

ValueScript Rx Medication Guide

September 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 <u>www.floridablue.com</u> or the most up-to-date information.

Contents	
Introduction	I
Medication list	II
Changes to the formulary	II
Your Share of Expenses	III
Pharmacy Benefits	III
Pharmacy Options	VII
Utilization Management Programs	IX
Coverage Exception Process	XI
Notice	XII
How to use this Drug List	XII
Abbroviation Kov	VIII

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	64
Neuromuscular Drugs	70
Nutritional Products	75
Hematological Agents	77
Topical Products	83
Miscellaneous Products	92
Index	139

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.
- Consider asking your physician to prescribe generic medications, or if necessary, one of the preferred brand name medications whenever appropriate. Your cost for generic and preferred brand name medications is lower than non- preferred brand name medications.
- If you are currently taking a medication, take a moment to review the medication list to determine if it is covered. If not, check with your doctor to understand available options.
- If you or your provider request a covered brand name medication when there is a generic available; you will be responsible for: (1) the difference in cost between the generic medication and the brand name medication you received; and (2) the cost share applicable to the brand name medication you received, as indicated on your Schedule of Benefits
- ValueScript is a closed formulary pharmacy plan. This means any medications not on the
 formulary (included in the medication list) are not covered. Take this guide with you when you
 visit your doctor or health care provider so that he or she is aware of the drugs included in the
 medication list and cost impacts when you discuss medication options.

Medication List

What you need to know about ValueScript Formulary Medications

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

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

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

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

Changes to the formulary

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

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

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

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

Going to www.floridablue.com.

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

Formulary addition request

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

Please mail to:

Florida Blue

Attn: Pharmacy Programs P.O. Box 1798 Jacksonville,

FL 32231-0014

Your Share of Expenses

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

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

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

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

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

DAW penalty waiver request form.

Your cost share for HIV/AIDS drugs follows the OIR Safe Harbor Guidelines. To determine the cost share for your HIV/AIDS drug check here 2025 Safe Harbor Guidelines for HIV/AIDS Drugs

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

Pharmacy Benefits

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

- **Tier 1** Preventive Prescription Drugs and Supplies (USPSTF)
- **Tier 2** Condition Care Generic Prescription Drugs and Supplies
- Tier 3 Low-Cost Generic Prescription Drugs and Supplies
- Tier 4 Condition Care Brand Name Prescription Drugs and Supplies
- Tier 5 High-Cost Generic, Preferred Brand Name Prescription Drugs and Supplies
- **Tier 6** Specialty Generic and Brand Name Prescription Drugs; Non-Preferred Prescription Drugs and Supplies; some Specialty Prescription Drugs may be listed in lower tier

Medications that are not covered

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

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

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

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 maybe substituted for its brand name counterpart because it:

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

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

Oral Chemotherapy Drugs

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

Over-the-counter (OTC) medications

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

NOTE: Check your plan documents to determine if this benefit applies to your plan. Coverage details are also available to you logging into the member section of www.floridablue.com. **Patient Protection and Affordable Care Act (ACA) Proventive Services**

Patient Protection and Affordable Care Act (ACA) Preventive Services

- <u>Preventive Medications</u> 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: <u>Preventive Medications List</u>
- 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:

- <u>Self-Administered Specialty Medications</u> Patients administer these Specialty Pharmacy
 medications themselves. Because these medications are intended to be self-administered,
 these medications may not be covered if administered in a physician's office. If these
 medications are not obtained from a participating specialty pharmacy, out-of-network coverage
 is not available. A current listing of Self-Administered Specialty Medication can be found here.
 - Self-administered injectable medications are designated in the Medication List with "inj" following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time for any reason.
- Provider-Administered Specialty Medications These medications require the administration
 to be performed by a physician. The Specialty Pharmacy medications are ordered by a
 provider and administered in an office or outpatient setting. Provider-administered Specialty
 Pharmacy medications are covered under your medical benefit. These medications can be
 obtained from any in-network health care provider. A current listing of Provider-Administered
 Specialty Medications can be found here.

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

Medical Pharmacy Tier Program

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

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

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

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

Pharmacy Options

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

Participating Pharmacy

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

Non-Participating Pharmacy

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

Participating Specialty Pharmacy Providers

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

CVS/Caremark Specialty Pharmacy Services

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

Fax: (800) 323-2445

CVS/Caremark Specialty Pharmacy

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

Accredo

Self-administered Products; excluding Hemophilia

Phone: (888) 425-5970 Fax: (888) 302-1028

Accredo

Genoa Healthcare

Provider-Administered Mental Health Products Genoa

NOTE: Specialty Pharmacy medications are not covered when purchased through the home delivery pharmacy.

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy provide <a href="https://example.com/Accredo/Ac

If a member resides or is traveling outsides the state of Florida and needs to receive a provideradministered 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 provideradministered specialty medication should contact customer service for further assistance.

Home Delivery Pharmacy

Most plans home delivery pharmacy is serviced by <u>Amazon Pharmacy</u>. To confirm your home delivery pharmacy provider, log into <u>floridablue.com</u> 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: <u>Prior Authorization Program Information and Forms</u>.

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

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

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

Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations.

Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list. Florida Blue reserves the right to change the drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override.

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

Responsible Quantity Program Information

Responsible Quantity Authorization Form

Responsible Steps Program

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

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

Program Information and Authorization Forms

Responsible Steps Program for Medical Pharmacy

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

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

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

Responsible Steps for Medical Pharmacy

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

Coverage Protocol Exemption

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

Coverage Exception Process

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

Standard Exception Requests

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

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

Expedited Exception Requests

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

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

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

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

Coverage Exception Request Form

What if my exception request is denied?

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

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

Notice

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

How to use this Drug list

Column 1: Drug Name

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

Column 2: Drug Tier

Indicates the formulary tier level for each drug.

Column 3: Specialty (SP)

Indicates this is a self-administered specialty drug.

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

Column 4: Requirements/Limits

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

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

Abbreviation Key

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

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

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

Section 1557 Notification: Discrimination is Against the Law

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

We provide:

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

If you need these services, contact:

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

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

Health and vision coverage (including FEP members):

Section 1557 Coordinator 4800 Deerwood Campus Parkway, DCC 1-7 Jacksonville, FL 32246 1-800-477-3736 x29070 1-800-955-8770 (TTY)

Fax: 1-904-301-1580

Section1557Coordinator@bcbsfl.com

Dental, life, and disability coverage:

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

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

87768 0924R

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

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

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

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

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

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

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

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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-808-253-3852) رقم هاتف الصم والبكم: 1-078-559-0778. اتصل برقم 1-908-7222.

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.

સુયના: 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 โดยติดต่อหมายเลขโทรฟรี 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، تسهیالت زبانی رایگان در دسترس شما خواهد بود. با شماره (8770-955-178: TEP) 2583-352-358-1 تماس بگیرید. FEP: با شماره 2227-333-800-1 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yánílti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Koji' hodíílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí koji' hodíílnih 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		

PA = Prior Authorization KEY

LD = Limited Distribution

SP = Specialty

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

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		
fidaxomicin tab 200 mg (Dificid)	5		QL (40 tablets/180 days)
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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	1		
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)
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)
itraconazole oral soln 10 mg/ml (Sporanox)	5		PA, QL (1200 mls/30 days)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Dww Mome	Dave Tier	Consists	De avvire recente // insite
Drug Name ketoconazole tab 200 mg	Drug Tier 3	Specialty	Requirements/Limits
NOXAFIL - posaconazole for delayed release susp	5		PA
packet 300 mg			ΓA
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	3		QL (30 capsules/30 days)
(base equiv) (Reyataz)			
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 - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5		QL (30 tablets/30 days)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg	5		QL (180 tablets/30 days)
(base equivalent)			
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

- ··			
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 | F

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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)

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-tenofovdf 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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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 - 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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
LAMPIT - nifurtimox tab 120 mg	5		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	5		
linezolid tab 600 mg (Zyvox)	5		
methenamine hippurate tab 1 gm (Hiprex)	3		
metronidazole tab 250 mg	3		
metronidazole tab 500 mg (Flagyl)	3		
nitazoxanide tab 500 mg	5		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	5		
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrodantin)	3		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3		
nitrofurantoin susp 25 mg/5ml	5		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)			
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 2025-2026 - influenza virus vaccine split im susp	1		QL (1 vaccine/90 days)

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 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1		
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	1		QL (1 vaccine/90 days)
COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1		
FLUAD 2025-2026 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUARIX 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
FLUBLOK 2025-2026 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit im susp	1		QL (1 vaccine/90 days)
FLULAVAL 2025-2026 - 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)
LUZONE HIGH-DOSE 2025-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUZONE 2025-2026 - influenza virus vaccine split im susp	1		QL (1 vaccine/90 days)
FLUZONE 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1		
GARDASIL 9 - human papillomavirus (hpv) 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		

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		
MNEXSPIKE COVID-19 VACCIN - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	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		
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	1		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac triss 5-11y-pfizer im susp 10 mcg/0.3ml	1		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac triss 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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ROTARIX - rotavirus vaccine, live oral susp	1		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	1		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1		
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1		
VAXCHORA - cholera vaccine live attenuated for oral susp	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 If-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 If-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			

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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, LD, QL (1 pack/28 days)

KEY |

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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 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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent)	5	SP	PA, QL (30 capsules/30 days)
ENSACOVE - ensartinib hcl cap 100 mg (base equivalent)	5	SP	PA, QL (60 capsules/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)
IBTROZI - taletrectinib adipate cap 200 mg	5	SP	PA, LD, QL (90 capsules/30 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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

Drug Name				
Dack 2 x 10 mg & 4 mg (24 mg daily dose)	•	Drug Tier	Specialty	-
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose) PA, LD, QL (30 capsules/30 days) pack 2 x 4 mg (8 mg daily dose) PA, LD, QL (60 capsules/30 days) pack 2 x 4 mg (8 mg daily dose) PA, LD, QL (60 capsules/30 days) pack 2 x 4 mg (8 mg daily dose) PA, LD, QL (60 capsules/30 days) pack 2 x 4 mg (8 mg daily dose) PA, LD, QL (60 capsules/30 days) PA, LD, QL (700 tablets/28 days) PA, LD, QL (700 tablets/30 days) PA, LD, QL (700 t	· ·	5	SP	PA, LD, QL (90 capsules/30 days)
pack 4 mg (4 mg		_	0.0	DA 1 D 01 (00 1 1 (00 1)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose) leucovorin calcium tab 2.5 mg (Femara) leucovorin calcium tab 5 mg leucovorin calcium tab 10 mg, 15 mg, 25 mg LEUKERAN - chlorambucil tab 2 mg leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) LONSURF - trifluridine-tipiracil tab 15-6.14 mg SP PA, LD, QL (100 tablets/28 days) LONSURF - trifluridine-tipiracil tab 20-8.19 mg SP PA, LD, QL (80 tablets/26 days) LONSURF - trifluridine-tipiracil tab 20-8.19 mg SP PA, LD, QL (80 tablets/26 days) LORBRENA - lorlatinib tab 25 mg SP PA, LD, QL (30 tablets/30 days) LUMAKRAS - sotorasib tab 120 mg SP PA, LD, QL (240 tablets/30 days) LUMAKRAS - sotorasib tab 240 mg SP PA, LD, QL (120 tablets/30 days) LYMPARZA - olaparib tab 100 mg, 150 mg SP PA, LD, QL (120 tablets/30 days) LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (5 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (5 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (5 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (5 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (5 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (5 mg daily daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (5 mg daily dail	• • • •	5	SP	PA, LD, QL (30 capsules/30 days)
December 2 x 4 mg (8 mg daily dose) Detrozole tab 2.5 mg (Femara) 3 Detrozole tab 2.5 mg (Femara) 3 Detrozole tab 2.5 mg (Femara) 3 Detrovorin calcium tab 10 mg, 15 mg, 25 mg 5 Detrovorin calcium tab 10 mg, 15 mg, 25 mg 5 Detrovorin calcium tab 10 mg, 15 mg, 25 mg 5 Detrovorin calcium tab 10 mg, 15 mg, 25 mg 5 Detrovorin calcium tab 10 mg, 15 mg/ml) 6 SP PA, QL (6 vials/30 days) Detrovorin calcium tab 10 mg, 15 mg/ml) 6 SP PA, QL (6 vials/30 days) Detrovorin calcium tab 10 mg 5 SP PA, LD, QL (100 tablets/28 days) DONSURF - trifluridine-tipiracii tab 20-8.19 mg 5 SP PA, LD, QL (80 tablets/28 days) DONSURF - trifluridine-tipiracii tab 20-8.19 mg 5 SP PA, LD, QL (90 tablets/30 days) DONSURF - trifluridine-tipiracii tab 20-8.19 mg 5 SP PA, LD, QL (90 tablets/30 days) DONSURF - trifluridine-tipiracii tab 20-8.19 mg 5 SP PA, LD, QL (240 tablets/30 days) DONSURF - trifluridine-tipiracii tab 20-8.19 mg 5 SP PA, LD, QL (240 tablets/30 days) DONSURF - trifluridine-tipiracii tab 100 mg 5 SP PA, LD, QL (240 tablets/30 days) DONSURF - tridluridine tab 240 mg 5 SP PA, LD, QL (120 tablets/30 days) DONSURF - tridluridine tab 500 mg 5 SP PA, LD, QL (120 tablets/30 days) DONSURF - tridluridinib tab therapy pack 4 mg (12 mg 5 SP PA, LD, QL (120 tablets/28 days) DONSURF - tridluridinib tab therapy pack 4 mg (20 mg 5 SP PA, LD, QL (140 tablets/28 days) DONSURF - tridluridinib tab terrapy pack 4 mg (20 mg 5 SP PA, LD, QL (140 tablets/28 days) DONSURF - tridluridinib tab terrapy pack 4 mg (20 mg 5 SP PA, LD, QL (140 tablets/28 days) DONSURF - tridluridinib tab terrapy pack 4 mg (20 mg 5 SP PA, LD, QL (140 tablets/28 days) DONSURF - tridluridinib tab terrapy pack 4 mg (20 mg 5 SP PA, LD, QL (140 tablets/28 days) DONSURF - tridluridinib tab terrapy pack 4 mg (20 mg 5 SP PA, QL (30 tablets/30 days) DONSURF - tridluridinib tab terrapy pack 4 mg (20 mg 5 SP PA		5	SD.	PA LD OL (60 capculas/20 days)
Intercole tab 2.5 mg (Femara) 3 Intercovorin calcium tab 5 mg 3 3 Intercovorin calcium tab 10 mg, 15 mg, 25 mg 5 Intercovorin calcium tab 10 mg, 15 mg, 25 mg 5 Intercovorin calcium tab 10 mg, 15 mg, 25 mg 5 Intercovorin calcium tab 10 mg, 15 mg 5 Intercovorin calcium tab 10 mg, 15 mg 5 Intercovorin calcium tab 10 tab 15-6.14 mg 5 Intercovorin calcium tab 10	, , , , ,	5	J.	FA, ED, QE (60 capsules/30 days)
Eleucovorin calcium tab 5 mg 3 Eleucovorin calcium tab 10 mg, 15 mg, 25 mg 5 ELUKERAN - chlorambucil tab 2 mg 5		3		
Ieucovorin calcium tab 10 mg, 15 mg, 25 mg 5	<u> </u>			
LEUKERAN - chlorambucil tab 2 mg Euprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 6 SP PA, QL (6 vials/30 days)	leucovorin calcium tab 10 mg, 15 mg, 25 mg	5		
LONSURF - trifluridine-tipiracil tab 15-6.14 mg 5 SP PA, LD, QL (100 tablets/28 days)		5		
LONSURF - trifluridine-tipiracil tab 20-8.19 mg 5	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	6	SP	PA, QL (6 vials/30 days)
LORBRENA - Iorlatinib tab 25 mg 5 SP PA, LD, QL (90 tablets/30 days) LORBRENA - Iorlatinib 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 (120 tablets/30 days) LUMAKRAS - sotorasib tab 320 mg 5 SP PA, LD, QL (120 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 PA, LD, QL (120 tablets/30 days) LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) MATULANE - procarbazine hcl cap 50 mg MEXINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 50 mg MEKTOVI - binimetinib tab 50 mg 5 SP PA, LD, QL (180 tablets/30 days) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 50 mg	LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	SP	PA, LD, QL (100 tablets/28 days)
LORBRENA - Iorlatinib tab 100 mg LUMAKRAS - sotorasib tab 120 mg LUMAKRAS - sotorasib tab 120 mg LUMAKRAS - sotorasib tab 240 mg LUMAKRAS - sotorasib tab 240 mg SPPA, LD, QL (240 tablets/30 days) LUMAKRAS - sotorasib tab 320 mg SPPA, LD, QL (120 tablets/30 days) LUMAKRAS - sotorasib tab 320 mg SPPA, LD, QL (90 tablets/30 days) LYNPARZA - olaparib tab 100 mg, 150 mg SPPA, LD, QL (120 tablets/30 days) LYSODREN - mitotane tab 500 mg SPPA, LD, QL (120 tablets/30 days) LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) MATULANE - procarbazine hcl cap 50 mg MEGUNIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg SPPA, LD, QL (180 tablets/30 days) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg SPPA, LD, QL (180 tablets/30 days) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg SPPA, LD, QL (180 tablets/30 days)	LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	SP	PA, LD, QL (80 tablets/28 days)
LUMAKRAS - sotorasib tab 120 mg	LORBRENA - Iorlatinib tab 25 mg	5	SP	PA, LD, QL (90 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg LUMAKRAS - sotorasib tab 320 mg LUMAKRAS - sotorasib tab 320 mg LYNPARZA - olaparib tab 100 mg, 150 mg LYSODREN - mitotane tab 500 mg LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) MATULANE - procarbazine hcl cap 50 mg MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 50 mg MECAD MEKINIST - trametinib tab 15 mg MECAD MEC	LORBRENA - Iorlatinib tab 100 mg	5	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	LUMAKRAS - sotorasib tab 120 mg	5	SP	PA, LD, QL (240 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg LYSODREN - mitotane tab 500 mg LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) MATULANE - procarbazine hcl cap 50 mg MERINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg MERCOVI - binimetinib	LUMAKRAS - sotorasib tab 240 mg	5	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) MATULANE - procarbazine hcl cap 50 mg MATULANE - procarbazine hcl cap 50 mg MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan) mercaptopurine tab 50 mg	LUMAKRAS - sotorasib tab 320 mg	5	SP	PA, LD, QL (90 tablets/30 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) MATULANE - procarbazine hcl cap 50 mg 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 MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg 5 SP PA, LD, QL (180 tablets/30 days) mercaptopurine susp 2000 mg/100ml (20 mg/ml) 5 SP PA, LD, QL (180 tablets/30 days) mercaptopurine tab 50 mg 5	LYNPARZA - olaparib tab 100 mg, 150 mg	5	SP	PA, LD, QL (120 tablets/30 days)
daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) 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) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) 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	LYSODREN - mitotane tab 500 mg	5	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) 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) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg 5 SP PA, LD, QL (180 tablets/30 days) mercaptopurine susp 2000 mg/100ml (20 mg/ml) 5 SP PA, LD, QL (180 tablets/30 days) mercaptopurine tab 50 mg 5	LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg	5	SP	PA, LD, QL (84 tablets/28 days)
daily dose) LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) 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) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg 5 SP PA, LD, QL (180 tablets/30 days) mercaptopurine susp 2000 mg/100ml (20 mg/ml) 5 SP (Purixan) mercaptopurine tab 50 mg 5	daily dose)			
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose) MATULANE - procarbazine hcl cap 50 mg MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 50 mg 5 SP PA, LD, QL (180 tablets/30 days) SP (Purixan) mercaptopurine tab 50 mg		5	SP	PA, LD, QL (112 tablets/28 days)
daily dose) MATULANE - procarbazine hcl cap 50 mg megestrol acetate susp 40 mg/ml megestrol acetate tab 20 mg, 40 mg MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan) mercaptopurine tab 50 mg 5 SP PA, QL (30 tablets/30 days) 5 SP PA, LD, QL (180 tablets/30 days)		_	0.0	D. 10 01 (440 1 1 1 1 (20 1)
MATULANE - procarbazine hcl cap 50 mg megestrol acetate susp 40 mg/ml megestrol acetate tab 20 mg, 40 mg MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg 5 SP PA, QL (90 tablets/30 days) PA, QL (30 tablets/30 days) SP PA, LD, QL (180 tablets/30 days) MEKTOVI - binimetinib tab 15 mg 5 SP PA, LD, QL (180 tablets/30 days) MECATOVI - binimetinib tab 15 mg 5 SP PA, LD, QL (180 tablets/30 days) MECATOVI - binimetinib tab 15 mg 5 SP PA, LD, QL (180 tablets/30 days)		5	SP	PA, LD, QL (140 tablets/28 days)
megestrol acetate susp 40 mg/ml megestrol acetate tab 20 mg, 40 mg MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg SP PA, QL (90 tablets/30 days) FA, QL (30 tablets/30 days) SP PA, LD, QL (180 tablets/30 days) MEKTOVI - binimetinib tab 50 mg SP (Purixan) MECTOVI - binimetinib tab 50 mg	· ·	5	SD	ID
megestrol acetate tab 20 mg, 40 mg MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg 5 SP PA, QL (30 tablets/30 days) equivalent) MEKTOVI - binimetinib tab 15 mg 5 SP PA, LD, QL (180 tablets/30 days) mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan) mercaptopurine tab 50 mg 5	· · · · · · · · · · · · · · · · · · ·		01	LD
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg MECATOVI - binimetinib tab 15 mg				
0.05 mg/ml (base eq) MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg MECATOVI - bini			SD	PA OI (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib	•		01	TA, QL (TITO IIII3/20 day)
(base equivalent) MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) MEKTOVI - binimetinib tab 15 mg MEKTOVI - binimetinib tab 15 mg Mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan) Mercaptopurine tab 50 mg 5 SP PA, QL (30 tablets/30 days) FA, LD, QL (180 tablets/30 days) SP (Purixan) FA (SP) FA (S		5	SP	PA, QL (90 tablets/30 days)
equivalent) MEKTOVI - binimetinib tab 15 mg mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan) mercaptopurine tab 50 mg 5 SP PA, LD, QL (180 tablets/30 days) 5 SP mercaptopurine tab 50 mg 5	·			
MEKTOVI - binimetinib tab 15 mg 5 SP PA, LD, QL (180 tablets/30 days) mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan) mercaptopurine tab 50 mg 5 SP PA, LD, QL (180 tablets/30 days)	MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base	5	SP	PA, QL (30 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 5 SP (Purixan) 5 mercaptopurine tab 50 mg 5	equivalent)			
(Purixan) mercaptopurine tab 50 mg 5		5		PA, LD, QL (180 tablets/30 days)
		5	SP	
mesna tab 400 mg (Mesnex) 5	mercaptopurine tab 50 mg	5		
	mesna tab 400 mg (Mesnex)	5		

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Davis Name	D Ti	0	Danishan and Alimita
Drug Name	Drug Tier 5	Specialty	Requirements/Limits
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	-		
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		
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
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

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

		T	
Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	3		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3		
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
methyltestosterone 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 (Depotestosterone)	3		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depotestosterone)	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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
estradiol & norethindrone acetate tab 0.5-0.1 mg	3		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	3		
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	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-estrad-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-medroxyprogest 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 estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
DROSPIRENONE/ETHINYL ESTR - drospirenone- ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	5		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ELLA - ulipristal acetate tab 30 mg	1		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1		
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)	1		PA
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð 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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg- mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
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			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	2		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ dose	4		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4		
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 xI)	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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

			-
Drug Name	Drug Tier	Specialty	Requirements/Limits
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen- inj 100-33 unit-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 pressyringe 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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj	2		
100 unit/ml (1 unit dial)			
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen- injector 200 unit/ml	2		
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj	2		
w/transmit port 100 unit/ml			
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	1		
HUMULIN R - insulin regular (human) inj 100 unit/ml	2		
HUMULIN R U-500 (CONCENTR - insulin regular	2		
(human) inj 500 unit/ml			
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	2		
unit/ml	2		
RELION R - insulin regular (human) inj 100 unit/ml			
Intermediate-Acting Insulins			I
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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 FLEXTOUC - 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), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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 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	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	5		PA

KEY |

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DESMOPRESSIN ACETATE - desmopressin acetate	5		
nasal soln 1.5 mg/ml	_		
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 MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	6	SP	PA
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
NORDITROPIN FLEXPRO - somatropin solution pen- injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	6	SP	PA

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 (Zemplar)	3		
paricalcitol cap 2 mcg (Zemplar)	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	
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	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		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xI)	2		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	2		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
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 Ia)	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		
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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		

KEY | PA

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 (Cataprestts-1)	2		
clonidine td patch weekly 0.2 mg/24hr (Cataprestts-2)	2		
clonidine td patch weekly 0.3 mg/24hr (Cataprestts-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		
Iosartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	2		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	2		
METHYLDOPA - methyldopa tab 500 mg	4		
methyldopa 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 - aprocitentan tab 12.5 mg	6	SP	PA, LD, 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 - mecamylamine hcl tab 2.5 mg	6		PA, LD
DIURETICS			
acetazolamide cap er 12hr 500 mg	3		

KEY | PA

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
ANTIHYPERLIPIDEMICS			

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

			1
Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	2		QL (45 tablets/30 days)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
pitavastatin calcium tab 4 mg (Livalo)	2	Specially	QL (30 tablets/30 days)
pravastatin sodium tab 4 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	5		PA, QL (6 syringes/28 days)
syringe 140 mg/ml			77, Q2 (0 0) migos/20 dayo)
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

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ORENITRAM TITRATION KIT M - treprostinil tab	6	SP	PA, LD, QL (1 kit/180 days)
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			
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),	6	SP	PA
50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml),			
200 mg/20ml (10 mg/ml) (Remodulin)			
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg,	6	SP	PA, LD, QL (60 tablets/30 days)
800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg		CD	DA I D. Ol. (4 in cal/(400 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,	6	SP	PA, LD, QL (68 ampules/30 days)
20 mcg/ml			171, 22, Q2 (00 ampaios/00 aayo)
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	6	SP	PA, LD, QL (1 kit/21 days)
45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg			
tadalafil tab 2.5 mg, 5 mg (Cialis)	3		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTIHISTAMINES			
carbinoxamine maleate tab 4 mg	3		
cyproheptadine hcl syrup 2 mg/5ml	3		
cyproheptadine hcl tab 4 mg	3		
desloratadine tab 5 mg (Clarinex)	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/	3		
spray), 0.06% (42 mcg/spray)			

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		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ASMANEX TWISTHALER 30 MET - mometasone	4		QL (1 canister/30 days)
furoate inhal powd 110 mcg/act (breath activated),			
220 mcg/act (breath activated)			
ASMANEX TWISTHALER 60 MET - mometasone	4		QL (1 canister/30 days)
furoate inhal powd 220 mcg/act (breath activated)	_		
ATROVENT HFA - ipratropium bromide hfa inhal aerosol	4		QL (2 canisters/30 days)
17 mcg/act	4		01 (4:11 (00 1)
BREO ELLIPTA - fluticasone furoate-vilanterol aero	4		QL (1 inhaler/30 days)
powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/ act			
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-	4		QL (1 inhaler/30 days)
formoterol aers 160-9-4.8 mcg/act	4		QL (1 IIIIIalei/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml,	2		
1 mg/2ml (Pulmicort)			
budesonide-formoterol fumarate dihyd aerosol	2		PA, QL (3 inhalers/30 days)
80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	_		, (
cromolyn sodium soln nebu 20 mg/2ml	2		
DULERA - mometasone furoate-formoterol fumarate	4		QL (3 canisters/30 days)
aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act			,
FASENRA PEN - benralizumab subcutaneous soln auto-	6	SP	PA, LD, QL (1 pen/56 days)
injector 30 mg/ml			
FLUTICASONE PROPIONATE DI - fluticasone	4		QL (60 blisters/30 days)
propionate aer pow ba 50 mcg/act, 100 mcg/act			
FLUTICASONE PROPIONATE DI - fluticasone	4		QL (240 blisters/30 days)
propionate aer pow ba 250 mcg/act			
FLUTICASONE PROPIONATE HF - fluticasone	4		QL (1 canister/30 days)
propionate hfa inhal aero 44 mcg/act			
FLUTICASONE PROPIONATE HF - fluticasone	4		QL (1 canister/30 days)
propionate hfa inhal aer 110 mcg/act	_		
FLUTICASONE PROPIONATE HF - fluticasone	4		QL (2 canisters/30 days)
propionate hfa inhal aer 220 mcg/act			
FLUTICASONE PROPIONATE/SA - fluticasone-	4		QL (1 inhaler/30 days)
salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/ act, 232-14 mcg/act			
fluticasone-salmeterol aer powder ba 100-50 mcg/	2		QL (60 blisters/30 days)
act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)			QL (00 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath	4		QL (30 blisters/30 days)
act 62.5 mcg/act (base eq)			,
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	2		
equiv) (Xopenex concentrate)			

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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.	<u> </u>		
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 :

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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)
sucralfate tab 1 gm (Carafate)	3		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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 (Transdermscop)	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 |I

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
BYLVAY (PELLETS) - odevixibat 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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name Drug Tier Specialty Requirements/Limits PA, QL (30 tablets/30 day equivalent), 25 mg (base equivalent) OMVOH - mirikizumab-mrkz subcutaneous soln auto- injector 100 mg/ml OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml OMVOH - mirikizumab-mrkz subcutaneous sol prefill OMVOH - mirikizumab-mrkz subcutaneous sol prefill 6 SP PA, LD, QL (2 pens/28 day 100 SP PA, LD, QL (2 syringes/28 day 100 SP	/s) /s) ays)
equivalent), 25 mg (base equivalent) OMVOH - mirikizumab-mrkz subcutaneous soln auto- injector 100 mg/ml OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml 6 SP PA, LD, QL (2 pens/28 day 100 mg/ml & 200mg/2ml	/s) /s) ays)
injector 100 mg/ml OMVOH - mirikizumab-mrkz subcutaneous auto-inj 6 SP PA, LD, QL (2 pens/28 da 100 mg/ml & 200mg/2ml	ays)
100 mg/ml & 200mg/2ml	ays)
OMVOH - mirikizumah-mrkz subcutaneous sol prefill 6 SP PALD OL (2 syringes/28 d	
syringe 100 mg/ml	ays)
OMVOH - mirikizumab-mrkz subcutaneous pref syr 6 SP PA, LD, QL (2 syringes/28 d	
REZDIFFRA - resmetirom 60 mg tab 6 SP PA, LD, QL (30 tablets/30 d	ays)
REZDIFFRA - resmetirom 80 mg tab 6 SP PA, LD, QL (30 tablets/30 d	ays)
REZDIFFRA - resmetirom 100 mg tab 6 SP PA, LD, QL (30 tablets/30 d	ays)
sevelamer carbonate packet 0.8 gm, 2.4 gm 5 (Renvela)	
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 6 SP PA, QL (1 cartridge/56 day cartridge 180 mg/1.2ml, 360 mg/2.4ml	rs)
sulfasalazine tab delayed release 500 mg (Azulfidine an-tabs)	
sulfasalazine tab 500 mg (Azulfidine) 3	
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent) PA, QL (30 tablets/30 day	s)
TREMFYA - guselkumab soln prefilled syringe 6 SP PA, QL (1 syringe/28 day 200 mg/2ml	3)
TREMFYA - guselkumab soln auto-injector 200 mg/2ml 6 SP PA, QL (1 pen/28 days)	
TREMFYA INDUCTION PACK FO - guselkumab soln 6 SP PA, QL (3 packs/180 day auto-injector 200 mg/2ml	3)
TRULANCE - plecanatide tab 3 mg 5 PA, QL (30 tablets/30 day	s)
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 day	s)
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector 6 SP PA, LD, QL (2 pens/28 day kit 120 mg/ml	rs)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector 6 SP PA, LD, QL (2 pens/28 day kit 120 mg/ml	rs)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled 6 SP PA, LD, QL (2 syringes/28 d syringe kit 120 mg/ml	ays)
GENITOURINARY AGENTS	

PA = Prior Authorization **LD** = Limited Distribution

SP = Specialty

ST = Responsible Steps

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)
trospium chloride cap er 24hr 60 mg	5		QL (30 capsules/30 days)
trospium 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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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			
ANTIANXIETY AGENTS			
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg	3		
alprazolam orally disintegrating tab 1 mg, 2 mg	5		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

			1
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
doxepin hcl conc 10 mg/ml	2		
duloxetine hcl enteric coated pellets cap 20 mg	2		
(base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)			
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) (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 cap 150 mg, 200 mg (Sertraline hydrochlo)	2		QL (30 capsules/30 days)

KEY | PA

| PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	2		
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name Clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg Clozapine tab 25 mg, 50 mg (Clozaril) 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, 231 mg/1.5ml, 231 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml, 231 mg/1.5ml, 231 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml, 231 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 23 mg/0.5ml, 170 mg/0.75ml, 170 mg/0.75ml, 156 mg/ml, 23 mg/0.5ml, 170 mg/0.75ml, 170 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml (Haldol decanoate im soln 50 mg/ml (Haldol decanoate im soln 100 mg/ml (Haldol decanoate im soln 100 mg/ml (Haldol decanoate im soln 100 mg/ml (Haldol mg/0.75ml, 170 mg/0.75ml, 150 mg/5ml) INVEGA HAFYERA - 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 INVEGA TRINZA - 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.85ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Iithium carbonate cap 150 mg, 600 mg (Lithobid) Iithium carbonate tab er 350 mg Iithium carbonate tab ar 350 mg Iithium carbonate tab 300 mg				
clozapine tab 25 mg, 50 mg (Clozaril) clozapine tab 100 mg, 200 mg (Clozaril) 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 FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak fluphenazine decanoate inj 25 mg/ml fluphenazine hot tab 1 mg, 2.5 mg, 5 mg, 10 mg FLUPHENAZINE HYDROCHLORID - fluphenazine hot inj 2.5 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 100) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1.092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 1819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg lithium carbonate taber 300 mg lithium carbonate taber 300 mg lithium carbonate taber 450 mg lithium carbonate taber 300 mg	Drug Name	Drug Tier	Specialty	Requirements/Limits
clozapine tab 100 mg, 200 mg (Clozarii) ERZOFRI - paliperidone palmitate er susp pref syr 30 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ ml, 234 mg/1.5ml, 351 mg/2.25ml FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 8 mg, 10 mg, 12 mg FANAPT - iloperidone tab 1 mg, 2 mg, 8 mg, 10 mg FANAPT - iloperidone tab 1 mg, 2 mg, 8 mg, 10 mg FANAPT - iloperidone tab 1 mg, 2 mg, 8 mg, 10 mg FANAPT - iloperidone tab 1 mg, 2 mg, 10 mg FANAPT - iloperidone tab 1 mg, 2 mg, 10 mg FANAPT - iloperidone tab 1 mg, 2 mg, 10 mg FANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg TANAPT - iloperidone tab 0 mg T		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 FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT TITRATION PACK A - iloperidone tab 1 mg & 5 ST, QL (10 pack/180 days) 2 mg, 4 mg, 8 mg titration pak fluphenazine decanoate inj 25 mg/ml 6 SP fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/0.25ml, 1,560 mg/5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml INVEGA RINIXA - paliperidone palmitate er susp pref syr 273 mg/0.25ml, 1,78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml INVEGA TRINIXA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg LITHIUM CARBONATE - lithium carbonate cap 600 mg LITHIUM CARBONATE - lithium carbonate cap 600 mg LITHIUM carbonate cap 300 mg LITHIUM carbonate tab er 450 mg LITHIUM carbonate tab er 450 mg LITHIUM carbonate tab on 300 mg LITHIUM carbonate tab er 450 mg LITHIUM carbonate tab on 300 mg LITHIUM carbonate tab on 300 mg LITHIUM carbonate tab er 450 mg LITHIUM carbonate tab er 450 mg LITHIUM carbonate tab on 300 mg LITHIU	clozapine tab 25 mg, 50 mg (Clozaril)	3		
39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ ml, 234 mg/1.5ml, 351 mg/2.25ml FANAPT illoperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FANAPT TITRATION PACK A - ilioperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak fluphenazine decanoate inj 25 mg/ml fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg 5 NVEGA HAFYERA - paliperidone palmitate er susp pref syr 1.092 mg/3.5ml, 1.560 mg/5ml INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 273 mg/0.25ml, 28 mg/0.25ml, 28 mg/0.25ml, 178 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg 1ithium carbonate tab er 450 mg 1ithium carbonate tab er 300 mg 1ithium carbonate tab er 300 mg 1ithium carbonate tab er 450 mg 1ithium carbonate tab or 300 mg	clozapine tab 100 mg, 200 mg (Clozaril)	5		
10 mg, 12 mg FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak fluphenazine decanoate inj 25 mg/ml fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate im soln 100 mg/ml) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol lacatate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg linvEGA HAFYERA - paliperidone palmitate er susp pref syr 1.092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg IIthium carbonate cap 150 mg, 600 mg (Lithium carbonate tab er 450 mg IIthium carbonate tab er 450 mg IIthium carbonate tab br 450 mg	39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/	6	SP	
2 mg & 4 mg & 6 mg titration pak fluphenazine decanoate inj 25 mg/ml fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg 5 FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 50) haloperidol lactate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg SNYEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Iithium carbonate cap 150 mg, 600 mg (Lithium carbonate) lithium carbonate tab er 450 mg lithium carbonate tab a 300 mg lithium carbonate tab a 300 mg lithium carbonate tab b 300 mg		6		ST, QL (60 tablets/30 days)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol lactate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Iithium carbonate cap 300 mg Iithium carbonate tab er 300 mg (Lithobid) Ilthium carbonate tab er 450 mg Iithium carbonate tab er 450 mg Iithium carbonate tab er 450 mg Iithium carbonate tab ar 300 mg Iithium carbonate tab br 300 mg	·	6		ST, QL (1 pack/180 days)
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol lactate oral conc 2 mg/ml haloperidol lactate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg iIthium carbonate cap 150 mg, 600 mg (Lithium carbonate tab er 300 mg Iithium carbonate tab er 450 mg Iithium carbonate tab er 450 mg Iithium carbonate tab ar 300 mg Iithium carbonate tab br 450 mg Iithium carbonate tab br 450 mg Iithium carbonate tab br 450 mg Iithium carbonate tab Br 300 mg Iithium carbonate tab 300 mg Iithium carbonate tab Br 300 mg	fluphenazine decanoate inj 25 mg/ml	6	SP	
inj 2.5 mg/ml GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol lactate oral conc 2 mg/ml haloperidol lactate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg lithium carbonate cap 150 mg, 600 mg (Lithium carbonate cap 150 mg, 600 mg lithium carbonate tab er 300 mg lithium carbonate tab er 450 mg lithium carbonate tab er 450 mg lithium carbonate tab ar 300 mg lithium carbonate tab er 450 mg lithium carbonate tab ar 300 mg lithium carbonate tab ar 300 mg lithium carbonate tab br 450 mg lithium carbonate tab ar 300 mg	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	5		
equivalent) HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol lactate oral conc 2 mg/ml haloperidol lactate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Iithium carbonate cap 150 mg, 600 mg (Lithium carbonate cap 300 mg Iithium carbonate tab er 300 mg Iithium carbonate tab er 450 mg Iithium carbonate tab br 300 mg	·	6	SP	
soln 100 mg/ml haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol lactate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg NVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Iithium carbonate cap 150 mg, 600 mg (Lithium carbonate tab er 300 mg Iithium carbonate tab er 300 mg Iithium carbonate tab er 450 mg Iithium carbonate tab br 300 mg Iithium carbonate tab br 300 mg Iithium carbonate tab 300 mg		6	SP	
decanoate 50) haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100) haloperidol lactate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Iithium carbonate cap 150 mg, 600 mg (Lithium carbonate) lithium carbonate tab er 300 mg lithium carbonate tab er 450 mg lithium carbonate tab 300 mg lithium carbonate tab 300 mg lithium carbonate tab 300 mg lithium carbonate tab 300 mg	·	6	SP	
decanoate 100) haloperidol lactate oral conc 2 mg/ml haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Iithium carbonate cap 150 mg, 600 mg (Lithium carbonate cap 300 mg Iithium carbonate tab er 300 mg (Lithobid) Iithium carbonate tab er 450 mg Iithium carbonate tab 300 mg Iithium carbonate tab 300 mg Iithium carbonate tab 300 mg	•	6	SP	
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Lithium carbonate cap 150 mg, 600 mg (Lithium carbonate cap 300 mg lithium carbonate tab er 300 mg (Lithobid) lithium carbonate tab er 450 mg lithium carbonate tab 300 mg lithium carbonate tab 300 mg lithium carbonate tab 300 mg 3 lithium carbonate tab 300 mg		6	SP	
haloperidol tab 20 mg INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg Lithium carbonate cap 150 mg, 600 mg (Lithium carbonate) lithium carbonate tab er 300 mg lithium carbonate tab er 450 mg lithium carbonate tab 300 mg lithium carbonate tab 300 mg 3 lithium carbonate tab 300 mg	haloperidol lactate oral conc 2 mg/ml	3		
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg lithium carbonate cap 150 mg, 600 mg (Lithium carbonate) lithium carbonate tab er 300 mg lithium carbonate tab er 450 mg lithium carbonate tab on 300 mg 3 lithium carbonate tab on 300 mg	haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	3		
syr 1,092 mg/3.5ml, 1,560 mg/5ml 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 INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg lithium carbonate cap 150 mg, 600 mg (Lithium carbonate) lithium carbonate tab er 300 mg lithium carbonate tab er 300 mg lithium carbonate tab er 450 mg lithium carbonate tab 300 mg 3	haloperidol tab 20 mg	5		
pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg lithium carbonate cap 150 mg, 600 mg (Lithium carbonate) lithium carbonate cap 300 mg lithium carbonate tab er 300 mg (Lithobid) lithium carbonate tab er 450 mg lithium carbonate tab 300 mg 3	· · · · · · · · · · · · · · · · · · ·	6	SP	
syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml LITHIUM CARBONATE - lithium carbonate cap 600 mg lithium carbonate cap 150 mg, 600 mg (Lithium carbonate) lithium carbonate cap 300 mg lithium carbonate tab er 300 mg (Lithobid) lithium carbonate tab er 450 mg lithium carbonate tab 300 mg 3 lithium carbonate tab 300 mg 3	pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml,	6	SP	
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate) lithium carbonate cap 300 mg lithium carbonate tab er 300 mg (Lithobid) lithium carbonate tab er 450 mg lithium carbonate tab 300 mg 3	syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml,	6	SP	
carbonate) lithium carbonate cap 300 mg lithium carbonate tab er 300 mg (Lithobid) lithium carbonate tab er 450 mg lithium carbonate tab 300 mg 3	LITHIUM CARBONATE - lithium carbonate cap 600 mg	5		
lithium carbonate tab er 300 mg (Lithobid) 3 lithium carbonate tab er 450 mg 3 lithium carbonate tab 300 mg 3	1 0,	3		
lithium carbonate tab er 450 mg 3 lithium carbonate tab 300 mg 3	lithium carbonate cap 300 mg	3		
lithium carbonate tab 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	lithium oral solution 8 meq/5ml	5		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
loxapine succinate cap 5 mg, 10 mg, 25 mg	3		
loxapine succinate cap 50 mg	5		
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
thioridazine hcl tab 25 mg, 50 mg, 100 mg	3		
thiothixene cap 1 mg, 2 mg	3		
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/ANOREXIANT	S		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	5		QL (60 tablets/30 days)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
dextroamphetamine sulfate tab 5 mg	3		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	5		QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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.		
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	6	SP	PA, LD, QL (8 tablets/301 days)
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 - pimozide 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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	6	SP	PA, LD, QL (2 syringes/28 days)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	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)			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)

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

D 11	Б Т		
Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled	6	SP	PA, QL (2 syringes/28 days)
syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml			
ARCALYST - rilonacept for inj 220 mg	6	SP	PA, LD, QL (4 vials/28 days)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
KEVZARA - sarilumab subcutaneous solution auto- injector 150 mg/1.14ml, 200 mg/1.14ml	6	SP	PA, QL (2 pens/28 days)
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		
			

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	6	SP	PA, QL (4 pens/28 days)
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	3		QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	3		QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	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 (lmitrex 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		
3(3)			

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
clobazam tab 10 mg (Onfi)	3		
clobazam tab 20 mg (Onfi)	5		
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	5		
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

		1	
Drug Name	Drug Tier	Specialty	Requirements/Limits
rufinamide susp 40 mg/ml (Banzel)	5		
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 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 oral soln 25 mg/ml (Eprontia)	5		
topiramate sprinkle cap 15 mg (Topamax sprinkle)	3		
topiramate sprinkle cap 25 mg (Topamax sprinkle)	5		
topiramate sprinkle cap 50 mg	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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	3		
carbidopa & levodopa tab 25-250 mg	3		
carbidopa tab 25 mg (Lodosyn)	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)	5		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg,	3		
2 mg, 3 mg, 4 mg, 5 mg	_		
selegiline hol cap 5 mg	5		
selegiline hcl tab 5 mg	5		
tolcapone tab 100 mg (Tasmar)	5		
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml			
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	6	SP	PA, QL (280 mls/28 days)
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 - omaveloxolone 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 oral soln 10 mg/5ml (Ozobax ds)	5		
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

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	3		
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 - prenat-fe bis-fe prot succ-fa- ca tab & omega 3 cap 200 pk	5		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	5		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	5		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	5		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	5		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	5		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	5		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	5		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	5		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	5		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
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

KEY **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
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
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)
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	6	SP	PA
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)

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
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 for susp 1 mg/ml (Xarelto)	5		QL (620 mls/30 days)
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC.	Diag nei	Opeciaity	requirements/Elimits
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
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
ALHEMO - concizumab-mtci soln pen-injector 60mg/1.5ml (40 mg/ml), 150mg/1.5ml (100 mg/ml), 300mg/3ml (100 mg/ml)	6	SP	PA
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		

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	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
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

KEY |

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

		<u> </u>	
Drug Name	Drug Tier	Specialty	Requirements/Limits
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
NUWIQ - antihemophil fact 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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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
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			
ALOCRIL - nedocromil sodium ophth soln 2%	6		PA
APRACLONIDINE - 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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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 - perfluorohexyloctane ophth soln 1.338 gm/ml	5		PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	3		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Poquiromente/Limite
NATACYN - natamycin ophth susp 5%	5	Specially	Requirements/Limits
neomycin-bacitrac zn-polymyx	3		
5(3.5)mg-400unt-10000unt op oin			
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	3		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	3		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-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		
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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% (Mydriacyl)	3		
XIIDRA - lifitegrast ophth soln 5%	5		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
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		

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
betamethasone dipropionate oint 0.05%	5		QL (135 grams/30 days)
BETAMETHASONE VALERATE - betamethasone	3		ST, QL (120 mls/30 days)
valerate lotion 0.1% (base equivalent)			
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)
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)
clocortolone pivalate cream 0.1% (Cloderm)	5		QL (135 grams/30 days)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
CROTAN - crotamiton lotion 10%	6		PA
desonide cream 0.05% (Desowen)	3		QL (120 grams/30 days)
desonide oint 0.05%	3		QL (120 grams/30 days)
DESOXIMETASONE - desoximetasone gel 0.05%	5		ST, 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 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) (Dermasmoothe/fs bod)	3		QL (118.28 mls/30 days)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Dwig Mome	Davis Tier	Con a sighter	De suine mente (l'insite
Drug Name	Drug Tier 3	Specialty	Requirements/Limits QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Dermasmoothe/fs sca)	3		QL (118.28 mis/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)
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 - ritlecitinib tosylate cap 50 mg (base equiv)	6	SP	PA, LD, QL (28 capsules/28 days)
malathion lotion 0.5% (Ovide)	5		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
METHOXSALEN - methoxsalen rapid cap 10 mg	5	<u> </u>	·
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-	6	SP	PA, LD, QL (2 pens/28 days)
injector 30 mg			
NEO-SYNALAR - neomycin sulfate-fluocinolone	6		PA
acetonide cream 0.5-0.025%	2		
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)

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
SPINOSAD - spinosad susp 0.9%	6	0.0	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)
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

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	5		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	3		
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	5		QL (4 bottles/30 days)
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	5		QL (4 devices/30 days)
VIVITROL - naltrexone for im extended release susp 380 mg	6	SP	
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
ADVOCATE INSULIN PEN NEED - insulin pen needle	4		
29 g x 12.7 mm (1/2")			
ADVOCATE INSULIN PEN NEED - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
ADVOCATE INSULIN PEN NEED - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
ADVOCATE INSULIN PEN NEED - insulin pen needle	4		
33 g x 4 mm (1/6" or 5/32") ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle	4		
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"			
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	4		
u-100 1/2 ml 30 x 5/16"			
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle	4		
u-100 1 ml 29 x 1/2"			
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle	4		
u-100 1 ml 31 x 5/16"			

KEY |I

| PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ASSURE COMFORT LANCETS UL - lancets	4		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
ASSURE LANCE LANCETS - lancets	4		
ASSURE LANCE LANCETS 21G - lancets	4		
ASSURE LANCE PLUS SAFETY - lancets	4		
ASSURE LANCE SAFETY LANCE - lancets	4		
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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4		
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
AUTO-LANCET - lancet devices	4		
AUTO-LANCET MINI - lancet devices	4		
AUTOLET IMPRESSION LANCIN - lancet devices	4		
AUTOLET LANCING DEVICE - lancet devices	4		
AUTOLET LITE LANCING DEVI - lancet devices	4		
AUTOLET MINI - lancet devices	4		
AUTOLET PLUS - lancet devices	4		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	4		
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	4		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
BD 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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

Dwg Nama	Davis Ties	0	Demoissance to this site
Drug Name	Drug Tier	Specialty	Requirements/Limits
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	4		
BD INSULIN SYRINGE ULTRA insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	4		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	4		
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	4		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
BD MICROTAINER LANCETS - lancets	4		
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	5		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	5		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	5		
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	5		
1-1/2"			
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 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
BD SAFETYGLIDE 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/	4		
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"			
CAREONE LANCET SUPER THIN - lancets	4		
CAREONE LANCET THIN - lancets	4		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	4		
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")	7		
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 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
CARETOUCH LANCING DEVICE - lancet devices	4		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
CARETOUCH SAFETY LANCETS/ - lancets	4		
CARETOUCH TWIST LANCETS M - lancets	4		
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/	4		
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",	1		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	4		
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	4		
8 mm (1/3" or 5/16")			
CLEVER CHOICE COMFORT EZ - insulin pen needle	4		
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")			
CLEVER CHOICE COMFORT EZ - insulin pen needle	4		
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")			
CLEVER CHOICE COMFORT EZ - lancets	4		
CLICKFINE PEN NEEDLE UNIV - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
COAGUCHEK LANCETS - lancets	4		
COMFORT ASSURED LANCETS M - lancets	4		
COMFORT ASSURED LANCETS S - lancets	4		
COMFORT EZ INSULIN SYRING - insulin syringe/	4		
needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"			
COMFORT EZ MICRO/32G X 4M - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
COMFORT EZ PRO SAFETY PEN - insulin pen needle	4		
30 g x 8 mm (1/3" or 5/16")			
COMFORT EZ PRO SAFETY PEN - insulin pen needle	4		
31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")			
COMFORT EZ SHORT/31G X 8M - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")			
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5	4		
mm (1/5" or 3/16")			
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6	4		
mm (1/4" or 15/64")	_		
COMFORT LANCETS - lancets	4		
COMFORT TOUCH LANCETS ULT - lancets	4		
COMFORT TOUCH PEN NEEDLES - insulin pen needle	4		
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")			
COMFORT TOUCH PEN NEEDLES - insulin pen needle	4		
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")			<u> </u>

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
COMFORT TOUCH PLUS SAFETY - lancets	4		
COMFORT TOUCH TWIST LANCE - lancets	4		
CONDOMS - condoms - male	1		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	4		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT 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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DIATHRIVE LANCETS ULTRA T - lancets	4		
DIATHRIVE LANCING DEVICE - lancet devices	4		
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g	4		
x 5 mm (1/5" or 3/16")			
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g	4		
x 4 mm (1/6" or 5/32")			
DROPLET GENTEEL LANCING D - lancet devices	4		
DROPLET INSULIN SYRINGE U - insulin syringe/	4		
needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16",			
u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100			
0.3 ml 30 x 15/64", u-100 0.5 ml 30 x 15/64", u-100			
1 ml 30 x 15/64", u-100 1 ml 30 x 5/16", u-100 1 ml 30			
x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16",			
u-100 1 ml 31 x 15/64"			
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle	4		
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)			
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle	4		
u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 29 x 1/2",	4		
u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"			
DROPLET INSULIN SYRINGE/U - insulin syringe/needle	4		
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"			
DROPLET INSULIN SYRINGE/0 - insulin syringe/needle	4		
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	4		
34 g x 3.5 mm (9/64")	7		
DROPLET PEN NEEDLE/MICRON - insulin pen needle	4		
34 g x 3.5 mm (9/64")			
DROPLET PEN NEEDLES 29G X - insulin pen needle	4		
29 g x 12 mm (1/2")			
		*	

KEY |

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DROPLET PEN NEEDLES 29GX1 - insulin pen needle	4		·
29 g x 10 mm, x 12 mm (1/2")			
DROPLET PEN NEEDLES 30G X - insulin pen needle	4		
30 g x 8 mm (1/3" or 5/16")			
DROPLET PEN NEEDLES 31G X - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
DROPLET PEN NEEDLES 31GX5 - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")			
DROPLET PEN NEEDLES 31GX6 - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")			
DROPLET PEN NEEDLES 31GX8 - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")			
DROPLET PEN NEEDLES 32G X - insulin pen needle	4		
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")			
DROPLET PEN NEEDLES 32GX4 - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")	4		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle	4		
32 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle	4		
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/	4		
needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x	4		
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"			
DROPSAFE SAFETY PEN NEEDL - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")			
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	4		
29 g x 12 mm (1/2")			
DRUG MART UNIFINE PENTIPS - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
DRUG MART UNIFINE PENTIPS - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			

KEY |

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DRUG MART UNILET LANCETS - lancets	4		
DRUG MART UNILET MICRO TH - lancets	4		
DUANE READE LANCET ALTERN - lancets	4		
DUANE READE LANCET SUPER - lancets	4		
DUANE READE LANCET ULTRA - lancets	4		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	4		
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	1		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	1		
DUREX TROPICAL - condoms latex lubricated	1		
E-Z JECT LANCETS - lancets	4		
E-Z JECT LANCETS COLOR - lancets	4		
E-Z JECT LANCETS SUPER TH - lancets	4		
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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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/	4		
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"			
EASY TOUCH INSULIN SYRING - insulin syringe (disp)	4		
u-100 1 ml			
EASY TOUCH INSULIN SYRING - insulin syringe/	4		
needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2",			
u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml			
30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x			
1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100			
1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x			
1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
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	4		
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	4		
29 g x 12 mm (1/2")			
EASY TOUCH PEN NEEDLES 31 - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
EASY TOUCH PEN NEEDLES 32 - insulin pen needle	4		
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")			
11111 (1/4 01 13/04)			

KEY | PA =

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	4		
29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
EASY TOUCH SAFETY PEN NEE - insulin pen needle	4		
30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
EASY TOUCH SHEATHLOCK SAF - insulin syringe/	4		
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"			
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy	5		
syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"			
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy	5		
syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2",			
1 ml 28 x 1/2"			
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5	4		
mm (1/5" or 3/16")			
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6	4		
mm (1/4" or 15/64")			
EMBECTA AUTOSHIELD DUO 30 - insulin pen needle	4		
30 g x 5 mm (1/5" or 3/16")			
EMBECTA INSULIN SYRINGE - insulin syringe/needle	4		
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"			
EMBECTA INSULIN SYRINGE U - insulin syringe/	4		
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		
	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",	4		
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")			
EMBECTA INSULIN SYRINGE/0 - insulin syringe/needle	4		
u-100 1/2 ml 28 x 1/2"			
EMBECTA INSULIN SYRINGE/1 - insulin syringe/needle	4		
u-100 1 ml 28 x 1/2"			
EMBECTA INSULIN SYRINGE/2 - insulin syringe/needle	4		
u-100 1 ml 28 x 1/2"			
EMBECTA PEN NEEDLE/NANO 2 - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
EMBECTA PEN NEEDLE/NANO/2 - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			

KEY | PA

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBECTA PEN NEEDLE/NANO/3 - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
EMBECTA PEN NEEDLE/ULTRA insulin pen needle	4		
29 g x 12.7 mm (1/2")			
EMBECTA PEN NEEDLE/ULTRA insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
EMBECTA PEN NEEDLE/ULTRA insulin pen needle	4		
32 g x 6 mm (1/4" or 15/64")			
EMBRACE LANCETS ULTRA THI - lancets	4		
EMBRACE LANCING DEVICE WI - lancet devices	4		
EMBRACE PEN NEEDLES/29G X - insulin pen needle	4		
29 g x 12 mm (1/2")			
EMBRACE PEN NEEDLES/30G X - insulin pen needle	4		
30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
EMBRACE PEN NEEDLES/31G X - insulin pen needle	4		
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")			
EMBRACE PEN NEEDLES/32G X - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")	7		
EMBRACE PRESSURE ACTIVATE - lancets	4		
EQL COLOR LANCETS 21G - lancets	4		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle	4		
u-100 0.3 ml 29 x 1/2"			
EQL SHORT PEN NEEDLES 31G - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")			
EQL SUPER THIN LANCETS 30 - lancets	4		
EQL THIN LANCETS 26G - lancets	4		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")			
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	1		
lubricated			
FC2 FEMALE CONDOM - condoms - female	1		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	1		
FIFTY50 PEN NEEDLES 31G X - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	_		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")			

KEY |

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	4		
32 g x 4 mm (1/6" or 5/32")			
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		
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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Nama	Drug Tion	Charielty	Doguiromento/Limite
Drug Name	Drug Tier	Specialty	Requirements/Limits
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	4		
31 g x 8 mm (1/3" or 5/16")			
GNP PEN NEEDLES 32GX4MM - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
GNP PEN NEEDLES 32GX6MM - insulin pen needle	4		
32 g x 6 mm (1/4" or 15/64")			
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	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
GNP ULTICARE PEN NEEDLES/ - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")			
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")			
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")			
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")			
GNP ULTRA COMFORT INSULIN - insulin syringe/	4		
needle u-100 1 ml 28 x 1/2"			
GOJJI LANCING DEVICE/CLEA - lancet devices	4		
GOJJI STERILE LANCETS 30G - lancets	4		
H-E-B IN CONTROL PEN NEED - insulin pen needle	4		
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")			
H-E-B IN CONTROL PEN NEED - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g	4		
x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm			
(1/3" or 5/16")			
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g	4		
x 4 mm (1/6" or 5/32")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g	4		
x 4 mm (1/6" or 5/32") H-E-B INCONTROL ADVANCED - lancet devices	1		
	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	4		
29 g x 12 mm (1/2")			

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
INCONTROL ULTICARE MINI P - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
INSULIN SYRINGE/NEEDLE 0 insulin syringe/needle	4		
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"			
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle	4		
u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml			
31 x 5/16"			
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle	4		
u-100 0.3 ml 29 x 1/2"			
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle	4		
u-100 1/2 ml 29 x 1/2"			
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle	4		
u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"			
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle	4		
u-100 0.3 ml 30 x 5/16"			
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle	4		
u-100 0.3 ml 31 x 5/16"			
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle	4		
u-100 1/2 ml 28 x 1/2"			
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle	4		
u-100 1/2 ml 30 x 5/16"	1		
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	4		
u-100 1 ml 29 x 1/2"			
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle	4		
u-100 1 ml 30 x 5/16"			
INSULIN SYRINGES/U-100/0 insulin syringe/needle	4		
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" INSULIN SYRINGES/U-100/1M - insulin syringe/needle	4		
u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml	4		
29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"			
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12	4		
mm (1/2")			
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm	4		
(1/5" or 3/16")			
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm	4		
(1/3" or 5/16")			

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
INSUPEN32G EXTR3ME/32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
KAMELEON LUBRICATED - condoms latex lubricated	1		
KIMONO COLORS - condoms latex lubricated	1		
KIMONO LUBRICATED - condoms latex lubricated	1		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	1		
KIMONO MICRO THIN - condoms latex non-lubricated	1		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	1		
KIMONO PS LUBRICATED - condoms latex lubricated	1		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	1		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	1		
KIMONO SENSATION PLUS SPE - condoms latex lubricated	1		
KIMONO SPECIAL - condoms latex lubricated	1		
KINNEY LANCETS - lancets	4		
KINNEY THIN LANCETS - lancets	4		
KINRAY INSULIN SYRINGE/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		

KEY | PA :

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	4		
31 g x 8 mm (1/3" or 5/16")			
KROGER PEN NEEDLES/31G X - insulin pen needle	4		
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")			
KROGER PEN NEEDLES/32G X - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")	4		
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
LANCET DEVICE ADJUSTABLE - lancet devices	4		
LANCET DEVICE WITH EJECTO - lancet devices	4		
LANCETS - lancets	4		
LANCETS - BAYER ASCENCIA - lancets	4		
	4		
LANCETS MICRO THIN 33G - lancets	-		
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	4		
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"			
LEADER INSULIN SYRINGE/1M - insulin syringe/needle	4		
u-100 1 ml 28 x 1/2", u-100 1 ml 31 x 5/16"			
LEADER LANCETS COLORED - lancets	4		

KEY |

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
LEADER SUPER THIN LANCET - lancets	4		
LEADER THIN LANCETS - lancets	4		
LEADER UNIFINE PENTIPS PL - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
LEADER UNIFINE PENTIPS/MI - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")			
LEADER UNIFINE PENTIPS/NA - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
LEADER UNIFINE PENTIPS/PL - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")	4		
LIBERTY MEDICAL LANCETS 3 - lancets	4		
LIFESCAN UNISTIK 2 DEEP P - lancets	4		
LITE TOUCH LANCETS - lancets	4		
LITE TOUCH LANCING PEN - lancet devices	4		
LITETOUCH INSULIN PEN NEE - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
LITETOUCH INSULIN SYRINGE - insulin syringe/needle	4		
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"			
LITETOUCH LANCETS MICRO T - lancets	4		
LITETOUCH PEN NEEDLES 29G - insulin pen needle	4		
29 g x 12.7 mm (1/2")			
LITETOUCH PEN NEEDLES 31G - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
LITETOUCH PEN NEEDLES/31 - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")	4		
LITETOUCH PEN NEEDLES/31G - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16") 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	4		
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	4		
u-100 1/2 ml 31 x 5/16"	"		
LONGS LANCETS STANDARD - lancets	4		
LONGS LANCETS THIN - lancets	4		
- I I I I I I I I I I I I I I I I I I I			

LD = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LONGS LANCETS ULTRA THIN - lancets	4		
MAGELLAN INSULIN SAFETY S - insulin syringe/	4		
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"	E		
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	4		
29 g x 12 mm (1/2")			
MARATHON MEDICAL PENTIPS - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	•		
MARATHON MEDICAL PENTIPS - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle	4		
u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"			
MAXI-COMFORT SAFETY PEN N - insulin pen needle	4		
29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
MAXICOMFORT II PEN NEEDLE - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")			
MAXICOMFORT INSULIN SYRIN - insulin syringe/	4		
needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"			
MAXX LUBRICATED - condoms latex lubricated	1		
MAXX PLUS SPERMICIDE LUBR - condoms latex	1		
lubricated			
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle	4		
u-100 0.3 ml 30 x 5/16"			
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle	4		
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	4		
29 g x 12 mm (1/2")			
MEDICINE SHOPPE PEN NEEDL - insulin pen needle	4		
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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MONOJECT INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 5/8", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 25 x 5/8", 25 x 1"	5		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 28 x 1/2"	5		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	5		
MONOJECT ULTRA COMFORT IN - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	4		
MONOLET LANCETS - lancets	4		
MONOLET OPD LANCETS - lancets	4		
MONOLETTOR SAFETY LANCETS - lancets	4		
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
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		

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVOFINE PEN NEEDLE 32G X - insulin pen needle	4		
32 g x 6 mm (1/4" or 15/64")			
NOVOFINE PLUS PEN NEEDLE - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
OMNIFLEX DIAPHRAGM - diaphragms	1		01.//11/2001
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	5		QL (1 kit/720 days)
disposable pump kit			
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	5		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion	5		QL (30 pods/30 days)
disposable pump reservoir			, ,
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/	4		
device			
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3"	4		
or 5/16")			
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x	4		
12 mm (1/2")			
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5	4		
mm (1/5" or 3/16")			
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	4		
5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x	4		
5 mm (1/5" or 3/16")			
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x	4		
6 mm (1/4" or 15/64")			
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x	4		
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	4		
mm (1/5" or 3/16")			
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")			
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8	4		
mm (1/3" or 5/16")			
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")			
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x	4		
4 mm (1/6" or 5/32")			
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x	4		
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		
,	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		
4 mm (1/6" or 5/32")	7		
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x	4		
12 mm (1/2")			
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6	4		
mm (1/4" or 15/64")			
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x	4		
5 mm (1/5" or 3/16")			
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x	4		
8 mm (1/3" or 5/16")			
,			

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PENTIPS GENERIC PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
PENTIPS GENERIC PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PENTIPS GENERIC PEN NEEDL - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PERFECT LANCETS 30G - lancets	4		
PERFECT POINT SAFETY LANC - lancets	4		
PERFECT 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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PREFERRED PLUS 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 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
PRO COMFORT SAFETY LANCET - lancets	4		
PRODIGY INSULIN SYRING/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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PX LANCETS ULTRA THIN 28G - lancets	4		
PX MINI PEN NEEDLES 31GX5 - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")			
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g	4		
x 12 mm (1/2")			
QC ADVANCED LANCING DEVIC - lancet devices	4		
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle	4		
u-100 0.3 ml 29 x 1/2"			
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle	4		
u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"			
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle	4		
u-100 1 ml 29 x 1/2"			
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle	4		
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	4		
29 g x 12 mm (1/2")			
QC PEN NEEDLES 31G X 6MM - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")	4		
QC PEN NEEDLES 31G X 8MM - insulin pen needle	4		
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 29 g x 12.7 mm (1/2")	4		
QUICK TOUCH INSULIN PEN N - insulin pen needle	4		
31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6	7		
mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
QUICK TOUCH INSULIN PEN N - insulin pen needle	4		
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")			
QUICK TOUCH INSULIN PEN N - insulin pen needle	4		
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")			
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	4		
u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"			

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
RIGHTEST GD500 LANCING DE - lancet devices	4		
RIGHTEST GL300 LANCETS - lancets	4		
SAFETY LANCETS - lancets	4		
SAFETY LANCETS 21G - lancets	4		
SAFETY LANCETS 23G - lancets	4		
SAFETY LANCETS 28G - lancets	4		
SAFETY LANCETS/PRESSURE A - lancets	4		
SAFETY PEN NEEDLES/30G X - insulin pen needle	4		
30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
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		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TECHLITE PEN NEEDLES 32G - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
TECHLITE PEN NEEDLES/31G - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")	4		
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
TECHLITE PLUS PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TGT ADVANCED LANCING DEVI - lancet devices	4		
TGT LANCET ALTERNATE SITE - lancets	4		
TGT LANCET 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		
TODAYS HEALTH ORIGINAL PE - insulin pen needle	4		
29 g x 12 mm (1/2")			
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			

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"			
TRUE COMFORT PRO PEN NEED - insulin pen needle	4		
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")			
TRUE COMFORT PRO PEN NEED - insulin pen needle	4		
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")			
TRUE COMFORT PRO PEN NEED - insulin pen needle	4		
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	4		
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"			
TRUE COMFORT SAFETY LANCE - lancets	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")			
TRUE COMFORT SAFETY PEN N - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
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	4		
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"			
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	4		
29 g x 12.7 mm (1/2")			

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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	4		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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

KEY | F

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

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

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

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

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

D. N.	ь т		
Drug Name	Drug Tier	Specialty	Requirements/Limits
UNILET COMFORTOUCH LANCET - lancets	4		
UNILET EXCELITE - lancets	4		
UNILET EXCELITE II - lancets	4		
UNILET G.P. LANCET - lancets	4		
UNILET G.P. SUPERLITE LAN - lancets	4		
UNILET GP 28 ULTRA THIN - lancets	4		
UNILET LANCET - lancets	4		
UNILET LANCETS MICRO-THIN - lancets	4		
UNILET LANCETS SUPER-THIN - lancets	4		
UNILET LANCETS ULTRA-THIN - lancets	4		
UNILET SUPERLITE LANCET - lancets	4		
UNISTIK CZT COMFORT - lancets	4		
UNISTIK CZT NORMAL - lancets	4		
UNISTIK NORMAL - lancets	4		
UNISTIK PRO SAFETY LANCET - lancets	4		
UNISTIK SAFETY LANCETS 28 - lancets	4		
UNISTIK SAFETY LANCETS 30 - lancets	4		
UNISTIK TOUCH SAFETY LANC - lancets	4		
UNISTIK 1 - lancets	4		
UNISTIK 2 - lancets	4		
UNISTIK 2 COMFORT - lancets	4		
UNISTIK 2 EXTRA - lancets	4		
UNISTIK 2 NEONATAL - lancets	4		
UNISTIK 2 NORMAL - lancets	4		
UNISTIK 2 SUPER - lancets	4		
UNISTIK 3 - lancets	4		
UNISTIK 3 COMFORT - lancets	4		
UNISTIK 3 EXTRA - lancets	4		
UNISTIK 3 GENTLE - lancets	4		
UNISTIK 3 NEONATAL - lancets	4		
UNISTIK 3 NORMAL - lancets	4		
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		
-	1		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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		

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
WEGMANS UNIFINE PENTIPS P - insulin pen needle	4		
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	4		
32 g x 4 mm (1/6" or 5/32") WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal	1		
60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90	l		
mm, 95 mm			
ZEVRX INSULIN SYRINGE/0.5 - insulin syringe/needle	4		
u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"			
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle	4		
u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"			
ZEVRX PEN NEEDLES 31G X 5 - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")			
ZEVRX PEN NEEDLES 31G X 6 - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")			
ZEVRX PEN NEEDLES 31G X 8 - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")	4		
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	5		
syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 1 ml			
27 x 1/2"			
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	4		
12 mm (1/2")			
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x	4		
5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm			
(1/3" or 5/16")			
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x	4		
4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")			
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ASSORTED CLASSES	0		
azathioprine tab 50 mg (Imuran)	3	0.0	DA I D OL (4 3 - 3 - 700 L)
BENLYSTA - belimumab subcutaneous solution auto-	6	SP	PA, LD, QL (4 pens/28 days)
injector 200 mg/ml	6	SP	PA I D. Ol. (4 ouringes/29 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml		35	PA, LD, QL (4 syringes/28 days)
cyclosporine cap 25 mg, 100 mg (Sandimmune)	5		
oyoloopoilile cap 20 mg, 100 mg (Gandillilland)			

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
VELTASSA - patiromer 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 - Ionafarnib cap 50 mg, 75 mg	6	SP	PA, LD

KEY | **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

INDEX

Α

abacavir sulfate-lamivudine tab 600-300 mg	4
abacavir sulfate soln 20 mg/ml (base equiv)	
abacavir sulfate tab 300 mg (base equiv)	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	55
abiraterone acetate tab 250 mg	14
abiraterone acetate tab 500 mg	14
ABRYSVO	10
acamprosate calcium tab delayed release 333 mg	61
acarbose tab 25 mg, 50 mg, 100 mg	26
ACCU-CHEK FASTCLIX LANCET	94
ACCU-CHEK SAFE-T-PRO LANC	94
ACCU-CHEK SOFTCLIX LANCET	94
acebutolol hcl cap 200 mg, 400 mg	34
ACETAMINOPHEN/CODEINE	
acetaminophen w/ codeine tab 300-15 mg	
acetaminophen w/ codeine tab 300-30 mg	
acetaminophen w/ codeine tab 300-60 mg	
acetazolamide cap er 12hr 500 mg	
acetazolamide tab 125 mg, 250 mg	
acetic acid irrigation soln 0.25%	
acetic acid otic soln 2%	
acetylcysteine inhal soln 10%, 20%	
acitretin cap 17.5 mg	
acitretin cap 10 mg, 25 mg	
ACTHIB	
ACTI-LANCE LANCETS 28G	
ACTI-LANCE LITE SAFETY LA	
ACTI-LANCE SPECIAL SAFETY	
ACTI-LANCE UNIVERSAL SAFE	
ACTIMMUNE	
acyclovir cap 200 mg	
acyclovir cap 200 mgacyclovir oint 5%	
acyclovir susp 200 mg/5ml	
acyclovir susp 200 mg/3macyclovir tab 400 mg, 800 mg	
ADACEL	
ADALIMUMAB-AATY CD/UC/HS	
ADALIMUMAB-AATT CD/00/113ADALIMUMAB-AATY 1-PEN KIT	
ADALIMUMAB-AATT 1-FEN KITADALIMUMAB-AATY 2-PEN KIT	
ADALIMUMAB-AATT 2-FEN KITADALIMUMAB-AATY 2-SYRINGE	
ADALIMUMAB-AATT 2-STRINGEADALIMUMAB-ADAZ	
adapalene gel 0.1%	
ADDERALL	
ADDERALL VD	
ADDERALL XR	
adefovir dipivoxil tab 10 mg	
ADEMPAS	
ADJUSTABLE LANCING DEVICE	94

ADTHYZA	. 30
ADVAIR HFA	43
ADVANCED MOBILE LANCET 30	. 94
ADVATE	80
ADVOCATE INSULIN PEN NEED	94
ADVOCATE INSULIN SYRINGE/	94
ADVOCATE LANCETS	. 94
ADVOCATE LANCETS 30G	
ADVOCATE LANCING DEVICE	
ADVOCATE RAPID-SAFE LANCI	
ADVOCATE SAFETY LANCETS 2	_
ADYNOVATE	
AF LANCETS SUPER THIN	94
AFLURIA 2025-2026	
AFSTYLA	
AGAMATRIX ULTRA-THIN LANC	94
AGAMREE	
AIMOVIG	
AIMSCO LUBRICATED	
AIMSCO TWIST LANCETS 32G	
AIMSCO TWIST LANCETS 33G	
AIRSUPRA	
AJOVY	
AKEEGA	
albendazole tab 200 mg	
albuterol sulfate inhal aero 108 mcg/act (90mcg base	
equiv)	43
equiv)albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5%	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5%	
	6
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)	6 43
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)albuterol sulfate syrup 2 mg/5ml	6 43 . 43
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 . 43 43
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)albuterol sulfate syrup 2 mg/5mlalbuterol sulfate tab 2 mg, 4 mg	43 . 43 43 87
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 43 43 87
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 43 43 87 87 14
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 43 87 87 14 31
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 43 87 87 14 31 31
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 43 87 87 14 31 31
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 43 87 87 14 31 31
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 43 87 87 14 31 31
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)	6 43 43 87 87 14 31 31 52 80 36
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)	6 43 43 87 14 31 31 80 36 70
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)	6 43 43 87 14 31 31 80 36 70
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 43 87 87 14 31 52 80
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 43 87 81 31 31 35 80 70
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)	%434387873131352808348
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 43 87 87 14 31 31 52 80 80
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 43 87 87 14 31 31 52 80 80
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)	6 43 43 87 87 31 31 36 70 88 88 88 80 80
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)	6 43 43 87 14 31 31 352 80 83 80 80 52
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)	6 43 43 87 14 31 31 36 80 83 48 80 52 52 52

KEY

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

ALPROLIX80 anagrelide hcl cap 0.5 mg	<i>'</i>
	80
ALTUVIIIO	80
ALUNBRIG14 anastrozole tab 1 mg	
ALYFTREK46 ANORO ELLIPTA46	
amantadine hcl cap 100 mg73 ANZEMET	
amantadine hcl soln 50 mg/5ml73 apomorphine hcl soln cartridge 30 mg/3ml	
amantadine hcl tab 100 mg	
ambrisentan tab 5 mg, 10 mg41 aprepitant capsule 40 mg	
AMILORIDE/HYDROCHLOROTHIA	
amiloride hcl tab 5 mg39 aprepitant capsule 125 mg	
aminocaproic acid oral soln 0.25 gm/ml79 aprepitant capsule therapy pack 80 & 125 mg	
aminocaproic acid tab 500 mg, 1000 mg	
amiodarone hcl tab 200 mg36 APTIVUS	
amiodarone hcl tab 100 mg, 400 mg	
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 AQINJECT PEN NEEDLE/32G X	
mg, 150 mg	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 AQ INSULIN SYRINGE/1ML/29	
mg	
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 AQNEURSA	
mg, 10-20 mg, 10-40 mg	
amlodipine besylate-olmesartan medoxomil tab 5-20 ARCALYST	
mg, 5-40 mg, 10-20 mg, 10-40 mg	
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg arformoterol tartrate soln nebu 15 mcg/2ml (base	1
(base equivalent), 10 mg (base equivalent)	4
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, aripiprazole orally disintegrating tab 10 mg, 15 mg.	
10-160 mg, 10-320 mg	
amlodipine-valsartan-hydrochlorothiazide tab aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 3	
5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, mgmg, 75 mg, 75	
10-160-25 mg, 10-320-25 mg	
amoxapine tab 25 mg, 50 mg	
amoxapine tab 100 mg, 150 mg	
AMOXICILLIN	
amoxicillin & k clavulanate for susp 250-62.5 ARNUITY ELLIPTA	
mg/5ml	
amoxicillin & k clavulanate for susp 600-42.9 (base equiv), 10 mg (base equiv)	
mg/5ml	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, ASMANEX TWISTHALER 120 ME	
400-57 mg/5ml	
amoxicillin & k clavulanate tab 250-125 mg	
amoxicillin & k clavulanate tab 500-125 mg	
amoxicillin & k clavulanate tab 875-125 mg	
amoxicillin (trihydrate) cap 250 mg, 500 mg1 aspirin tab delayed release 81 mg	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 ASSURE COMFORT LANCETS UL	9!
mg/5ml, 250 mg/5ml, 400 mg/5ml	
amoxicillin (trihydrate) tab 500 mg, 875 mg	
amphetamine-dextroamphetamine cap er 24hr 5 mg, ASSURE ID SAFETY PEN NEED	
10 mg. 15 mg	
10 mg, 15 mg	
amphetamine-dextroamphetamine cap er 24hr 20 mg, ASSURE LANCE LANCETS 21G	Q,
amphetamine-dextroamphetamine cap er 24hr 20 mg, ASSURE LANCE LANCETS 21G	
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	9
amphetamine-dextroamphetamine cap er 24hr 20 mg, ASSURE LANCE LANCETS 21G	95

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

(base equiv).	atazanavir sulfate cap 150 mg (base equiv), 300 mg		azithromycin tab 600 mg	
atenolol & chlorthalidone tab 100-25 mg. 34 AT LAST LANCETS. 95 atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equivalent), 100 mg (base equivalent), 100 mg (base equival			azithromycin tab 250 mg, 500 mg	2
atenolot lab 25 mg, 50 mg, 100 mg, 34 AT LAST LANCETS. 955 atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv), 100 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv), 18 mg (base equiv), 25 mg (base equiviaent), 40 atorvastatin calcium tab 50 mg (base equivalent), 40 atorvastatin calcium tab 10 mg (base equivalent), 40 atorvaquone-proguanil hcl tab 25-25 mg, 9 atovaquone-proguanil hcl tab 25-0100 mg, 9 atovaquone susp 750 mg/5ml, 9 atorpine sulfate ophth soln 1%. 83 ATROVENT HFA. 44 ATTRUBY. 41 AUGMENTIN. 11 AUGMENTIN. 12 AUM PEN NEEDLE/32CX5MM 95 BD ECLIPSE NEEDLE/25G X 1. 99 AUM PEN NEEDLE/33CX4MM 95 BD ECLIPSE NEEDLE 25G X 1 . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE 26G X 1 . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN NEEDLE/33CX5MM 95 BD HYPODERMIC NEEDLE S 26G . 99 AUM PEN			AZSTARYS	59
atenolot tab 25 mg, 50 mg, 100 mg. AT LAST LANCETS. 95 atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 80 mg (base equiv), 80 mg (base equiv), 90 mg (base equiv), 90 mg (base equiv), 40 mg (base equiv). 95 atomoxetine hcl cap 10 mg (base equiv), 80 mg (base equiv). 95 atomoxetine hcl cap 10 mg (base equiv), 80 mg (base equiv). 95 atomoxetine hcl cap 10 mg (base equiv), 80 mg (base equiv). 96 atorvastatin calcium tab 80 mg (base equivalent), 20 mg (base equivalent), 40 mg (b	atenolol & chlorthalidone tab 100-25 mg	36	R	
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equivalent), 20 mg (b	atenolol tab 25 mg, 50 mg, 100 mg	34	_	
equiv), 100 mg (base equiv), 18 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equivalent), 40 mg (
atomoxetine hol cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)	atomoxetine hcl cap 60 mg (base equiv), 80 mg (bas	е		
Sequiv), 25 mg (base equiv), 40 mg (base equiv) 59 bactofen susp 25 mg/5ml 7.7				
atorvastatin calcium tab 80 mg (base equivalent). 40	atomoxetine hcl cap 10 mg (base equiv), 18 mg (bas	е		
balsalazido disodium cap 750 mg. 44 mg (base equivalent), 20 mg (base equivalent), 40 mg (ba	equiv), 25 mg (base equiv), 40 mg (base equiv)	59		
mg (base equivalent), 40 mg (base equivalent), 40 BALVERSA. 11 atovaquone-proguanii hcl tab 262-525 mg. 9 atovaquone-proguanii hcl tab 250-100 mg. 9 BAOSIMI ONE PACK. 22 atovaquone susp 750 mg/5ml. 9 BAOSIMI TWO PACK. 22 atovaquone susp 750 mg/5ml. 9 BARACLUDE	atorvastatin calcium tab 80 mg (base equivalent)	40		
BALVERSA 11	atorvastatin calcium tab 10 mg (base equivalent), 20)		
### ### ### ### ### ### ### ### ### ##				
atovaquone-proguanil hol tab 250-100 mg. 9 BAQSIMI TWO PACK 22 atovaquone susp 750 mg/5ml. 9 BARACLUDE. 22 attropine sulfate ophth soln 1%. 83 BAXDELA. 24 BD AUTOSHIELD DUO 30G X 5. 99 ATTROUSY HFA 44 BD AUTOSHIELD DUO 30G X 5. 99 AUTOSHIELD PUO 30G X 50G				
atropine sulfate ophth soln 1%			BAQSIMI TWO PACK	26
ATOPOING SURFACE OPHTH SOIN 1%. 83 BAXDELA 3.4 ATROVENT HFA 44 BD AUTOSHIELD DUO 30G X 5. 94 ATTRUBY 41 BD DISPOSABLE NEEDLE 23GX 95 AUGMENTIN. 1 BD ECLIPSE NEEDLE 23GX 95 AUGMENTIN. 1 BD ECLIPSE NEEDLE 25G X. 95 AUGMENTIN. 1 BD ECLIPSE NEEDLE 25G X. 95 AUGMINSULIN SAFETY PEN NE. 95 BD ECLIPSE NEEDLE 25G X. 95 AUM INSULIN PEN NEED. 95 BD ECLIPSE NEEDLE 25G X. 96 AUM PEN NEEDLE 25G X. 96 AUM PEN NEEDLE 25G X. 96 AUM PEN NEEDLE 25G X. 97 AUM PEN NEEDLE 25G X. 97 AUM PEN NEEDLE 25G X. 98 AUM PEN NEEDLE 25G X. 98 AUM PEN NEEDLE 25G X. 99 AUM SAFETY PEN NEEDLE 25G X. 99 AURORA LANCET THIN 23G PEN NEEDLE 25G X. 99 AURORA LANCET THIN 23G PEN NEEDLE 25G X. 99 AURORA PEN NEEDLE 25G X.	atovaquone susp 750 mg/5ml	9	BARACLUDE	4
ATROVENT HFA. 41 BD AJTOSHIELD DUO 30G X 5. 41 BD DISPOSABLE NEEDLE 23GX. 41 BD DISPOSABLE NEEDLE 23GX. 42 BD DISPOSABLE NEEDLE 23GX. 43 BD ECLIPSE 18G X 1-1/2". 44 BD ECLIPSE NEEDLE 25G X 1. 45 BD ECLIPSE NEEDLE 25G X 1. 46 BD ECLIPSE NEEDLE 25G X 1. 47 BD ECLIPSE NEEDLE 25G X 1. 48 BD ECLIPSE NEEDLE 25G X 1. 49 BD ECLIPSE NEEDLE 25G X 1. 40 BD HYPODERMIC NEEDLE 25G X 1. 40 BD HYPODERMIC NEEDLES 21G M. 40 BD HYPODERMIC NEEDLE 25G X. 40 BD HYPOD				
ATTRUBY. 41 BD DISPOSABLE NEEDLE 23GX. 91 AUGMENTIN. 1 BD ECLIPSE 18G X 1-1/2". 92 AUGTYRO. 14 BD ECLIPSE NEEDLE 25G X. 93 AUM MINSULIN SAFETY PEN NE. 95 BD ECLIPSE NEEDLE 25G X. 94 AUM MINI INSULIN PEN NEED. 95 BD ECLIPSE NEEDLE 25G X. 96 AUM PEN NEEDLE/32GX4MM. 95 BD HYPODERMIC NEEDLE 86G. 96 BD HYPODERMIC NEEDLE 81G. 97 AUM PEN NEEDLE/32GX5MM. 98 BD HYPODERMIC NEEDLE 81G. 98 AUM PEN NEEDLE/33GX5MM. 99 BD HYPODERMIC NEEDLES 18G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 21G. 90 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 21G. 90 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 22G. 90 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 26G. 96 BD INSULIN SYRINGE/0.5ML/. 97 AUM READYGARD DUO SAFETY. 98 BD INSULIN SYRINGE/0.5ML/. 99 BD INSULIN SYRINGE/0.5ML/. 90 AURORA LANCET SUPER THIN. 91 BD INSULIN SYRINGE/1ML/27. 92 AURORA LANCET SUPER THIN. 93 BD INSULIN SYRINGE/1ML/27. 94 AURORA LANCET SUPER THIN. 95 BD INSULIN SYRINGE/1ML/27. 96 BD INSULIN SYRINGE/1ML/29. 97 AURORA PEN NEEDLES 29GX12. 98 BD INSULIN SYRINGE/1ML/29. 99 AURORA PEN NEEDLES 31G X. 99 BD INSULIN SYRINGE MICRO. 90 AUROYA PEN NEEDLES 31G X. 90 BD INSULIN SYRINGE MICRO. 91 AUROYAL. 40 B-D INSULIN SYRINGE MICRO. 91 AUTO-LANCET MINI. 92 BD INSULIN SYRINGE MICRO. 93 BD INSULIN SYRINGE MICRO. 94 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICRO. 97 AUTO-LANCET MINI. 98 BD INSULIN SYRINGE ULTRA. 99 BD INSULIN SYRINGE ULTRA. 90 AUTO-LANCET MINI. 90 BD INSULIN SYRINGE ULTRA. 91 AUTO-LET LANCING DEVICE. 91 BD INSULIN SYRINGE ULTRA. 92 AUTO-LET LANCING DEVICE. 93 BD INSULIN SYRINGE ULTRA. 94 AUTO-LET LANCING DEVICE. 96 BD INSULIN SYRINGE ULTRA. 97 AUTO-LET LANCING DEVICE. 98 BD INSULIN SYRINGE ULTRA. 99 BD INSULIN SYRINGE ULTRA. 90 AUTO-LET LANCING DEVICE. 91 BD INSULIN SYRINGE ULTRA. 92 AUTO-LET LANCING DEVICE. 93 BD MEEDLE/25G X 5/8". 94 AUVONEX. 95 BD INSULIN SYRINGE SAFETY. 96 BD INSULIN SYRINGE ULTRA. 97 AUTO-LET LANCING DEVICE. 98 BD INSULIN SYRINGE ULTRA. 99 BD INSULIN				
AUGTYRO. 14 BD ECLIPSE NEEDLE/25G X. 96 AUM MINSULIN SAFETY PEN NE 95 BD ECLIPSE NEEDLE 25G X 1. 99 AUM MINI INSULIN PEN NEEDL 95 BD ECLIPSE NEEDLE 25G X 1. 99 AUM PEN NEEDLE/32GX4MM. 95 BD HYPODERMIC NEEDLE 86G. 99 AUM PEN NEEDLE/32GX5MM. 95 BD HYPODERMIC NEEDLES 18G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 21G. 96 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 26G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 26G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 26G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD INSULIN SYRINGE/0.3ML/. 97 AUM RADYGARD DUO SAFETY. 95 BD INSULIN SYRINGE/0.5ML/. 97 AUM SAFETY PEN NEEDLE/31. 95 BD INSULIN SYRINGE/0.5ML/. 97 AURORA LANCET THIN 95 BD INSULIN SYRINGE/1ML/27. 99 AURORA LANCET THIN 23G. 95 BD INSULIN SYRINGE/1/10/0/. 99 AURORA PEN NEEDLES 29GX12. 96 BD INSULIN SYRINGE/U-100/. 99 AURORA PEN NEEDLES 31G X. 96 BD INSULIN SYRINGE/U-500/. 99 AURORA PEN NEEDLES 31G X. 96 BD INSULIN SYRINGE MICRO. 99 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE DLITRA. 99 AUTOLET LANCING DEVICE. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LITE LANCING DEVIC. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LITE LANCING DEVIC. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET HINI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET HUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET HUS. 96 BD INSULIN SYRINGE SA. 99 AUTOL				
AUGTYRO			BD ECLIPSE 18G X 1-1/2"	96
AUM NINSULIN SAFETY PEN NE 95 BD ECLIPSE NEEDLE 25G X 1. 99 AUM MINI INSULIN PEN NEED. 95 BD ECLIPSE NEEDLE 25G X 1. 99 AUM PEN NEEDLE/32GXAMM 95 BD HYPODERMIC NEEDLE REGU 99 AUM PEN NEEDLE/32GX6MM 95 BD HYPODERMIC NEEDLE 18G 99 AUM PEN NEEDLE/32GX6MM 95 BD HYPODERMIC NEEDLES 18G 99 AUM PEN NEEDLE/33GXAMM 95 BD HYPODERMIC NEEDLES 22G 99 AUM PEN NEEDLE/33GXAMM 95 BD HYPODERMIC NEEDLES 22G 99 AUM PEN NEEDLE/33GX6MM 95 BD HYPODERMIC NEEDLES 26G 99 AUM PEN NEEDLE/33GX6MM 95 BD HYPODERMIC NEEDLES 26G 99 AUM PEN NEEDLE/33GX6MM 95 BD INSULIN SYRINGE/0.5ML/ 99 AUM RAAPTY PEN NEEDLE/31 95 BD INSULIN SYRINGE/0.5ML/ 99 AUM SAFETY PEN NEEDLE/31 95 BD INSULIN SYRINGE/0.5ML/ 99 AURORA LANCET SUPER THIN 95 BD INSULIN SYRINGE/1ML/27 99 AURORA LANCET THIN 23G 95 BD INSULIN SYRINGE/U-100/ 99 AURORA PEN NEEDLES 29GX12 96 BD INSULIN SYRINGE/U-500/ 99 AURORA PEN NEEDLES 31G X 48 B-D INSULIN SYRINGE/U-500/ 99 AURORA PEN NEEDLES 31G X 48 B-D INSULIN SYRINGE MICROF 99 AUTO-LANCET MINI 96 BD INSULIN SYRINGE BLITRA 99 AUTOLET LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA 99 AUTOLET LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA 99 AUTOLET LITE LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA 99 AUTOLET LITE LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA 99 AUTOLET LITE LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA 99 AUTOLET LITE LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA 99 AUTOLET HINI 96 BD				
AUM MINI INSULIN PEN NEED. 95 BD ECLIPSE NEEDLE 25GX1". 99 AUM PEN NEEDLE/32GX4MM. 95 BD HYPODERMIC NEEDLE REGU. 99 AUM PEN NEEDLE/32GX5MM. 95 BD HYPODERMIC NEEDLES 18G. 99 AUM PEN NEEDLE/33GX4MM. 95 BD HYPODERMIC NEEDLES 21G. 99 AUM PEN NEEDLE/33GX4MM. 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM. 95 BD INSULIN SYRINGE/0.3ML/. 99 AUM READYGARD DUO SAFETY. 95 BD INSULIN SYRINGE/0.5ML/. 99 AUM READYGARD DUO SAFETY. 95 BD INSULIN SYRINGE/0.5ML/. 99 AURORA LANCET SUPER THIN. 95 BD INSULIN SYRINGE/1ML/27. 99 AURORA LANCET THIN 23G. 95 BD INSULIN SYRINGE/1ML/29. 99 AURORA PEN NEEDLES 29GX12. 96 BD INSULIN SYRINGE/0.50U/. 99 AURORA PEN NEEDLES 31G X. 96 BD INSULIN SYRINGE/U-500/. 99 AURORA PEN NEEDLES 31G X. 96 BD INSULIN SYRINGE MICRO. 96 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICRO. 96 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICRO. 96 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET IMPRESSION LANCIN 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET IMPRESSION LANCIN 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET FINI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS 96 BD INSULIN SYRINGE ULTRA. 99 AVMAPKI FAKZYNJA CO-PACK 14 BD IML ALLERGY SYRINGE SA 99 AVMAPKI FAKZYNJA CO-PACK 14 BD IML ALLERGY SYRINGE SA 99 AVMAPKI FAKZYNJA CO-PACK 14 BD IML ALLERGY SYRINGE SA 99 AVMAPKI FAKZYNJA CO-PACK 14 BD IML ALLERGY SYRINGE SA 99 AVMONEX PEN. 61 BD NEEDLE/22G X 1-1/2" 99 azelastine hcl nasal spray 0.1% (137 mcg/spray) 42 BD NEEDLE/22G X 1-1/2" 99 azelastine hcl ophth soin 0.05%. 83 BD NEEDLE/27G X 1/2" 99 azelastine hcl ophth soin 0.05%. 83 BD NEEDLE/27G X 1/2"				
AUM PEN NEEDLE/32GX5MM				
AUM PEN NEEDLE/32GX5MM 95 BD HYPODERMIC NEEDLES 18G. 99 AUM PEN NEEDLE/33GX4MM 95 BD HYPODERMIC NEEDLES 21G. 99 AUM PEN NEEDLE/33GX4MM 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM 95 BD HYPODERMIC NEEDLES 26G. 99 AUM PEN NEEDLE/33GX6MM 95 BD HYPODERMIC NEEDLES 26G. 99 AUM PEN NEEDLE/33GX6MM 95 BD INSULIN SYRINGE/0.3ML/ 99 AUM READYGARD DUO SAFETY 95 BD INSULIN SYRINGE/0.5ML/ 99 AUM SAFETY PEN NEEDLE/31 95 BD INSULIN SYRINGE/1.5ML/ 99 AURORA LANCET SUPER THIN 95 BD INSULIN SYRINGE/1.5ML/ 99 AURORA LANCET THIN 23G. 95 BD INSULIN SYRINGE/1.100/ 99 AURORA PEN NEEDLES 29GX12 96 BD INSULIN SYRINGE/1.00/ 99 AURORA PEN NEEDLES 31G X 96 BD INSULIN SYRINGE/1.00/ 99 AURORA PEN NEEDLES 31G X 96 BD INSULIN SYRINGE/I.00/ 99 AURORA PEN NEEDLES 31G X 96 BD INSULIN SYRINGE/I.00/ 99 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICRO 99 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICRO 99 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICRO 99 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LITE LANCING DEVI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET MINI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET MINI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET MINI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET MINI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LANCING DEVI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET MINI.			BD HYPODERMIC NEEDLE REGU	96
AUM PEN NEEDLE/32GX6MM 95 BD HYPODERMIC NEEDLES 21G. 99 AUM PEN NEEDLE/33GX4MM 95 BD HYPODERMIC NEEDLES 22G. 99 AUM PEN NEEDLE/33GX5MM 95 BD HYPODERMIC NEEDLES 26G. 99 AUM PEN NEEDLE/33GX6MM 95 BD HYPODERMIC NEEDLES 26G. 99 AUM PEN NEEDLE/33GX6MM 95 BD INSULIN SYRINGE/0.3ML/ 95 AUM READYGARD DUO SAFETY 95 BD INSULIN SYRINGE/0.5ML/ 95 AUM SAFETY PEN NEEDLE/31. 95 BD INSULIN SYRINGE/1.5ML/ 95 AURORA LANCET SUPER THIN. 95 BD INSULIN SYRINGE/1.1ML/29. 95 AURORA LANCET THIN 23G. 95 BD INSULIN SYRINGE/1.100/ 95 AURORA PEN NEEDLES 29GX12. 96 BD INSULIN SYRINGE/U-100/ 97 AURORA PEN NEEDLES 31G X 96 BD INSULIN SYRINGE IUER-L. 99 AURYXIA. 48 B-D INSULIN SYRINGE IUER-L. 99 AUTO-LANCET. 96 BD INSULIN SYRINGE MICRO. 96 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICRO. 96 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE BAFETY 99 AUTOLET IMPRESSION LANCIN. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LANCING DEVIC. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LANCING DEVIC. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LANCING DEVIC. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LANCING DEVIC. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA. 99 AUVI-Q. 39 BD MICROTAINER LANCETS. 99 AVMAPKI FAKZYNJA CO-PACK. 14 BD 1ML ALLERGY SYRINGE SA AVONEX. 61 BD 1ML SLIP TIP SYRINGE SA AVONEX 61 BD 1ML SLIP TIP SYRINGE SA AVONEX 61 BD 1ML SLIP TIP SYRINGE SA 90 AVONEX 61 BD 1ML SLIP TIP SYRINGE SA 90 AVONEX 61 BD 1ML TUBERCULIN SYRINGE SA 90 AVONEX 61 BD 1ML TUBERCULIN SYRINGE SA 90 AVONEX 61 BD NEEDLE/18G 1-1/2" 99 azelastine hcl nasal spray 0.1% (137 mcg/spray). 42 azelastine hcl nasal spray 0.1% (137 mcg/spray). 42 azelastine hcl nasal spray 0.1% (137 mcg/spray). 42 azelastine hcl ophth soln 0.05%. 83 BD NEEDLE/25G X 7/8" 99 azithromycin for susp 100 mg/5ml. 20 BD NEEDLE/25G X 7/8" 99 azithromycin for susp 100 mg/5ml. 20 BD NEEDLE/25G X 7/8" 99 BD NEEDLE/25G X 7/8"			BD HYPODERMIC NEEDLES 18G	96
AUM PEN NEEDLE/33GX4MM			BD HYPODERMIC NEEDLES 21G	96
AUM PEN NEEDLE/33GX5MM			BD HYPODERMIC NEEDLES 22G	96
AUM PEN NEEDLE/33GX6MM			BD HYPODERMIC NEEDLES 26G	96
AUM READYGARD DUO SAFETY. 95 BD INSULIN SYRINGE/0.5ML/. 99 AUM SAFETY PEN NEEDLE/31. 95 BD INSULIN SYRINGE/1ML/27. 99 AURORA LANCET SUPER THIN. 95 BD INSULIN SYRINGE/1ML/29. 99 AURORA LANCET THIN 23G. 95 BD INSULIN SYRINGE/U-100/. 99 AURORA PEN NEEDLES 29GX12. 96 BD INSULIN SYRINGE/U-500/. 99 AURORA PEN NEEDLES 31G X. 96 BD INSULIN SYRINGE LUER-L. 99 AURORA PEN NEEDLES 31G X. 96 BD INSULIN SYRINGE MICRO. 99 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICROF. 96 AUTO-LANCET MINI. 96 BD INSULIN SYRINGE MICROF. 96 AUTO-LET IMPRESSION LANCIN. 96 BD INSULIN SYRINGE ULTRA. 96 AUTOLET LITE LANCING DEVICE. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LITE LANCING DEVI. 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA- 99 AUTOLET PLUS. 96 BD LO-DOSE INSULIN SYRING. 99 AUVI-Q. 39 BD MICROTAINER LANCETS. 99 AVMAPKI FAKZYNJA CO-PACK. 14 BD 1ML ALLERGY SYRINGE SA. 99 AVONEX. 61 BD 1ML SLIP TIP SYRINGE SA. 99 AVONEX PEN. 61 BD 1ML SLIP TIP SYRINGE SA. 99 AVONEX PEN. 61 BD 1ML SLIP TIP SYRINGE SA. 99 AVONEX PEN. 61 BD 1ML SLIP TIP SYRINGE . 99 AVONEX PEN. 61 BD 1ML SLIP TIP SYRINGE . 99 AVONEX PEN. 61 BD NEEDLE/21G 1-1/2". 99 azelastine hcl nasal syring. 99 azelastine hcl nasal syring. 90 azelastine hcl ophth soln 0.05%. 87 azelastine hcl ophth soln 0.05%. 83 BD NEEDLE/25G X 5/8". 99 azithromycin for susp 100 mg/5ml, 200 mg/5ml. 29 BD NEEDLE/27G X 1/2". 99			BD INSULIN SYRINGE/0.3ML/	97
AUM SAFETY PEN NEEDLE/31			BD INSULIN SYRINGE/0.5ML/	97
AURORA LANCET SUPER THIN			BD INSULIN SYRINGE/1ML/27	97
AURORA LANCET THIN 23G			BD INSULIN SYRINGE/1ML/29	97
AURORA PEN NEEDLES 29GX12			BD INSULIN SYRINGE/U-100/	97
AURORA PEN NEEDLES 31G X			BD INSULIN SYRINGE/U-500/	97
AURYXIA			BD INSULIN SYRINGE LUER-L	96
AUTO-LANCET 96 BD INSULIN SYRINGE MICROF 96 AUTO-LANCET MINI 96 BD INSULIN SYRINGE SAFETY 96 BD INSULIN SYRINGE SAFETY 96 BD INSULIN SYRINGE ULTRA 96 BD INSULIN SYRINGE ULTRA 97 BD INSULIN SYRINGE ULTRA 97 BD INSULIN SYRINGE ULTRA 99 BD INSULIN SYRINGE NA 14 BD 1ML ALLERGY SYRINGE SA 99 BD INSULIN SYRINGE NA 15 BD 1ML SLIP TIP SYRINGE 2 99 BD INSULIN SYRINGE 15 BD NEEDLE/18G 1-1/2" 99 BD NEEDLE/21G 1-1/2" 99 BD NEEDLE/21G 1-1/2" 99 BD NEEDLE/22G X 1-1/2" 99 BD NEEDLE/22G X 1-1/2" 99 BD NEEDLE/22G X 1-1/2" 99 BD NEEDLE/25G X 5/8" 99 BD NEEDLE/25G X 5/8" 99 BD NEEDLE/25G X 7/8" 99 BD NEEDLE/27G X 1/2" 99 BD NEEDL			B-D INSULIN SYRINGE MICRO	96
AUTO-LANCET MINI. 96 BD INSULIN SYRINGE SAFETY. 96 AUTOLET IMPRESSION LANCIN. 96 B-D INSULIN SYRINGE ULTRA. 96 AUTOLET LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA. 97 AUTOLET LITE LANCING DEVI. 96 BD INSULIN SYRINGE ULTRA. 97 AUTOLET MINI. 96 BD INSULIN SYRINGE ULTRA- 97 AUTOLET PLUS. 96 BD INSULIN SYRINGE ULTRA- 97 AUTOLET PLUS. 96 BD LO-DOSE INSULIN SYRIN. 96 AUVI-Q. 39 BD MICROTAINER LANCETS. 97 AVMAPKI FAKZYNJA CO-PACK. 14 BD 1ML ALLERGY SYRINGE SA. 96 AVONEX. 61 BD 1ML SLIP TIP SYRINGE 2. 96 AVONEX PEN. 61 BD 1ML TUBERCULIN SYRINGE 96 AYVAKIT. 15 BD NEEDLE/18G 1-1/2". 97 azetlaic acid gel 15% 87 BD NEEDLE/21G 1-1/2". 97 azetlastine hcl nasal spray 0.1% (137 mcg/spray) 42 BD NEEDLE/25G X 5/8". 97 azetlastine hcl ophth soln 0.05% 83 BD NEEDLE/25G X 7/8". 97 azithromycin for susp 100 mg/5ml, 200 mg/5ml. 2			BD INSULIN SYRINGE MICROF	96
AUTOLET IMPRESSION LANCIN 96 AUTOLET LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LITE LANCING DEVI 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET MINI 96 BD INSULIN SYRINGE ULTRA. 99 BD INSULIN SYRINGE ULTRAF. 99 BD INSULIN SYRINGE ULTRA. 99	AUTO-I ANCET MINI	96	BD INSULIN SYRINGE SAFETY	96
AUTOLET LANCING DEVICE 96 BD INSULIN SYRINGE ULTRA. 99 AUTOLET LITE LANCING DEVI 96 BD INSULIN SYRINGE ULTRA- 99 AUTOLET MINI 96 BD INSULIN SYRINGE ULTRAF 99 AUTOLET PLUS 96 BD LO-DOSE INSULIN SYRIN 96 AUVI-Q 39 BD MICROTAINER LANCETS 99 AVMAPKI FAKZYNJA CO-PACK 14 BD 1ML ALLERGY SYRINGE SA 99 AVONEX 96 BD 1ML SLIP TIP SYRINGE 2 99 AVONEX PEN 61 BD 1ML TUBERCULIN SYRINGE 99 AVVAKIT 15 BD NEEDLE/18G 1-1/2" 99 azathioprine tab 50 mg 136 BD NEEDLE/21G 1-1/2" 99 azelaic acid gel 15% 87 BD NEEDLE/22G X 1-1/2" 99 azelastine hcl nasal spray 0.1% (137 mcg/spray) 42 azelastine hcl ophth soln 0.05% 83 BD NEEDLE/25G X 7/8" 99 azithromycin for susp 100 mg/5ml, 200 mg/5ml 28 BD NEEDLE/27G X 1/2" 99			B-D INSULIN SYRINGE ULTRA	96
AUTOLET LITE LANCING DEVI 96 BD INSULIN SYRINGE ULTRA			BD INSULIN SYRINGE ULTRA	97
AUTOLET MINI. 96 BD INSULIN SYRINGE ULTRAF. 97 AUTOLET PLUS. 96 BD LO-DOSE INSULIN SYRIN. 96 AUVI-Q. 39 BD MICROTAINER LANCETS. 97 AVMAPKI FAKZYNJA CO-PACK. 14 BD 1ML ALLERGY SYRINGE SA. 96 AVONEX. 61 BD 1ML SLIP TIP SYRINGE 2. 96 AVONEX PEN. 61 BD 1ML TUBERCULIN SYRINGE. 96 AYVAKIT. 15 BD NEEDLE/18G 1-1/2". 97 azathioprine tab 50 mg. 136 BD NEEDLE/21G 1-1/2". 97 azelaic acid gel 15%. 87 BD NEEDLE/22G X 1-1/2". 97 azelastine hcl nasal spray 0.1% (137 mcg/spray). 42 BD NEEDLE/25G X 5/8". 97 azelastine hcl ophth soln 0.05%. 83 azithromycin for susp 100 mg/5ml, 200 mg/5ml. 2 BD NEEDLE/27G X 1/2". 97			BD INSULIN SYRINGE ULTRA	97
AUTOLET PLUS 96 BD LO-DOSE INSULIN SYRIN 96 AUVI-Q 39 BD MICROTAINER LANCETS 97 AVMAPKI FAKZYNJA CO-PACK 14 BD 1ML ALLERGY SYRINGE SA 96 AVONEX 61 BD 1ML SLIP TIP SYRINGE 2 96 AVONEX PEN 61 BD 1ML TUBERCULIN SYRINGE 97 AZZATHIOPINE tab 50 mg 136 BD NEEDLE/18G 1-1/2" 97 azzelaic acid gel 15% 87 BD NEEDLE/21G 1-1/2" 97 azzelastine hcl nasal spray 0.1% (137 mcg/spray) 42 BD NEEDLE/25G X 5/8" 97 azzelastine hcl ophth soln 0.05% 83 azithromycin for susp 100 mg/5ml, 200 mg/5ml 2 BD NEEDLE/27G X 1/2" 97			BD INSULIN SYRINGE ULTRAF	97
AUVI-Q 39 BD MICROTAINER LANCETS 9 AVMAPKI FAKZYNJA CO-PACK 14 BD 1ML ALLERGY SYRINGE SA 98 AVONEX 61 BD 1ML SLIP TIP SYRINGE 2 98 AVONEX PEN 61 BD 1ML TUBERCULIN SYRINGE 98 AYVAKIT 15 BD NEEDLE/18G 1-1/2" 97 azathioprine tab 50 mg 136 BD NEEDLE/21G 1-1/2" 97 azelaic acid gel 15% 87 BD NEEDLE/22G X 1-1/2" 97 azelastine hcl nasal spray 0.1% (137 mcg/spray) 42 BD NEEDLE/25G X 5/8" 97 azelastine hcl ophth soln 0.05% 83 BD NEEDLE/25G X 7/8" 97 azithromycin for susp 100 mg/5ml, 200 mg/5ml 20 mg/5ml			BD LO-DOSE INSULIN SYRIN	96
AVMAPKI FAKZYNJA CO-PACK 14 BD 1ML ALLERGY SYRINGE SA 98 AVONEX 61 BD 1ML SLIP TIP SYRINGE 2 98 AVONEX PEN 61 BD 1ML TUBERCULIN SYRINGE 98 AYVAKIT 15 BD NEEDLE/18G 1-1/2" 97 azathioprine tab 50 mg 136 BD NEEDLE/21G 1-1/2" 97 azelaic acid gel 15% 87 BD NEEDLE/22G X 1-1/2" 97 azelastine hcl nasal spray 0.1% (137 mcg/spray) 42 BD NEEDLE/25G X 5/8" 97 azelastine hcl ophth soln 0.05% 83 BD NEEDLE/25G X 7/8" 97 azithromycin for susp 100 mg/5ml, 200 mg/5ml 200 mg/5ml 97 BD NEEDLE/27G X 1/2" 97			BD MICROTAINER LANCETS	97
AVONEX			BD 1ML ALLERGY SYRINGE SA	98
AVONEX PEN			BD 1ML SLIP TIP SYRINGE 2	98
AYVAKIT			BD 1ML TUBERCULIN SYRINGE	98
azathioprine tab 50 mg 136 BD NEEDLE/21G 1-1/2" 91 azelaic acid gel 15% 87 BD NEEDLE/22G X 1-1/2" 92 azelastine hcl nasal spray 0.1% (137 mcg/spray) 42 BD NEEDLE/25G X 5/8" 92 azelastine hcl ophth soln 0.05% 83 BD NEEDLE/25G X 7/8" 93 azithromycin for susp 100 mg/5ml, 200 mg/5ml				
azelaic acid gel 15%				
azelastine hcl nasal spray 0.1% (137 mcg/spray)42 BD NEEDLE/25G X 5/8"			BD NEEDLE/22G X 1-1/2"	97
azelastine hcl ophth soln 0.05%			BD NEEDLE/25G X 5/8"	97
azithromycin for susp 100 mg/5ml, 200 mg/5ml2 BD NEEDLE/27G X 1/2"9			BD NEEDLE/25G X 7/8"	97
azimoniyon tor sasp too nigronii, zoo nigronii				

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

	EDLE/30G X 1/2"		bexarotene cap 75 mg	
	EDLE/20G X 1"		bexarotene gel 1%	
	EDLE SAFETYGLIDE/27G		BEXSERO	
	N NEEDLE/MICRO/ULTRA		bicalutamide tab 50 mg	
	N NEEDLE/MINI/ULTRA		BIJUVA	
	N NEEDLE/NANO/ULTRA		BIKTARVY	
	N NEEDLE/NANO 2ND GE		bimatoprost ophth soln 0.03%	83
	N NEEDLE/ORIGINAL/UL		bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,	
	N NEEDLE/SHORT/ULTRA		5-6.25 mg, 10-6.25 mg	
	ASTIPAK SYRINGES ALL		bisoprolol fumarate tab 5 mg, 10 mg	
	ECISIONGLIDE 23GX1-1		BOOSTRIX	
	FETYGLIDE 21G X 1"		bosentan tab 62.5 mg, 125 mg	
	FETYGLIDE HYPODERMIC		BOSULIF	
	FETY-GLIDE INSULIN S		BRAFTOVI	
	FETYGLIDE INSULIN SY		BREO ELLIPTA	
	O INSULIN SYRINGE UL		BREZTRI AEROSPHERE	
	JCA		BRILINTA	
	epril & hydrochlorothiazide tab 5-6.25 mg	36	brimonidine tartrate gel 0.33% (base equivalent)	
	epril & hydrochlorothiazide tab 10-12.5 mg,		brimonidine tartrate ophth soln 0.15%	
20-12	.5 mg, 20-25 mg	36	brimonidine tartrate ophth soln 0.2%	84
	epril hcl tab 5 mg		brimonidine tartrate-timolol maleate ophth soln	
	epril hcl tab 10 mg, 20 mg, 40 mg		0.2-0.5%	
BENEF	FIX	80	BRIVIACT	70
	'STA		BRIXADI	64
	NIDAZOLE		bromfenac sodium ophth soln 0.09% (base equiv)	
	natate cap 100 mg		(once-daily)	84
	natate cap 200 mg		bromocriptine mesylate cap 5 mg (base	
	yl peroxide-erythromycin gel 5-3%		equivalent)	73
	opine mesylate tab 0.5 mg, 1 mg, 2 mg		bromocriptine mesylate tab 2.5 mg (base	
•	astine besilate ophth soln 1.5%		equivalent)	
	ANCE		BRUKINSA	
	EMI		budesonide delayed release particles cap 3 mg	
	DINE OPHTHALMIC PREP		budesonide-formoterol fumarate dihyd aerosol 80-4	
	e powder for oral solution	31	mcg/act, 160-4.5 mcg/act	
	ethasone dipropionate augmented cream		budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2m	
	/ 0	87	mg/2ml	
	ethasone dipropionate augmented lotion		budesonide tab er 24hr 9 mg	
	0	87	bumetanide tab 0.5 mg	
	ethasone dipropionate augmented oint		bumetanide tab 1 mg, 2 mg	
	, 0		buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (ba	
	ethasone dipropionate cream 0.05%		equiv)	
	ethasone dipropionate lotion 0.05%		buprenorphine hcl-naloxone hcl sl film 8-2 mg (base	
	ethasone dipropionate oint 0.05%		equiv)	
	METHASONE VALERATE	88	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base	
	ethasone valerate cream 0.1% (base		equiv), 12-3 mg (base equiv)	
	alent)	88	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (bas	
	ethasone valerate oint 0.1% (base		equiv)	
•	alent)		buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base	
	SERON		equiv)	
	(OLOL HCL		buprenorphine hcl sl tab 2 mg (base equiv)	
	olol hcl tab 10 mg, 20 mg		buprenorphine hcl sl tab 8 mg (base equiv)	
	nechol chloride tab 50 mg		buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/h	
bethar	nechol chloride tab 5 mg, 10 mg, 25 mg	51	10 mcg/hr, 15 mcg/hr, 20 mcg/hr	65
KEY	PA = Prior Authorization		ST = Responsible Steps	
	LD = Limited Distribution		QL = Quantity Limit (Max Quantity/Time)	

bupropion hcl (smoking deterrent) tab er 12hr 150	carbamazepine susp 100 mg/5ml	70
mg61	carbamazepine tab er 12hr 100 mg	70
bupropion hcl tab er 24hr 150 mg, 300 mg53	carbamazepine tab er 12hr 200 mg, 400 mg	
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg53	carbamazepine tab 200 mg	70
bupropion hcl tab 75 mg, 100 mg53	carbidopa & levodopa tab er 25-100 mg, 50-200 mg	
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30	carbidopa & levodopa tab 25-250 mg	
mg53	carbidopa & levodopa tab 10-100 mg, 25-100 mg	
butalbital-acetaminophen-caffeine tab 50-325-40 mg64	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	carbidopa-levodopa-entacapone tabs 18.75-75-200	
butalbital-acetaminophen cap 50-300 mg	carbidopa-levodopa-entacapone tabs 31.25-125-200	
butalbital-acetaminophen tab 50-325 mg64	mg	
butalbital-aspirin-caffeine cap 50-325-40 mg64	carbidopa-levodopa-entacapone tabs 37.5-150-200	/ -
butalbital-aspirin-caff w/ codeine cap 50-325-40-30	mg	7/
mg65	carbidopa-levodopa-entacapone tabs 25-100-200	/ -
butorphanol tartrate nasal soln 10 mg/ml65	mg	74
BYLVAY48	carbidopa-levodopa-entacapone tabs 50-200-200	
BYLVAY (PELLETS)	mg	74
,	carbidopa tab 25 mg	
С	carbinoxamine maleate tab 4 mg	
cabergoline tab 0.5 mg31	carbonyl iron susp 15 mg/1.25ml (elemental iron)	75
CABLIVI80	CARDIOCOM LANCING DEVICE	98
CABOMETYX15	CAREFINE PEN NEEDLE 32GX4	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base	CAREFINE PEN NEEDLES 29GX	
equiv)59	CAREFINE PEN NEEDLES 30GX	
CALCIPOTRIENE88	CAREFINE PEN NEEDLES 31GX	
calcipotriene-betamethasone dipropionate oint	CAREFINE PEN NEEDLES 32GX	
0.005-0.064%88	CAREONE ADVANCED LANCING	
calcipotriene-betamethasone dipropionate susp	CAREONE INSULIN SYRINGES/	
0.005-0.064%88	CAREONE LANCET SUPER THIN	
calcipotriene cream 0.005%88	CAREONE LANCET THIN	
calcipotriene oint 0.005%88	CAREONE LANCET ULTRA THIN	
calcitonin (salmon) inj 200 unit/ml31	CAREONE UNIFINE PENTIPS P	
calcitonin (salmon) nasal soln 200 unit/act31	CARESENS LANCETS	
CALCITRIOL	CARETOUCH INSULIN SYRINGE	
calcitriol cap 0.25 mcg, 0.5 mcg31	CARETOUCH LANCING DEVICE	
calcitriol oral soln 1 mcg/ml31	CARETOUCH PEN NEEDLE 29GX	
calcium acetate (phosphate binder) cap 667 mg (169	CARETOUCH PEN NEEDLE 29GX	
mg ca)49	CARETOUCH PEN NEEDLES 31	
calcium acetate (phosphate binder) tab 667 mg 49	CARETOUCH PEN NEEDLES 31	
CALQUENCE	CARETOUCH PEN NEEDLES 31G	
CAMZYOS41	CARETOUCH PEN NEEDLES 32G	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5	CARETOUCH SAFETY LANCETS/	
mg, 32-12.5 mg, 32-25 mg	CARETOUCH TWIST LANCETS 3	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg37	CARETOUCH TWIST LANCETS M	
capecitabine tab 150 mg, 500 mg	carglumic acid soluble tab 200 mg	
CAPRELSA15	carisoprodol tab 350 mg	7!
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg37	CARTEOLOL HCL	
CAPVAXIVE11	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	
carbamazepine cap er 12hr 100 mg, 200 mg, 300	CAYA	
mg70	CAYSTON	
carbamazepine chew tab 100 mg70	CEFACLOR	

KEY **PA** = Prior Authorization **LD** = Limited Distribution

SP = Specialty

QL = Quantity Limit (Max Quantity/Time)

ST = Responsible Steps

KEY PA = Prior Authorization	ST = Responsible Steps
CIMZIA STARTER KIT49	clonidine td patch weekly 0.2 mg/24hr3
CIMZIA49	clonidine td patch weekly 0.1 mg/24hr3
cimetidine hcl soln 300 mg/5ml47	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg 3
CIMDUO4	clonidine hcl tab er 12hr 0.1 mg5
cilostazol tab 50 mg, 100 mg80	clonazepam tab 0.5 mg, 1 mg, 2 mg7
ciclopirox solution 8%88	mg, 0.5 mg, 1 mg, 2 mg7
ciclopirox shampoo 1%88	clonazepam orally disintegrating tab 0.125 mg, 0.25
ciclopirox olamine susp 0.77% (base equiv)	clomipramine hcl cap 25 mg, 50 mg, 75 mg5
ciclopirox olamine cream 0.77% (base equiv)88	clocortolone pivalate cream 0.1%8
ciclopirox gel 0.77%88	clobetasol propionate soln 0.05%8
CIBINQO88	clobetasol propionate oint 0.05% 8
CHOSEN SAFETY LANCETS 28G	clobetasol propionate gel 0.05%8
CHOSEN LANCING DEVICE	clobetasol propionate emollient base cream 0.05% 8
CHOSEN LANCETS 30G	clobetasol propionate cream 0.05% 8
equiv), 135 mg (fenofibric acid equiv)40	clobazam tab 20 mg7
choline fenofibrate cap dr 45 mg (fenofibric acid	clobazam tab 10 mg7
cholestyramine powder packets 4 gm 40	clobazam suspension 2.5 mg/ml7
cholestyramine powder 4 gm/dose40	(1)-5%8
cholestyramine light powder packets 4 gm40	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2
cholestyramine light powder 4 gm/dose40	clindamycin phosphate vaginal cream 2%
cholecalciferol cap 1.25 mg (50000 unit)76	clindamycin phosphate swab 1% 8
CHOLBAM	clindamycin phosphate soln 1%8
chlorzoxazone tab 500 mg75	clindamycin phosphate lotion 1%8
chlorthalidone tab 25 mg, 50 mg	clindamycin phosphate gel 1% (twice-daily) 8
200 mg55	clindamycin phosphate gel 1% (once-daily)8
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg,	clindamycin phosphate-benzoyl peroxide gel 1-5% 8
chloroquine phosphate tab 500 mg9	equiv) paintitate not soil 75 mg/smi (base
CHLOROQUINE PHOSPHATE9	clindamycin palmitate hcl for soln 75 mg/5ml (base
chlorhexidine gluconate soln 0.12%86	clindamycin hcl cap 75 mg, 150 mg, 300 mg
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg53	CLICATINE PEN NEEDLE UNIV
CHLORDIAZEPOXIDE/AMITRIPT61	CLICKFINE PEN NEEDLE UNIV10
CHENODAL	CLEVER CHOICE COMFORT EZ9
CHEMSTRIP-K93	CLEVER CHEK LANCETS ULTRA9
CHEMET93	CLEOCIN
CERDELGA	clarithromycin tab 250 mg, 500 mg9 CLEANLET LANCETS 28G9
CEQUA84	clarithromycin tab er 24hr 500 mg
cephalexin tab 250 mg, 500 mg2	CLARITHROMYCIN
cephalexin for susp 125 mg/5ml, 250 mg/5ml1	mg (base equiv), 40 mg (base equiv)5
cephalexin cap 250 mg, 500 mg1	citalopram hydrobromide tab 10 mg (base equiv), 20
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg	citalopram hydrobromide oral soln 10 mg/5ml 5
cefuroxime axetil tab 250 mg, 500 mg1	CIPRO HC8
cefprozil tab 250 mg, 500 mg	(base equiv)
cefprozil for susp 125 mg/5ml, 250 mg/5ml1	ciprofloxacin hcl tab 250 mg (base equiv), 500 mg
cefpodoxime proxetil tab 200 mg1	ciprofloxacin hel tab 750 mg (base equiv)
cefpodoxime proxetil tab 100 mg1	ciprofloxacin hel tab 750 mg (base equivalent) 8
CEFPODOXIME PROXETIL	equivalent)
cefixime for susp 100 mg/5ml, 200 mg/5ml 1	ciprofloxacin hcl ophth soln 0.3% (base
cefixime cap 400 mg1	ciprofloxacin-dexamethasone otic susp 0.3-0.1% 8
cefdinir for susp 125 mg/5ml, 250 mg/5ml1	CIPRO
cefdinir cap 300 mg1	CINRYZE8
cefadroxil for susp 250 mg/5ml, 500 mg/5ml1	equiv), 90 mg (base equiv)3
cetadroxil cap 500 mg1	cinacalcet hcl tab 30 mg (base equiv), 60 mg (base

clonidi	ne td patch weekly 0.3 mg/24hr	37	CONTOUR NEXT LINK BLOOD G	101
	ogrel bisulfate tab 75 mg (base equiv)		CONTOUR NEXT LINK WIRELES	101
	ogrel bisulfate tab 300 mg (base equiv)		CONTOUR NEXT ONE BLOOD GL	101
	epate dipotassium tab 7.5 mg		CONTOUR PLUS BLOOD GLUCOS	
	epate dipotassium tab 3.75 mg, 15 mg		CONTOUR PLUS BLUE BLOOD G	101
	nazole troche 10 mg		COPIKTRA	15
	nazole w/ betamethasone cream 1-0.05%		CORDRAN	89
CLOZA	APINE ODT	55	CORIFACT	80
clozap	ine orally disintegrating tab 25 mg, 100 m	g, 150	CORLANOR	41
mg, 2	00 mg	56	CORTISPORIN-TC	86
clozap	ine tab 25 mg, 50 mg	56	COSENTYX	89
clozap	ine tab 100 mg, 200 mg	56	COSENTYX SENSOREADY PEN	89
	ADEX		COSENTYX UNOREADY	89
COAG	JCHEK LANCETS	100	COTELLIC	15
COAR	ГЕМ	9	CREON	48
codein	e sulfate tab 30 mg	65	CRESEMBA	3
colchie	cine tab 0.6 mg	70	CROMOLYN SODIUM	
colchie	cine w/ probenecid tab 0.5-500 mg	70	cromolyn sodium oral conc 100 mg/5ml	
colese	velam hcl packet for susp 3.75 gm	40	cromolyn sodium soln nebu 20 mg/2ml	44
colese	velam hcl tab 625 mg	40	CROTAN	
colesti	pol hcl granule packets 5 gm	40	CTEXLI	
	pol hcl granules 5 gm		CVS LANCETS 21G	_
	pol hcl tab 1 gm	40	CVS LANCETS ORIGINAL	
	methate sod for inj 150 mg (colistin base		CVS LANCETS THIN 26G	
activi	ty)	9	CVS LANCETS ULTRA THIN 30	
	TRIQ		CVS LANCING DEVICE	
	ORT ASSURED LANCETS M		CVS ULTRA THIN LANCETS	
	ORT ASSURED LANCETS S		cyanocobalamin inj 1000 mcg/ml	
	ORT EZ/31G X 5MM		cyclobenzaprine hcl tab 5 mg, 10 mg	
	ORT EZ/31G X 6MM		CYCLOGYL	
	ORT EZ INSULIN SYRING		cyclopentolate hcl ophth soln 1%	84
	ORT EZ MICRO/32G X 4M		CYCLOPHOSPHAMIDE	
	ORT EZ PRO SAFETY PEN		cyclophosphamide cap 25 mg, 50 mg	
	ORT EZ SHORT/31G X 8M		CYCLOSERINE	
	ORT LANCETS		cyclosporine cap 25 mg, 100 mg	
	ORT TOUCH LANCETS ULT		cyclosporine modified cap 50 mg	137
	ORT TOUCH PEN NEEDLES		cyclosporine modified cap 25 mg, 100 mg	
	ORT TOUCH PLUS SAFETY		cyclosporine modified oral soln 100 mg/ml	
	ORT TOUCH TWIST LANCE		cyproheptadine hcl syrup 2 mg/5ml	
	RNATY 2024-25		cyproheptadine hcl tab 4 mg	
	LERA		CYSTAGON	52
	LETE NATAL DHA		D	
	LETENATE		dabigatran etexilate mesylate cap 110 mg (etexilat	•
	TAL FA		base eq)	
	EPT DHA		dabigatran etexilate mesylate cap 75 mg (etexilate	
	EPT OB		base eq), 150 mg (etexilate base eq)	
	ERTA		dalfampridine tab er 12hr 10 mg	
	OMS DUR BLOOD GLUCOSE MON		danazol cap 50 mg, 100 mg, 200 mg	
			dantrolene sodium cap 100 mg	
	OUR BLOOD GLUCOSE TES OUR NEXT BLOOD GLUCOS		dantrolene sodium cap 25 mg, 50 mg	
	OUR NEXT BLOOD GLUCUS OUR NEXT EZ BLOOD GLU		DANZITEN	
	OUR NEXT EZ BLOOD GLU OUR NEXT GEN BLOOD GL		dapsone tab 25 mg	
CONT	JUN NEAT GEN DLOOD GL	10 1	aspectio tax 20 mgmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	
KEV	PA = Prior Authorization		ST - Decrencible Store	
KEY	LD = Limited Distribution		ST = Responsible StepsQL = Quantity Limit (Max Quantity/Time)	
			- Quantity Little (Max Qualitity/ Hille)	

dapsone tab 100 mg		dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2	
DAPTACEL	13	mg, 4 mg, 6 mg	
darifenacin hydrobromide tab er 24hr 7.5 mg (base		DEXCOM G6 RECEIVER	101
equiv), 15 mg (base equiv)	51	DEXCOM G7 RECEIVER	
darunavir tab 600 mg	4	DEXCOM G6 SENSOR	
darunavir tab 800 mg		DEXCOM G7 SENSOR	
dasatinib tab 20 mg	15	DEXCOM G6 TRANSMITTER	
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140		dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15	5
mg	15	mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	59
DAURISMO		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	03	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg	5 0
mgdeferasirox tab for oral susp 125 mg, 250 mg, 500	93	dextroamphetamine sulfate oral solution 5 mg/5ml	
mg	93	dextroamphetamine sulfate tab 5 mg	60
deferasirox tab 90 mg, 180 mg, 360 mg	93	dextroamphetamine sulfate tab 10 mg	60
deferiprone tab 500 mg, 1000 mg	93	DIACOMIT	
deflazacort susp 22.75 mg/ml	22	DIATHRIVE LANCETS	101
deflazacort tab 6 mg	22	DIATHRIVE LANCETS ULTRA T	102
deflazacort tab 18 mg	22	DIATHRIVE LANCING DEVICE	
deflazacort tab 30 mg, 36 mg	22	DIATHRIVE PEN NEEDLE/31G	
DELSTRIGO	4	DIATHRIVE PEN NEEDLE/32G	102
demeclocycline hcl tab 150 mg, 300 mg	2	DIATHRIVE PEN NEEDLE/31 G	102
DESCOVY	4	diazepam conc 5 mg/ml	53
desipramine hcl tab 10 mg, 25 mg	53	diazepam oral soln 1 mg/ml	53
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	53	diazepam rectal gel delivery system 10 mg, 20 mg	71
desloratadine tab 5 mg	42	diazepam tab 2 mg, 5 mg, 10 mg	53
DESMOPRESSIN ACETATE	32	diazoxide susp 50 mg/ml	
desmopressin acetate inj 4 mcg/ml	32	dichlorphenamide tab 50 mg	39
desmopressin acetate nasal spray soln 0.01%		diclofenac potassium tab 50 mg	67
(refrigerated)	32	diclofenac sodium ophth soln 0.1%	84
desmopressin acetate preservative free (pf) inj 4 mc	g/	diclofenac sodium soln 1.5%	89
ml	32	diclofenac sodium tab delayed release 25 mg, 50 mg	l,
desmopressin acetate tab 0.1 mg		75 mg	67
desmopressin acetate tab 0.2 mg		diclofenac w/ misoprostol tab delayed release 50-0.2	<u>, </u>
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01		mg	67
mg(21/5)	24	diclofenac w/ misoprostol tab delayed release 75-0.2	<u>, </u>
desogestrel & ethinyl estradiol tab 0.15 mg-30		mg	67
mcg	24	dicloxacillin sodium cap 250 mg, 500 mg	
desonide cream 0.05%	89	dicyclomine hcl cap 10 mg	47
desonide oint 0.05%	89	dicyclomine hcl oral soln 10 mg/5ml	
DESOXIMETASONE	89	dicyclomine hcl tab 20 mg	47
desoximetasone cream 0.05%	89	DIFICID	
desoximetasone cream 0.25%	89	diflunisal tab 500 mg	64
desoximetasone oint 0.05%, 0.25%		difluprednate ophth emulsion 0.05%	84
desoximetasone spray 0.25%		digoxin oral soln 0.05 mg/ml	
desvenlafaxine succinate tab er 24hr 100 mg (base		digoxin tab 62.5 mcg (0.0625 mg)	
equiv)	53	digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	
desvenlafaxine succinate tab er 24hr 25 mg (base	-	dihydroergotamine mesylate inj 1 mg/ml	
equiv), 50 mg (base equiv)	53	dihydroergotamine mesylate nasal spray 4 mg/ml	
DEXAMETHASONE		DILANTIN	
dexamethasone elixir 0.5 mg/5ml		diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	
DEXAMETHASONE SODIUM PHOS		diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	
KEY PA = Prior Authorization		ST = Responsible Steps	

ST = Responsible Steps

diltiazem hcl coated beads cap er 24hr 120 mg, 180	DROPLET INSULIN SYRINGE 1	
mg, 240 mg, 300 mg, 360 mg35	DROPLET INSULIN SYRINGE/0	
diltiazem hcl extended release beads cap er 24hr 120	DROPLET INSULIN SYRINGE/1	102
mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg35	DROPLET INSULIN SYRINGE/U	
diltiazem hcl tab er 24hr 420 mg35	DROPLET INSULIN SYRINGE U	102
diltiazem hcl tab 90 mg35	DROPLET LANCETS ULTRA THI	
diltiazem hcl tab 30 mg, 60 mg, 120 mg35	DROPLET LANCING DEVICE	102
dimethyl fumarate capsule delayed release 120 mg61	DROPLET MICRON 34G X 9/64	102
dimethyl fumarate capsule delayed release 240 mg61	DROPLET PEN NEEDLE/MICRON	102
dimethyl fumarate capsule dr starter pack 120 mg &	DROPLET PEN NEEDLES 29GX1	103
240 mg61	DROPLET PEN NEEDLES 31GX5	103
diphenoxylate w/ atropine tab 2.5-0.025 mg 47	DROPLET PEN NEEDLES 31GX6	
dipyridamole tab 25 mg80	DROPLET PEN NEEDLES 31GX8	
dipyridamole tab 50 mg, 75 mg80	DROPLET PEN NEEDLES 32GX4	
disopyramide phosphate cap 100 mg, 150 mg36	DROPLET PEN NEEDLES 32GX5	
disulfiram tab 250 mg, 500 mg61	DROPLET PEN NEEDLES 32GX6	
divalproex sodium cap delayed release sprinkle 125	DROPLET PEN NEEDLES 32GX8	
mg71	DROPLET PEN NEEDLES 29G X	
divalproex sodium tab delayed release 125 mg, 250	DROPLET PEN NEEDLES 30G X	
mg, 500 mg71	DROPLET PEN NEEDLES 31G X	
divalproex sodium tab er 24 hr 250 mg, 500 mg71	DROPLET PEN NEEDLES 32G X	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg),	DROPLET PERSONAL LANCETS	103
500 mcg (0.5 mg)36	DROPSAFE ACTI-LANCE SAFTE	
donepezil hydrochloride orally disintegrating tab 5 mg,	DROPSAFE INSULIN SAFETY S	
10 mg61	DROPSAFE SAFETY PEN NEEDL	
donepezil hydrochloride tab 23 mg61	DROPSAFE SAFTEY PEN NEEDL	
donepezil hydrochloride tab 5 mg, 10 mg 61	DROSPIRENONE/ETHINYL ESTR	
donepezil hydrochloride tab 5 mg, 10 mg 61 DOPTELET	drospirenone-ethinyl estradiol tab 3-0.02 mg	24
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg	24
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab	24 24
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	24 24
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	24 24 24
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN	24 24 78 103
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T	242478103
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART ON-THE-GO LANCE	24 24 78 103 103
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART ON-THE-GO LANCE DRUG MART UNIFINE PENTIPS	242478103103
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	2478103103103
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART ON-THE-GO LANCE DRUG MART UNIFINE PENTIPS DRUG MART UNILET LANCETS DRUG MART UNILET LANCETS DRUG MART UNILET MICRO TH	2478103103103104104
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART ON-THE-GO LANCE DRUG MART UNIFINE PENTIPS DRUG MART UNILET LANCETS DRUG MART UNILET MICRO TH DUANE READE LANCET ALTERN	2478103103104104104
donepezil hydrochloride tab 5 mg, 10 mg 61 DOPTELET 78 dorzolamide hcl ophth soln 2% 84 dorzolamide hcl-timolol maleate ophth soln 2-0.5% 84 dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 84 DOVATO 4 doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg 37 doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 53 doxepin hcl conc 10 mg/ml 54 doxepin hcl cream 5% 89 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) 58	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART ON-THE-GO LANCE DRUG MART UNIFINE PENTIPS DRUG MART UNILET LANCETS DRUG MART UNILET MICRO TH DUANE READE LANCET SUPER	242478103103104104104
donepezil hydrochloride tab 5 mg, 10 mg 61 DOPTELET 78 dorzolamide hcl ophth soln 2% 84 dorzolamide hcl-timolol maleate ophth soln 2-0.5% 84 dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 84 DOVATO 4 doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg 37 doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 53 doxepin hcl conc 10 mg/ml 54 doxepin hcl cream 5% 89 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) 58 DOXERCALCIFEROL 32	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART ON-THE-GO LANCE DRUG MART UNIFINE PENTIPS DRUG MART UNILET LANCETS DRUG MART UNILET MICRO TH DUANE READE LANCET SUPER DUANE READE LANCET ULTRA	242478103103104104104104
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART ON-THE-GO LANCE DRUG MART UNIFINE PENTIPS DRUG MART UNILET LANCETS DRUG MART UNILET LANCETS DRUG MART UNILET MICRO TH DUANE READE LANCET SUPER DUANE READE LANCET ULTRA DUANE READE UNIFINE PENTI	242424103103104104104104
donepezil hydrochloride tab 5 mg, 10 mg 61 DOPTELET 78 dorzolamide hcl ophth soln 2% 84 dorzolamide hcl-timolol maleate ophth soln 2-0.5% 2-0.5% 84 DOVATO 4 doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg 37 doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 150 mg 53 doxepin hcl conc 10 mg/ml 54 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) 89 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) 32 doxycycline hyclate cap 50 mg 2 doxycycline hyclate cap 100 mg 2	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	24242478103103104104104104104
donepezil hydrochloride tab 5 mg, 10 mg 61 DOPTELET 78 dorzolamide hcl ophth soln 2% 84 dorzolamide hcl-timolol maleate ophth soln 2-0.5% 84 dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 84 DOVATO 4 doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg 37 doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 53 doxepin hcl conc 10 mg/ml 54 doxepin hcl cream 5% 89 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) 58 DOXERCALCIFEROL 32 doxycycline hyclate cap 50 mg 2 doxycycline hyclate cap 100 mg 2 doxycycline hyclate tab 20 mg, 100 mg 2	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	24242478103104104104104104104
donepezil hydrochloride tab 5 mg, 10 mg 61 DOPTELET 78 dorzolamide hcl ophth soln 2% 84 dorzolamide hcl-timolol maleate ophth soln 2-0.5% 84 dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 84 DOVATO 4 doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg 37 doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 53 doxepin hcl cream 5% 89 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) 89 doxpycycline hyclate cap 50 mg 2 doxycycline hyclate cap 50 mg 2 doxycycline hyclate tab 20 mg, 100 mg 2 doxycycline monohydrate cap 50 mg, 100 mg 2 doxycycline monohydrate cap 50 mg, 100 mg 2	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	242424103103104104104104104104104104
donepezil hydrochloride tab 5 mg, 10 mg 61 DOPTELET 78 dorzolamide hcl ophth soln 2% 84 dorzolamide hcl-timolol maleate ophth soln 2-0.5% 84 dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 84 DOVATO 4 doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg 37 doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg 53 doxepin hcl cream 5% 89 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) 89 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) 32 doxycycline hyclate cap 50 mg 2 doxycycline hyclate cap 100 mg 2 doxycycline monohydrate cap 50 mg, 100 mg 2 doxycycline monohydrate for susp 25 mg/5ml 2	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	242424103103104104104104104104104104104
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.02 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	242424103103104104104104104104104104104104104104104104104104104
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	242424103103104
donepezil hydrochloride tab 5 mg, 10 mg. 61 DOPTELET. 78 dorzolamide hcl ophth soln 2%. 84 dorzolamide hcl-timolol maleate ophth soln 2-0.5%. 84 dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%. 84 DOVATO. 4 doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg. 37 doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg. 53 doxepin hcl conc 10 mg/ml. 54 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv). 89 doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv). 32 doxycycline hyclate cap 50 mg. 2 doxycycline hyclate cap 100 mg. 2 doxycycline monohydrate cap 50 mg, 100 mg. 2 doxycycline monohydrate for susp 25 mg/5ml. 2 doxycycline monohydrate tab 50 mg, 75 mg, 100 mg. 2 doxylamine-pyridoxine tab delayed release 10-10	drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	242424103103104104104104104104104104104104104104104104104
DOPTELET	drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DROXIA	242424103103104104104104104104104104104104104104
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART UNIFINE PENTIPS DRUG MART UNILET LANCETS DRUG MART UNILET MICRO TH DUANE READE LANCET SUPER DUANE READE LANCET ULTRA DUANE READE UNIFINE PENTI DUAVEE DULERA duloxetine hcl enteric coated pellets cap 20 mg (eq), 30 mg (base eq), 60 mg (base eq) DUREX EXTRA SENSITIVE THI DUREX TROPICAL dutasteride cap 0.5 mg	242424103103104104104104104104104104104104104
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART UNIFINE PENTIPS DRUG MART UNILET LANCETS DRUG MART UNILET MICRO TH DUANE READE LANCET SUPER DUANE READE LANCET SUPER DUANE READE UNIFINE PENTI DUANE READE UNIFINE PENTI DUAVEE DULERA duloxetine hcl enteric coated pellets cap 20 mg (eq), 30 mg (base eq), 60 mg (base eq) DUREX EXTRA SENSITIVE THI DUREX REALFEEL NON-LATEX DUREX TROPICAL dutasteride-tamsulosin hcl cap 0.5-0.4 mg	24242410310310410410410410410410410410410454
donepezil hydrochloride tab 5 mg, 10 mg	drospirenone-ethinyl estradiol tab 3-0.03 mg drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg DRUG MART LANCETS THIN DRUG MART LANCETS ULTRA T DRUG MART UNIFINE PENTIPS DRUG MART UNILET LANCETS DRUG MART UNILET MICRO TH DUANE READE LANCET SUPER DUANE READE LANCET ULTRA DUANE READE UNIFINE PENTI DUAVEE DULERA duloxetine hcl enteric coated pellets cap 20 mg (eq), 30 mg (base eq), 60 mg (base eq) DUREX EXTRA SENSITIVE THI DUREX TROPICAL dutasteride cap 0.5 mg	24242410310310410410410410410410410410410454

KEY **PA** = Prior Authorization **LD** = Limited Distribution

SP = Specialty

ST = Responsible Steps

E		40 mg /book oguivelent)	
EASY COMFORT INSULIN SYRI	104	40 mg (base equivalent)	
EASY COMFORT PEN NEEDLES		ELIQUIS STARTER PACK	
EASY COMFORT SAFETY PEN N		ELLA	
EASY GLIDE PEN NEEDLES 33		ELMIRON	
EASY MINI EJECT LANCING D		ELOCTATE	
EASY MINI LANCING DEVICE		eltrombopag olamine powder pack for susp 25 mg	01
EASY TOUCH ALLERGY TRAY S		(base equiv), 12.5 mg (base eq)	78
EASY TOUCH FLIPLOCK SAFET		eltrombopag olamine tab 12.5 mg (base equiv), 25	70
EASY TOUCH 32GX5MM		mg (base equiv), 50 mg (base equiv), 75 mg (base	
EASY TOUCH 32GX6MM		equiv)equiv), 30 mg (base equiv), 70 mg (base	78
EASY TOUCH INSULIN SYRING		EMBECTA AUTOSHIELD DUO 30	
EASY TOUCH LANCETS 30G/BU		EMBECTA INSULIN SYRINGE	
EASY TOUCH LANCETS 21G/PR		EMBECTA INSULIN SYRINGE/	
EASY TOUCH LANCETS 23G/PR		EMBECTA INSULIN SYRINGE/0	
EASY TOUCH LANCETS 26G/PR		EMBECTA INSULIN SYRINGE/1	
EASY TOUCH LANCETS 28G/PR		EMBECTA INSULIN SYRINGE/2	
EASY TOUCH LANCETS 30G/PR		EMBECTA INSULIN SYRINGE/U	
EASY TOUCH LANCETS 32G/PR		EMBECTA INSULIN SYRINGE U	
EASY TOUCH LANCETS 26G/PU		EMBECTA PEN NEEDLE/NANO 2	
EASY TOUCH LANCETS 28G/PU		EMBECTA PEN NEEDLE/NANO/2	
EASY TOUCH LANCETS 30G/PU		EMBECTA PEN NEEDLE/NANO/3	
EASY TOUCH LANCETS 32G/PU	105	EMBECTA PEN NEEDLE/ULTRA	
EASY TOUCH LANCETS 28G/TW	105	EMBRACE LANCETS ULTRA THI	-
EASY TOUCH LANCETS 30G/TW	105	EMBRACE LANCING DEVICE WI	
EASY TOUCH LANCETS 32G/TW	105	EMBRACE PEN NEEDLES/29G X	
EASY TOUCH LANCETS 33G/TW	105	EMBRACE PEN NEEDLES/30G X	
EASY TOUCH LANCING DEVICE	105	EMBRACE PEN NEEDLES/31G X	
EASY TOUCH PEN NEEDLE 30	105	EMBRACE PEN NEEDLES/32G X	
EASY TOUCH PEN NEEDLE/30	105	EMBRACE PRESSURE ACTIVATE	
EASY TOUCH PEN NEEDLES 29	105	EMEND	
EASY TOUCH PEN NEEDLES 31	105	EMGALITY	
EASY TOUCH PEN NEEDLES 32	105	EMPAVELI	
EASY TOUCH PEN NEEDLES/31	106	EMSAM	
EASY TOUCH SAFETY LANCETS	106	emtricitabine caps 200 mg	5
EASY TOUCH SAFETY PEN NEE		emtricitabine-rilpivirine-tenofovir df tab 200-25-300	
EASY TOUCH SHEATHLOCK SAF		mg	5
EASY TOUCH TUBERCULIN FLI		emtricitabine-tenofovir disoproxil fumarate tab	
EASY TOUCH TUBERCULIN SHE		200-300 mg	5
EBGLYSS		emtricitabine-tenofovir disoproxil fumarate tab	
econazole nitrate cream 1%		100-150 mg, 133-200 mg, 167-250 mg	5
EDURANT		EMTRIVA	5
EDURANT PED		enalapril maleate & hydrochlorothiazide tab 5-12.5	
E.E.S. 400		mg	37
EFAVIRENZ/LAMIVUDINE/TENO		enalapril maleate & hydrochlorothiazide tab 10-25	
efavirenz-emtricitabine-tenofovir df tab 600-200		mg	37
mg		enalapril maleate oral soln 1 mg/ml	
efavirenz-lamivudine-tenofovir df tab 600-300-30		enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	
mg		ENBREL	
efavirenz tab 600 mg		ENBREL MINI	
EGATEN	9	ENBREL SURECLICK	
		ENCARE	51
KEY PA = Prior Authorization		ST = Responsible Steps	

KEY | PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

SI = Responsible Steps

Part	ENGERIX-B	11	esomeprazole magnesium for delayed release susp	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 160 mg/0.8ml, 100 mg/0.1 mg/0.8ml, 150 mg/0.8ml, 100 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml. FINSACOVE 16 ENSPEYNG 137 entecavir tab 0.5 mg, 1 mg	enoxaparin sodium inj 300 mg/3ml	79	packet 5 mg, 10 mg, 20 mg, 40 mg	47
SEPEROCT SI ENSACOVE 16 ENSACOVE 16 ENSPRYNG 137 entacapone tab 200 mg 74 entacavir tab 0.5 mg , 1 mg 55 entrecapone tab 200 mg 74 entecavir tab 0.5 mg , 1 mg 55 estazolam tab 1 mg 55 estazolam tab 2 mg 55 estazolam tab 1 mg 55 estazolam tab 2 mg 56 estazolam tab 1 mg 56 estazolam tab 2 mg 56 estazolam tab 1 mg 56 estazolam tab 2 mg 56 estazolam tab 1 mg 56 estazo				
SEPEROCT SI ENSACOVE 16 ENSACOVE 16 ENSPRYNG 137 entacapone tab 200 mg 74 entacavir tab 0.5 mg , 1 mg 55 entrecapone tab 200 mg 74 entecavir tab 0.5 mg , 1 mg 55 estazolam tab 1 mg 55 estazolam tab 2 mg 55 estazolam tab 1 mg 55 estazolam tab 2 mg 56 estazolam tab 1 mg 56 estazolam tab 2 mg 56 estazolam tab 1 mg 56 estazolam tab 2 mg 56 estazolam tab 1 mg 56 estazo	mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/m	ıl, 120	pack 2.5 mg	47
ENSPRYNG	mg/0.8ml, 150 mg/ml	79	ESPEROCT	81
entacayir tab 0.5 mg, 1 mg. 5 estradiol & norethindrone accetate tab 0.5-0.1 mg. 24 estradiol & norethindrone accetate tab 1-0.5 mg. 24 estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump). EPCILUSA. 5 estradiol ab 0.5 mg, 1 mg, 2 mg-12.5 gm metered-dose pump). EPCILUSA. 5 estradiol tab 0.5 mg, 1 mg, 2 mg-12.5 gm metered-dose pump). EPCILUSA. 5 estradiol tab 0.5 mg, 1 mg, 2 mg-12.5 gm metered-dose pump). EVER 5 estradiol tab 0.5 mg, 1 mg, 2 mg-12.5 gm metered-dose pump). EVER 1.100	ENSACOVE	16	estazolam tab 1 mg	58
entreavir tab 0.5 mg, 1 mg. ENTRESTO. 41 estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump). ENTYVIO PEN. 42 estradiol tab 0.5 mg, 1 mg, 2 mg. 43 estradiol tab 0.5 mg, 1 mg, 2 mg. 44 estradiol tab 0.5 mg, 1 mg, 2 mg. 45 estradiol tab 0.5 mg, 1 mg, 2 mg. 46 estradiol tab 0.5 mg, 1 mg, 2 mg. 47 estradiol tab 0.5 mg, 1 mg, 2 mg. 48 estradiol tab 0.5 mg, 1 mg, 2 mg. 49 estradiol tab 0.5 mg, 1 mg, 2 mg. 49 estradiol tab 0.5 mg, 1 mg, 2 mg. 40 estradiol tab estradiol tab 1.5 mg/24hr, 0.0375 40 estradiol tab 0.5 mg, 1 mg, 2 mg. 40 estradiol tab 0.5 mg, 1 mg, 2 mg. 40 estradiol tab 0.5 mg, 1 mg, 2 mg. 40 estradiol tab 0.5 mg, 1 mg. 40 estradiol tab 0.5 mg, 1 mg, 2 mg. 40 estradiol tab 0.5 mg	ENSPRYNG	137	estazolam tab 2 mg	58
ENTRESTO.	entacapone tab 200 mg	74	estradiol & norethindrone acetate tab 0.5-0.1 mg	24
ENTRESTO.	entecavir tab 0.5 mg, 1 mg	5	estradiol & norethindrone acetate tab 1-0.5 mg	24
ENTYVIC PEN.			<u> </u>	
EPCLUSA	ENTYVIO PEN	49		24
EPIDICLEX.				
epinastine hcl ophth soln 0.05%	EPIDIOLEX	71		
mg/1.25gm (0.1%) 24	epinastine hcl ophth soln 0.05%	84		
(1:1000)				
0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.0375 mg/24hr, 0.05				
(1:1000)				
EPIVIR				24
eplerenone tab 25 mg, 50 mg				
EPOGEN			•	ır.
EPRONTIA. 71	•			
EQL COLOR LANCETS 21G.				
EQL INSULIN SYRINGE/0.3ML 107 EQL SUPER N NEEDLES 31G 107 EQL SUPER THIN LANCETS 30 107 EQL ULTRA SHORT PEN NEEDL 107 EQUITARS AHORT PEN NEEDL 107 ERGOMAR 69 ERGOMAR 69 ERGOTAMINE TARTRATE/CAFFE 69 ERIVEDGE 16 Erlotinib hal tab 25 mg (base equivalent) 16 erlotinib hal tab 125 mg (source and tab 25 mg 60 m				
EQL SHORT PEN NEEDLES 31G				
EQL SUPER THIN LANCETS 30.				
EQL ULTRA SHORT PEN NEEDL 107 ergocalciferol cap 1.25 mg (50000 unit). 76 ERGOMAR 69 ERGOMAR 69 ERGOTAMINE TARTRATE/CAFFE 69 erlotinib hcl tab 25 mg (base equivalent). 16 erlotinib hcl tab 25 mg (base equivalent), 150 mg (base equivalent). 16 ERTACZO 89 erythromycin ethylsuccinate for susp 200 mg/5ml. 2 erythromycin gel 2% 89 erythromycin ophth oint 5 mg/gm 84 erythromycin tab delayed release 250 mg, 333 mg, 500 mg. 22 erythromycin tab 250 mg, 500 mg. 333 mg, 500 mg. 25 ERZOFRI. 56 ERCADA. 16 erthosuximide cap 250 mg. 300 mg. 30				
### EQU ULTRA SHORT PEN NEEDL 107 ### eryotromycin ethylsuccinate for susp 400 mg/5ml 2 ### erythromycin ethylsuccinate for susp 400 mg/5ml 2 ### erythromycin ophth oint 5 mg/gm 22 ### erythromycin tab delayed release 250 mg, 333 mg, 500 mg (base equiv), 20 mg (base				
ergocalciferol cap 1.25 mg (50000 unit)				
ERGOMAR				
### ERGOTAMINE TARTRATE/CAFFE				
ERIVEDGE 16 ERLEADA 16 ERLEADA 16 erlotinib hol tab 25 mg (base equivalent), 150 mg (base equivalent) 16 ERTACZO 16 Erythromycin ethylsuccinate for susp 200 mg/5ml 26 erythromycin gel 2% 89 erythromycin ophth oint 5 mg/gm 84 erythromycin soln 2% 89 erythromycin tab delayed release 250 mg, 333 mg, 500 mg 22 erythromycin tab 250 mg, 500 mg 22 erythromycin tab 250 mg, 500 mg 22 erythromycin oxalate soln 5 mg/5ml (base equiv), 20 mg (base equiv), 20 mg (base equiv), 20 mg (base equiv), 20 mg (base equiv) (base eq) 17 KEY PA = Prior Authorization LD = Limited Distribution 26 ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg. 25 etodolac cap 200 mg, 300 mg. 67 etodolac tab 400 mg, 300 mg. 67 etodolac tab er 24hr 400 mg, 500 mg. 67 etodolac tab 500 mg. 67 etodolac tab 500 mg. 67 etodolac tab er 24hr 400 mg, 500 mg. 67 e				
ERLEADA 16 erlotinib hcl tab 25 mg (base equivalent). 16 erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent). 16 ERTACZO 89 erythromycin ethylsuccinate for susp 200 mg/5ml 2 erythromycin ethylsuccinate for susp 400 mg/5ml 2 erythromycin ethylsuccinate for susp 400 mg/5ml 2 erythromycin ophth oint 5 mg/gm 84 erythromycin soln 2% 89 erythromycin tab delayed release 250 mg, 333 mg, 500 mg 2 erythromycin tab 250 mg, 500 mg 2 ERZOFRI 56 escitalopram oxalate soln 5 mg/5ml (base equiv) 54 escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)				
erlotinib hcl tab 25 mg (base equivalent)				
erlotinib hol tab 100 mg (base equivalent), 150 mg (base equivalent)				
(base equivalent)	<u> </u>		· •	
erythromycin ethylsuccinate for susp 200 mg/5ml	<u> </u>	-		
erythromycin ethylsuccinate for susp 200 mg/5ml				
erythromycin ethylsuccinate for susp 400 mg/5ml				67
erythromycin gel 2%				0.5
erythromycin ophth oint 5 mg/gm			•	
erythromycin soln 2%				
erythromycin tab delayed release 250 mg, 333 mg, 500 mg				
erythromycin tab 250 mg, 500 mg				
erythromycin tab 250 mg, 500 mg				
ERZOFRI				
escitalopram oxalate soln 5 mg/5ml (base equiv)54 escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	<u> </u>			
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)				
(base equiv), 20 mg (base equiv)	• • • • • • • • • • • • • • • • • • • •	•		
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg				
800 mg				
esomeprazole magnesium cap delayed release 40 mg (base eq)				
(base eq)			<u> </u>	
KEY PA = Prior Authorization ST = Responsible Steps LD = Limited Distribution QL = Quantity Limit (Max Quantity/Time)				
LD = Limited Distribution QL = Quantity Limit (Max Quantity/Time)	(base eq)	47	ezetimibe tab 10 mg	40
LD = Limited Distribution QL = Quantity Limit (Max Quantity/Time)				
	KEY PA = Prior Authorization		ST = Responsible Steps	
SP = Specialty			QL = Quantity Limit (Max Quantity/Time)	
	SP = Specialty			

E-Z JECT LANCETS	104	FINGERSTIX LANCETS	
E-Z JECT LANCETS COLOR	104	fingolimod hcl cap 0.5 mg (base equiv)	61
E-Z JECT LANCETS SUPER TH	104	FINTEPLA	71
EZ-LETS LANCETS 21G	107	FIRDAPSE	75
EZ-LETS LANCETS 30G	107	flavoxate hcl tab 100 mg	51
EZ-LETS LANCETS 26G SUPER	107	flecainide acetate tab 50 mg, 100 mg, 150 mg	36
EZ-LETS LANCETS 28G ULTRA	107	FLUAD 2025-2026	
		FLUARIX 2025-2026	11
F		FLUBLOK 2025-2026	11
famciclovir tab 125 mg, 250 mg, 500 mg	5	FLUCELVAX 2025-2026	11
famotidine for susp 40 mg/5ml	47	fluconazole for susp 10 mg/ml, 40 mg/ml	
famotidine tab 20 mg, 40 mg	47	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	
FANAPT	56	flucytosine cap 250 mg, 500 mg	
FANAPT TITRATION PACK A	56	fludrocortisone acetate tab 0.1 mg	22
FANTASY LUBRICATED	107	FLULAVAL 2025-2026	
FANTASY LUBRICATED/SPERMI	107	FLUMIST NASAL VACCINE 202	
FARXIGA	26	flunisolide nasal soln 25 mcg/act (0.025%)	
FASENRA PEN		fluocinolone acetonide cream 0.01%	
FC2 FEMALE CONDOM		fluocinolone acetonide cream 0.025%fluocinolone	
febuxostat tab 40 mg, 80 mg		fluocinolone acetonide oil 0.01% (body oil)	
FEIBA		fluocinolone acetonide oil 0.01% (scalp oil)	
felbamate susp 600 mg/5ml		fluocinolone acetonide oin 0.01% (scalp oil)	
felbamate tab 400 mg, 600 mg			
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg		fluorinolone acetonide (otic) oil 0.01%	
FEMCAP		fluocinolone acetonide soln 0.01%	
fenofibrate micronized cap 43 mg, 67 mg, 130 m		fluocinonide cream 0.05%fluocinonide emulsified base cream 0.05%	
mg, 200 mg			
fenofibrate tab 48 mg, 145 mg		fluocinonide gel 0.05%	
fenofibrate tab 54 mg, 140 mg		fluocinonide oint 0.05%	
fentanyl td patch 72hr 25 mcg/hr		fluocinonide soln 0.05%	
fentanyl td patch 72hr 12 mcg/hr, 50 mcg/hr, 75 i		fluorometholone ophth susp 0.1%	
100 mcg/hr	•	FLUOROURACIL	
ferrous sulfate soln 75 mg/ml (15 mg/ml element		fluorouracil cream 5%	
220 mg/5ml (44 mg/5ml elemental fe)	•	fluorouracil soln 5%	
fesoterodine fumarate tab er 24hr 4 mg, 8 mg		fluoxetine hcl cap 10 mg, 20 mg, 40 mg	
FETZIMA		fluoxetine hcl solution 20 mg/5ml	
		fluoxetine hcl tab 60 mg	
FETZIMA TITRATION PACK		fluphenazine decanoate inj 25 mg/ml	
FIASPFIASP FLEXTOUCH		fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	
		FLUPHENAZINE HYDROCHLORID	
FIASP PENFILL		FLURBIPROFEN	
FIBRYGA		FLURBIPROFEN SODIUM	
fidaxomicin tab 200 mg		FLUTICASONE PROPIONATE/SA	
FIFTY50 PEN NEEDLES/31GX8		fluticasone propionate cream 0.05%	
FIFTY50 PEN NEEDLES/32GX4		FLUTICASONE PROPIONATE DI	
FIFTY50 PEN NEEDLES/32GX6		FLUTICASONE PROPIONATE HF	
FIFTY50 PEN NEEDLES 31GX5		fluticasone propionate nasal susp 50 mcg/act	42
FIFTY50 PEN NEEDLES 31G X		fluticasone propionate oint 0.005%	
FIFTY50 SAFETY SEAL LANCE		fluticasone-salmeterol aer powder ba 100-50 mcg/	act,
FIFTY50 SUPERIOR COMFORT		250-50 mcg/act, 500-50 mcg/act	
FIFTY50 UNILET LANCETS 33		fluvastatin sodium cap 20 mg (base equivalent), 40) mg
FILSPARI		(base equivalent)	
finasteride tab 1 mg		fluvastatin sodium tab er 24 hr 80 mg (base	
finasteride tab 5 mg	52	equivalent)	40
KEY PA = Prior Authorization			

LD = Limited Distribution

SP = Specialty

fluvoxamine maleate tab 100 mg	54	GARDASIL 9	11
fluvoxamine maleate tab 25 mg, 50 mg	54	gatifloxacin ophth soln 0.5%	84
FLUZONE 2025-2026	11	GATTEX	49
FLUZONE HIGH-DOSE 2025-20	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	
fondaparinux sodium subcutaneous inj 2.5 mg/0		GENOTROPIN MINIQUICK	
mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	79	gentamicin sulfate cream 0.1%	
FORA LANCETS		gentamicin sulfate oint 0.1%	
FORA LANCING DEVICE		gentamicin sulfate ophth soln 0.3%	
FORA LANCING DEVICE/CLEAR		GENTEEL BUTTERFLY TOUCH L	
fosamprenavir calcium tab 700 mg (base equiv).		GENTEEL PLUS LANCING DEVI	
fosfomycin tromethamine powd pack 3 gm (bas		GENTLE-LET LANCETS GENERA	
equivalent)		GENTLE-LET LANCETS SAFETY	
fosinopril sodium & hydrochlorothiazide tab 10-		GENVOYA	
mg, 20-12.5 mg		GEODON	
fosinopril sodium tab 10 mg, 20 mg, 40 mg		GILOTRIF	
FOTIVDA		glatiramer acetate soln prefilled syringe 20 mg/ml	
FREESTYLE LANCETS		glatiramer acetate soln prefilled syringe 40 mg/ml	
FREESTYLE LIBRE 2/READER/		GLEOSTINE	
FREESTYLE LIBRE 3/READER/		glimepiride tab 1 mg, 2 mg, 4 mg	
FREESTYLE LIBRE/READER/FL		glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg,	
FREESTYLE LIBRE 2/SENSOR/		5-500 mg	
FREESTYLE LIBRE 3/SENSOR/		glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg	
FREESTYLE LIBRE 14 DAY/RE		glipizide tab 5 mg, 10 mg	
FREESTYLE LIBRE 14 DAY/SE		GLOBAL EASE INJECT PEN NE	
FREESTYLE LIBRE 2 PLUS/SE		GLOBAL EASY GLIDE INSULIN	
FREESTYLE LIBRE 3 PLUS/SE		GLOBAL EASY GLIDE PEN NEE	
FREESTYLE UNISTICK II LAN	108	GLOBAL INJECT EASE INSULI	
frovatriptan succinate tab 2.5 mg (base	CO	GLOBAL INJECT EASE LANCET	
equivalent)		GLOBAL INSULIN SYRINGE/UGLOBAL INSULIN SYRINGES/U	
FRUZAQLA		GLOBAL INSULIN SYRINGES/UGLOBAL LANCING DEVICE	
FULPHILAFUROSCIX		GLUCAGON EMERGENCY KIT FO	
		glucagon (rdna) for inj kit 1 mg	
furosemide oral soln 10 mg/ml furosemide tab 20 mg, 40 mg, 80 mg		GLUCOCOM LANCETS 28G	
FUZEON		GLUCOCOM LANCETS 28GGLUCOCOM LANCETS 30G	
FYCOMPA		GLUCOCOM LANCETS 33G	
FYLNETRA		GLUCOPRO INSULIN SYRINGE/	
	10	glutamine (sickle cell) powd pack 5 gm	
G		glyburide-metformin tab 1.25-250 mg, 2.5-500 mg,	/ 0
gabapentin cap 100 mg, 300 mg, 400 mg	71	5-500 mg	26
gabapentin oral soln 250 mg/5ml		GLYBURIDE MICRONIZED.	
gabapentin tab 600 mg, 800 mg		glyburide tab 1.25 mg, 2.5 mg, 5 mg	_
GALAFOLD		glycopyrrolate oral soln 1 mg/5ml	
galantamine hydrobromide cap er 24hr 8 mg, 16		glycopyrrolate tab 1 mg, 2 mg	
24 mg		GLYXAMBI	
galantamine hydrobromide tab 4 mg		GNP INSULIN SYRINGE/0.5ML	
galantamine hydrobromide tab 8 mg, 12 mg		GNP INSULIN SYRINGE/1ML/3	
GAMMAGARD LIQUID		GNP INSULIN SYRINGES/1/2M	
GAMMAKED		GNP INSULIN SYRINGES/0.3M	
GAMUNEX-C		GNP INSULIN SYRINGES/1ML/	
		J	
1			

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

GNP INSULIN SYRINGES/3ML/	109	HEALTHWISE MINI PEN NEEDL	.111
GNP PEN NEEDLES 31GX5MM	110	HEALTHWISE PEN NEEDLES 29	.111
GNP PEN NEEDLES 31GX8MM	110	HEALTHWISE SHORT PEN NEED	.111
GNP PEN NEEDLES 32GX4MM	110	H-E-B INCONTROL ADVANCED	. 110
GNP PEN NEEDLES 32GX6MM	110	H-E-B INCONTROL LANCETS M	. 110
GNP STERILE LANCETS 28G	110	H-E-B INCONTROL LANCETS S	.110
GNP STERILE LANCETS 30G	110	H-E-B INCONTROL LANCETS U	110
GNP STERILE LANCETS 33G		H-E-B IN CONTROL PEN NEED	
GNP ULTICARE PEN NEEDLES		H-E-B INCONTROL PEN NEEDL	
GNP ULTICARE PEN NEEDLES/	-	H-E-B IN CONTROL UNIFINE	
GNP ULTIGUARD SAFEPACK/MI		HEMLIBRA	
GNP ULTIGUARD SAFEPACK/SH		HEMOFIL M	
GNP ULTRA COMFORT INSULIN		heparin sodium (porcine) inj 5000 unit/ml, 10000 uni	
GOJJI LANCING DEVICE/CLEA		ml	
GOJJI STERILE LANCETS 30G		HEPLISAV-B	
GOMEKLI		HIBERIX	
granisetron hcl tab 1 mg		HIZENTRA	
griseofulvin microsize susp 125 mg/5ml		HM ULTICARE INSULIN SYRIN	
griseofulvin microsize susp 123 mg/3/mgriseofulvin microsize tab 500 mg		HM ULTICARE MINI PEN NEED	
griseofulvin ultramicrosize tab 125 mg, 250 mg		HM ULTICARE SHORT PEN NEE	
guanfacine hcl tab er 24hr 1 mg (base equiv), 2	J	HUMALOG	
mg (base equiv), 3 mg (base equiv), 4 mg (base		HUMALOG JUNIOR KWIKPEN	
	60		
equiv)		HUMALOG KWIKPENHUMALOG MIX 75/25	
guanfacine hcl tab 1 mg, 2 mg			
GVOKE HYPOPEN 1-PACK		HUMALOG MIX 50/50 KWIKPEN	
GVOKE HYPOPEN 2-PACK		HUMALOG MIX 75/25 KWIKPEN	
GVOKE KIT		HUMALOG TEMPO PEN	
GVOKE PFS		HUMATE-P	
GYNAZOLE-1	51	HUMATIN	
H		HUMIRA	
HADLIMA	67	HUMIRA PEN	
HADLIMA		HUMIRA PEN-CD/UC/HS START	
HAEGARDA		HUMIRA PEN-PS/UV STARTER	
HAEMOLANCE		HUMULIN 70/30	
HAEMOLANCE LOW FLOW LANCE		HUMULIN 70/30 KWIKPEN	
		HUMULIN N	
HAEMOLANCE PLUS HAEMOLANCE PLUS HIGH FLOW		HUMULIN N KWIKPEN	
HAEMOLANCE PLUS HIGH FLOWHAEMOLANCE PLUS LOW FLOW		HUMULIN R	
HAEMOLANCE PLUS LOW FLOWHAEMOLANCE PLUS MAX FLOW		HUMULIN R U-500 (CONCENTR	
		HUMULIN R U-500 KWIKPEN	
HAEMOLANCE PLUS PEDIATRIC		HYCAMTIN	
halcinonide cream 0.1%		hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	
HALDOL DECANOATE 100		hydrochlorothiazide cap 12.5 mg	
halobetasol propionate cream 0.05%		hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	39
haloperidol decanoate im soln 50 mg/ml		hydrocodone-acetaminophen soln 7.5-325	
haloperidol decanoate im soln 100 mg/ml		mg/15ml	
haloperidol lactate oral conc 2 mg/ml		hydrocodone-acetaminophen tab 5-325 mg	
haloperidol tab 20 mg		hydrocodone-acetaminophen tab 10-325 mg, 7.5-325	5
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg		mg	
HARVONI		hydrocodone bitart-homatropine methylbromide tab	,
HAVRIX		5-1.5 mg	43
HEALTHWISE INSULIN SYRING		hydrocodone bitart-homatropine methylbrom soln	
HEALTHWISE MICRON PEN NEE	111	5-1.5 mg/5ml	43
VEV IDA - Drier Authorization			

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

HYDR	OCODONE BITARTRATE ER	65	IMKELDI	17
hydro	codone-ibuprofen tab 7.5-200 mg	65	IMPAVIDO	9
HYDR	OCODONE POLISTIREX/CH	43	INBRIJA	74
HYDR	OCORTISONE	87	INCONTROL ULTICARE MINI P	
HYDR	OCORTISONE ACETATE/PR	87	INCRELEX	
HYDR	OCORTISONE BUTYRATE	90	INCRUSE ELLIPTA	44
	cortisone cream 2.5%		indapamide tab 1.25 mg, 2.5 mg	
hydrod	cortisone enema 100 mg/60ml	87	indomethacin cap er 75 mg	67
	cortisone oint 2.5%		indomethacin cap 25 mg, 50 mg	
hydro	cortisone perianal cream 2.5%	87	INFANRIX	13
	cortisone tab 5 mg, 10 mg, 20 mg		INLYTA	
	cortisone valerate cream 0.2%		INQOVI	
	cortisone valerate oint 0.2%		INREBIC	
hydro	cortisone w/ acetic acid otic soln 1-2%	86	INSULIN DEGLUDEC	
hydroi	morphone hcl liqd 1 mg/ml	65	INSULIN DEGLUDEC FLEXTOUC	
hydroi	morphone hcl tab er 24hr 8 mg, 12 mg, 16 mg	, 32	INSULIN SYRINGE/0.3ML/30G	
mg		65	INSULIN SYRINGE/0.3ML/31G	112
hydroi	morphone hcl tab 2 mg, 4 mg, 8 mg	65	INSULIN SYRINGE/0.5ML/28G	112
hydrox	cychloroquine sulfate tab 200 mg	9	INSULIN SYRINGE/0.5ML/30G	112
hydrox	kychloroquine sulfate tab 100 mg, 300 mg, 40	0	INSULIN SYRINGE/0.5ML/31G	112
mg		9	INSULIN SYRINGE/1ML/29G X	112
hydrox	kyurea cap 500 mg	16	INSULIN SYRINGE/1ML/30G X	112
hydrox	kyzine hcl syrup 10 mg/5ml	53	INSULIN SYRINGE/NEEDLE 0	112
	kyzine hcl tab 10 mg, 25 mg, 50 mg		INSULIN SYRINGE/NEEDLE 1M	112
hydrox	kyzine pamoate cap 25 mg, 50 mg	53	INSULIN SYRINGE/U-100/0.3	112
HYFTO	DR	90	INSULIN SYRINGE/U-100/0.5	112
HYMP/	4VZI	81	INSULIN SYRINGE/U-100/1ML	112
HYQVI	A	14	INSULIN SYRINGES/U-100/0	112
HY-VE	E LANCETS	111	INSULIN SYRINGES/U-100/1M	112
HY-VE	E THIN LANCETS	111	INSUPEN32G EXTR3ME/32G X	113
1			INSUPEN 33GX4MM	113
•			INSUPEN 29G X 12MM	
	onate sodium tab 150 mg (base equivalent)		INSUPEN 31G X 5MM	
	CE		INSUPEN 31G X 8MM	112
	ZI		INSUPEN 32G X 4MM	113
	fen tab 400 mg, 600 mg, 800 mg		INTELENCE	
	int acetate subcutaneous soln pref syr 30		IN TOUCH DIABETES MANAGEM	111
	ml		IN TOUCH LANCING DEVICE	
	IG		IN TOUCH STERILE LANCETS	111
	ON		INTRAROSA	51
IDHIFA	.	16	INVEGA HAFYERA	
	TH LANCING DEVICE		INVEGA SUSTENNA	56
	NSULIN INFUSION KIT		INVEGA TRINZA	
	NSULIN PUMP		IPOL INACTIVATED IPV	
	TARTER KIT - CONTAC		ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	44
	TARTER KIT - INSET		ipratropium bromide inhal soln 0.02%	44
	0		ipratropium bromide nasal soln 0.03% (21 mcg/spr	ay),
	ib mesylate tab 100 mg (base equivalent)		0.06% (42 mcg/spray)	42
	ib mesylate tab 400 mg (base equivalent)		IQIRVO.	
	IVICA		irbesartan-hydrochlorothiazide tab 150-12.5 mg,	
	REE		300-12.5 mg	37
	mine hcl tab 10 mg, 25 mg, 50 mg		irbesartan tab 75 mg, 150 mg, 300 mg	
imiqui	mod cream 5%	90	irrigation solution, physiological	
KEY	PA = Prior Authorization LD = Limited Distribution		ST = Responsible Steps QL = Quantity Limit (Max Quantity/Time)	

ISENTRESS		KETOSTIX	
ISENTRESS HD	. 6	KEVZARA	
isoniazid syrup 50 mg/5ml	. 3	KIMONO COLORS	
isoniazid tab 100 mg	3	KIMONO LUBRICATED	
isoniazid tab 300 mg		KIMONO MAXX/LARGE FLARE	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg4	41	KIMONO MICRO THIN	
isosorbide dinitrate tab 5 mg	34	KIMONO MICRO THIN PLUS SP	113
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	_
ISOSORBIDE MONONITRATE	34	KIMONO PS LUBRICATED	113
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120		KIMONO PS PLUS SPERMICIDE	113
mg	34	KIMONO SENSATION LUBRICAT	113
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	90	KIMONO SENSATION PLUS SPE	113
isradipine cap 2.5 mg, 5 mg	35	KIMONO SPECIAL	113
ITOVEBI	17	KINERET	
itraconazole cap 100 mg		KINNEY LANCETS	
itraconazole oral soln 10 mg/ml	. 3	KINNEY THIN LANCETS	
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base		KINRAY INSULIN SYRINGE/0	113
equiv)	41	KINRIX	13
ivermectin cream 1%	90	KISQALI	17
ivermectin tab 3 mg	. 9	KLOXXADO	93
IWILFIN	17	KOATE	81
IXINITY	81	KOATE-DVI	81
J		KOGENATE FS	81
		KOSELUGO	17
JAKAFI		KOVALTRY	81
JANUMET2		K-PHOS NO 2	52
JANUMET XR		KRAZATI	17
JANUVIA2		KROGER AUTOLET LANCING DE	113
JARDIANCE		KROGER HEALTHPRO TWIST LA	113
JAYPIRCA	17	KROGER INSULIN SYRINGE/0	113
JIVI		KROGER INSULIN SYRINGE/1M	113
JOENJA13		KROGER INSULIN SYRINGE/U	113
JULUCA		KROGER LANCETS	113
JUXTAPID		KROGER LANCETS 21G	114
JYNARQUE	32	KROGER LANCETS MICRO THIN	113
JYNNEOS	12	KROGER LANCETS SUPER THIN	114
К		KROGER LANCETS THIN	
		KROGER LANCETS ULTRATHIN	114
KALETRA		KROGER LANCING DEVICE	
KALYDECO		KROGER PEN NEEDLES/31G X	
KAMELEON LUBRICATED1		KROGER PEN NEEDLES/32G X	114
KERENDIA		KROGER PEN NEEDLES/33G X	
KESIMPTA		KROGER PEN NEEDLES 29G X	
KETOCARE		KROGER PEN NEEDLES 31G X	
ketoconazole cream 2%			
ketoconazole shampoo 2%		L	
ketoconazole tab 200 mg		labetalol hcl tab 100 mg, 200 mg, 300 mg	34
KETONE		lacosamide oral solution 10 mg/ml	
KETONE TEST STRIPS		lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	
ketorolac tromethamine ophth soln 0.4%		lactated ringer's for irrigation	
ketorolac tromethamine ophth soln 0.5%		lactulose (encephalopathy) solution 10 gm/15ml	
ketorolac tromethamine tab 10 mg	67	lactulose solution 10 gm/15ml	
		-	

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

LAGEV	RIO		
lamivu	dine oral soln 10 mg/ml		
	dine tab 150 mg		
	dine tab 300 mg		
	dine tab 100 mg (hbv)		
	dine-zidovudine tab 150-300 mg	6 LEDIPASVIR/SOFOSBUVIR	
	gine orally disintegrating tab 25 mg, 50 mg, 100	leflunomide tab 10 mg, 20 mg	68
	00 mg7		
	gine tab chewable dispersible 5 mg7		
	gine tab chewable dispersible 25 mg7	·	
	gine tab disint 25 (14) & 50 mg (14) & 100 mg (7)		
	gine tab disint 21 x 25 mg & 7 x 50 mg titration	LENVIMA 10 MG DAILY DOSE	
	gine tab disint 42 x 50mg & 14 x 100mg titration		
	gine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg,	LENVIMA 20 MG DAILY DOSE	
	ng, 300 mg		
	gine tab 25 mg, 100 mg, 150 mg, 200 mg		
	gine tab 25 mg (42) & 100 mg (7) starter kit7		
	gine tab 84 x 25 mg & 14 x 100 mg starter	leucovorin calcium tab 10 mg, 15 mg, 25 mg	
	7 gine tab 35 x 25 mg starter kit		
	Gille tab 35 x 25 mg starter kit		10
	T DEVICE ADJUSTABLE11		11
	T DEVICE WITH EJECTO11	• /	
	TS11		
	TS - BAYER ASCENCIA11		45
	TS 30G11		
	TS 30G/TWIST TOP11		
	TS 33G EXTRA FINE11		
	TS 28G THIN11		
	TS 30G TWIST TOP11	4 mg	. 72
	TS 33G UNIVERSAL DES 11		
LANCE	TS MICRO THIN 33G11	4 levocarnitine oral soln 1 gm/10ml (10%)	32
LANCE	TS SUPER THIN 28G11	4 levocarnitine tab 330 mg	32
LANCE	TS THIN11	4 levocetirizine dihydrochloride tab 5 mg	42
LANCE	TS ULTRA THIN 30G11		
LANCII	NG DEVICE11	4 levofloxacin tab 250 mg, 500 mg, 750 mg	3
lansop	razole cap delayed release 30 mg4		
	num carbonate chew tab 500 mg (elemental),	0.01 mg	25
	g (elemental), 1000 mg (elemental)4		
	S3		
	S SOLOSTAR3		
	11		25
•	ib ditosylate tab 250 mg (base equiv)		
	prost ophth soln 0.005%		
	UZE1	` ` '	
	R ADVANCED LANCING D11		
	R INSULIN SYRINGE/011		. 25
	R INSULIN SYRINGE/1M11	O	0.5
	R LANCETS COLORED11		25
LEADE	R SUPER THIN LANCET11	ວ 	
	DA - Drien Authorization	CT - Deenensible Cter-	
KEY	PA = Prior Authorization	ST = Responsible Steps OL = Oughtity Limit (May Quantity/Time)	
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)	
	SP = Specialty		

levonorg-eth est tab 0.15-0.03mg(84) & eth est tab		LUKELIVIA	
0.01mg(7)		LO LOESTRIN FE	
levorphanol tartrate tab 2 mg		LONGS INSULIN SYRINGE/0.5	
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg		LONGS LANCETS STANDARD	
mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 m	-	LONGS LANCETS THIN	
175 mcg, 200 mcg, 300 mcg		LONGS LANCETS ULTRA THIN	
LIBERTY MEDICAL LANCETS 3		LONSURF	
lidocaine hcl soln 4%		lopinavir-ritonavir tab 100-25 mg	
idocaine hcl urethral/mucosal gel prefilled syringe		lopinavir-ritonavir tab 200-50 mg	
2%	90	loratadine & pseudoephedrine tab er 12hr 5-120	
idocaine hcl viscous soln 2%		mg	
idocaine oint 5%		loratadine & pseudoephedrine tab er 24hr 10-240	
idocaine patch 5%	90	mg	
idocaine-prilocaine cream 2.5-2.5%		loratadine oral soln 5 mg/5ml	
LIFESCAN UNISTIK 2 DEEP P		loratadine rapidly-disintegrating tab 10 mg	
inezolid for susp 100 mg/5ml		loratadine tab 10 mg	
inezolid tab 600 mg		lorazepam conc 2 mg/ml	
LINZESS		lorazepam tab 0.5 mg, 1 mg, 2 mg	
iothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	31	LORBRENA	
isdexamfetamine dimesylate cap 10 mg, 20 mg, 30)	losartan potassium & hydrochlorothiazide tab 50-7	12
mg, 40 mg, 50 mg, 60 mg, 70 mg	60	mg, 100-12.5 mg, 100-25 mg	
isdexamfetamine dimesylate chew tab 10 mg, 20 n	ng,	losartan potassium tab 25 mg, 50 mg, 100 mg	
30 mg, 40 mg, 50 mg, 60 mg	60	loteprednol etabonate ophth gel 0.5%	
isinopril & hydrochlorothiazide tab 10-12.5 mg,		loteprednol etabonate ophth susp 0.2%	
20-12.5 mg, 20-25 mg	37	loteprednol etabonate ophth susp 0.5%	
isinopril tab 20 mg	37	lovastatin tab 10 mg	,
isinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg	37	lovastatin tab 20 mg, 40 mg	
LITETOUCH INSULIN PEN NEE	115	loxapine succinate cap 50 mg	
LITETOUCH INSULIN SYRINGE	115	loxapine succinate cap 5 mg, 10 mg, 25 mg	
LITE TOUCH LANCETS	115	lubiprostone cap 8 mcg	
LITETOUCH LANCETS MICRO T	115	lubiprostone cap 24 mcg	
LITE TOUCH LANCING PEN	115	LUMAKRAS	
LITETOUCH PEN NEEDLES/31	115	LUMIGAN	
LITETOUCH PEN NEEDLES/31G	115	LUMRYZ	
LITETOUCH PEN NEEDLES 29G	115	LUMRYZ STARTER PACK	
LITETOUCH PEN NEEDLES 31G	115	lurasidone hcl tab 80 mg	,
LITFULO	90	lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	
LITHIUM CARBONATE	56	LYNPARZA	
ithium carbonate cap 300 mg	56	LYSODREN	
ithium carbonate cap 150 mg, 600 mg	56	LYTGOBI	
ithium carbonate tab er 300 mg	56	LYUMJEV	
ithium carbonate tab er 450 mg	56	LYUMJEV KWIKPEN	
ithium carbonate tab 300 mg	56	LYUMJEV TEMPO PEN	
ithium oral solution 8 meq/5ml	56	М	
_IVDELZI			
LIVE BETTER ADVANCED LANC	115	MAGELLAN INSULIN SAFETY S	
LIVE BETTER LANCET SUPER	115	MAGELLAN TUBERCULIN SAFET	
LIVE BETTER LANCET ULTRA	115	malathion lotion 0.5%	
LIVE BETTER PEN NEEDLES 2	115	MARATHON MEDICAL PENTIPS	
LIVE BETTER PEN NEEDLES 3		maraviroc tab 150 mg	
_IVMARLI		maraviroc tab 300 mg	
LIVTENCITY		MARPLAN	
lofexidine hcl tab 0.18 mg (base equivalent)		MATULANE	
		CT - Deanonaible Store	
KEY PA = Prior Authorization		ST = Responsible Steps	

LD = Limited Distribution

SP = Specialty

MAVENCLAD	62	mercaptopurine tab 50 mg
MAVYRET		mesalamine cap dr 400 mg
MAXICOMFORT II PEN NEEDLE	116	mesalamine cap er 24hr 0.375 gm
MAXI-COMFORT INSULIN SYRI		mesalamine enema 4 gm
MAXICOMFORT INSULIN SYRIN		mesalamine suppos 1000 mg
MAXI-COMFORT SAFETY PEN N		mesalamine tab delayed release 1.2 gm
MAXX LUBRICATED		mesalamine tab delayed release 800 mg
MAXX PLUS SPERMICIDE LUBR		
		mesna tab 400 mg
MAYZENT		metaxalone tab 400 mg
MAYZENT STARTER PACK		metaxalone tab 800 mg
meclizine hcl tab 12.5 mg, 25 mg		metformin hcl tab er 24hr 500 mg, 750 mg
MECLOFENAMATE SODIUM		metformin hcl tab 500 mg, 850 mg, 1000 mg
MEDICHOICE PRE-SET SAFETY		methadone hcl conc 10 mg/ml
MEDICHOICE SAFETY LANCET		methadone hcl soln 5 mg/5ml
MEDICINE SHOPPE LANCETS	116	methadone hcl soln 10 mg/5ml
MEDICINE SHOPPE LANCETS T	. 116	methadone hcl tab for oral susp 40 mg
MEDICINE SHOPPE PEN NEEDL		methadone hcl tab 5 mg, 10 mg
MEDIC INSULIN SYRINGE/0.3		methamphetamine hcl tab 5 mg
MEDIC INSULIN SYRINGE/0.5		methazolamide tab 25 mg, 50 mg
MEDLANCE PLUS/LITE 25G		methenamine hippurate tab 1 gm
MEDLANCE PLUS EXTRA LANCE		methimazole tab 5 mg, 10 mg
MEDLANCE PLUS EXTRA LANCE		
		methocarbamol tab 500 mg, 750 mg
MEDLANCE PLUS LITE LANCET		METHOTREXATE SODIUM
MEDLANCE PLUS SPECIAL LAN		methotrexate sodium for inj 1 gm
MEDLANCE PLUS SUPERLITE 3		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)
medroxyprogesterone acetate im susp 150 mg/ml	25	methotrexate sodium tab 2.5 mg (base equiv)
medroxyprogesterone acetate im susp prefilled syr		METHOXSALEN
150 mg/ml		methscopolamine bromide tab 2.5 mg, 5 mg
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10		methsuximide cap 300 mg
mg	26	METHYLDOPA
mefloquine hcl tab 250 mg		methyldopa tab 250 mg
megestrol acetate susp 40 mg/ml		methylergonovine maleate tab 0.2 mg
megestrol acetate tab 20 mg, 40 mg		methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la)
MEIJER COLOR LANCETS UNIV		30 mg (la), 40 mg (la)
MEIJER LANCETS		methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30
MEIJER LANCETS THIN		mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)
MEIJER LANCETS UNIVERSAL		methylphenidate hcl chew tab 10 mg
MEIJER PEN NEEDLES 29G X		methylphenidate hcl chew tab 2.5 mg, 5 mg
MEIJER PEN NEEDLES 31G X		methylphenidate hcl soln 5 mg/5ml
MEIJER SUPER THIN LANCETS		methylphenidate hcl soln 10 mg/5ml
MEKINIST	18	methylphenidate hcl tab er 10 mg, 20 mg
MEKTOVI		methylphenidate hcl tab er osmotic release (osm) 36
meloxicam tab 7.5 mg, 15 mg	68	mg
memantine hcl oral solution 2 mg/ml		methylphenidate hcl tab er osmotic release (osm) 18
memantine hcl tab 5 mg, 10 mg		mg, 27 mg, 54 mg
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration	- —	methylphenidate hcl tab 5 mg, 10 mg, 20 mg
pack	62	METHYLPHENIDATE HYDROCHLO
MENEST		methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg
MENQUADFI		methylprednisolone tab 4 mg, 6 mg, 16 mg, 32 mg methylprednisolone tab therapy pack 4 mg (21)
MENVEO		methyltestosterone cap 10 mg
meprobamate tab 200 mg, 400 mg mercaptopurine susp 2000 mg/100ml (20 mg/ml)		metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)
	••	- 1- /
KEY PA = Prior Authorization		ST = Responsible Steps
LD = Limited Distribution		<pre>QL = Quantity Limit (Max Quantity/Time)</pre>
SP = Specialty		

metociopramide nci tab 5 mg (base equivalent), 10 mg	modatinii tab 100 mg60
(base equivalent)49	
metolazone tab 2.5 mg, 5 mg, 10 mg39	MODERNA COVID-19 VACCINE
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25	moexipril hcl tab 7.5 mg, 15 mg38
mg, 100-50 mg38	
metoprolol succinate tab er 24hr 25 mg (tartrate	mometasone furoate oint 0.1%91
equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv),	
200 mg (tartrate equiv) 34	
metoprolol tartrate tab 50 mg, 100 mg35	
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg34	
metronidazole cream 0.75%91	
metronidazole gel 0.75%91	
metronidazole gel 1%91	
metronidazole lotion 0.75%91	
metronidazole tab 250 mg10	
metronidazole tab 500 mg10	
metronidazole vaginal gel 0.75% 51	MONOLET LANCETS118
mexiletine hcl cap 150 mg, 200 mg, 250 mg36	
MICRODOT PEN NEEDLE/31G X117	MONOLETTOR SAFETY LANCETS118
MICRODOT PEN NEEDLE/32G X117	montelukast sodium chew tab 4 mg (base equiv), 5 mg
MICRODOT PEN NEEDLE/33G X117	(base equiv)45
MICROLET LANCETS117	montelukast sodium tab 10 mg (base equiv)45
MICROLET NEXT 117	
midodrine hcl tab 10 mg39	
midodrine hcl tab 2.5 mg, 5 mg 39	
MIEBO84	
MIFEPREX32	•
mifepristone tab 200 mg32	
mifepristone tab 300 mg27	
MIGLITOL27	
miglustat cap 100 mg78	
MINI LANCING DEVICE117	
minocycline hcl cap 50 mg, 75 mg, 100 mg2	
minoxidil tab 2.5 mg, 10 mg38	
mirabegron tab er 24 hr 25 mg, 50 mg51	
mirtazapine orally disintegrating tab 15 mg 54	
mirtazapine orally disintegrating tab 30 mg, 45 mg54	
mirtazapine tab 15 mg54	
mirtazapine tab 30 mg54	
mirtazapine tab 7.5 mg, 45 mg54	
misoprostol tab 100 mcg, 200 mcg47	
1ML VANISHPOINT TUBERCULI	
MM INSULIN SYRINGE/U-100/117	
MM LANCING DEVICE117	
MM PEN NEEDLES 31G X 3/16117	
MM PEN NEEDLES 31G X 5/16117	
MM PEN NEEDLES 32G X 5/32117	• • •
MM PEN NEEDLES 31G X 1/4"117	• • • • • • • • • • • • • • • • • • • •
M-M-R II	, , , , , , , , , , , , , , , , , , ,
MM TWIST LANCETS	
M-NATAL PLUS	
MNEXSPIKE COVID-19 VACCIN	
MOBILE LANCETS 30G117	
WIODILL LANGE TO JUG	ווטטוו וויווא ווייואווטטוו ווייואווטטוו
KEY PA = Prior Authorization	ST = Responsible Steps

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

MYLERAN	19	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21	
MYRBETRIQ	51	mg/24hr	
MYTESI	47	NICOTROL INHALER	
N		NICOTROL NS	
		nifedipine cap 10 mg, 20 mg	
nabumetone tab 500 mg, 750 mg		nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	35
nadolol tab 20 mg, 40 mg, 80 mg		nifedipine tab er 24hr osmotic release 30 mg, 60 mg,	
naloxone hcl inj 0.4 mg/ml		90 mg	. 35
naloxone hcl inj 4 mg/10ml		nilotinib hcl cap 50 mg (base equivalent), 150 mg (bas	se
naloxone hcl nasal spray 4 mg/0.1ml		equivalent), 200 mg (base equivalent)	. 19
naloxone hcl soln prefilled syringe 2 mg/2ml		nilutamide tab 150 mg	. 19
NALOXONE HYDROCHLORIDE		nimodipine cap 30 mg	. 35
naltrexone hcl tab 50 mg		NINLARO	. 19
naproxen sodium tab 275 mg, 550 mg		NISOLDIPINE ER	
naproxen tab 500 mg	68	nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	
naproxen tab 250 mg, 375 mg	68	nitazoxanide tab 500 mg	
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base		nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	
equiv)	69	NITRO-BID	
NATACYN	85	nitrofurantoin macrocrystalline cap 25 mg	
nateglinide tab 60 mg, 120 mg	27	nitrofurantoin macrocrystalline cap 50 mg, 100 mg	
NAYZILAM		nitrofurantoin monohydrate macrocrystalline cap 100	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (ba		mg	
equivalent), 10 mg (base equivalent), 20 mg (base		nitrofurantoin susp 25 mg/5ml	
equivalent)	35	nitroglycerin oint 0.4%	
NEFAZODONE HYDROCHLORIDE		nitroglycerin sI tab 0.3 mg, 0.4 mg, 0.6 mg	
NEMLUVIO		nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4	. •
NEOMYCIN/POLYMYXIN/GRAMIC	85	mg/hr, 0.6 mg/hr	3/
neomycin-bacitrac zn-polymyx		nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	
5(3.5)mg-400unt-10000unt op oin	85	NITYR	
neomycin-polymyxin-dexamethasone ophth oint		NIVA-PLUS	
0.1%	85	NIVA THYROID	
neomycin-polymyxin-dexamethasone ophth susp		NIVESTYM	
0.1%	85	NIZATIDINE	
neomycin-polymyxin-hc otic soln 1%		nizatidine cap 150 mg	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000	• •	NORDITROPIN FLEXPRO	
unit/ml-1%	86	norelgestromin-ethinyl estradiol td ptwk 150-35	32
neomycin sulfate tab 500 mg		mcg/24hr	25
NEONATAL COMPLETE		norethindrone & ethinyl estradiol-fe chew tab 0.8	25
NEONATAL PLUS		<u> </u>	25
NEO-SYNALAR		mg-25 mcgnorethindrone & ethinyl estradiol tab 0.4 mg-35 mcg,	
NERLYNX		•	
NEULASTA		0.5 mg-35 mcg, 1 mg-35 mcg	.25
NEVIRAPINE		norethindrone ace & ethinyl estradiol-fe tab 1 mg-20	۰.
nevirapine tab er 24hr 400 mg		mcg, 1.5 mg-30 mcg	
nevirapine tab er 24m 400 mgnevirapine tab 200 mg		norethindrone ace & ethinyl estradiol tab 1 mg-20 mc	
NEXLETOL		1.5 mg-30 mcg	.25
NEXLIZET		norethindrone ace-ethinyl estradiol-fe cap 1 mg-20	
niacin tab er 500 mg (antihyperlipidemic),	40	mcg (24)	
750 mg (antihyperlipidemic), 1000 mg		norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5	
(antihyperlipidemic)	40	mcg	24
nicardipine hcl cap 20 mg, 30 mg		norethindrone acetate-ethinyl estradiol tab 1 mg-5	_
		mcg	
nicotine polacrilex gum 2 mg, 4 mg		norethindrone acetate tab 5 mg	. 26
nicotine polacrilex lozenge 2 mg, 4 mg	02		
			_

KEY **PA** = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1		NUVARING	
mg-mcg		NUWIQ	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-3	_	NUZYRA	
mcg, 0.5-35/1-35/0.5-35 mg-mcg		nystatin cream 100000 unit/gm	
norethindrone tab 0.35 mg	25	nystatin oint 100000 unit/gm	91
norgestimate & ethinyl estradiol tab 0.25 mg-35		nystatin susp 100000 unit/ml	
mcg	26	nystatin tab 500000 unit	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25	5-25	nystatin topical powder 100000 unit/gm	91
mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	26	nystatin-triamcinolone cream 100000-0.1 unit/gm-	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.		%	
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		0	
NOVA SAFETY LANCETS 23G	118		
NOVA SAFETY LANCETS 28G	118	OBIZUR	
NOVA SUREFLEX LANCETS	118	octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000	
NOVA SUREFLEX LANCING DEV	118	mcg/ml (1 mg/ml)	33
NOVAVAX COVID-19 VACCINE/	12	octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100	
NOVOEIGHT	82	mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)	
NOVOFINE PEN NEEDLE 32G X	119	ODEFSEY	6
NOVOFINE PLUS PEN NEEDLE		ODOMZO	19
NOVOLIN 70/30	30	OFEV	
NOVOLIN 70/30 FLEXPEN		ofloxacin ophth soln 0.3%	85
NOVOLIN 70/30 FLEXPEN REL		ofloxacin otic soln 0.3%	86
NOVOLIN 70/30 RELION		ofloxacin tab 400 mg	3
NOVOLIN N		OGSIVEO	19
NOVOLIN N FLEXPEN		OJEMDA	19
NOVOLIN N FLEXPEN RELION		OJJAARA	19
NOVOLIN N RELION		olanzapine for im inj 10 mg	57
NOVOLIN R		olanzapine orally disintegrating tab 5 mg, 10 mg, 19	
NOVOLIN R FLEXPEN		mg, 20 mg	
NOVOLIN R FLEXPEN RELION		olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg,	
NOVOLIN R RELION		mg	
NOVOLOG	_	olmesartan-amlodipine-hydrochlorothiazide tab	
NOVOLOG FLEXPEN		20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5	5
NOVOLOG FLEXPEN RELION		mg, 40-10-25 mg	
NOVOLOG MIX 70/30	30	olmesartan medoxomil-hydrochlorothiazide tab	
NOVOLOG MIX 70/30 PREFILL		20-12.5 mg, 40-12.5 mg, 40-25 mg	38
NOVOLOG MIX 70/30 PRELION		olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	38
NOVOLOG PENFILL		olopatadine hcl nasal soln 0.6%	
NOVOLOG RELION		OLUMIANT	
NOVOSEVEN RT		omega-3-acid ethyl esters cap 1 gm	
NOXAFIL		omeprazole cap delayed release 20 mg	
NP THYROID 15		omeprazole cap delayed release 10 mg, 40 mg	
NP THYROID 30		OMNIFLEX DIAPHRAGM	
NP THYROID 60		OMNIPOD DASH INTRO KIT (G	
NP THYROID 90		OMNIPOD DASH PODS (GEN 4)	
NP THYROID 90NP THYROID 120		OMNIPOD 5 DEXCOM G7G6 INT	119
NUBEQA		OMNIPOD 5 DEXCOM G7G6 POD	
NUCALA		OMNIPOD 5 LIBRE2 PLUS G6	
NUCYNTA ER		OMNITROPE	
NULIBRY		OMVOH	
NURTEC		ondansetron hcl oral soln 4 mg/5ml	
INUN I EU	09	- Ingramma	
KEY PA = Prior Authorization		ST = Responsible Steps	

ST = Responsible Steps

ondansetron hcl tab 4 mg	48	oxcarbazepine tab 150 mg, 300 mg, 600 mg	72
ondansetron hcl tab 8 mg	48	oxiconazole nitrate cream 1%	91
ondansetron orally disintegrating tab 4 mg, 8 mg	48	oxybutynin chloride solution 5 mg/5ml	51
ONETOUCH DELICA LANCETS E	. 119	oxybutynin chloride tab er 24hr 5 mg	
ONETOUCH DELICA LANCETS F	. 119	oxybutynin chloride tab er 24hr 10 mg	51
ONETOUCH DELICA LANCING D	119	oxybutynin chloride tab er 24hr 15 mg	
ONETOUCH DELICA PLUS LANC	. 119	oxybutynin chloride tab 5 mg	
ONETOUCH DELICA SAFETY LA	119	oxycodone hcl cap 5 mg	
ONETOUCH LANCETS	. 119	oxycodone hcl conc 100 mg/5ml (20 mg/ml)	
ONETOUCH ULTRA	93	oxycodone hcl soln 5 mg/5ml	
ONETOUCH ULTRA 2	. 119	oxycodone hcl tab 5 mg	
ONETOUCH ULTRA BLUE TEST		oxycodone hcl tab 10 mg	
ONETOUCH ULTRASOFT 2 LANC		oxycodone hcl tab 20 mg	
ONETOUCH ULTRA TEST STRIP		oxycodone hcl tab 15 mg, 30 mg	
ONETOUCH VERIO	119	oxycodone w/ acetaminophen tab 7.5-325 mg	
ONETOUCH VERIO FLEX BLOOD		oxycodone w/ acetaminophen tab 10-325 mg	
ONETOUCH VERIO IQ BLOOD G	119	oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325	
ONETOUCH VERIO REFLECT		mg	66
ONETOUCH VERIO TEST STRIP		OZEMPIC	
ONE VITE WOMENS PRENATAL			
ONUREG		Р	
OPFOLDA		paliperidone tab er 24hr 6 mg	57
OPILL		paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg	57
OPSUMIT		PANRETIN	
OPTIONS GYNOL II VAGINAL		pantoprazole sodium ec tab 20 mg (base equiv), 40 mg	3
OPVEE		(base equiv)	
ORAVIG		pantoprazole sodium for delayed release susp packet	
ORENCIA		40 mg	
ORENCIA CLICKJECT		paricalcitol cap 1 mcg	
ORENITRAM		paricalcitol cap 2 mcg	
ORENITRAM TITRATION KIT M		paricalcitol cap 4 mcg	
ORFADIN		paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg	
ORGOVYX		PAROXETINE HYDROCHLORIDE	
ORIAHNN		paroxetine mesylate cap 7.5 mg (base equiv)	
ORILISSA		PAXLOVID	
ORKAMBI		pazopanib hcl tab 200 mg (base equiv)	
ORLADEYO		PC UNIFINE PENTIPS 29G X1	
ORPHENADRINE/ASPIRIN/CAFF		PC UNIFINE PENTIPS 31G X1	
orphenadrine citrate tab er 12hr 100 mg		PEDIARIX	
ORSERDU		PEDVAX HIB	
oseltamivir phosphate cap 30 mg (base equiv)		PEGASYS	
oseltamivir phosphate cap 30 mg (base equiv) oseltamivir phosphate cap 45 mg (base equiv), 75 n		peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236	•
(base equiv)(base equiv)	_	gm	46
oseltamivir phosphate for susp 6 mg/ml (base	1	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln	
equiv)biosphate for susp 6 mg/m (base	7	100 gm	47
OSPHENA		peg 3350-kcl-sod bicarb-nacl for soln 420 gm	
OTEZLA		PEMAZYRE	
OTREXUP		PENBRAYA	
		penciclovir cream 1%	
oxaprozin tab 600 mg		penicillamine tab 250 mg1	
oxazepam cap 30 mg		PENICILLIN V POTASSIUM	
oxazepam cap 10 mg, 15 mg		penicillin v potassium tab 250 mg, 500 mg	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)		PENMENVY	
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg.	12		
KEY PA = Prior Authorization		ST = Responsible Steps	

LD = Limited Distribution

SP = Specialty

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

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

-	sium chloride microencapsulated crys er tab		PRENATAL	
	15 meq, 20 meq		PRENATAL 19	
potass	sium chloride oral soln 10% (20 meq/15ml), 2	0%	PRENATAL PLUS	
	eq/15ml)	77	PRENATAL PLUS VITAMIN AND	
potass	sium chloride tab er 10 meq, 20 meq (1500		PRENATAL-U	
			PRETOMANID	_
potass	sium chloride tab er 8 meq (600 mg)	77	PREVENT DROPSAFE SAFETY P	
potass	sium citrate tab er 5 meq (540 mg)	52	PREVENT SAFETY PEN NEEDLE	
potass	sium citrate tab er 10 meq (1080 mg)	52	PREVIDENT 5000 ENAMEL PRO	
potass	sium citrate tab er 15 meq (1620 mg)	52	PREVIDENT 5000 SENSITIVE	86
potass	sium phosphate monobasic tab 500 mg	77	PREVNAR 20	12
pot ph	os monobasic w/sod phos di & monobas tak)	PREVYMIS	7
155-8	52-130mg	77	PREZCOBIX	7
pramip	pexole dihydrochloride tab er 24hr 0.375 mg,		PREZISTA	7
0.75 r	ng, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	74	PRIFTIN	3
pramip	pexole dihydrochloride tab 0.25 mg, 1.5 mg	74	primaquine phosphate tab 26.3 mg (15 mg base)	9
pramip	pexole dihydrochloride tab 0.125 mg, 0.5 mg,	,	primidone tab 50 mg, 250 mg	72
0.75 ו	ng, 1 mg	74	PRIORIX	12
prasug	grel hcl tab 5 mg (base equiv), 10 mg (base		probenecid tab 500 mg	70
-)	82	prochlorperazine maleate tab 5 mg (base equivalen	ıt),
pravas	statin sodium tab 80 mg	41	10 mg (base equivalent)	57
pravas	statin sodium tab 10 mg, 20 mg, 40 mg	41	prochlorperazine suppos 25 mg	57
	uantel tab 600 mg		PRO COMFORT INSULIN SYRIN	
	sin hcl cap 1 mg, 2 mg, 5 mg		PRO COMFORT PEN NEEDLES/	122
	SION SURE-DOSE INSUL		PRO COMFORT SAFETY LANCET	122
predni	solone acetate ophth susp 1%	85	PROCRIT	78
	NISOLONE SODIUM PHOSP		PROCTOCORT	87
	solone sodium phosphate oral soln 25 mg/5		PROCTOFOAM HC	87
	eq)		PRODIGY INSULIN SYRING/U	
•	solone sod phosphate oral soln 15 mg/5ml		PRODIGY INSULIN SYRINGE/1	
	equiv)	23	PRODIGY LANCING DEVICE	
-	solone sod phosphate oral soln 5 mg/5ml (b		PRODIGY PRESSURE ACTIVATE	
)		PRODIGY SAFETY LANCETS	
•	solone soln 15 mg/5ml		PRODIGY TWIST TOP LANCETS	
	solone tab 5 mg		PROFILNINE	
	VISONE		progesterone cap 100 mg, 200 mg	
	sone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg,		PROMACTA	78
			promethazine-dm syrup 6.25-15 mg/5ml	
	sone tab therapy pack 5 mg (21), 5 mg (48),		promethazine hcl oral soln 6.25 mg/5ml	
-	21), 10 mg (48)		promethazine hcl suppos 12.5 mg, 25 mg	
	ERRED PLUS LANCETS CO		promethazine hcl tab 12.5 mg, 25 mg, 50 mg	
	ERRED PLUS LANCETS SU		promethazine w/ codeine syrup 6.25-10 mg/5ml	
	ERRED PLUS LANCETS TH		propafenone hcl cap er 12hr 225 mg, 325 mg, 425	
	ERRED PLUS UNIFINE PE		mg	36
	palin cap 25 mg		propafenone hcl tab 150 mg, 225 mg, 300 mg	
	palin cap 50 mg		proparacaine hcl ophth soln 0.5%	
	palin cap 75 mg, 100 mg		propranolol hel cap er 24hr 60 mg, 80 mg, 120 mg,	
	palin cap 150 mg, 200 mg		mg	
	palin cap 225 mg, 300 mg		propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80	
	palin soln 20 mg/ml		mg	
	ARIN		PROPRANOLOL HYDROCHLORIDE	
	PHASE		propylthiouracil tab 50 mg	
	PRO		PROQUAD	
- 11		47	110Q0/10	
KEY	PA = Prior Authorization		ST = Responsible Steps	
IVE I	l e e e e e e e e e e e e e e e e e e e			
	LD = Limited Distribution		QL = Quantity Limit (Max Quantity/Time)	

protriptyline hcl tab 5 mg, 10 mg	54	QULIPTA	
PROVIDA OB		QUVIVIQ	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	43	QVAR REDIHALER	45
PULMOZYME		R	
PURE COMFORT PEN NEEDLE 3			
PURE COMFORT PEN NEEDLE/3		rabeprazole sodium ec tab 20 mg	
PURE COMFORT SAFETY PEN N		RADICAVA ORS	
PX ADVANCED LANCING DEVIC		RADICAVA ORS STARTER KIT	
PX EXTRA SHORT PEN NEEDLE		RA E-ZJECT LANCETS 28G	
PX INSULIN SYRINGE/U-100/		RA E-ZJECT LANCETS THIN 2	
PX LANCETS MICROTHIN 33G		RA E-ZJECT LANCETS ULTRA	
PX LANCETS ULTRA THIN		RA INSULIN SYRINGE/0.5ML/	
PX LANCETS ULTRA THIN 28G		RA INSULIN SYRINGE/1ML/29	
PX MINI PEN NEEDLES 31GX5		RA INSULIN SYRINGE/U-100/	
PX PEN NEEDLE 29GX12MM		raloxifene hcl tab 60 mg	
pyrazinamide tab 500 mg		ramelteon tab 8 mg	
pyridostigmine bromide oral soln 60 mg/5ml		ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	
pyridostigmine bromide tab er 180 mg	. 75	ranolazine tab er 12hr 500 mg, 1000 mg	
pyridostigmine bromide tab 60 mg		RA PEN NEEDLES 31G X 5MM	
pyrimethamine tab 25 mg	9	RA PEN NEEDLES 31G X 8MM	124
PYRUKYND	. 82	rasagiline mesylate tab 0.5 mg (base equiv), 1 mg	
PYRUKYND TAPER PACK	82	(base equiv)	
Q		RAVICTI	
		RAYA SURE PEN NEEDLE 29G	
QC ADVANCED LANCING DEVIC		RAYA SURE PEN NEEDLE 31G	
QC INSULIN SYRINGE/0.3ML/		READYLANCE SAFETY LANCETS	
QC INSULIN SYRINGE/0.5ML/		REALITY INSULIN SYRINGE/U	
QC INSULIN SYRINGE/1ML/29		REALITY LANCETS	
QC INSULIN SYRINGE/1ML/31		REALITY LATEX/ULTRA TEXTU	
QC LANCETS SUPER THIN		REALITY LATEX/ULTRA THIN	
QC LANCETS ULTRA THIN		REALITY LATEX CONDOMS/LUB	
QC PEN NEEDLES 29G X 12MM		REALITY TRIGGER LANCETS	
QC PEN NEEDLES 31G X 6MM		REBIF	
QC PEN NEEDLES 31G X 8MM		REBIF REBIDOSE	
QC UNIFINE PENTIPS 32GX4M		REBIF REBIDOSE TITRATION	
QC UNILET LANCETS 33G/MIC		REBIF TITRATION PACK	
QC UNILET LANCETS 28G/ULT		REBINYN	
QELBREE		RECOMBINATE	
QINLOCK		RECOMBIVAX HB	
QUADRACEL	_	RECTIV	
quetiapine fumarate tab er 24hr 150 mg, 200 mg	57	REGRANEX	
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400		RELENZA DISKHALER	
mg		RELION 2-IN-1 LANCET DEV	
quetiapine fumarate tab 300 mg, 400 mg	57	RELION 2-IN-1 LANCING DEV	
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200		RELION INSULIN SYRINGE 0	
mg		RELION INSULIN SYRINGE/U	
QUICK TOUCH INSULIN PEN N	_	RELION INSULIN SYRINGE 1M	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg		RELION KETONE TEST STRIPS	
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5	5	RELION LANCETS	
mg		RELION LANCETS MICRO-THIN	
quinidine gluconate tab er 324 mg	. 36	RELION LANCETS THIN 26G	
QUINIDINE SULFATE	36	RELION LANCETS ULTRA-THIN	
quinine sulfate cap 324 mg	9	RELION LANCING DEVICE	124

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

RELION PEN NEEDLES 29GX12	124	rivaroxaban tab 2.5 mg	.79
RELION PEN NEEDLES 31G X		rivastigmine tartrate cap 1.5 mg (base equivalent), 3	
RELION PEN NEEDLES 32G X		mg (base equivalent), 4.5 mg (base equivalent), 6 mg	
RELION PEN NEEDLES 31GX5/		(base equivalent)(base equivalent)	
RELION R		rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr,	0.
			^
RELION THIN LANCETS		13.3 mg/24hr	
RELION ULTRA THIN LANCETS		RIVFLOZA	
RENTHYROID		RIXUBIS	
repaglinide tab 0.5 mg, 1 mg, 2 mg REPATHA		rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	
REPATHA PUSHTRONEX SYSTEM		rizatriptan benzoate oral disintegrating tab 10 mg	
REPATHA SURECLICK		(base eq)	70
RESTASIS		rizatriptan benzoate tab 5 mg (base equivalent)	
RETACRIT		rizatriptan benzoate tab 10 mg (base equivalent)	
RETEVMO		roflumilast tab 250 mcg, 500 mcg	
RETROVIR		ROMVIMZA	
REVLIMID			20
		ropinirole hydrochloride tab er 24hr 2 mg (base	_
REVUFORJ		equivalent)	74
REXTOVY		ropinirole hydrochloride tab er 24hr 4 mg (base	
REXULTI		equivalent), 6 mg (base equivalent), 8 mg (base	
REYATAZ		equivalent), 12 mg (base equivalent)	
REYVOW		ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2	
REZDIFFRA	50	mg, 3 mg, 4 mg, 5 mg	74
REZLIDHIA	20	rosuvastatin calcium tab 40 mg	41
REZUROCK	. 137	rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	41
RHOPRESSA	85	ROTARIX	
RIASTAP	82	ROTATEQ	
RIBAVIRIN		ROZLYTREK	
rifabutin cap 150 mg		RUBRACA	
rifampin cap 150 mg, 300 mg		rufinamide susp 40 mg/ml	
RIGHTEST GD500 LANCING DE		rufinamide tab 200 mg, 400 mg	
RIGHTEST GL300 LANCETS		RUKOBIA	
		RYBELSUS	
riluzole tab 50 mg		RYDAPT	
RIMANTADINE HYDROCHLORIDE			
RINGERS IRRIGATION		RYKINDO	
RINVOQ		RYPLAZIM	82
RINVOQ LQ		S	
risedronate sodium tab delayed release 35 mg		0.455777.1.4510570	
risedronate sodium tab 5 mg, 30 mg		SAFETY LANCETS1	
risedronate sodium tab 35 mg, 150 mg	33	SAFETY LANCETS/PRESSURE A1	
RISPERDAL CONSTA	57	SAFETY LANCETS 21G1	
risperidone microspheres for im extended rel susp		SAFETY LANCETS 23G1	
12.5 mg, 25 mg, 37.5 mg, 50 mg	57	SAFETY LANCETS 28G1	25
risperidone orally disintegrating tab 0.5 mg		SAFETY PEN NEEDLES/30G X1	25
risperidone orally disintegrating tab 4 mg		SANTYL	91
risperidone orally disintegrating tab 1 mg, 2 mg, 3		sapropterin dihydrochloride powder packet 100 mg,	
mg	57	500 mg	33
		sapropterin dihydrochloride tab 100 mg	
risperidone soln 1 mg/ml		SAPSCARE TWIST TOP LANCET	
risperidone tab 0.25 mg		SAPS HEALTH CARE TWIST TO	
risperidone tab 4 mg		SAPS HEALTH CARE TWIST TO	
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg			
ritonavir tab 100 mg		SAPS HEALTH TWIST TOP LAN 1	
rivaroxaban for susp 1 mg/ml	79	SAVELLA	ос —
KEY PA = Prior Authorization		ST = Responsible Steps	
LD = Limited Distribution		QL = Quantity Limit (Max Quantity/Time)	
SP = Specialty		a_ addition addition	
1 opositiv			

SAVELLA TITRATION PACK	63	SMART DIABETES VANTAGE LA	125
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base		SMARTEST LANCETS 28G	
equiv)		sodium chloride irrigation soln 0.9%	52
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	27	sodium chloride soln nebu 7%	
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1	000	sodium chloride soln nebu 3%, 10%	
mg		sodium citrate & citric acid soln 500-334 mg/5ml	
SB INSULIN SYRINGE/U-100/		SODIUM FLUORIDE	
SB LANCETS THIN		SODIUM FLUORIDE/POTASSIUM	87
SB LANCETS ULTRA THIN		sodium fluoride chew tab 0.25 mg f (from 0.55 mg	
SCEMBLIX		naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 m	g
SCHNUCKS INSULIN SYRINGE		naf)	
scopolamine td patch 72hr 1 mg/3days	48	sodium fluoride cream 1.1%	86
SECURESAFE SAFETY INSULIN	125	sodium fluoride gel 1.1% (0.5% f)	86
SECURESAFE SAFETY PEN NEE	125	sodium fluoride paste 1.1%	86
SELARSDI	91	SODIUM FLUORIDE 5000 PPM	
SELECT-LITE LANCING DEVIC	125	sodium fluoride rinse 0.2%	86
selegiline hcl cap 5 mg		SODIUM OXYBATE	63
selegiline hcl tab 5 mg		sodium phenylbutyrate oral powder 3 gm/	
selenium sulfide lotion 2.5%	91	teaspoonfulteaspoonful	
SELZENTRY	7	sodium phenylbutyrate tab 500 mg	33
SE-NATAL 19		sodium polystyrene sulfonate powder	137
SEREVENT DISKUS	45	sodium polystyrene sulfonate susp 15 gm/60ml	137
sertraline hcl cap 150 mg, 200 mg	54	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6	
sertraline hcl oral concentrate for solution 20 mg/		gm/177ml	
ml		SOFOSBUVIR/VELPATASVIR	8
sertraline hcl tab 25 mg, 50 mg, 100 mg	55	SOHONOS	
sevelamer carbonate packet 0.8 gm, 2.4 gm	50	solifenacin succinate tab 5 mg, 10 mg	
sevelamer carbonate tab 800 mg		SOLIQUA 100/33	
sevelamer hcl tab 400 mg		SOLUS V2 LANCING DEVICE	
sevelamer hcl tab 800 mg		SOLUS V2 PRESSURE ACTIVAT	
SEVENFACT		SOLUS V2 TWIST LANCETS 30	
SHINGRIX		SOMAVERT	
sildenafil citrate tab 20 mg		SOOLANTRA	
silodosin cap 4 mg, 8 mg		sorafenib tosylate tab 200 mg (base equivalent)	
silver sulfadiazine cream 1%		sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg	
SIMBRINZA		sotalol hcl tab 240 mg	
SIMLANDI		sotalol hcl tab 80 mg, 120 mg, 160 mg	
SIMLANDI 1-PEN KIT		SOTYKTU	
SIMLANDI 2-PEN KIT		SOVALDI	_
SIMPLE DIAGNOSTICS LANCIN		SPEVIGO	
SIMPONI		SPIKEVAX COVID-19 VACCINE	_
simvastatin tab 5 mg		SPINOSAD	
simvastatin tab 20 mg		SPIRIVA HANDIHALER	
simvastatin tab 80 mg		SPIRIVA RESPIMAT	45
simvastatin tab 10 mg, 40 mg		spironolactone & hydrochlorothiazide tab 25-25	
SINGLE-LET		mg	
sirolimus oral soln 1 mg/ml		spironolactone tab 25 mg, 50 mg, 100 mg	
sirolimus tab 0.5 mg, 1 mg, 2 mg		SPRAVATO 56MG DOSE	
SIRTURO		SPRAVATO 84MG DOSE	
SIVEXTRO		SPS	
SKYCLARYS		stannous fluoride gel 0.4%	
SKYRIZI		1ST CHOICE LANCETS SUPER	
SKYRIZI PEN	91	1ST CHOICE LANCETS THIN	136

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

1ST CHOICE LANCETS ULTRA	136	SYMPAZAN	73
STELARA	92	SYMPROIC	50
STEQEYMA	92	SYMTUZA	8
STERILANCE TL	126	SYNAREL	33
STIOLTO RESPIMAT	45	SYNJARDY	28
STIVARGA	20	SYNJARDY XR	28
STRENSIQ	33	SYNTHROID	31
STRIBILD	8	Т	
STRIVERDI RESPIMAT		'	
1ST TIER UNIFINE PENTIPS		TABLOID	20
SUBLOCADE		TABRECTA	20
sucralfate tab 1 gm		tacrolimus cap 0.5 mg	137
SUFLAVE		tacrolimus cap 1 mg, 5 mg	137
SULFACETAMIDE SODIUM/PRED		tacrolimus oint 0.03%, 0.1%	92
sulfacetamide sodium lotion 10% (acne)		tadalafil tab 2.5 mg, 5 mg	
sulfacetamide sodium ophth soln 10%		tadalafil tab 20 mg (pah)	42
sulfadiazine tab 500 mg		TAFINLAR	
sulfamethoxazole-trimethoprim susp 200-40		tafluprost preservative free (pf) ophth soln	
mg/5ml	10	0.0015%	85
sulfamethoxazole-trimethoprim tab 400-80 mg		TAGRISSO	20
sulfamethoxazole-trimethoprim tab 800-160 mg		TAKHZYRO	82
SULFAMYLON		TALTZ	
sulfasalazine tab delayed release 500 mg		TALZENNA	
sulfasalazine tab 500 mgsulfasalazine tab 500 mg		tamoxifen citrate tab 10 mg (base equivalent), 20 m	
sulindac tab 150 mg, 200 mg		(base equivalent)	
sumatriptan nasal spray 5 mg/act		tamsulosin hcl cap 0.4 mg	
sumatriptan nasal spray 20 mg/actsummin		TARON-C DHA	
sumatriptan nusar spray 26 mg/dstsumatriptan succinate inj 6 mg/0.5ml		TARPEYO	
SUMATRIPTAN SUCCINATE REF		TASCENSO ODT	
sumatriptan succinate solution auto-injector 4	7 0	TASIGNA	
mg/0.5ml, 6 mg/0.5ml	70	tasimelteon capsule 20 mg	
sumatriptan succinate tab 25 mg		TAVNEOS	
sumatriptan succinate tab 50 mg, 100 mg		tazarotene cream 0.05%, 0.1%	
sunitinib malate cap 12.5 mg (base equivalent)		tazarotene gel 0.05%, 0.1%	
sunitinib malate cap 25 mg (base equivalent), 37.5		TAZVERIK	
(base equivalent), 50 mg (base equivalent)	-	TECHLITE AST LANCETS	126
SUNLENCA	_	TECHLITE INSULIN SYRINGE	
SUNOSI		TECHLITE LANCETS	
SUPER THIN LANCETS		TECHLITE LANCETS 26G	126
SURE COMFORT AUTOKEEPER S		TECHLITE PEN NEEDLES/31G	127
SURE COMFORT INSULIN SYRI		TECHLITE PEN NEEDLES/32G	127
SURE COMFORT LANCETS 18G		TECHLITE PEN NEEDLES 29G	
SURE COMFORT LANCETS 21G		TECHLITE PEN NEEDLES 31G	126
SURE COMFORT LANCETS 23G		TECHLITE PEN NEEDLES 32G	127
SURE COMFORT LANCETS 28G		TECHLITE PLUS PEN NEEDLES	
SURE COMFORT LANCETS 30G		TEGLUTIK	
SURE COMFORT LANCING PEN		TELMISARTAN/AMLODIPINE	
SURE COMFORT PEN NEEDLES	_	telmisartan-hydrochlorothiazide tab 40-12.5 mg,	
SURELITE LANCETS		80-12.5 mg, 80-25 mg	38
SUTAB		telmisartan tab 20 mg, 40 mg, 80 mg	38
SYMBICORT		temazepam cap 7.5 mg, 22.5 mg	
SYMDEKO		temazepam cap 15 mg, 30 mg	
SYMFI		temozolomide cap 5 mg, 20 mg	
O 1 WIL 1	0		

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

temozolomide cap 100 mg, 140 mg, 180 mg, 250		timolol maleate ophth soln 0.25%, 0.5%	
mg	21	timolol maleate ophth soln 0.5% (once-daily)	85
TENCON		timolol maleate preservative free ophth soln 0.25%,	
TENIVAC		0.5%	
tenofovir disoproxil fumarate tab 300 mg	8	timolol maleate tab 5 mg, 10 mg, 20 mg	35
TEPMETKO	21	timolol ophth soln 0.5%	85
terazosin hcl cap 1 mg (base equivalent), 2 mg (bas	se	tinidazole tab 250 mg, 500 mg	10
equivalent), 5 mg (base equivalent), 10 mg (base		tiopronin tab delayed release 100 mg	52
equivalent)	38	tiopronin tab delayed release 300 mg	
terbinafine hcl tab 250 mg		tiopronin tab 100 mg	
terbutaline sulfate tab 2.5 mg, 5 mg		tiotropium bromide monohydrate inhal cap 18 mcg	
terconazole vaginal cream 0.4%, 0.8%		(base equiv)	45
terconazole vaginal suppos 80 mg		TÌVICAY	
teriflunomide tab 7 mg, 14 mg		TIVICAY PD	
teriparatide soln pen-inj 560 mcg/2.24ml		tizanidine hcl tab 2 mg (base equivalent)	75
TESTOSTERONE		tizanidine hcl tab 4 mg (base equivalent)	
testosterone cypionate im inj in oil 100 mg/ml		TOBI PODHALER	
testosterone cypionate im inj in oil 200 mg/ml		TOBRADEX	
TESTOSTERONE ENANTHATE		tobramycin-dexamethasone ophth susp 0.3-0.1%	
testosterone td gel 12.5 mg/act (1%)		tobramycin nebu soln 300 mg/5ml	
testosterone td gel 20.25 mg/act (1.62%)		tobramycin nebu soln 300 mg/4ml	
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm		tobramycin ophth soln 0.3%	
(1%)	23	TODAYS HEALTH ADVANCED LA	
testosterone td soln 30 mg/act		TODAYS HEALTH ORIGINAL PE	
tetrabenazine tab 12.5 mg		TODAYS HEALTH SHORT PEN N	
tetrabenazine tab 25 mg		TODAYS HEALTH SUPER THIN	
tetracaine hcl ophth soln 0.5%		TODAYS HEALTH ULTRA THIN	
tetracycline hcl cap 250 mg, 500 mg		TODAY SPONGE	
TEZSPIRE		tolcapone tab 100 mg	
TGT ADVANCED LANCING DEVI		tolterodine tartrate cap er 24hr 2 mg	
TGT LANCET ALTERNATE SITE		tolterodine tartrate cap er 24hr 4 mg	
TGT LANCET SUPER THIN 30G		tolterodine tartrate cap er 24m 4 mgtolterodine tartrate tab 1 mg, 2 mg	
TGT LANCET THIN 23G		tolvaptan tab 15 mg	
TGT LANCET THIN 23GTGT LANCET ULTRA THIN 28G		tolvaptan tab 30 mg	
TGT LANCING DEVICE		topiramate cap er 24hr 200 mg	
THALOMID		topiramate cap er 24hr 25 mg, 50 mg, 100 mg	
theophylline elixir 80 mg/15ml			
. ,		topiramate cap er 24hr sprinkle 200 mg	
theophylline soln 80 mg/15ml		topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 m	•
theophylline tab er 12hr 300 mg, 450 mg		150 mg	
theophylline tab er 24hr 400 mg, 600 mg		topiramate oral soln 25 mg/ml	
THIOLA EC		topiramate sprinkle cap 15 mg	
thioridazine hel tab 10 mg		topiramate sprinkle cap 25 mg	
thioridazine hcl tab 25 mg, 50 mg, 100 mg		topiramate sprinkle cap 50 mg	
thiothixene cap 1 mg, 2 mg		topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	
thiothixene cap 5 mg, 10 mg		toremifene citrate tab 60 mg (base equivalent)	
THRIVITE RX		torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	
THYROID		TOUJEO MAX SOLOSTAR	
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg		TOUJEO SOLOSTAR	
TIBSOVO		TRACLEER	
ticagrelor tab 60 mg, 90 mg		tramadol-acetaminophen tab 37.5-325 mg	
TIGLUTIK	75	tramadol hcl tab er 24hr 100 mg	
timolol maleate ophth gel forming soln 0.25%,	_	tramadol hel tab er 24hr 200 mg, 300 mg	
0.5%	85	tramadol hcl tab 50 mg	66

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

trandolapril tab 1 mg, 2 mg, 4 mg	38	TROJAN ULTRA THIN/SPERMIC	127
tranexamic acid tab 650 mg	79	TROJAN ULTRA THIN LUBRICA	127
tranylcypromine sulfate tab 10 mg	55	tropicamide ophth soln 0.5%	86
TRAVEL LANCETS ADVANCED 2	127	tropicamide ophth soln 1%	86
travoprost ophth soln 0.004% (benzalkonium fre	e) (bak	trospium chloride cap er 24hr 60 mg	51
free)	86	trospium chloride tab 20 mg	51
trazodone hcl tab 50 mg, 100 mg, 150 mg	55	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	128
TREMFYA PEN	92	TRUE COMFORT SAFETY INSUL	128
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/20m		TRUE COMFORT SAFETY PEN N	
mg/ml)		TRUE COMFORT TWIST TOP LA	
TRESIBA		TRUE COVER	
TRESIBA FLEXTOUCH		TRUEDRAW LANCING DEVICE	
tretinoin cap 10 mg		TRUEPLUS 5-BEVEL PEN NEED	
tretinoin cream 0.025%, 0.05%, 0.1%		TRUEPLUS INSULIN SYRINGE	
tretinoin gel 0.01%, 0.025%	92	TRUEPLUS INSULIN SYRINGE/	
TRETTEN		TRUEPLUS LANCETS 26G	
TRIAMCINOLONE ACETONIDE		TRUEPLUS LANCETS 28G	
triamcinolone acetonide cream 0.025%, 0.1%, 0.		TRUEPLUS LANCETS 30G	
triamcinolone acetonide dental paste 0.1%		TRUEPLUS LANCETS 33G	
triamcinolone acetonide lotion 0.025%, 0.1%		TRUEPLUS LANCETS 33G MICR	
triamcinolone acetonide oint 0.5%		TRUEPLUS LANCETS 28G SUPE	
triamcinolone acetonide oint 0.025%, 0.1%		TRUEPLUS LANCETS 30G ULTR	
triamterene & hydrochlorothiazide cap 37.5-25 n	_	TRUEPLUS SAFETY LANCETS 2	
triamterene & hydrochlorothiazide tab 37.5-25 m	_	TRULANCE	
triamterene & hydrochlorothiazide tab 75-50 mg		TRULICITY	
triamterene cap 50 mg, 100 mg		TRUMENBA	
trientine hcl cap 250 mg		TRUQAP	
trifluoperazine hcl tab 1 mg (base equivalent), 2		TRUSTEX/RIA LUBRICATED	
(base equivalent)		TRUSTEX/RIA LUBRICATED/SP	
trifluoperazine hcl tab 5 mg (base equivalent), 10		TRUSTEX/RIA LUBRICATED SP	
(base equivalent)		TRUSTEX/RIA NON-LUBRICATE	
TRIFLURIDINE		TRUSTEX COLOR CONDOMS + L	
TRIHEXYPHENIDYL HCL		TRUSTEX LUBRICATED	
trihexyphenidyl hcl tab 2 mg, 5 mg		TRUSTEX LUBRICATED/RIBBED	
TRIJARDY XR		TRUSTEX LUBRICATED/SPERMI	
TRIKAFTA		TRUSTEX LUBRICATED EXTRA	
trimethobenzamide hcl cap 300 mg		TRUSTEX NATURAL CONDOMS +	
trimethoprim tab 100 mg		TRUSTEX NON-LUBRICATED	
trimipramine maleate cap 25 mg, 50 mg, 100 mg		TRUSTEX WITH NONOXYNOL-9/	
TRINATAL RX 1		TRUVADA	
TRINATE		TRYVIO	
TRINTELLIX		TUKYSA	
TRIUMEQ		TURALIO	
TRIUMEQ PD		TWIST REFILL KIT INFLICE	
TROJAN ENZ		TWIIST REFILL KIT/INFUSIO	
TROJAN-ENZ LUBRICATED		TWIIST STARTER KIT	
TROJAN-ENZ W/SPERMICIDAL		TWINRIX	
TROJAN MAGNUM		TWIST TOP LANCETS 30G	
TROJAN ULTRA RIBBED/LUBRI	121	TYBOST	8 ————

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

TYMLOS. 34 ULTRA THIN LANCETS 31G. 132 U U U U U U UNIFINE OTC PEN NEEDLE 31 132 UNIFINE OTC PEN NEEDLE 31 132 UNIFINE OTC PEN NEEDLE 32 132 UNIFINE PENTIPS 31G X 3/1 133 ULTICARE INSULIN SYRINGE 129 UNIFINE PENTIPS 31G X 3/1 133 ULTICARE INSULIN SYRINGE 129 ULTICARE MISULIN SYRINGE 129 ULTICARE MISULIN SYRINGE 129 ULTICARE MISULIN SYRINGE 130 ULTICARE MISULIN SYRINGE 130 ULTICARE MINI PEN NEEDLES 130 ULTICARE MINI PEN NEEDLES 130 ULTICARE MINI SAFETY PEN 130 ULTICARE MINI SAFETY PEN 130 ULTICARE GRIGINAL PEN NEE 130 ULTICARE ORIGINAL PEN NEE 131 ULTICARE PEN NEEDLES 316 130 ULTICARE SHORT PEN NEEDLE 13	TYENNE	69	ULTRA THIN LANCETS 28G	
URRELLYY	TYMLOS	34		
UBRELVY. 70 UNIFINE OTC PEN NEEDLE 31 132 UNIFINE OTC PEN NEEDLE 32 132 UNIFINE PORTPS/30G X 3/1 133 ULTICARE INSULIN SYRINGE. 129 UNIFINE PENTIPS/30G X 3/1 133 ULTICARE INSULIN SYRINGE. 129 UNIFINE PENTIPS 31G X 3/1 133 ULTICARE INSULIN SYRINGE. 129 UNIFINE PENTIPS 31G X 3/1 133 ULTICARE INSULIN SYRINGE. 129 UNIFINE PENTIPS 31G X 5MM. 133 ULTICARE MICRO PEN NEEDLE. 130 UNIFINE PENTIPS 31G X 5MM. 133 ULTICARE MINI PEN NEEDLE. 130 UNIFINE PENTIPS 32G X 5MM. 133 ULTICARE MINI SAFETY PEN. 130 UNIFINE PENTIPS 32G X 5MM. 133 ULTICARE MINI SAFETY PEN. 130 UNIFINE PENTIPS 32G X 5MM. 133 ULTICARE ORIGINAL PEN NEE. 130 UNIFINE PENTIPS 33G X 5MM. 133 ULTICARE PEN NEEDLES/29G. 130 UNIFINE PENTIPS 33G X 5MM. 133 ULTICARE PEN NEEDLES/29G. 130 UNIFINE PENTIPS 33G X 5MM. 133 ULTICARE PEN NEEDLES/29G. 130 UNIFINE PENTIPS 33G X 5MM. 133 ULTICARE PEN NEEDLES/29G. 130 UNIFINE PENTIPS 31G X 5MM. 133 ULTICARE PEN NEEDLES/29G. 130 UNIFINE PENTIPS 31G X 5MM. 133 ULTICARE PEN NEEDLES/29G. 130 UNIFINE PENTIPS 31G X 5MM. 133 ULTICARE PEN NEEDLES/29G. 130 UNIFINE PENTIPS 31G X 5MM. 133 ULTICARE PENTIPS NUES/20G. 133 UNIFINE PENTIPS 91G X 5MM. 133 ULTICARE PENTIPS PUBLIS/30G. 133 ULTICARE DENTIPS PUBLIS/30G. 133 UNIFINE PENTIPS PUBLIS/30G. 133 ULTICARE DENTIPS PUBLIS/30G. 133 ULTICARE DENTIPS/30G. 133 UNIFICE PENTIPS PUBLIS/30G. 133 ULTICARE DENTIPS/30G. 133 UNIFICE PENTIPS PUBLIS/30G. 133 ULTICARE DENTIPS/30G. 133 UNIFICAR	II			
UDENYCA				
ULTICARE INSULIN SAFETY S. 129 UNIFINE PENTIPS 31G X 3/1. 133 ULTICARE INSULIN SYRINGE. 129 UNIFINE PENTIPS 31GX6MM. 133 ULTICARE MIND PEN NEEDLE. 130 ULTICARE MIND PEN NEEDLES. 130 ULTICARE MIND SAFETY PEN. 130 ULTICARE PENTIPS 31GX8MM. 133 ULTICARE PENTIPS 32GX4MM. 133 ULTICARE PENTIPS 32GX6MM. 133 ULTICARE PENTIPS 31GX 130 ULTICARE SHORT PENTIPS 131GX 130 ULTICARE SHORT PENTIPS 131GX 130 ULTICARE SHORT SAFETY PEN. 130 ULTICARE SHORT SAFETY PEN. 130 ULTICARE PENTIPS 31GX 134 ULTICARE ULTOR SHORT PENTIPS 110X 330G. 133 ULTICARE ULTOR SULLIN SYRINGE. 130 ULTICARE ULTOR SULLIN SYRINGE. 130 ULTIGUARD INSULIN SYRINGE. 130 ULTIGUARD SAFEPACK/MICRO. 130 ULTIGUARD SAFEPACK/MICRO. 130 ULTIGUARD SAFEPACK/SYRING. 131 ULTIGUARD SAFEPACK/SYR				
ULTICARE INSULIN SYRINGE. 129 UNIFINE PENTIPS 31GXSMM. 133 ULTICARE MICRO PEN NEEDLE. 130 UNIFINE PENTIPS 31GXSMM. 133 UNIFICARE MICRO PEN NEEDLE. 130 UNIFINE PENTIPS 31GXSMM. 133 UNIFICARE MICRO PEN NEEDLE. 130 UNIFINE PENTIPS 32GXSMM. 133 UNIFICARE MICRO PEN NEEDLE. 130 UNIFINE PENTIPS 32GXSMM. 133 UNIFICARE ORIGINAL PEN NEE. 130 UNIFINE PENTIPS 32GXSMM. 133 UNIFICARE ORIGINAL PEN NEE. 130 UNIFINE PENTIPS 32GXSMM. 133 UNIFICARE ORIGINAL PEN NEE. 130 UNIFINE PENTIPS 32GXSMM. 133 UNIFINE PENTIPS 33GXSMM. 133 UNIFINE PENTIPS 35GXSMM. 133 UNIFINE PENTIPS 31GX 6MM. 133 UNIFINE PENTIPS 31GX 8MM. 133 UNIFICARE PEN NEEDLES 31G. 130 UNIFINE PENTIPS 31G X 8MM. 133 UNIFICARE PENTIPS 31G X 8MM. 133 UNIFINE PENTIPS 91US 33G. 133 UNIFINE PENTIPS 91US 33G. 134 UNIFINE PENTIPS 91US 33G. 135 UNIFINE PENTIPS 91US 33G. 136 UNIFINE PENTIPS 91US 33GX. 137 UNIFINE PENTIPS 91US 33GX. 138 UNIFINE PENTIPS 91US 33GX. 139 UNIFINE PENTIPS 91US 33GX. 130 UNIFINE PENTIPS 91US 33GX. 131 UNIFINE PENTIPS 91US 33GX. 132 UNIFINE PENTIPS 91US 33GX. 133 UNIFINE PENTIPS 91US 33GX. 134 UNIFINE PENTIPS 91US 33GX. 135 UNIFINE PENTIPS 91US 33GX. 136 UNIFINE PENTIPS 91US 33GX. 137 UNIFINE PENTIPS 91US 33GX. 138 UNIFINE PENTIPS 91US 33GX. 139 UNIFINE PENTIPS 91US 33GX. 130 UNIFINE PENTIPS 91US 33GX. 131 UNIFINE PENTIPS 91US 33GX. 132 UNIFINE PENTIPS 91US 33GX. 133 UNIFINE PENTIPS 91US 33GX. 134 UNIFINE PENTIPS 91US 33GX. 135 UNIFINE PENTIPS 91US 33GX. 136 UNIFINE PENTIPS 91US 33GX. 137 UNIFINE PENTIPS 91US 33GX. 138 UNIFINE PENTIPS 91US 33GX. 139 UNIFINE PENTIPS 91US 33GX. 130 UNIFINE PENTIPS 91US 33GX. 131 UNIFINE PENTIPS 91US 33GX. 132 UNIFINE PENTIPS 91US 33GX. 133 UNIFINE PENTIPS 91US 33GX. 134 UNIFINE PENTIPS 91US 33GX. 135 UNIFINE PENTIPS 91US 33GX. 136 UNIFINE PENTIPS 91US 33GX. 137 UNIFINE PENTIPS 9	UDENYCA	79	UNIFINE PENTIPS/30G X 3/1	133
ULTICARE MINORO PEN NEEDLE 130 UNIFINE PENTIPS 31GX6MM 133 ULTICARE MINORO PEN NEEDLES 130 UNIFINE PENTIPS 32GX6MM 133 ULTICARE MINI SAFETY PEN 130 UNIFINE PENTIPS 32GX6MM 133 ULTICARE MINI SAFETY PEN 130 UNIFINE PENTIPS 33GX6MM 133 ULTICARE MINI SAFETY PEN NEEDLE 130 UNIFINE PENTIPS 33GX4MM 133 ULTICARE PEN NEEDLES/29G 130 UNIFINE PENTIPS 33GX4MM 133 ULTICARE PEN NEEDLES 31G 130 UNIFINE PENTIPS 29GX12MM 133 ULTICARE PEN NEEDLES 31G 130 UNIFINE PENTIPS 29GX12MM 133 ULTICARE SHORT PEN NEEDLE 130 UNIFINE PENTIPS 31G X 6MM 133 ULTICARE SHORT SAFETY PEN 130 UNIFINE PENTIPS 31G X 6MM 133 ULTICARE SHORT SAFETY PEN 130 UNIFINE PENTIPS PLUS/30G 133 ULTICARE UDBERCULIN SAFET 130 UNIFINE PENTIPS PLUS/30G 133 ULTICARE UDBERCULIN SAFET 130 UNIFINE PENTIPS PLUS/30G 133 ULTICARE UDBERCULIN SAFET 130 UNIFINE PENTIPS PLUS/30G 133 ULTIGUARD INSULIN SY. 130 UNIFINE PENTIPS PLUS/30G 133 ULTICARE UDBERCULIN SAFET 130 UNIFINE PENTIPS PLUS/30G 133 UNIFINE PENTIPS PLUS/30G 133 ULTICARE UDBERCULIN SAFET 130 UNIFINE PENTIPS PLUS/30G 132 UNIFINE PENTIPS PLUS/30G 132 UNIFINE PENTIPS PLUS/30G 132 UNIFINE PENTIPS PLUS/30G 133 UNIFINE PENTIPS PLUS/30G 132 UNIFINE PENTIPS PLUS/30G 13				
ULTICARE MINI PEN NEEDLES 130 UNIFINE PENTIPS 31GX8MM. 133 ULTICARE MINI SAFETY PEN. 130 UNIFINE PENTIPS 32GX4MM. 133 ULTICARE ORIGINAL PEN NEEL 130 UNIFINE PENTIPS 32GX4MM. 133 ULTICARE ORIGINAL PEN NEEL 130 UNIFINE PENTIPS 32GX4MM. 133 ULTICARE ORIGINAL PEN NEEL 130 UNIFINE PENTIPS 33GX4MM. 133 ULTICARE PEN NEEDLES/39G. 130 UNIFINE PENTIPS 31GX 6MM. 133 ULTICARE PEN NEEDLES 31G. 130 UNIFINE PENTIPS 31GX 6MM. 133 ULTICARE SHORT PEN NEEDLE 130 UNIFINE PENTIPS 31GX 6MM. 133 ULTICARE SHORT SAFETY PEN. 130 UNIFINE PENTIPS 31GX 8MM. 133 ULTICARE TUBERCULIN SAFET. 130 UNIFINE PENTIPS PLUS/30G. 133 ULTICARE TUBERCULIN SAFET. 130 UNIFINE PENTIPS PLUS/30G. 133 UNIFINE PENTIPS PLUS/30G. 133 UNIFINE PENTIPS PLUS/30G. 133 UNIFINE PENTIPS PLUS/30G. 134 UNIFINE PENTIPS PLUS/30G. 135 UNIFINE PENTIPS PLUS/30G. 136 UNIFINE PENTIPS PLUS/30G. 137 UNIFINE PENTIPS PLUS/30G. 138 UNIFINE PENTIPS PLUS/30G. 139 UNIFINE PENTIPS PLUS/30G. 130 UNIFINE PENTIPS PLUS/30G. 131 UNIFINE PENTIPS PLUS/30G. 132 UNIFINE PENTIPS PLUS/30G. 133 UNIFINE PENTIPS PLUS/30G. 134 UNIFINE PENTIPS PLUS/30G. 135 UNIFINE PENTIPS PLUS/30G. 136 UNIFINE PENTIPS PLUS/30G. 137 UNIFINE PENTIPS PLUS/30G. 138 UNIFINE PENTIPS PLUS/30G. 139 UNIFINE PENTIPS PLUS/30G. 130 UNIFINE PENTIPS PLUS/30G. 131 UNIFINE PENTIPS PLUS/30G. 132 UNIFINE PENTIPS PLUS/30G. 133 UNIFINE PENTIPS PLUS/30G. 134 UNIFINE PENTIPS PLUS/30G. 135 UNIFINE PENTIPS PLUS/30G. 136 UNIFINE PENTIPS PLUS/30G. 137 UNIFINE PENTIPS PLUS/30G. 138 UNIFINE PENTIPS PLUS/30G. 139 UNIFINE PENTIPS PLUS/30G. 130 UNIFINE PENTIPS PLUS/30G. 130 UNIFINE PENTIPS PLUS/30G. 131 UNIFINE PENTIPS PLUS/30G. 132 UNIFINE PENTIPS PLUS/30G. 133 UNIFINE PENTIPS PLUS/30G. 134 UNIFINE PENTIPS PLUS/30G. 135 UNIFINE PENTIPS PLUS/30G. 136 UNIFINE PENTIPS PLUS/30G. 137 UNIFINE PENTIPS PLUS/30G. 138 UNIFINE PENTIPS PLUS/30G. 139 UNIFINE PENTIPS PLUS/30G. 130				
ULTICARE MINI PEN NEEDLES				
ULTICARE MINI SAFETY PEN. 130 UNIFINE PENTIPS 32GX6MM. 133 ULTICARE ORIGINAL PEN NEED 130 UNIFINE PENTIPS 33GX4MM. 133 ULTICARE PEN NEEDLES/29G. 130 UNIFINE PENTIPS 23GX4MM. 133 ULTICARE PEN NEEDLES/31G. 130 UNIFINE PENTIPS 33G X 6MM. 133 ULTICARE FOR PEN NEEDLES 131G. 130 UNIFINE PENTIPS 31G X 6MM. 133 ULTICARE SHORT PEN NEEDLE. 130 UNIFINE PENTIPS 31G X 8MM. 133 ULTICARE SHORT SAFETY PEN. 130 UNIFINE PENTIPS 91US/30G. 133 UNIFINE PENTIPS PLUS/30G. 132 UNIFINE PENTIPS PLUS/30G. 133 UNIFINE PENTIPS PLUS/30G. 13			UNIFINE PENTIPS 31GX8MM	133
ULTICARE ORIGINAL PEN NEEDLES/29G. 130 UNIFINE PENTIPS 33GX4MM. 133 ULTICARE PEN NEEDLES 31G. 130 UNIFINE PENTIPS 21GX 6MM. 133 ULTICARE SHORT PEN NEEDLE. 130 UNIFINE PENTIPS 31GX 8MM. 133 ULTICARE SHORT PEN NEEDLE. 130 UNIFINE PENTIPS 31GX 8MM. 133 ULTICARE SHORT SAFETY PEN. 130 UNIFINE PENTIPS PLUS/30G. 133 UNIFINE PENTIPS PLUS/30G. 133 ULTICARE U-100 INSULIN SYF. 130 UNIFINE PENTIPS PLUS 33G. 133 ULTICARE U-100 INSULIN SYF. 130 UNIFINE PENTIPS PLUS 29GX. 132 ULTIGUARD INSULIN SYRINGE. 130 UNIFINE PENTIPS PLUS 23GX. 132 ULTIGUARD INSULIN SYRINGE. 130 UNIFINE PENTIPS PLUS 33GX. 132 ULTIGUARD SAFEPACK/MICRO. 130 UNIFINE PENTIPS PLUS 32GX. 132 ULTIGUARD SAFEPACK/SHORT. 131 UNIFINE PENTIPS PLUS 33GX. 132 ULTIGUARD SAFEPACK/SYRING. 131 UNIFINE PENTIPS PLUS 33GX. 133 ULTIGUARD SAFEPACK MINIP. 130 UNIFINE PENTIPS PLUS 33GX. 133 ULTIGUARD SAFEPACK PEN NE. 130 UNIFINE PENTIPS PLUS 33GX. 133 UNIFINE PENTIPS PLUS 33GX. 132 ULTIGUARD SAFEPACK PEN NE. 130 UNIFINE PENTIPS PLUS 33GX. 132 UNIFINE PENTIPS PLUS 33GX. 133 UNIFINE PENTIPS PLUS 33GX. 132 UNIFINE PENTIPS PLUS 33GX. 132 UNIFINE PENTIPS PLUS 33GX. 132 UNIFINE PENTIPS PLUS 33GX. 133 UN			UNIFINE PENTIPS 32GX4MM	133
ULTICARE PEN NEEDLES/29G 130 UNIFINE PENTIPS 29GX12MM. 133 ULTICARE PEN NEEDLES 31G ULTICARE SHORT PEN NEEDLE. 130 ULTICARE SHORT PEN NEEDLE. 130 ULTICARE SHORT SAFETY PEN. 130 ULTICARE UDBERCULIN SAFET. 130 ULTICARE UNBERCULIN SAFET. 130 ULTIGARE UNBERCULIN SAFET. 130 ULTIGARE UNBERCULIN SAFET. 130 ULTIGARE UNBERCULIN SAFET. 130 ULTIGARE UNBERCULIN SAFET. 130 ULTIGUARD SAFEPACK/MIRP. 131 ULTIGUARD SAFEPACK/MIRP. 131 ULTIGUARD SAFEPACK/MIRP. 131 ULTIGUARD SAFEPACK/SHORT. 133 ULTIGUARD SAFEPACK INSULI 130 ULTIGUARD SAFEPACK INSULI 131 ULTIGUARD SAFEPACK INSULI 130 ULTIGUARD SAFEPACK PEN NE. 130 ULTIGUARD SAFEPACK PEN NE. 131 ULTIGUARD SAFEPACK PEN NE. 130 ULTIGUARD SAFEPACK PEN NE. 131 ULTIGUARD SAFEPACK PEN NE. 132 ULTIGUARD SAFEPACK PEN NE. 133 ULTIGUARD SAFEPACK PEN NE. 134 ULTIGUARD SAFEPACK SAFETY PE. 135 ULTIGUARD SAFEPACK INSULI 136 ULTIGUARD SAFEPACK INSULI 137 ULTIGUARD SAFEPACK INSULI 138 ULTIGUARD SAFEPACK INSULI 139 ULTIGUARD SAFEPACK INSULI 130 ULTIGUARD SAFEPACK INSULI 130 ULTIGUARD SAFEPACK INSULI 131 ULTIGUARD SAFEPACK INSULI 132 ULTIGUARD SAFEPACK INSULI 133 ULTIGUARD SAFEPACK INSULI 134 ULTIGUARD SAFEPACK INSULI 135 ULTIGUARD SAFEPACK INSULI 136 ULTIGUARD SAFEPACK INSULI 137 ULTIGUARD SAFEPACK INSULI 138 ULTIGUARD SAFEPACK INSULI 139 ULTIGUARD SAFEPACK INSULI 130 ULTIGUARD SAFEPACK INSULI 131 ULTIGUARD SAFEPACK INSULI 132 ULTIGUARD SAFEPACK INSULI 134 ULTIGUARD SAFEPACK INSULI 135 ULTIGUARD SAFEPACK INSULI 139 ULTIGUARD SAFEPACK INSULI 130 ULTIGUARD SAFEPACK INSULI 131 ULTIGUARD SAFEPACK INSULI 131 ULTIGUARD SAFEPA			UNIFINE PENTIPS 32GX6MM	133
ULTICARE PEN NEEDLES 31G. 130 UNIFINE PENTIPS 31G X 6MM. 133 ULTICARE SHORT PEN NEEDLE. 130 UNIFINE PENTIPS 31G X 8MM. 133 ULTICARE SHORT SAFETY PEN. 130 UNIFINE PENTIPS 71G X 8MM. 133 ULTICARE TUBERCULIN SAFET 130 UNIFINE PENTIPS PLUS/30G. 133 ULTICARE TUBERCULIN SAFET 130 UNIFINE PENTIPS PLUS 33G. 133 ULTICARE 1010 INSULIN SY. 130 UNIFINE PENTIPS PLUS 33G. 133 ULTICARE 1010 INSULIN SY. 130 UNIFINE PENTIPS PLUS 31GX. 132 ULTIGUARD INSULIN SYRINGE. 130 UNIFINE PENTIPS PLUS 31GX. 132 ULTIGUARD SAFEPACK/MICRO. 130 UNIFINE PENTIPS PLUS 32GX. 132 ULTIGUARD SAFEPACK/SHORT. 131 UNIFINE PENTIPS PLUS 33GX. 133 ULTIGUARD SAFEPACK/SHORT. 130 UNIFINE SAFECONTROL PEN NEEDLE 134 UNIFINE EXCELITE II. 134 ULTIFLANCETS. 134 UNIFINE EXCELITE II. 134 ULTIFLANCETS. 134 UNIFINE EXCELITE II. 134 ULTIFLET PEN NEEDLE 29GX12 131 UNIFINE PENTIPS PLUS 25 ULTRA THIN. 134 ULTIFLET PEN NEEDLE 29GX12 131 UNIFINE PENTIPS PLUS 25 ULTRA THIN. 134 ULTIFLET PEN NEEDLE 31GX8M. 131 UNIFINE PENTIPS PLUS 25 ULTRA THIN. 134 ULTIFLET PEN NEEDLE 31GX8M. 131 UNIFINE PENTIPS PLUS 25 ULTRA THIN. 134 ULTRA PEN NEEDLE 31GX8M. 131 UNIFINE PENTIPS PLUS 25 UTIFLAT PENTIPS PLUS 25 UTIFLAT PENTIPS PLUS 25 UTIFLAT PENTIPS PLU				
ULTICARE SHORT PEN NEEDLE. 130 UNIFINE PENTIPS 31G X 8MM. 133 ULTICARE SHORT SAFETY PEN. 130 UNIFINE PENTIPS PLUS/30G. 133 ULTICARE UTBERCULIN SAFET. 130 UNIFINE PENTIPS PLUS/30G. 133 ULTICARE U-100 INSULIN SY; 130 UNIFINE PENTIPS PLUS 33G. 131 ULTICARE U-100 INSULIN SYRINGE. 130 UNIFINE PENTIPS PLUS 33G. 132 ULTIGUARD INSULIN SYRINGE. 131 UNIFINE PENTIPS PLUS 32GX. 132 ULTIGUARD SAFEPACK/MICRO. 130 UNIFINE PENTIPS PLUS 32GX. 132 ULTIGUARD SAFEPACK/MICRO. 131 UNIFINE PENTIPS PLUS 33GX. 133 ULTIGUARD SAFEPACK/SHORT. 131 UNIFINE PENTIPS PLUS 33GX. 133 ULTIGUARD SAFEPACK SHORT. 131 UNIFINE PENTIPS PLUS 33GX. 133 ULTIGUARD SAFEPACK SHORT. 133 UNIFINE PENTIPS PLUS 33GX. 134 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 136 UNIFINE PENTIPS PLUS 33GX. 137 UNIFINE PENTIPS PLUS 33GX. 138 UNIFINE PENTIPS PLUS 33GX. 139 UNIFINE PENTIPS PLUS 33GX. 130 UNIFINE PENTIPS PLUS 33GX. 131 UNIFINE PENTIPS PLUS 33GX. 132 UNIFINE PENTIPS PLUS 33GX. 133 UNIFINE PENTIPS PLUS 33GX. 134 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 136 UNIFINE PENTIPS PLUS 33GX. 137 UNIFINE PENTIPS PLUS 33GX. 138 UNIFINE PENTIPS PLUS 33GX. 139 UNIFINE PENTIPS PLUS 33GX. 130 UNIFINE PENTIPS PLUS 33GX. 131 UNIFINE PENTIPS PLUS 33GX. 132 UNIFIN			UNIFINE PENTIPS 29GX12MM	133
ULTICARE SHORT SAFETY PEN.			UNIFINE PENTIPS 31G X 6MM	133
ULTICARE U-100 INSULIN SAFET. 130 UNIFINE PENTIPS PLUS 33G. 131 UNIFINE PENTIPS PLUS 29GX. 132 UNIFIGUARD INSULIN SYRINGE. 130 UNIFINE PENTIPS PLUS 29GX. 132 UNIFIGUARD SAFEPACK/MICRO. 130 UNIFINE PENTIPS PLUS 31GX. 131 UNIFINE PENTIPS PLUS 31GX. 132 UNIFIGUARD SAFEPACK/MICRO. 130 UNIFINE PENTIPS PLUS 31GX. 131 UNIFINE PENTIPS PLUS 31GX. 132 UNIFIGUARD SAFEPACK/MICRO. 131 UNIFINE PENTIPS PLUS 33GX. 133 UNIFINE PENTIPS PLUS 33GX. 134 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 136 UNIFINE PENTIPS PLUS 33GX. 137 UNIFINE PENTIPS PLUS 33GX. 138 UNIFINE PENTIPS PLUS 33GX. 139 UNIFINE PENTIPS PLUS 33GX. 130 UNIFINE PENTIPS PLUS 33GX. 131 UNIFINE PENTIPS PLUS 33GX. 132 UNIFINE PENTIPS PLUS 33GX. 133 UNIFINE PENTIPS PLUS 33GX. 134 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 136 UNIFINE PENTIPS PLUS 33GX. 137 UNIFINE PENTIPS PLUS 33GX. 138 UNIFINE PENTIPS PLUS 33GX. 139 UNIFINE PENTIPS PLUS 33GX. 130 UNIFINE PENTIPS PLUS 33GX. 131 UNIFINE PENTIPS PLUS 33GX. 132 UNIFINE PENTIPS PLUS 33GX. 133 UNIFINE PENTIPS PLUS 33GX. 134 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 136 UNIFINE PENTIPS PLUS 33GX. 137 UNIFINE PENTIPS PLUS 33GX. 138 UNIFINE PENTIPS PLUS 33GX. 139 UNIFINE PENTIPS PLUS 33GX. 130 UNIFINE PENTIPS PLUS 33GX. 131 UNIFINE PENTIPS PLUS 33GX. 132 UNIFINE PENTIPS PLUS 33GX. 133 UNIFINE PENTIPS PLUS 33GX. 134 UNIFINE PENTIPS PLUS 33GX. 135 UNIFINE PENTIPS PLUS 33GX. 136 UNIFINE PENTIPS PLUS 33GX.				
ULTICARE U-100 INSULIN SY				
ULTIGUARD INSULIN SYRINGE				
ULTIGUARD SAFEPACK/MINI P. 131 ULTIGUARD SAFEPACK/MINI P. 131 ULTIGUARD SAFEPACK/MINI P. 131 ULTIGUARD SAFEPACK/SHORT 131 ULTIGUARD SAFEPACK/SHORT 131 UNIFINE PROTECT SAFETY PE. 133 ULTIGUARD SAFEPACK/SYRING 131 UNIFINE PROTECT SAFETY PE. 133 ULTIGUARD SAFEPACK/SYRING 131 UNIFINE SAFECONTROL PEN N 133 ULTIGUARD SAFEPACK/TINY P. 131 UNIFINE ULTRA PEN NEEDLE / 133 ULTIGUARD SAFEPACK INSULI 130 UNILET COMFORTOUCH LANCET 134 ULTIGUARD SAFEPACK MINI P. 130 UNILET EXCELITE . 134 ULTIGUARD SAFEPACK PEN NE. 130 UNILET EXCELITE I. 134 ULTILET CLASSIC LANCETS . 131 UNILET EXCELITE II. 134 ULTILET CLASSIC LANCETS . 131 UNILET GP. SUPERLITE LAN. 134 ULTILET LANCETS 33G . 131 UNILET GP 28 ULTRA THIN. 134 ULTILET PEN NEEDLE 29GX12 . 131 UNILET LANCETS MICRO-THIN. 134 ULTILET PEN NEEDLE 31GX8M . 131 UNILET LANCETS SUPER-THIN. 134 ULTILET PEN NEEDLE 32GX4M . 131 UNILET LANCETS ULTRA-THIN. 134 ULTILET SAFETY LANCETS 21 . 131 UNILET SHORT PEN NEEDLES . 131 UNISTIK 1 . 134 ULTILET SHORT PEN NEEDLES . 131 UNISTIK 2 COMFORT . 134 ULTRA-CARE PEN NEEDLES/31G . 132 UNISTIK 2 COMFORT . 134 ULTRA-CARE PEN NEEDLES/33G . 132 UNISTIK 2 COMFORT . 134 ULTRA-CARE PEN NEEDLES/33G . 132 UNISTIK 2 COMFORT . 134 ULTRA-CARE PEN NEEDLES/33G . 132 UNISTIK 2 COMFORT . 134 ULTRA-CARE PEN NEEDLES/33G . 132 UNISTIK 2 COMFORT . 134 ULTRA-CARE PEN NEEDLES/33G . 132 UNISTIK 2 COMFORT . 134 ULTRA-THIN II NEVLIN SYRINGE . 131 UNISTIK 3 GENTLE . 134 ULTRA-THIN II NEVLIN SYRINGE . 131 UNISTIK 3 COMFORT . 134 ULTRA-THIN II NEVLIN SYRINGE . 131 UNISTIK 3 COMFORT . 134 ULTRA-THIN II NEVLIN SYRINGE . 131 UNISTIK 3 COMFORT . 134 ULTRA-THIN II LANCETS 28G . 132 UNISTIK 3 NORMAL . 134 ULTRA-THIN II LANCETS 38G . 132 UNISTIK 3 NORMAL . 134 ULTRA-THIN II MINI PEN NE . 132 UNISTIK 2 NORMAL . 134 ULTRA-THIN II MINI PEN NE . 132 UNISTIK 3 NORMAL . 134 ULTRA-THIN II MINI PEN NE . 132 UNISTIK 7 NORMAL . 134 ULTRA-THIN II MINI PEN NE . 132 UNISTIK 7 NORMAL . 134			UNIFINE PENTIPS PLUS 29GX	132
ULTIGUARD SAFEPACK/MINI P				
ULTIGUARD SAFEPACK/SHORT. 131 UNIFINE PROTECT SAFETY PE. 133 ULTIGUARD SAFEPACK/SYRING 131 UNIFINE PROTECT SAFETY PE. 133 ULTIGUARD SAFEPACK/SYRING 131 UNIFINE SAFECONTROL PEN N. 133 ULTIGUARD SAFEPACK INSULI. 130 UNILET COMFORTOUCH LANCET. 134 ULTIGUARD SAFEPACK MINI P. 130 UNILET COMFORTOUCH LANCET. 134 ULTIGUARD SAFEPACK PEN NE. 130 UNILET EXCELITE II. 134 ULTILANCE AUTOMATIC/ CLE. 129 UNILET G.P. SUPERLITE LAN. 134 ULTILET CLASSIC LANCETS. 131 UNILET G.P. SUPERLITE LAN. 134 ULTILET LANCETS. 131 UNILET G.P. SUPERLITE LAN. 134 ULTILET LANCETS. 131 UNILET LANCET. 134 ULTILET PEN NEEDLE 29GX12. 131 UNILET LANCETS MICRO-THIN. 134 ULTILET PEN NEEDLE 31GX5M. 131 UNILET LANCETS SUPER-THIN. 134 ULTILET PEN NEEDLE 31GX5M. 131 UNILET LANCETS SUPER-THIN. 134 ULTILET PEN NEEDLE 31GX5M. 131 UNILET LANCETS ULTRA-THIN. 134 ULTILET PEN NEEDLE 32GX4M. 131 UNILET LANCETS ULTRA-THIN. 134 ULTILET SAFETY LANCETS 23. 131 UNISTIK 1. 134 ULTILET SAFETY LANCETS 23. 131 UNISTIK 2. 134 ULTILET SAFETY LANCETS 23. 131 UNISTIK 2. 134 ULTRACARE INSULIN SYRINGE. 132 UNISTIK 2. UNISTIK 2. 134 ULTRACARE PEN NEEDLES/32G. 132 UNISTIK 2. COMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK 2. COMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK CZT COMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK 2. TOOMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK 2. TOOMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK CZT COMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK 2. EXTRA. 134 ULTRA FLO INSULIN SYRINGE. 131 UNISTIK 3. EXTRA. 134 ULTRA FLO INSULIN SYRINGE. 131 UNISTIK 3. EXTRA. 134 ULTRA FLO INSULIN SYRINGE. 131 UNISTIK 3. EXTRA. 134 ULTRA-THIN II AUTO LANCET. 132 UNISTIK 3. NEONATAL 134 ULTRA-THIN II LANCETS 28G. 132 UNISTIK 3. NOOMAL 134 ULTRA-THIN II LANCETS 28G. 132 UNISTIK 3. NOOMAL 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK 4. POOMAL 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK 4. POOMAL 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK 4. POOMAL 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK 4. POOMAL 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK 4. POOMA				
ULTIGUARD SAFEPACK/SYRING. 131 UNIFINE SAFECONTROL PEN N. 133 ULTIGUARD SAFEPACK/TINY P. 131 UNIFINE ULTRA PEN NEEDLE/. 133 UNIFINE ULTRA PEN NEEDLE/. 133 UNIFINE ULTRA PEN NEEDLE/. 133 UNIFINE ULTRA PEN NEEDLE/. 134 ULTIGUARD SAFEPACK MINI P. 130 UNILET COMFORTOUCH LANCET. 134 ULTIGUARD SAFEPACK PEN NE. 130 UNILET EXCELITE II. 134 ULTILANCE AUTOMATIC/ CLE. 129 UNILET G.P. LANCET. 134 UNILET CLASSIC LANCETS. 131 UNILET G.P. SUPERLITE LAN. 134 ULTILET LANCETS. 131 UNILET G.P. SUPERLITE LAN. 134 ULTILET LANCETS. 131 UNILET G.P. SUPERLITE LAN. 134 ULTILET PEN NEEDLE 29GX12. 131 UNILET LANCET. 134 UNILET LANCETS MICRO-THIN. 134 ULTILET PEN NEEDLE 31GX5M. 131 UNILET LANCETS SUPER-THIN. 134 ULTILET PEN NEEDLE 31GX8M. 131 UNILET LANCETS SUPER-THIN. 134 ULTILET PEN NEEDLE 32GX4M. 131 UNILET LANCETS ULTRA-THIN. 134 ULTILET SAFETY LANCETS 21. 131 UNILET SUPERLITE LANCET. 134 ULTILET SAFETY LANCETS 23. 131 UNISTIK 2. 134 UNISTIK 2. 134 ULTILET SAFETY LANCETS 23. 131 UNISTIK 2. 134 ULTRA-CARE PEN NEEDLES/32G. 132 UNISTIK 2. 134 UNISTIK 3. 134 ULTRA-CARE PEN NEEDLES/33G. 132 UNISTIK 2. UNISTIK 3. 134 ULTRA-CARE PEN NEEDLES/33G. 132 UNISTIK 3. UNISTIK 3. 134 ULTRA-CARE PEN NEEDLES/33G. 132 UNISTIK CZT COMFORT. 134 ULTRA-THIN II NSULIN SYRINGE. 131 UNISTIK 3 EXTRA. 134 ULTRA-THIN II NSULIN SYRINGE. 131 UNISTIK 3 EXTRA. 134 ULTRA-THIN II NSULIN SYRINGE. 131 UNISTIK 3 EXTRA. 134 ULTRA-THIN II NSULIN SYRINGE. 131 UNISTIK 3 NEONATAL. 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK NORMAL. 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK S NORMAL. 134 ULTR				
ULTIGUARD SAFEPACK/INY P. 131 UNIFINE ULTRA PEN NEEDLE/. 133 ULTIGUARD SAFEPACK INSULI. 130 UNILET COMFORTOUCH LANCET. 134 ULTIGUARD SAFEPACK MINI P. 130 UNILET EXCELITE. 134 ULTIGUARD SAFEPACK PEN NE. 130 UNILET EXCELITE II. 134 ULTILET LANCE AUTOMATIC/ CLE. 129 UNILET G.P. LANCET. 134 ULTILET CLASSIC LANCETS. 131 UNILET G.P. SUPERLITE LAN. 134 ULTILET PEN NEEDLE 29GX12. 131 UNILET LANCETS MICRO-THIN. 134 ULTILET PEN NEEDLE 31GX5M. 131 UNILET LANCETS SUPER-THIN. 134 ULTILET PEN NEEDLE 31GX5M. 131 UNILET LANCETS SUPER-THIN. 134 ULTILET PEN NEEDLE 32GX4M. 131 UNILET LANCETS SUPER-THIN. 134 ULTILET SAFETY LANCETS 21. 131 UNILET SAFETY LANCETS 21. 131 UNILET SAFETY LANCETS 23. 131 UNISTIK 1. 134 ULTILET SHORT PEN NEEDLES. 131 UNISTIK 2. 134 ULTRACARE INSULIN SYRINGE. 132 UNISTIK 2 UNISTIK 2 UNISTIK 2 UNISTIK 2 UNISTIK 3 UNISTIK CZT COMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK CZT COMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK CZT COMFORT. 134 ULTRACARE PEN NEEDLES/33G. 132 UNISTIK CZT COMFORT. 134 ULTRA COMFORT INSULIN SYRINGE. 131 UNISTIK 3 EXTRA. 134 ULTRA FLO INSULIN SYRINGE. 131 UNISTIK 3 EXTRA. 134 ULTRA FLO INSULIN SYRINGE. 131 UNISTIK 3 EXTRA. 134 ULTRA-THIN II AUTO LANCET. 132 UNISTIK 3 PENTAL. 134 UNISTIK 3 PENTAL. 134 ULTRA-THIN II AUTO LANCET. 132 UNISTIK 3 NEONATAL. 134 ULTRA-THIN II LANCETS 28G. 132 UNISTIK NORMAL. 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK NORMAL. 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK PRO SAFETY LANCET. 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK PRO SAFETY LANCET. 134 ULTRA-THIN II INDULIN SYR. 132 UNISTIK PRO SAFETY LANCET. 134 ULTRA-THIN II INDULIN SYR. 132 UNISTIK PRO SAFETY LANCET. 134 ULTRA-THIN II MINI PEN NE. 132 UNISTIK PRO SAFETY LANCET. 134 ULTRA-THIN II MINI PEN NE. 132 UNISTIK PRO SAFETY LANCET			UNIFINE PROTECT SAFETY PE	133
ULTIGUARD SAFEPACK INSULI 130 UNILET COMFORTOUCH LANCET 134 ULTIGUARD SAFEPACK MINI P 130 UNILET EXCELITE 134 ULTIGUARD SAFEPACK MINI P 130 UNILET EXCELITE 1 134 ULTILANCE AUTOMATIC/ CLE 129 UNILET EXCELITE II 134 ULTILET CLASSIC LANCETS 131 UNILET G.P. SUPERLITE LAN 134 ULTILET LANCETS 33G 131 UNILET G.P. SUPERLITE LAN 134 ULTILET LANCETS 33G 131 UNILET LANCETS 33G 131 UNILET LANCETS MICRO-THIN 134 ULTILET PEN NEEDLE 29GX12 131 UNILET LANCETS MICRO-THIN 134 ULTILET PEN NEEDLE 31GX5M 131 UNILET LANCETS SUPER-THIN 134 ULTILET PEN NEEDLE 31GX5M 131 UNILET LANCETS SUPER-THIN 134 ULTILET PEN NEEDLE 31GX5M 131 UNILET LANCETS ULTRA-THIN 134 ULTILET PEN NEEDLE 32GX4M 131 UNILET LANCETS ULTRA-THIN 134 ULTILET SAFETY LANCETS 23 131 UNISTIK 1 134 ULTILET SAFETY LANCETS 23 131 UNISTIK 2 134 ULTRA-GARE INSULIN SYRINGE 132 UNISTIK 3 COMFORT 134 ULTRA-CARE PEN NEEDLES/33G 132 UNISTIK 3 COMFORT 134 ULTRA-CARE PEN NEEDLES/33G 132 UNISTIK CZT COMFORT 134 ULTRA-CARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 ULTRA FLO INSULIN SYR 131 UNISTIK 3 EXTRA 134 ULTRA FLO INSULIN SYR 131 UNISTIK 3 EXTRA 134 ULTRA FLO INSULIN SYR 131 UNISTIK 3 EXTRA 134 ULTRA FLO INSULIN SYR 131 UNISTIK 3 EXTRA 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 2 UNISTIK 2 WINSTIK 2 WINSTIK 3 EXTRA 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK 5 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK 5 NORMAL 134 ULTRA				
ULTIGUARD SAFEPACK MINI P				
ULTILET PEN NEEDLE 312CX4M. 131 ULTILET PEN NEEDLE 312CX4M. 131 ULTILET PEN NEEDLE 312CX4M. 131 ULTILET PEN NEEDLE 31CX5M. 131 UNILET SAFETY LANCETS 23. 131 UNISTIK 2. 134 ULTILET PEN NEEDLE 31CX5M. 131 UNILET SUPERLITE LANCET. 134 ULTILET PEN NEEDLE 31CX5M. 131 UNILET LANCETS SUPER-THIN. 134 ULTILET PEN NEEDLE 31CX5M. 131 UNILET LANCETS ULTRA-THIN. 134 ULTILET PEN NEEDLE 32CX4M. 131 UNILET SUPERLITE LANCET. 134 ULTILET SAFETY LANCETS 21. 131 UNISTIK 1. 134 ULTILET SAFETY LANCETS 23. 131 UNISTIK 2. 134 ULTILET SHORT PEN NEEDLES. 131 UNISTIK 2. 134 ULTRACARE PEN NEEDLES/31G 132 UNISTIK 2 COMFORT. 134 ULTRACARE PEN NEEDLES/31G 132 UNISTIK 2 COMFORT. 134 ULTRACARE PEN NEEDLES/31G 132 UNISTIK CZT COMFORT. 134 ULTRACARE PEN NEEDLES/31G 132 UNISTIK CZT NORMAL 134 ULTRA COMFORT INSULIN SYRINGE. 131 UNISTIK 2 EXTRA 134 ULTRA COMFORT INSULIN SYRINGE. 131 UNISTIK 2 EXTRA 134 ULTRA FLO INSULIN SYRINGE. 131 UNISTIK 3 REXTRA 134 ULTRA FLO INSULIN SYRINGE. 131 UNISTIK 3 REXTRA 134 ULTRA FLO INSULIN SYRINGE. 131 UNISTIK 3 NEONATAL 134 ULTRA-THIN II AUTO LANCET. 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR. 131 UNISTIK NORMAL 134 ULTRA-THIN II INSULIN SYR. 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G. 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G. 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK PRO SAFETY LANCET. 134 ULTRA-THIN II MINI PEN NE. 132 UNISTIK PRO SAFETY LANCET. 134 ULTRA-THIN II MINI PEN NE. 135 UNISTIK PRO SAFETY LANCET. 134			UNILET COMFORTOUCH LANCET	134
ULTI-LANCE AUTOMATIC/ CLE 129 UNILET G.P. LANCET 134 ULTILET CLASSIC LANCETS 131 UNILET G.P. SUPERLITE LAN 134 ULTILET LANCETS 131 UNILET G.P. SUPERLITE LAN 134 ULTILET LANCETS 33G 131 UNILET G.P. SUPERLITE LAN 134 ULTILET PEN NEEDLE 29GX12 131 UNILET LANCETS MICRO-THIN 134 ULTILET PEN NEEDLE 31GX5M 131 UNILET LANCETS SUPER-THIN 134 ULTILET PEN NEEDLE 32GX4M 131 UNILET LANCETS ULTRA-THIN 134 ULTILET PEN NEEDLE 32GX4M 131 UNILET SUPERLITE LANCET 134 ULTILET SAFETY LANCETS 21 131 UNISTIK 1 134 ULTILET SAFETY LANCETS 23 131 UNISTIK 2 134 ULTILET SHORT PEN NEEDLES 131 UNISTIK 2 134 ULTRACARE INSULIN SYRINGE 132 UNISTIK 2 134 ULTRACARE PEN NEEDLES/31G 132 UNISTIK 2CT COMFORT 134 ULTRACARE PEN NEEDLES/32G 132 UNISTIK CZT COMFORT 134 ULTRA COMFORT INSULIN SYR 131 UNISTIK 2 EXTRA 134 ULTRA FLO INSULIN PEN NEE 13			UNILET EXCELITE	134
ULTILET CLASSIC LANCETS 131 UNILET G.P. SUPERLITE LAN 134 ULTILET LANCETS 131 UNILET GP 28 ULTRA THIN 134 ULTILET LANCETS 33G 131 UNILET LANCET 134 ULTILET PEN NEEDLE 29GX12 131 UNILET LANCETS MICRO-THIN 134 ULTILET PEN NEEDLE 31GX5M 131 UNILET LANCETS SUPER-THIN 134 ULTILET PEN NEEDLE 31GX8M 131 UNILET LANCETS ULTRA-THIN 134 ULTILET PEN NEEDLE 32GX4M 131 UNILET SUPERLITE LANCET 134 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 2 COMFORT 134 ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT COMFORT 134 ULTRA COMFORT INSULIN SYR 131 UNISTIK 2 EXTRA. 134 ULTRA FLO INSULIN PEN NEE 131 UNISTIK 3 EXTRA. 134 ULTRA-THIN II AUTO LANCET 132				
ULTILET LANCETS 131 UNILET GP 28 ULTRA THIN 134 ULTILET LANCETS 33G 131 UNILET LANCETS MICRO-THIN 134 ULTILET PEN NEEDLE 29GX12 131 UNILET LANCETS MICRO-THIN 134 ULTILET PEN NEEDLE 31GX5M 131 UNILET LANCETS SUPER-THIN 134 ULTILET PEN NEEDLE 31GX8M 131 UNILET LANCETS ULTRA-THIN 134 ULTILET PEN NEEDLE 32GX4M 131 UNILET SUPERLITE LANCET 134 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/33G 132 UNISTIK CZT COMFORT 134 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-THIN II AUTO LANCET 132				
ULTILET LANCETS 33G				
ULTILET PEN NEEDLE 29GX12 131 UNILET LANCETS MICRO-THIN 134 ULTILET PEN NEEDLE 31GX5M 131 UNILET LANCETS SUPER-THIN 134 ULTILET PEN NEEDLE 31GX8M 131 UNILET LANCETS ULTRA-THIN 134 ULTILET PEN NEEDLE 32GX4M 131 UNILET SUPERLITE LANCET 134 ULTILET SAFETY LANCETS 21 131 UNISTIK 1 134 ULTILET SAFETY LANCETS 23 131 UNISTIK 2 134 ULTILET SHORT PEN NEEDLES 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/33G 132 UNISTIK CZT COMFORT 134 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-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132				
ULTILET PEN NEEDLE 31GX5M 131 UNILET LANCETS SUPER-THIN 134 ULTILET PEN NEEDLE 31GX8M 131 UNILET LANCETS ULTRA-THIN 134 ULTILET PEN NEEDLE 32GX4M 131 UNILET SUPERLITE LANCET 134 ULTILET SAFETY LANCETS 21 131 UNISTIK 1 134 ULTILET SHORT PEN NEEDLES 131 UNISTIK 2 134 ULTRACARE INSULIN SYRINGE 132 UNISTIK 2 134 ULTRACARE PEN NEEDLES/31G 132 UNISTIK 2 COMFORT 134 ULTRACARE PEN NEEDLES/32G 132 UNISTIK CZT COMFORT 134 ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT COMFORT 134 ULTRA COMFORT INSULIN SYR 131 UNISTIK CZT NORMAL 134 ULTRA FLO INSULIN SYR 131 UNISTIK 2 EXTRA 134 ULTRA FLO INSULIN SYRINGE 131 UNISTIK 3 GENTLE 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 3 NORMAL 134				
ULTILET PEN NEEDLE 31GX8M 131 UNILET LANCETS ULTRA-THIN 134 ULTILET PEN NEEDLE 32GX4M 131 UNILET SUPERLITE LANCET 134 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 134 ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 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 RENDATAL 134 ULTRA INSULIN SYRINGE 131 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNI				
ULTILET PEN NEEDLE 32GX4M 131 UNILET SUPERLITE LANCET 134 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 134 ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 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-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PR				
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 134 ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 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-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY				
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 134 ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 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-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 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 134 ULTRA CARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 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-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 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. 134 ULTRA CARE PEN NEEDLES/33G. 132 UNISTIK CZT NORMAL. 134 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. 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET. 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR. 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G. 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G. 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE. 132 UNISTIK PRO SAFETY LANCET 134 ULTRA-THIN II MINI PEN NE. 132 UNISTIK PRO SAFETY LANCET 134				
ULTRACARE PEN NEEDLES/31G 132 UNISTIK 3 COMFORT 134 ULTRACARE PEN NEEDLES/32G 132 UNISTIK CZT COMFORT 134 ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 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-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134				
ULTRACARE PEN NEEDLES/32G 132 UNISTIK CZT COMFORT 134 ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 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-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134		_		
ULTRACARE PEN NEEDLES/33G 132 UNISTIK CZT NORMAL 134 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-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134				
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-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134				
ULTRA FLO INSULIN PEN NEE 131 UNISTIK 3 EXTRA 134 ULTRA FLO INSULIN SYRINGE 131 UNISTIK 3 GENTLE 134 ULTRA INSULIN SYRINGE/U-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134				
ULTRA FLO INSULIN SYRINGE 131 UNISTIK 3 GENTLE 134 ULTRA INSULIN SYRINGE/U-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134				
ULTRA INSULIN SYRINGE/U-1 132 UNISTIK 2 NEONATAL 134 ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134				
ULTRA-THIN II AUTO LANCET 132 UNISTIK 3 NEONATAL 134 ULTRA-THIN II INSULIN SYR 132 UNISTIK NORMAL 134 ULTRA-THIN II LANCETS 28G 132 UNISTIK 2 NORMAL 134 ULTRA-THIN II LANCETS 30G 132 UNISTIK 3 NORMAL 134 ULTRA-THIN II MINI PEN NE 132 UNISTIK PRO SAFETY LANCET 134				
ULTRA-THIN II INSULIN SYR				
ULTRA-THIN II LANCETS 28G				
ULTRA-THIN II LANCETS 30G				
ULTRA-THIN II MINI PEN NE				
OHOTHET TO ON ETT ENOUGH				
ULITA-THIN II PEN NEEDLES				
	OLINA-ININ II FEN NEEDLES	132	UNISTIK SAFETY LANCETS 28	134

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

UNISTIK SAFETY LANCETS 30	124	VELTASSA	120
UNISTIK SAPETT LANCETS 30UNISTIK 2 SUPER		VEMLIDY	
UNISTIK Z SUPERUNISTIK Z SUPERUNISTIK TOUCH SAFETY LANC		VENCLEXTA	
UPTRAVI		VENCLEXTA STARTING PACK	
UPTRAVI TITRATION PACK		venlafaxine hcl cap er 24hr 37.5 mg (base	∠ 1
ursodiol cap 300 mg		equivalent), 75 mg (base equivalent), 150 mg (base	
ursodiol tab 250 mg		equivalent)equivalent), 75 mg (base equivalent), 150 mg (base	
ursodiol tab 500 mg		venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg	
UZEDY		(base equivalent), 50 mg (base equivalent), 75 mg	y
	50	(base equivalent), 100 mg (base equivalent)	55
V		VENTAVIS	
valacyclovir hcl tab 500 mg, 1 gm	8	VENTOLIN HFA	
VALCHLOR		VEOZAH	
valganciclovir hcl for soln 50 mg/ml (base equiv)8	verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	
valganciclovir hcl tab 450 mg (base equivalent)		verapamil hcl tab er 120 mg, 180 mg, 240 mg	
valproate sodium oral soln 250 mg/5ml (base		verapamil hcl tab 40 mg, 80 mg, 120 mg	
equiv)	73	VERIFINE INSULIN PEN NEED	
valproic acid cap 250 mg	73	VERIFINE INSULIN SYRINGE	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 10	60-12.5	VERIFINE INSULIN SYRINGE/	
mg, 160-25 mg, 320-12.5 mg, 320-25 mg	38	VERIFINE PLUS INSULIN PEN	
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg		VERIFINE PLUS PEN NEEDLE/	
VALTOCO 5 MG DOSE		VERIFINE SAFETY LANCET MI	
VALTOCO 10 MG DOSE		VERIFINE UNIVERSAL LANCET	
VALTOCO 15 MG DOSE		VERQUVO	
VALTOCO 20 MG DOSE		VERZENIO	
VALUE PLUS LANCETS STANDA		V-GO 20	
VALUMARK LANCET SUPER THI		V-GO 30	
VALUMARK LANCET ULTRA THI		V-GO 40	
VALUMARK PEN NEEDLES 31G		VIBERZI	
VALUMARK PEN NEEDLES 29GX		vigabatrin powd pack 500 mg	
vancomycin hcl cap 125 mg (base equivalent)		vigabatrin tab 500 mg	
vancomycin hcl cap 250 mg (base equivalent)		VIJOICE	
vancomycin hel for oral soln 25 mg/ml (base			
equivalent)	10	vilazodone hcl tab 10 mg, 20 mg, 40 mgVIRACEPT	
vancomycin hcl for oral soln 50 mg/ml (base		VIREAD	
equivalent)	10	VITATHELY/GINGER	
VANFLYTA		VITRAKVI	
VANISHPOINT INSULIN SYRIN		VIVAGUARD LANCETS	
VANISHPOINT TUBERCULIN SY		VIVAGUARD LANCETSVIVAGUARD LANCETS 30G	
VAQTA		VIVAGUARD LANCING DEVICE	
varenicline tartrate tab 0.5 mg (base equiv), 1 mg		VIVAGUARD SAFETY LANCETS	
equiv)			
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg s		VIVAGUARD SAFETY LANCETS/VIVITROL	
pack		VIVIOA	
VARIVAX			
VARUBI	_	VIVOTIF	
VASCEPA	_	VIZIMPRO	
VAXCHORA		VONJO	
VAXELIS		VONVENDI	
VAXNEUVANCE		VORANIGO	
VAXNEUVANCEVCF VAGINAL CONTRACEPTIVE		voriconazole for susp 40 mg/ml	
VECAMYLVECAMYL		voriconazole tab 50 mg, 200 mg	
VECAMYLVELIVET		VOSEVI	
V = L V =	∠0	VOXZOGO	34

PA = Prior Authorization

LD = Limited Distribution

SP = Specialty

ST = Responsible Steps

VRAYL	AR	58	zaleplon cap 10 mg	58
VYNDA	AMAX	42	ZARXIO	79
VYNDA	AQEL	42	ZEGALOGUE	28
VYVAN	ISE	60	ZEJULA	22
W			ZELBORAF	22
VV			ZENPEP	48
WAINL	JA	63	ZEPOSIA	63
WAKIX	,	61	ZEPOSIA 7-DAY STARTER PAC	
WALGI	REENS LANCETS	. 135	ZEPOSIA STARTER KIT	
WALGI	REENS THIN LANCETS	. 135	ZEVRX INSULIN SYRINGE/0.5	
	REENS ULTRA THIN LANC		ZEVRX INSULIN SYRINGE/1ML	
	in sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg		ZEVRX PEN NEEDLES 31G X 5	
	6 mg, 7.5 mg, 10 mg		ZEVRX PEN NEEDLES 31G X 6	
	for irrigation, sterile irrigation soln		ZEVRX PEN NEEDLES 31G X 8ZEVRX PEN NEEDLES 31G X 8	
	IANS UNIFINE PENTIPS P			
	EG		ZEVRX PEN NEEDLES 32G X 4	
	AP-C DHA		ZEVRX TWIST TOP LANCETS 3	
	AB PLUS		ZIAGEN	
	SEAL SILICONE DIAPHR		zidovudine cap 100 mg	
			zidovudine syrup 10 mg/ml	
	E		zidovudine tab 300 mg	
WINKE	EVAIR	42	ZIEXTENZO	
Χ			ZILBRYSQ	
VALVO)RI	24	zileuton tab er 12hr 600 mg	
			ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	58
	TO		ziprasidone mesylate for inj 20 mg (base	
	TO STARTER PACK		equivalent)	58
	NZ		ZIRGAN	86
	NZ XR		ZOKINVY	. 138
	DE		ZOLINZA	22
	AN		zolmitriptan nasal spray 5 mg/spray unit	70
	O XR		zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	
	\		zolmitriptan tab 2.5 mg, 5 mg	
	JZA		zolpidem tartrate tab er 6.25 mg	
XOLAII	R	46	zolpidem tartrate tab er 12.5 mg	
XOLRE	EMDI	79	zolpidem tartrate tab 5 mg	
XOSPA	ATA	21	zolpidem tartrate tab 10 mg	
XPOVI	O	22	zonisamide cap 50 mg	
XPOVI	O 60 MG TWICE WEEKLY	22	zonisamide cap 25 mg, 100 mg	
XPOVI	O 80 MG TWICE WEEKLY	22	ZONTIVITY	
XTAMF	PZA ER	66	ZTALMY	
XTAND)I	22	ZUBSOLV	
XULTO	PHY 100/3.6	28		
	1A		ZURZUVAE	
	A SOLOFUSE		ZYDELIG	
	V		ZYKADIA	
	·	00	ZYMFENTRA 1-PEN	
Υ			ZYMFENTRA 2-PEN	
YESIN	TEK	92	ZYMFENTRA 2-SYRINGE	
	Α		ZYPREXA	58
	PATH			
_		🗸 .		
Z				
zafirlu	kast tab 10 mg, 20 mg	46		
	on cap 5 mg			
KEY	PA = Prior Authorization		ST = Responsible Steps	
	LD = Limited Distribution		QL = Quantity Limit (Max Quantity/Time)	