL DHA - prenatal-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		
PNV 27-CA/FE/FA - prenatal vit w/ fe fumarate-fa tab 60-1 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		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	5		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	5		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	5		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
MINERALS and ELECTROLYTES			
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	3		
potassium chloride cap er 8 meq, 10 meq	3		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	3		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	5		
potassium chloride tab er 8 meq (600 mg)	3		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	3		
potassium phosphate monobasic tab 500 mg (K-phos)	3		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	5		
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	6	SP	PA
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

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
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	6	SP	PA, LD, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	3		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	6	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	5		
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	6	SP	PA, QL (30 packets/30 days)
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv) (Promacta)	6	SP	PA, QL (30 tablets/30 days)
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg	1		
folic acid tab 1 mg	3		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
glutamine (sickle cell) powd pack 5 gm (Endari)	6	SP	PA
miglustat cap 100 mg (Zavesca)	6	SP	PA, LD, QL (90 capsules/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	6	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	6	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	6	SP	PA
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)
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
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	6	SP	PA, QL (2 pens/28 days)
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
XOLREMDI - mavorixafor cap 100 mg	6	SP	PA, LD, QL (120 capsules/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	6	SP	PA
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	5		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	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)
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)	5		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	5		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	5		
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	5		
rivaroxaban tab 2.5 mg (Xarelto)	5		QL (60 tablets/30 days)
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	3		
XARELTO - rivaroxaban for susp 1 mg/ml	5		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	5		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	5		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	5		QL (1 pack/30 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	5		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	5		
tranexamic acid tab 650 mg (Lysteda)	5		
HEMATOLOGICAL AGENTS - MISC.			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	6	SP	PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	PA, LD
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	6	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	6	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA, LD
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA
anagrelide hcl cap 0.5 mg (Agrylin)	5		
anagrelide hcl cap 1 mg	5		
aspirin-dipyridamole cap er 12hr 25-200 mg	5		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
BRILINTA - ticagrelor tab 60 mg	5		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	6	SP	PA, LD, QL (30 kits/30 days)
cilostazol tab 50 mg, 100 mg	3		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	6	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	3		
clopidogrel bisulfate tab 300 mg (base equiv)	5		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	6	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	6	SP	PA, LD
dipyridamole tab 25 mg	3		
dipyridamole tab 50 mg, 75 mg	5		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) 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
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	6	SP	PA, LD, QL (8 vials/28 days)
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	6	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	6	SP	PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	6	SP	PA, LD, QL (16 vials/30 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	6	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	6	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	6	SP	PA
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml	6	SP	PA, QL (4 pens/28 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	6	SP	PA, LD, QL (12 syringes/30 days)
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	6	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	6	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	6	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	6	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	6	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	6	SP	PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	6	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	6	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	6	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	6	SP	PA, LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NUWIQ - antihemophilic factor rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	6	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	6	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	6	SP	PA, LD, QL (30 capsules/30 days)
pentoxifylline tab er 400 mg	3		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	3		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	6	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	6	SP	PA, LD, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	6	SP	PA, LD, QL (1 pack/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	6	SP	PA, LD
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	6	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	6	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	6	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	6	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	6	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ ml)	6	SP	PA, LD, QL (2 vials/28 days)
TAVNEOS - avacopan cap 10 mg	6	SP	PA, LD, QL (180 capsules/30 days)
ticagrelor tab 60 mg, 90 mg (Brilinta)	5		
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	6	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	6	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	6	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	6	SP	PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	6	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	6	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	6	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	6	SP	PA
ZILBRYSQ - zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml	6	SP	PA, LD, QL (28 syringes/28 days)
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	6		PA

TOPICAL PRODUCTS

OPHTHALMIC AGENTS

ALOCRIAL - nedocromil sodium ophth soln 2%	6		PA
APRACLOPIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	5		
atropine sulfate ophth soln 1% (Atropine sulfate)	3		
azelastine hcl ophth soln 0.05%	3		
BACITRACIN - bacitracin ophth oint 500 unit/gm	5		
bacitracin-polymyxin b ophth oint	3		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3		
bepotastine besilate ophth soln 1.5% (Bepreve)	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		
bimatoprost ophth soln 0.03%	5		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	5		
brimonidine tartrate ophth soln 0.2%	3		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	5		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	5		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	5		
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	5		PA, QL (60 vials/30 days)
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	3		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	5		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	5		

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
cyclopentolate hcl ophth soln 1% (Cyclogyl)	3		
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	6		PA
diclofenac sodium ophth soln 0.1%	3		
difluprednate ophth emulsion 0.05% (Durezol)	5		
dorzolamide hcl ophth soln 2% (Trusopt)	3		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	3		
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	5		
epinastine hcl ophth soln 0.05%	5		
erythromycin ophth oint 5 mg/gm	3		
EYSUVIS - loteprednol etabonate ophth susp 0.25%	5		
fluorometholone ophth susp 0.1% (Fml liquifilm)	5		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	5		
gatifloxacin ophth soln 0.5% (Zymaxid)	3		
gentamicin sulfate ophth soln 0.3%	3		
ILEVRO - nepafenac ophth susp 0.3%	6		PA
ketorolac tromethamine ophth soln 0.4% (Acular Is)	3		
ketorolac tromethamine ophth soln 0.5% (Acular)	3		
latanoprost ophth soln 0.005% (Xalatan)	3		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	5		
loteprednol etabonate ophth gel 0.5% (Lotemax)	5		
loteprednol etabonate ophth susp 0.2% (Alrex)	5		
loteprednol etabonate ophth susp 0.5% (Lotemax)	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)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	3		
NATACYN - natamycin ophth susp 5%	5		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	3		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	3		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	5		
ofloxacin ophth soln 0.3% (Ocuflox)	3		
phenylephrine hcl ophth soln 2.5%, 10%	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	6		PA, LD
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	3		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	3		
prednisolone acetate ophth susp 1% (Pred forte)	5		
proparacaine hcl ophth soln 0.5% (Alcaine)	3		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	5		PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	6		PA, QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	5		
sulfacetamide sodium ophth soln 10% (Bleph-10)	3		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	5		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	5		QL (30 containers/30 days)
tetracaine hcl ophth soln 0.5%	3		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	5		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	3		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	5		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	5		
timolol ophth soln 0.5% (Betimol)	5		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	5		
tobramycin ophth soln 0.3% (Tobrex)	3		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	5		
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	5		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	5		
tropicamide ophth soln 0.5%	3		
tropicamide ophth soln 1% (Mydracil)	3		
XIIDRA - lifitegrast ophth soln 5%	5		PA, QL (60 vials/30 days)
ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv)	6		PA, QL (60 vials/30 days)
ZIRGAN - ganciclovir ophth gel 0.15%	6		PA
OTIC AGENTS			
acetic acid otic soln 2%	3		
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	6		PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	5		
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	5		
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	6		PA
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	3		
hydrocortisone w/ acetic acid otic soln 1-2%	5		
neomycin-polymyxin-hc otic soln 1%	5		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	5		
ofloxacin otic soln 0.3%	3		
MOUTH/THROAT/DENTAL AGENTS			
cevimeline hcl cap 30 mg (Evoxac)	5		
chlorhexidine gluconate soln 0.12% (Peridex)	3		
clotrimazole troche 10 mg	3		
lidocaine hcl viscous soln 2%	3		
nystatin susp 100000 unit/ml	3		
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	6		PA
pilocarpine hcl tab 5 mg (Salagen)	3		
pilocarpine hcl tab 7.5 mg (Salagen)	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		
sodium fluoride cream 1.1% (Prevident 5000 plus)	1		
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1		
sodium fluoride paste 1.1% (Prevident 5000 boost)	1		
sodium fluoride rinse 0.2% (Prevident rinse)	1		
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	5		
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	5		
stannous fluoride gel 0.4%	1		
triamcinolone acetonide dental paste 0.1%	3		
ANORECTAL AGENTS			
HYDROCORTISONE - hydrocortisone perianal cream 1%	3		
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	5		
hydrocortisone enema 100 mg/60ml (Cortenema)	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
hydrocortisone perianal cream 2.5% (Anusol-hc)	3		
nitroglycerin oint 0.4% (Rectiv)	5		
PROCTOCORT - hydrocortisone perianal cream 1%	3		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	5		
RECTIV - nitroglycerin oint 0.4%	6		PA
DERMATOLOGICALS			
acitretin cap 10 mg, 25 mg (Soriatane)	5		
acitretin cap 17.5 mg	5		
acyclovir oint 5% (Zovirax)	3		
adapalene gel 0.1%	3		
ADBRY - tralokinumab-ldrm subcutaneous soln auto- injector 300 mg/2ml	6	SP	PA, LD, QL (2 pens/28 days)
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	6	SP	PA, LD, QL (4 syringes/28 days)
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	5		ST, QL (120 grams/30 days)
alclometasone dipropionate cream 0.05%	3		QL (120 grams/30 days)
azelaic acid gel 15% (Finacea)	5		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	5		
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	3		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	5		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	5		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	5		QL (135 grams/30 days)
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	3		ST, QL (120 mls/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3		QL (135 grams/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	6	SP	PA
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	5		
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ ml)	5		QL (120 mls/30 days)
calcipotriene cream 0.005% (Dovonex)	5		QL (120 grams/30 days)
calcipotriene oint 0.005%	5		QL (120 grams/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
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	5		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	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)
ciclopirox gel 0.77%	5		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	3		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	5		
ciclopirox shampoo 1% (Loprox shampoo)	3		
ciclopirox solution 8% (Penlac Nail Lacquer)	3		QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3		
clindamycin phosphate gel 1% (once-daily) (Clindagel)	3		
clindamycin phosphate gel 1% (twice-daily)	3		
clindamycin phosphate lotion 1% (Cleocin-t)	3		
clindamycin phosphate soln 1%	3		QL (120 grams/30 days)
clindamycin phosphate swab 1%	3		
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	5		
clobetasol propionate cream 0.05% (Temovate)	3		QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	5		QL (210 grams/28 days)
clobetasol propionate gel 0.05%	5		QL (210 grams/28 days)
clobetasol propionate oint 0.05% (Temovate)	3		QL (210 grams/28 days)
clobetasol propionate soln 0.05%	3		QL (200 mls/28 days)
clodortolone pivalate cream 0.1% (Cloderm)	5		QL (135 grams/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3		
CORDRAN - flurandrenolide tape 4 mcg/sqcm	6		ST, QL (1 box/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	6	SP	PA, LD, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	6	SP	PA, LD, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	6	SP	PA, LD, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	6	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	6	SP	PA, LD, QL (1 pen/28 days)
crotamiton lotion 10%	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
desonide cream 0.05% (Desowen)	3		QL (120 grams/30 days)
desonide oint 0.05%	3		QL (120 grams/30 days)
desoximetasone cream 0.05% (Topicort)	5		QL (120 grams/30 days)
desoximetasone cream 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone gel 0.05% (Topicort)	5		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	5		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	5		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	3		QL (150 mls/30 days)
doxepin hcl cream 5% (Prudoxin)	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)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	6	SP	PA, QL (2 syringes/28 days)
EBGLYSS - lebrikizumab-lbkz subcutaneous soln auto- inject 250 mg/2ml	6	SP	PA, QL (1 pen/28 days)
EBGLYSS - lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	6	SP	PA, QL (1 syringe/28 days)
econazole nitrate cream 1%	3		QL (120 grams/30 days)
ERTACZO - sertaconazole nitrate cream 2%	6		PA
erythromycin gel 2% (Erygel)	3		
erythromycin soln 2%	3		
EXELDERM - sulconazole nitrate cream 1%	6		PA
finasteride tab 1 mg (Propecia)	3		
fluocinolone acetonide cream 0.01%	5		QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	5		QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma- smoothe/fs bod)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma- smoothe/fs sca)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	3		QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	3		QL (120 mls/30 days)
fluocinonide cream 0.05%	5		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	5		QL (120 grams/30 days)
fluocinonide gel 0.05%	5		QL (120 grams/30 days)
fluocinonide oint 0.05%	3		QL (120 grams/30 days)
fluocinonide soln 0.05%	3		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	5		
fluorouracil cream 5% (Efudex)	5		QL (240 grams/84 days)
fluorouracil soln 5%	5		
fluticasone propionate cream 0.05%	3		QL (120 grams/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
fluticasone propionate oint 0.005%	3		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	3		
halcinonide cream 0.1% (Halog)	5		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	5		QL (200 grams/28 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	5		ST, QL (118 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate oint 0.1%	5		ST, QL (135 grams/30 days)
hydrocortisone cream 2.5%	3		QL (454 grams/30 days)
hydrocortisone oint 2.5%	3		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	3		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	5		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	5		PA, LD, QL (70 grams/84 days)
imiquimod cream 5% (Aldara)	3		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	5		
ivermectin cream 1% (Soolantra)	5		PA
ketoconazole cream 2%	3		QL (120 grams/30 days)
ketoconazole shampoo 2%	3		
lidocaine hcl soln 4%	3		
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	3		
lidocaine oint 5%	3		QL (100 grams/30 days)
lidocaine patch 5% (Lidoderm)	5		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3		QL (60 grams/30 days)
LITFULO - ritlicitinib tosylate cap 50 mg (base equiv)	6	SP	PA, LD, QL (28 capsules/28 days)
malathion lotion 0.5% (Ovide)	5		
METHOXSALEN - methoxsalen rapid cap 10 mg	5		
metronidazole cream 0.75% (Metrocream)	3		
metronidazole gel 0.75%	3		
metronidazole gel 1% (Metrogel)	5		
metronidazole lotion 0.75% (Metrolotion)	5		
mometasone furoate cream 0.1%	3		QL (135 grams/30 days)
mometasone furoate oint 0.1%	3		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	3		QL (120 mls/30 days)
mupirocin oint 2%	3		
NEMLUVIO - nemolizumab-ilto for subcutaneous auto-injector 30 mg	6	SP	PA, LD, QL (2 pens/28 days)
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	6		PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
nystatin cream 100000 unit/gm	3		
nystatin oint 100000 unit/gm	3		
nystatin topical powder 100000 unit/gm	3		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	3		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	3		
oxiconazole nitrate cream 1% (Oxistat)	5		PA
PANRETIN - alitretinoin gel 0.1%	6		PA
penciclovir cream 1% (Denavir)	5		
permethrin cream 5% (Elimite)	3		
pimecrolimus cream 1% (Elidel)	5		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	5		
podofilox gel 0.5% (Condylox)	5		
REGRANEX - becaplermin gel 0.01%	6		PA
SANTYL - collagenase oint 250 unit/gm	6		PA, QL (90 grams/30 days)
SELARSDI - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml	6	SP	PA, QL (1 syringe/84 days)
SELARSDI - ustekinumab-aekn soln prefilled syringe 90 mg/ml	6	SP	PA, QL (1 syringe/56 days)
selenium sulfide lotion 2.5%	3		
silver sulfadiazine cream 1% (Silvadene)	3		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	6	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	6	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	5		
SOTYKTU - deucravacitinib tab 6 mg	6	SP	PA, QL (30 tablets/30 days)
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	6	SP	PA, QL (2 syringes/28 days)
SPINOSAD - spinosad susp 0.9%	6		PA
STELARA - ustekinumab inj 45 mg/0.5ml	6	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	6	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	6	SP	PA, QL (1 syringe/56 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	6	SP	PA, QL (1 syringe/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	6	SP	PA, QL (1 syringe/56 days)
sulfacetamide sodium lotion 10% (acne) (Klaron)	5		
SULFAMYLON - mafenide acetate cream 85 mg/gm	5		
tacrolimus oint 0.03%, 0.1% (Protopic)	5		ST, QL (100 grams/30 day)

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
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	6	SP	PA, LD, QL (1 pen/28 days)
TALTZ - ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml	6	SP	PA, LD, QL (1 syringe/28 days)
tazarotene cream 0.05%, 0.1% (Tazorac)	5		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	5		QL (100 grams/30 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	6	SP	PA, QL (1 syringe/56 days)
TREMFYA - guselkumab soln auto-injector 100 mg/ml	6	SP	PA, QL (1 pen/56 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	6	SP	PA, QL (1 pen/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	5		
tretinoin gel 0.01%, 0.025% (Retin-a)	5		
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide aerosol soln 0.147 mg/gm	5		ST, QL (126 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	3		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	3		QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	3		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	3		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	6	SP	LD
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	6	SP	PA, QL (1 vial/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	6	SP	PA, QL (1 syringe/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	6	SP	PA, QL (1 syringe/56 days)
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	5		
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	6	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	6	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	6	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	6	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	5		QL (4 bottles/30 days)
naloxone hcl inj 0.4 mg/ml	3		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	5		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	5		QL (4 bottles/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	3		QL (4 syringes/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
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	5		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	3		
OPVEE - nalmeferene 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	
DIAGNOSTIC PRODUCTS			
CHEMSTRIP-K - acetone (urine) test strip	4		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	4		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	4		QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	4		QL (204 strips/30 days)
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		
MEDICAL DEVICES			
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		

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
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ADVOCATE LANCETS - lancets	4		
ADVOCATE LANCETS 30G - lancets	4		
ADVOCATE LANCING DEVICE - lancet devices	4		
ADVOCATE RAPID-SAFE LANCI - lancet devices	4		
ADVOCATE 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 u-100 1/2 ml 30 x 5/16"	4		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ASSURE COMFORT LANCETS UL - lancets	4		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
ASSURE LANCE LANCETS - lancets	4		
ASSURE LANCE LANCETS 21G - lancets	4		

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

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

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

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-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 AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	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		
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		

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
CARETOUCH LANCING DEVICE - lancet devices	4		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
CARETOUCH SAFETY LANCETS/ - lancets	4		
CARETOUCH TWIST LANCETS M - lancets	4		
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/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLEVER CHOICE COMFORT EZ - lancets	4		
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
COAGUCHEK LANCETS - lancets	4		
COMFORT ASSURED LANCETS M - lancets	4		
COMFORT ASSURED LANCETS S - lancets	4		
COMFORT EZ INSULIN SYRINGE - 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		

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
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT 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 ORIGINAL - lancets	4		
CVS LANCETS THIN 26G - 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		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	5		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	5		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	5		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous glucose system sensor	5		ST, QL (3 sensors/30 days)
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		

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	4		
DROPLET PERSONAL LANCETS - lancets	4		
DROPSAFE ACTI-LANCE SAFTE - lancets	4		
DROPSAFE INSULIN SAFETY S - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DRUG MART LANCETS THIN - lancets	4		
DRUG MART LANCETS ULTRA T - lancets	4		
DRUG MART ON-THE-GO LANCE - lancets	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DRUG MART UNILET LANCETS - lancets	4		
DRUG MART UNILET MICRO TH - lancets	4		
DUANE READE LANCET ALTERN - lancets	4		
DUANE READE LANCET SUPER - lancets	4		
DUANE READE LANCET ULTRA - lancets	4		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	4		
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	1		

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
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	1		
DUREX TROPICAL - condoms latex lubricated	1		
E-Z JECT LANCETS - lancets	4		
E-Z JECT LANCETS COLOR - lancets	4		
E-Z JECT LANCETS SUPER TH - lancets	4		
EASY COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 29 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
EASY COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
EASY MINI EJECT LANCING D - lancet devices	4		
EASY MINI LANCING DEVICE - lancet devices	4		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		
EASY TOUCH FLIPLOCK SAFET - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
EASY TOUCH INSULIN SYRING - insulin syringe (disp) u-100 1 ml	4		
EASY TOUCH INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
1 ml 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"			
EASY TOUCH LANCETS 21G/PR - lancets	4		
EASY TOUCH LANCETS 23G/PR - lancets	4		
EASY TOUCH LANCETS 26G/PR - lancets	4		
EASY TOUCH LANCETS 26G/PU - lancets	4		
EASY TOUCH LANCETS 28G/PR - lancets	4		
EASY TOUCH LANCETS 28G/PU - lancets	4		
EASY TOUCH LANCETS 28G/TW - lancets	4		
EASY TOUCH LANCETS 30G/BU - lancets	4		
EASY TOUCH LANCETS 30G/PR - lancets	4		
EASY TOUCH LANCETS 30G/PU - lancets	4		
EASY TOUCH LANCETS 30G/TW - lancets	4		
EASY TOUCH LANCETS 32G/PR - lancets	4		
EASY TOUCH LANCETS 32G/PU - lancets	4		
EASY TOUCH LANCETS 32G/TW - lancets	4		
EASY TOUCH LANCETS 33G/TW - lancets	4		
EASY TOUCH LANCING DEVICE - lancet devices	4		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	4		
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
EASY TOUCH SAFETY LANCETS - lancets	4		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
EASY TOUCH SHEATHLOCK SAF - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	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
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	5		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
EMBECTA AUTOSHIELD DUO 30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
EMBECTA INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
EMBECTA INSULIN SYRINGE U - 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		
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 30 x 1/2", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64", u-500 0.5 ml 31g x 6mm (15/64")	4		
EMBECTA INSULIN SYRINGE/0 - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
EMBECTA INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 28 x 1/2"	4		
EMBECTA INSULIN SYRINGE/2 - insulin syringe/needle u-100 1 ml 28 x 1/2"	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		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBRACE 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 21G - lancets	4		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
EQL SUPER THIN LANCETS 30 - lancets	4		
EQL THIN LANCETS 26G - lancets	4		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
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 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 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
FIFTY50 SAFETY SEAL LANCE - lancets	4		
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
FIFTY50 UNILET LANCETS 33 - lancets	4		
FINGERSTIX LANCETS - lancets	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FORA 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 system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2 PLUS/SE - continuous glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/ - continuous glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3 PLUS/SE - continuous glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3/READER/ - continuous glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FL - continuous glucose system receiver	5		ST, QL (1 reader/365 days)
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",	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
u-100 1 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"			
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		
GLUCOCOM LANCETS 30G - lancets	4		
GLUCOCOM LANCETS 33G - lancets	4		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	4		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
GNP PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
GNP PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
GNP PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
GNP PEN NEEDLES 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
GNP STERILE LANCETS 28G - lancets	4		
GNP STERILE LANCETS 30G - lancets	4		
GNP STERILE LANCETS 33G - lancets	4		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
GNP ULTRA COMFORT INSULIN - insulin syringe/ needle u-100 1 ml 28 x 1/2"	4		
GOJJI LANCING DEVICE/CLEA - lancet devices	4		
GOJJI STERILE LANCETS 30G - lancets	4		
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
H-E-B INCONTROL ADVANCED - lancet devices	4		
H-E-B INCONTROL LANCETS M - lancets	4		
H-E-B INCONTROL LANCETS S - lancets	4		
H-E-B INCONTROL LANCETS U - lancets	4		
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
HAEMOLANCE - lancets	4		
HAEMOLANCE LOW FLOW LANCE - lancets	4		
HAEMOLANCE PLUS - lancets	4		
HAEMOLANCE PLUS HIGH FLOW - lancets	4		
HAEMOLANCE PLUS LOW FLOW - lancets	4		
HAEMOLANCE PLUS MAX FLOW - lancets	4		
HAEMOLANCE PLUS PEDIATRIC - lancets	4		
HEALTHWISE INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	4		
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	4		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
HY-VEE LANCETS - lancets	4		
HY-VEE THIN LANCETS - lancets	4		
IHEALTH LANCING DEVICE - lancet devices	4		
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	5		QL (1 kit/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	5		QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	5		QL (2 kits/30 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	5		QL (1 kit/30 days)
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	4		
IN TOUCH LANCING DEVICE - lancet devices	4		
IN TOUCH STERILE LANCETS - lancets	4		
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		

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
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4		
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
KAMELEON LUBRICATED - condoms latex lubricated	1		
KIMONO COLORS - condoms latex lubricated	1		
KIMONO LUBRICATED - condoms latex lubricated	1		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	1		
KIMONO MICRO THIN - condoms latex non-lubricated	1		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	1		

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
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/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	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 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
KROGER LANCETS - lancets	4		
KROGER LANCETS MICRO THIN - lancets	4		
KROGER LANCETS SUPER THIN - lancets	4		
KROGER LANCETS THIN - lancets	4		
KROGER LANCETS ULTRATHIN - lancets	4		
KROGER LANCETS 21G - lancets	4		
KROGER LANCING DEVICE - lancet devices	4		
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

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

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

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

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
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
LITETOUCH LANCETS MICRO T - lancets	4		
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	4		
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
LIVE BETTER ADVANCED LANC - lancet devices	4		
LIVE BETTER LANCET SUPER - lancets	4		
LIVE BETTER LANCET ULTRA - lancets	4		
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	4		
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4		
LONGS LANCETS STANDARD - lancets	4		
LONGS LANCETS THIN - lancets	4		
LONGS LANCETS ULTRA THIN - lancets	4		
MAGELLAN INSULIN SAFETY S - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	4		
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	5		
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	4		

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
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MAXICOMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	4		
MAXX LUBRICATED - condoms latex lubricated	1		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	1		
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
MEDICHOICE PRE-SET SAFETY - lancets	4		
MEDICHOICE SAFETY LANCET - lancets	4		
MEDICINE SHOPPE LANCETS - lancets	4		
MEDICINE SHOPPE LANCETS T - lancets	4		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
MEDLANCE PLUS EXTRA LANCE - lancets	4		
MEDLANCE PLUS LANCETS LIT - lancets	4		
MEDLANCE PLUS LITE LANCET - lancets	4		
MEDLANCE PLUS SPECIAL LAN - lancets	4		
MEDLANCE PLUS SUPERLITE 3 - lancets	4		
MEDLANCE PLUS UNIVERSAL L - lancets	4		
MEDLANCE PLUS/LITE 25G - lancets	4		
MEIJER 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 29 g x 12 mm (1/2")	4		
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
MEIJER SUPER THIN LANCETS - lancets	4		
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

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
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
MICROLET LANCETS - lancets	4		
MICROLET NEXT - lancet devices	4		
MINI LANCING DEVICE - lancet devices	4		
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
MM LANCING DEVICE - lancet devices	4		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MM TWIST LANCETS - lancets	4		
MOBILE LANCETS 30G - lancets	4		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	5		
MONOJECT HYPO/ALUM HUB/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		

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
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		
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)

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
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		
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		

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

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

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

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
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		
PHARMACIST CHOICE ULTRA T - lancets	4		
PIP LANCETS/28G - lancets	4		
PIP LANCETS/30G - lancets	4		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 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 29 g x 12 mm (1/2")	4		
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PRO COMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x	4		

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

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

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

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
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
QC LANCETS SUPER THIN - lancets	4		
QC LANCETS ULTRA THIN - lancets	4		
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
QC UNILET LANCETS 28G/ULT - lancets	4		
QC UNILET LANCETS 33G/MIC - lancets	4		
QUICK TOUCH INSULIN PEN N - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
QUICK TOUCH INSULIN PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
QUICK TOUCH INSULIN PEN N - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
RA E-ZJECT LANCETS THIN 2 - lancets	4		
RA E-ZJECT LANCETS ULTRA - lancets	4		
RA E-ZJECT LANCETS 28G - lancets	4		
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"	4		
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
RAYA SURE PEN NEEDLE 29G - insulin pen needle 29 g x 12 mm (1/2")	4		
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
READYLANCE SAFETY LANCETS - lancets	4		

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
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2"	4		
REALITY LANCETS - lancets	4		
REALITY LATEX CONDOMS/LUB - condoms latex lubricated	1		
REALITY LATEX/ULTRA TEXTU - condoms latex lubricated	1		
REALITY LATEX/ULTRA THIN - condoms latex lubricated	1		
REALITY TRIGGER LANCETS - lancets	4		
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4		
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	4		
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	4		
RELION LANCETS - lancets	4		
RELION LANCETS MICRO-THIN - lancets	4		
RELION LANCETS THIN 26G - lancets	4		
RELION LANCETS ULTRA-THIN - lancets	4		
RELION LANCING DEVICE - lancet devices	4		
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4		
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
RELION THIN LANCETS - lancets	4		
RELION ULTRA THIN LANCETS - lancets	4		
RELION 2-IN-1 LANCET DEV - lancets	4		
RELION 2-IN-1 LANCING DEV - lancets	4		
RIGHTTEST GD500 LANCING DE - lancet devices	4		
RIGHTTEST GL300 LANCETS - lancets	4		
SAFETY LANCETS - lancets	4		
SAFETY LANCETS 21G - lancets	4		
SAFETY LANCETS 23G - lancets	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SAFETY LANCETS 28G - lancets	4		
SAFETY LANCETS/PRESSURE A - lancets	4		
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
SAPS HEALTH CARE TWIST TO - lancets	4		
SAPS HEALTH PLUS TWIST TO - lancets	4		
SAPS HEALTH TWIST TOP LAN - lancets	4		
SAPSCARE TWIST TOP LANCET - lancets	4		
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
SB LANCETS THIN - lancets	4		
SB LANCETS ULTRA THIN - lancets	4		
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
SECURESAFE SAFETY INSULIN - insulin syringe/ needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
SELECT-LITE LANCING DEVIC - lancet devices	4		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	4		
SINGLE-LET - lancets	4		
SMART DIABETES VANTAGE LA - lancet devices	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 31 g x 6 mm (1/4" or 15/64")	4		
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
SURE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
1/2", u-100 1 ml 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 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	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		
TGT ADVANCED LANCING DEVI - lancet devices	4		
TGT LANCET ALTERNATE SITE - lancets	4		
TGT LANCET SUPER THIN 30G - lancets	4		
TGT LANCET THIN 23G - lancets	4		
TGT LANCET ULTRA THIN 28G - lancets	4		
TGT LANCING DEVICE - lancet devices	4		
TODAYS HEALTH ADVANCED LA - lancet devices	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	4		
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
TODAYS HEALTH SUPER THIN - lancets	4		
TODAYS HEALTH ULTRA THIN - lancets	4		
TRAVEL LANCETS ADVANCED 2 - lancets	4		
TROJAN ENZ - condoms latex non-lubricated	1		
TROJAN MAGNUM - condoms latex lubricated	1		
TROJAN ULTRA RIBBED/LUBRI - condoms latex lubricated	1		
TROJAN ULTRA THIN LUBRICA - condoms latex lubricated	1		
TROJAN ULTRA THIN/SPERMIC - condoms latex lubricated	1		
TROJAN-ENZ LUBRICATED - condoms latex lubricated	1		
TROJAN-ENZ W/SPERMICIDAL - condoms latex lubricated	1		
TRUE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT SAFETY INSUL - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUE COMFORT SAFETY LANCE - lancets	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT TWIST TOP LA - lancets	4		
TRUE COVER - condoms latex lubricated	1		
TRUEDRAW LANCING DEVICE - lancet devices	4		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
TRUEPLUS LANCETS 26G - lancets	4		
TRUEPLUS LANCETS 28G - lancets	4		
TRUEPLUS LANCETS 28G SUPE - lancets	4		
TRUEPLUS LANCETS 30G - lancets	4		
TRUEPLUS LANCETS 30G ULTR - lancets	4		
TRUEPLUS LANCETS 33G - lancets	4		
TRUEPLUS LANCETS 33G MICR - lancets	4		
TRUEPLUS SAFETY LANCETS 2 - lancets	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	1		
TRUSTEX LUBRICATED - condoms latex lubricated	1		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	1		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	1		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	1		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	1		

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
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	1		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	1		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non-lubricated	1		
TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit	5		QL (1 kit/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit	5		QL (1 kit/30 days)
TWIIST STARTER KIT - insulin infusion disposable pump kit	5		QL (1 kit/720 days)
TWIST TOP LANCETS 30G - lancets	4		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	4		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 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		
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		

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
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		
ULTIGUARD SAFEPAK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
ULTIGUARD SAFEPAK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTIGUARD SAFEPAK/SYRING - insulin syringe/ needle u-100 1/2 ml 31 x 5/16"	4		
ULTIGUARD SAFEPAK/TINY P - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
ULTILET CLASSIC LANCETS - lancets	4		
ULTILET LANCETS - lancets	4		
ULTILET LANCETS 33G - lancets	4		
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		

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
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTILET SAFETY LANCETS 21 - lancets	4		
ULTILET SAFETY LANCETS 23 - lancets	4		
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
ULTRA COMFORT INSULIN SYR - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	4		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 29 g x 12 mm (1/2")	4		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ULTRA FLO INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTRA INSULIN SYRINGE/U-1 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
ULTRA THIN LANCETS 28G - lancets	4		
ULTRA THIN LANCETS 31G - lancets	4		
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTRA-THIN II AUTO LANCET - lancets	4		
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTRA-THIN II LANCETS 28G - lancets	4		
ULTRA-THIN II LANCETS 30G - lancets	4		
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	4		

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
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTRACARE INSULIN SYRINGE - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE OTC PEN NEEDLE 31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
UNIFINE OTC PEN NEEDLE 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		

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

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

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

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
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		
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 PLUS LANCETS STANDA - lancets	4		
VALUMARK LANCET SUPER THI - lancets	4		
VALUMARK LANCET ULTRA THI - lancets	4		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	4		
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	5		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	4		
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	5		
mycophenolate mofetil tab 500 mg (Cellcept)	3		
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	5		
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5		
penicillamine tab 250 mg (Depen titratabs)	6	SP	PA
REVLIMID - lenalidomide caps 2.5 mg	5	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	5	SP	PA, LD, QL (30 capsules/30 days)
REZUROCK - belumosudil mesylate tab 200 mg	6	SP	PA, LD, QL (30 tablets/30 days)
RINGERS IRRIGATION - ringer's solution for irrigation	5		
sirolimus oral soln 1 mg/ml (Rapamune)	5		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	5		
sodium polystyrene sulfonate powder	5		
sodium polystyrene sulfonate susp 15 gm/60ml	5		
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	5		
tacrolimus cap 0.5 mg (Prograf)	3		
tacrolimus cap 1 mg, 5 mg (Prograf)	5		
THALOMID - thalidomide cap 50 mg	5	SP	PA, LD, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	6	SP	PA
VELTASSA - patiomer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	5		
VIJOICE - alpelisib (pros) oral granules packet 50 mg	6	SP	PA, QL (28 packets/28 days)
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose	6	SP	PA, QL (28 tablets/28 day)
VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily dose	6	SP	PA, QL (28 tablets/28 days)
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	6	SP	PA, QL (56 tablets/28 days)
water for irrigation, sterile irrigation soln	3		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	6	SP	PA, LD

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

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

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg.....	4	ADTHYZA.....	30
abacavir sulfate soln 20 mg/ml (base equiv).....	4	ADVAIR HFA.....	43
abacavir sulfate tab 300 mg (base equiv).....	4	ADVANCED MOBILE LANCET 30.....	93
ABILIFY ASIMTUFII.....	55	ADVATE.....	79
ABILIFY MAINTENA.....	55	ADVOCATE INSULIN PEN NEED.....	94
abiraterone acetate tab 250 mg.....	14	ADVOCATE INSULIN SYRINGE/.....	94
abiraterone acetate tab 500 mg.....	14	ADVOCATE LANCETS.....	94
ABRYSVO.....	10	ADVOCATE LANCETS 30G.....	94
acamprosate calcium tab delayed release 333 mg.....	61	ADVOCATE LANCING DEVICE.....	94
acarbose tab 25 mg, 50 mg, 100 mg.....	26	ADVOCATE RAPID-SAFE LANCING.....	94
ACCU-CHEK FASTCLIX LANCET.....	93	ADVOCATE SAFETY LANCETS 2.....	94
ACCU-CHEK SAFE-T-PRO LANCET.....	93	ADYNOVATE.....	79
ACCU-CHEK SOFTCLIX LANCET.....	93	AF LANCETS SUPER THIN.....	94
acebutolol hcl cap 200 mg, 400 mg.....	34	AFLURIA 2024-2025.....	10
ACETAMINOPHEN/CODEINE.....	64	AFSTYLA.....	80
acetaminophen w/ codeine tab 300-15 mg.....	64	AGAMATRIX ULTRA-THIN LANCET.....	94
acetaminophen w/ codeine tab 300-30 mg.....	64	AGAMREE.....	22
acetaminophen w/ codeine tab 300-60 mg.....	64	AIMOVIG.....	69
acetazolamide cap er 12hr 500 mg.....	39	AIMSCO LUBRICATED.....	94
acetazolamide tab 125 mg, 250 mg.....	39	AIMSCO TWIST LANCETS 32G.....	94
acetic acid irrigation soln 0.25%.....	52	AIMSCO TWIST LANCETS 33G.....	94
acetic acid otic soln 2%.....	85	AIRSUPRA.....	43
acetylcysteine inhal soln 10%, 20%.....	43	AJOVY.....	69
acitretin cap 17.5 mg.....	87	AKEEGA.....	14
acitretin cap 10 mg, 25 mg.....	87	albendazole tab 200 mg.....	9
ACTHIB.....	10	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	43
ACTI-LANCE LANCETS 28G.....	93	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	43
ACTI-LANCE LITE SAFETY LANCET.....	93	albuterol sulfate syrup 2 mg/5ml.....	43
ACTI-LANCE SPECIAL SAFETY LANCET.....	93	albuterol sulfate tab 2 mg, 4 mg.....	43
ACTI-LANCE UNIVERSAL SAFETY LANCET.....	93	ALCLOMETASONE DIPROPIONATE.....	87
ACTIMMUNE.....	14	alclometasone dipropionate cream 0.05%.....	87
acyclovir cap 200 mg.....	4	ALECENSA.....	14
acyclovir oint 5%.....	87	ALENDRONATE SODIUM.....	31
acyclovir susp 200 mg/5ml.....	4	alendronate sodium oral soln 70 mg/75ml.....	31
acyclovir tab 400 mg, 800 mg.....	4	alendronate sodium tab 70 mg.....	31
ADACEL.....	13	alendronate sodium tab 10 mg, 35 mg.....	31
ADALIMUMAB-AATY CD/UC/HS.....	66	alfuzosin hcl tab er 24hr 10 mg.....	52
ADALIMUMAB-AATY 1-PEN KIT.....	66	aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent).....	36
ADALIMUMAB-AATY 2-PEN KIT.....	66	allopurinol tab 100 mg, 300 mg.....	70
ADALIMUMAB-AATY 2-SYRINGE.....	66	almotriptan malate tab 6.25 mg, 12.5 mg.....	69
ADALIMUMAB-ADAZ.....	66	ALOCIL.....	83
adapalene gel 0.1%.....	87	alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv).....	48
ADBRY.....	87	ALPHANATE.....	80
ADDERALL.....	58	ALPHANINE SD.....	80
ADDERALL XR.....	59	alprazolam orally disintegrating tab 0.25 mg, 0.5 mg.....	52
adefovir dipivoxil tab 10 mg.....	4	alprazolam orally disintegrating tab 1 mg, 2 mg.....	52
ADEMPAS.....	41	alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg.....	53
ADJUSTABLE LANCING DEVICE.....	93		

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

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

alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	53	ampicillin cap 500 mg.....	1
ALPROLIX.....	80	anagrelide hcl cap 0.5 mg.....	80
ALTUVIIIO.....	80	anagrelide hcl cap 1 mg.....	80
ALUNBRIG.....	14	anastrozole tab 1 mg.....	14
ALYFTREK.....	46	ANORO ELLIPTA.....	43
amantadine hcl cap 100 mg.....	73	ANZEMET.....	48
amantadine hcl soln 50 mg/5ml.....	73	apomorphine hcl soln cartridge 30 mg/3ml.....	73
amantadine hcl tab 100 mg.....	73	APRACLONIDINE.....	83
ambrisentan tab 5 mg, 10 mg.....	41	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.....	70
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.....	53	AQINJECT PEN NEEDLE/32G X.....	94
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg.....	36	AQ INSULIN SYRINGE/0.5ML/.....	94
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg.....	36	AQ INSULIN SYRINGE/1ML/29.....	94
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....	36	AQ INSULIN SYRINGE/1ML/31.....	94
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	35	AQNEURSA.....	61
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....	36	ARANESP ALBUMIN FREE.....	77
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.....	36	ARCALYST.....	66
amoxapine tab 25 mg, 50 mg.....	53	AREXVY.....	11
amoxapine tab 100 mg, 150 mg.....	53	arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	43
AMOXICILLIN.....	1	aripiprazole orally disintegrating tab 10 mg, 15 mg.....	55
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....	1	aripiprazole oral solution 1 mg/ml.....	55
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	1	aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg.....	55
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml.....	1	ARISTADA.....	55
amoxicillin & k clavulanate tab 250-125 mg.....	1	ARISTADA INITIO.....	55
amoxicillin & k clavulanate tab 500-125 mg.....	1	armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....	59
amoxicillin & k clavulanate tab 875-125 mg.....	1	ARMOUR THYROID.....	30
amoxicillin (trihydrate) cap 250 mg, 500 mg.....	1	ARNUITY ELLIPTA.....	43
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....	1	asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv).....	55
amoxicillin (trihydrate) tab 500 mg, 875 mg.....	1	ASMANEX HFA.....	43
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg.....	59	ASMANEX TWISTHALER 120 ME.....	43
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg.....	59	ASMANEX TWISTHALER 30 MET.....	44
amphetamine-dextroamphetamine tab 20 mg.....	59	ASMANEX TWISTHALER 60 MET.....	44
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....	59	aspirin chew tab 81 mg.....	64
		aspirin-dipyridamole cap er 12hr 25-200 mg.....	80
		aspirin tab delayed release 81 mg.....	64
		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.....	95
		ASSURE LANCE SAFETY LANCE.....	95
		atazanavir sulfate cap 200 mg (base equiv).....	4

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

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

atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv).....	4	azithromycin tab 600 mg.....	2
atenolol & chlorthalidone tab 50-25 mg.....	36	azithromycin tab 250 mg, 500 mg.....	2
atenolol & chlorthalidone tab 100-25 mg.....	36	AZSTARYS.....	59
atenolol tab 25 mg, 50 mg, 100 mg.....	34	B	
AT LAST LANCETS.....	95	BACITRACIN.....	83
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv).....	59	bacitracin-polymyxin b ophth oint.....	83
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv).....	59	bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	83
atorvastatin calcium tab 80 mg (base equivalent).....	40	baclofen susp 25 mg/5ml.....	75
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent).....	40	baclofen tab 10 mg, 20 mg.....	75
atovaquone-proguanil hcl tab 62.5-25 mg.....	9	balsalazide disodium cap 750 mg.....	48
atovaquone-proguanil hcl tab 250-100 mg.....	9	BALVERSA.....	15
atovaquone susp 750 mg/5ml.....	9	BAQSIMI ONE PACK.....	26
atropine sulfate ophth soln 1%.....	83	BAQSIMI TWO PACK.....	26
ATROVENT HFA.....	44	BARACLUDE.....	4
ATTRUBY.....	41	BAXDELA.....	2
AUGMENTIN.....	1	BD AUTOSHIELD DUO 30G X 5.....	96
AUGTYRO.....	14	BD DISPOSABLE NEEDLE 23GX.....	96
AUM INSULIN SAFETY PEN NE.....	95	BD ECLIPSE 18G X 1-1/2".....	96
AUM MINI INSULIN PEN NEED.....	95	BD ECLIPSE NEEDLE/25G X.....	96
AUM PEN NEEDLE/32GX4MM.....	95	BD ECLIPSE NEEDLE 25G X 1.....	96
AUM PEN NEEDLE/32GX5MM.....	95	BD ECLIPSE NEEDLE 25GX1".....	96
AUM PEN NEEDLE/32GX6MM.....	95	BD HYPODERMIC NEEDLE REGU.....	96
AUM PEN NEEDLE/33GX4MM.....	95	BD HYPODERMIC NEEDLES 18G.....	96
AUM PEN NEEDLE/33GX5MM.....	95	BD HYPODERMIC NEEDLES 21G.....	96
AUM PEN NEEDLE/33GX6MM.....	95	BD HYPODERMIC NEEDLES 22G.....	96
AUM READYGARD DUO SAFETY.....	95	BD HYPODERMIC NEEDLES 26G.....	96
AUM SAFETY PEN NEEDLE/31.....	95	BD INSULIN SYRINGE/0.3ML/.....	97
AURORA LANCET SUPER THIN.....	95	BD INSULIN SYRINGE/0.5ML/.....	97
AURORA LANCET THIN 23G.....	95	BD INSULIN SYRINGE/1ML/27.....	97
AURORA PEN NEEDLES 29GX12.....	95	BD INSULIN SYRINGE/1ML/29.....	97
AURORA PEN NEEDLES 31G X.....	95	BD INSULIN SYRINGE/U-100/.....	96
AURYXIA.....	48	BD INSULIN SYRINGE/U-500/.....	96
AUTO-LANCET.....	95	BD INSULIN SYRINGE LUER-L.....	96
AUTO-LANCET MINI.....	95	B-D INSULIN SYRINGE MICRO.....	95
AUTOLET IMPRESSION LANCIN.....	95	BD INSULIN SYRINGE MICROF.....	96
AUTOLET LANCING DEVICE.....	95	BD INSULIN SYRINGE SAFETY.....	96
AUTOLET LITE LANCING DEVI.....	95	B-D INSULIN SYRINGE ULTRA.....	96
AUTOLET MINI.....	95	BD INSULIN SYRINGE ULTRA.....	96
AUTOLET PLUS.....	95	BD INSULIN SYRINGE ULTRA.....	96
AUVI-Q.....	39	BD INSULIN SYRINGE ULTRAF.....	96
AVMAPKI FAKZYNJA CO-PACK.....	14	BD LO-DOSE INSULIN SYRIN.....	96
AVONEX.....	61	BD MICROTAINER LANCETS.....	97
AVONEX PEN.....	61	BD 1ML ALLERGY SYRINGE SA.....	98
AYVAKIT.....	15	BD 1ML SLIP TIP SYRINGE 2.....	98
azathioprine tab 50 mg.....	136	BD 1ML TUBERCULIN SYRINGE.....	98
azelaic acid gel 15%.....	87	BD NEEDLE/18G 1-1/2".....	97
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	42	BD NEEDLE/21G 1-1/2".....	97
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
		BD NEEDLE/25G X 7/8".....	97
		BD NEEDLE/27G X 1/2".....	97
		BD NEEDLE/30G X 1/2".....	97

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

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

BD NEEDLE/20G X 1".....	97	bexarotene gel 1%.....	87
BD NEEDLE SAFETYGLIDE/27G.....	97	BEXSERO.....	11
BD PEN NEEDLE/MICRO/ULTRA.....	97	bicalutamide tab 50 mg.....	15
BD PEN NEEDLE/MINI/ULTRA.....	97	BIJUVA.....	23
BD PEN NEEDLE/NANO/ULTRA.....	97	BIKTARVY.....	4
BD PEN NEEDLE/NANO 2ND GE.....	97	bimatoprost ophth soln 0.03%.....	83
BD PEN NEEDLE/ORIGINAL/UL.....	97	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg.....	37
BD PEN NEEDLE/SHORT/ULTRA.....	97	bisoprolol fumarate tab 5 mg, 10 mg.....	34
BD PLASTIPAK SYRINGES ALL.....	97	BOOSTRIX.....	13
BD PRECISIONGLIDE 23GX1-1.....	97	bosentan tab 62.5 mg, 125 mg.....	41
BD SAFETYGLIDE 21G X 1".....	98	BOSULIF.....	15
BD SAFETYGLIDE HYPODERMIC.....	97	BRAFTOVI.....	15
BD SAFETY-GLIDE INSULIN S.....	97	BREO ELLIPTA.....	44
BD SAFETYGLIDE INSULIN SY.....	97	BREZTRI AEROSPHERE.....	44
BD VEO INSULIN SYRINGE UL.....	98	BRILINTA.....	80
BELBUCA.....	64	brimonidine tartrate gel 0.33% (base equivalent).....	87
benazepril & hydrochlorothiazide tab 5-6.25 mg.....	37	brimonidine tartrate ophth soln 0.15%.....	83
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	37	brimonidine tartrate ophth soln 0.2%.....	83
benazepril hcl tab 5 mg.....	37	brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....	83
benazepril hcl tab 10 mg, 20 mg, 40 mg.....	37	BRIVIACT.....	70
BENEFIX.....	80	BRIXADI.....	64
BENLYSTA.....	136	bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....	83
BENZNIDAZOLE.....	9	bromocriptine mesylate cap 5 mg (base equivalent).....	73
benzonatate cap 100 mg.....	43	bromocriptine mesylate tab 2.5 mg (base equivalent).....	73
benzonatate cap 200 mg.....	43	BRUKINSA.....	15
benzoyl peroxide-erythromycin gel 5-3%.....	87	budesonide delayed release particles cap 3 mg.....	22
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....	73	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act.....	44
bepotastine besilate ophth soln 1.5%.....	83	budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml.....	44
BESIVANCE.....	83	budesonide tab er 24hr 9 mg.....	22
BESREMI.....	15	bumetanide tab 0.5 mg.....	39
BETADINE OPHTHALMIC PREP.....	83	bumetanide tab 1 mg, 2 mg.....	39
betaine powder for oral solution.....	31	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	64
betamethasone dipropionate augmented cream 0.05%.....	87	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	64
betamethasone dipropionate augmented lotion 0.05%.....	87	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv).....	64
betamethasone dipropionate augmented oint 0.05%.....	87	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	64
betamethasone dipropionate cream 0.05%.....	87	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	64
betamethasone dipropionate lotion 0.05%.....	87	buprenorphine hcl sl tab 2 mg (base equiv).....	64
betamethasone dipropionate oint 0.05%.....	87	buprenorphine hcl sl tab 8 mg (base equiv).....	64
BETAMETHASONE VALERATE.....	87	buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr.....	64
betamethasone valerate cream 0.1% (base equivalent).....	87		
betamethasone valerate oint 0.1% (base equivalent).....	87		
BETASERON.....	61		
BETAXOLOL HCL.....	83		
betaxolol hcl tab 10 mg, 20 mg.....	34		
bethanechol chloride tab 50 mg.....	51		
bethanechol chloride tab 5 mg, 10 mg, 25 mg.....	51		
bexarotene cap 75 mg.....	15		

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

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

bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	61	carbamazepine susp 100 mg/5ml.....	70
bupropion hcl tab er 24hr 150 mg, 300 mg.....	53	carbamazepine tab er 12hr 100 mg.....	70
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg.....	53	carbamazepine tab er 12hr 200 mg, 400 mg.....	70
bupropion hcl tab 75 mg, 100 mg.....	53	carbamazepine tab 200 mg.....	70
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	53	carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	73
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	64	carbidopa & levodopa tab 25-250 mg.....	74
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	65	carbidopa & levodopa tab 10-100 mg, 25-100 mg.....	74
butalbital-acetaminophen cap 50-300 mg.....	64	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	74
butalbital-acetaminophen tab 50-325 mg.....	64	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	74
butalbital-aspirin-caffeine cap 50-325-40 mg.....	64	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	74
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	65	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	74
butorphanol tartrate nasal soln 10 mg/ml.....	65	carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	74
BYLVAY.....	48	carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	74
BYLVAY (PELLETS).....	48	carbidopa tab 25 mg.....	74
C		carbinoxamine maleate tab 4 mg.....	42
cabergoline tab 0.5 mg.....	31	carbonyl iron susp 15 mg/1.25ml (elemental iron).....	78
CABLVI.....	80	CARDIOCOM LANCING DEVICE.....	98
CABOMETYX.....	15	CAREFINE PEN NEEDLE 32GX4.....	98
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	59	CAREFINE PEN NEEDLES 29GX.....	98
CALCIPOTRIENE.....	87	CAREFINE PEN NEEDLES 30GX.....	98
calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....	88	CAREFINE PEN NEEDLES 31GX.....	98
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....	88	CAREFINE PEN NEEDLES 32GX.....	98
calcipotriene cream 0.005%.....	87	CAREONE ADVANCED LANCING.....	98
calcipotriene oint 0.005%.....	87	CAREONE INSULIN SYRINGES/.....	98
calcitonin (salmon) inj 200 unit/ml.....	31	CAREONE LANCET SUPER THIN.....	98
calcitonin (salmon) nasal soln 200 unit/act.....	31	CAREONE LANCET THIN.....	98
CALCITRIOL.....	88	CAREONE LANCET ULTRA THIN.....	98
calcitriol cap 0.25 mcg, 0.5 mcg.....	31	CAREONE UNIFINE PENTIPS P.....	98
calcitriol oral soln 1 mcg/ml.....	31	CARESENS LANCETS.....	98
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	49	CARETOUCH INSULIN SYRINGE.....	98
calcium acetate (phosphate binder) tab 667 mg.....	49	CARETOUCH LANCING DEVICE.....	99
CALQUENCE.....	15	CARETOUCH PEN NEEDLE 29GX.....	99
CAMZYOS.....	41	CARETOUCH PEN NEEDLE 33GX.....	99
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	37	CARETOUCH PEN NEEDLES 31.....	99
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg.....	37	CARETOUCH PEN NEEDLES 31G.....	99
capecitabine tab 150 mg, 500 mg.....	15	CARETOUCH PEN NEEDLES 32G.....	99
CAPRELSA.....	15	CARETOUCH SAFETY LANCETS/.....	99
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	37	CARETOUCH TWIST LANCETS 2.....	99
CAPVAXIVE.....	11	CARETOUCH TWIST LANCETS 3.....	99
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	70	CARETOUCH TWIST LANCETS M.....	99
carbamazepine chew tab 100 mg.....	70	carglumic acid soluble tab 200 mg.....	31
		carisoprodol tab 350 mg.....	75
		CARTEOLOL HCL.....	83
		carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	34
		CAYA.....	99
		CAYSTON.....	9
		CEFACLOL.....	1

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

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

cefadroxil cap 500 mg.....	1	cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....	32
cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1	CINRYZE.....	80
cefdinir cap 300 mg.....	1	CIPRO.....	2
cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	1	ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	86
cefixime cap 400 mg.....	1	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	83
cefixime for susp 100 mg/5ml, 200 mg/5ml.....	1	ciprofloxacin hcl otic soln 0.2% (base equivalent).....	86
CEFPODOXIME PROXETIL.....	1	ciprofloxacin hcl tab 750 mg (base equiv).....	3
cefpodoxime proxetil tab 100 mg.....	1	ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....	2
cefpodoxime proxetil tab 200 mg.....	1	CIPRO HC.....	85
cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	1	citalopram hydrobromide oral soln 10 mg/5ml.....	53
cefprozil tab 250 mg, 500 mg.....	1	citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....	53
cefuroxime axetil tab 250 mg, 500 mg.....	1	CLARITHROMYCIN.....	2
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg.....	67	clarithromycin tab er 24hr 500 mg.....	2
cephalexin cap 250 mg, 500 mg.....	1	clarithromycin tab 250 mg, 500 mg.....	2
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	1	CLEANLET LANCETS 28G.....	99
cephalexin tab 250 mg, 500 mg.....	2	CLEOCIN.....	51
CEQUA.....	83	CLEVER CHEK LANCETS ULTRA.....	99
CERDELGA.....	78	CLEVER CHOICE COMFORT EZ.....	99
cevimeline hcl cap 30 mg.....	86	CLICKFINE PEN NEEDLE UNIV.....	100
CHEMET.....	92	CLIMARA PRO.....	23
CHEMSTRIP-K.....	93	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	9
CHENODAL.....	49	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	9
CHLORDIAZEPOXIDE/AMITRIPT.....	61	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	88
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	53	clindamycin phosphate gel 1% (once-daily).....	88
chlorhexidine gluconate soln 0.12%.....	86	clindamycin phosphate gel 1% (twice-daily).....	88
chloroquine phosphate tab 250 mg.....	9	clindamycin phosphate lotion 1%.....	88
chloroquine phosphate tab 500 mg.....	9	clindamycin phosphate soln 1%.....	88
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	55	clindamycin phosphate swab 1%.....	88
chlorthalidone tab 25 mg, 50 mg.....	39	clindamycin phosphate vaginal cream 2%.....	51
chlorzoxazone tab 500 mg.....	75	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	88
CHOLBAM.....	49	clobazam suspension 2.5 mg/ml.....	70
cholecalciferol cap 1.25 mg (50000 unit).....	75	clobazam tab 10 mg.....	70
cholestyramine light powder 4 gm/dose.....	40	clobazam tab 20 mg.....	70
cholestyramine light powder packets 4 gm.....	40	clobetasol propionate cream 0.05%.....	88
cholestyramine powder 4 gm/dose.....	40	clobetasol propionate emollient base cream 0.05%.....	88
cholestyramine powder packets 4 gm.....	40	clobetasol propionate gel 0.05%.....	88
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv).....	40	clobetasol propionate oint 0.05%.....	88
CHOSEN LANCETS 30G.....	99	clobetasol propionate soln 0.05%.....	88
CHOSEN LANCING DEVICE.....	99	clocortolone pivalate cream 0.1%.....	88
CHOSEN SAFETY LANCETS 28G.....	99	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	53
CIBINQO.....	88	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	71
ciclopirox gel 0.77%.....	88	clonazepam tab 0.5 mg, 1 mg, 2 mg.....	71
ciclopirox olamine cream 0.77% (base equiv).....	88	clonidine hcl tab er 12hr 0.1 mg.....	59
ciclopirox olamine susp 0.77% (base equiv).....	88	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	37
ciclopirox shampoo 1%.....	88	clonidine td patch weekly 0.1 mg/24hr.....	37
ciclopirox solution 8%.....	88	clonidine td patch weekly 0.2 mg/24hr.....	37
cilostazol tab 50 mg, 100 mg.....	80		
CIMDUO.....	4		
cimetidine hcl soln 300 mg/5ml.....	47		
CIMZIA.....	49		
CIMZIA STARTER KIT.....	49		

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

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

clonidine td patch weekly 0.3 mg/24hr.....	37	CONTOUR NEXT LINK BLOOD G.....	101
clopidogrel bisulfate tab 75 mg (base equiv).....	80	CONTOUR NEXT LINK WIRELES.....	101
clopidogrel bisulfate tab 300 mg (base equiv).....	80	CONTOUR NEXT ONE BLOOD GL.....	101
clorazepate dipotassium tab 7.5 mg.....	53	CONTOUR PLUS BLOOD GLUCOS.....	93
clorazepate dipotassium tab 3.75 mg, 15 mg.....	53	CONTOUR PLUS BLUE BLOOD G.....	101
clotrimazole troche 10 mg.....	86	COPIKTRA.....	15
clotrimazole w/ betamethasone cream 1-0.05%.....	88	CORDRAN.....	88
CLOZAPINE ODT.....	55	CORIFACT.....	80
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg.....	55	CORLANOR.....	41
clozapine tab 25 mg, 50 mg.....	55	CORTISPORIN-TC.....	86
clozapine tab 100 mg, 200 mg.....	56	COSENTYX.....	88
COAGADEX.....	80	COSENTYX SENSOREADY PEN.....	88
COAGUCHEK LANCETS.....	100	COSENTYX UNOREADY.....	88
COARTEM.....	9	COTELLIC.....	15
codeine sulfate tab 30 mg.....	65	CREON.....	48
colchicine tab 0.6 mg.....	70	CRESEMBA.....	3
colchicine w/ probenecid tab 0.5-500 mg.....	70	CROMOLYN SODIUM.....	83
colesevelam hcl packet for susp 3.75 gm.....	40	cromolyn sodium oral conc 100 mg/5ml.....	49
colesevelam hcl tab 625 mg.....	40	cromolyn sodium soln nebu 20 mg/2ml.....	44
colestipol hcl granule packets 5 gm.....	40	crotamiton lotion 10%.....	88
colestipol hcl granules 5 gm.....	40	CTEXLI.....	49
colestipol hcl tab 1 gm.....	40	CVS LANCETS 21G.....	101
colistimethate sod for inj 150 mg (colistin base activity).....	9	CVS LANCETS ORIGINAL.....	101
COMETRIQ.....	15	CVS LANCETS THIN 26G.....	101
COMFORT ASSURED LANCETS M.....	100	CVS LANCETS ULTRA THIN 30.....	101
COMFORT ASSURED LANCETS S.....	100	CVS LANCING DEVICE.....	101
COMFORT EZ/31G X 5MM.....	100	CVS ULTRA THIN LANCETS.....	101
COMFORT EZ/31G X 6MM.....	100	cyanocobalamin inj 1000 mcg/ml.....	78
COMFORT EZ INSULIN SYRING.....	100	cyclobenzaprine hcl tab 5 mg, 10 mg.....	75
COMFORT EZ MICRO/32G X 4M.....	100	CYCLOGYL.....	83
COMFORT EZ PRO SAFETY PEN.....	100	cyclopentolate hcl ophth soln 1%.....	84
COMFORT EZ SHORT/31G X 8M.....	100	CYCLOPHOSPHAMIDE.....	15
COMFORT LANCETS.....	100	cyclophosphamide cap 25 mg, 50 mg.....	15
COMFORT TOUCH LANCETS ULT.....	100	CYCLOSERINE.....	3
COMFORT TOUCH PEN NEEDLES.....	100	cyclosporine cap 25 mg, 100 mg.....	136
COMFORT TOUCH PLUS SAFETY.....	100	cyclosporine modified cap 50 mg.....	136
COMFORT TOUCH TWIST LANCE.....	100	cyclosporine modified cap 25 mg, 100 mg.....	136
COMIRNATY 2024-25.....	11	cyclosporine modified oral soln 100 mg/ml.....	136
COMPLERA.....	4	cypheptadine hcl syrup 2 mg/5ml.....	42
COMPLETE NATAL DHA.....	76	cypheptadine hcl tab 4 mg.....	42
COMPLETENATE.....	76	CYSTAGON.....	52
CO-NATAL FA.....	76		
CONCEPT DHA.....	76	D	
CONCEPT OB.....	76	dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....	79
CONCERTA.....	59	dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....	79
CONDOMS.....	100	dalfampridine tab er 12hr 10 mg.....	61
CONTOUR BLOOD GLUCOSE MON.....	100	danazol cap 50 mg, 100 mg, 200 mg.....	23
CONTOUR BLOOD GLUCOSE TES.....	93	dantrolene sodium cap 100 mg.....	75
CONTOUR NEXT BLOOD GLUCOS.....	93	dantrolene sodium cap 25 mg, 50 mg.....	75
CONTOUR NEXT EZ BLOOD GLU.....	100	DANZITEN.....	15
CONTOUR NEXT GEN BLOOD GL.....	101	dapsone tab 25 mg.....	9

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

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

dapsone tab 100 mg.....	9	dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	22
DAPTACEL.....	13	DEXCOM G6 RECEIVER.....	101
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	51	DEXCOM G7 RECEIVER.....	101
darunavir tab 600 mg.....	4	DEXCOM G6 SENSOR.....	101
darunavir tab 800 mg.....	4	DEXCOM G7 SENSOR.....	101
dasatinib tab 20 mg.....	15	DEXCOM G6 TRANSMITTER.....	101
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg.....	15	dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	59
DAURISMO.....	15	dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	59
DAYBUE.....	74	dextroamphetamine sulfate cap er 24hr 5 mg.....	59
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	92	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	59
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	92	dextroamphetamine sulfate oral solution 5 mg/5ml.....	59
deferasirox tab 90 mg, 180 mg, 360 mg.....	92	dextroamphetamine sulfate tab 5 mg.....	59
deferiprone tab 500 mg, 1000 mg.....	92	dextroamphetamine sulfate tab 10 mg.....	59
deflazacort susp 22.75 mg/ml.....	22	DIACOMIT.....	71
deflazacort tab 6 mg.....	22	DIATHRIVE LANCETS.....	101
deflazacort tab 18 mg.....	22	DIATHRIVE LANCETS ULTRA T.....	101
deflazacort tab 30 mg, 36 mg.....	22	DIATHRIVE LANCING DEVICE.....	101
DELSTRIGO.....	4	DIATHRIVE PEN NEEDLE/31G.....	101
demeclocycline hcl tab 150 mg, 300 mg.....	2	DIATHRIVE PEN NEEDLE/32G.....	101
DESCOVY.....	4	DIATHRIVE PEN NEEDLE/31 G.....	101
desipramine hcl tab 10 mg, 25 mg.....	53	diazepam conc 5 mg/ml.....	53
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	53	diazepam oral soln 1 mg/ml.....	53
desloratadine tab 5 mg.....	42	diazepam rectal gel delivery system 10 mg, 20 mg.....	71
DESMOPRESSIN ACETATE.....	32	diazepam tab 2 mg, 5 mg, 10 mg.....	53
desmopressin acetate inj 4 mcg/ml.....	32	diazoxide susp 50 mg/ml.....	26
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	32	dichlorphenamide tab 50 mg.....	39
desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	32	diclofenac potassium tab 50 mg.....	67
desmopressin acetate tab 0.1 mg.....	32	diclofenac sodium ophth soln 0.1%.....	84
desmopressin acetate tab 0.2 mg.....	32	diclofenac sodium soln 1.5%.....	89
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	24	diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	67
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	24	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	67
desonide cream 0.05%.....	89	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	67
desonide oint 0.05%.....	89	dicloxacin sodium cap 250 mg, 500 mg.....	1
desoximetasone cream 0.05%.....	89	dicyclomine hcl cap 10 mg.....	47
desoximetasone cream 0.25%.....	89	dicyclomine hcl oral soln 10 mg/5ml.....	47
desoximetasone gel 0.05%.....	89	dicyclomine hcl tab 20 mg.....	47
desoximetasone oint 0.05%, 0.25%.....	89	DIFICID.....	2
desoximetasone spray 0.25%.....	89	diflunisal tab 500 mg.....	64
desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....	53	difluprednate ophth emulsion 0.05%.....	84
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv).....	53	digoxin oral soln 0.05 mg/ml.....	34
DEXAMETHASONE.....	22	digoxin tab 62.5 mcg (0.0625 mg).....	34
dexamethasone elixir 0.5 mg/5ml.....	22	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.....	35
		diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	35

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

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

diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	35	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.....	35	DROPLET INSULIN SYRINGE/0.....	102
diltiazem hcl tab er 24hr 420 mg.....	35	DROPLET INSULIN SYRINGE/1.....	102
diltiazem hcl tab 90 mg.....	35	DROPLET INSULIN SYRINGE/U.....	102
diltiazem hcl tab 30 mg, 60 mg, 120 mg.....	35	DROPLET INSULIN SYRINGE U.....	101
dimethyl fumarate capsule delayed release 120 mg.....	61	DROPLET LANCETS ULTRA THI.....	102
dimethyl fumarate capsule delayed release 240 mg.....	61	DROPLET LANCING DEVICE.....	102
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	61	DROPLET MICRON 34G X 9/64.....	102
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	47	DROPLET PEN NEEDLE/MICRON.....	102
dipyridamole tab 25 mg.....	80	DROPLET PEN NEEDLES 29GX1.....	102
dipyridamole tab 50 mg, 75 mg.....	80	DROPLET PEN NEEDLES 31GX5.....	102
disopyramide phosphate cap 100 mg, 150 mg.....	36	DROPLET PEN NEEDLES 31GX6.....	102
disulfiram tab 250 mg, 500 mg.....	61	DROPLET PEN NEEDLES 31GX8.....	102
divalproex sodium cap delayed release sprinkle 125 mg.....	71	DROPLET PEN NEEDLES 32GX4.....	103
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	71	DROPLET PEN NEEDLES 32GX5.....	103
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	71	DROPLET PEN NEEDLES 32GX6.....	103
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	36	DROPLET PEN NEEDLES 32GX8.....	103
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	61	DROPLET PEN NEEDLES 29G X.....	102
donepezil hydrochloride tab 23 mg.....	61	DROPLET PEN NEEDLES 30G X.....	102
donepezil hydrochloride tab 5 mg, 10 mg.....	61	DROPLET PEN NEEDLES 31G X.....	102
DOPTLET.....	78	DROPLET PEN NEEDLES 32G X.....	103
dorzolamide hcl ophth soln 2%.....	84	DROPLET PERSONAL LANCETS.....	103
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	84	DROPSAFE ACTI-LANCE SAFTE.....	103
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....	84	DROPSAFE INSULIN SAFETY S.....	103
DOVATO.....	4	DROPSAFE SAFETY PEN NEEDL.....	103
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	37	DROPSAFE SAFTEY PEN NEEDL.....	103
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	53	DROSPIRENONE/ETHINYL ESTR.....	24
doxepin hcl conc 10 mg/ml.....	54	drospirenone-ethinyl estradiol tab 3-0.02 mg.....	24
doxepin hcl cream 5%.....	89	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	24
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	58	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	24
DOXERCALCIFEROL.....	32	DROXIA.....	78
doxycycline hyclate cap 50 mg.....	2	DRUG MART LANCETS THIN.....	103
doxycycline hyclate cap 100 mg.....	2	DRUG MART LANCETS ULTRA T.....	103
doxycycline hyclate tab 20 mg, 100 mg.....	2	DRUG MART ON-THE-GO LANCE.....	103
doxycycline monohydrate cap 50 mg, 100 mg.....	2	DRUG MART UNIFINE PENTIPS.....	103
doxycycline monohydrate for susp 25 mg/5ml.....	2	DRUG MART UNILET LANCETS.....	103
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	2	DRUG MART UNILET MICRO TH.....	103
doxylamine-pyridoxine tab delayed release 10-10 mg.....	48	DUANE READE LANCET ALTERN.....	103
dronabinol cap 2.5 mg, 5 mg, 10 mg.....	48	DUANE READE LANCET SUPER.....	103
DROPLET GENTEEL LANCING D.....	101	DUANE READE LANCET ULTRA.....	103
DROPLET INSULIN SYRINGE 0.....	102	DUANE READE UNIFINE PENTI.....	103
		DUAVEE.....	23
		DULERA.....	44
		duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq).....	54
		DUPIXENT.....	89
		DUREX EXTRA SENSITIVE THI.....	103
		DUREX REALFEEL NON-LATEX.....	104
		DUREX TROPICAL.....	104
		dutasteride cap 0.5 mg.....	52
		dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	52
		DUVYZAT.....	74

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

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

E

EASY COMFORT INSULIN SYRI.....	104	eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent).....	69
EASY COMFORT PEN NEEDLES.....	104	ELIQUIS.....	79
EASY COMFORT SAFETY PEN N.....	104	ELIQUIS STARTER PACK.....	79
EASY GLIDE PEN NEEDLES 33.....	104	ELLA.....	24
EASY MINI EJECT LANCING D.....	104	ELMIRON.....	52
EASY MINI LANCING DEVICE.....	104	ELOCTATE.....	80
EASY TOUCH ALLERGY TRAY S.....	104	eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq).....	78
EASY TOUCH FLIPLOCK SAFET.....	104	eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv).....	78
EASY TOUCH 32GX5MM.....	106	EMBECTA AUTOSHIELD DUO 30.....	106
EASY TOUCH 32GX6MM.....	106	EMBECTA INSULIN SYRINGE.....	106
EASY TOUCH INSULIN SYRING.....	104	EMBECTA INSULIN SYRINGE/.....	106
EASY TOUCH LANCETS 30G/BU.....	105	EMBECTA INSULIN SYRINGE/0.....	106
EASY TOUCH LANCETS 21G/PR.....	105	EMBECTA INSULIN SYRINGE/1.....	106
EASY TOUCH LANCETS 23G/PR.....	105	EMBECTA INSULIN SYRINGE/2.....	106
EASY TOUCH LANCETS 26G/PR.....	105	EMBECTA INSULIN SYRINGE/U.....	106
EASY TOUCH LANCETS 28G/PR.....	105	EMBECTA INSULIN SYRINGE U.....	106
EASY TOUCH LANCETS 30G/PR.....	105	EMBECTA PEN NEEDLE/NANO 2.....	106
EASY TOUCH LANCETS 32G/PR.....	105	EMBECTA PEN NEEDLE/NANO/2.....	106
EASY TOUCH LANCETS 26G/PU.....	105	EMBECTA PEN NEEDLE/NANO/3.....	106
EASY TOUCH LANCETS 28G/PU.....	105	EMBECTA PEN NEEDLE/ULTRA.....	106
EASY TOUCH LANCETS 30G/PU.....	105	EMBRACE LANCETS ULTRA THI.....	106
EASY TOUCH LANCETS 32G/PU.....	105	EMBRACE LANCING DEVICE WI.....	106
EASY TOUCH LANCETS 28G/TW.....	105	EMBRACE PEN NEEDLES/29G X.....	106
EASY TOUCH LANCETS 30G/TW.....	105	EMBRACE PEN NEEDLES/30G X.....	107
EASY TOUCH LANCETS 32G/TW.....	105	EMBRACE PEN NEEDLES/31G X.....	107
EASY TOUCH LANCETS 33G/TW.....	105	EMBRACE PEN NEEDLES/32G X.....	107
EASY TOUCH LANCING DEVICE.....	105	EMBRACE PRESSURE ACTIVATE.....	107
EASY TOUCH PEN NEEDLE 30.....	105	EMEND.....	48
EASY TOUCH PEN NEEDLE/30.....	105	EMGALITY.....	69
EASY TOUCH PEN NEEDLES 29.....	105	EMPAVELI.....	80
EASY TOUCH PEN NEEDLES 31.....	105	EMSAM.....	54
EASY TOUCH PEN NEEDLES 32.....	105	emtricitabine caps 200 mg.....	5
EASY TOUCH PEN NEEDLES/31.....	105	emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg.....	5
EASY TOUCH SAFETY LANCETS.....	105	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	5
EASY TOUCH SAFETY PEN NEE.....	105	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg.....	5
EASY TOUCH SHEATHLOCK SAF.....	105	EMTRIVA.....	5
EASY TOUCH TUBERCULIN FLI.....	105	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	37
EASY TOUCH TUBERCULIN SHE.....	106	enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	37
EBGLYSS.....	89	enalapril maleate oral soln 1 mg/ml.....	37
econazole nitrate cream 1%.....	89	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	37
EDURANT.....	4	ENBREL.....	67
EDURANT PED.....	5	ENBREL MINI.....	67
E.E.S. 400.....	2	ENBREL SURECLICK.....	67
EFAVIRENZ/LAMIVUDINE/TENO.....	5	ENCARE.....	51
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	5		
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	5		
efavirenz tab 600 mg.....	5		
EGATEN.....	9		

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

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

ENGERIX-B.....	11	esomeprazole magnesium for delayed release susp pack 2.5 mg.....	47
enoxaparin sodium inj 300 mg/3ml.....	79	ESPEROCT.....	80
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.....	79	estazolam tab 1 mg.....	58
ENSPRYNG.....	136	estazolam tab 2 mg.....	58
entacapone tab 200 mg.....	74	estradiol & norethindrone acetate tab 0.5-0.1 mg.....	23
entecavir tab 0.5 mg, 1 mg.....	5	estradiol & norethindrone acetate tab 1-0.5 mg.....	23
ENTRESTO.....	41	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	24
ENTYVIO PEN.....	49	estradiol tab 0.5 mg, 1 mg, 2 mg.....	24
EPCLUSA.....	5	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
EPIDIOLEX.....	71	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
epinastine hcl ophth soln 0.05%.....	84	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
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	39	estradiol vaginal cream 0.1 mg/gm.....	51
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	39	estradiol vaginal tab 10 mcg.....	51
EPIVIR.....	5	ESTRING.....	51
eplerenone tab 25 mg, 50 mg.....	37	eszopiclone tab 1 mg.....	58
EPRONTIA.....	71	eszopiclone tab 2 mg, 3 mg.....	58
EQL COLOR LANCETS 21G.....	107	ethacrynic acid tab 25 mg.....	39
EQL INSULIN SYRINGE/0.3ML.....	107	ethambutol hcl tab 100 mg.....	3
EQL SHORT PEN NEEDLES 31G.....	107	ethambutol hcl tab 400 mg.....	3
EQL SUPER THIN LANCETS 30.....	107	ethosuximide cap 250 mg.....	71
EQL THIN LANCETS 26G.....	107	ethosuximide soln 250 mg/5ml.....	71
EQL ULTRA SHORT PEN NEEDL.....	107	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	24
ergocalciferol cap 1.25 mg (50000 unit).....	76	etodolac cap 200 mg, 300 mg.....	67
ERGOMAR.....	69	etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	67
ERGOTAMINE TARTRATE/CAFFE.....	69	etodolac tab 400 mg.....	67
ERIVEDGE.....	16	etodolac tab 500 mg.....	67
ERLEADA.....	16	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	25
erlotinib hcl tab 25 mg (base equivalent).....	16	ETOPOSIDE.....	16
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	16	etravirine tab 100 mg, 200 mg.....	5
ERTACZO.....	89	everolimus tab for oral susp 3 mg.....	16
erythromycin ethylsuccinate for susp 200 mg/5ml.....	2	everolimus tab for oral susp 2 mg, 5 mg.....	16
erythromycin ethylsuccinate for susp 400 mg/5ml.....	2	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	16
erythromycin gel 2%.....	89	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	136
erythromycin ophth oint 5 mg/gm.....	84	EVOTAZ.....	5
erythromycin soln 2%.....	89	EVRYSDI.....	75
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	2	EXELDERM.....	89
erythromycin tab 250 mg, 500 mg.....	2	exemestane tab 25 mg.....	16
ERZOFRI.....	56	EYSUVIS.....	84
escitalopram oxalate soln 5 mg/5ml (base equiv).....	54	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	40
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv).....	54	ezetimibe tab 10 mg.....	40
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg.....	71	E-Z JECT LANCETS.....	104
esomeprazole magnesium cap delayed release 40 mg (base eq).....	47	E-Z JECT LANCETS COLOR.....	104
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg.....	47		

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

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

E-Z JECT LANCETS SUPER TH.....	104	FIRDAPSE.....	75
EZ-LETS LANCETS 21G.....	107	flavoxate hcl tab 100 mg.....	51
EZ-LETS LANCETS 30G.....	107	flecainide acetate tab 50 mg, 100 mg, 150 mg.....	36
EZ-LETS LANCETS 26G SUPER.....	107	FLUAD 2024-2025.....	11
EZ-LETS LANCETS 28G ULTRA.....	107	FLUARIX 2024-2025.....	11
F		FLUBLOK 2024-2025.....	11
famciclovir tab 125 mg, 250 mg, 500 mg.....	5	FLUCELVAX 2024-2025.....	11
famotidine for susp 40 mg/5ml.....	47	fluconazole for susp 10 mg/ml, 40 mg/ml.....	3
famotidine tab 20 mg, 40 mg.....	47	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.....	22
FANTASY LUBRICATED.....	107	FLULAVAL 2024-2025.....	11
FANTASY LUBRICATED/SPERMI.....	107	FLUMIST NASAL VACCINE 202.....	11
FARXIGA.....	26	flunisolide nasal soln 25 mcg/act (0.025%).....	42
FASENRA PEN.....	44	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.....	80	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.....	35	fluocinolone acetonide soln 0.01%.....	89
FEMCAP.....	107	fluocinonide cream 0.05%.....	89
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134		fluocinonide emulsified base cream 0.05%.....	89
mg, 200 mg.....	40	fluocinonide gel 0.05%.....	89
fenofibrate tab 48 mg, 145 mg.....	40	fluocinonide oint 0.05%.....	89
fenofibrate tab 54 mg, 160 mg.....	40	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,		FLUOROURACIL.....	89
100 mcg/hr.....	65	fluorouracil cream 5%.....	89
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe),		fluorouracil soln 5%.....	89
220 mg/5ml (44 mg/5ml elemental fe).....	78	fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....	54
fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	51	fluoxetine hcl solution 20 mg/5ml.....	54
FETZIMA.....	54	fluoxetine hcl tab 60 mg.....	54
FETZIMA TITRATION PACK.....	54	fluphenazine decanoate inj 25 mg/ml.....	56
FIASP.....	28	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	56
FIASP FLEXTOUCH.....	28	FLUPHENAZINE HYDROCHLORID.....	56
FIASP PENFILL.....	28	FLURBIPROFEN.....	67
FIBRYGA.....	80	FLURBIPROFEN SODIUM.....	84
FIFTY50 PEN NEEDLES/31GX8.....	107	FLUTICASONE PROPIONATE/SA.....	44
FIFTY50 PEN NEEDLES/32GX4.....	107	fluticasone propionate cream 0.05%.....	89
FIFTY50 PEN NEEDLES/32GX6.....	107	FLUTICASONE PROPIONATE DI.....	44
FIFTY50 PEN NEEDLES 31GX5.....	107	FLUTICASONE PROPIONATE HF.....	44
FIFTY50 PEN NEEDLES 31G X.....	107	fluticasone propionate nasal susp 50 mcg/act.....	42
FIFTY50 SAFETY SEAL LANCE.....	107	fluticasone propionate oint 0.005%.....	90
FIFTY50 SUPERIOR COMFORT.....	107	fluticasone-salmeterol aer powder ba 100-50 mcg/act,	
FIFTY50 UNILET LANCETS 33.....	107	250-50 mcg/act, 500-50 mcg/act.....	44
FILSPARI.....	52	fluvastatin sodium cap 20 mg (base equivalent), 40 mg	
finasteride tab 1 mg.....	89	(base equivalent).....	40
finasteride tab 5 mg.....	52	fluvastatin sodium tab er 24 hr 80 mg (base	
FINGERSTIX LANCETS.....	107	equivalent).....	40
ingolimod hcl cap 0.5 mg (base equiv).....	61	fluvoxamine maleate tab 100 mg.....	54
FINTEPLA.....	71	fluvoxamine maleate tab 25 mg, 50 mg.....	54
		FLUZONE 2024-2025.....	11

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

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

FLUZONE HIGH-DOSE 2024-20.....	11	GAVRETO.....	16
folic acid tab 400 mcg, 800 mcg.....	78	gefitinib tab 250 mg.....	16
folic acid tab 1 mg.....	78	gemfibrozil tab 600 mg.....	40
FOLIVANE-OB.....	76	GENOTROPIN.....	32
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5	79	GENOTROPIN MINIQUEL.....	32
mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	79	gentamicin sulfate cream 0.1%.....	90
FORA LANCETS.....	108	gentamicin sulfate oint 0.1%.....	90
FORA LANCING DEVICE.....	108	gentamicin sulfate ophth soln 0.3%.....	84
FORA LANCING DEVICE/CLEAR.....	108	GENTEEL BUTTERFLY TOUCH L.....	108
fosamprenavir calcium tab 700 mg (base equiv).....	5	GENTEEL PLUS LANCING DEVI.....	108
fosfomycin tromethamine powd pack 3 gm (base	9	GENTLE-LET LANCETS GENERA.....	108
equivalent).....	9	GENTLE-LET LANCETS SAFETY.....	108
fosinopril sodium & hydrochlorothiazide tab 10-12.5	37	GENVOYA.....	5
mg, 20-12.5 mg.....	37	GEODON.....	56
fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	37	GILOTRIF.....	16
FOTIVDA.....	16	glatiramer acetate soln prefilled syringe 20 mg/ml.....	61
FREESTYLE LANCETS.....	108	glatiramer acetate soln prefilled syringe 40 mg/ml.....	61
FREESTYLE LIBRE 2/READER/.....	108	GLEOSTINE.....	16
FREESTYLE LIBRE 3/READER/.....	108	glimepiride tab 1 mg, 2 mg, 4 mg.....	26
FREESTYLE LIBRE/READER/FL.....	108	glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg,	26
FREESTYLE LIBRE 2/SENSOR/.....	108	5-500 mg.....	26
FREESTYLE LIBRE 3/SENSOR/.....	108	glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....	26
FREESTYLE LIBRE 14 DAY/RE.....	108	glipizide tab 5 mg, 10 mg.....	26
FREESTYLE LIBRE 14 DAY/SE.....	108	GLOBAL EASE INJECT PEN NE.....	108
FREESTYLE LIBRE 2 PLUS/SE.....	108	GLOBAL EASY GLIDE INSULIN.....	108
FREESTYLE LIBRE 3 PLUS/SE.....	108	GLOBAL EASY GLIDE PEN NEE.....	108
FREESTYLE UNISTICK II LAN.....	108	GLOBAL INJECT EASE INSULI.....	108
frovatriptan succinate tab 2.5 mg (base	69	GLOBAL INJECT EASE LANCET.....	109
equivalent).....	69	GLOBAL INSULIN SYRINGE/U-.....	109
FRUZAQLA.....	16	GLOBAL INSULIN SYRINGES/U.....	109
FULPHILA.....	78	GLOBAL LANCING DEVICE.....	109
FUROSCIX.....	39	GLUCAGON EMERGENCY KIT FO.....	26
furosemide oral soln 10 mg/ml.....	39	glucagon (rdna) for inj kit 1 mg.....	26
furosemide tab 20 mg, 40 mg, 80 mg.....	39	GLUCOCOM LANCETS 28G.....	109
FUZEON.....	5	GLUCOCOM LANCETS 30G.....	109
FYCOMPA.....	71	GLUCOCOM LANCETS 33G.....	109
FYLNETRA.....	78	GLUCOPRO INSULIN SYRINGE/.....	109
G			
gabapentin cap 100 mg, 300 mg, 400 mg.....	71	glutamine (sickle cell) powd pack 5 gm.....	78
gabapentin oral soln 250 mg/5ml.....	71	glyburide-metformin tab 1.25-250 mg, 2.5-500 mg,	26
gabapentin tab 600 mg, 800 mg.....	71	5-500 mg.....	26
GALAFOLD.....	32	GLYBURIDE MICRONIZED.....	26
galantamine hydrobromide cap er 24hr 8 mg, 16 mg,	61	glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	26
24 mg.....	61	glycopyrrolate oral soln 1 mg/5ml.....	47
galantamine hydrobromide tab 4 mg.....	61	glycopyrrolate tab 1 mg, 2 mg.....	47
galantamine hydrobromide tab 8 mg, 12 mg.....	61	GLYXAMBI.....	26
GAMMAGARD LIQUID.....	14	GNP INSULIN SYRINGE/0.5ML.....	109
GAMMAKED.....	14	GNP INSULIN SYRINGE/1ML/3.....	109
GAMUNEX-C.....	14	GNP INSULIN SYRINGES/1/2M.....	109
GARDASIL 9.....	11	GNP INSULIN SYRINGES/0.3M.....	109
gatifloxacin ophth soln 0.5%.....	84	GNP INSULIN SYRINGES/1ML/.....	109
GATTEX.....	49	GNP INSULIN SYRINGES/3ML/.....	109
		GNP PEN NEEDLES 31GX5MM.....	109
		GNP PEN NEEDLES 31GX8MM.....	109

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

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

GNP PEN NEEDLES 32GX4MM.....	109	H-E-B INCONTROL ADVANCED.....	110
GNP PEN NEEDLES 32GX6MM.....	109	H-E-B INCONTROL LANCETS M.....	110
GNP STERILE LANCETS 28G.....	109	H-E-B INCONTROL LANCETS S.....	110
GNP STERILE LANCETS 30G.....	109	H-E-B INCONTROL LANCETS U.....	110
GNP STERILE LANCETS 33G.....	109	H-E-B IN CONTROL PEN NEED.....	110
GNP ULTICARE PEN NEEDLES.....	109	H-E-B INCONTROL PEN NEEDL.....	110
GNP ULTICARE PEN NEEDLES/.....	110	H-E-B IN CONTROL UNIFINE.....	110
GNP ULTIGUARD SAFEPAK/MI.....	110	HEMLIBRA.....	81
GNP ULTIGUARD SAFEPAK/SH.....	110	HEMOFIL M.....	81
GNP ULTRA COMFORT INSULIN.....	110	heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/	
GOJJI LANCING DEVICE/CLEA.....	110	ml.....	79
GOJJI STERILE LANCETS 30G.....	110	HEPLISAV-B.....	11
GOMEKLI.....	16	HIBERIX.....	12
granisetron hcl tab 1 mg.....	48	HIZENTRA.....	14
griseofulvin microsize susp 125 mg/5ml.....	3	HM ULTICARE INSULIN SYRIN.....	111
griseofulvin microsize tab 500 mg.....	3	HM ULTICARE MINI PEN NEED.....	111
griseofulvin ultramicrosize tab 125 mg, 250 mg.....	3	HM ULTICARE SHORT PEN NEE.....	111
guanfacine hcl tab er 24hr 1 mg (base equiv), 2		HUMALOG.....	28
mg (base equiv), 3 mg (base equiv), 4 mg (base		HUMALOG JUNIOR KWIKPEN.....	28
equiv).....	60	HUMALOG KWIKPEN.....	28
guanfacine hcl tab 1 mg, 2 mg.....	37	HUMALOG MIX 75/25.....	29
GVOKE HYPOPEN 1-PACK.....	26	HUMALOG MIX 50/50 KWIKPEN.....	29
GVOKE HYPOPEN 2-PACK.....	27	HUMALOG MIX 75/25 KWIKPEN.....	29
GVOKE KIT.....	27	HUMALOG TEMPO PEN.....	28
GVOKE PFS.....	27	HUMATE-P.....	81
GYNAZOLE-1.....	51	HUMATIN.....	3
H		HUMIRA.....	67
HADLIMA.....	67	HUMIRA PEN.....	67
HADLIMA PUSH TOUCH.....	67	HUMIRA PEN-CD/UC/HS START.....	67
HAEGARDA.....	81	HUMIRA PEN-PS/UV STARTER.....	67
HAEMOLANCE.....	110	HUMULIN 70/30.....	29
HAEMOLANCE LOW FLOW LANCE.....	110	HUMULIN 70/30 KWIKPEN.....	29
HAEMOLANCE PLUS.....	110	HUMULIN N.....	29
HAEMOLANCE PLUS HIGH FLOW.....	110	HUMULIN N KWIKPEN.....	29
HAEMOLANCE PLUS LOW FLOW.....	110	HUMULIN R.....	29
HAEMOLANCE PLUS MAX FLOW.....	110	HUMULIN R U-500 (CONCENTR.....	29
HAEMOLANCE PLUS PEDIATRIC.....	110	HUMULIN R U-500 KWIKPEN.....	29
halcinonide cream 0.1%.....	90	HUCAMTIN.....	16
HALDOL DECANOATE 100.....	56	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	37
halobetasol propionate cream 0.05%.....	90	hydrochlorothiazide cap 12.5 mg.....	39
haloperidol decanoate im soln 50 mg/ml.....	56	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	39
haloperidol decanoate im soln 100 mg/ml.....	56	hydrocodone-acetaminophen soln 7.5-325	
haloperidol lactate oral conc 2 mg/ml.....	56	mg/15ml.....	65
haloperidol tab 20 mg.....	56	hydrocodone-acetaminophen tab 5-325 mg.....	65
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg.....	56	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325	
HARVONI.....	5	mg.....	65
HAVRIX.....	11	hydrocodone bitart-homatropine methylbromide tab	
HEALTHWISE INSULIN SYRING.....	110	5-1.5 mg.....	43
HEALTHWISE MICRON PEN NEE.....	111	hydrocodone bitart-homatropine methylbrom soln	
HEALTHWISE MINI PEN NEEDL.....	111	5-1.5 mg/5ml.....	43
HEALTHWISE PEN NEEDLES 29.....	111	HYDROCODONE BITARTRATE ER.....	65
HEALTHWISE SHORT PEN NEED.....	111	hydrocodone-ibuprofen tab 7.5-200 mg.....	65
		HYDROCODONE POLISTIREX/CH.....	43

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

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

HYDROCORTISONE.....	86	INCRELEX.....	32
HYDROCORTISONE ACETATE/PR.....	86	INCRUSE ELLIPTA.....	44
HYDROCORTISONE BUTYRATE.....	90	indapamide tab 1.25 mg, 2.5 mg.....	39
hydrocortisone cream 2.5%.....	90	indomethacin cap er 75 mg.....	67
hydrocortisone enema 100 mg/60ml.....	86	indomethacin cap 25 mg, 50 mg.....	67
hydrocortisone oint 2.5%.....	90	INFANRIX.....	13
hydrocortisone perianal cream 2.5%.....	87	INLYTA.....	17
hydrocortisone tab 5 mg, 10 mg, 20 mg.....	22	INQOVI.....	17
hydrocortisone valerate cream 0.2%.....	90	INREBIC.....	17
hydrocortisone valerate oint 0.2%.....	90	INSULIN DEGLUDEC.....	30
hydrocortisone w/ acetic acid otic soln 1-2%.....	86	INSULIN DEGLUDEC FLEXTUOC.....	30
hydromorphone hcl liqd 1 mg/ml.....	65	INSULIN SYRINGE/0.3ML/30G.....	112
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32		INSULIN SYRINGE/0.3ML/31G.....	112
mg.....	65	INSULIN SYRINGE/0.5ML/28G.....	112
hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	65	INSULIN SYRINGE/0.5ML/30G.....	112
hydroxychloroquine sulfate tab 200 mg.....	9	INSULIN SYRINGE/0.5ML/31G.....	112
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400		INSULIN SYRINGE/1ML/29G X.....	112
mg.....	9	INSULIN SYRINGE/1ML/30G X.....	112
hydroxyurea cap 500 mg.....	16	INSULIN SYRINGE/NEEDLE 0.....	111
hydroxyzine hcl syrup 10 mg/5ml.....	53	INSULIN SYRINGE/NEEDLE 1M.....	111
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	53	INSULIN SYRINGE/U-100/0.3.....	111
hydroxyzine pamoate cap 25 mg, 50 mg.....	53	INSULIN SYRINGE/U-100/0.5.....	111
HYFTOR.....	90	INSULIN SYRINGE/U-100/1ML.....	112
HYMPAVZI.....	81	INSULIN SYRINGES/U-100/0.....	112
HYQVIA.....	14	INSULIN SYRINGES/U-100/1M.....	112
HY-VEE LANCETS.....	111	INSUPEN 33GX4MM.....	112
HY-VEE THIN LANCETS.....	111	INSUPEN 29G X 12MM.....	112
I			
ibandronate sodium tab 150 mg (base equivalent).....	32	INSUPEN 31G X 5MM.....	112
IBRANCE.....	16	INSUPEN 31G X 8MM.....	112
ibuprofen tab 400 mg, 600 mg, 800 mg.....	67	INSUPEN 32G X 4MM.....	112
icatibant acetate subcutaneous soln pref syr 30		INTELENCE.....	5
mg/3ml.....	81	IN TOUCH DIABETES MANAGEM.....	111
ICLUSIG.....	16	IN TOUCH LANCING DEVICE.....	111
IDELVION.....	81	IN TOUCH STERILE LANCETS.....	111
IDHIFA.....	16	INTRAROSA.....	51
IHEALTH LANCING DEVICE.....	111	INVEGA HAFYERA.....	56
ILET INSULIN INFUSION KIT.....	111	INVEGA SUSTENNA.....	56
ILET INSULIN PUMP.....	111	INVEGA TRINZA.....	56
ILET STARTER KIT - CONTAC.....	111	IPOL INACTIVATED IPV.....	12
ILET STARTER KIT - INSET.....	111	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	44
ILEVRO.....	84	ipratropium bromide inhal soln 0.02%.....	44
imatinib mesylate tab 100 mg (base equivalent).....	16	ipratropium bromide nasal soln 0.03% (21 mcg/spray),	
imatinib mesylate tab 400 mg (base equivalent).....	16	0.06% (42 mcg/spray).....	42
IMBRUVICA.....	16	IQIRVO.....	49
IMCIVREE.....	60	irbesartan-hydrochlorothiazide tab 150-12.5 mg,	
imipramine hcl tab 10 mg, 25 mg, 50 mg.....	54	300-12.5 mg.....	37
imiquimod cream 5%.....	90	irbesartan tab 75 mg, 150 mg, 300 mg.....	37
IMKELDI.....	17	irrigation solution, physiological.....	136
IMPAVIDO.....	9	ISENTRESS.....	6
INBRIJA.....	74	ISENTRESS HD.....	6
INCONTROL ULTICARE MINI P.....	111	isoniazid syrup 50 mg/5ml.....	3
		isoniazid tab 100 mg.....	3
		isoniazid tab 300 mg.....	3

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

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

isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg....	41	KIMONO MICRO THIN.....	112
isosorbide dinitrate tab 5 mg.....	34	KIMONO MICRO THIN PLUS SP.....	112
isosorbide dinitrate tab 40 mg.....	34	KIMONO PLUS SPERMICIDE/LU.....	113
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	34	KIMONO PLUS SPERMICIDE LU.....	113
ISOSORBIDE MONONITRATE.....	34	KIMONO PS LUBRICATED.....	113
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg.....	34	KIMONO PS PLUS SPERMICIDE.....	113
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	90	KIMONO SENSATION LUBRICAT.....	113
isradipine cap 2.5 mg, 5 mg.....	35	KIMONO SENSATION PLUS SPE.....	113
ITOVEBI.....	17	KIMONO SPECIAL.....	113
itraconazole cap 100 mg.....	3	KINERET.....	68
itraconazole oral soln 10 mg/ml.....	4	KINNEY LANCETS.....	113
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv).....	41	KINNEY THIN LANCETS.....	113
ivermectin cream 1%.....	90	KINRAY INSULIN SYRINGE/0.....	113
ivermectin tab 3 mg.....	9	KINRIX.....	13
IWILFIN.....	17	KISQALI.....	17
IXINITY.....	81	KLOXXADO.....	92
J		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.....	136	KROGER HEALTHPRO TWIST LA.....	113
JULUCA.....	6	KROGER INSULIN SYRINGE/0.....	113
JUXTAPID.....	40	KROGER INSULIN SYRINGE/1M.....	113
JYNARQUE.....	32	KROGER INSULIN SYRINGE/U.....	113
JYNNEOS.....	12	KROGER LANCETS.....	113
K		KROGER LANCETS 21G.....	113
KALETRA.....	6	KROGER LANCETS MICRO THIN.....	113
KALYDECO.....	46	KROGER LANCETS SUPER THIN.....	113
KAMELEON LUBRICATED.....	112	KROGER LANCETS THIN.....	113
KERENDIA.....	32	KROGER LANCETS ULTRATHIN.....	113
KESIMPTA.....	61	KROGER LANCING DEVICE.....	113
KETOCARE.....	93	KROGER PEN NEEDLES/31G X.....	113
ketoconazole cream 2%.....	90	KROGER PEN NEEDLES/32G X.....	113
ketoconazole shampoo 2%.....	90	KROGER PEN NEEDLES/33G X.....	114
ketoconazole tab 200 mg.....	4	KROGER PEN NEEDLES 29G X.....	113
KETONE.....	93	KROGER PEN NEEDLES 31G X.....	113
KETONE TEST STRIPS.....	93	L	
ketorolac tromethamine ophth soln 0.4%.....	84	labetalol hcl tab 100 mg, 200 mg, 300 mg.....	34
ketorolac tromethamine ophth soln 0.5%.....	84	lacosamide oral solution 10 mg/ml.....	71
ketorolac tromethamine tab 10 mg.....	67	lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg.....	71
KETOSTIX.....	93	lactated ringer's for irrigation.....	136
KEVZARA.....	67	lactulose (encephalopathy) solution 10 gm/15ml.....	49
KIMONO COLORS.....	112	lactulose solution 10 gm/15ml.....	46
KIMONO LUBRICATED.....	112	LAGEVRIO.....	6
KIMONO MAXX/LARGE FLARE.....	112	lamivudine oral soln 10 mg/ml.....	6
		lamivudine tab 150 mg.....	6
		lamivudine tab 300 mg.....	6
		lamivudine tab 100 mg (hbv).....	6

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

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

lamivudine-zidovudine tab 150-300 mg.....	6	LEDIPASVIR/SOFOSBUVIR.....	6
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg.....	71	leflunomide tab 10 mg, 20 mg.....	68
lamotrigine tab chewable dispersible 5 mg.....	71	lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg.....	136
lamotrigine tab chewable dispersible 25 mg.....	71	lenalidomide caps 2.5 mg.....	136
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	72	LENVIMA 4 MG DAILY DOSE.....	17
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	71	LENVIMA 8 MG DAILY DOSE.....	18
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	71	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.....	17
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....	72	LENVIMA 18 MG DAILY DOSE.....	17
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....	72	LENVIMA 20 MG DAILY DOSE.....	17
lamotrigine tab 35 x 25 mg starter kit.....	72	LENVIMA 24 MG DAILY DOSE.....	17
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	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	44
LANCETS 30G/TWIST TOP.....	114	levalbuterol 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%).....	32
LANCETS THIN.....	114	levocarnitine tab 330 mg.....	32
LANCETS ULTRA THIN 30G.....	114	levocetirizine dihydrochloride tab 5 mg.....	42
LANCING DEVICE.....	114	levofloxacin oral soln 25 mg/ml.....	3
lansoprazole cap delayed release 30 mg.....	47	levofloxacin tab 250 mg, 500 mg, 750 mg.....	3
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental).....	49	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.....	25
LANTUS.....	30	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	25
LANTUS SOLOSTAR.....	30	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.....	25
latanoprost ophth soln 0.005%.....	84	levonorgestrel tab 1.5 mg.....	25
LAZCLUZE.....	17	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	25
LEADER ADVANCED LANCING D.....	114	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	25
LEADER INSULIN SYRINGE/0.....	114	levorphanol tartrate tab 2 mg.....	65
LEADER INSULIN SYRINGE/1M.....	114	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.....	31
LEADER LANCETS COLORED.....	114		
LEADER SUPER THIN LANCET.....	114		
LEADER THIN LANCETS.....	114		
LEADER UNIFINE PENTIPS/MI.....	114		
LEADER UNIFINE PENTIPS/NA.....	114		
LEADER UNIFINE PENTIPS/PL.....	114		
LEADER UNIFINE PENTIPS PL.....	114		

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

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

LIBERTY MEDICAL LANCETS 3.....	114	LONSURF.....	18
lidocaine hcl soln 4%.....	90	lopinavir-ritonavir tab 100-25 mg.....	6
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	90	lopinavir-ritonavir tab 200-50 mg.....	6
lidocaine hcl viscous soln 2%.....	86	loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	43
lidocaine oint 5%.....	90	loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	43
lidocaine patch 5%.....	90	loratadine oral soln 5 mg/5ml.....	42
lidocaine-prilocaine cream 2.5-2.5%.....	90	loratadine rapidly-disintegrating tab 10 mg.....	42
LIFESCAN UNISTIK 2 DEEP P.....	114	loratadine tab 10 mg.....	42
linezolid for susp 100 mg/5ml.....	10	lorazepam conc 2 mg/ml.....	53
linezolid tab 600 mg.....	10	lorazepam tab 0.5 mg, 1 mg, 2 mg.....	53
LINZESS.....	49	LORBRENA.....	18
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	31	losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	38
lisdexamphetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg.....	60	losartan potassium tab 25 mg, 50 mg, 100 mg.....	38
lisdexamphetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg.....	60	loteprednol etabonate ophth gel 0.5%.....	84
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	37	loteprednol etabonate ophth susp 0.2%.....	84
lisinopril tab 20 mg.....	37	loteprednol etabonate ophth susp 0.5%.....	84
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg.....	37	lovastatin tab 10 mg.....	40
LITETOUCH INSULIN PEN NEE.....	115	lovastatin tab 20 mg, 40 mg.....	40
LITETOUCH INSULIN SYRINGE.....	115	loxapine succinate cap 50 mg.....	56
LITE TOUCH LANCETS.....	114	loxapine succinate cap 5 mg, 10 mg, 25 mg.....	56
LITETOUCH LANCETS MICRO T.....	115	lubiprostone cap 8 mcg.....	49
LITE TOUCH LANCING PEN.....	114	lubiprostone cap 24 mcg.....	49
LITETOUCH PEN NEEDLES/31.....	115	LUMAKRAS.....	18
LITETOUCH PEN NEEDLES/31G.....	115	LUMIGAN.....	84
LITETOUCH PEN NEEDLES 29G.....	115	LUMRYZ.....	61
LITETOUCH PEN NEEDLES 31G.....	115	LUMRYZ STARTER PACK.....	61
LITFULO.....	90	lurasidone hcl tab 80 mg.....	57
LITHIUM CARBONATE.....	56	lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....	57
lithium carbonate cap 300 mg.....	56	LYNPARZA.....	18
lithium carbonate cap 150 mg, 600 mg.....	56	LYSODREN.....	18
lithium carbonate tab er 300 mg.....	56	LYTGOBI.....	18
lithium carbonate tab er 450 mg.....	56	LYUMJEV.....	28
lithium carbonate tab 300 mg.....	56	LYUMJEV KWIKPEN.....	29
lithium oral solution 8 meq/5ml.....	56	LYUMJEV TEMPO PEN.....	29
LIVDELZI.....	49	M	
LIVE BETTER ADVANCED LANC.....	115	MAGELLAN INSULIN SAFETY S.....	115
LIVE BETTER LANCET SUPER.....	115	MAGELLAN TUBERCULIN SAFET.....	115
LIVE BETTER LANCET ULTRA.....	115	malathion lotion 0.5%.....	90
LIVE BETTER PEN NEEDLES 2.....	115	MARATHON MEDICAL PENTIPS.....	115
LIVE BETTER PEN NEEDLES 3.....	115	maraviroc tab 150 mg.....	6
LIVMARLI.....	49	maraviroc tab 300 mg.....	6
LIVTENCITY.....	6	MARPLAN.....	54
lofexidine hcl tab 0.18 mg (base equivalent).....	61	MATULANE.....	18
LOKELMA.....	136	MAVENCLAD.....	61
LO LOESTRIN FE.....	25	MAVYRET.....	6
LONGS INSULIN SYRINGE/0.5.....	115	MAXICOMFORT II PEN NEEDLE.....	116
LONGS LANCETS STANDARD.....	115	MAXI-COMFORT INSULIN SYRI.....	115
LONGS LANCETS THIN.....	115	MAXICOMFORT INSULIN SYRIN.....	116
LONGS LANCETS ULTRA THIN.....	115	MAXI-COMFORT SAFETY PEN N.....	116

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

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

MAXX LUBRICATED.....	116	mesalamine tab delayed release 800 mg.....	49
MAXX PLUS SPERMICIDE LUBR.....	116	mesna tab 400 mg.....	18
MAYZENT.....	62	metaxalone tab 400 mg.....	75
MAYZENT STARTER PACK.....	62	metaxalone tab 800 mg.....	75
meclizine hcl tab 12.5 mg, 25 mg.....	48	metformin hcl tab er 24hr 500 mg, 750 mg.....	27
MECLOFENAMATE SODIUM.....	68	metformin hcl tab 500 mg, 850 mg, 1000 mg.....	27
MEDICHOICE PRE-SET SAFETY.....	116	methadone hcl conc 10 mg/ml.....	65
MEDICHOICE SAFETY LANCET.....	116	methadone hcl soln 5 mg/5ml.....	65
MEDICINE SHOPPE LANCETS.....	116	methadone hcl soln 10 mg/5ml.....	65
MEDICINE SHOPPE LANCETS T.....	116	methadone hcl tab for oral susp 40 mg.....	65
MEDICINE SHOPPE PEN NEEDL.....	116	methadone hcl tab 5 mg, 10 mg.....	65
MEDIC INSULIN SYRINGE/0.3.....	116	methamphetamine hcl tab 5 mg.....	60
MEDIC INSULIN SYRINGE/0.5.....	116	methazolamide tab 25 mg, 50 mg.....	39
MEDLANCE PLUS/LITE 25G.....	116	methenamine hippurate tab 1 gm.....	10
MEDLANCE PLUS EXTRA LANCE.....	116	methimazole tab 5 mg, 10 mg.....	31
MEDLANCE PLUS LANCETS LIT.....	116	methocarbamol tab 500 mg, 750 mg.....	75
MEDLANCE PLUS LITE LANCET.....	116	METHOTREXATE SODIUM.....	18
MEDLANCE PLUS SPECIAL LAN.....	116	methotrexate sodium for inj 1 gm.....	18
MEDLANCE PLUS SUPERLITE 3.....	116	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250	
MEDLANCE PLUS UNIVERSAL L.....	116	mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	18
medroxyprogesterone acetate im susp 150 mg/ml.....	25	methotrexate sodium tab 2.5 mg (base equiv).....	19
medroxyprogesterone acetate im susp prefilled syr		METHOXSALEN.....	90
150 mg/ml.....	25	methscopolamine bromide tab 2.5 mg, 5 mg.....	47
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10		methsuximide cap 300 mg.....	72
mg.....	26	METHYLDOPA.....	38
mefloquine hcl tab 250 mg.....	9	methyldopa tab 250 mg.....	38
megestrol acetate susp 40 mg/ml.....	18	methylergonovine maleate tab 0.2 mg.....	31
megestrol acetate tab 20 mg, 40 mg.....	18	methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la),	
MEIJER COLOR LANCETS UNIV.....	116	30 mg (la), 40 mg (la).....	60
MEIJER LANCETS.....	116	methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30	
MEIJER LANCETS THIN.....	116	mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	60
MEIJER LANCETS UNIVERSAL.....	116	methylphenidate hcl chew tab 10 mg.....	60
MEIJER PEN NEEDLES 29G X.....	116	methylphenidate hcl chew tab 2.5 mg, 5 mg.....	60
MEIJER PEN NEEDLES 31G X.....	116	methylphenidate hcl soln 5 mg/5ml.....	60
MEIJER SUPER THIN LANCETS.....	116	methylphenidate hcl soln 10 mg/5ml.....	60
MEKINIST.....	18	methylphenidate hcl tab er 10 mg, 20 mg.....	60
MEKTOVI.....	18	methylphenidate hcl tab er osmotic release (osm) 36	
meloxicam tab 7.5 mg, 15 mg.....	68	mg.....	60
memantine hcl oral solution 2 mg/ml.....	62	methylphenidate hcl tab er osmotic release (osm) 18	
memantine hcl tab 5 mg, 10 mg.....	62	mg, 27 mg, 54 mg.....	60
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration		methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	60
pack.....	62	METHYLPHENIDATE HYDROCHLO.....	60
MENEST.....	24	methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	22
MENQUADFI.....	12	methylprednisolone tab therapy pack 4 mg (21).....	22
MENVEO.....	12	methyltestosterone cap 10 mg.....	23
meprobamate tab 200 mg, 400 mg.....	53	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base	
mercaptopurine susp 2000 mg/100ml (20 mg/ml).....	18	equiv).....	49
mercaptopurine tab 50 mg.....	18	metoclopramide hcl tab 5 mg (base equivalent), 10 mg	
mesalamine cap dr 400 mg.....	49	(base equivalent).....	49
mesalamine cap er 24hr 0.375 gm.....	49	metolazone tab 2.5 mg, 5 mg, 10 mg.....	39
mesalamine enema 4 gm.....	49	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25	
mesalamine suppos 1000 mg.....	49	mg, 100-50 mg.....	38
mesalamine tab delayed release 1.2 gm.....	49		

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

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

metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	35	mometasone furoate solution 0.1% (lotion).....	90
metoprolol tartrate tab 50 mg, 100 mg.....	35	MONOJECT HYPO/ALUM HUB/18.....	117
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	35	MONOJECT HYPO/ALUM HUB/LU.....	117
metronidazole cream 0.75%.....	90	MONOJECT INSULIN SYRINGE.....	117
metronidazole gel 0.75%.....	90	MONOJECT INSULIN SYRINGE/.....	117
metronidazole gel 1%.....	90	MONOJECT MAGELLAN SAFETY.....	117
metronidazole lotion 0.75%.....	90	MONOJECT TB SYRINGE-NDL 1.....	117
metronidazole tab 250 mg.....	10	MONOJECT TUBERCULIN SAFET.....	117
metronidazole tab 500 mg.....	10	MONOJECT TUBERCULIN SYRIN.....	118
metronidazole vaginal gel 0.75%.....	51	MONOJECT ULTRA COMFORT IN.....	118
mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	36	MONOLET LANCETS.....	118
MICRODOT PEN NEEDLE/31G X.....	116	MONOLET OPD LANCETS.....	118
MICRODOT PEN NEEDLE/32G X.....	116	MONOLETTOR SAFETY LANCETS.....	118
MICRODOT PEN NEEDLE/33G X.....	117	montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	45
MICROLET LANCETS.....	117	montelukast sodium tab 10 mg (base equiv).....	45
MICROLET NEXT.....	117	morphine sulfate oral soln 10 mg/5ml.....	65
midodrine hcl tab 10 mg.....	39	morphine sulfate oral soln 20 mg/5ml.....	65
midodrine hcl tab 2.5 mg, 5 mg.....	39	morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	65
MIEBO.....	84	morphine sulfate tab er 100 mg, 200 mg.....	65
MIFEPREX.....	32	morphine sulfate tab er 15 mg, 30 mg, 60 mg.....	65
mifepristone tab 200 mg.....	32	morphine sulfate tab 15 mg.....	65
mifepristone tab 300 mg.....	27	morphine sulfate tab 30 mg.....	65
MIGLITOL.....	27	MOTPOLY XR.....	72
miglustat cap 100 mg.....	78	MOUNJARO.....	27
MINI LANCING DEVICE.....	117	MOVANTIK.....	50
minocycline hcl cap 50 mg, 75 mg, 100 mg.....	2	moxifloxacin hcl ophth soln 0.5% (base equiv).....	84
minoxidil tab 2.5 mg, 10 mg.....	38	moxifloxacin hcl tab 400 mg (base equiv).....	3
mirabegron tab er 24 hr 25 mg, 50 mg.....	51	MRESVIA.....	12
mirtazapine orally disintegrating tab 15 mg.....	54	MS INSULIN SYRINGE/0.3ML/.....	118
mirtazapine orally disintegrating tab 30 mg, 45 mg.....	54	MS INSULIN SYRINGE/0.5ML/.....	118
mirtazapine tab 15 mg.....	54	MS INSULIN SYRINGE/1ML/29.....	118
mirtazapine tab 30 mg.....	54	MS INSULIN SYRINGE/1ML/30.....	118
mirtazapine tab 7.5 mg, 45 mg.....	54	MS INSULIN SYRINGE/1ML/31.....	118
misoprostol tab 100 mcg, 200 mcg.....	47	MULTAQ.....	36
1ML VANISHPOINT TUBERCULI.....	136	MULTI-LANCET DEVICE.....	118
MM INSULIN SYRINGE/U-100/.....	117	mupirocin oint 2%.....	90
MM LANCING DEVICE.....	117	MYALEPT.....	32
MM PEN NEEDLES 31G X 3/16.....	117	MYCAPSSA.....	32
MM PEN NEEDLES 31G X 5/16.....	117	mycophenolate mofetil cap 250 mg.....	136
MM PEN NEEDLES 32G X 5/32.....	117	mycophenolate mofetil for oral susp 200 mg/ml.....	137
MM PEN NEEDLES 31G X 1/4".....	117	mycophenolate mofetil tab 500 mg.....	137
M-M-R II.....	12	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	137
MM TWIST LANCETS.....	117	MYFEMBREE.....	24
M-NATAL PLUS.....	76	MYGLUCOHEALTH MGH SOFTLAN.....	118
MOBILE LANCETS 30G.....	117	MYHIBBIN.....	137
modafinil tab 100 mg.....	60	MYLERAN.....	19
modafinil tab 200 mg.....	60	MYRBETRIQ.....	51
MODERNA COVID-19 VACCINE.....	12	MYTESI.....	47
moexipril hcl tab 7.5 mg, 15 mg.....	38	N	
mometasone furoate cream 0.1%.....	90	nabumetone tab 500 mg, 750 mg.....	68
mometasone furoate oint 0.1%.....	90		

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

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

nadolol tab 20 mg, 40 mg, 80 mg.....	35	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	35
naloxone hcl inj 0.4 mg/ml.....	92	nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent).....	19
naloxone hcl inj 4 mg/10ml.....	92	nilutamide tab 150 mg.....	19
naloxone hcl nasal spray 4 mg/0.1ml.....	92	nimodipine cap 30 mg.....	36
naloxone hcl soln prefilled syringe 2 mg/2ml.....	92	NINLARO.....	19
NALOXONE HYDROCHLORIDE.....	93	NISOLDIPINE ER.....	36
naltrexone hcl tab 50 mg.....	93	nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	36
naproxen sodium tab 275 mg, 550 mg.....	68	nitazoxanide tab 500 mg.....	10
naproxen tab 500 mg.....	68	nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	32
naproxen tab 250 mg, 375 mg.....	68	NITRO-BID.....	34
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	69	nitrofurantoin macrocrystalline cap 25 mg.....	10
NATACYN.....	84	nitrofurantoin macrocrystalline cap 50 mg, 100 mg.....	10
nateglinide tab 60 mg, 120 mg.....	27	nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	10
NAYZILAM.....	72	nitrofurantoin susp 25 mg/5ml.....	10
neбиволol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	35	nitroglycerin oint 0.4%.....	87
NEFAZODONE HYDROCHLORIDE.....	54	nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	34
NEMLUVIO.....	90	nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	34
NEOMYCIN/POLYMYXIN/GRAMIC.....	84	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	34
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	84	NITYR.....	32
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	84	NIVA-PLUS.....	76
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	84	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.....	47
neomycin sulfate tab 500 mg.....	3	nizatidine cap 150 mg.....	47
NEONATAL COMPLETE.....	76	NORDITROPIN FLEXPOR.....	33
NEONATAL PLUS.....	76	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	25
NEO-SYNALAR.....	90	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	25
NERLYNX.....	19	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....	25
NEULASTA.....	78	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	25
NEVIRAPINE.....	6	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	25
nevirapine tab er 24hr 400 mg.....	6	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	25
nevirapine tab 200 mg.....	6	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	24
NEXLETOL.....	40	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	24
NEXLIZET.....	40	norethindrone acetate tab 5 mg.....	26
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....	40	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	25
nicardipine hcl cap 20 mg, 30 mg.....	35	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....	25
nicotine polacrilex gum 2 mg, 4 mg.....	62	norethindrone tab 0.35 mg.....	25
nicotine polacrilex lozenge 2 mg, 4 mg.....	62	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	25
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	62		
NICOTROL INHALER.....	62		
NICOTROL NS.....	62		
nifedipine cap 10 mg, 20 mg.....	35		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	35		

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

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

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 topical powder 100000 unit/gm.....	91
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	26	nystatin-triamcinolone cream 100000-0.1 unit/gm- %.....	91
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	54	nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	91
nortriptyline hcl soln 10 mg/5ml.....	54	NYVEPRIA.....	78
NORVIR.....	6	O	
NOVA SAFETY LANCETS 23G.....	118	OBIZUR.....	82
NOVA SAFETY LANCETS 28G.....	118	octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....	33
NOVA SUREFLEX LANCETS.....	118	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
NOVA SUREFLEX LANCING DEV.....	118	ODEFSEY.....	6
NOVAVAX COVID-19 VACCINE/.....	12	ODOMZO.....	19
NOVOEIGHT.....	81	OFEV.....	46
NOVOFINE PEN NEEDLE 32G X.....	118	ofloxacin ophth soln 0.3%.....	84
NOVOFINE PLUS PEN NEEDLE.....	118	ofloxacin otic soln 0.3%.....	86
NOVOLIN 70/30.....	30	ofloxacin tab 400 mg.....	3
NOVOLIN 70/30 FLEXPEN.....	30	OGSIVEO.....	19
NOVOLIN 70/30 FLEXPEN REL.....	30	OJEMDA.....	19
NOVOLIN 70/30 RELION.....	30	OJJAARA.....	19
NOVOLIN N.....	30	olanzapine for im inj 10 mg.....	57
NOVOLIN N FLEXPEN.....	30	olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....	57
NOVOLIN N FLEXPEN RELION.....	30	olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg.....	57
NOVOLIN N RELION.....	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.....	38
NOVOLIN R.....	29	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	38
NOVOLIN R FLEXPEN.....	29	olmesartan medoxomil tab 5 mg, 20 mg, 40 mg.....	38
NOVOLIN R FLEXPEN RELION.....	29	olopatadine hcl nasal soln 0.6%.....	43
NOVOLIN R RELION.....	29	OLUMIANT.....	68
NOVOLOG.....	29	omega-3-acid ethyl esters cap 1 gm.....	40
NOVOLOG FLEXPEN.....	29	omeprazole cap delayed release 20 mg.....	47
NOVOLOG FLEXPEN RELION.....	29	omeprazole cap delayed release 10 mg, 40 mg.....	47
NOVOLOG MIX 70/30.....	30	OMNIFLEX DIAPHRAGM.....	118
NOVOLOG MIX 70/30 PREFILL.....	30	OMNIPOD DASH INTRO KIT (G.....	118
NOVOLOG MIX 70/30 RELION.....	30	OMNIPOD DASH PODS (GEN 4).....	118
NOVOLOG PENFILL.....	29	OMNIPOD 5 DEXCOM G7G6 INT.....	118
NOVOLOG RELION.....	29	OMNIPOD 5 DEXCOM G7G6 POD.....	118
NOVOSEVEN RT.....	81	OMNIPOD 5 LIBRE2 PLUS G6.....	119
NOXAFIL.....	4	OMNITROPE.....	33
NP THYROID 15.....	31	OMVOH.....	50
NP THYROID 30.....	31	ondansetron hcl oral soln 4 mg/5ml.....	48
NP THYROID 60.....	31	ondansetron hcl tab 4 mg.....	48
NP THYROID 90.....	31	ondansetron hcl tab 8 mg.....	48
NP THYROID 120.....	31	ondansetron orally disintegrating tab 4 mg, 8 mg.....	48
NUBEQA.....	19	ONETOUCH DELICA LANCETS E.....	119
NUCALA.....	45	ONETOUCH DELICA LANCETS F.....	119
NUCYNTA ER.....	65	ONETOUCH DELICA LANCING D.....	119
NULIBRY.....	33	ONETOUCH DELICA PLUS LANC.....	119
NURTEC.....	69		
NUVARING.....	26		
NUWIQ.....	81		
NUZYRA.....	2		
nystatin cream 100000 unit/gm.....	91		
nystatin oint 100000 unit/gm.....	91		
nystatin susp 100000 unit/ml.....	86		
nystatin tab 500000 unit.....	4		

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

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

ONETOUCH DELICA SAFETY LA.....	119	oxycodone hcl cap 5 mg.....	65
ONETOUCH LANCETS.....	119	oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	65
ONETOUCH ULTRA.....	93	oxycodone hcl soln 5 mg/5ml.....	65
ONETOUCH ULTRA 2.....	119	oxycodone hcl tab 5 mg.....	66
ONETOUCH ULTRA BLUE TEST.....	93	oxycodone hcl tab 10 mg.....	66
ONETOUCH ULTRASOFT 2 LANC.....	119	oxycodone hcl tab 20 mg.....	66
ONETOUCH ULTRA TEST STRIP.....	93	oxycodone hcl tab 15 mg, 30 mg.....	66
ONETOUCH VERIO.....	119	oxycodone w/ acetaminophen tab 7.5-325 mg.....	66
ONETOUCH VERIO FLEX BLOOD.....	119	oxycodone w/ acetaminophen tab 10-325 mg.....	66
ONETOUCH VERIO IQ BLOOD G.....	119	oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325	
ONETOUCH VERIO REFLECT.....	119	mg.....	66
ONETOUCH VERIO TEST STRIP.....	93	OZEMPIC.....	27
ONE VITE WOMENS PRENATAL.....	76		
ONUREG.....	19	P	
OPFOLDA.....	33	paliperidone tab er 24hr 6 mg.....	57
OPILL.....	26	paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	57
OPSUMIT.....	41	PANRETIN.....	91
OPTIONS GYNOL II VAGINAL.....	51	pantoprazole sodium ec tab 20 mg (base equiv), 40 mg	
OPVEE.....	93	(base equiv).....	47
ORAVIG.....	86	pantoprazole sodium for delayed release susp packet	
ORENCIA.....	68	40 mg.....	47
ORENCIA CLICKJECT.....	68	paricalcitol cap 1 mcg.....	33
ORENITRAM.....	41	paricalcitol cap 2 mcg.....	33
ORENITRAM TITRATION KIT M.....	42	paricalcitol cap 4 mcg.....	33
ORFADIN.....	33	paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....	54
ORGOVYX.....	19	PAROXETINE HYDROCHLORIDE.....	54
ORIAHNN.....	24	paroxetine mesylate cap 7.5 mg (base equiv).....	62
ORILISSA.....	33	PAXLOVID.....	7
ORKAMBI.....	46	pazopanib hcl tab 200 mg (base equiv).....	19
ORLADEYO.....	82	PC UNIFINE PENTIPS 29G X.....	119
ORPHENADRINE/ASPIRIN/CAFF.....	75	PC UNIFINE PENTIPS 31G X.....	119
orphenadrine citrate tab er 12hr 100 mg.....	75	PEDIARIX.....	13
ORSERDU.....	19	PEDVAX HIB.....	12
oseltamivir phosphate cap 30 mg (base equiv).....	6	PEGASYS.....	7
oseltamivir phosphate cap 45 mg (base equiv), 75 mg		peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236	
(base equiv).....	7	gm.....	46
oseltamivir phosphate for susp 6 mg/ml (base		peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln	
equiv).....	7	100 gm.....	47
OSPHERA.....	33	peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	47
OTEZLA.....	68	PEMAZYRE.....	19
OTREXUP.....	68	PENBRAYA.....	12
oxaprozin tab 600 mg.....	68	penciclovir cream 1%.....	91
oxazepam cap 30 mg.....	53	penicillamine tab 250 mg.....	137
oxazepam cap 10 mg, 15 mg.....	53	PENICILLIN V POTASSIUM.....	1
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	72	penicillin v potassium tab 250 mg, 500 mg.....	1
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg.....	72	PEN NEEDLE/5-BEVEL TIP/32.....	119
oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	72	PEN NEEDLES.....	119
oxiconazole nitrate cream 1%.....	91	PEN NEEDLES/29G X 1/2".....	120
oxybutynin chloride solution 5 mg/5ml.....	51	PEN NEEDLES/31G X 1/4".....	120
oxybutynin chloride tab er 24hr 5 mg.....	51	PEN NEEDLES/31G X 3/16".....	120
oxybutynin chloride tab er 24hr 10 mg.....	51	PEN NEEDLES/31G X 5/16".....	120
oxybutynin chloride tab er 24hr 15 mg.....	51	PEN NEEDLES/32G X 5/32".....	120
oxybutynin chloride tab 5 mg.....	51	PEN NEEDLES/31G X 6MM.....	120

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

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

PEN NEEDLES 31GX5/16"	120	phenytoin sodium extended cap 100 mg	72
PEN NEEDLES 31G X 3/16"	119	phenytoin sodium extended cap 200 mg	72
PEN NEEDLES 33G X 5/32"	120	phenytoin sodium extended cap 300 mg	72
PEN NEEDLES 30GX5MM	119	phenytoin susp 125 mg/5ml	72
PEN NEEDLES 30GX8MM	119	PHEXXI	51
PEN NEEDLES 31GX5MM	120	PHOSPHOLINE IODIDE	85
PEN NEEDLES 31GX8MM	120	phytonadione tab 5 mg	76
PEN NEEDLES 32GX4MM	120	PIFELTRO	7
PEN NEEDLES 29GX12MM	119	pilocarpine hcl ophth soln 1%, 2%, 4%	85
PEN NEEDLES 31G X 5MM	119	pilocarpine hcl tab 5 mg	86
PEN NEEDLES 31G X 6MM	119	pilocarpine hcl tab 7.5 mg	86
PEN NEEDLES 31G X 8MM	120	pimecrolimus cream 1%	91
PEN NEEDLES 32G X 4MM	120	PIMOZIDE	62
PEN NEEDLES 32G X 5MM	120	pindolol tab 5 mg, 10 mg	35
PEN NEEDLES 32G X 6MM	120	pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg	27
PEN NEEDLES 31GX8MM (5/16)	120	pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	27
PEN NEEDLES 31GX6MM (1/4")	120	PIP LANCETS/28G	121
PENTACEL	13	PIP LANCETS/30G	121
pentamidine isethionate for nebulization soln 300 mg	10	PIP PEN NEEDLES 31G X 5MM	121
PENTIPS GENERIC PEN NEEDL	120	PIP PEN NEEDLES 32G X 4MM	121
PENTIPS 31GX5MM	121	PIQRAY 200MG DAILY DOSE	19
PENTIPS 31GX6MM	121	PIQRAY 250MG DAILY DOSE	19
PENTIPS 31GX8MM	121	PIQRAY 300MG DAILY DOSE	19
PENTIPS 32GX4MM	121	PIRFENIDONE	46
PENTIPS 29GX12MM	121	pirfenidone cap 267 mg	46
PENTIPS 29G X 12MM	120	pirfenidone tab 267 mg	46
PENTIPS 31G X 5MM	121	pirfenidone tab 801 mg	46
PENTIPS 31G X 8MM	121	piroxicam cap 10 mg, 20 mg	68
PENTIPS 32G X 4MM	121	pitavastatin calcium tab 4 mg	41
pentoxifylline tab er 400 mg	82	pitavastatin calcium tab 1 mg, 2 mg	41
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	72	PLEGRIDY	62
PERFECT LANCETS 30G	121	PLEGRIDY STARTER PACK	63
PERFECT POINT SAFETY LANC	121	PNEUMOVAX 23	12
PERFECT PRESSURE ACTIVATE	121	PNV 27-CA/FE/FA	76
PERINDOPRIL ERBUMINE	38	PODOFILOX	91
perindopril erbumine tab 4 mg	38	podofilox gel 0.5%	91
permethrin cream 5%	91	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	85
PERPHENAZINE/AMITRIPTYLIN	62	POMALYST	19
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	57	posaconazole susp 40 mg/ml	4
PERSERIS	57	posaconazole tab delayed release 100 mg	4
PFIZER-BIONTECH COVID-19	12	potassium chloride cap er 8 meq, 10 meq	77
PHARMACIST CHOICE SELECT	121	potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	77
PHARMACIST CHOICE ULTRA T	121	potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	77
PHEBURANE	33	potassium chloride tab er 10 meq, 20 meq (1500 mg)	77
PHENELZINE SULFATE	54	potassium chloride tab er 8 meq (600 mg)	77
phenobarbital elixir 20 mg/5ml	58	potassium citrate tab er 5 meq (540 mg)	52
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	58	potassium citrate tab er 10 meq (1080 mg)	52
phenoxybenzamine hcl cap 10 mg	38		
phenylephrine hcl ophth soln 2.5%, 10%	84		
phenytoin chew tab 50 mg	72		

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

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

potassium citrate tab er 15 meq (1620 mg).....	52	PREVIDENT 5000 SENSITIVE.....	86
potassium phosphate monobasic tab 500 mg.....	77	PREVNAR 20.....	12
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....	77	PREVYMIS.....	7
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	PREZCOBIX.....	7
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg.....	74	PREZISTA.....	7
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg.....	74	PRIFTIN.....	3
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....	82	primaquine phosphate tab 26.3 mg (15 mg base).....	9
pravastatin sodium tab 80 mg.....	41	primidone tab 50 mg, 250 mg.....	72
pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	41	PRIORIX.....	12
praziquantel tab 600 mg.....	9	probenecid tab 500 mg.....	70
prazosin hcl cap 1 mg, 2 mg, 5 mg.....	38	prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....	57
PRECISION SURE-DOSE INSUL.....	121	prochlorperazine suppos 25 mg.....	57
prednisolone acetate ophth susp 1%.....	85	PRO COMFORT INSULIN SYRIN.....	121
PREDNISOLONE SODIUM PHOSP.....	23	PRO COMFORT PEN NEEDLES/.....	122
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	23	PRO COMFORT SAFETY LANCET.....	122
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	22	PROCRT.....	78
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv).....	23	PROCTOCORT.....	87
prednisolone soln 15 mg/5ml.....	23	PROCTOFOAM HC.....	87
prednisolone tab 5 mg.....	23	PRODIGY INSULIN SYRING/U-.....	122
PREDNISONE.....	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 LANCETS CO.....	121	PRODIGY SAFETY LANCETS.....	122
PREFERRED PLUS LANCETS SU.....	121	PRODIGY TWIST TOP LANCETS.....	122
PREFERRED PLUS LANCETS TH.....	121	PROFILNINE.....	82
PREFERRED PLUS UNIFINE PE.....	121	progesterone cap 100 mg, 200 mg.....	26
pregabalin cap 25 mg.....	72	PROMACTA.....	78
pregabalin cap 50 mg.....	72	promethazine-dm syrup 6.25-15 mg/5ml.....	43
pregabalin cap 75 mg, 100 mg.....	72	promethazine hcl oral soln 6.25 mg/5ml.....	42
pregabalin cap 150 mg, 200 mg.....	72	promethazine hcl suppos 12.5 mg, 25 mg.....	42
pregabalin cap 225 mg, 300 mg.....	72	promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	42
pregabalin soln 20 mg/ml.....	72	promethazine w/ codeine syrup 6.25-10 mg/5ml.....	43
PREMARIN.....	24	propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....	36
PREMPHASE.....	24	propafenone hcl tab 150 mg, 225 mg, 300 mg.....	36
PREMPRO.....	24	proparacaine hcl ophth soln 0.5%.....	85
PRENATAL.....	76	propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....	35
PRENATAL 19.....	76	propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	35
PRENATAL PLUS.....	76	PROPRANOLOL HYDROCHLORIDE.....	35
PRENATAL PLUS VITAMIN AND.....	76	propylthiouracil tab 50 mg.....	31
PRENATAL-U.....	76	PROQUAD.....	12
PRETOMANID.....	3	protiptryline hcl tab 5 mg, 10 mg.....	54
PREVENT DROPSAFE SAFETY P.....	121	PROVIDA OB.....	76
PREVENT SAFETY PEN NEEDLE.....	121	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....	43
PREVIDENT 5000 ENAMEL PRO.....	86	PULMOZYME.....	46
		PURE COMFORT PEN NEEDLE 3.....	122
		PURE COMFORT PEN NEEDLE/3.....	122
		PURE COMFORT SAFETY PEN N.....	122
		PX ADVANCED LANCING DEVIC.....	122
		PX EXTRA SHORT PEN NEEDLE.....	122

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

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

PX INSULIN SYRINGE/U-100/.....	122	RA E-ZJECT LANCETS THIN 2.....	123
PX LANCETS MICROTHIN 33G.....	122	RA E-ZJECT LANCETS ULTRA.....	123
PX LANCETS ULTRA THIN.....	122	RA INSULIN SYRINGE/0.5ML/.....	123
PX LANCETS ULTRA THIN 28G.....	122	RA INSULIN SYRINGE/1ML/29.....	123
PX MINI PEN NEEDLES 31GX5.....	122	RA INSULIN SYRINGE/U-100/.....	123
PX PEN NEEDLE 29GX12MM.....	122	raloxifene hcl tab 60 mg.....	33
pyrazinamide tab 500 mg.....	3	ramelteon tab 8 mg.....	58
pyridostigmine bromide oral soln 60 mg/5ml.....	75	ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....	38
pyridostigmine bromide tab er 180 mg.....	75	ranolazine tab er 12hr 500 mg, 1000 mg.....	34
pyridostigmine bromide tab 60 mg.....	75	RA PEN NEEDLES 31G X 5MM.....	123
pyrimethamine tab 25 mg.....	9	RA PEN NEEDLES 31G X 8MM.....	123
PYRUKYND.....	82	rasagiline mesylate tab 0.5 mg (base equiv), 1 mg	
PYRUKYND TAPER PACK.....	82	(base equiv).....	74
Q		RAVICTI.....	33
QC ADVANCED LANCING DEVIC.....	122	RAYA SURE PEN NEEDLE 29G.....	123
QC INSULIN SYRINGE/0.3ML/.....	122	RAYA SURE PEN NEEDLE 31G.....	123
QC INSULIN SYRINGE/0.5ML/.....	122	READYLANCE SAFETY LANCETS.....	123
QC INSULIN SYRINGE/1ML/29.....	122	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.....	123	REBIF REBIDOSE TITRATION.....	63
QC UNILET LANCETS 28G/ULT.....	123	REBIF TITRATION PACK.....	63
QELBREE.....	60	REBINYN.....	82
QINLOCK.....	19	RECOMBIMATE.....	82
QUADRACEL.....	13	RECOMBIVAX HB.....	12
quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	57	RECTIV.....	87
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400		REGRANEX.....	91
mg.....	57	RELENZA DISKHALER.....	7
quetiapine fumarate tab 300 mg, 400 mg.....	57	RELION 2-IN-1 LANCET DEV.....	124
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200		RELION 2-IN-1 LANCING DEV.....	124
mg.....	57	RELION INSULIN SYRINGE 0.....	124
QUICK TOUCH INSULIN PEN N.....	123	RELION INSULIN SYRINGE/U.....	124
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....	38	RELION INSULIN SYRINGE 1M.....	124
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5		RELION KETONE TEST STRIPS.....	93
mg.....	38	RELION LANCETS.....	124
quinidine gluconate tab er 324 mg.....	36	RELION LANCETS MICRO-THIN.....	124
QUINIDINE SULFATE.....	36	RELION LANCETS THIN 26G.....	124
quinine sulfate cap 324 mg.....	9	RELION LANCETS ULTRA-THIN.....	124
QULIPTA.....	69	RELION LANCING DEVICE.....	124
QUVIVIQ.....	58	RELION PEN NEEDLES 29GX12.....	124
QVAR REDHALER.....	45	RELION PEN NEEDLES 31G X.....	124
R		RELION PEN NEEDLES 32G X.....	124
rabeprazole sodium ec tab 20 mg.....	47	RELION PEN NEEDLES 31GX5/.....	124
RADICAVA ORS.....	75	RELION R.....	29
RADICAVA ORS STARTER KIT.....	75	RELION THIN LANCETS.....	124
RA E-ZJECT LANCETS 28G.....	123	RELION ULTRA THIN LANCETS.....	124
		RENTHYROID.....	31
		repaglinide tab 0.5 mg, 1 mg, 2 mg.....	27

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

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

REPATHA.....	41	rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	69
REPATHA PUSHTRONEX SYSTEM.....	41	rizatriptan benzoate tab 5 mg (base equivalent).....	70
REPATHA SURECLICK.....	41	rizatriptan benzoate tab 10 mg (base equivalent).....	70
RESTASIS.....	85	roflumilast tab 250 mcg, 500 mcg.....	45
RETACRIT.....	78	ROMVIMZA.....	20
RETEVMO.....	19	ropinirole hydrochloride tab er 24hr 2 mg (base equivalent).....	74
RETROVIR.....	7	ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent).....	74
REVLIMID.....	137	ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....	74
REVUFORJ.....	19	rosuvastatin calcium tab 40 mg.....	41
REXTOVY.....	93	rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....	41
REXULTI.....	57	ROTARIX.....	12
REYATAZ.....	7	ROTATEQ.....	12
REYVOW.....	69	ROZLYTREK.....	20
REZDIFFRA.....	50	RUBRACA.....	20
REZLIDHIA.....	19	rufinamide susp 40 mg/ml.....	72
REZUROCK.....	137	rufinamide tab 200 mg, 400 mg.....	73
RHOPRESSA.....	85	RUKOBIA.....	7
RIASTAP.....	82	RYBELSUS.....	27
RIBAVIRIN.....	7	RYDAPT.....	20
rifabutin cap 150 mg.....	3	RYKINDO.....	57
rifampin cap 150 mg, 300 mg.....	3	RYPLAZIM.....	82
RIGHTEST GD500 LANCING DE.....	124	S	
RIGHTEST GL300 LANCETS.....	124	SAFETY LANCETS.....	124
riluzole tab 50 mg.....	75	SAFETY LANCETS/PRESSURE A.....	125
RIMANTADINE HYDROCHLORIDE.....	7	SAFETY LANCETS 21G.....	124
RINGERS IRRIGATION.....	137	SAFETY LANCETS 23G.....	124
RINVOQ.....	68	SAFETY LANCETS 28G.....	125
RINVOQ LQ.....	68	SAFETY PEN NEEDLES/30G X.....	125
risedronate sodium tab delayed release 35 mg.....	33	SANTYL.....	91
risedronate sodium tab 5 mg, 30 mg.....	33	sapropterin dihydrochloride powder packet 100 mg, 500 mg.....	33
risedronate sodium tab 35 mg, 150 mg.....	33	sapropterin dihydrochloride tab 100 mg.....	33
RISPERDAL CONSTA.....	57	SAPSCARE TWIST TOP LANCET.....	125
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg.....	57	SAPS HEALTH CARE TWIST TO.....	125
risperidone orally disintegrating tab 0.5 mg.....	57	SAPS HEALTH PLUS TWIST TO.....	125
risperidone orally disintegrating tab 4 mg.....	57	SAPS HEALTH TWIST TOP LAN.....	125
risperidone orally disintegrating tab 1 mg, 2 mg, 3 mg.....	57	SAVELLA.....	63
risperidone soln 1 mg/ml.....	57	SAVELLA TITRATION PACK.....	63
risperidone tab 0.25 mg.....	57	saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv).....	27
risperidone tab 4 mg.....	57	saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	27
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	57	saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg.....	27
ritonavir tab 100 mg.....	7	SB INSULIN SYRINGE/U-100/.....	125
rivaroxaban tab 2.5 mg.....	79	SB LANCETS THIN.....	125
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....	63	SB LANCETS ULTRA THIN.....	125
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr.....	63	SCEMBLIX.....	20
RIVFLOZA.....	52		
RIXUBIS.....	82		
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	69		

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

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

SCHNUCKS INSULIN SYRINGE.....	125	sodium fluoride cream 1.1%.....	86
scopolamine td patch 72hr 1 mg/3days.....	48	sodium fluoride gel 1.1% (0.5% f).....	86
SECURESAFE SAFETY INSULIN.....	125	sodium fluoride paste 1.1%.....	86
SECURESAFE SAFETY PEN NEE.....	125	SODIUM FLUORIDE 5000 PPM.....	86
SELARSDI.....	91	sodium fluoride rinse 0.2%.....	86
SELECT-LITE LANCING DEVIC.....	125	SODIUM OXYBATE.....	63
selegiline hcl cap 5 mg.....	74	sodium phenylbutyrate oral powder 3 gm/ teaspoonful.....	33
selegiline hcl tab 5 mg.....	74	sodium phenylbutyrate tab 500 mg.....	33
selenium sulfide lotion 2.5%.....	91	sodium polystyrene sulfonate powder.....	137
SELZENTRY.....	7	sodium polystyrene sulfonate susp 15 gm/60ml.....	137
SE-NATAL 19.....	76	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	47
SEREVENT DISKUS.....	45	SOFOSBUVIR/VELPATASVIR.....	8
sertraline hcl oral concentrate for solution 20 mg/ ml.....	54	SOHONOS.....	75
sertraline hcl tab 25 mg, 50 mg, 100 mg.....	54	solifenacin succinate tab 5 mg, 10 mg.....	51
sevelamer carbonate packet 0.8 gm, 2.4 gm.....	50	SOLQUA 100/33.....	27
sevelamer carbonate tab 800 mg.....	50	SOLUS V2 LANCING DEVICE.....	125
sevelamer hcl tab 400 mg.....	50	SOLUS V2 PRESSURE ACTIVAT.....	125
sevelamer hcl tab 800 mg.....	50	SOLUS V2 TWIST LANCETS 30.....	125
SEVENFACT.....	82	SOMAVERT.....	33
SHINGRIX.....	13	SOOLANTRA.....	91
sildenafil citrate tab 20 mg.....	42	sorafenib tosylate tab 200 mg (base equivalent).....	20
silodosin cap 4 mg, 8 mg.....	52	sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg.....	35
silver sulfadiazine cream 1%.....	91	sotalol hcl tab 240 mg.....	35
SIMBRINZA.....	85	sotalol hcl tab 80 mg, 120 mg, 160 mg.....	35
SIMLANDI.....	68	SOTYKTU.....	91
SIMLANDI 1-PEN KIT.....	68	SOVALDI.....	8
SIMLANDI 2-PEN KIT.....	68	SPEVIGO.....	91
SIMPLE DIAGNOSTICS LANCIN.....	125	SPIKEVAX COVID-19 VACCINE.....	13
SIMPONI.....	68	SPINOSAD.....	91
simvastatin tab 5 mg.....	41	SPIRIVA HANDIHALER.....	45
simvastatin tab 20 mg.....	41	SPIRIVA RESPIMAT.....	45
simvastatin tab 80 mg.....	41	spironolactone & hydrochlorothiazide tab 25-25 mg.....	39
simvastatin tab 10 mg, 40 mg.....	41	spironolactone tab 25 mg, 50 mg, 100 mg.....	39
SINGLE-LET.....	125	SPRAVATO 56MG DOSE.....	55
sirolimus oral soln 1 mg/ml.....	137	SPRAVATO 84MG DOSE.....	55
sirolimus tab 0.5 mg, 1 mg, 2 mg.....	137	SPS.....	137
SIRTURO.....	3	stannous fluoride gel 0.4%.....	86
SIVEXTRO.....	10	1ST CHOICE LANCETS SUPER.....	136
SKYCLARYS.....	75	1ST CHOICE LANCETS THIN.....	136
SKYRIZI.....	50	1ST CHOICE LANCETS ULTRA.....	136
SKYRIZI PEN.....	91	STELARA.....	91
SMART DIABETES VANTAGE LA.....	125	STEQUEYMA.....	91
SMARTEST LANCETS 28G.....	125	STERILANCE TL.....	125
sodium chloride irrigation soln 0.9%.....	52	STIOLTO RESPIMAT.....	45
sodium chloride soln nebu 7%.....	43	STIVARGA.....	20
sodium chloride soln nebu 3%, 10%.....	43	STRENSIQ.....	33
sodium citrate & citric acid soln 500-334 mg/5ml.....	52	STRIBILD.....	8
SODIUM FLUORIDE.....	77	STRIVERDI RESPIMAT.....	45
SODIUM FLUORIDE/POTASSIUM.....	86	1ST TIER UNIFINE PENTIPS.....	136
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).....	77	SUBLOCADE.....	66

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

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

sucralfate tab 1 gm.....	47
SUFLAVE.....	47
SULFACETAMIDE SODIUM/PRED.....	85
sulfacetamide sodium lotion 10% (acne).....	91
sulfacetamide sodium ophth soln 10%.....	85
sulfadiazine tab 500 mg.....	3
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	10
sulfamethoxazole-trimethoprim tab 400-80 mg.....	10
sulfamethoxazole-trimethoprim tab 800-160 mg.....	10
SULFAMYLON.....	91
sulfasalazine tab delayed release 500 mg.....	50
sulfasalazine tab 500 mg.....	50
sulindac tab 150 mg, 200 mg.....	68
sumatriptan nasal spray 5 mg/act.....	70
sumatriptan nasal spray 20 mg/act.....	70
sumatriptan succinate inj 6 mg/0.5ml.....	70
SUMATRIPTAN SUCCINATE REF.....	70
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml.....	70
sumatriptan succinate tab 25 mg.....	70
sumatriptan succinate tab 50 mg, 100 mg.....	70
sunitinib malate cap 12.5 mg (base equivalent).....	20
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent).....	20
SUNLENCA.....	8
SUNOSI.....	60
SUPER THIN LANCETS.....	125
SURE COMFORT AUTOKEEPER S.....	125
SURE COMFORT INSULIN SYRI.....	125
SURE COMFORT LANCETS 18G.....	126
SURE COMFORT LANCETS 21G.....	126
SURE COMFORT LANCETS 23G.....	126
SURE COMFORT LANCETS 28G.....	126
SURE COMFORT LANCETS 30G.....	126
SURE COMFORT LANCING PEN.....	126
SURE COMFORT PEN NEEDLES.....	126
SURELITE LANCETS.....	126
SUTAB.....	47
SYMBICORT.....	45
SYMDEKO.....	46
SYMFI.....	8
SYMLINPEN 60.....	28
SYMLINPEN 120.....	27
SYMPAZAN.....	73
SYMPROIC.....	50
SYMTUZA.....	8
SYNAREL.....	33
SYNJARDY.....	28
SYNJARDY XR.....	28
SYNTHROID.....	31

T

TABLOID.....	20
TABRECTA.....	20
tacrolimus cap 0.5 mg.....	137
tacrolimus cap 1 mg, 5 mg.....	137
tacrolimus oint 0.03%, 0.1%.....	91
tadalafil tab 2.5 mg, 5 mg.....	42
tadalafil tab 20 mg (pah).....	42
TAFINLAR.....	20
tafluprost preservative free (pf) ophth soln 0.0015%.....	85
TAGRISO.....	20
TAKHZYRO.....	82
TALTZ.....	92
TALZENNA.....	20
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent).....	20
tamsulosin hcl cap 0.4 mg.....	52
TARON-C DHA.....	77
TARPEYO.....	23
TASCENSO ODT.....	63
TASIGNA.....	20
tasimelteon capsule 20 mg.....	58
TAVNEOS.....	82
tazarotene cream 0.05%, 0.1%.....	92
tazarotene gel 0.05%, 0.1%.....	92
TAZVERIK.....	20
TECHLITE AST LANCETS.....	126
TECHLITE INSULIN SYRINGE.....	126
TECHLITE LANCETS.....	126
TECHLITE LANCETS 26G.....	126
TECHLITE PEN NEEDLES/31G.....	126
TECHLITE PEN NEEDLES/32G.....	126
TECHLITE PEN NEEDLES 29G.....	126
TECHLITE PEN NEEDLES 31G.....	126
TECHLITE PEN NEEDLES 32G.....	126
TEGLUTIK.....	75
TELMISARTAN/AMLODIPINE.....	38
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg.....	38
telmisartan tab 20 mg, 40 mg, 80 mg.....	38
temazepam cap 7.5 mg, 22.5 mg.....	58
temazepam cap 15 mg, 30 mg.....	58
temozolomide cap 5 mg, 20 mg.....	20
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg.....	20
TENCON.....	64
TENIVAC.....	13
tenofovir disoproxil fumarate tab 300 mg.....	8
TEPMETKO.....	20

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

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

terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	38	tinidazole tab 250 mg, 500 mg.....	10
terbinafine hcl tab 250 mg.....	4	tiopronin tab delayed release 100 mg.....	52
terbutaline sulfate tab 2.5 mg, 5 mg.....	45	tiopronin tab delayed release 300 mg.....	52
terconazole vaginal cream 0.4%, 0.8%.....	51	tiopronin tab 100 mg.....	52
terconazole vaginal suppos 80 mg.....	51	tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	45
teriflunomide tab 7 mg, 14 mg.....	63	TIVICAY.....	8
teriparatide soln pen-inj 560 mcg/2.24ml.....	34	TIVICAY PD.....	8
TESTOSTERONE.....	23	tizanidine hcl tab 2 mg (base equivalent).....	75
testosterone cypionate im inj in oil 100 mg/ml.....	23	tizanidine hcl tab 4 mg (base equivalent).....	75
testosterone cypionate im inj in oil 200 mg/ml.....	23	TOBI PODHALER.....	3
TESTOSTERONE ENANTHATE.....	23	TOBRADEX.....	85
testosterone td gel 12.5 mg/act (1%).....	23	tobramycin-dexamethasone ophth susp 0.3-0.1%.....	85
testosterone td gel 20.25 mg/act (1.62%).....	23	tobramycin nebu soln 300 mg/5ml.....	3
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%).....	23	tobramycin nebu soln 300 mg/4ml.....	3
testosterone td soln 30 mg/act.....	23	tobramycin ophth soln 0.3%.....	85
tetrabenazine tab 12.5 mg.....	63	TODAYS HEALTH ADVANCED LA.....	126
tetrabenazine tab 25 mg.....	63	TODAYS HEALTH ORIGINAL PE.....	127
tetracaine hcl ophth soln 0.5%.....	85	TODAYS HEALTH SHORT PEN N.....	127
tetracycline hcl cap 250 mg, 500 mg.....	2	TODAYS HEALTH SUPER THIN.....	127
TEZSPIRE.....	45	TODAYS HEALTH ULTRA THIN.....	127
TGT ADVANCED LANCING DEVI.....	126	TODAY SPONGE.....	52
TGT LANCET ALTERNATE SITE.....	126	tolcapone tab 100 mg.....	74
TGT LANCET SUPER THIN 30G.....	126	tolterodine tartrate cap er 24hr 2 mg.....	51
TGT LANCET THIN 23G.....	126	tolterodine tartrate cap er 24hr 4 mg.....	51
TGT LANCET ULTRA THIN 28G.....	126	tolterodine tartrate tab 1 mg, 2 mg.....	51
TGT LANCING DEVICE.....	126	tolvaptan tab 15 mg.....	34
THALOMID.....	137	tolvaptan tab 30 mg.....	34
theophylline elixir 80 mg/15ml.....	45	TOPIRAMATE.....	73
theophylline soln 80 mg/15ml.....	45	topiramate cap er 24hr 200 mg.....	73
theophylline tab er 12hr 300 mg, 450 mg.....	45	topiramate cap er 24hr 25 mg, 50 mg, 100 mg.....	73
theophylline tab er 24hr 400 mg, 600 mg.....	45	topiramate cap er 24hr sprinkle 200 mg.....	73
THIOLA EC.....	52	topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....	73
thioridazine hcl tab 10 mg.....	57	topiramate sprinkle cap 15 mg.....	73
thioridazine hcl tab 25 mg, 50 mg, 100 mg.....	57	topiramate sprinkle cap 25 mg.....	73
thiothixene cap 1 mg, 2 mg.....	57	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	73
thiothixene cap 5 mg, 10 mg.....	58	toremifene citrate tab 60 mg (base equivalent).....	21
THRIVITE RX.....	77	torsemide tab 5 mg, 10 mg, 20 mg, 100 mg.....	39
THYROID.....	31	TOUJEO MAX SOLOSTAR.....	30
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	73	TOUJEO SOLOSTAR.....	30
TIBSOVO.....	20	TRACLEER.....	42
ticagrelor tab 60 mg, 90 mg.....	82	tramadol-acetaminophen tab 37.5-325 mg.....	66
TIGLUTIK.....	75	tramadol hcl tab er 24hr 100 mg.....	66
timolol maleate ophth gel forming soln 0.25%, 0.5%.....	85	tramadol hcl tab er 24hr 200 mg, 300 mg.....	66
timolol maleate ophth soln 0.25%, 0.5%.....	85	tramadol hcl tab 50 mg.....	66
timolol maleate ophth soln 0.5% (once-daily).....	85	trandolapril tab 1 mg, 2 mg, 4 mg.....	38
timolol maleate preservative free ophth soln 0.25%, 0.5%.....	85	tranexamic acid tab 650 mg.....	79
timolol maleate tab 5 mg, 10 mg, 20 mg.....	35	tranylcypromine sulfate tab 10 mg.....	55
timolol ophth soln 0.5%.....	85	TRAVEL LANCETS ADVANCED 2.....	127
		travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	85
		trazodone hcl tab 50 mg, 100 mg, 150 mg.....	55

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

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

TRECTOR.....	3	TRUE COMFORT INSULIN SYRI.....	127
TRELEGY ELLIPTA.....	45	TRUE COMFORT PEN NEEDLES.....	127
TREMFYA.....	50	TRUE COMFORT PRO INSULIN.....	127
TREMFYA INDUCTION PACK FO.....	50	TRUE COMFORT PRO PEN NEED.....	127
TREMFYA PEN.....	92	TRUE COMFORT SAFETY INSUL.....	127
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml		TRUE COMFORT SAFETY LANCE.....	128
(2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10		TRUE COMFORT SAFETY PEN N.....	128
mg/ml).....	42	TRUE COMFORT TWIST TOP LA.....	128
TRESIBA.....	30	TRUE COVER.....	128
TRESIBA FLEXTOUCH.....	30	TRUEDRAW LANCING DEVICE.....	128
tretinoin cap 10 mg.....	21	TRUEPLUS 5-BEVEL PEN NEED.....	128
tretinoin cream 0.025%, 0.05%, 0.1%.....	92	TRUEPLUS INSULIN SYRINGE.....	128
tretinoin gel 0.01%, 0.025%.....	92	TRUEPLUS INSULIN SYRINGE/.....	128
TRETEN.....	82	TRUEPLUS LANCETS 26G.....	128
TRIAMCINOLONE ACETONIDE.....	92	TRUEPLUS LANCETS 28G.....	128
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	92	TRUEPLUS LANCETS 30G.....	128
triamcinolone acetonide dental paste 0.1%.....	86	TRUEPLUS LANCETS 33G.....	128
triamcinolone acetonide lotion 0.025%, 0.1%.....	92	TRUEPLUS LANCETS 33G MICR.....	128
triamcinolone acetonide oint 0.5%.....	92	TRUEPLUS LANCETS 28G SUPE.....	128
triamcinolone acetonide oint 0.025%, 0.1%.....	92	TRUEPLUS LANCETS 30G ULTR.....	128
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	39	TRUEPLUS SAFETY LANCETS 2.....	128
triamterene & hydrochlorothiazide tab 37.5-25 mg.....	39	TRULANCE.....	50
triamterene & hydrochlorothiazide tab 75-50 mg.....	39	TRULICITY.....	28
triamterene cap 50 mg, 100 mg.....	39	TRUMENBA.....	13
trientine hcl cap 250 mg.....	137	TRUQAP.....	21
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg		TRUSTEX/RIA LUBRICATED.....	129
(base equivalent).....	58	TRUSTEX/RIA LUBRICATED/SP.....	129
trifluoperazine hcl tab 5 mg (base equivalent), 10 mg		TRUSTEX/RIA LUBRICATED SP.....	129
(base equivalent).....	58	TRUSTEX/RIA NON-LUBRICATE.....	129
TRIFLURIDINE.....	85	TRUSTEX COLOR CONDOMS + L.....	128
TRIHENYPHENIDYL HCL.....	74	TRUSTEX LUBRICATED.....	128
trihexyphenidyl hcl tab 2 mg, 5 mg.....	74	TRUSTEX LUBRICATED/RIBBED.....	128
TRIJARDY XR.....	28	TRUSTEX LUBRICATED/SPERMI.....	128
TRIKAFTA.....	46	TRUSTEX LUBRICATED EXTRA.....	128
trimethobenzamide hcl cap 300 mg.....	48	TRUSTEX NATURAL CONDOMS +.....	128
trimethoprim tab 100 mg.....	10	TRUSTEX NON-LUBRICATED.....	129
trimipramine maleate cap 25 mg, 50 mg, 100 mg.....	55	TRUSTEX WITH NONOXYNOL-9/.....	129
TRINATAL RX 1.....	77	TRUVADA.....	8
TRINATE.....	77	TRYVIO.....	38
TRINTELLIX.....	55	TUKYSA.....	21
TRIUMEQ.....	8	TURALIO.....	21
TRIUMEQ PD.....	8	TWIIST REFILL KIT.....	129
TROJAN ENZ.....	127	TWIIST REFILL KIT/INFUSIO.....	129
TROJAN-ENZ LUBRICATED.....	127	TWIIST STARTER KIT.....	129
TROJAN-ENZ W/SPERMICIDAL.....	127	TWINRIX.....	13
TROJAN MAGNUM.....	127	TWIST TOP LANCETS 30G.....	129
TROJAN ULTRA RIBBED/LUBRI.....	127	TYBOST.....	8
TROJAN ULTRA THIN/SPERMIC.....	127	TYENNE.....	68
TROJAN ULTRA THIN LUBRICA.....	127	TYMLOS.....	34
tropicamide opth soln 0.5%.....	85	U	
tropicamide opth soln 1%.....	85	UBRELVY.....	70
tropium chloride cap er 24hr 60 mg.....	51	UDENYCA.....	78
tropium chloride tab 20 mg.....	51		

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

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

ULTICARE INSULIN SAFETY S.....	129	UNIFINE PENTIPS 31G X 3/1.....	132
ULTICARE INSULIN SYRINGE.....	129	UNIFINE PENTIPS 31GX5MM.....	132
ULTICARE INSULIN SYRINGE/.....	129	UNIFINE PENTIPS 31GX6MM.....	132
ULTICARE MICRO PEN NEEDLE.....	129	UNIFINE PENTIPS 31GX8MM.....	133
ULTICARE MINI PEN NEEDLES.....	129	UNIFINE PENTIPS 32GX4MM.....	133
ULTICARE MINI SAFETY PEN.....	129	UNIFINE PENTIPS 32GX6MM.....	133
ULTICARE ORIGINAL PEN NEE.....	129	UNIFINE PENTIPS 33GX4MM.....	133
ULTICARE PEN NEEDLES/29G.....	130	UNIFINE PENTIPS 29GX12MM.....	132
ULTICARE PEN NEEDLES 31G.....	130	UNIFINE PENTIPS 31G X 6MM.....	132
ULTICARE SHORT PEN NEEDLE.....	130	UNIFINE PENTIPS 31G X 8MM.....	132
ULTICARE SHORT SAFETY PEN.....	130	UNIFINE PENTIPS PLUS/30G.....	132
ULTICARE TUBERCULIN SAFET.....	130	UNIFINE PENTIPS PLUS 33G.....	132
ULTICARE U-100 INSULIN SY.....	130	UNIFINE PENTIPS PLUS 29GX.....	132
ULTIGUARD INSULIN SYRINGE.....	130	UNIFINE PENTIPS PLUS 31GX.....	132
ULTIGUARD SAFEPAK/MICRO.....	130	UNIFINE PENTIPS PLUS 32GX.....	132
ULTIGUARD SAFEPAK/MINI P.....	130	UNIFINE PENTIPS PLUS 33GX.....	132
ULTIGUARD SAFEPAK/SHORT.....	130	UNIFINE PROTECT SAFETY PE.....	133
ULTIGUARD SAFEPAK/SYRING.....	130	UNIFINE SAFECONTROL PEN N.....	133
ULTIGUARD SAFEPAK/TINY P.....	130	UNIFINE ULTRA PEN NEEDLE/.....	133
ULTIGUARD SAFEPAK INSULI.....	130	UNILET COMFORTOUCH LANCET.....	133
ULTIGUARD SAFEPAK MINI P.....	130	UNILET EXCELITE.....	133
ULTIGUARD SAFEPAK PEN NE.....	130	UNILET EXCELITE II.....	133
ULTI-LANCE AUTOMATIC/ CLE.....	129	UNILET G.P. LANCET.....	133
ULTILET CLASSIC LANCETS.....	130	UNILET G.P. SUPERLITE LAN.....	133
ULTILET LANCETS.....	130	UNILET GP 28 ULTRA THIN.....	133
ULTILET LANCETS 33G.....	130	UNILET LANCET.....	133
ULTILET PEN NEEDLE 29GX12.....	130	UNILET LANCETS MICRO-THIN.....	133
ULTILET PEN NEEDLE 31GX5M.....	130	UNILET LANCETS SUPER-THIN.....	133
ULTILET PEN NEEDLE 31GX8M.....	131	UNILET LANCETS ULTRA-THIN.....	133
ULTILET PEN NEEDLE 32GX4M.....	131	UNILET SUPERLITE LANCET.....	133
ULTILET SAFETY LANCETS 21.....	131	UNISTIK 1.....	134
ULTILET SAFETY LANCETS 23.....	131	UNISTIK 2.....	134
ULTILET SHORT PEN NEEDLES.....	131	UNISTIK 3.....	134
ULTRACARE INSULIN SYRINGE.....	132	UNISTIK 2 COMFORT.....	134
ULTRACARE PEN NEEDLES/31G.....	132	UNISTIK 3 COMFORT.....	134
ULTRACARE PEN NEEDLES/32G.....	132	UNISTIK CZT COMFORT.....	133
ULTRACARE PEN NEEDLES/33G.....	132	UNISTIK CZT NORMAL.....	133
ULTRA COMFORT INSULIN SYR.....	131	UNISTIK 2 EXTRA.....	134
ULTRA FLO INSULIN PEN NEE.....	131	UNISTIK 3 EXTRA.....	134
ULTRA FLO INSULIN SYRINGE.....	131	UNISTIK 3 GENTLE.....	134
ULTRA INSULIN SYRINGE/U-1.....	131	UNISTIK 2 NEONATAL.....	134
ULTRA-THIN II AUTO LANCET.....	131	UNISTIK 3 NEONATAL.....	134
ULTRA-THIN II INSULIN SYR.....	131	UNISTIK NORMAL.....	133
ULTRA-THIN II LANCETS 28G.....	131	UNISTIK 2 NORMAL.....	134
ULTRA-THIN II LANCETS 30G.....	131	UNISTIK 3 NORMAL.....	134
ULTRA-THIN II MINI PEN NE.....	131	UNISTIK PRO SAFETY LANCET.....	133
ULTRA-THIN II PEN NEEDLES.....	131	UNISTIK SAFETY LANCETS 28.....	133
ULTRA THIN LANCETS 28G.....	131	UNISTIK SAFETY LANCETS 30.....	134
ULTRA THIN LANCETS 31G.....	131	UNISTIK 2 SUPER.....	134
ULTRA THIN PEN NEEDLES 32.....	131	UNISTIK TOUCH SAFETY LANC.....	134
UNIFINE OTC PEN NEEDLE 31.....	132	UPTRAVI.....	42
UNIFINE OTC PEN NEEDLE 32.....	132	UPTRAVI TITRATION PACK.....	42
UNIFINE PENTIPS/30G X 3/1.....	133	ursodiol cap 300 mg.....	50

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

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

ursodiol tab 250 mg.....	50	venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent).....	55
ursodiol tab 500 mg.....	50	venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....	55
UZEDY.....	58	VENTAVIS.....	42
V		VENTOLIN HFA.....	45
valacyclovir hcl tab 500 mg, 1 gm.....	8	VEOZAH.....	34
VALCHLOR.....	92	verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	36
valganciclovir hcl for soln 50 mg/ml (base equiv).....	8	verapamil hcl tab er 120 mg, 180 mg, 240 mg.....	36
valganciclovir hcl tab 450 mg (base equivalent).....	8	verapamil hcl tab 40 mg, 80 mg, 120 mg.....	36
valproate sodium oral soln 250 mg/5ml (base equiv).....	73	VERIFINE INSULIN PEN NEED.....	134
valproic acid cap 250 mg.....	73	VERIFINE INSULIN SYRINGE.....	135
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg.....	38	VERIFINE INSULIN SYRINGE/.....	135
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg.....	38	VERIFINE PLUS INSULIN PEN.....	135
VALTOCO 5 MG DOSE.....	73	VERIFINE PLUS PEN NEEDLE/.....	135
VALTOCO 10 MG DOSE.....	73	VERIFINE SAFETY LANCET MI.....	135
VALTOCO 15 MG DOSE.....	73	VERIFINE UNIVERSAL LANCET.....	135
VALTOCO 20 MG DOSE.....	73	VERQUVO.....	42
VALUE PLUS LANCETS STANDA.....	134	VERZENIO.....	21
VALUMARK LANCET SUPER THI.....	134	V-GO 20.....	134
VALUMARK LANCET ULTRA THI.....	134	V-GO 30.....	134
VALUMARK PEN NEEDLES 31G.....	134	V-GO 40.....	134
VALUMARK PEN NEEDLES 29GX.....	134	VIBERZI.....	50
vancomycin hcl cap 125 mg (base equivalent).....	10	vigabatrin powd pack 500 mg.....	73
vancomycin hcl cap 250 mg (base equivalent).....	10	vigabatrin tab 500 mg.....	73
vancomycin hcl for oral soln 25 mg/ml (base equivalent).....	10	VIJOICE.....	137
vancomycin hcl for oral soln 50 mg/ml (base equivalent).....	10	vilazodone hcl tab 10 mg, 20 mg, 40 mg.....	55
VANFLYTA.....	21	VIRACEPT.....	8
VANISHPOINT INSULIN SYRIN.....	134	VIREAD.....	8
VANISHPOINT TUBERCULIN SY.....	134	VITATHELY/GINGER.....	77
VAQTA.....	13	VITRAKVI.....	21
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv).....	63	VIVAGUARD LANCETS.....	135
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....	63	VIVAGUARD LANCETS 30G.....	135
VARIVAX.....	13	VIVAGUARD LANCING DEVICE.....	135
VARUBI.....	48	VIVAGUARD SAFETY LANCETS.....	135
VASCEPA.....	41	VIVAGUARD SAFETY LANCETS/.....	135
VAXCHORA.....	13	VIVITROL.....	93
VAXELIS.....	13	VIVJOA.....	4
VAXNEUVANCE.....	13	VIVOTIF.....	13
VCF VAGINAL CONTRACEPTIVE.....	52	VIZIMPRO.....	21
VECAMYL.....	38	VONJO.....	21
VELIVET.....	26	VONVENDI.....	82
VELTASSA.....	137	VORANIGO.....	21
VEMLIDY.....	8	voriconazole for susp 40 mg/ml.....	4
VENCLEXTA.....	21	voriconazole tab 50 mg, 200 mg.....	4
VENCLEXTA STARTING PACK.....	21	VOSEVI.....	8
		VOXZOGO.....	34
		VRAYLAR.....	58
		VYNDAMAX.....	42
		VYNDAQEL.....	42
		VYVANSE.....	60

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

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

W

WAINUA.....	63
WAKIX.....	60
WALGREENS LANCETS.....	135
WALGREENS THIN LANCETS.....	135
WALGREENS ULTRA THIN LANC.....	135
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....	79
water for irrigation, sterile irrigation soln.....	137
WEGMANS UNIFINE PENTIPS P.....	135
WELIREG.....	21
WESCAP-C DHA.....	77
WESTAB PLUS.....	77
WIDE-SEAL SILICONE DIAPHR.....	135
WILATE.....	82
WINREVAIR.....	42

X

XALKORI.....	21
XARELTO.....	79
XARELTO STARTER PACK.....	79
XELJANZ.....	69
XELJANZ XR.....	69
XHANCE.....	43
XIFAXAN.....	10
XIGDUO XR.....	28
XIIDRA.....	85
XOFLUZA.....	8
XOLAIR.....	46
XOLREMDI.....	79
XOSPATA.....	21
XPOVIO.....	21
XPOVIO 60 MG TWICE WEEKLY.....	22
XPOVIO 80 MG TWICE WEEKLY.....	22
XTAMPZA ER.....	66
XTANDI.....	22
XULTOPHY 100/3.6.....	28
XYNTHA.....	83
XYNTHA SOLOFUSE.....	83
XYWAV.....	63

Y

YESINTEK.....	92
YONSA.....	22
YORVIPATH.....	34

Z

zafirlukast tab 10 mg, 20 mg.....	46
zaleplon cap 5 mg.....	58
zaleplon cap 10 mg.....	58
ZARXIO.....	79
ZEGALOGUE.....	28
ZEJULA.....	22

ZELBORAF.....	22
ZENPEP.....	48
ZEPOSIA.....	63
ZEPOSIA 7-DAY STARTER PAC.....	63
ZEPOSIA STARTER KIT.....	63
ZERVIAE.....	85
ZEV RX INSULIN SYRINGE/0.5.....	135
ZEV RX INSULIN SYRINGE/1ML.....	135
ZEV RX PEN NEEDLES 31G X 5.....	135
ZEV RX PEN NEEDLES 31G X 6.....	135
ZEV RX PEN NEEDLES 31G X 8.....	135
ZEV RX PEN NEEDLES 32G X 4.....	136
ZEV RX TWIST TOP LANCETS 3.....	136
ZIAGEN.....	9
zidovudine cap 100 mg.....	9
zidovudine syrup 10 mg/ml.....	9
zidovudine tab 300 mg.....	9
ZIEXTENZO.....	79
ZILBRYSQ.....	83
zileuton tab er 12hr 600 mg.....	46
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....	58
ziprasidone mesylate for inj 20 mg (base equivalent).....	58
ZIRGAN.....	85
ZITHROMAX.....	2
ZOKINVY.....	137
ZOLINZA.....	22
zolmitriptan nasal spray 5 mg/spray unit.....	70
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg.....	70
zolmitriptan tab 2.5 mg, 5 mg.....	70
zolpidem tartrate tab er 6.25 mg.....	58
zolpidem tartrate tab er 12.5 mg.....	58
zolpidem tartrate tab 5 mg.....	58
zolpidem tartrate tab 10 mg.....	58
zonisamide cap 50 mg.....	73
zonisamide cap 25 mg, 100 mg.....	73
ZONTIVITY.....	83
ZTALMY.....	73
ZUBSOLV.....	66
ZURZUVAE.....	55
ZYDELIG.....	22
ZYKADIA.....	22
ZYMFENTRA 1-PEN.....	50
ZYMFENTRA 2-PEN.....	50
ZYMFENTRA 2-SYRINGE.....	50
ZYPREXA.....	58

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

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