

# Care Choices (for HSA Plans) 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 www.floridablue.com for the most up-to-date information.

Contents	
Introduction	
Medication list	
Changes to the formulary	
Your Share of Expenses	II
Pharmacy Benefits	
Pharmacy Options	
Utilization Management Programs	D
Coverage Exception Process	X
Notice	X
How to use this Drug List	X
Abbreviation Key	XI

Preferred Medication List	
Anti-Infective Drugs	1
Biologicals	12
Antineoplastic Agents	16
Endocrine and Metabolic Drugs	25
Cardiovascular Agents	40
Respiratory Agents	50
Gastrointestinal Agents	55
Genitourinary Agents	60
Central Nervous System Drugs	63
Analgesics and Anesthetics	76
Neuromuscular Drugs	84
Nutritional Products	92
Hematological Agents	94
Topical Products	
Miscellaneous Products	113
Index	

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



#### Introduction

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

The Care Choices (for HSA Plans) 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 <a href="https://www.floridablue.com">www.floridablue.com</a> or by calling the customer service number listed on your member ID card. For the hearing-impaired call Florida TTY Relay Service 711.

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

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

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

#### **Key Tips and Coverage Guidelines**

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

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

#### **Medication List**

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

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

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

To save the most money on medications, share this Medication Guide with your doctor or health care provider at each visit so he or she is aware of the drugs listed and cost impacts when you discuss medication options.

# Changes to the formulary

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

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

There are varying reasons changes are made to the medications listed in the Care Choices (for HSA Plans) 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 <a href="New To Market">New To Market</a>
   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 <a href="https://www.floridablue.com">www.floridablue.com</a>.

- 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 <u>Care Choices (for HSA Plans)</u>
   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 HSA Preventive Generic Prescription Drugs and Supplies
- Tier 3: All Other Generic Prescription Drugs and Supplies
- Tier 4: Condition Care HSA Preventive Brand Name Prescription Drugs and Supplies
- **Tier 5:** Preferred Brand Name Prescription Drugs and Supplies
- Tier 6: Non-Preferred Brand Name Prescription Drugs and Supplies
- **Tier 7:** Specialty Generic and Brand Name Prescription Drugs and Supplies; some Specialty Prescription Drugs may be listed in lower tier

#### Medications that are not covered

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

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

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 <a href="www.floridablue.com">www.floridablue.com</a>.

### **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 Program for Health Savings Account (HSA) compatible plans may be found at: <u>Condition Care Rx Program HSA Preventive List</u>.

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

#### **Generic drugs**

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive. A Food and Drug Administration (FDA) approved generic medication may be substituted for its brand name counterpart because it:

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

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

#### **Oral Chemotherapy Drugs**

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

#### (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 <a href="https://www.floridablue.com">www.floridablue.com</a>.

#### 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: <a href="Pharmacy Benefit Vaccines List">Pharmacy Benefit Vaccines List</a>.
- 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 maybe 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: 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, inf used, 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.

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. <u>A
  current listing of Self-Administered Specialty Medications can be found here</u>.
  - Self-administered injectable medications are designated in the Medication List with "inj" following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.
- <u>Provider-Administered Specialty Medications</u> 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. <u>A current listing of Provider-Administered Specialty Medications can be found here</u>.

**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 <a href="https://www.floridablue.com">www.floridablue.com</a> 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 <u>For members associated with a Small Group BlueCare HMO plan</u> Your plan may have a Preferred Pharmacy Network within the Retail Pharmacy Network. The Pref erred Pharmacy Network is a list of pharmacies that apply your standard cost-share or co-pay. If you choose to fill a prescription outside this Preferred Pharmacy network, you may have higher cost-share or co-pay amounts. To find a pharmacy in the Preferred Pharmacy Network, please log in to Florida Blue account, scroll to Know Before You Go section and click Find, Doctors, Pharmacies, and More.
- Specialty Pharmacy Network We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in this Medication Guide. To be covered under your pharmacy program at the in- network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
  - Limited Distribution (LD) Pharmacy Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (preapproval). 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 NonParticipating 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 Pharmacies is limited to the following participating Specialty Pharmacy provider. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for non-Specialty Pharmacy medications. You may pay more out of pocket if you use a different specialty pharmacy.

#### **CVS/Caremark Specialty Pharmacy Services**

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

CVS/Caremark Specialty Pharmacy

#### **CVS/Caremark Hemophilia Services Only**

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

<u>Accredo</u>

#### **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 providers <a href="https://example.com/Accredo/

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 provider-administered 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: Prior Authorization Program Information and Forms.

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

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

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

#### **Responsible Quantity Program**

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

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

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

Responsible Quantity Program Information
Responsible Quantity Authorization Form

#### **Responsible Steps Program**

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

#### A list of current drugs included in the Responsible Steps Program may be found here:

Responsible Steps Program Information and Authorization Forms

#### **Responsible Steps Program for Medical Pharmacy**

Certain physician-administered Prescription Drugs which are rendered in a physician's office may be included in the Responsible Steps Program for Medical Pharmacy. 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 Program for Medical Pharmacy Information.

**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 <a href="www.floridablue.com">www.floridablue.com</a> 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 <a href="www.floridablue.com">www.floridablue.com</a> 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 <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, 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 <a href="https://www.hhs.gov/ocr/office/file/index.html">www.hhs.gov/ocr/office/file/index.html</a>

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: 1-078-559-559. اتصل برقم 1-078-333-339.

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 (8770-955-980-1 :TTY) 2583-352-350-1 تماس بگیرید. FEP: با شماره 2227-333-800-1 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'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 125 mg	6		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	5		
amoxicillin (trihydrate) cap 250 mg, 500 mg	3		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	3		
amoxicillin (trihydrate) tab 500 mg, 875 mg	3		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	3		
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	3		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	3		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	3		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	3		
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	6		
ampicillin cap 500 mg	3		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	5		
AUGMENTIN ES-600 - amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	6		
dicloxacillin sodium cap 250 mg, 500 mg	3		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	5		
penicillin v potassium tab 250 mg, 500 mg	3		
CEPHALOSPORINS			
CEFACLOR - cefaclor cap 250 mg, 500 mg	6		
CEFACLOR - cefaclor for susp 250 mg/5ml	6		
CEFADROXIL - cefadroxil tab 1 gm	6		
cefadroxil cap 500 mg	3		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	3		
cefdinir cap 300 mg	3		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3		
cefixime cap 400 mg (Suprax)	3		
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	3		
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	3		

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
cefpodoxime proxetil tab 100 mg, 200 mg	3		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	3		
cefprozil tab 250 mg, 500 mg	3		
cefuroxime axetil tab 250 mg, 500 mg	3		
cephalexin cap 250 mg, 500 mg	3		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	3		
cephalexin tab 250 mg, 500 mg	3		
MACROLIDES			
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	3		
azithromycin tab 250 mg, 500 mg (Zithromax)	3		
azithromycin tab 600 mg	3		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	6		
clarithromycin tab er 24hr 500 mg	3		
clarithromycin tab 250 mg, 500 mg	3		
DIFICID - fidaxomicin tab 200 mg	5		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	5		QL (272 mls/180 days)
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	6		
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	3		
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	6		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	3		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	3		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	3		
erythromycin tab 250 mg, 500 mg	3		
fidaxomicin tab 200 mg (Dificid)	3		QL (40 tablets/180 days)
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	3		
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)	3		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3		
minocycline hcl cap 50 mg, 75 mg, 100 mg	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/180 days
tetracycline hcl cap 250 mg, 500 mg	3		
FLUOROQUINOLONES			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	6		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	6		
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	5		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	3		
ciprofloxacin hcl tab 750 mg (base equiv)	3		
levofloxacin oral soln 25 mg/ml	3		
levofloxacin tab 250 mg, 500 mg, 750 mg	3		
moxifloxacin hcl tab 400 mg (base equiv)	3		
OFLOXACIN - ofloxacin tab 300 mg	6		
ofloxacin tab 400 mg	3		
AMINOGLYCOSIDES			
ARIKAYCE - amikacin sulfate liposome inhal susp	7	SP	LD
590 mg/8.4ml (base eq)			
BETHKIS - tobramycin nebu soln 300 mg/4ml	7	SP	LD
HUMATIN - paromomycin sulfate cap 250 mg	5		LD
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	7	SP	LD
neomycin sulfate tab 500 mg	3		
TOBI PODHALER - tobramycin inhal cap 28 mg	7	SP	LD
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	7	SP	
tobramycin nebu soln 300 mg/5ml (Tobi)	7	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	7	SP	
SULFONAMIDES			
sulfadiazine tab 500 mg	3		
ANTIMYCOBACTERIAL AGENTS			
CYCLOSERINE - cycloserine cap 250 mg	3		
ethambutol hcl tab 100 mg	3		
ethambutol hcl tab 400 mg (Myambutol)	3		
isoniazid syrup 50 mg/5ml	3		
isoniazid tab 100 mg, 300 mg	3		
PRETOMANID - pretomanid tab 200 mg	6		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	5		
pyrazinamide tab 500 mg	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
rifabutin cap 150 mg (Mycobutin)	3		
rifampin cap 150 mg, 300 mg	3		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	7	SP	LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	7	SP	LD, QL (188 tablets/365 days)
ANTIFUNGALS			
ANCOBON - flucytosine cap 250 mg, 500 mg	6		
CRESEMBA - isavuconazonium sulfate cap 74.5 mg,	6		PA
186 mg			
DIFLUCAN - fluconazole for susp 40 mg/ml	6		
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	3		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	3		
flucytosine cap 250 mg, 500 mg (Ancobon)	3		
griseofulvin microsize susp 125 mg/5ml	3		
griseofulvin microsize tab 500 mg	3		
griseofulvin ultramicrosize tab 125 mg, 250 mg	3		
itraconazole cap 100 mg (Sporanox)	3		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	3		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	3		, , ,
NOXAFIL - posaconazole tab delayed release 100 mg	6		PA
NOXAFIL - posaconazole susp 40 mg/ml	6		PA
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5		PA
nystatin tab 500000 unit	3		
posaconazole susp 40 mg/ml (Noxafil)	3		PA
posaconazole tab delayed release 100 mg (Noxafil)	3		PA
SPORANOX - itraconazole cap 100 mg	6		PA, QL (120 capsules/30 days)
terbinafine hcl tab 250 mg	3		QL (30 tablets/30 days)
VFEND - voriconazole for susp 40 mg/ml	6		PA
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	6		PA, QL (18 capsules/180 days)
voriconazole for susp 40 mg/ml (Vfend)	3		PA
voriconazole tab 50 mg, 200 mg (Vfend)	3		PA
ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	3		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	3		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	3		QL (30 tablets/30 days)
acyclovir cap 200 mg	3		
		_	

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
acyclovir susp 200 mg/5ml (Zovirax)	3		
acyclovir tab 400 mg, 800 mg	3		
adefovir dipivoxil tab 10 mg (Hepsera)	3		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	5		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	3		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	3		QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5		QL (630 mls/30 days)
BIKTARVY - 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)	3		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	3		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5		QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	5		QL (180 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	3		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	3		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	3		QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz- lamivudine-tenofovir df tab 400-300-300 mg	3		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	3		QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	3		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	3		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	6		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	5		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	3		QL (30 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	7	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	7	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	7	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	7	SP	PA, QL (60 packets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	6		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	6		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	6		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	3		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	3		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	7	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	7	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	7	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	5		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	6		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	5		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5		QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5		QL (30 tablets/30 days)
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	6		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	6		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	5		QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	3		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	3		QL (30 tablets/30 days)
lamivudine tab 150 mg (Epivir)	3		QL (60 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	7	SP	PA, LD, QL (120 tablets/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	3		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	3		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	3		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	3		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	7	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	7	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	6		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	5		QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	3		QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	3		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	3		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 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	7	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	7	SP	PA
PIFELTRO - doravirine tab 100 mg	5		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	6		
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	6		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	5		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5		QL (180 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PREZISTA - darunavir tab 600 mg	6		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	6		QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	6		QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	6		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	6		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	6		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	6		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	5		
RIBAVIRIN - ribavirin tab 200 mg	5		
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	6		
ritonavir tab 100 mg (Norvir)	3		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	6		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	6		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	7	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	7	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	7	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	6		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5		QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv)	6		QL (300 mls/120 days)
TAMIFLU - oseltamivir phosphate cap 30 mg (base equiv)	6		QL (40 capsules/120 days)
TAMIFLU - oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	6		QL (20 capsules/120 days)
equiv), 75 mg (base equiv)			

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	6		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	5		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	3		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	3		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	3		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	5		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	5		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5		QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	6		QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	7	SP	PA, QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	6		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	6		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	3		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	3		QL (1920 mls/30 days)
zidovudine tab 300 mg	3		QL (60 tablets/30 days)
ANTIMALARIALS			
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	6		
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	3		
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	3		
chloroquine phosphate tab 500 mg	3		
COARTEM - artemether-lumefantrine tab 20-120 mg	5		
DARAPRIM - pyrimethamine tab 25 mg	7	SP	PA, LD, QL (90 tablets/30 day

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	3		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	3		
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	6		
mefloquine hcl tab 250 mg	3		
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	6		
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg (15 mg base)	6		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	3		
pyrimethamine tab 25 mg (Daraprim)	7	SP	PA, QL (90 tablets/30 days)
quinine sulfate cap 324 mg (Qualaquin)	3		QL (42 capsules/90 days)
ANTHELMINTICS			
albendazole tab 200 mg (Albenza)	3		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	5		LD
BILTRICIDE - praziquantel tab 600 mg	6		
EGATEN - triclabendazole tab 250 mg	7	SP	PA
EMVERM - mebendazole chew tab 100 mg	6		PA, QL (180 tablets/30 days)
ivermectin tab 3 mg (Stromectol)	3		
praziquantel tab 600 mg (Biltricide)	3		
STROMECTOL - ivermectin tab 3 mg	6		
ANTI-INFECTIVE AGENTS - MISC.			
atovaquone susp 750 mg/5ml (Mepron)	3		
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	6		
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	6		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	7	SP	LD
CLEOCIN - clindamycin hcl cap 75 mg, 150 mg, 300 mg	6		
CLEOCIN PEDIATRIC GRANULE - clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	6		
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	3		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	3		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	3		
COLY-MYCIN M - colistimethate sod for inj 150 mg (colistin base activity)	6		
dapsone tab 25 mg, 100 mg	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base	6		
equivalent) FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base	6		QL (1200 mls/30 days)
equivalent)			QL (1200 mis/30 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	3		
HIPREX - methenamine hippurate tab 1 gm	6		
IMPAVIDO - miltefosine cap 50 mg	7	SP	PA
LAMPIT - nifurtimox tab 30 mg	6		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	6		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	3		
linezolid tab 600 mg (Zyvox)	3		
MACROBID - nitrofurantoin monohydrate macrocrystalline cap 100 mg	6		
MACRODANTIN - nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg	6		
MEPRON - atovaquone susp 750 mg/5ml	6		
methenamine hippurate tab 1 gm (Hiprex)	3		
metronidazole tab 250 mg	3		
metronidazole tab 500 mg (Flagyl)	3		
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	6		
nitazoxanide tab 500 mg	3		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	3		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3		
nitrofurantoin susp 25 mg/5ml	3		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	3		
SIVEXTRO - tedizolid phosphate tab 200 mg	5		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	3		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	3		
tinidazole tab 250 mg, 500 mg	3		
TRIMETHOPRIM - trimethoprim tab 100 mg	6		
trimethoprim tab 100 mg	3		
VANCOCIN - vancomycin hcl cap 125 mg (base equivalent)	6		QL (480 capsules/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
VANCOCIN - vancomycin hcl cap 250 mg (base equivalent)	6		QL (240 capsules/30 days)
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	3		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	3		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	3		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	3		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 200 mg	6		PA, QL (9 tablets/180 days)
XIFAXAN - rifaximin tab 550 mg	5		PA, QL (90 tablets/30 days)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1		
AFLURIA 2025-2026 - influenza virus vaccine split im susp	1		QL (1 vaccine/90 days)
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)
	1		

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Tier	Specialty	Requirements/Limits
1		QL (1 vaccine/90 days)
1		QL (1 vaccine/90 days)
1		QL (1 vaccine/90 days)
1		QL (1 vaccine/90 days)
1		QL (1 vaccine/90 days)
1		QL (1 vaccine/90 days)
1		
1		
1		
1		
1		
1		
1		
1		
1		
1		
1		
1		
1		
1		
1		
1		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
ROTARIX - rotavirus vaccine, live oral susp	1		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	1		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1		
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1		
VAXCHORA - cholera vaccine live attenuated for oral susp	6		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	6		
TOXOIDS			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1		
DAPTACEL - diph, acellular pert & tet tox inj 15 If-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			
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	7	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	7	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	7	SP	PA
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	7	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	7	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous sol pref syr 10 gm/50ml	7	SP	PA, LD
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	7	SP	PA, LD
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	7	SP	PA, LD
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	7	SP	PA, LD

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	7	SP	PA, LD
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	7	SP	PA, LD
BIOLOGICALS MISC			
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	6		
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	6		
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 mg	7	SP	PA, LD, QL (1 starter kit/180 days)
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	7	SP	PA, LD, QL (1 pack/180 days)
PALFORZIA LEVEL 0 - peanut powder-dnfp cap sprinkle pack 1 x 1 mg (1 mg dose)	7	SP	PA, LD, QL (30 capsules/30 days)
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	7	SP	PA, LD, QL (90 capsules/30 days)
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	7	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg	7	SP	PA, LD, QL (30 packets/30 days)
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg	7	SP	PA, LD, QL (30 packets/30 days)
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	7	SP	PA, LD, QL (180 capsules/30 days)
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	7	SP	PA, LD, QL (90 capsules/30 days)
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	7	SP	PA, LD, QL (30 capsules/30 days)
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	7	SP	PA, LD, QL (60 capsules/30 days)
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	7	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	7	SP	PA, LD, QL (60 capsules/30 days)
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	7	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	7	SP	PA, LD, QL (60 capsules/30 days)
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	6		
ANTINEOPLASTIC AGENTS			
ANTINEOPLASTICS			
abiraterone acetate tab 250 mg (Zytiga)	7	SP	PA, QL (120 tablets/30 days)

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
abiraterone acetate tab 500 mg (Zytiga)	7	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	7	SP	PA, LD
AFINITOR - everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg $$	7	SP	PA, LD, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg, 5 mg	7	SP	PA, LD, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	7	SP	PA, LD, QL (90 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	7	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	7	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	7	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	7	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	7	SP	PA, LD, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	7	SP	PA, QL (240 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	7	SP	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	7	SP	PA, LD, QL (1 pack/28 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	7	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	7	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	7	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	7	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	7	SP	PA, LD, QL (2 syringes/28 days)
bexarotene cap 75 mg (Targretin)	7	SP	PA
bicalutamide tab 50 mg (Casodex)	3		
BOSULIF - bosutinib cap 50 mg	7	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	7	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	7	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	7	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	7	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	7	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)	7	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	7	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	7	SP	
CAPRELSA - vandetanib tab 100 mg	7	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	7	SP	PA, LD, QL (30 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

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

Drug Tier	Specialty	Requirements/Limits
7	SP	PA, LD, QL (1 kit/28 days)
7	SP	PA, LD, QL (1 kit/28 days)
7	SP	PA, LD, QL (1 kit/28 days)
7	SP	PA, LD, QL (60 capsules/30 days)
7	SP	PA, LD, QL (63 tablets/28 days)
6		
5		
3		
7	SP	PA, LD, QL (112 tablets/28 days)
		PA, QL (90 tablets/30 days)
	SP	PA, QL (30 tablets/30 days)
7	SP	PA, LD, QL (60 tablets/30 days)
7	SP	PA, LD, QL (30 tablets/30 days)
7	SP	PA, QL (30 capsules/30 days)
7	SP	PA, QL (60 capsules/30 days)
7	SP	PA, LD, QL (30 capsules/30 days)
7	SP	PA, LD, QL (120 tablets/30 days)
7	SP	PA, LD, QL (30 tablets/30 days)
7	SP	PA, QL (60 tablets/30 days)
7	SP	PA, QL (30 tablets/30 days)
5		
6		LD
7	SP	PA, QL (60 tablets/30 days)
7	SP	PA, QL (90 tablets/30 days)
7	SP	PA, QL (30 tablets/30 days)
3		
6		
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 SP

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	7	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	7	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	7	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	7	SP	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	7	SP	
GOMEKLI - mirdametinib tab for oral susp 1 mg	7	SP	PA, QL (168 tablets/28 days)
GOMEKLI - mirdametinib cap 1 mg	7	SP	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	7	SP	PA, QL (84 capsules/28 days)
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	7	SP	PA
HYDREA - hydroxyurea cap 500 mg	6		
hydroxyurea cap 500 mg (Hydrea)	3		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	7	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	7	SP	PA, LD, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	7	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)	7	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	7	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	7	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	7	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	7	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	7	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	7	SP	PA, LD, QL (120 capsules/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	7	SP	PA, QL (280 mls/28 days)
INLYTA - axitinib tab 1 mg	7	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	7	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	7	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg	7	SP	PA, LD, QL (30 tablets/30 days)
ITOVEBI - inavolisib tab 3 mg	7	SP	PA, QL (56 tablets/28 days)
ITOVEBI - inavolisib tab 9 mg	7	SP	PA, QL (28 tablets/28 days)
	•		•

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
IWILFIN - eflornithine hcl tab 192 mg	7	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base	7	SP	PA, LD, QL (60 tablets/30 days)
equivalent), 10 mg (base equivalent), 13 mg (base equivalent), 25 mg (base			
equivalent)			
JAYPIRCA - pirtobrutinib tab 50 mg	7	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	7	SP	PA, LD, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily	7	SP	PA, QL (63 tablets/28 days)
dose, 400 mg daily dose (200 mg tab), 600 mg daily			
dose (200 mg tab)			
KOSELUGO - selumetinib sulfate cap 10 mg	7	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	7	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	7	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	7	SP	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	7	SP	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	7	SP	PA, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy	7	SP	PA, LD, QL (30 capsules/30 days)
pack 10 mg (10 mg daily dose)	_		
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy	7	SP	PA, LD, QL (90 capsules/30 days)
pack 3 x 4 mg (12 mg daily dose)	7	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)		) SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther	7	SP	PA, LD, QL (90 capsules/30 days)
pack 10 mg & 2 x 4 mg (18 mg daily dose)			,, \( \) \( \
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy	7	SP	PA, LD, QL (60 capsules/30 days)
pack 2 x 10 mg (20 mg daily dose)			
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther	7	SP	PA, LD, QL (90 capsules/30 days)
pack 2 x 10 mg & 4 mg (24 mg daily dose)			
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy	7	SP	PA, LD, QL (30 capsules/30 days)
pack 4 mg (4 mg daily dose)	7	0.0	DA 1 D 01 (00 100 do)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	7	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	3		
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	3		
LEUKERAN - chlorambucil tab 2 mg	5		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	7	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	7	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracii tab 13-0.14 mg	7	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - Iorlatinib tab 25 mg	7	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - Iorlatinib tab 25 mg	7	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	7	SP	PA, LD, QL (30 tablets/30 days) PA, LD, QL (240 tablets/30 days)
	7	SP	PA, LD, QL (240 tablets/30 days)  PA, LD, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg	1	35	TA, LD, QL (120 lablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
LUMAKRAS - sotorasib tab 320 mg	7	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	7	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	7	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	7	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	7	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	7	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	7	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)	7	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	7	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	7	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	7	SP	PA, LD, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	7	SP	
mercaptopurine tab 50 mg	3		
mesna tab 400 mg (Mesnex)	3		
MESNEX - mesna tab 400 mg	6		
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	5		
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	6		
METHOTREXATE SODIUM - methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	6		
methotrexate sodium for inj 1 gm	3		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	3		
methotrexate sodium tab 2.5 mg (base equiv)	3		
MYLERAN - busulfan tab 2 mg	5		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	7	SP	PA, LD, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	7	SP	PA, LD, QL (120 tablets/30 days)
NILANDRON - nilutamide tab 150 mg	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

D. M.	ь т		5
Drug Name	Drug Tier	Specialty	Requirements/Limits
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	7	SP	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg (Nilandron)	3		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	7	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	7	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	7	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	7	SP	PA, LD, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	7	SP	PA, LD, QL (56 tablets/28 days)
OJEMDA - tovorafenib tab 100 mg	7	SP	PA, QL (24 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	7	SP	PA, QL (96 mls/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	7	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	7	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	7	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	7	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	7	SP	PA, LD, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	7	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	7	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	7	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	7	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	7	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	7	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	7	SP	LD
QINLOCK - ripretinib tab 50 mg	7	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	7	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	7	SP	PA, LD, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	7	SP	PA, LD, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	7	SP	PA, LD, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	7	SP	PA, LD, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg	7	SP	PA, LD, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	7	SP	PA, QL (8 capsules/28 day)
ROZLYTREK - entrectinib pellet pack 50 mg	7	SP	PA, LD, QL (336 packets/28 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ROZLYTREK - entrectinib cap 100 mg	7	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	7	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	7	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	7	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	7	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	7	SP	PA, LD, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	7	SP	PA, LD, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	6		
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	7	SP	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	7	SP	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	7	SP	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	7	SP	PA, LD, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	7	SP	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	7	SP	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	7	SP	PA, LD, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)	7	SP	PA, LD, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	7	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	7	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	7	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	7	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)	7	SP	PA, LD, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TARCEVA - erlotinib hcl tab 100 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
TARGRETIN - bexarotene cap 75 mg	7	SP	PA

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	7	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	7	SP	PA, LD, QL (240 tablets/30 days)
temozolomide cap 5 mg, 20 mg	7	SP	PA
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	7	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	7	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	7	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	3		
tretinoin cap 10 mg	7	SP	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	7	SP	PA, LD, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	7	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	7	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	7	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	7	SP	PA, LD, QL (120 capsules/30 days)
TYKERB - lapatinib ditosylate tab 250 mg (base equiv)	7	SP	PA, QL (180 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	7	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	7	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	7	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	7	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	7	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	7	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	7	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	7	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	7	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	7	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	7	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	7	SP	PA, LD, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	7	SP	PA, LD, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	7	SP	PA, QL (120 tablets/30 days)
WELIREG - belzutifan tab 40 mg	7	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	7	SP	PA, LD, QL (60 capsules/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
XALKORI - crizotinib cap sprinkle 20 mg	7	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	7	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	7	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	7	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	7	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)	7	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)	7	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	7	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	7	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	7	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	7	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	7	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	7	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	7	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	7	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	7	SP	PA, LD, QL (90 tablets/30 days)
ENDOCRINE AND METABOLIC DRUGS			
CORTICOSTEROIDS			
AGAMREE - vamorolone oral susp 40 mg/ml	7	SP	PA, QL (3 bottles/30 days)
budesonide delayed release particles cap 3 mg (Entocort ec)	3		
budesonide tab er 24hr 9 mg (Uceris)	3		
CORTISONE ACETATE - cortisone acetate tab 25 mg	6		
deflazacort susp 22.75 mg/ml (Emflaza)	7	SP	PA, LD
deflazacort tab 6 mg (Emflaza)	7	SP	PA, LD, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	7	SP	PA, LD, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	7	SP	PA, LD
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	5		
dexamethasone elixir 0.5 mg/5ml	3		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DEXAMETHASONE INTENSOL - dexamethasone conc	6	Opoolaity	T toquil official Emilio
1 mg/ml			
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3		
EMFLAZA - deflazacort susp 22.75 mg/ml	7	SP	PA, LD
EMFLAZA - deflazacort tab 6 mg	7	SP	PA, LD, QL (60 tablets/30 days)
EMFLAZA - deflazacort tab 18 mg	7	SP	PA, LD, QL (30 tablets/30 days)
EMFLAZA - deflazacort tab 30 mg, 36 mg	7	SP	PA, LD
EOHILIA - budesonide oral suspension 2 mg/10ml	6		PA, QL (600 mls/30 days)
fludrocortisone acetate tab 0.1 mg	3		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	3		
MEDROL - methylprednisolone tab 2 mg, 4 mg, 8 mg, 16 mg	6		
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	6		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	3		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	3		
PEDIAPRED - prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	6		
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)	6		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3		
prednisolone soln 15 mg/5ml	3		
prednisolone tab 5 mg	3		
PREDNISONE - prednisone oral soln 5 mg/5ml	5		
PREDNISONE INTENSOL - prednisone conc 5 mg/ml	6		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	3		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	3		
TARPEYO - budesonide delayed release cap 4 mg	7	SP	PA, LD, QL (120 capsules/30 days)
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	3		PA

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name  methyltestosterone cap 10 mg  TESTOSTERONE - testosterone td gel 10mg/act (2%)  testosterone cypionate im inj in oil 100 mg/ml (Depotestosterone)  testosterone cypionate im inj in oil 200 mg/ml (Depotestosterone)  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel) testosterone td gel 12.5 mg/act (1%) testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)  testosterone td soln 30 mg/act  ESTROGENS  ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 6  Drug Tier Specialty Requirements/Limits PA, QL (600 capsules/30 day  PA, QL (2 pumps/30 days)  PA, QL (1 vial/28 days)  QL (1 vial/28 days)  QL (1 vial/28 days)  PA, QL (600 packets/30 days)  PA, QL (600 packets/30 days)  PA, QL (2 pumps/30 days)  PA, QL (2 pumps/30 days)
TESTOSTERONE - testosterone td gel 10mg/act (2%)  testosterone cypionate im inj in oil 100 mg/ml (Depotestosterone)  testosterone cypionate im inj in oil 200 mg/ml (Depotestosterone)  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)  testosterone td gel 12.5 mg/act (1%)  testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)  testosterone td soln 30 mg/act  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml
testosterone cypionate im inj in oil 100 mg/ml (Depotestosterone)  testosterone cypionate im inj in oil 200 mg/ml (Depotestosterone cypionate im inj in oil 200 mg/ml (Depotestosterone)  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)  testosterone td gel 12.5 mg/act (1%)  testosterone td gel 20.25 mg/act (1.62%) (Androgel)  pump)  testosterone td soln 30 mg/act  3 PA, QL (2 pumps/30 days PA, QL
testosterone cypionate im inj in oil 200 mg/ml (Depotestosterone)  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm 3 PA, QL (60 packets/30 day (1%) (Androgel)  testosterone td gel 12.5 mg/act (1%)  testosterone td gel 20.25 mg/act (1.62%) (Androgel 3 PA, QL (2 pumps/30 days pump)  testosterone td soln 30 mg/act 3 PA, QL (2 pumps/30 days PA
testosterone)  TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml  testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm 3 PA, QL (60 packets/30 day (1%) (Androgel)  testosterone td gel 12.5 mg/act (1%) 3 PA, QL (4 pumps/30 days testosterone td gel 20.25 mg/act (1.62%) (Androgel 3 PA, QL (2 pumps/30 days pump)  testosterone td soln 30 mg/act 3 PA, QL (2 pumps/30 days PA, Q
enanthate im inj in oil 200 mg/ml  testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm
(1%) (Androgel)  testosterone td gel 12.5 mg/act (1%)  testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)  testosterone td soln 30 mg/act  3 PA, QL (2 pumps/30 days PA,
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)  testosterone td soln 30 mg/act 3 PA, QL (2 pumps/30 days  ESTROGENS
pump) testosterone td soln 30 mg/act  STROGENS  PA, QL (2 pumps/30 days
ESTROGENS
ALORA - estradiol td patch twice weekly 0.025 mg/24hr. 6 QL (8 patches/28 days)
0.075 mg/24hr
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 6 0.5-1 mg
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 6 1-100 mg
CLIMARA PRO - estradiol-levonorgestrel td patch 5 QL (4 patches/28 days) weekly 0.045-0.015 mg/day
COMBIPATCH - estradiol-norethindrone ace td pttw 6 QL (8 patches/28 day) 0.05-0.14 mg/day, 0.05-0.25 mg/day
DELESTROGEN - estradiol valerate im in oil 10 mg/ml, 7 SP 20 mg/ml
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%), 6 QL (30 packets/30 days) 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%)
DUAVEE - conjugated estrogens-bazedoxifene tab 5 0.45-20 mg
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm 6 QL (1 pump/30 days) metered-dose pump)
ESTRACE - estradiol tab 0.5 mg, 1 mg, 2 mg 6
estradiol & norethindrone acetate tab 0.5-0.1 mg 2
estradiol & norethindrone acetate tab 1-0.5 mg 2 (Activella)
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)  QL (1 pump/30 days)
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace) 2

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	3		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	2		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)	2		QL (4 patches/28 days)
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	7	SP	
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	6		QL (1 pump/30 days)
EVAMIST - estradiol transdermal spray 1.53 mg/spray	6		QL (5 bottles/93 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	5		
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	6		QL (4 patches/28 days)
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	5		PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	2		
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2		
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			
BEYAZ - drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	6		
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		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DROSPIRENONE/ETHINYL ESTR - drospirenone-	5		
ethinyl estrad-levomefolate tab 3-0.03-0.451 mg			
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		
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	6		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name  norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)  norethindrone tab 0.35 mg 1 norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-	Specialty	Requirements/Limits
1 mg-20 mcg (24) (Taytulla) norethindrone tab 0.35 mg 1 norethindrone-eth estradiol tab 1		
norethindrone-eth estradiol tab		
nordamiarono dari dottadior tab		
mcg		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg		
norgestimate-eth estrad tab 1 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg		
NUVARING - etonogestrel-ethinyl estradiol va ring 1 0.12-0.015 mg/24hr		
OPILL - norgestrel tab 0.075 mg 1		
PLAN B ONE-STEP - levonorgestrel tab 1.5 mg 6		
SAFYRAL - drospirenone-ethinyl estrad-levomefolate 6 tab 3-0.03-0.451 mg		
SLYND - drospirenone tab 4 mg 6		
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg		
VELIVET - desogest-ethin est tab 5 0.1-0.025/0.125-0.025/0.15-0.025mg-mg		
YASMIN 28 - drospirenone-ethinyl estradiol tab 6 3-0.03 mg		
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg 6		
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 3 10 mg (Provera)		
norethindrone acetate tab 5 mg (Aygestin) 3		
progesterone cap 100 mg, 200 mg (Prometrium) 3		
PROVERA - medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg		
ANTIDIABETICS		
Antidiabetics		
acarbose tab 25 mg, 50 mg, 100 mg (Precose)		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ 4 dose 4		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/ 4 dose 4		
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent) 6		
diazoxide susp 50 mg/ml (Proglycem) 3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 - glipizide tab 2.5 mg	6		
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		
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)
KORLYM - mifepristone tab 300 mg	7	SP	PA, LD, QL (120 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)	7	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)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
PROGLYCEM - diazoxide susp 50 mg/ml	6		
repaglinide tab 0.5 mg, 1 mg, 2 mg	2		
RYBELSUS - semaglutide tab 3 mg	5		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	5		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	2		QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	2		QL (60 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	2		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen- inj 100-33 unit-mcg/ml	5		
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)

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol	5		
pen-inj 100-3.6 unit-mg/ml	4		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln	4		
auto-inj 0.6 mg/0.6ml	4		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	4		
Rapid-Acting Insulins			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro inj soln 100 unit/ml	2		
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen- injector 100 unit/ml (0.5 unit dial)	2		
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2		
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	2		
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen- injector 200 unit/ml	2		
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen- injector 100 unit/ml	2		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
Short-Acting Insulins			
AFREZZA - insulin regular (human) inhalation powder 4 unit/cartridge	6		PA, QL (2520 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 8 unit/cartridge	6		PA, QL (1260 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 12 unit/cartridge	6		PA, QL (900 cartridges/30 days)

KEY |

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	6		PA, QL (1800 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	6		PA, QL (1080 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart	6		PA, QL (1260 cartridges/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	2		
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2		
RELION R - insulin regular (human) inj 100 unit/ml	2		
Intermediate-Acting Insulins			
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2		
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2		
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2		
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
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			
BASAGLAR KWIKPEN - insulin glargine soln pen- injector 100 unit/ml	6		
BASAGLAR TEMPO PEN - insulin glargine pen-inj with transmitter port 100 unit/ml	6		
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	2		
INSULIN DEGLUDEC 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)	6		
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	6		
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

		1	T.
Drug Name	Drug Tier	Specialty	Requirements/Limits
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)	6		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	6		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	6		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	6		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	6		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	6		
propylthiouracil tab 50 mg	3		
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)	6		
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	5		
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	6		
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	6		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	3		QL (28 tablets/270 days)
ENDOCRINE and METABOLIC AGENTS - MISC.			
ACTHAR - corticotropin inj gel 80 unit/ml	7	SP	PA, LD, QL (7 vials/21 days)
ACTHAR GEL - corticotropin subcutaneous gel pen- injector 40 unit/0.5ml, 80 unit/ml	7	SP	PA, LD
alendronate sodium oral soln 70 mg/75ml	2		
alendronate sodium tab 10 mg, 35 mg	2		
alendronate sodium tab 70 mg (Fosamax)	2		
betaine powder for oral solution (Cystadane)	7	SP	PA
BINOSTO - alendronate sodium effervescent tab 70 mg	6		
BUPHENYL - sodium phenylbutyrate tab 500 mg	7	SP	PA, LD, QL (1200 tablets/30 days)
cabergoline tab 0.5 mg	3		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	3		
calcitonin (salmon) nasal soln 200 unit/act	2		

KEY | P.

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	3		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	3		
CARBAGLU - carglumic acid soluble tab 200 mg	7	SP	LD
carglumic acid soluble tab 200 mg (Carbaglu)	7	SP	
CARNITOR - levocarnitine tab 330 mg	6		
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	6		
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	6		
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	3		PA
CRENESSITY - crinecerfont cap 25 mg, 50 mg, 100 mg	7	SP	PA, LD, QL (60 capsules/30 days)
CRENESSITY - crinecerfont oral soln 50 mg/ml	7	SP	PA, LD, QL (120 mls/30 days)
CYSTADANE - betaine powder for oral solution	7	SP	PA, LD
DDAVP - desmopressin acetate inj 4 mcg/ml	6		
DDAVP - desmopressin acetate preservative free (pf) inj 4 mcg/ml	6		
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	3		
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	5		
desmopressin acetate inj 4 mcg/ml (Ddavp)	3		
desmopressin acetate nasal spray soln 0.01% (refrigerated)	3		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	3		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	3		
DOXERCALCIFEROL - doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	5		
EGRIFTA SV - tesamorelin acetate for inj 2 mg (base equiv)	7	SP	PA
FOSAMAX - alendronate sodium tab 70 mg	6		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	7	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	7	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	7	SP	PA
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	2		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	7	SP	PA, LD
ISTURISA - osilodrostat phosphate tab 1 mg	7	SP	PA, LD, QL (240 tablets/30 days)
ISTURISA - osilodrostat phosphate tab 5 mg	7	SP	PA, LD, QL (300 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	7	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	7	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	7	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	7	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	5		ST, QL (30 tablets/30 days)
KUVAN - sapropterin dihydrochloride tab 100 mg	7	SP	PA, LD
KUVAN - sapropterin dihydrochloride powder packet 100 mg, 500 mg	7	SP	PA, LD
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	3		
levocarnitine tab 330 mg (Carnitor)	3		
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	6		
MIFEPREX - mifepristone tab 200 mg	5		
mifepristone tab 200 mg (Mifeprex)	3		
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	7	SP	PA, LD, QL (30 vials/30 days)
MYCAPSSA - octreotide acetate cap delayed release 20 mg	7	SP	PA, LD, QL (120 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	7	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	7	SP	PA, LD
NORDITROPIN FLEXPRO - somatropin solution pen- injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	7	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	7	SP	PA, LD
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	7	SP	
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	7	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	7	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	7	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	7	SP	PA, LD
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	7	SP	PA, LD, QL (8 capsules/28 days)
ORFADIN - nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	7	SP	PA, LD
ORFADIN - nitisinone susp 4 mg/ml	7	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** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref	7	SP	PA, LD, QL (30 syringes/30 days)
syringe 2.5 mg/0.5ml, 10 mg/0.5ml			
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref	7	SP	PA, LD, QL (60 syringes/30 days)
syringe 20 mg/ml			
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	3		
paricalcitol cap 4 mcg	3		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	7	SP	PA, LD, QL (7 bottles/29 days)
raloxifene hcl tab 60 mg (Evista)	1		
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	7	SP	PA, LD, QL (525 mls/30 days)
risedronate sodium tab delayed release 35 mg (Atelvia)	2		
risedronate sodium tab 5 mg, 30 mg	2		
risedronate sodium tab 35 mg, 150 mg (Actonel)	2		
ROCALTROL - calcitriol cap 0.25 mcg, 0.5 mcg	6		
ROCALTROL - calcitriol oral soln 1 mcg/ml	6		
SAMSCA - tolvaptan tab 15 mg	7	SP	LD, QL (30 tablets/365 days)
SANDOSTATIN - octreotide acetate inj 50 mcg/ml	7	SP	
(0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)			
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	7	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	7	SP	PA, LD
SENSIPAR - cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	6		PA
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg	7	SP	PA, LD
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	7	SP	PA, LD, QL (60 vials/30 days)
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv)	7	SP	PA, LD, QL (1 vial/28 days)
sodium phenylbutyrate oral powder 3 gm/ teaspoonful (Buphenyl)	7	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	7	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)	7	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	7	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	7	SP	

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml	7	SP	PA
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	7	SP	PA
tolvaptan tab 15 mg (Samsca)	7	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	7	SP	QL (60 tablets/365 days)
TRYNGOLZA - olezarsen sod subcut soln auto-inject 80 mg/0.8ml (base eq)	7	SP	PA, LD, QL (1 pen/28 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	7	SP	PA, LD
VEOZAH - fezolinetant tab 45 mg	6		PA, LD, QL (30 tablets/30 days)
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	7	SP	PA, LD, QL (30 vials/30 days)
XURIDEN - uridine triacetate oral granules packet 2 gm	7	SP	PA, LD
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)	7	SP	PA, LD, QL (2 pens/28 days)
ZEMPLAR - paricalcitol cap 1 mcg, 2 mcg	6		
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
DIGOXIN - digoxin oral soln 0.05 mg/ml	6		
digoxin oral soln 0.05 mg/ml (Digoxin)	2		
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	2		
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	6		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)	2		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	2		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	4		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	2		
NITRO-BID - nitroglycerin oint 2%	4		
NITRO-DUR - nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	6		
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	4		
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	6		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	2		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	2		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	2		
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	6		
NITROSTAT - nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	6		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	2		
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		
LOPRESSOR - metoprolol tartrate tab 50 mg, 100 mg	6		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	2		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	2		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	2		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	2		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	2		
pindolol tab 5 mg, 10 mg	2		
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	4		
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)	2		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	2		
sotalol hcl tab 240 mg	2		
timolol maleate tab 5 mg, 10 mg, 20 mg	2		
TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	6		
CALCIUM CHANNEL BLOCKERS			

## CALCIUM CHANNEL BLOCKERS

KEY **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 xI)	2		
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	6		
nimodipine cap 30 mg	3		
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg	4		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	2		
NYMALIZE - nimodipine oral soln 6 mg/ml	6		
SULAR - nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	6		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	2		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	2		
verapamil hcl tab 40 mg, 80 mg, 120 mg	2		
VERAPAMIL HYDROCHLORIDE E - verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg	6		
VERAPAMIL HYDROCHLORIDE S - verapamil hcl cap er 24hr 360 mg	6		
VERELAN - verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg, 360 mg	6		
ANTIARRHYTHMICS			
amiodarone hcl tab 100 mg, 200 mg, 400 mg	2		

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	2		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	2		
flecainide acetate tab 50 mg, 100 mg, 150 mg	2		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	2		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4		
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	6		
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	6		
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	2		
propafenone hcl tab 150 mg, 225 mg, 300 mg	2		
quinidine gluconate tab er 324 mg	2		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	6		
ANTIHYPERTENSIVES			
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	6		
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	2		
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		
benazepril hcl tab 5 mg	2		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	2		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
DIBENZYLINE - phenoxybenzamine hcl cap 10 mg	6		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	2		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	2		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	2		
enalapril maleate oral soln 1 mg/ml (Epaned)	2		
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	2		
EPANED - enalapril maleate oral soln 1 mg/ml	6		
eplerenone tab 25 mg, 50 mg (Inspra)	2		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	2		
guanfacine hcl tab 1 mg, 2 mg	2		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	2		
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		
losartan 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		
LOTENSIN - benazepril hcl tab 10 mg, 20 mg, 40 mg	6		
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	6		
METHYLDOPA - 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		
QUINAPRIL/HYDROCHLOROTHIA - quinapril- hydrochlorothiazide tab 20-25 mg	6		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	2		
TEKTURNA - aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	6		
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		
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	6		
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	6		
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	2		

**LD** = Limited Distribution

SP = Specialty

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

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

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

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

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

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

	[		T
Drug Name	Drug Tier	Specialty	Requirements/Limits
TRICOR - fenofibrate tab 48 mg, 145 mg	6		
VASCEPA - icosapent ethyl cap 0.5 gm	4		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	4		PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	7	SP	PA, LD, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	7	SP	PA, LD, QL (30 tablets/30 days)
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	7	SP	PA, LD, QL (112 tablets/28 days)
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	6		
bosentan tab 62.5 mg, 125 mg (Tracleer)	7	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	7	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	6		LD
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	5		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	5		QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	5		QL (240 capsules/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2		
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	3		
LETAIRIS - ambrisentan tab 5 mg, 10 mg	7	SP	PA, LD, QL (30 tablets/30 days)
OPSUMIT - macitentan tab 10 mg	7	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)		SP	PA, LD
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	7	SP	PA, LD, QL (1 kit/180 days)
REMODULIN - treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)	7	SP	PA, LD
sildenafil citrate for suspension 10 mg/ml (Revatio)	3		PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	3		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	7	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab 62.5 mg, 125 mg	7	SP	PA, LD, QL (60 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

		<u> </u>	
Drug Name	Drug Tier	Specialty	Requirements/Limits
TRACLEER - bosentan tab for oral susp 32 mg	7	SP	PA, LD, QL (120 tablets/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)	7	SP	PA
TYVASO - treprostinil inhalation solution 0.6 mg/ml	7	SP	PA, LD, QL (28 ampules/28 days)
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge	7	SP	PA, LD, QL (112 cartridges/28 days)
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	7	SP	PA, LD, QL (252 cartridges/180 days)
TYVASO REFILL KIT - treprostinil inhalation solution 0.6 mg/ml	7	SP	PA, LD, QL (28 ampules/28 days)
TYVASO STARTER KIT - treprostinil inhalation solution 0.6 mg/ml	7	SP	PA, LD, QL (1 kit/180 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	7	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	7	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	7	SP	PA, LD, QL (68 ampules/30 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	5		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	7	SP	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	7	SP	PA, QL (120 capsules/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	7	SP	PA, LD, QL (1 kit/21 days)
CIALIS - tadalafil tab 5 mg	6		QL (30 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	3		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTIHISTAMINES			
carbinoxamine maleate tab 4 mg	3		
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	6		
cyproheptadine hcl syrup 2 mg/5ml	3		
cyproheptadine hcl tab 4 mg	3		
desloratadine tab 5 mg (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	3		

KEY | PA

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

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

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4		QL (2 canisters/30 days)
BEVESPI AEROSPHERE - glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	6		QL (1 canister/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	4		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act	4		QL (1 inhaler/30 days)
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	6		
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	2		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	2		PA, QL (3 inhalers/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4		QL (2 canisters/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	4		QL (3 canisters/30 days)

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
FASENRA PEN - benralizumab subcutaneous soln auto- injector 30 mg/ml	7	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	4		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	4		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act	4		QL (2 canisters/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone- salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/ act, 232-14 mcg/act	4		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	2		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	4		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	2		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	2		
montelukast sodium tab 10 mg (base equiv) (Singulair)	2		
NUCALA - mepolizumab subcutaneous solution auto- injector 100 mg/ml	7	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	7	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	7	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)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
SPIRIVA HANDIHALER - tiotropium bromide	4		QL (30 capsules/30 days)
monohydrate inhal cap 18 mcg (base equiv)			
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	4		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	4		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	4		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	2		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto- inj 210 mg/1.91ml	7	SP	PA, LD, QL (1 pen/28 days)
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	6		
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)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	7	SP	PA, LD
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	7	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	2		
zileuton tab er 12hr 600 mg	3		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg	7	SP	PA, LD, QL (84 tablets/28 days)
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg	7	SP	PA, LD, QL (56 tablets/28 days)
BRONCHITOL - mannitol inhal cap 40 mg	7	SP	
BRONCHITOL TOLERANCE TEST - mannitol inhal cap 40 mg	7	SP	
ESBRIET - pirfenidone cap 267 mg	7	SP	PA, LD, QL (180 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg	7	SP	PA, LD, QL (180 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg	7	SP	PA, LD, QL (90 tablets/30 days)
	1		<u> </u>

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Tier	Specialty	Requirements/Limits
6		
3		
6		
6		
6		
3		
6		
6		LD
3		
6		
6		
3		
3		
3		
3		QL (30 capsules/30 days)
3		QL (30 packets/30 days)
3		QL (30 packets/30 days)
3		
3		
3		
3		
6		
3		QL (60 capsules/30 days)
3		
3		
6		QL (30 packets/30 days)
	6 6 6 6 6 6 3 3 3 3 3 3 3 3 3 3 3 3 3 3	6 6 6 6 6 6 6 6 7 3 3 3 3 3 3 3 3 3 3 3

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	D Tierr	0	De maior de la insite
Drug Name	Drug Tier 3	Specialty	Requirements/Limits
trimethobenzamide hcl cap 300 mg		CD	LD OL (4 tablata/20 daya)
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	7	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		
SUCRAID - sacrosidase soln 8500 unit/ml	7	SP	PA, LD, QL (236 mls/29 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	5		
GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	3		PA, QL (60 tablets/30 days)
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5		ST
AZULFIDINE - sulfasalazine tab 500 mg	6		
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	6		
balsalazide disodium cap 750 mg (Colazal)	3		
BYLVAY - odevixibat cap 400 mcg	7	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - odevixibat cap 1200 mcg	7	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	7	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	7	SP	PA, LD, QL (300 capsules/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	3		
calcium acetate (phosphate binder) tab 667 mg	3		
CHENODAL - chenodiol tab 250 mg	7	SP	PA, LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	7	SP	PA, LD
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	7	SP	PA, QL (2 kits/28 days)
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	7	SP	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	7	SP	PA, QL (1 kit/180 days)
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	3		
CTEXLI - chenodiol tab 250 mg	7	SP	PA, QL (90 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	7	SP	PA, LD, QL (2 pens/28 days)
FOSRENOL - lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)	6		ST
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	6		ST
GATTEX - teduglutide (rdna) for inj kit 5 mg	7	SP	PA, LD, QL (30 vials/30 days)
IQIRVO - elafibranor tab 80 mg	7	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)	3		
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	5		PA, QL (30 capsules/30 days)
LIVDELZI - seladelpar lysine cap 10 mg	7	SP	PA, QL (30 capsules/30 days)
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg	7	SP	PA, LD, QL (60 tablets/30 days)
LIVMARLI - maralixibat chloride tab 30 mg	7	SP	PA, LD, QL (30 tablets/30 days)
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	7	SP	PA, LD, QL (90 mls/30 days)
LIVMARLI - maralixibat chloride oral soln 19 mg/ml	7	SP	PA, LD, QL (60 mls/30 days)
lubiprostone cap 8 mcg (Amitiza)	3		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	3		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	3		
mesalamine cap er 24hr 0.375 gm (Apriso)	3		
mesalamine enema 4 gm	3		
mesalamine suppos 1000 mg (Canasa)	3		
mesalamine tab delayed release 800 mg	3		
mesalamine tab delayed release 1.2 gm (Lialda)	3		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	3		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto- injector 100 mg/ml	7	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	7	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	7	SP	PA, LD, QL (2 syringes/28 days)
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	7	SP	PA, LD, QL (2 syringes/28 days)
REGLAN - metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	6		

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
REZDIFFRA - resmetirom 60 mg tab	7	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	7	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	7	SP	PA, LD, QL (30 tablets/30 days)
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	3		
sevelamer carbonate tab 800 mg (Renvela)	3		
sevelamer hcl tab 400 mg	3		
sevelamer hcl tab 800 mg (Renagel)	3		
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	6		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	7	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	3		
sulfasalazine tab 500 mg (Azulfidine)	3		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	7	SP	PA, QL (1 syringe/28 days)
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	7	SP	PA, QL (1 pen/28 days)
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	7	SP	PA, QL (3 packs/180 days)
TRULANCE - plecanatide tab 3 mg	5		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	3		
ursodiol tab 250 mg (Urso 250)	3		
ursodiol tab 500 mg (Urso forte)	3		
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	6		ST
VIBERZI - eluxadoline tab 75 mg, 100 mg	5		PA, QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	7	SP	PA, LD
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	7	SP	PA, LD
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	7	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	7	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	7	SP	PA, LD, QL (2 syringes/28 days)
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	3		

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	3		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	3		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	3		
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	3		QL (30 tablets/30 days)
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	5		QL (300 mls/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	5		QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	3		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	3		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	3		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	3		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	3		
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	3		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	3		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	3		QL (60 tablets/30 days)
trospium chloride cap er 24hr 60 mg	3		QL (30 capsules/30 days)
trospium chloride tab 20 mg	3		QL (60 tablets/30 days)
VESICARE - solifenacin succinate tab 5 mg, 10 mg	6		QL (30 tablets/30 days)
VAGINAL PRODUCTS			
CLEOCIN - clindamycin phosphate vaginal cream 2%	6		
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	5		
clindamycin phosphate vaginal cream 2% (Cleocin)	3		
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	6		
CRINONE - progesterone vaginal gel 4%	6		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	1		
ESTRACE - estradiol vaginal cream 0.1 mg/gm	6		
estradiol vaginal cream 0.1 mg/gm (Estrace)	3		
estradiol vaginal tab 10 mcg (Vagifem)	3		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	5		QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	6		
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 4 mcg, 10 mcg	6		QL (8 suppositories/28 days)
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 4 mcg, 10 mcg	6		QL (18 suppositories/180 days)
INTRAROSA - prasterone vaginal insert 6.5 mg	6		
metronidazole vaginal gel 0.75%	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	6		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	1		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	1		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	5		
terconazole vaginal cream 0.4%, 0.8%	3		
terconazole vaginal suppos 80 mg	3		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	1		
VANDAZOLE - metronidazole vaginal gel 0.75%	6		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	1		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	3		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	3		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	5		LD
dutasteride cap 0.5 mg (Avodart)	3		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	3		
ELMIRON - pentosan polysulfate sodium caps 100 mg	6		PA
FILSPARI - sparsentan tab 200 mg, 400 mg	7	SP	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		
LITHOSTAT - acetohydroxamic acid tab 250 mg	6		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	3		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	3		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	3		
PROCYSBI - cysteamine bitartrate delayed release granules packet 75 mg, 300 mg	7	SP	PA, LD
PROCYSBI - cysteamine bitartrate cap delayed release 25 mg (base equiv), 75 mg (base equiv)	7	SP	PA, LD
PROSCAR - finasteride tab 5 mg	6		
RAPAFLO - silodosin cap 4 mg, 8 mg	6		
RIVFLOZA - nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml, 160 mg/ml	7	SP	PA, LD, QL (1 syringe/30 days)
		·	

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
RIVFLOZA - nedosiran sodium subcutaneous soln 80 mg/0.5ml	7	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 - tiopronin tab 100 mg	7	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 100 mg	7	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	7	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab delayed release 100 mg (Thiola ec)	7	SP	PA, LD, QL (600 tablets/30 days)
tiopronin tab delayed release 300 mg (Thiola ec)	7	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	7	SP	PA, LD, QL (600 tablets/30 days)
UROCIT-K 10 - potassium citrate tab er 10 meq (1080 mg)	6		
UROCIT-K 15 - potassium citrate tab er 15 meq (1620 mg)	6		
VANRAFIA - atrasentan hcl tab 0.75 mg	7	SP	PA, LD, QL (30 tablets/30 days)
CENTRAL NERVOUS SYSTEM DRUGS			
ANTIANXIETY AGENTS			
ALPRAZOLAM INTENSOL - alprazolam conc 1 mg/ml	6		
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	3		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	3		
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	3		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	3		
diazepam conc 5 mg/ml	3		
diazepam oral soln 1 mg/ml	3		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	3		
hydroxyzine hcl syrup 10 mg/5ml	3		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	3		
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	6		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	3		
lorazepam conc 2 mg/ml	3		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	3		
meprobamate tab 200 mg, 400 mg	3		

KEY P

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
oxazepam cap 10 mg, 15 mg, 30 mg	3		
ANTIDEPRESSANTS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	3		
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	3		
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	6		ST, QL (60 tablets/30 days)
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	3		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	3		
bupropion hcl tab 75 mg, 100 mg	3		
citalopram hydrobromide oral soln 10 mg/5ml	2		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	2		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	3		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	3		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	3		
DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 50 mg, 100 mg	6		ST, QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv) (Pristiq)	3		QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	3		QL (120 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	3		
doxepin hcl conc 10 mg/ml	3		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	3		
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	6		
escitalopram oxalate soln 5 mg/5ml (base equiv)	2		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	2		
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	6		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 DR - fluoxetine hcl cap delayed release 90 mg	6		ST

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl tab 60 mg	6		ST
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	3		
MARPLAN - isocarboxazid tab 10 mg	6		
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	3		QL (90 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg, 45 mg (Remeron soltab)	3		QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 45 mg	3		QL (30 tablets/30 days)
mirtazapine tab 15 mg (Remeron)	3		QL (90 tablets/30 days)
mirtazapine tab 30 mg (Remeron)	3		QL (30 tablets/30 days)
NARDIL - phenelzine sulfate tab 15 mg	6		
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		
NORPRAMIN - desipramine hcl tab 10 mg, 25 mg	6		
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	3		
nortriptyline hcl soln 10 mg/5ml	3		
PAMELOR - nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg	6		
PARNATE - tranylcypromine sulfate tab 10 mg	6		
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	5		
protriptyline hcl tab 5 mg, 10 mg	3		
sertraline hcl cap 150 mg, 200 mg (Sertraline hydrochlo)	2		QL (30 capsules/30 days)
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	2		
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	7	SP	PA, QL (4 packs/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	7	SP	PA, QL (4 packs/28 days)
tranylcypromine sulfate tab 10 mg (Parnate)	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
trazodone hcl tab 50 mg, 100 mg, 150 mg	3		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	3		
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)	3		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent)	3		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	3		QL (30 tablets/30 days)
ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml	6		ST
ZURZUVAE - zuranolone cap 20 mg, 25 mg	7	SP	PA, QL (28 capsules/30 days)
ZURZUVAE - zuranolone cap 30 mg	7	SP	PA, QL (14 capsules/30 days)
ANTIPSYCHOTICS			
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	7	SP	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	7	SP	
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	7	SP	
aripiprazole oral solution 1 mg/ml	3		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	3		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	3		QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	7	SP	
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	7	SP	
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	3		QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	6		ST, QL (30 capsules/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	3		
CHLORPROMAZINE HYDROCHLOR - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	6		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	6		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	3		
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	6		
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	7	SP	
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	6		ST, QL (1 pack/180 days)
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	6		ST, QL (1 pack/180 days)
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	6		ST, QL (1 pack/180 days)
fluphenazine decanoate inj 25 mg/ml	7	SP	
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ ml	5		
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	3		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	5		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	7	SP	
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	7	SP	
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	7	SP	
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	7	SP	
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	7	SP	
haloperidol lactate oral conc 2 mg/ml	3		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	3		
INVEGA - paliperidone tab er 24hr 3 mg, 9 mg	6		ST, QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 6 mg	6		ST, QL (60 tablets/30 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	7	SP	
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	7	SP	

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	7	SP	
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	6		
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	3		
lithium carbonate cap 300 mg	3		
lithium carbonate tab er 300 mg (Lithobid)	3		
lithium carbonate tab er 450 mg	3		
lithium carbonate tab 300 mg	3		
lithium oral solution 8 meq/5ml	3		
LITHOBID - lithium carbonate tab er 300 mg	6		
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	3		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	3		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	3		QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	6		
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)	7	SP	PA, LD, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
olanzapine for im inj 10 mg (Zyprexa)	7	SP	
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	3		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	3		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	3		
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	7	SP	
prochlorperazine maleate tab 5 mg (base equivalent). 10 mg (base equivalent)	3		
prochlorperazine suppos 25 mg	3		
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	6		ST, QL (30 tablets/30 days)
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)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	3		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	3		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5		QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	7	SP	
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)	7	SP	
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	6		ST, QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	3		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	3		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	3		QL (480 mls/30 days)
risperidone tab 0.25 mg	3		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	3		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	3		QL (120 tablets/30 days)
RYKINDO - risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg	7	SP	
SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	6		ST, QL (60 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	6		ST, QL (30 patches/30 days)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	3		
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	3		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	3		
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml, 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	7	SP	
VERSACLOZ - clozapine susp 50 mg/ml	6		ST, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent)	5		QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	3		QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)	7	SP	
ZYPREXA - olanzapine for im inj 10 mg	7	SP	

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	6		ST, QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	3		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	3		
eszopiclone tab 1 mg (Lunesta)	3		QL (90 tablets/30 days)
eszopiclone tab 2 mg, 3 mg (Lunesta)	3		QL (30 tablets/30 days)
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	7	SP	PA, LD, QL (158 mls/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)	3		QL (30 tablets/30 days)
ROZEREM - ramelteon tab 8 mg	6		ST, QL (30 tablets/30 days)
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	6		ST, QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	7	SP	PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 15 mg, 22.5 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	ΓS		
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	6		QL (60 tablets/30 days)
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	6		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	6		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	6		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	3		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	3		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	3		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	3		QL (90 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	3	opecialty	requirements/Limits
(Nuvigil)			
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)			QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	3		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate- dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	5		QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	3		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	3		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	6		QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	6		QL (60 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	3		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	3		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	3		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	3		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	3		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	3		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	3		QL (180 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 2.5 mg, 10 mg	6		QL (60 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	3		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	7	SP	PA, LD, QL (10 vials/30 days)
JORNAY PM - methylphenidate hcl cap delayed er 24hr 20 mg (pm), 40 mg (pm), 60 mg (pm), 80 mg (pm), 100 mg (pm)	6		QL (30 capsules/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	3		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	3		QL (30 tablets/30 days)

KEY | PA :

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
METADATE CD - methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	6		QL (30 capsules/30 days)
methamphetamine hcl tab 5 mg	3		QL (150 tablets/30 days)
METHYLIN - methylphenidate hcl soln 5 mg/5ml	6		QL (450 mls/30 days)
METHYLIN - methylphenidate hcl soln 10 mg/5ml	6		QL (900 mls/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	3		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	3		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	3		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	3		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	3		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	3		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	3		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	3		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	3		QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	3		QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	5		QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	5		QL (60 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	3		
QELBREE - viloxazine hcl cap er 24hr 100 mg	5		QL (30 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 150 mg	5		QL (60 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 200 mg	5		QL (90 capsules/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg, 40 mg	6		QL (30 tablets/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg	6		QL (60 tablets/30 days)
QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	6		QL (360 mls/30 days)
RITALIN - methylphenidate hcl tab 5 mg, 10 mg, 20 mg	6		QL (90 tablets/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	6		QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	6		QL (30 tablets/30 days)

**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)	7	SP	PA, LD, QL (60 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS -	MISC.		
acamprosate calcium tab delayed release 333 mg	3		
AQNEURSA - levacetylleucine for susp packet 1 gm	7	SP	PA, LD, QL (112 packets/28 days)
AUBAGIO - teriflunomide tab 7 mg, 14 mg	7	SP	PA, LD, QL (30 tablets/30 days)
AUSTEDO - deutetrabenazine tab 6 mg	7	SP	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg	7	SP	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	7	SP	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg	7	SP	PA, QL (60 tablets/30 days)
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	7	SP	PA, QL (1 kit/180 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	7	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		
dalfampridine tab er 12hr 10 mg (Ampyra)	3		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	3	SP	QL (14 capsules/180 days)
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	3		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	3		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	3		
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	6		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	7	SP	QL (30 capsules/30 days)
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	6		
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	3		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	7	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	7	SP	QL (12 syringes/28 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	7	SP	PA, LD, QL (28 capsules/180 days)
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	7	SP	PA, LD, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	7	SP	PA, LD, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	7	SP	PA, QL (1 pen/28 days)
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	3		PA, QL (228 tablets/180 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	6		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	7	SP	PA, LD, QL (30 packets/30 days)
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	7	SP	PA, LD, QL (28 packets/180 days)
LYBALVI - olanzapine-samidorphan I-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	6		ST, QL (30 tablets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	7	SP	PA, LD, QL (8 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	7	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	7	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	7	SP	PA, LD, QL (14 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	7	SP	PA, LD, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	7	SP	PA, LD, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	7	SP	PA, LD, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	7	SP	PA, LD, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	7	SP	PA, LD, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	7	SP	PA, LD, QL (12 tablets/180 days)
memantine hcl oral solution 2 mg/ml	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
memantine hcl tab 5 mg, 10 mg (Namenda)	3		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	3		
MIPLYFFA - arimoclomol citrate cap 47 mg, 62 mg, 93 mg, 124 mg	7	SP	PA, QL (90 capsules/30 days)
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		
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	6		PA, QL (60 capsules/30 days)
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	3		
PERPHENAZINE/AMITRIPTYLIN - perphenazine- amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	6		
PIMOZIDE - pimozide tab 1 mg, 2 mg	6		
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	7	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	7	SP	PA, LD, QL (2 syringes/28 days
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	7	SP	PA, LD, QL (2 syringes/28 days
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	7	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	7	SP	PA, LD, QL (1 kit/180 days)
PONVORY - ponesimod tab 20 mg	7	SP	PA, LD, QL (30 tablets/30 days
PONVORY 14-DAY STARTER PA - ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg	7	SP	PA, LD, QL (14 tablets/180 days
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	7	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	7	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto- inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	3		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	6		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	7	SP	PA, LD, QL (540 ml/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	7	SP	PA, LD, QL (30 tablets/30 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	7	SP	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	7	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	7	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	7	SP	PA, LD, QL (1 pen/28 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	7	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	7	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	7	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	7	SP	PA, QL (7 capsules/180 days)
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	3		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	3		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	3		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	3		QL (180 capsules/30 days)
diflunisal tab 500 mg	3		
JOURNAVX - suzetrigine tab 50 mg	6		QL (29 tablets/90 days)
TENCON - butalbital-acetaminophen tab 50-325 mg	6		QL (180 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	7	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	7	SP	PA, LD, QL (4 syringes/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 16 mg/0.32ml	7	SP	PA, LD, QL (4 syringes/28 day)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	3		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	3		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	3		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	3		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	3		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	3		PA, QL (2 bottles/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 30 mg, 60 mg	6		PA, QL (180 tablets/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	3		PA, QL (180 tablets/30 days)
DILAUDID - hydromorphone hcl liqd 1 mg/ml	6		PA, QL (1440 mls/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	3		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	6		PA, QL (60 capsules/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone- acetaminophen tab 2.5-325 mg	6		PA, QL (360 tablets/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone- acetaminophen soln 10-300 mg/15ml	6		PA, QL (2025 mls/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone- acetaminophen soln 10-325 mg/15ml	6		PA, QL (2700 mls/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	3		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	3		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3		PA, QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone- ibuprofen tab 5-200 mg	6		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	3		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	3		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	3		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	3		PA, QL (120 tablets/30 days)
MEPERIDINE HCL - meperidine hcl oral soln 50 mg/5ml	6		PA, QL (2400 mls/30 days)
METHADONE HCL - methadone hcl soln 5 mg/5ml	6		PA, QL (900 mls/30 days)
METHADONE HCL - methadone hcl soln 10 mg/5ml	6		PA, QL (450 mls/30 days)
methadone hcl conc 10 mg/ml (Methadose)	3		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	3		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	3		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	3		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	3		PA, QL (90 tablets/30 days)
METHADOSE - methadone hcl conc 10 mg/ml	6		PA, QL (90 mls/30 days)
METHADOSE SUGAR-FREE - methadone hcl conc 10 mg/ml	6		PA, QL (90 mls/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	6		PA, QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	6		PA, QL (180 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	6		PA, QL (2700 mls/30 day)
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5ml	6		PA, QL (1350 mls/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	6		PA, QL (270 mls/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	6		PA, QL (30 capsules/30 days)
morphine sulfate oral soln 10 mg/5ml	3		PA, QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	3		PA, QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	3		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	3		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	3		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	3		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA, QL (60 tablets/30 days)
oxycodone hcl cap 5 mg	3		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	3		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	3		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	3		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	3		PA, QL (120 tablets/30 days)
OXYCODONE HYDROCHLORIDE/A - oxycodone w/ acetaminophen soln 5-325 mg/5ml	6		PA, QL (1800 mls/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	3		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	3		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	3		PA, QL (180 tablets/30 days)
OXYCODONE/ACETAMINOPHEN - oxycodone w/ acetaminophen tab 2.5-300 mg	6		PA, QL (360 tablets/30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	3		PA, QL (360 tablets/30 days)
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	7	SP	PA, LD, QL (1 syringe/28 days)
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	7	SP	PA, LD, QL (2 syringe/180 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	3		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	3		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	3		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	5		PA, QL (180 capsules/30 days)

| PA = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	6		QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	6		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	6		QL (60 tablets/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	7	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	7	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	7	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	7	SP	PA, QL (2 syringes/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto- injector 40 mg/0.4ml, 80 mg/0.8ml	7	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	7	SP	PA, QL (2 syringes/28 days)
ANAPROX DS - naproxen sodium tab 550 mg	6		
ARCALYST - rilonacept for inj 220 mg	7	SP	PA, LD, QL (4 vials/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	3		
DAYPRO - oxaprozin tab 600 mg	6		
diclofenac potassium tab 50 mg	3		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	3		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	3		
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	3		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	7	SP	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	7	SP	PA, QL (8 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	7	SP	PA, QL (4 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	7	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	7	SP	PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	3		
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
etodolac tab 400 mg (Lodine)	3		
etodolac tab 500 mg	3		
FLURBIPROFEN - flurbiprofen tab 50 mg	6		
FLURBIPROFEN - flurbiprofen tab 100 mg	3		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	7	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto- injector 40 mg/0.4ml, 40 mg/0.8ml	7	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	7	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	7	SP	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab auto- injector kit 80 mg/0.8ml	7	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab auto- injector kit 80 mg/0.8ml & 40 mg/0.4ml	7	SP	PA, QL (1 kit/180 days)
ibuprofen tab 400 mg, 600 mg, 800 mg	3		
indomethacin cap er 75 mg	3		
indomethacin cap 25 mg, 50 mg	3		
ketorolac tromethamine tab 10 mg	3		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto- injector 150 mg/1.14ml, 200 mg/1.14ml	7	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	7	SP	PA, QL (2 syringes/28 days)
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	7	SP	PA, LD, QL (30 syringes/30 days)
leflunomide tab 10 mg, 20 mg (Arava)	3		
LODINE - etodolac tab 400 mg	6		
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	6		
MELOXICAM - meloxicam susp 7.5 mg/5ml	6		
meloxicam tab 7.5 mg, 15 mg (Mobic)	3		
nabumetone tab 500 mg, 750 mg	3		
NAPROSYN - naproxen tab 500 mg	6		
naproxen sodium tab 275 mg, 550 mg	3		
naproxen tab 250 mg, 375 mg	3		
naproxen tab 500 mg (Naprosyn)	3		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	7	SP	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	7	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	7	SP	PA, QL (4 pens/28 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
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	7	SP	PA, QL (1 kit/180 days)
OTEZLA - apremilast tab 20 mg, 30 mg	7	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)	3		
piroxicam cap 10 mg, 20 mg (Feldene)	3		
RIDAURA - auranofin cap 3 mg	5		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	7	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	7	SP	PA, LD, QL (84 tablets/365 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	7	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	7	SP	PA, QL (2 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	7	SP	PA, QL (2 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	7	SP	PA, QL (2 pens/28 days)
SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml, 100 mg/ml	7	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	7	SP	PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	3		
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	7	SP	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	7	SP	PA, QL (4 syringes/28 days)
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	7	SP	PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	7	SP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	7	SP	PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	7	SP	PA, QL (30 tablets/30 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	7	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)

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	5		PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	3		ST, QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	3		PA, QL (24 ampules/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	3		PA, QL (8 vials/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	3		QL (12 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	5		PA, QL (1 pen/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	5		PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	5		PA, QL (1 syringe/28 days)
ERGOMAR - ergotamine tartrate sl tab 2 mg	6		PA, QL (20 tablets/28 days)
ERGOTAMINE TARTRATE/CAFFE - ergotamine w/ caffeine tab 1-100 mg	5		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	3		ST, QL (18 tablets/30 days)
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	6		PA, QL (20 suppositories/28 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	3		QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	5		PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	5		PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	5		PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	3		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	3		QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	3		QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	3		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	3		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml (lmitrex)	3		QL (10 vials/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	5		ST, QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	3		QL (12 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	3		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg, 100 mg (Imitrex)	3		QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	5		PA, QL (16 tablets/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZOLMITRIPTAN - zolmitriptan nasal spray 2.5 mg/spray unit	6		ST, QL (12 units/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	3		ST, QL (12 units/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)	3		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	3		QL (12 tablets/30 days)
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit	6		ST, QL (12 units/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		
BANZEL - rufinamide tab 200 mg, 400 mg	6		
BANZEL - rufinamide susp 40 mg/ml	6		
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	6		
BRIVIACT - brivaracetam oral soln 10 mg/ml	6		
BRIVIACT - brivaracetam iv soln 50 mg/5ml	6		
CARBAMAZEPINE - carbamazepine chew tab 200 mg	6		
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	3		
carbamazepine chew tab 100 mg	3		
carbamazepine susp 100 mg/5ml (Tegretol)	3		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	3		
carbamazepine tab 200 mg (Tegretol)	3		
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	6		
clobazam suspension 2.5 mg/ml (Onfi)	3		
clobazam tab 10 mg, 20 mg (Onfi)	3		
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	3		
DEPAKOTE - divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	6		

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Tier Specialty Requirements/Limits  DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg, 500 mg  DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg  DIACOMIT - stiripentol cap 250 mg, 500 mg  TO ALZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg  DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg  diazepam rectal gel delivery system 10 mg, 20 mg  (Diastat acudial)  DILANTIN - phenytoin sodium extended cap 30 mg  DILANTIN - phenytoin sodium extended cap 100 mg  DILANTIN - phenytoin sodium extended cap 100 mg  DILANTIN INFATABS - phenytoin chew tab 50 mg  DILANTIN INFATABS - phenytoin chew tab 50 mg  DILANTIN - phenytoin susp 125 mg/5ml  divalproex sodium cap delayed release sprinkle  125 mg (Depakote sprinkles)  divalproex sodium tab delayed release 125 mg,  250 mg, 500 mg (Depakote)  divalproex sodium tab er 24 hr 250 mg, 500 mg  (Depakote er)  EPIDIOLEX - cannabidiol soln 100 mg/ml  PERONTIA - topiramate oral soln 25 mg/ml  esticarbazepine acetate tab 200 mg, 400 mg, 600 mg,  800 mg (Aptiom)  ethosuximide cap 250 mg (Zarontin)  felbamate tab 400 mg, 600 mg (Felbatol)  7 SP PA, LD  FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hol oral soln 2.2 mg/ml  7 SP PA, LD  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  3 spanapentin rab 600 mg, 500 mg, 600 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam tab 250 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam tab 250 mg, 750 mg, 1000 mg  KEPPRA NR - levetiracetam tab be 24hr 500 mg, 750 mg, 60  KEPPRA XR - levetiracetam tab be 24hr 500 mg, 750 mg, 60				
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg DIACOMIT - stiripentol cap 250 mg, 500 mg DIACOMIT - stiripentol packet 250 mg, 500 mg TO SP DIACOMIT - stiripentol packet 250 mg, 500 mg TO SP DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial) DILANTIN - phenytoin sodium extended cap 30 mg DILANTIN - phenytoin sodium extended cap 100 mg DILANTIN INFATABS - phenytoin chew tab 50 mg DILANTIN INFATABS - phenytoin susp 125 mg/5ml divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab or 24 hr 250 mg, 500 mg (Depakote er) EPIDIOLEX - cannabidiol soln 100 mg/ml FPRONTIA - topiramate oral soln 25 mg/ml esilicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) athosuximide soln 250 mg/5ml (Felbatol) felbamate susp 600 mg/5ml (Felbatol) 3 relabamate tab 400 mg, 600 mg (Felbatol) 3 relabamate tab 400 mg, 600 mg (Felbatol) 3 relabamate tab 400 mg, 600 mg (Felbatol) 3 relabamate ausp 600 mg/5ml (Felbatol) 3 relabamate tab 400 mg, 600 mg (Felbatol) 3 relabamate ausp 600 mg/5ml (Felbatol) 3 relabamate ausp 600 mg/5ml (Felbatol) 3 relabamate ausp 600 mg/5ml (Reurontin) 3 relabamate ausp 600 mg, 800 mg (Neurontin) 3 relabamate ausp 600 mg, 800 mg/5ml (Neurontin) 3 relabamate ausp 600 mg/5ml (Neurontin) 3 relabamate ausp 600 mg/5ml (Neurontin) 3 relabapantin cap 100 mg, 300 mg, 400 mg, 750 mg, 600 mg 4 KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 600 mg 4 KEPPRA - levetiracetam oral soln 100 mg/ml	Drug Name	Drug Tier	Specialty	Requirements/Limits
delayed release sprinkle 125 mg DIACOMIT - stiripentol cap 250 mg, 500 mg TOLACEMAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial) DILANTIN - phenytoin sodium extended cap 30 mg DILANTIN - phenytoin sodium extended cap 100 mg DILANTIN INFATABS - phenytoin chew tab 50 mg DILANTIN INFATABS - phenytoin chew tab 50 mg DILANTIN-125 - phenytoin susp 125 mg/5ml divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab delayed release 125 mg, 3 250 mg, 500 mg (Depakote) divalproex sodium tab de 24 hr 250 mg, 500 mg (Depakote er) EPIDIOLEX - cannabidiol soln 100 mg/ml 7 SP PA, LD EPRONTIA - topiramate oral soln 25 mg/ml esilicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) althosuximide cap 250 mg (Zarontin) felbamate susp 600 mg/5ml (Felbatol) 3 FELBATOL - felbamate tab 400 mg, 600 mg FELBATOL - felbamate tab 400 mg, 600 mg FELBATOL - felbamate tab 400 mg, 600 mg FELBATOL - felbamate lab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FYCOMPA - perampanel susp 0.5 mg/ml gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 gabapentin cap 100 mg, 300 mg, 400 mg, 750 mg, KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, KEPPRA - levetiracetam oral soln 100 mg/ml	•	6		
DIACOMIT - stiripentol cap 250 mg, 500 mg DIACOMIT - stiripentol packet 250 mg, 500 mg TO ACEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial) DILANTIN - phenytoin sodium extended cap 30 mg DILANTIN - phenytoin sodium extended cap 100 mg DILANTIN iny - phenytoin sodium extended cap 100 mg DILANTIN INFATABS - phenytoin chew tab 50 mg DILANTIN INFATABS - phenytoin subsp 125 mg/5ml divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er) EPIDIOLEX - cannabidiol soln 100 mg/ml EPRONTIA - topiramate oral soln 25 mg/fml eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) ethosuximide soln 250 mg/5ml (Felbatol) felbamate tab 400 mg, 600 mg (Felbatol) felbamate tab 400 mg, 600 mg (Felbatol) FELBATOL - felbamate tab 400 mg, 600 mg FELBATOL - ferlamate hol oral soln 2.2 mg/ml FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FYCOMPA - perampanel susp 0.5 mg/ml gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 mgabapentin tab 600 mg, 800 mg (Neurontin) 3 mgabapentin tab 600 mg, 800 mg (Neurontin) 3 mgabapentin tab 600 mg, 800 mg (Neurontin) 3 mgabapentin cap 100 mg, 300 mg, 500 mg, 750 mg, KEPPRA - levetiracetam oral soln 100 mg/ml	·	6		
DIACOMIT - stiripentol packet 250 mg, 500 mg 7 SP  DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg diazepam rectal gel delivery system 2.5 mg (Diastat acudial)  DILANTIN - phenytoin sodium extended cap 30 mg 5 DILANTIN - phenytoin sodium extended cap 100 mg 6 DILANTIN - phenytoin sodium extended cap 100 mg 6 DILANTIN INFATABS - phenytoin chew tab 50 mg 6 DILANTIN INFATABS - phenytoin chew tab 50 mg 6 DILANTIN-125 - phenytoin susp 125 mg/5ml 6 divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)  divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)  divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)  EPIDIOLEX - cannabidiol soln 100 mg/ml 7 SP PA, LD  EPRONTIA - topiramate oral soln 25 mg/ml 6 esilicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)  ethosuximide cap 250 mg (Zarontin) 3 ethosuximide cap 250 mg/5ml (Felbatol) 3 felbamate susp 600 mg/5ml (Felbatol) 3 felbamate tab 400 mg, 600 mg (Felbatol) 3 felbamate tab 400 mg, 600 mg 600 mg 600 mg 600 mg 600 mg 7 SP PA, LD  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml (Sabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 gabapentin tab 600 mg, 800 mg (Neurontin) 3 gabapentin cap 100 mg, 300 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml 6				
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)  DILANTIN - phenytoin sodium extended cap 100 mg 5 DILANTIN - phenytoin sodium extended cap 100 mg 6 DILANTIN INFATABS - phenytoin chew tab 50 mg 6 DILANTIN INFATABS - phenytoin susp 125 mg/5ml 6 divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er) EPIDICLEX - cannabidiol soln 100 mg/ml FPRONTIA - topiramate oral soln 25 mg/ml 6 esilcarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) felbamate susp 600 mg/5ml (Felbatol) felbamate tab 400 mg, 600 mg FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml 7 FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FYCOMPA - perampanel susp 0.5 mg/ml gabapentin cap 100 mg, 300 mg, 400 mg, 750 mg, 1000 mg KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam oral soln 100 mg/ml	DIACOMIT - stiripentol cap 250 mg, 500 mg	-	SP	
system 2.5 mg  diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)  DILANTIN - phenytoin sodium extended cap 30 mg  DILANTIN - phenytoin sodium extended cap 100 mg  DILANTIN INFATABS - phenytoin chew tab 50 mg  DILANTIN INFATABS - phenytoin chew tab 50 mg  DILANTIN-125 - phenytoin susp 125 mg/5ml  divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)  divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)  divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)  EPIDIOLEX - cannabidiol soln 100 mg/ml  7 SP PA, LD  EPRONTIA - topiramate oral soln 25 mg/ml  esilicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)  ethosuximide cap 250 mg (Zarontin)  ethosuximide soln 250 mg/5ml (Zarontin)  felbamate susp 600 mg/5ml (Felbatol)  7 SP PA, LD  FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  gabapentin tab evetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml	DIACOMIT - stiripentol packet 250 mg, 500 mg	7	SP	
(Diastat acudial)  DILANTIN - phenytoin sodium extended cap 30 mg 5  DILANTIN - phenytoin sodium extended cap 100 mg 6  DILANTIN INFATABS - phenytoin chew tab 50 mg 6  DILANTIN-125 - phenytoin susp 125 mg/5ml 6  divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)  divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)  divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote)  divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote)  divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote)  divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote)  divalproex sodium tab er 25 mg/ml 7 SP PA, LD  EPRONTIA - topiramate oral soln 25 mg/ml 6  esilicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)  ethosuximide cap 250 mg (Zarontin) 3 ethosuximide cap 250 mg/5ml (Felbatol) 3 felbamate susp 600 mg/5ml (Felbatol) 3 felbamate susp 600 mg/5ml (Felbatol) 3 FELBATOL - felbamate tab 400 mg, 600 mg 6 FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml 7 SP PA, LD  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml 6 gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 gabapentin tab 600 mg, 800 mg (Neurontin) 3 gabapentin tab 600 mg, 800 mg (Neurontin) 3 KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml 6	•	6		
DILANTIN - phenytoin sodium extended cap 100 mg DILANTIN INFATABS - phenytoin chew tab 50 mg DILANTIN-125 - phenytoin susp 125 mg/5ml divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er) EPIDIOLEX - cannabidiol soln 100 mg/ml EPRONTIA - topiramate oral soln 25 mg/ml eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) ethosuximide soln 250 mg/5ml (Felbatol) felbamate susp 600 mg/5ml (Felbatol) felbamate tab 400 mg, 600 mg FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml feyCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FYCOMPA - perampanel susp 0.5 mg/ml gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) gabapentin oral soln 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam oral soln 100 mg/ml  6		3		
DILANTIN INFATABS - phenytoin chew tab 50 mg DILANTIN-125 - phenytoin susp 125 mg/5ml divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er) EPIDIOLEX - cannabidiol soln 100 mg/ml EPRONTIA - topiramate oral soln 25 mg/ml eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) athosuximide soln 250 mg/5ml (Felbatol) felbamate susp 600 mg/5ml (Felbatol) felbamate tab 400 mg, 600 mg FELBATOL - felbamate tab 400 mg, 600 mg FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FYCOMPA - perampanel susp 0.5 mg/ml gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) gabapentin oral soln 250 mg/5ml (Neurontin) gabapentin oral soln 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam tab 250 mg, 500 mg/ml KEPPRA - levetiracetam oral soln 100 mg/ml	DILANTIN - phenytoin sodium extended cap 30 mg	5		
DILANTIN-125 - phenytoin susp 125 mg/5ml 6 divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er) EPIDIOLEX - cannabidiol soln 100 mg/ml 7 SP PA, LD EPRONTIA - topiramate oral soln 25 mg/ml 6 eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) 3 ethosuximide soln 250 mg/5ml (Felbatol) 3 felbamate susp 600 mg/5ml (Felbatol) 3 FELBATOL - felbamate tab 400 mg, 600 mg 6 FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml 7 SP PA, LD FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FYCOMPA - perampanel susp 0.5 mg/ml 6 gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3 gabapentin cap 100 mg, 800 mg (Neurontin) 3 gabapentin rab 600 mg, 800 mg (Neurontin) 3 gabapentin tab 600 mg, 800 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam oral soln 100 mg/ml	DILANTIN - phenytoin sodium extended cap 100 mg	6		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote) divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)  EPIDIOLEX - cannabidiol soln 100 mg/ml FPRONTIA - topiramate oral soln 25 mg/ml eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) athosuximide soln 250 mg/5ml (Zarontin) felbamate susp 600 mg/5ml (Felbatol) felbamate tab 400 mg, 600 mg (Felbatol)  FELBATOL - felbamate tab 400 mg, 600 mg FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml FYCOMPA - perampanel susp 0.5 mg/ml gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) gabapentin oral soln 250 mg/5ml (Neurontin) gabapentin tab 600 mg, 800 mg (Neurontin) sabapentin tab 600 mg, 800 mg (Neurontin) sabapentin tab 600 mg, 800 mg (Neurontin) sabapentin tab 600 mg, 800 mg (Neurontin) sceppra - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam oral soln 100 mg/ml	DILANTIN INFATABS - phenytoin chew tab 50 mg	6		
125 mg (Depakote sprinkles)  divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)  divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)  EPIDIOLEX - cannabidiol soln 100 mg/ml  EPRONTIA - topiramate oral soln 25 mg/ml  eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)  ethosuximide cap 250 mg (Zarontin)  athosuximide soln 250 mg/5ml (Zarontin)  felbamate susp 600 mg/5ml (Felbatol)  felbamate tab 400 mg, 600 mg (Felbatol)  3  FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  3  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	DILANTIN-125 - phenytoin susp 125 mg/5ml	6		
250 mg, 500 mg (Depakoté)   divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)   3	• • • • • • • • • • • • • • • • • • • •	3		
(Depakote er)  EPIDIOLEX - cannabidiol soln 100 mg/ml 7 SP PA, LD  EPRONTIA - topiramate oral soln 25 mg/ml 6  eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 3  800 mg (Aptiom)  ethosuximide cap 250 mg (Zarontin) 3  ethosuximide soln 250 mg/5ml (Zarontin) 3  felbamate susp 600 mg/5ml (Felbatol) 3  felbamate tab 400 mg, 600 mg (Felbatol) 3  FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml 7 SP PA, LD  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml 6  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3  gabapentin oral soln 250 mg/5ml (Neurontin) 3  gabapentin tab 600 mg, 800 mg (Neurontin) 3  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml 6	•	3		
EPRONTIA - topiramate oral soln 25 mg/ml  eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)  ethosuximide cap 250 mg (Zarontin)  ethosuximide soln 250 mg/5ml (Zarontin)  felbamate susp 600 mg/5ml (Felbatol)  felbamate tab 400 mg, 600 mg (Felbatol)  FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  3  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	•	3		
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom) ethosuximide cap 250 mg (Zarontin) ethosuximide soln 250 mg/5ml (Zarontin) felbamate susp 600 mg/5ml (Felbatol) felbamate tab 400 mg, 600 mg (Felbatol) 3 FELBATOL - felbamate tab 400 mg, 600 mg FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml 7 FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FYCOMPA - perampanel susp 0.5 mg/ml gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) gabapentin oral soln 250 mg/5ml (Neurontin) 3 KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam oral soln 100 mg/ml 6	EPIDIOLEX - cannabidiol soln 100 mg/ml	7	SP	PA, LD
ethosuximide cap 250 mg (Zarontin) ethosuximide soln 250 mg/5ml (Zarontin) felbamate susp 600 mg/5ml (Felbatol) felbamate tab 400 mg, 600 mg (Felbatol)  FELBATOL - felbamate tab 400 mg, 600 mg FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg FYCOMPA - perampanel susp 0.5 mg/ml gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) gabapentin tab 600 mg, 800 mg (Neurontin) 3 gabapentin tab 600 mg, 800 mg (Neurontin) 3 KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg KEPPRA - levetiracetam oral soln 100 mg/ml  6	EPRONTIA - topiramate oral soln 25 mg/ml	6		
ethosuximide soln 250 mg/5ml (Zarontin)  felbamate susp 600 mg/5ml (Felbatol)  felbamate tab 400 mg, 600 mg (Felbatol)  FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  XEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	•	3		
felbamate susp 600 mg/5ml (Felbatol)  felbamate tab 400 mg, 600 mg (Felbatol)  FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  XEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	ethosuximide cap 250 mg (Zarontin)	3		
felbamate tab 400 mg, 600 mg (Felbatol)  FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	ethosuximide soln 250 mg/5ml (Zarontin)	3		
FELBATOL - felbamate tab 400 mg, 600 mg  FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	felbamate susp 600 mg/5ml (Felbatol)	3		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml  FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  XEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	felbamate tab 400 mg, 600 mg (Felbatol)	3		
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml 6  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin) 3  gabapentin oral soln 250 mg/5ml (Neurontin) 3  gabapentin tab 600 mg, 800 mg (Neurontin) 3  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml 6	FELBATOL - felbamate tab 400 mg, 600 mg	6		
10 mg, 12 mg  FYCOMPA - perampanel susp 0.5 mg/ml  gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	7	SP	PA, LD
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)  gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6		6		
gabapentin oral soln 250 mg/5ml (Neurontin)  gabapentin tab 600 mg, 800 mg (Neurontin)  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	FYCOMPA - perampanel susp 0.5 mg/ml	6		
gabapentin tab 600 mg, 800 mg (Neurontin)  KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	3		
KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml  6	gabapentin oral soln 250 mg/5ml (Neurontin)	3		
1000 mg  KEPPRA - levetiracetam oral soln 100 mg/ml 6	gabapentin tab 600 mg, 800 mg (Neurontin)	3		
The state of the s		6		
KEPPRA XR - levetiracetam tab er 24hr 500 mg, 750 mg 6	KEPPRA - levetiracetam oral soln 100 mg/ml	6		
	KEPPRA XR - levetiracetam tab er 24hr 500 mg, 750 mg	6		
lacosamide oral solution 10 mg/ml (Vimpat) 3	lacosamide oral solution 10 mg/ml (Vimpat)	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	3		
LAMICTAL - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	6		
LAMICTAL CHEWABLE DISPERS - lamotrigine tab chewable dispersible 5 mg, 25 mg	6		
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	6		
LAMICTAL ODT - lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	6		
LAMICTAL ODT - lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	6		
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	6		
LAMICTAL STARTER/NOT TAKI - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	6		
LAMICTAL STARTER/TAKING C - lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	6		
LAMICTAL STARTER/TAKING V - lamotrigine tab 35 x 25 mg starter kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	6		
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	6		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	3		
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	3		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	3		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	3		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	3		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	3		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	3		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	3		

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	3		·
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	3		
levetiracetam oral soln 100 mg/ml (Keppra)	3		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	3		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	3		
LYRICA - pregabalin soln 20 mg/ml	6		ST, QL (900 mls/30 days)
methsuximide cap 300 mg (Celontin)	3		
MOTPOLY XR - lacosamide cap er 24hr 100 mg, 150 mg, 200 mg	6		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	6		QL (10 bottles/30 days)
NEURONTIN - gabapentin cap 100 mg, 300 mg, 400 mg	6		
NEURONTIN - gabapentin tab 600 mg, 800 mg	6		
NEURONTIN - gabapentin oral soln 250 mg/5ml	6		
ONFI - clobazam tab 10 mg, 20 mg	6		
ONFI - clobazam suspension 2.5 mg/ml	6		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	3		
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)	3		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	3		
OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg	6		
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	3		
phenytoin chew tab 50 mg (Dilantin infatabs)	3		
phenytoin sodium extended cap 100 mg (Dilantin)	3		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	3		
phenytoin susp 125 mg/5ml (Dilantin-125)	3		
pregabalin cap 25 mg (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)	3		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	3		
rufinamide susp 40 mg/ml (Banzel)	3		
rufinamide tab 200 mg, 400 mg (Banzel)	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
SABRIL - vigabatrin tab 500 mg	7	SP	LD
SABRIL - vigabatrin powd pack 500 mg	7	SP	LD
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	5		
TEGRETOL - carbamazepine tab 200 mg	6		
TEGRETOL - carbamazepine susp 100 mg/5ml	6		
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	6		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	3		
TOPAMAX - topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	6		
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg, 25 mg	6		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	3		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	3		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	3		PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	3		PA, QL (60 capsules/30 days)
topiramate oral soln 25 mg/ml (Eprontia)	3		
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	3		
topiramate sprinkle cap 50 mg	3		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	3		
TRILEPTAL - oxcarbazepine tab 150 mg, 300 mg, 600 mg	6		
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	6		
TROKENDI XR - topiramate cap er 24hr 25 mg, 50 mg, 100 mg	6		PA, QL (30 capsules/30 days)
TROKENDI XR - topiramate cap er 24hr 200 mg	6		PA, QL (60 capsules/30 days)
valproate sodium oral soln 250 mg/5ml (base equiv)	3		
valproic acid cap 250 mg	3		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	6		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	6		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	6		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	6		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	7	SP	LD

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
vigabatrin tab 500 mg (Sabril)	7	SP	LD
VIMPAT - lacosamide tab 50 mg, 100 mg, 150 mg,	6		
200 mg			
VIMPAT - lacosamide oral solution 10 mg/ml	6		
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	6		
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	6		
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	6		
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	6		
ZARONTIN - ethosuximide cap 250 mg	6		
ZARONTIN - ethosuximide soln 250 mg/5ml	6		
ZONEGRAN - zonisamide cap 25 mg, 100 mg	6		
zonisamide cap 25 mg, 100 mg (Zonegran)	3		
zonisamide cap 50 mg	3		
ZTALMY - ganaxolone susp 50 mg/ml	7	SP	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	3		
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	7	SP	PA, LD
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	7	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	3		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	3		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	3		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	3		
carbidopa & levodopa tab 25-250 mg	3		
carbidopa tab 25 mg (Lodosyn)	3		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	3		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	3		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	3		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	3		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	3		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	3		
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	6		
entacapone tab 200 mg (Comtan)	3		
INBRIJA - levodopa inhal powder cap 42 mg	7	SP	PA, LD
LODOSYN - carbidopa tab 25 mg	6		
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	6		
NOURIANZ - istradefylline tab 20 mg, 40 mg	7	SP	PA, LD
PARLODEL - bromocriptine mesylate cap 5 mg (base equivalent)	6		
PARLODEL - bromocriptine mesylate tab 2.5 mg (base equivalent)	6		
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	3		
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)	3		
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg	3		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	3		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	3		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	3		
selegiline hcl cap 5 mg	3		
selegiline hcl tab 5 mg	3		
SINEMET - carbidopa & levodopa tab 10-100 mg, 25-100 mg	6		
TASMAR - tolcapone tab 100 mg	6		
tolcapone tab 100 mg (Tasmar)	3		
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	6		
trihexyphenidyl hcl tab 2 mg, 5 mg	3		

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
VYALEV - foscarbidopa-foslevodopa subcutaneous inj 12-240 mg/ml	7	SP	PA, QL (560 mls/28 days)
NEUROMUSCULAR AGENTS			
DAYBUE - trofinetide oral soln 200 mg/ml	7	SP	PA, LD, QL (3600 mls/30 days)
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	7	SP	PA, QL (280 mls/28 days)
EVRYSDI - risdiplam tab 5 mg	7	SP	PA, LD, QL (30 tablets/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	7	SP	PA, LD, QL (160 mls/24 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	7	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	7	SP	PA, LD, QL (70 mls/180 days)
riluzole tab 50 mg (Rilutek)	3		
SKYCLARYS - omaveloxolone cap 50 mg	7	SP	PA, QL (90 capsules/30 days)
TEGLUTIK - riluzole susp 50 mg/10ml	7	SP	PA, QL (600 mls/30 days)
TIGLUTIK - riluzole susp 50 mg/10ml	7	SP	PA, LD, QL (600 mls/30 days)
MUSCULOSKELETAL THERAPY AGENTS			
baclofen oral soln 10 mg/5ml (Ozobax ds)	3		
baclofen susp 25 mg/5ml (Fleqsuvy)	3		
baclofen tab 10 mg, 20 mg	3		
carisoprodol tab 350 mg (Soma)	3		
chlorzoxazone tab 500 mg	3		
cyclobenzaprine hcl tab 5 mg, 10 mg	3		
DANTRIUM - dantrolene sodium cap 25 mg	6		
dantrolene sodium cap 25 mg, 50 mg (Dantrium)	3		
dantrolene sodium cap 100 mg	3		
metaxalone tab 400 mg	3		
metaxalone tab 800 mg (Skelaxin)	3		
methocarbamol tab 500 mg, 750 mg	3		
orphenadrine citrate tab er 12hr 100 mg	3		
ORPHENADRINE/ASPIRIN/CAFF - orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	3		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	7	SP	PA, LD, QL (112 capsules/28 days)
SOHONOS - palovarotene cap 2.5 mg	7	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	7	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	7	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		
ZANAFLEX - tizanidine hcl tab 4 mg (base equivalent)	6		
ANTIMYASTHENIC AGENTS			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	7	SP	PA, LD, QL (300 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
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	3		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	3		
pyridostigmine bromide tab 60 mg (Mestinon)	3		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	3		
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	6		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	3		
phytonadione tab 5 mg (Mephyton)	3		
MULTIVITAMINS			
ATABEX OB - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	6		
CITRANATAL MEDLEY - prenat w/o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg	6		
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	4		
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-faca tab & omega 3 cap 200 pk	4		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	4		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	4		
INATAL GT - prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	6		
JENLIVA PRENATAL/POSTNATA - prenatal multivitamins & minerals w/ iron & fa cap 1 mg	6		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
NESTABS - prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	6		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		

KEY | **PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
OBSTETRIX EC - prenatal vit w/ iron carbonyl-fa tab delayed rel 29-1 mg	6		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
PNV 27-CA/FE/FA - prenatal vit w/ fe fumarate-fa tab 60-1 mg	4		
PNV-DHA+DOCUSATE - prenatal w/o vit a w/ fe fum- dss-fa-dha cap 27-1.25-300 mg	6		
PNV-OMEGA - prenat w/o a w/ fe fumarate-methylfolate- fa-omega 3 cap	6		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	4		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	4		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4		
SELECT-OB - prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	6		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	4		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	4		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	4		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4		
WESNATAL DHA COMPLETE - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	6		

**LD** = Limited Distribution

SP = Specialty

ST = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
MINERALS and ELECTROLYTES			
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ ml-400 unit/ml	6		
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	6		
K-PHOS - potassium phosphate monobasic tab 500 mg	6		
K-PHOS NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	6		
POKONZA - potassium chloride powder packet 10 meq	6		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	3		
potassium chloride cap er 8 meq, 10 meq	3		
POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq	6		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	3		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	3		
potassium chloride tab er 8 meq (600 mg)	3		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	3		
potassium phosphate monobasic tab 500 mg (K-phos)	3		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	4		
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
NUTRIENTS			
DOJOLVI - triheptanoin oral liquid 100%	7	SP	PA, LD
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	7	SP	PA
· · · · · · · · · · · · · · · · · · ·			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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	7	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	7	SP	PA, LD, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	3		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	7	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)	7	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)	7	SP	PA, QL (30 tablets/30 days)
ENDARI - glutamine (sickle cell) powd pack 5 gm	7	SP	PA, LD
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	7	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	7	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
glutamine (sickle cell) powd pack 5 gm (Endari)	7	SP	PA
LEUKINE - sargramostim lyophilized for inj 250 mcg	7	SP	PA
miglustat cap 100 mg (Zavesca)	7	SP	PA, LD, QL (90 capsules/30 days)
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	7	SP	PA
MULPLETA - lusutrombopag tab 3 mg	7	SP	PA, QL (7 tablets/7 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	7	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	7	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

			1
Drug Name	Drug Tier	Specialty	Requirements/Limits
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	7	SP	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	7	SP	PA, QL (30 tablets/30 days)
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	7	SP	PA, QL (30 packets/30 days)
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	7	SP	PA
STIMUFEND - pegfilgrastim-fpgk soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	7	SP	PA, QL (2 pens/28 days)
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
XOLREMDI - mavorixafor cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	7	SP	PA
ZAVESCA - miglustat cap 100 mg	7	SP	PA, LD, QL (90 capsules/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	2		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	2		QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	4		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	4		QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	4		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)	2		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	2		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	2		
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	6		
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	6		
heparin sodium (porcine) inj 5000 unit/ml	2		
heparin sodium (porcine) inj 10000 unit/ml	3		
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	6		QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	6		QL (120 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	6		QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	6		QL (120 packets/30 days)
rivaroxaban for susp 1 mg/ml (Xarelto)	2		QL (620 mls/30 days)
rivaroxaban tab 2.5 mg (Xarelto)	2		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	2		
XARELTO - rivaroxaban for susp 1 mg/ml	4		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	4		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	4		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	4		QL (1 pack/30 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	3		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	3		
tranexamic acid tab 650 mg (Lysteda)	3		
HEMATOLOGICAL AGENTS - MISC.			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	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	7	SP	PA, LD
AGRYLIN - anagrelide hcl cap 0.5 mg	6		
ALHEMO - concizumab-mtci soln pen-injector 60mg/1.5ml (40 mg/ml), 150mg/1.5ml (100 mg/ml), 300mg/3ml (100 mg/ml)	7	SP	PA

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	7	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	7	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	7	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	7	SP	PA
anagrelide hcl cap 0.5 mg (Agrylin)	2		
anagrelide hcl cap 1 mg	2		
aspirin-dipyridamole cap er 12hr 25-200 mg	2		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	7	SP	PA, LD, QL (16 vials/30 days)
BRILINTA - ticagrelor tab 60 mg	4		
BRILINTA - ticagrelor tab 90 mg	6		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	7	SP	PA, LD, QL (30 kits/30 days)
cilostazol tab 50 mg, 100 mg	2		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	7	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	2		
clopidogrel bisulfate tab 300 mg (base equiv)	2		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	7	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	7	SP	PA, LD
dipyridamole tab 25 mg, 50 mg, 75 mg	2		
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	7	SP	PA
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	7	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	7	SP	PA, LD
FABHALTA - iptacopan hcl cap 200 mg	7	SP	PA, LD, QL (60 capsules/30 days)
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	7	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	7	SP	PA

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	7	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)	7	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	7	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	7	SP	PA
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml	7	SP	PA, QL (4 pens/28 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	7	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	7	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	7	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	PA
KALBITOR - ecallantide inj 10 mg/ml	7	SP	PA, LD, QL (12 vials/30 days)
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	7	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	7	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	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)	7	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	7	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	7	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	7	SP	PA, LD

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	7	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	7	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	7	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)	2		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	7	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	7	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	7	SP	PA, LD, QL (1 pack/365 days)
QFITLIA - fitusiran sodium subcutaneous soln auto-inj 50 mg/0.5ml	7	SP	PA, LD, QL (1 pen/28 days)
QFITLIA - fitusiran sodium subcutaneous soln 20 mg/0.2ml	7	SP	PA, LD, QL (1 vial/28 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	7	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	7	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	7	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	7	SP	PA, LD, QL (16 vials/30 days)
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	7	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	7	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	7	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	7	SP	PA, LD, QL (2 vials/28 days)
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	7	SP	PA, LD, QL (60 tablets/30 days)
TAVNEOS - avacopan cap 10 mg	7	SP	PA, LD, QL (180 capsules/30 days)
ticagrelor tab 60 mg, 90 mg (Brilinta)	2		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	7	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	7	SP	PA
VOYDEYA - danicopan tab therapy pack 50 mg & 100 mg	7	SP	PA, LD, QL (180 tablets/30 days)
VOYDEYA - danicopan tab 100 mg	7	SP	PA, LD, QL (180 tablets/30 days)
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	7	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	7	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	7	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	7	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	7	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	7	SP	PA
ZILBRYSQ - zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml	7	SP	PA, LD, QL (28 syringes/28 days)
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	6		
TOPICAL PRODUCTS			
OPHTHALMIC AGENTS			
ACULAR - ketorolac tromethamine ophth soln 0.5%	6		
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	6		
AKTEN - lidocaine hcl ophth gel 3.5%	6		
ALOCRIL - nedocromil sodium ophth soln 2%	6		
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	6		
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	5		
ATROPINE SULFATE - atropine sulfate ophth soln 1%	6		
atropine sulfate ophth soln 1% (Atropine sulfate)	3		
azelastine hcl ophth soln 0.05%	3		
BACITRACIN - bacitracin ophth oint 500 unit/gm	5		
bacitracin-polymyxin b ophth oint	3		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3		
bepotastine besilate ophth soln 1.5% (Bepreve)	3		
BEPREVE - bepotastine besilate ophth soln 1.5%	6		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	6		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

KEY |

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PROCTOFOAM HC - hydrocortisone acetate w/	5		
pramoxine perianal foam 1-1%			
RECTIV - nitroglycerin oint 0.4%	6		
DERMATOLOGICALS			
acitretin cap 10 mg, 25 mg (Soriatane)	3		
acitretin cap 17.5 mg	3		
acyclovir oint 5% (Zovirax)	3		
adapalene gel 0.1%	3		
ADBRY - tralokinumab-ldrm subcutaneous soln auto- injector 300 mg/2ml	7	SP	PA, LD, QL (2 pens/28 days)
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	7	SP	PA, LD, QL (4 syringes/28 days)
AFTERTEST TOPICAL PAIN RE - benzocaine stick 10%	6		
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)	3		
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	6		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	3		
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	6		ST, QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	3		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	3		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	3		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	3		QL (135 grams/30 days)
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	3		ST, QL (120 mls/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3		QL (135 grams/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	7	SP	PA
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	3		
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	5		QL (120 mls/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	7	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	7	SP	PA, LD, QL (1 pen/28 days)
CROTAN - crotamiton lotion 10%	6		
DERMA-SMOOTHE/FS BODY - fluocinolone acetonide oil 0.01% (body oil)	6		ST, QL (118.28 mls/30 days)
DERMA-SMOOTHE/FS SCALP - fluocinolone acetonide oil 0.01% (scalp oil)	6		ST, QL (118.28 mls/30 days)
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%	3		ST, QL (120 grams/30 days)
desoximetasone cream 0.05%, 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	3		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	3		QL (150 mls/30 days)
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	6		ST, QL (200 grams/28 days)
doxepin hcl cream 5% (Prudoxin)	3		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	7	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	7	SP	PA, QL (2 syringes/28 days)
DYCLOPRO - dyclonine hcl soln 0.5%	6		
EBGLYSS - lebrikizumab-lbkz subcutaneous soln auto- inject 250 mg/2ml	7	SP	PA, QL (1 pen/28 days)
EBGLYSS - lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	7	SP	PA, QL (1 syringe/28 days)
econazole nitrate cream 1%	3		QL (120 grams/30 days)
ELIMITE - permethrin cream 5%	6		
EPIFOAM - pramoxine-hc aerosol foam 1-1%	6		
ERTACZO - sertaconazole nitrate cream 2%	6		PA
ERY - erythromycin pads 2%	6		
ERYGEL - erythromycin gel 2%	6		
erythromycin gel 2% (Erygel)	3		
erythromycin soln 2%	3		
EXELDERM - sulconazole nitrate solution 1%	6		PA
EXELDERM - sulconazole nitrate cream 1%	6		PA
FILSUVEZ - birch triterpenes gel 10%	7	SP	PA, LD, QL (30 tubes/30 days
fluocinolone acetonide cream 0.01%	3		QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	3		QL (120 grams/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
fluocinolone acetonide oil 0.01% (body oil) (Dermasmoothe/fs bod)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Dermasmoothe/fs sca)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	3		QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	3		QL (120 mls/30 days)
fluocinonide cream 0.05%	3		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	3		QL (120 grams/30 days)
fluocinonide gel 0.05%	3		QL (120 grams/30 days)
fluocinonide oint 0.05%	3		QL (120 grams/30 days)
fluocinonide soln 0.05%	3		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	6		
fluorouracil cream 5% (Efudex)	3		QL (240 grams/84 days)
fluorouracil soln 5%	3		
fluticasone propionate cream 0.05%	3		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	3		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	3		
HALCINONIDE - halcinonide soln 0.1%	6		ST, QL (120 mls/30 days)
halcinonide cream 0.1% (Halog)	3		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	3		QL (200 grams/28 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	5		ST, QL (118 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate soln 0.1%	6		ST, QL (120 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate cream 0.1%	6		ST, QL (135 grams/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%	3		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	6		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)	3		
ivermectin cream 1% (Soolantra)	3		PA
ketoconazole cream 2%	3		QL (120 grams/30 days)
ketoconazole shampoo 2%	3		
KLARON - sulfacetamide sodium lotion 10% (acne)	6		

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
KLISYRI - tirbanibulin ointment 1%	6		PA, QL (5 packets/90 days)
lidocaine hcl soln 4%	3		
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	3		
lidocaine oint 5%	3		QL (100 grams/30 days)
lidocaine patch 5% (Lidoderm)	3		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	7	SP	PA, LD, QL (28 capsules/28 days)
malathion lotion 0.5% (Ovide)	3		
METHOXSALEN - methoxsalen rapid cap 10 mg	6		
METROGEL - metronidazole gel 1%	6		
METROLOTION - metronidazole lotion 0.75%	6		
metronidazole cream 0.75% (Metrocream)	3		
metronidazole gel 0.75%	3		
metronidazole gel 1% (Metrogel)	3		
metronidazole lotion 0.75% (Metrolotion)	3		
mometasone furoate cream 0.1%	3		QL (135 grams/30 days)
mometasone furoate oint 0.1%	3		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	3		QL (120 mls/30 days)
mupirocin oint 2%	3		
NATROBA - spinosad susp 0.9%	6		
NEMLUVIO - nemolizumab-ilto for subcutaneous auto- injector 30 mg	7	SP	PA, LD, QL (2 pens/28 days)
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	6		
nystatin cream 100000 unit/gm	3		
nystatin oint 100000 unit/gm	3		
nystatin topical powder 100000 unit/gm	3		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	3		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	3		
OPZELURA - ruxolitinib phosphate cream 1.5%	6		PA, QL (60 grams/30 days)
OVIDE - malathion lotion 0.5%	6		
oxiconazole nitrate cream 1% (Oxistat)	3		PA
PANRETIN - alitretinoin gel 0.1%	6		
penciclovir cream 1% (Denavir)	3		
permethrin cream 5% (Elimite)	3		
pimecrolimus cream 1% (Elidel)	3		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	5		
podofilox gel 0.5% (Condylox)	3		
REGRANEX - becaplermin gel 0.01%	6		

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tior	Specialty	Poquiromenta/Limite
RETIN-A - tretinoin gel 0.01%, 0.025%	Drug Tier 6	Specialty	Requirements/Limits
SANTYL - collagenase oint 250 unit/gm	5		QL (90 grams/30 days)
SELARSDI - ustekinumab-aekn soln prefilled syringe	7	SP	PA, QL (1 syringe/84 days)
45 mg/0.5ml			, , ,
SELARSDI - ustekinumab-aekn soln prefilled syringe 90 mg/ml	7	SP	PA, QL (1 syringe/56 days)
selenium sulfide lotion 2.5%	3		
SILIQ - brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	7	SP	PA, QL (2 syringes/28 days)
SILVADENE - silver sulfadiazine cream 1%	6		
silver sulfadiazine cream 1% (Silvadene)	3		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	7	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	7	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	5		
SOTYKTU - deucravacitinib tab 6 mg	7	SP	PA, QL (30 tablets/30 days)
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	7	SP	PA, QL (2 syringes/28 days)
SPINOSAD - spinosad susp 0.9%	6		
STELARA - ustekinumab inj 45 mg/0.5ml	7	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	7	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	7	SP	PA, QL (1 syringe/56 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	7	SP	PA, QL (1 syringe/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	7	SP	PA, QL (1 syringe/56 days)
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	6		PA
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	6		PA
sulfacetamide sodium lotion 10% (acne) (Klaron)	3		
SULFAMYLON - mafenide acetate cream 85 mg/gm	6		
tacrolimus oint 0.03%, 0.1% (Protopic)	3		ST, QL (100 grams/30 day)
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	7	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	7	SP	PA, LD, QL (1 syringe/28 days)
tazarotene cream 0.05%, 0.1% (Tazorac)	3		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	3		QL (100 grams/30 days)
TAZORAC - tazarotene cream 0.05%	6		QL (120 grams/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TAZORAC - tazarotene gel 0.05%, 0.1%	6		QL (100 grams/30 days)
TOLAK - fluorouracil cream 4%	6		PA, QL (40 grams/28 days)
TOPICORT - desoximetasone oint 0.25%	6		ST, QL (120 grams/30 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	7	SP	PA, QL (1 syringe/56 days)
TREMFYA - guselkumab soln auto-injector 100 mg/ml	7	SP	PA, QL (1 pen/56 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ ml	7	SP	PA, QL (1 pen/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	3		
tretinoin gel 0.01%, 0.025% (Retin-a)	3		
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide aerosol soln 0.147 mg/gm	3		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)	7	SP	LD
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	7	SP	PA, QL (1 vial/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	7	SP	PA, QL (1 syringe/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	7	SP	PA, QL (1 syringe/56 days)
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	6		
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	7	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	7	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	7	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	7	SP	
EXJADE - deferasirox tab for oral susp 125 mg, 250 mg, 500 mg	7	SP	
FERRIPROX - deferiprone tab 1000 mg	7	SP	LD
FERRIPROX - deferiprone oral soln 100 mg/ml	7	SP	LD
JADENU - deferasirox tab 90 mg, 180 mg, 360 mg	7	SP	
JADENU SPRINKLE - deferasirox granules packet 90 mg, 180 mg, 360 mg	7	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	5		QL (4 bottles/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
naloxone hcl inj 0.4 mg/ml	3	Specialty	QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	3		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	3		QL (4 bottles/30 days)
naloxone hel soln prefilled syringe 2 mg/2ml	3		QL (4 syringes/30 days)
NALOXONE HYDROCHLORIDE - naloxone hcl soln	6		QL (4 syringes/30 days)  QL (4 cartridges/30 days)
cartridge 0.4 mg/ml			QL (4 cartiluges/30 days)
naltrexone hcl tab 50 mg	3		
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	6		QL (4 bottles/30 days)
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	5		QL (4 bottles/30 days)
RADIOGARDASE - prussian blue insoluble cap 0.5 gm	6		
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	5		QL (4 devices/30 days)
VISTOGARD - uridine triacetate oral granules packet 10 gm	7	SP	PA, LD
VIVITROL - naltrexone for im extended release susp 380 mg	7	SP	
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	6		QL (4 syringes/30 days)
DIAGNOSTIC PRODUCTS			
ACCU-CHEK AVIVA PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK COMPACT STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK COMPACT TEST DR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK GUIDE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK GUIDE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK SMARTVIEW STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCUTREND GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVANCE INTUITION TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVANCE MICRO-DRAW TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE REDI-CODE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE REDI-CODE+ TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX AMP NO CODE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX JAZZ TEST STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
AGAMATRIX PRESTO TEST STR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II CHECK STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PLATINUM TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PRISM MULTI TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PRO TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE 3 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE 4 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
AT LAST TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
BIOTEL CARE BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
BLULINK GLUCOSE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
CARESENS N BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
CARETOUCH BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
CHEMSTRIP-K - acetone (urine) test strip	4		
CLEVER CHEK AUTO-CODE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHEK AUTO-CODE VOI - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHEK TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE AUTO-CODE P - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE MICRO TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE NO CODING T - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE TALK NO COD - glucose blood test strip	6		PA, QL (204 strips/30 days)
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	4		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	4		QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	4		QL (204 strips/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

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

- · · ·			
Drug Name	Drug Tier	Specialty	Requirements/Limits
COOL BLOOD GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
CVS ADVANCED GLUCOSE METE - glucose blood test strip	6		PA, QL (204 strips/30 days)
CVS GLUCOSE METER TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
CVS TRUE METRIX BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
DIATHRIVE BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
DIATHRIVE+ BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
DUO-CARE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY MAX BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY PLUS II BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY STEP TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TALK BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TALK PLUS II BLOOD G - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TOUCH GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TOUCH HEALTHPRO GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TRAK BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TRAK II BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYGLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYMAX TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYMAX 15 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYPRO BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYPRO PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ELEMENT COMPACT TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
ELEMENT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE EVO BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FREESTYLE PRECISION NEO B - glucose blood test	6		PA, QL (204 strips/30 days)
strip	6		DA OL (204 atrina/20 days)
FREESTYLE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GENULTIMATE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GE100 BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
GHT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCO PERFECT 3 TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD EXPRESSION BLOO - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD SHINE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD VITAL TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD X-SENSOR - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD 01 SENSOR PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCOM TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCONAVII BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP EASY TOUCH GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUE METRIX SELF MONI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUETRACK BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUETRACK SMART SYSTE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GOJJI BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
HW EMBRACE PRO BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
HW EMBRACE TALK BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
IGLUCOSE BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
IHEALTH BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
IN TOUCH BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
INFINITY BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Nama	Drug Tier	Cassialty	Doguiromente/Limite
Drug Name INFINITY VOICE - glucose blood test strip	Drug Tier 6	Specialty	Requirements/Limits PA, QL (204 strips/30 days)
KETOCARE - acetone (urine) test strip	4		1 A, QL (204 3111p3/30 days)
KETONE - acetone (urine) test strip	4		
KETONE TEST STRIPS - acetone (urine) test strip	4		
KETOSTIX - acetone (urine) test strip	4		
KROGER HEALTHPRO GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER TRUETEST BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER TRUETRACK BLOOD GL - glucose blood test strip	6		PA, QL (204 strips/30 days)
METOPIRONE - metyrapone cap 250 mg	7	SP	LD
MICRODOT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
MICRODOT XTRA TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
MM BLULINK GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
MM EASY TOUCH GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
MYGLUCOHEALTH BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
NEUTEK 2TEK TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
NOVA MAX GLUCOSE TEST STR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ON CALL EXPRESS BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
ONE DROP BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ONETOUCH ULTRA - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH ULTRA BLUE TEST - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	4		QL (204 strips/30 days)
OPTIUMEZ TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
PHARMACIST CHOICE AUTOCOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
PHARMACIST CHOICE NO CODI - glucose blood test strip	6		PA, QL (204 strips/30 days)
PIP BLOOD GLUCOSE TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
POCKETCHEM EZ BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
POGO AUTOMATIC TEST CARTR - glucose blood test automatic cartridge	6		PA, QL (200 strips/30 days)
PRECISION SOF-TACT TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
PRECISION XTRA BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
PRO VOICE V8/V9 BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
PRODIGY NO CODING BLOOD G - glucose blood test strip	6		PA, QL (204 strips/30 days)
PTS PANELS EGLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
QUICK TOUCH BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
QUICKTEK TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
QUINTET AC BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
QUINTET BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
REFUAH PLUS BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION CONFIRM/MICRO TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	4		
RELION PLATINUM BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION PREMIER BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION PRIME BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION TRUE METRIX BLOOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
RELION ULTIMA BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
RIGHTEST GS100 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
RIGHTEST GS300 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
RIGHTEST GS333 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
RIGHTEST GS550 BLOOD GLUC - glucose blood test	6	Opeciaity	PA, QL (204 strips/30 days)
strip  RIGHTEST GT333 BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
SMARTEST BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
SOLUS V2 AUDIBLE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
SUPREME TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
TGT BLOOD GLUCOSE TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUE FOCUS SELF MONITORIN - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUE METRIX BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUE METRIX SELF MONITORI - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUETEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
TRUETRACK TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
UNISTRIP1 GENERIC - glucose blood test strip	6		PA, QL (204 strips/30 days)
VERASENS BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
VIVAGUARD INO BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEDICAL DEVICES			
ACCU-CHEK AVIVA PLUS - blood glucose monitoring kit w/ device	6		
ACCU-CHEK FASTCLIX LANCET - lancets	4		
ACCU-CHEK FASTCLIX LANCET - lancets kit	4		
ACCU-CHEK GUIDE - blood glucose monitoring kit w/ device	6		
ACCU-CHEK GUIDE ME - blood glucose monitoring kit w/ device	6		
ACCU-CHEK SAFE-T-PRO LANC - lancets	4		
ACCU-CHEK SOFTCLIX LANCET - lancets	4		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	4		
ACTI-LANCE LANCETS 28G - lancets	4		
ACTI-LANCE LITE SAFETY LA - lancets	4		
ACTI-LANCE SPECIAL SAFETY - lancets	4		
ACTI-LANCE UNIVERSAL SAFE - lancets	4		
ADJUSTABLE LANCING DEVICE - lancet devices	4		
ADVANCE INTUITION BLOOD G - blood glucose monitoring devices	6		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

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

Drug Name Dr	rug Tier	Specialty	Requirements/Limits
ADVANCE INTUITION BLOOD G - blood glucose	6		
monitoring kit w/ device	6		
ADVANCE MICRO-DRAW METER - blood glucose monitoring devices	O		
ADVANCED MOBILE LANCET 30 - lancets	4		
ADVOCATE BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
ADVOCATE BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ADVOCATE LANCETS - lancets	4		
ADVOCATE LANCETS 30G - lancets	4		
ADVOCATE LANCING DEVICE - lancet devices	4		
ADVOCATE RAPID-SAFE LANCI - lancet devices	4		
ADVOCATE REDI-CODE - blood glucose monitoring devices	6		
ADVOCATE REDI-CODE+ BLOOD - blood glucose monitoring devices	6		
ADVOCATE REDI-CODE/TALKIN - blood glucose monitoring kit w/ device	6		
ADVOCATE SAFETY LANCETS 2 - lancets	4		
AF LANCETS SUPER THIN - lancets	4		
AGAMATRIX JAZZ WIRELESS 2 - blood glucose monitoring kit w/ device	6		
AGAMATRIX PRESTO - blood glucose monitoring kit w/ device	6		
AGAMATRIX ULTRA-THIN LANC - lancets	4		
AIMSCO LUBRICATED - condoms latex lubricated	1		
AIMSCO TWIST LANCETS 32G - lancets	4		
AIMSCO TWIST LANCETS 33G - lancets	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g	4		
x 5 mm (1/5" or 3/16")			
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g	4		
x 6 mm (1/4" or 15/64")			
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	4		
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	4		
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
AURORA LANCET SUPER THIN - lancets	4		
AURORA LANCET THIN 23G - lancets	4		
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4		
AURORA PEN NEEDLES 31G X - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	_		
AUTO-LANCET - lancet devices	4		
AUTO-LANCET MINI - lancet devices	4		
AUTOLET IMPRESSION LANCIN - lancet devices	4		
AUTOLET LANCING DEVICE - lancet devices	4		
AUTOLET LITE LANCING DEVI - lancet devices	4		
AUTOLET MINI - lancet devices	4		
AUTOLET PLUS - lancet devices	4		
AUTOPEN - injection device for insulin	6		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle	4		
u-100 1 ml 28 x 1/2"			
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle	4		
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"			
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle	4		
u-100 1/2 ml 28 x 1/2"	_		
BD ALLERGY SYRINGE 0.5ML/ - tuberculin/allergy	6		
syringe/needle (disp) 1/2 ml 27 x 1/2", 1/2 ml 27 x 3/8"			
BD ALLERGY SYRINGE 1ML/27 - tuberculin/allergy	6		
syringe/needle (disp) 1 ml 27 x 3/8"			
BD ALLERGY SYRINGE/NEEDLE - tuberculin/allergy	6		
syringe/needle (disp) 1 ml 27 x 3/8"			
BD ALLERGY/SYRINGE/NEEDLE - tuberculin/allergy	5		
syringe/needle (disp) 1 ml 28 x 1/2"			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
BD BLUNT FILL NEEDLE/FILT - needle (disp) 18 x 1-1/2"	6		
BD BLUNT FILL NEEDLE/18G - needle (disp) 18 x 1-1/2"	6		
BD DISPOSABLE NEEDLE REGU - needle (disp) 25 x 1"	5		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	5		
BD ECLIPSE NEEDLE 21G X 1 - needle (disp) 21 x 1", 21 x 1-1/2"	6		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	5		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	6		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	5		
BD ECLIPSE NEEDLE 27G X 1 - needle (disp) 27 x 1/2"	6		
BD ECLIPSE NEEDLE/LUER-LO - needle (disp) 30 x 1/2"	6		
BD ECLIPSE NEEDLE/18G X 1 - needle (disp) 18 x 1-1/2"	6		
BD ECLIPSE NEEDLE/23G X 1 - needle (disp) 23 x 1"	6		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	5		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	6		
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD ECLIPSE 23G X 1" NEEDL - needle (disp) 23 x 1"	6		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	5		
BD HYPODERMIC NEEDLES 16G - needle (disp) 16 x 1"	6		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	5		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1-1/2"	6		
BD HYPODERMIC NEEDLES 19G - needle (disp) 19 x 1", 19 x 1-1/2"	6		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	5		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 2"	6		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1", 22 x 1-1/2"	5		

KEY | PA = Prior Authorization | LD = Limited Distribution

**ST** = Responsible Steps

**QL** = Quantity Limit (Max Quantity/Time)

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD HYPODERMIC NEEDLES 23G - needle (disp) 23 x 3/4", 23 x 1"	6		
BD HYPODERMIC NEEDLES 25G - needle (disp) 25 x 1-1/2"	6		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	5		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	4		
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	4		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	4		
BD INSULIN SYRINGE ULTRA insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	4		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	4		
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	4		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
BD INTEGRA RETRACTABLE NE - needle (disp) 23 x 1"	6		
BD LATITUDE DIABETES MANA - blood glucose monitoring kit w/ device	6		
BD LOGIC BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
BD MAGNI-GUIDE MAGNIFIER - blood glucose monitoring supplies	6		
BD MICROTAINER LANCETS - lancets	4		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	5		
BD NEEDLE 30G X 1" - needle (disp) 30 x 1"	6		
BD NEEDLE/16G X 1-1/2" - needle (disp) 16 x 1-1/2"	6		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD NEEDLE/19G X 1" - needle (disp) 19 x 1"	6		
BD NEEDLE/20G X 1-1/2" - needle (disp) 20 x 1-1/2"	6		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	5		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	5		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	5		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	5		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	5		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	5		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	5		
BD NOKOR NEEDLE ADMIX THI - needle (disp) 18 x 1-1/2"	6		
BD NOKOR VENTED NEEDLE 18 - needle (disp) 18 x 1"	6		
BD PEN - injection device for insulin	6		
BD PEN MINI - injection device for insulin	6		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
BD PEN NEEDLE/MINI/ULTRA insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	4		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5		
BD PRECISIONGLIDE NEEDLE - needle (disp) 27 x 3/8", 27 x 1-1/2"	6		
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	5		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 18 x 1-1/2"	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	5		
BD SAFETYGLIDE INJECTION - needle (disp) 23 x 1-1/2"	6		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
BD SAFETYGLIDE NEEDLE 25G - needle (disp) 25 x 1"	6		
BD SAFETYGLIDE NEEDLE/SHI - needle (disp) 22 x 1-1/2"	6		
BD SAFETYGLIDE SHIELDED N - needle (disp) 23 x 1"	6		
BD SAFETYGLIDE 21G X 1-1/ - needle (disp) 21 x 1-1/2"	6		
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	5		
BD TB SYRINGE/NEEDLE/1ML/ - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	6		
BD TUBERCULIN SYRINGE/NEE - tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1"	6		
BD TUBERCULIN SYRINGE/SAF - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	6		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
BD 1/2ML TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2"	6		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	5		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		
BIGFOOT UNITY PROGRAM KIT - blood glucose monitor kit w/ monitor device & digital app	6		
BIOTEL CARE BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
BIOTEL CARE CONNECTED BLO - blood glucose monitoring kit w/ device	6		
BLOOD GLUCOSE MONITORING - blood glucose monitoring devices	6		
BLOOD GLUCOSE MONITORING - blood glucose monitoring kit w/ device	6		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
BLOOD GLUCOSE SYSTEM PAK - blood glucose monitoring kit w/ device	6		
BLULINK BLOOD GLUCOSE MON - blood glucose monitoring devices	6		
CARDIOCOM LANCING DEVICE - lancet devices	4		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
CAREONE ADVANCED LANCING - lancet devices	4		
CAREONE INSULIN SYRINGES/ - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
CAREONE LANCET SUPER THIN - lancets	4		
CAREONE LANCET THIN - lancets	4		
CAREONE LANCET ULTRA THIN - lancets	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CAREPOINT PRECISION POLY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 27 x 1/2", 30 x 1/2"	6		
CAREPOINT PRECISION SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	6		
CAREPOINT SAFETY 1ST NEED - needle (disp) 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2"	6		
CARESENS LANCETS - lancets	4		
CARESENS N BLOOD GLUCOSE - blood glucose monitoring devices	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARESENS N FELIZ - blood glucose monitoring devices	6		
CARESENS N FELIZ BT - blood glucose monitoring devices	6		
CARESENS N GLUCOSE MONITO - blood glucose monitoring devices	6		
CARESENS N PLUS BT - blood glucose monitoring kit w/ device	6		
CARESENS N VOICE BLOOD GL - blood glucose monitoring devices	6		
CARETOUCH BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
CARETOUCH HYPODERMIC NEED - needle (disp) 18 x 1-1/2", 20 x 1", 22 x 1", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1", 27 x 1-1/2"	6		
CARETOUCH INSULIN SYRINGE - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
CARETOUCH LANCING DEVICE - lancet devices	4		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
CARETOUCH SAFETY LANCETS/ - lancets	4		
CARETOUCH TWIST LANCETS M - lancets	4		
CARETOUCH TWIST LANCETS 2 - lancets	4		
CARETOUCH TWIST LANCETS 3 - lancets	4		
CAYA - diaphragm arc-spring	1		
CHEMSTRIP BG LOG BOOK - blood glucose monitoring misc.	6		
CHOSEN LANCETS 30G - lancets	4		
CHOSEN LANCING DEVICE - lancet devices	4		
CHOSEN SAFETY LANCETS 28G - lancets	4		
CLEANLET LANCETS 28G - lancets	4		
CLEVER CHEK AUTO CODE VOI - blood glucose monitoring devices	6		
		*	·

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

			T
Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEVER CHEK AUTO-CODE BLO - blood glucose	6		
monitoring devices			
CLEVER CHEK AUTO-CODE VOI - blood glucose	6		
monitoring devices			
CLEVER CHEK BLOOD GLUCOSE - blood glucose	6		
monitoring kit w/ device			
CLEVER CHEK LANCETS ULTRA - lancets	4		
CLEVER CHOICE AUTO-CODE P - blood glucose	6		
monitoring devices			
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",			
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"			
CLEVER CHOICE COMFORT EZ - insulin pen needle	4		
29 g x 12 mm (1/2")			
CLEVER CHOICE COMFORT EZ - 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")			
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")	4		
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		
	-		
CLEVER CHOICE MICRO BLOOD - blood glucose monitoring kit w/ device	6		
	6		
CLEVER CHOICE MINI BLOOD - blood glucose	0		
monitoring devices	6		
CLEVER CHOICE TALK BLOOD - blood glucose	0		
monitoring devices	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")	4		
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"			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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")	4		
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6	4		
mm (1/4" or 15/64") COMFORT LANCETS - lancets	1		
	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	4		
mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
COMFORT TOUCH PEN NEEDLES - 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")			
COMFORT TOUCH PLUS SAFETY - lancets	4		
COMFORT TOUCH TWIST LANCE - lancets	4		
CONDOMS - condoms - male	1		
CONTOUR BLOOD GLUCOSE MON - blood glucose	4		
monitoring devices			
CONTOUR NEXT BLOOD GLUCOS - blood glucose	4		
monitoring kit w/ device			
CONTOUR NEXT EZ BLOOD GLU - blood glucose	4		
monitoring kit w/ device			
CONTOUR NEXT GEN BLOOD GL - blood glucose	4		
monitoring devices			
CONTOUR NEXT GEN BLOOD GL - blood glucose	4		
monitoring kit w/ device			
CONTOUR NEXT LINK BLOOD G - blood glucose	4		
monitoring kit w/ device			
CONTOUR NEXT LINK WIRELES - blood glucose	4		
monitoring kit w/ device			
CONTOUR NEXT LINK 2.4 WIR - blood glucose	6		
monitoring kit w/ device			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	4		
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device	4		
COOL BLOOD GLUCOSE MONITO - blood glucose monitoring devices	6		
COOL BLOOD GLUCOSE MONITO - blood glucose monitoring kit w/ device	6		
CVS ALL-IN-ONE BLOOD GLUC - blood glucose monitoring kit w/ device	6		
CVS BLOOD GLUCOSE METER A - blood glucose monitoring devices	6		
CVS BLUETOOTH BLOOD GLUCO - blood glucose monitoring devices	6		
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		
D-CARE GLUCOMETER KIT/GLU - blood glucose monitoring kit w/ device	6		
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)
DIABETES CARE - blood glucose monitor kit w/ monitor device & digital app	6		
DIABETES MONITORING DIGIT - blood glucose monitor kit w/ monitor device & digital app	6		
DIATHRIVE BLOOD GLUCOSE M - blood glucose monitoring devices	6		
DIATHRIVE LANCETS - lancets	4		
DIATHRIVE LANCETS ULTRA T - lancets	4		
DIATHRIVE LANCING DEVICE - lancet devices	4		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
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")			
DIATHRIVE+ BLOOD GLUCOSE - blood glucose	6		
monitoring devices			
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"	4		
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			
30 x 3/10 , u-100 0.3 fill 31 x 1/4 (6 fillif), u-100 0.3 fill 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"			
DROPLET INSULIN SYRINGE/1 - insulin syringe/needle	4		
u-100 1 ml 30 x 1/2"			
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")			
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")			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	4		
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	4		
DROPLET PERSONAL LANCETS - lancets	4		
DROPSAFE ACTI-LANCE SAFTE - lancets	4		
DROPSAFE INSULIN SAFETY S - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DROPSAFE SICURA - needle (disp) 25 x 1"	6		
DRUG MART LANCETS THIN - lancets	4		
DRUG MART LANCETS ULTRA T - lancets	4		
DRUG MART ON-THE-GO LANCE - lancets	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
DRUG MART UNIFINE PENTIPS - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
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		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY MAX T1 SELF-MONITORI - blood glucose	6		
monitoring kit w/ device			
EASY MINI EJECT LANCING D - lancet devices	4		
EASY MINI LANCING DEVICE - lancet devices	4		
EASY PLUS II BLOOD GLUCOS - blood glucose monitoring devices	6		
EASY STEP BLOOD GLUCOSE M - blood glucose	6		
monitoring devices			
EASY TALK BLOOD GLUCOSE M - blood glucose	6		
monitoring devices			
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy	6		
syringe/needle (disp) 1 ml 26 x 3/8"			
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy	5		
syringe/needle (disp) 1 ml 27 x 1/2"			
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 3/4", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 27 x 1" (25 mm), 28 x 1/2" (12.7 mm), 29 x 1/2" (12.7 mm), 30 x 5/16" (8	6		
mm), 30 x 1/2", 31 x 5/16" (8 mm)			
EASY TOUCH FLIPLOCK SAFET - insulin syringe/	4		
needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16",	7		
u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"			
EASY TOUCH GLUCOSE MONITO - blood glucose	6		
monitoring kit w/ device			
EASY TOUCH HEALTHPRO GLUC - blood glucose	6		
monitoring kit w/ device			
EASY TOUCH HYPODERMIC NEE - needle (disp) 16 x 1", 16 x 1-1/2", 18 x 1", 18 x 1.25" (30 mm), 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 23 x 1-1/4", 23 x 1-1/2", 24 x 1", 24 x 1.25" (30 mm), 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 3/8", 26 x 1/2", 26 x 5/8", 27 x 1/2", 27 x 1-1/4", 27 x 1-1/2", 30 x 1/2", 30 x 1", 31 x 5/16" (8 mm), 32 x 5/16" (8 mm)	6		
EASY TOUCH INSULIN SYRING - insulin syringe (disp) u-100 1 ml	4		
EASY TOUCH INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x			
1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
EASY TOUCH LANCETS 21G/PR - lancets	4		
EASY TOUCH LANCETS 23G/PR - lancets	4		
EASY TOUCH LANCETS 26G/PR - lancets	4		
EASY TOUCH LANCETS 26G/PU - lancets	4		
EASY TOUCH LANCETS 28G/PR - lancets	4		
EASY TOUCH LANCETS 28G/PU - lancets	4		
EASY TOUCH LANCETS 28G/TW - lancets	4		
EASY TOUCH LANCETS 30G/BU - lancets	4		
EASY TOUCH LANCETS 30G/PR - lancets	4		
EASY TOUCH LANCETS 30G/PU - lancets	4		
EASY TOUCH LANCETS 30G/TW - lancets	4		
EASY TOUCH LANCETS 32G/PR - lancets	4		
EASY TOUCH LANCETS 32G/PU - lancets	4		
EASY TOUCH LANCETS 32G/TW - lancets	4		
EASY TOUCH LANCETS 33G/TW - lancets	4		
EASY TOUCH LANCING DEVICE - lancet devices	4		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle	4		
30 g x 8 mm (1/3" or 5/16")			
EASY TOUCH PEN NEEDLE/30 - insulin pen needle	4		
30 g x 5 mm (1/5" or 3/16")			
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")	4		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
EASY TOUCH SAFETY LANCETS - lancets	4		
EASY TOUCH SAFETY PEN NEE - insulin pen needle	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	6		
syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	6		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
EASY TRAK BLOOD GLUCOSE M - blood glucose monitoring devices	6		
EASY TRAK II BLOOD GLUCOS - blood glucose monitoring devices	6		
EASYGLUCO - blood glucose monitoring kit	6		
EASYMAX NG SELF-MONITORIN - blood glucose monitoring devices	6		
EASYMAX NG SELF-MONITORIN - blood glucose monitoring kit w/ device	6		
EASYMAX V BLOOD GLUCOSE S - blood glucose monitoring devices	6		
EASYPOINT NEEDLE 23G X 1" - needle (disp) 23 x 1"	6		
EASYPOINT NEEDLE 25G X 1" - needle (disp) 25 x 1"	6		
EASYPOINT NEEDLE 25G X 5/ - needle (disp) 25 x 5/8"	6		
EASYPOINT NEEDLE 25GX1-1/ - needle (disp) 25 x 1-1/2"	6		
EASYPOINT NEEDLE/18G X 1 needle (disp) 18 x 1-1/2"	6		
EASYPOINT NEEDLE/18G X 1" - needle (disp) 18 x 1"	6		
EASYPOINT NEEDLE/20G X 1 needle (disp) 20 x 1-1/2"	6		
EASYPOINT NEEDLE/20G X 1" - needle (disp) 20 x 1"	6		
EASYPOINT NEEDLE/21G X 1 needle (disp) 21 x 1-1/2"	6		
EASYPOINT NEEDLE/21G X 1" - needle (disp) 21 x 1"	6		
EASYPOINT NEEDLE/22G X 1 needle (disp) 22 x 1-1/2"	6		
EASYPOINT NEEDLE/22G X 1" - needle (disp) 22 x 1"	6		
EASYPRO BLOOD GLUCOSE MON - blood glucose monitoring kit w/ device	6		
EASYPRO PLUS - blood glucose monitoring kit w/ device	6		
ELEMENT AUTOCODE SYSTEM - blood glucose monitoring kit w/ device	6		
ELEMENT COMPACT BLOOD GLU - blood glucose monitoring devices	6		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

			-
Drug Name	Drug Tier	Specialty	Requirements/Limits
ELEMENT COMPACT V BLOOD - blood glucose	6		
monitoring devices			
ELEMENT PLUS BLOOD GLUCOS - blood glucose	6		
monitoring devices			
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"			
EMBECTA INSULIN SYRINGE/ - insulin syringe/needle	4		
u-100 0.3 ml 31 x 5/16"			
EMBECTA INSULIN SYRINGE/U - insulin syringe/	4		
needle u-100 0.3 ml 31 x 15/64", u-100 1 ml 27 x 5/8",			
u-100 1 ml 30 x 1/2", u-100 1/2 ml 31 x 15/64", u-100			
1 ml 31 x 15/64", u-500 0.5 ml 31g x 6mm (15/64")			
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")			
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 BLOOD GLUCOSE MON - blood glucose	6		
monitoring devices			
EMBRACE EVO BLOOD GLUCOSE - blood glucose	6		
monitoring kit w/ device			
EMBRACE EVO COMPACT BLOOD - blood glucose	6		
monitoring devices			
EMBRACE LANCETS ULTRA THI - lancets	4		
	l .		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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")	1		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EMBRACE PRESSURE ACTIVATE - lancets	4		
	6		
EMBRACE PRO BLOOD GLUCOSE - blood glucose monitoring devices			
EMBRACE TALK BLOOD GLUCOS - blood glucose	6		
monitoring devices			
EMBRACE TALK BLOOD GLUCOS - blood glucose	6		
monitoring kit w/ device			
EMBRACE WAVE BLOOD GLUCOS - blood glucose	6		
monitoring devices			
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")			
EVENCARE BLOOD GLUCOSE MO - blood glucose	6		
monitoring kit			
EVOLUTION AUTOCODE - blood glucose monitoring	6		
devices EZ-LETS LANCETS 21G - lancets	4		
	1		
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	1		
FC2 FEMALE CONDOM - condoms - female	1		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	1		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
FIFTY50 GLUCOSE METER 2.0 - blood glucose	6		
monitoring kit w/ device			
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")	4		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle	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	4		
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"			
FIFTY50 UNILET LANCETS 33 - lancets	4		
FINGERSTIX LANCETS - lancets	4		
FLOW-EZE VENTED NEEDLE - hypodermic needles	6		
(disposable)			
FORA GD20 BLOOD GLUCOSE M - blood glucose	6		
monitoring devices			
FORA GD50 BLOOD GLUCOSE M - blood glucose	6		
monitoring devices			
FORA GTEL BLOOD GLUCOSE M - blood glucose	6		
monitoring devices	6		
FORA G20 BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	0		
FORA G30A BLOOD GLUCOSE M - blood glucose	6		
monitoring devices			
FORA LANCETS - lancets	4		
FORA LANCING DEVICE - lancet devices	4		
FORA LANCING DEVICE/CLEAR - lancet devices	4		
FORA PREMIUM V10 BLE BLOO - blood glucose	6		
monitoring devices			
FORA TEST N' GO VOICE BLO - blood glucose	6		
monitoring devices			
FORA TN'G VOICE BLOOD GLU - blood glucose	6		
monitoring kit w/ device			
FORA V12 BLOOD GLUCOSE MO - blood glucose	6		
monitoring devices			
FORACARE GD40 BLOOD GLUCO - blood glucose	6		
monitoring devices			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
FORACARE PREMIUM V10 BLOO - blood glucose	6		
monitoring devices			
FORACARE TEST N GO BLOOD - blood glucose	6		
monitoring devices			
FREESTYLE FREEDOM LITE - blood glucose	6		
monitoring kit w/ device			
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	5		ST, QL (2 sensors/28 days)
system sensor			
FREESTYLE LIBRE 2 PLUS/SE - continuous glucose	5		ST, QL (2 sensors/28 days)
system sensor			
FREESTYLE LIBRE 2/READER/ - continuous glucose	5		ST, QL (1 reader/365 days)
system receiver			
FREESTYLE LIBRE 2/SENSOR/ - continuous glucose	5		ST, QL (2 sensors/28 days)
system sensor			
FREESTYLE LIBRE 3 PLUS/SE - continuous glucose	5		ST, QL (2 sensors/28 days)
system sensor			
FREESTYLE LIBRE 3/READER/ - continuous glucose	5		ST, QL (1 reader/365 days)
system receiver			OT 01 (0 (00 1 )
FREESTYLE LIBRE 3/SENSOR/ - continuous glucose	5		ST, QL (2 sensors/28 days)
system sensor	5		CT OL (1 reader/265 days)
FREESTYLE LIBRE/READER/FL - continuous glucose system receiver	) 3		ST, QL (1 reader/365 days)
FREESTYLE LITE BLOOD GLUC - blood glucose	6		
monitoring devices			
FREESTYLE LITE BLOOD GLUC - blood glucose	6		
monitoring kit w/ device			
FREESTYLE PRECISION NEO B - blood glucose	6		
monitoring kit w/ device			
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		
GE100 BLOOD GLUCOSE MONIT - blood glucose	6		
monitoring devices			
GE100 BLOOD GLUCOSE MONIT - blood glucose	6		
monitoring kit w/ device			
GHT BLOOD GLUCOSE MONITO - blood glucose	6		
monitoring kit w/ device			

KEY |

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLOBAL EASE INJECT PEN NE - insulin pen needle	4		
29 g x 12 mm (1/2")			
GLOBAL EASE INJECT PEN NE - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
GLOBAL EASE INJECT PEN NE - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle	4		
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	4		
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	4		
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"			
GLOBAL INJECT EASE LANCET - lancets	4		
GLOBAL INSULIN SYRINGE/U insulin syringe/needle	4		
u-100 0.3 ml 30 x 1/2"			
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle	4		
u-100 0.3 ml 30 x 5/16"			
GLOBAL LANCING DEVICE - lancet devices	4		
GLUCO PERFECT 3 BLOOD GLU - blood glucose	6		
monitoring devices			
GLUCOCARD EXPRESSION AUDI - blood glucose	6		
monitoring kit w/ device			
GLUCOCARD SHINE - blood glucose monitoring	6		
devices			
GLUCOCARD SHINE - blood glucose monitoring kit w/	6		
device	0		
GLUCOCARD SHINE CONNEX BL - blood glucose	6		
monitoring kit w/ device	6		
GLUCOCARD SHINE EXPRESS B - blood glucose monitoring kit w/ device	0		
GLUCOCARD SHINE XL - blood glucose monitoring	6		
devices	0		
GLUCOCARD VITAL BLOOD GLU - blood glucose	6		
monitoring kit w/ device			
GLUCOCARD X-METER - blood glucose monitoring kit	6		
w/ device			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLUCOCARD 01 BLOOD GLUCOS - blood glucose	6		
monitoring devices			
GLUCOCARD 01 BLOOD GLUCOS - blood glucose	6		
monitoring kit w/ device			
GLUCOCARD 01-MINI BLOOD G - blood glucose	6		
monitoring kit w/ device			
GLUCOCOM AUTOLINK TELEMON - blood glucose	6		
monitoring misc.	_		
GLUCOCOM BLOOD GLUCOSE MO - blood glucose	6		
monitoring devices			
GLUCOCOM BLOOD GLUCOSE MO - blood glucose	6		
monitoring kit w/ device			
GLUCOCOM LANCETS 28G - lancets	4		
GLUCOCOM LANCETS 30G - lancets	4		
GLUCOCOM LANCETS 33G - lancets	4		
GLUCONAVII BLOOD GLUCOSE - blood glucose	6		
monitoring kit w/ device			
GLUCOPRO INSULIN SYRINGE/ - 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 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 EASY TOUCH GLUCOSE MO - blood glucose	6		
monitoring devices			
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle	4		
u-100 1/2 ml 31 x 5/16"	_		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle	4		
u-100 1 ml 31 x 5/16"	•		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle	4		
u-100 0.3 ml 30 x 5/16"	-		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle	4		
u-100 1/2 ml 29 x 1/2"			
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle	4		
u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml			
30 x 5/16"			
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle	4		
u-100 0.3 ml 31 x 5/16"			
GNP LANCING SYSTEM DEVICE - lancet devices	4		
GNP PEN NEEDLES 31GX5MM - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")			
GNP PEN NEEDLES 31GX8MM - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**LD** = Limited Distribution

SP = Specialty

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

**PA** = Prior Authorization KEY

**LD** = Limited Distribution

**SP** = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
HYPODERMIC NEEDLES 21GX1 needle (disp) 21 x 1-1/2"	6		
HYPODERMIC NEEDLES 21GX1" - needle (disp) 21 x 1"	6		
HYPODERMIC NEEDLES 22GX1 needle (disp) 22 x 1-1/2"	6		
HYPODERMIC NEEDLES 22GX1" - needle (disp) 22 x 1"	6		
HYPODERMIC NEEDLES 23GX1 needle (disp) 23 x 1-1/2"	6		
HYPODERMIC NEEDLES 23GX1" - needle (disp) 23 x 1"	6		
HYPODERMIC NEEDLES 25GX1 needle (disp) 25 x 1-1/2"	6		
HYPODERMIC NEEDLES 25GX5/ - needle (disp) 25 x 5/8"	6		
HYPODERMIC NEEDLES 26GX1/ - needle (disp) 26 x 1/2"	6		
HYPODERMIC NEEDLES 27GX1 needle (disp) 27 x 1-1/2"	6		
HYPODERMIC NEEDLES 27GX1/ - needle (disp) 27 x 1/2"	6		
IGLUCOSE BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
IHEALTH GLUCO+ - blood glucose monitor kit w/ monitor device & digital app	6		
IHEALTH LANCING DEVICE - lancet devices	4		
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	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 - blood glucose monitoring devices	6		
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	4		
IN TOUCH LANCING DEVICE - lancet devices	4		
IN TOUCH STERILE LANCETS - lancets	4		
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
INFINITY BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
INFINITY VOICE - blood glucose monitoring kit w/ device	6		
INPEN 100/BLUE/HUMALOG - injection device for insulin	6		
INPEN 100/BLUE/NOVOLOG/FI - injection device for insulin	6		
INPEN 100/GREY/HUMALOG - injection device for insulin	6		
INPEN 100/GREY/NOVOLOG/FI - injection device for insulin	6		
INPEN 100/PINK/HUMALOG - injection device for insulin	6		
INPEN 100/PINK/NOVOLOG/FI - injection device for insulin	6		
INSUL-TOTE - blood glucose monitoring supplies	6		
INSUL-TOTE JR - blood glucose monitoring supplies	6		
INSULIN SYRINGE/NEEDLE 0 insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4		
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
INSULIN SYRINGES/U-100/0 insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or $5/16$ ")	4		
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
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		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
KINRAY INSULIN SYRINGE/0 insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
KROGER AUTOLET LANCING DE - lancet devices	4		
KROGER HEALTHPRO TWIST LA - lancets	4		
KROGER INSULIN SYRINGE/U insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4		
KROGER INSULIN SYRINGE/0 insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
KROGER INSULIN SYRINGE/1M - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
KROGER LANCETS - lancets	4		
KROGER LANCETS MICRO THIN - lancets	4		
KROGER LANCETS SUPER THIN - lancets	4		
KROGER LANCETS THIN - lancets	4		
KROGER LANCETS ULTRATHIN - lancets	4		
KROGER LANCETS 21G - lancets	4		
KROGER LANCING DEVICE - lancet devices	4		
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
LANCET DEVICE ADJUSTABLE - lancet devices	4		
LANCET DEVICE WITH EJECTO - lancet devices	4		
LANCETS - lancets	4		
LANCETS - BAYER ASCENCIA - lancets	4		
LANCETS MICRO THIN 33G - lancets	4		
LANCETS SUPER THIN 28G - lancets	4		
LANCETS THIN - lancets	4		
LANCETS ULTRA THIN 30G - lancets	4		
LANCETS 28G THIN - lancets	4		
LANCETS 30G - lancets	4		
LANCETS 30G TWIST TOP - lancets	4		
LANCETS 30G/TWIST TOP - lancets	4		
LANGE TO SOOM WHO I TOT - INTICEIS	<b>T</b>		

**PA** = Prior Authorization KEY

**LD** = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
LANCETS 33G EXTRA FINE - lancets	4		
LANCETS 33G UNIVERSAL DES - lancets	4		
LANCING DEVICE - lancet devices	4		
LANZO - lancet devices	4		
LEADER ADVANCED LANCING D - lancet devices	4		
LEADER INSULIN SYRINGE/0 insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 31 x 5/16"	4		
LEADER LANCETS COLORED - lancets	4		
LEADER SUPER THIN LANCET - lancets	4		
LEADER THIN LANCETS - lancets	4		
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
LIBERTY MEDICAL LANCETS 3 - lancets	4		
LIFESCAN UNISTIK 2 DEEP P - lancets	4		
LITE TOUCH LANCETS - lancets	4		
LITE TOUCH LANCING PEN - lancet devices	4		
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
LITETOUCH LANCETS MICRO T - lancets	4		
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	4		
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
MEDICHOICE PRE-SET SAFETY - lancets	4		
MEDICHOICE SAFETY LANCET - lancets	4		
MEDICINE SHOPPE LANCETS - lancets	4		
MEDICINE SHOPPE LANCETS T - lancets	4		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
MEDLANCE PLUS EXTRA LANCE - lancets	4		
MEDLANCE PLUS LANCETS LIT - lancets	4		
MEDLANCE PLUS LITE LANCET - lancets	4		
MEDLANCE PLUS SPECIAL LAN - lancets	4		
MEDLANCE PLUS SUPERLITE 3 - lancets	4		
MEDLANCE PLUS UNIVERSAL L - lancets	4		
MEDLANCE PLUS/LITE 25G - lancets	4		
MEIJER COLOR LANCETS UNIV - lancets	4		
MEIJER LANCETS - lancets	4		
MEIJER LANCETS THIN - lancets	4		
MEIJER LANCETS UNIVERSAL - lancets	4		
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
MEIJER SUPER THIN LANCETS - lancets	4		
MEIJER TRUERESULT BLOOD G - blood glucose monitoring kit w/ device	6		
MEIJER TRUETRACK BLOOD GL - blood glucose monitoring kit w/ device	6		
MEIJER TRUE2GO BLOOD GLUC - blood glucose monitoring kit w/ device	6		
MICRODOT BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
MICROLET LANCETS - lancets	4		
MICROLET NEXT - lancet devices	4		
MINI LANCING DEVICE - lancet devices	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
MM BLOOD GLUCOSE MONITORI - blood glucose monitoring kit	6		
MM BLOOD GLUCOSE MONITORI - blood glucose monitoring kit w/ device	6		
MM BLULINK GLUCOSE MONITO - blood glucose monitoring devices	6		
MM EASY TOUCH BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
MM LANCING DEVICE - lancet devices	4		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MM TWIST LANCETS - lancets	4		
MOBILE LANCETS 30G - lancets	4		
MONOJECT BLUNT CANNULA/20 - needle (disp) 20 x 1-1/2"	6		
MONOJECT BLUNT CANNULA/21 - needle (disp) 21 x 1"	6		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 14 x 1", 14 x 2", 16 x 5/8", 16 x 3/4", 16 x 1-1/2", 18 x 1", 19 x 1", 19 x 1-1/2", 20 x 1", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1-1/4", 25 x 2", 27 x 1/2", 27 x 1-1/4"	6		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	5		
MONOJECT HYPO/ALUM HUB/16 - needle (disp) 16 x 1"	6		
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	5		
MONOJECT HYPO/POLYPROPYLE - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 30 x 3/4"	6		
MONOJECT HYPODERMIC NEEDL - needle (disp) 18 x 1", 27 x 1-1/2", 30 x 3/4"	6		

**LD** = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	4		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	4		
MONOJECT INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 5/8", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 25 x 5/8", 25 x 1"	5		
MONOJECT MAGELLAN SAFETY - needle (disp) 19 x 1", 19 x 1-1/2"	6		
MONOJECT MEDICATION TRANS - hypodermic needles (disposable)	6		
MONOJECT STANDARD HYPODER - needle (disp) 14 x 1-1/2", 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 21 x 2", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1-1/2", 27 x 1/2"	6		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	6		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	6		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	5		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 28 x 1/2"	6		
MONOJECT ULTRA COMFORT IN - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	4		
MONOLET LANCETS - lancets	4		
MONOLET OPD LANCETS - lancets	4		
MONOLETTOR SAFETY LANCETS - lancets	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
MULTI-LANCET DEVICE - lancet devices	4		
MYGLUCOHEALTH BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
MYGLUCOHEALTH MGH SOFTLAN - lancets	4		
NOVA MAX BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
NOVA MAX BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
NOVA SAFETY LANCETS 23G - lancets	4		
NOVA SAFETY LANCETS 28G - lancets	4		
NOVA SUREFLEX LANCETS - lancets	4		
NOVA SUREFLEX LANCING DEV - lancet devices	4		
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
NOVOPEN ECHO - injection device for insulin	6		
OMNIFLEX DIAPHRAGM - diaphragms	1		
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	5		QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	5		QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	5		QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	5		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	5		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	5		QL (1 kit/720 days)

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ON CALL EXPRESS BLOOD GLU - blood glucose monitoring kit w/ device	6		
ONE DROP BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
ONETOUCH DELICA LANCETS E - lancets	4		
ONETOUCH DELICA LANCETS F - lancets	4		
ONETOUCH DELICA LANCING D - lancet devices	4		
ONETOUCH DELICA PLUS LANC - lancets	4		
ONETOUCH DELICA PLUS LANC - lancet devices	4		
ONETOUCH DELICA SAFETY LA - lancets	4		
ONETOUCH LANCETS - lancets	4		
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	4		
ONETOUCH ULTRASOFT 2 LANC - lancets	4		
ONETOUCH VERIO - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO REFLECT - blood glucose monitoring kit w/ device	4		
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PEN NEEDLE/5-BEVEL TIP/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PERFECT LANCETS 30G - lancets	4		
PERFECT POINT SAFETY LANC - lancets	4		
PERFECT POINT SAFTEY NEED - needle (disp) 25 x 1"	6		
PERFECT PRESSURE ACTIVATE - lancets	4		
PHARMACIST CHOICE AUTOCOD - blood glucose monitoring kit w/ device	6		
PHARMACIST CHOICE MINI BL - blood glucose monitoring devices	6		
PHARMACIST CHOICE SELECT - lancets	4		
PHARMACIST CHOICE ULTRA T - lancets	4		
PIP BLOOD GLUCOSE MONITOR - blood glucose monitoring devices	6		
PIP LANCETS/28G - lancets	4		
PIP LANCETS/30G - lancets	4		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
POCKETCHEM EZ BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
POGO AUTOMATIC BLOOD GLUC - blood glucose monitoring devices	6		
POLY HUB NEEDLE/18G X 1-1 - needle (disp) 18 x 1-1/2"	6		
POLY HUB NEEDLE/18G X 1" - needle (disp) 18 x 1"	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
POLY HUB NEEDLE/21G X 1-1 - needle (disp) 21 x 1-1/2"	6		
POLY HUB NEEDLE/21G X 1" - needle (disp) 21 x 1"	6		
POLY HUB NEEDLE/22G X 1-1 - needle (disp) 22 x 1-1/2"	6		
POLY HUB NEEDLE/22G X 1" - needle (disp) 22 x 1"	6		
POLY HUB NEEDLE/23G X 1-1 - needle (disp) 23 x 1-1/2"	6		
POLY HUB NEEDLE/23G X 1" - needle (disp) 23 x 1"	6		
POLY HUB NEEDLE/25G X 1-1 - needle (disp) 25 x 1-1/2"	6		
POLY HUB NEEDLE/25G X 1" - needle (disp) 25 x 1"	6		
POLY HUB NEEDLE/25G X 5/8 - needle (disp) 25 x 5/8"	6		
POLY HUB NEEDLE/27G X 1-1 - needle (disp) 27 x 1-1/4"	6		
POLY HUB NEEDLE/27G X 1/2 - needle (disp) 27 x 1/2"	6		
POLY HUB NEEDLE/30G X 1/2 - needle (disp) 30 x 1/2"	6		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	4		
PREFERRED PLUS LANCETS CO - lancets	4		
PREFERRED PLUS LANCETS SU - lancets	4		
PREFERRED PLUS LANCETS TH - lancets	4		
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	4		
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PRO COMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
PRO COMFORT SAFETY LANCET - lancets	4		
PRO VOICE V9 BLOOD GLUCOS - blood glucose monitoring devices	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
PRODIGY AUTOCODE BLOOD GL - blood glucose	6		
monitoring devices	_		
PRODIGY AUTOCODE BLOOD GL - blood glucose	6		
monitoring kit w/ device			
PRODIGY INSULIN SYRING/U insulin syringe/needle	4		
u-100 0.3 ml 31 x 5/16"	4		
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle	4		
u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	4		
PRODIGY LANCING DEVICE - lancet devices	4		
PRODIGY NO CODING BLOOD G - blood glucose	6		
monitoring kit w/ device	0		
PRODIGY POCKET BLOOD GLUC - blood glucose	6		
monitoring kit w/ device	1		
PRODIGY PRESSURE ACTIVATE - lancets	4		
PRODIGY SAFETY LANCETS - lancets	4		
PRODIGY TWIST TOP LANCETS - lancets	4		
PRODIGY VOICE BLOOD GLUCO - blood glucose	6		
monitoring kit w/ device			
PURE COMFORT PEN NEEDLE 3 - insulin pen needle	4		
32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
PURE COMFORT PEN NEEDLE/3 - insulin pen needle	4		
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	4		
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	4		
32 g x 4 mm (1/6" or 5/32") PX ADVANCED LANCING DEVIC - lancet devices	1		
	4		
PX EXTRA SHORT PEN NEEDLE - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")	1		
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4		
PX LANCETS MICROTHIN 33G - lancets	4		
	4		
PX LANCETS ULTRA THIN - lancets	-		
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")	4		
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
, ,	1		
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"	A		
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"	4		
u-100 1/2      31 x 3/ 10 , u-100 1/2      29 x 1/2			

**LD** = Limited Distribution

SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
QC LANCETS SUPER THIN - lancets	4		
QC LANCETS ULTRA THIN - lancets	4		
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
QC UNILET LANCETS 28G/ULT - lancets	4		
QC UNILET LANCETS 33G/MIC - lancets	4		
QUICK TOUCH BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
QUICK TOUCH INSULIN PEN N - insulin pen needle 29 g x 12.7 mm (1/2")	4		
QUICK TOUCH INSULIN PEN N - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
QUICK TOUCH INSULIN PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
QUICK TOUCH INSULIN PEN N - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
QUICKTEK - blood glucose monitoring kit	6		
QUICKTEK - blood glucose monitoring kit w/ device	6		
QUINTET AC BLOOD GLUCOSE - blood glucose monitoring devices	6		
QUINTET BLOOD GLUCOSE MON - blood glucose monitoring devices	6		
RA E-ZJECT LANCETS THIN 2 - lancets	4		
RA E-ZJECT LANCETS ULTRA - lancets	4		
RA E-ZJECT LANCETS 28G - lancets	4		
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"	4		
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4	Opeciaity	requirements/Elimits
RA PEN NEEDLES 31G X 5MM - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16")  RA PEN NEEDLES 31G X 8MM - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")  RAYA SURE PEN NEEDLE 29G - insulin pen needle	4		
29 g x 12 mm (1/2")			
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		
REFUAH PLUS BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
RELION CONFIRM BLOOD GLUC - blood glucose monitoring kit w/ device	6		
RELION INSULIN SYRINGE 0 insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4		
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	4		
RELION INSULIN SYRINGE/U insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	4		
RELION LANCETS - lancets	4		
RELION LANCETS MICRO-THIN - lancets	4		
RELION LANCETS THIN 26G - lancets	4		
RELION LANCETS ULTRA-THIN - lancets	4		
RELION LANCING DEVICE - lancet devices	4		
RELION MICRO BLOOD GLUCOS - blood glucose monitoring kit w/ device	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
RELION PEN NEEDLES 29GX12 - insulin pen needle	4		
29 g x 12 mm (1/2")			
RELION PEN NEEDLES 31G X - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")			
RELION PEN NEEDLES 31GX5/ - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")			
RELION PEN NEEDLES 32G X - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
RELION PREMIER BLU BLOOD - blood glucose	6		
monitoring devices	_		
RELION PREMIER CLASSIC BL - blood glucose	6		
monitoring devices			
RELION PREMIER COMPACT BL - blood glucose	6		
monitoring kit w/ device			
RELION PREMIER VOICE BLOO - blood glucose	6		
monitoring devices			
RELION PRIME BLOOD GLUCOS - blood glucose	6		
monitoring devices	4		
RELION THIN LANCETS - lancets	4		
RELION TRUE METRIX AIR BL - blood glucose	6		
monitoring kit w/ device			
RELION ULTIMA BLOOD GLUCO - blood glucose	6		
monitoring kit w/ device	1		
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		
RIGHTEST GM100 BLOOD GLUC - blood glucose	6		
monitoring kit w/ device			
RIGHTEST GM300 BLOOD GLUC - blood glucose	6		
monitoring kit w/ device	0		
RIGHTEST GM550 BLOOD GLUC - blood glucose	6		
monitoring kit w/ device	6		
RIGHTEST GT333 BLOOD GLUC - blood glucose monitoring devices	6		
SAFETY LANCETS - lancets	1		
	4		
SAFETY LANCETS 21G - lancets	4		
SAFETY LANCETS 23G - lancets	4		
SAFETY LANCETS 28G - lancets	4		
SAFETY LANCETS/PRESSURE A - lancets	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Down Maria	D T:	0 : 11	D
Drug Name	Drug Tier	Specialty	Requirements/Limits
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
SAPS HEALTH CARE TWIST TO - lancets	4		
SAPS HEALTH PLUS TWIST TO - lancets	4		
SAPS HEALTH TWIST TOP LAN - lancets	4		
SAPSCARE TWIST TOP LANCET - lancets	4		
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
SB LANCETS THIN - lancets	4		
SB LANCETS ULTRA THIN - lancets	4		
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
SECURESAFE SAFETY HYPODER - needle (disp) 22 x 1", 25 x 1-1/2"	6		
SECURESAFE SAFETY INSULIN - insulin syringe/ needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
SELECT-LITE LANCING DEVIC - lancet devices	4		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	4		
SINGLE-LET - lancets	4		
SMART DIABETES VANTAGE LA - lancet devices	4		
SMARTEST EJECT BLOOD GLUC - blood glucose monitoring devices	6		
SMARTEST EJECT STARTER KI - blood glucose monitoring kit w/ device	6		
SMARTEST LANCETS 28G - lancets	4		
SMARTEST PERSONA STARTER - blood glucose monitoring kit w/ device	6		
SMARTEST PRONTO STARTER - blood glucose monitoring kit w/ device	6		
SMARTEST PROTEGE BLOOD GL - blood glucose monitoring devices	6		
SMARTEST PROTEGE STARTER - blood glucose monitoring kit w/ device	6		
SOLUS V2 AUDIBLE BLOOD GL - blood glucose monitoring devices	6		
SOLUS V2 AUDIBLE BLOOD GL - blood glucose monitoring kit w/ device	6		
SOLUS V2 LANCING DEVICE - lancet devices	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
SOLUS V2 PRESSURE ACTIVAT - lancets	4		
SOLUS V2 TWIST LANCETS 30 - lancets	4		
STERILANCE TL - lancets	4		
SUPER THIN LANCETS - lancets	4		
SUPREME II CONFIDENCE PAD - blood glucose	6		
monitoring misc.			
SURE COMFORT AUTOKEEPER S - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")			
SURE COMFORT AUTOKEEPER S - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
SURE COMFORT INSULIN SYRI - 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			
1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml			
31 x 1/4" (6 mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x			
1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100			
1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
SURE COMFORT LANCETS 18G - lancets	4		
SURE COMFORT LANCETS 21G - lancets	4		
SURE COMFORT LANCETS 23G - lancets	4		
SURE COMFORT LANCETS 28G - lancets	4		
SURE COMFORT LANCETS 30G - lancets	4		
SURE COMFORT LANCING PEN - lancet devices	4		
SURE COMFORT PEN NEEDLES - insulin pen needle	4		
29 g x 12.7 mm (1/2")			
SURE COMFORT PEN NEEDLES - insulin pen needle	4		
30 g x 8 mm (1/3" or 5/16")			
SURE COMFORT PEN NEEDLES - insulin pen needle	4		
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	4		
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"			
TECHLITE LANCETS - lancets	4		
TECHLITE LANCETS 26G - lancets	4		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 12 mm (1/2")	4		
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
TECHLITE PEN NEEDLES 32G - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
TECHLITE PLUS PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TEMPO REFILL - blood glucose monitoring kit	6		
TEMPO SMART BUTTON - blood glucose monitoring misc.	6		
TEMPO WELCOME - blood glucose monitoring kit w/ device	6		
TGT ADVANCED LANCING DEVI - lancet devices	4		
TGT 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 29 g x 12 mm (1/2")	4		
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
TODAYS HEALTH SUPER THIN - lancets	4		
TODAYS HEALTH ULTRA THIN - lancets	4		
TRACER II 3 VOLT BATTERY - blood glucose monitoring misc.	6		
TRAVEL LANCETS ADVANCED 2 - lancets	4		
TROJAN ENZ - condoms latex non-lubricated	1		
TROJAN MAGNUM - condoms latex lubricated	1		
TROJAN ULTRA RIBBED/LUBRI - condoms latex lubricated	1		
TROJAN ULTRA THIN LUBRICA - condoms latex lubricated	1		
TROJAN ULTRA THIN/SPERMIC - condoms latex lubricated	1		
TROJAN-ENZ LUBRICATED - condoms latex lubricated	1		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TROJAN-ENZ W/SPERMICIDAL - condoms latex lubricated	1		
TRUE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT SAFETY INSUL - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT SAFETY LANCE - lancets	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT TWIST TOP LA - lancets	4		
TRUE COVER - condoms latex lubricated	1		
TRUE FOCUS BLOOD GLUCOSE - blood glucose monitoring devices	6		
TRUE METRIX AIR BLOOD GLU - blood glucose monitoring devices	6		
TRUE METRIX AIR BLOOD GLU - blood glucose monitoring kit w/ device	6		
TRUE METRIX BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
TRUE METRIX GO BLOOD GLUC - blood glucose monitoring kit w/ device	6		

KEY |

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUEDRAW LANCING DEVICE - lancet devices	4		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
TRUEPLUS LANCETS 26G - lancets	4		
TRUEPLUS LANCETS 28G - lancets	4		
TRUEPLUS LANCETS 28G SUPE - lancets	4		
TRUEPLUS LANCETS 30G - lancets	4		
TRUEPLUS LANCETS 30G ULTR - lancets	4		
TRUEPLUS LANCETS 33G - lancets	4		
TRUEPLUS LANCETS 33G MICR - lancets	4		
TRUEPLUS SAFETY LANCETS 2 - lancets	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUERESULT BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
TRUETRACK BLOOD GLUCOSE M - blood glucose monitoring devices	6		
TRUETRACK BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
TRUETRACK SMART SYSTEM - blood glucose monitoring kit w/ device	6		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	1		
TRUSTEX LUBRICATED - condoms latex lubricated	1		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	1		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	1		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	1		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	1		

KEY | F

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	1		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	1		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non-lubricated	1		
TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit	5		QL (1 kit/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit	5		QL (1 kit/30 days)
TWIIST STARTER KIT - insulin infusion disposable pump kit	5		QL (1 kit/720 days)
TWIST TOP LANCETS 30G - lancets	4		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	4		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	4		

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 30 g x 8 mm (1/3" or 5/16")	4		
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 u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	4		
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle	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"	4		
ULTIGUARD SAFEPACK INSULI - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2",	4		
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")			
ULTIGUARD SAFEPACK/MINI P - insulin pen needle	4		
31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")			
ULTIGUARD SAFEPACK/MINI P - insulin pen needle	4		
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/	4		
needle u-100 1/2 ml 31 x 5/16"			
ULTIGUARD SAFEPACK/TINY P - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")			
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	4		
31 g x 5 mm (1/5" or 3/16")			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

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

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g	4		
x 8 mm (1/3" or 5/16")			
ULTRACARE INSULIN SYRINGE - insulin syringe/	4		
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"			
ULTRACARE PEN NEEDLES/31G - 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")			
ULTRACARE PEN NEEDLES/32G - 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")			
ULTRACARE PEN NEEDLES/33G - insulin pen needle	4		
33 g x 4 mm (1/6" or 5/32")			
ULTRATRAK ACTIVE - blood glucose monitoring	6		
devices			
UNIFINE OTC PEN NEEDLE 31 - insulin pen needle	4		
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	4		
29 g x 12 mm (1/2")			
UNIFINE PENTIPS PLUS 31GX - 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")			
UNIFINE PENTIPS PLUS 32GX - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g	4		
x 4 mm (1/6" or 5/32")			
UNIFINE PENTIPS PLUS 33GX - insulin pen needle	4		
33 g x 4 mm (1/6" or 5/32")			
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g	4		
x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g	4		
x 5 mm (1/5" or 3/16")			
UNIFINE PENTIPS 31G X 6MM - insulin pen needle	4		
31 g x 6 mm (1/4" or 15/64")			
UNIFINE PENTIPS 31G X 8MM - insulin pen needle	4		
31 g x 8 mm (1/3" or 5/16")			
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g	4		
x 5 mm (1/5" or 3/16")			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g	4		
x 6 mm (1/4" or 15/64")			
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g	4		
x 8 mm (1/3" or 5/16")			
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g	4		
x 4 mm (1/6" or 5/32")			
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g	4		
x 6 mm (1/4" or 15/64")			
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g	4		
x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PROTECT SAFETY PE - insulin pen needle	4		
30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	-		
UNIFINE PROTECT SAFETY PE - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
UNIFINE SAFECONTROL PEN N - insulin pen needle	4		
30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")			
UNIFINE SAFECONTROL PEN N - 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")			
UNIFINE SAFECONTROL PEN N - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32")			
UNIFINE ULTRA PEN NEEDLE/ - 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")			
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle	4		
32 g x 4 mm (1/6" or 5/32") UNILET COMFORTOUCH LANCET - lancets	4		
	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		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	6		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	6		QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	6		QL (30 systems/30 days)
VALUE PLUS LANCETS STANDA - lancets	4		
VALUMARK LANCET SUPER THI - lancets	4		
VALUMARK LANCET ULTRA THI - lancets	4		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	4		
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	5		
VERASENS BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
VERASENS BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
VERIFINE INSULIN PEN NEED - insulin pen needle	4		
29 g x 12 mm (1/2")			
VERIFINE 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")	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		
VERISAFE SAFETY STERILE N - needle (disp) 23 x 1-1/2", 25 x 1"	6		
VIVAGUARD INO BLOOD GLUCO - blood glucose monitoring devices	6		
VIVAGUARD INO BLOOD GLUCO - blood glucose monitoring kit	6		
VIVAGUARD INO SMART BLOOD - blood glucose monitoring devices	6		
VIVAGUARD LANCETS - lancets	4		
VIVAGUARD LANCETS 30G - lancets	4		
VIVAGUARD LANCING DEVICE - lancet devices	4		
VIVAGUARD SAFETY LANCETS - lancets	4		
VIVAGUARD SAFETY LANCETS/ - lancets	4		
WALGREENS LANCETS - lancets	4		
WALGREENS THIN LANCETS - lancets	4		
WALGREENS ULTRA THIN LANC - lancets	4		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	1		
YALE NEEDLES 21G X 1-1/4" - needle (disp) 21 x 1-1/4"	6		
ZEVRX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"	4		
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	4		
ZEVRX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ZEVRX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
ZEVRX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ZEVRX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ZEVRX TWIST TOP LANCETS 3 - lancets	4		
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 1 ml 27 x 1/2"	5		
1ST CHOICE LANCETS SUPER - lancets	4		
1ST CHOICE LANCETS THIN - lancets	4		
1ST CHOICE LANCETS ULTRA - lancets	4		
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or $5/32$ ")	4		
ASSORTED CLASSES			
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	6		
azathioprine tab 50 mg (Imuran)	2		
BENLYSTA - belimumab subcutaneous solution auto- injector 200 mg/ml	7	SP	PA, LD, QL (4 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	7	SP	PA, LD, QL (4 syringes/28 days)
CELLCEPT - mycophenolate mofetil cap 250 mg	6		
CELLCEPT - mycophenolate mofetil tab 500 mg	6		

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

Drug Name	Drug Tier	Specialty	Requirements/Limits
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	6		
cyclosporine cap 25 mg, 100 mg (Sandimmune)	2		
cyclosporine modified cap 25 mg, 100 mg (Neoral)	2		
cyclosporine modified cap 50 mg	2		
cyclosporine modified oral soln 100 mg/ml (Neoral)	2		
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	7	SP	PA, LD, QL (1 syringe/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	6		
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	2		
IMURAN - azathioprine tab 50 mg	6		
irrigation solution, physiological	3		
JOENJA - leniolisib phosphate tab 70 mg	7	SP	PA, LD, QL (60 tablets/30 days)
lactated ringer's for irrigation	3		
lenalidomide caps 2.5 mg (Revlimid)	7	SP	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	7	SP	PA, QL (30 capsules/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	5		
LUPKYNIS - voclosporin cap 7.9 mg	7	SP	PA, LD, QL (180 capsules/30 days)
mycophenolate mofetil cap 250 mg (Cellcept)	2		
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	2		
mycophenolate mofetil tab 500 mg (Cellcept)	2		
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	2		
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	6		
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5		
NEORAL - cyclosporine modified cap 25 mg, 100 mg	6		
NEORAL - cyclosporine modified oral soln 100 mg/ml	6		
penicillamine tab 250 mg (Depen titratabs)	7	SP	PA
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	6		
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	6		
REVLIMID - lenalidomide caps 2.5 mg	7	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	7	SP	PA, LD, QL (30 capsules/30 days)
REZUROCK - belumosudil mesylate tab 200 mg	7	SP	PA, LD, QL (30 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
RINGERS IRRIGATION - ringer's solution for irrigation	3		
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	6		
sirolimus oral soln 1 mg/ml (Rapamune)	2		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	2		
sodium polystyrene sulfonate powder	3		
sodium polystyrene sulfonate susp 15 gm/60ml	3		
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	5		
SYPRINE - trientine hcl cap 250 mg	7	SP	PA
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	2		
THALOMID - thalidomide cap 50 mg	7	SP	PA, LD, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	7	SP	PA
TRIENTINE HYDROCHLORIDE - trientine hcl cap 500 mg	7	SP	PA
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	7	SP	PA, QL (28 packets/28 days)
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose	7	SP	PA, QL (28 tablets/28 day)
VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily dose	7	SP	PA, QL (28 tablets/28 days)
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	7	SP	PA, QL (56 tablets/28 days)
water for irrigation, sterile irrigation soln	3		
ZOKINVY - Ionafarnib cap 50 mg, 75 mg	7	SP	PA, LD
ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	6		

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

## acyclovir tab 400 mg, 800 mg......5 **INDEX** ADACEL......14 ADALIMUMAB-AATY CD/UC/HS.....80 Α ADALIMUMAB-AATY 1-PEN KIT.....80 ADALIMUMAB-AATY 2-PEN KIT......80 abacavir sulfate-lamivudine tab 600-300 mg...... 4 ADALIMUMAB-AATY 2-SYRINGE......80 abacavir sulfate soln 20 mg/ml (base equiv)......4 ADALIMUMAB-ADAZ......80 abacavir sulfate tab 300 mg (base equiv)......4 adapalene gel 0.1%......107 ADBRY......107 ABILIFY MAINTENA......66 abiraterone acetate tab 250 mg......16 ADDERALL XR......70 abiraterone acetate tab 500 mg......17 adefovir dipivoxil tab 10 mg......5 ABRYSVO......12 ADEMPAS......49 acamprosate calcium tab delayed release 333 mg...... 73 ADJUSTABLE LANCING DEVICE......121 acarbose tab 25 mg, 50 mg, 100 mg......30 ACCOLATE......51 ADVAIR HFA......51 ACCU-CHEK AVIVA PLUS......114 ADVANCED MOBILE LANCET 30...... 122 ACCU-CHEK COMPACT STRIPS......114 ADVANCE INTUITION BLOOD G...... 121 ACCU-CHEK COMPACT TEST DR......114 ADVANCE INTUITION TEST ST......114 ACCU-CHEK FASTCLIX LANCET...... 121 ADVANCE MICRO-DRAW METER......122 ACCU-CHEK GUIDE......114 ADVANCE MICRO-DRAW TEST S......114 ACCU-CHEK GUIDE ME......121 ADVATE......97 ACCU-CHEK GUIDE TEST STRI......114 ADVOCATE BLOOD GLUCOSE MO.......122 ACCU-CHEK SAFE-T-PRO LANC......121 ADVOCATE INSULIN PEN NEED......122 ACCU-CHEK SMARTVIEW STRIP......114 ADVOCATE INSULIN SYRINGE/.....122 ACCU-CHEK SOFTCLIX LANCET......121 ACCURETIC......43 ADVOCATE LANCETS 30G...... 122 ACCUTREND GLUCOSE......114 ADVOCATE LANCING DEVICE......122 acebutolol hcl cap 200 mg, 400 mg......41 ADVOCATE RAPID-SAFE LANCI...... 122 ACETAMINOPHEN/CODEINE......77 ADVOCATE REDI-CODE......114 acetaminophen w/ codeine tab 300-15 mg.....77 ADVOCATE REDI-CODE/TALKIN......122 acetaminophen w/ codeine tab 300-30 mg.....77 ADVOCATE REDI-CODE+ BLOOD...... 122 acetaminophen w/ codeine tab 300-60 mg.....77 ADVOCATE REDI-CODE+ TEST......114 acetazolamide cap er 12hr 500 mg......46 ADVOCATE SAFETY LANCETS 2......122 acetazolamide tab 125 mg, 250 mg......46 ADVOCATE TEST STRIPS......114 acetic acid irrigation soln 0.25%......62 ADYNOVATE...... 97 acetic acid otic soln 2%......105 AFINITOR......17 acetylcysteine inhal soln 10%, 20%......51 AFINITOR DISPERZ......17 acitretin cap 17.5 mg...... 107 AF LANCETS SUPER THIN......122 acitretin cap 10 mg, 25 mg...... 107 AFLURIA 2025-2026. 12 ACTHAR......36 AFREZZA......33 ACTHAR GEL......36 AFSTYLA......97 ACTHIB......12 AFTERTEST TOPICAL PAIN RE......107 ACTI-LANCE LANCETS 28G...... 121 AGAMATRIX AMP NO CODE TES......114 ACTI-LANCE LITE SAFETY LA......121 AGAMATRIX JAZZ TEST STRIP...... 114 ACTI-LANCE SPECIAL SAFETY...... 121 AGAMATRIX JAZZ WIRELESS 2......122 ACTI-LANCE UNIVERSAL SAFE......121 AGAMATRIX PRESTO......122 ACTIMMUNE...... 17 AGAMATRIX PRESTO TEST STR......115 ACULAR......101 AGAMATRIX ULTRA-THIN LANC.......122 ACULAR LS......101 AGAMREE.......25 acyclovir cap 200 mg.....4 AGRYLIN......97 acyclovir oint 5%......107 AIMOVIG 82 acyclovir susp 200 mg/5ml......5 AIMSCO LUBRICATED......122 KEY **PA** = Prior Authorization **ST** = Responsible Steps **LD** = Limited Distribution **QL** = Quantity Limit (Max Quantity/Time) SP = Specialty

	LD = Limited Distribution SP = Specialty		<b>QL</b> = Quantity Limit (Max Quantity/Time)	
1 VI I			·	
KEY	PA = Prior Authorization		ST = Responsible Steps	
	J. J.		APRACLONIDINE	
	arone hcl tab 100 mg, 200 mg, 400 mg		apomorphine hcl soln cartridge 30 mg/3ml	
	caproic acid tab 500 mg, 1000 mg		APOKYN	
	caproic acid oral soln 0.25 gm/ml		ANZEMET	
	ide hcl tab 5 mg		ANUSOL-HC	
	RIDE/HYDROCHLOROTHIA		ANORO ELLIPTA	
	sentan tab 5 mg, 10 mg		ANGELIQ	
	adine hcl tab 100 mg		ANCOBON	
	adine hcl soln 50 mg/5ml		anastrozole tab 1 mg	
	adine hcl cap 100 mg		ANAPROX DS	
	REK		ANALPRAM HC	
	BRIG		ANALPRAM-HC	
	/IIIO		anagrelide hcl cap 1 mg	
-	DLIX		anagrelide hcl cap 0.5 mg	
	olam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg		ampicillin cap 500 mg	
٠.	olam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 ı		mg, 12.5 mg, 15 mg, 30 mg	•
-	2 mg		amphetamine-dextroamphetamine tab 5 mg, 7.5 m	
	olam orally disintegrating tab 0.25 mg,		amphetamine-dextroamphetamine tab 20 mg	
	AZOLAM INTENSOL		25 mg, 30 mg	
	ANINE SD		amphetamine-dextroamphetamine cap er 24hr 20	
	NATE		10 mg, 15 mg	
	AGAN P		amphetamine-dextroamphetamine cap er 24hr 5 m	
	')		amoxicillin (trihydrate) tab 500 mg, 875 mg	
	ron hcl tab 0.5 mg (base equiv), 1 mg (b		mg/5ml, 250 mg/5ml, 400 mg/5ml	
	\		amoxicillin (trihydrate) cap 230 mg, 300 mgamoxicillin (trihydrate) for susp 125 mg/5ml, 200	•••••
	וף		amoxicillin (trihydrate) cap 250 mg, 500 mg	
-	iptan malate tab 6.25 mg, 12.5 mg		mg	
	rinol tab 100 mg, 300 mg		amoxicillin & k clavulanate tab 500-125 mg, 875-12	
	en fumarate tab 150 mg (base equivaler base equivalent)		amoxicillin & k clavulanate tab 500-125 mg	
	en fumarate tab 150 mg (base equivaler		400-57 mg/5ml	
	MO		amoxicillin & k clavulanate for susp 200-28.5 mg/5	
	sin hcl tab er 24hr 10 mg		mg/5ml	
	onate sodium tab 10 mg, 35 mg		amoxicillin & k clavulanate for susp 600-42.9	
	onate sodium tab 70 mgonate		mg/5ml	
	onate sodium oral soln 70 mg/75ml		amoxicillin & k clavulanate for susp 250-62.5	
	NSA		AMOXICILLIN/CLAVULANATE P	
	netasone dipropionate cream 0.05%		AMOXICILLIN	
	METASONE DIPROPIONAT		amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	
	rol sulfate tab 2 mg, 4 mg		10-160-25 mg, 10-320-25 mg, 10-160-12.5 mg,	
	rol sulfate syrup 2 mg/5ml		5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg,	
•	: equiv)		10-160 mg, 10-320 mgamlodipine-valsartan-hydrochlorothiazide tab	•••••
	roi sunate som nebu 0.063% (2.5 mg/sm //ml), 0.63 mg/3ml (base equiv), 1.25 mg		amlodipine besylate-valsartan tab 5-160 mg, 5-320	
	')rol sulfate soln nebu 0.083% (2.5 mg/3n		(base equivalent), 10 mg (base equivalent)	
	• • • • • • • • • • • • • • • • • • • •	•		
	lazole tab 200 mgrol sulfate inhal aero 108 mcg/act (90mc		mg, 5-40 mg, 10-20 mg, 10-40 mgamlodipine besylate tab 2.5 mg (base equivalent),	
	ZEO		amlodipine besylate-olmesartan medoxomil tab 5-	
	<u></u>		mg, 10-20 mg, 10-40 mg	
	3A		amlodipine besylate-benazepril hcl cap 5-10 mg, 5	
	<b>/</b>		mg	
	PRA		amlodipine besylate-benazepril hcl cap 2.5-10 mg,	
AIMSC	O TWIST LANCETS 33G	122	mg, 150 mg	
	O TWIST LANCETS 32G		amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg,	100

aprepitant capsule 40 mg	57	ASSURE PRISM MULTI TEST S	115
aprepitant capsule 80 mg		ASSURE PRO BLOOD GLUCOSE	
aprepitant capsule 125 mg		ASSURE PRO TEST STRIPS	
aprepitant capsule therapy pack 80 & 125 mg		ASSURE 3 TEST STRIPS	
APTIOM		ASSURE 4 TEST STRIPS	
APTIVUS		ASTAGRAF XL	
AQINJECT PEN NEEDLE/31G X		ATABEX OB	
AQINJECT PEN NEEDLE/32G X		atazanavir sulfate cap 200 mg (base equiv)	
AQ INSULIN SYRINGE/0.5ML/		atazanavir sulfate cap 150 mg (base equiv), 300 mg	
AQ INSULIN SYRINGE/1ML/29		(base equiv)(base equiv)	
AQ INSULIN SYRINGE/1ML/31		atenolol & chlorthalidone tab 50-25 mg	
AQNEURSA		atenolol & chlorthalidone tab 30-25 mg	
ARAKODA		atenolol tab 25 mg, 50 mg, 100 mg	
ARANESP ALBUMIN FREE	9 04	AT LAST BLOOD GLUCOSE SYS	
ARCALYST		AT LAST BLOOD GLOCOSE STS	
		AT LAST TEST STRIPS	
AREXVYarformoterol tartrate soln nebu 15 mcg/2ml (base	12		
	<b>F</b> 0	atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 400 mg (base equiv)	
equiv)		equiv), 100 mg (base equiv)	/1
ARIKAYCE		atomoxetine hcl cap 10 mg (base equiv), 18 mg (ba	
aripiprazole orally disintegrating tab 10 mg, 15 mg.		equiv), 25 mg (base equiv), 40 mg (base equiv)	
aripiprazole oral solution 1 mg/ml		atorvastatin calcium tab 80 mg (base equivalent)	
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 3		atorvastatin calcium tab 10 mg (base equivalent), 2	
mg		mg (base equivalent), 40 mg (base equivalent)	4/
ARISTADA		atovaquone-proguanil hcl tab 62.5-25 mg, 250-100	_
ARISTADA INITIO		mg	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg		atovaquone susp 750 mg/5ml	10
ARMOUR THYROID		ATROPINE SULFATE	
ARNUITY ELLIPTA		atropine sulfate ophth soln 1%	
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg		ATTRUM	
(base equiv), 10 mg (base equiv)		ATTRUBY	
ASMANEX HFA		AUGMENTIN	
ASMANEX TWISTHALER 120 ME		AUGMENTIN FO COO	
ASMANEX TWISTHALER 30 MET		AUGMENTIN ES-600	
ASMANEX TWISTHALER 60 MET		AUGTYRO	
aspirin chew tab 81 mg		AUM INSULIN SAFETY PEN NE	
aspirin-dipyridamole cap er 12hr 25-200 mg		AUM MINI INSULIN PEN NEED	
aspirin tab delayed release 81 mg		AUM PEN NEEDLE/32GX4MM	
ASSURE 4 BLOOD GLUCOSE ME		AUM PEN NEEDLE/32GX5MM	
ASSURE COMFORT LANCETS UL		AUM PEN NEEDLE/32GX6MM	
ASSURE ID DUO PRO SAFETY		AUM PEN NEEDLE/33GX4MM	
ASSURE ID PRO SAFETY PEN ASSURE ID SAFETY PEN NEED		AUM PEN NEEDLE/33GX5MMAUM PEN NEEDLE/33GX6MM	
ASSURE II ASSURE II CHECK STRIP		AUM READYGARD DUO SAFETY	
		AUDODA LANCET CURED TURN	
ASSURE II TEST STRIPS		AURORA LANCET SUPER THIN	
ASSURE LANCE LANCETS		AURORA LANCET THIN 23G	
ASSURE LANCE BLUG CAFETY		AURORA PEN NEEDLES 29GX12	
ASSURE LANCE PLUS SAFETY		AURORA PEN NEEDLES 31G X	
ASSURE LANCE SAFETY LANCE		AUSTERO	
ASSURE 3 METER		AUSTEDO VID	
ASSURE PLATINUM BLOOD GLU		AUSTEDO XR	
ASSURE PLATINUM TEST STRI		AUSTEDO XR PATIENT TITRAT	
ASSURE PRISM MULTI BLOOD	123	AUTO-LANCET	124

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

**LD** = Limited Distribution

**SP** = Specialty

AUTO-LANCET MINI	124	BD ECLIPSE 23G X 1" NEEDL	125
AUTOLET IMPRESSION LANCIN		BD ECLIPSE NEEDLE/18G X 1	125
AUTOLET LANCING DEVICE	124	BD ECLIPSE NEEDLE/23G X 1	125
AUTOLET LITE LANCING DEVI	124	BD ECLIPSE NEEDLE/25G X	
AUTOLET MINI	124	BD ECLIPSE NEEDLE/LUER-LO	125
AUTOLET PLUS	124	BD ECLIPSE NEEDLE 21G X 1	125
AUTOPEN	124	BD ECLIPSE NEEDLE 25G X 1	125
AUVELITY	64	BD ECLIPSE NEEDLE 27G X 1	
AUVI-Q	47	BD ECLIPSE NEEDLE 25GX1"	125
AVMAPKI FAKZYNJA CO-PACK	17	BD HYPODERMIC NEEDLE REGU	125
AVONEX	73	BD HYPODERMIC NEEDLES 16G	125
AVONEX PEN	73	BD HYPODERMIC NEEDLES 18G	125
AYVAKIT	17	BD HYPODERMIC NEEDLES 19G	
azathioprine tab 50 mg	178	BD HYPODERMIC NEEDLES 21G	125
azelaic acid gel 15%	107	BD HYPODERMIC NEEDLES 22G	125
azelastine hcl nasal spray 0.1% (137 mcg/spray)	51	BD HYPODERMIC NEEDLES 23G	126
azelastine hcl ophth soln 0.05%		BD HYPODERMIC NEEDLES 25G	126
azithromycin for susp 100 mg/5ml, 200 mg/5ml	2	BD HYPODERMIC NEEDLES 26G	126
azithromycin tab 600 mg		BD INSULIN SYRINGE/0.3ML/	126
azithromycin tab 250 mg, 500 mg	2	BD INSULIN SYRINGE/0.5ML/	126
AZSTARYS	71	BD INSULIN SYRINGE/1ML/27	126
AZULFIDINE	58	BD INSULIN SYRINGE/1ML/29	126
AZULFIDINE EN-TABS	58	BD INSULIN SYRINGE/U-100/	126
В		BD INSULIN SYRINGE/U-500/	126
_		BD INSULIN SYRINGE LUER-L	126
BACITRACIN		B-D INSULIN SYRINGE MICRO	124
bacitracin-polymyxin b ophth oint		BD INSULIN SYRINGE MICROF	126
bacitracin-polymyxin-neomycin-hc ophth oint 19		BD INSULIN SYRINGE SAFETY	126
baclofen oral soln 10 mg/5ml		B-D INSULIN SYRINGE ULTRA	124
baclofen susp 25 mg/5ml		BD INSULIN SYRINGE ULTRA	126
baclofen tab 10 mg, 20 mg		BD INSULIN SYRINGE ULTRA	126
BACTRIM		BD INSULIN SYRINGE ULTRAF	126
BACTRIM DS		BD INTEGRA RETRACTABLE NE	126
balsalazide disodium cap 750 mg		BD LATITUDE DIABETES MANA	126
BALVERSA		BD LO-DOSE INSULIN SYRIN	124
BANZEL		BD LOGIC BLOOD GLUCOSE MO	
BAQSIMI ONE PACK		BD MAGNI-GUIDE MAGNIFIER	
BAQSIMI TWO PACK		BD MICROTAINER LANCETS	
BARACLUDE		BD 1ML ALLERGY SYRINGE SA	
BASAGLAR KWIKPEN		BD 1ML SLIP TIP SYRINGE 2	
BASAGLAR TEMPO PEN		BD 1ML TUBERCULIN SYRINGE	
BAXDELA		BD NEEDLE/18G 1-1/2"	
BD 1/2ML TUBERCULIN SYRIN		BD NEEDLE/21G 1-1/2"	
BD ALLERGY/SYRINGE/NEEDLE		BD NEEDLE/16G X 1-1/2"	
BD ALLERGY SYRINGE/NEEDLE		BD NEEDLE/20G X 1-1/2"	
BD ALLERGY SYRINGE 0.5ML/		BD NEEDLE/22G X 1-1/2"	
BD ALLERGY SYRINGE 1ML/27		BD NEEDLE/25G X 5/8"	
BD AUTOSHIELD DUO 30G X 5		BD NEEDLE/25G X 7/8"	
BD BLUNT FILL NEEDLE/FILT		BD NEEDLE/27G X 1/2"	
BD BLUNT FILL NEEDLE/18G		BD NEEDLE/30G X 1/2"	
BD DISPOSABLE NEEDLE 23GX		BD NEEDLE/19G X 1"	
BD DISPOSABLE NEEDLE REGU		BD NEEDLE/20G X 1"	
BD ECLIPSE 18G X 1-1/2"	125	BD NEEDLE 30G X 1"	127

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

BD NEEDLE SAFETYGLIDE/27G	127	betamethasone dipropionate augmented lotion	
BD NOKOR NEEDLE ADMIX THI	127	0.05%	107
BD NOKOR VENTED NEEDLE 18	127	betamethasone dipropionate augmented oint	
BD PEN	127	0.05%	107
BD PEN MINI	127	betamethasone dipropionate cream 0.05%	
BD PEN NEEDLE/MICRO/ULTRA		betamethasone dipropionate lotion 0.05%	
BD PEN NEEDLE/MINI/ULTRA	127	betamethasone dipropionate oint 0.05%	
BD PEN NEEDLE/NANO/ULTRA		BETAMETHASONE VALERATE	
BD PEN NEEDLE/NANO 2ND GE		betamethasone valerate cream 0.1% (base	
BD PEN NEEDLE/ORIGINAL/UL		equivalent)	107
BD PEN NEEDLE/SHORT/ULTRA		betamethasone valerate oint 0.1% (base	
BD PLASTIPAK SYRINGES ALL		equivalent)	107
BD PRECISIONGLIDE 23GX1-1		BETASERON	
BD PRECISIONGLIDE NEEDLE		BETAXOLOL HCL	
BD SAFETYGLIDE 21G X 1-1/		betaxolol hcl tab 10 mg, 20 mg	
BD SAFETYGLIDE 21G X 1"BD SAFETYGLIDE 21G X 1"		bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50	7 1
BD SAFETYGLIDE HYPODERMIC		mg	60
BD SAFETYGLIDE INJECTION		BETHKIS	
BD SAFETY-GLIDE INSULIN S		BEVESPI AEROSPHERE	
BD SAFETYGLIDE INSULIN SY		bexarotene cap 75 mg	
BD SAFETYGLIDE NEEDLE/SHI		bexarotene gel 1%	
BD SAFETYGLIDE NEEDLE 25G		BEXSERO	
BD SAFETYGLIDE NEEDLE 25GBD SAFETYGLIDE SHIELDED N		BEYAZ	
BD TB SYRINGE/NEEDLE/1ML/		bicalutamide tab 50 mg	
BD TUBERCULIN SYRINGE/NEE		BIDIL	
BD TUBERCULIN SYRINGE/SAFBD TUBERCULIN SYRINGE/SAF		BIGFOOT UNITY PROGRAM KIT	
BD VEO INSULIN SYRINGE UL		BIJUVA	
BELBUCA		BIKTARVY	
BELSOMRA		BILTRICIDE	
benazepril & hydrochlorothiazide tab 5-6.25 mg		bimatoprost ophth soln 0.03%	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg,		BINOSTO	
20-12.5 mg, 20-25 mg	13	BIOTEL CARE BLOOD GLUCOSE	
benazepril hcl tab 5 mg		BIOTEL CARE CONNECTED BLO	
benazepril hcl tab 3 mg, 20 mg, 40 mgbenazepril hcl tab 10 mg, 20 mg, 40 mg		bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,	120
BENEFIX		5-6.25 mg, 10-6.25 mg	44
BENLYSTA		bisoprolol fumarate tab 5 mg, 10 mg	
BENZAMYCIN		BLOOD GLUCOSE MONITORING	
BENZNIDAZOLE		BLOOD GLUCOSE SYSTEM PAK	
benzonatate cap 100 mg		BLOOD GLUCOSE TEST STRIPS	
benzonatate cap 200 mg		BLULINK BLOOD GLUCOSE MON	
benzoyl peroxide-erythromycin gel 5-3%		BLULINK GLUCOSE TEST STRI	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg		BONJESTA	
bepotastine besilate ophth soln 1.5%		BOOSTRIX	
BEPREVE		bosentan tab 62.5 mg, 125 mg	
BERINERT		BOSULIF	
BESIVANCE		BRAFTOVI	
BESREMI		BREO ELLIPTA	
BETADINE OPHTHALMIC PREP		BREZTRI AEROSPHERE	
betaine powder for oral solution		BRILINTA	
BETAMETHASONE DIPROPIONAT		brimonidine tartrate gel 0.33% (base equivalent)	
betamethasone dipropionate augmented cream		brimonidine tartrate ophth soln 0.15%	
0.05%	107	brimonidine tartrate ophth soln 0.2%	

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

brimonidine tartrate-timolol maleate ophth soln	butalbital-aspirin-caff w/ codeine cap 50-325-40-30
0.2-0.5%102	mg
BRIVIACT84	butorphanol tartrate nasal soln 10 mg/ml77
BRIXADI77	BYLVAY58
bromfenac sodium ophth soln 0.09% (base equiv)	BYLVAY (PELLETS)58
(once-daily)102	C
bromocriptine mesylate cap 5 mg (base	
equivalent)89	cabergoline tab 0.5 mg36
bromocriptine mesylate tab 2.5 mg (base	CABLIVI98
equivalent)89	CABOMETYX17
BRONCHITOL54	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base
BRONCHITOL TOLERANCE TEST54	equiv)71
BROVANA52	CALCIPOTRIENE107
BRUKINSA17	calcipotriene-betamethasone dipropionate oint
budesonide delayed release particles cap 3 mg25	0.005-0.064%108
budesonide-formoterol fumarate dihyd aerosol 80-4.5	calcipotriene-betamethasone dipropionate susp
mcg/act, 160-4.5 mcg/act52	0.005-0.064%108
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1	calcipotriene cream 0.005%108
mg/2ml	calcipotriene oint 0.005%108
budesonide tab er 24hr 9 mg25	calcitonin (salmon) inj 200 unit/ml36
bumetanide tab 0.5 mg46	calcitonin (salmon) nasal soln 200 unit/act36
bumetanide tab 1 mg, 2 mg46	CALCITRIOL108
BUMEX	calcitriol cap 0.25 mcg, 0.5 mcg37
BUPHENYL 36	calcitriol oral soln 1 mcg/ml37
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base	calcium acetate (phosphate binder) cap 667 mg (169
equiv)77	mg ca)58
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base	calcium acetate (phosphate binder) tab 667 mg 58
equiv)77	CALQUENCE17
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base	CAMZYOS49
equiv), 12-3 mg (base equiv)77	candesartan cilexetil-hydrochlorothiazide tab 16-12.5
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base	mg, 32-12.5 mg, 32-25 mg
equiv)77	candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg 44
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base	capecitabine tab 150 mg, 500 mg
equiv)77	CAPLYTA
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg	CAPRELSA
(base equiv)77	captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg44
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr,	CAPVAXIVE
	CARBAGLU
10 mcg/hr, 15 mcg/hr, 20 mcg/hr	CARBAMAZEPINE84
bupropion hcl (smoking deterrent) tab er 12hr 150	carbamazepine cap er 12hr 100 mg, 200 mg, 300
mg	mg
bupropion hcl tab er 24hr 150 mg, 300 mg	carbamazepine chew tab 100 mg84
bupropion hel tab er 12hr 100 mg, 150 mg, 200 mg64	carbamazepine susp 100 mg/5ml84
bupropion hel tab 75 mg, 100 mg	carbamazepine tab er 12hr 100 mg, 200 mg, 400
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30	mg84
mg	carbamazepine tab 200 mg84
butalbital-acetaminophen-caffeine tab 50-325-40	CARBATROL
mg	CARBIDOPA/LEVODOPA ODT90
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30	carbidopa & levodopa tab er 25-100 mg, 50-200 mg89
mg	•
butalbital-acetaminophen cap 50-300 mg76	carbidopa & levodopa tab 25-250 mg89
butalbital-acetaminophen tab 50-325 mg76	carbidopa & levodopa tab 10-100 mg, 25-100 mg 89
butalbital-aspirin-caffeine cap 50-325-40 mg76	carbidopa-levodopa-entacapone tabs 12.5-50-200
	mg89
KEY   PA = Prior Authorization	ST = Responsible Steps

SP = Specialty

**ST** = Responsible Steps

carbidopa-levodopa-entacapone tabs 18.75-75-200		CARTEOLOL HCL	102
mg		carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	41
carbidopa-levodopa-entacapone tabs 31.25-125-200		CAYA	
mg	90	CAYSTON	10
carbidopa-levodopa-entacapone tabs 37.5-150-200		CEFACLOR	1
mg	90	CEFADROXIL	1
carbidopa-levodopa-entacapone tabs 25-100-200		cefadroxil cap 500 mg	1
mg	89	cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1
carbidopa-levodopa-entacapone tabs 50-200-200		cefdinir cap 300 mg	1
mg		cefdinir for susp 125 mg/5ml, 250 mg/5ml	1
carbidopa tab 25 mg	89	cefixime cap 400 mg	1
carbinoxamine maleate tab 4 mg		cefixime for susp 100 mg/5ml, 200 mg/5ml	1
carbonyl iron susp 15 mg/1.25ml (elemental iron)		CEFPODOXIME PROXETIL	
CARDIOCOM LANCING DEVICE		cefpodoxime proxetil tab 100 mg, 200 mg	
CAREFINE PEN NEEDLE 32GX4		cefprozil for susp 125 mg/5ml, 250 mg/5ml	
CAREFINE PEN NEEDLES 29GX		cefprozil tab 250 mg, 500 mg	2
CAREFINE PEN NEEDLES 30GX		cefuroxime axetil tab 250 mg, 500 mg	
CAREFINE PEN NEEDLES 31GX		celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg	
CAREFINE PEN NEEDLES 32GX		CELLCEPT	
CAREONE ADVANCED LANCING	. 129	cephalexin cap 250 mg, 500 mg	2
CAREONE INSULIN SYRINGES/	. 129	cephalexin for susp 125 mg/5ml, 250 mg/5ml	2
CAREONE LANCET SUPER THIN	. 129	cephalexin tab 250 mg, 500 mg	2
CAREONE LANCET THIN	129	CEQUA	102
CAREONE LANCET ULTRA THIN	129	CERDELGA	95
CAREONE UNIFINE PENTIPS P	129	cevimeline hcl cap 30 mg	105
CAREPOINT PRECISION POLY		CHEMET	113
CAREPOINT PRECISION SYRIN	. 129	CHEMSTRIP BG LOG BOOK	130
CAREPOINT SAFETY 1ST NEED	. 129	CHEMSTRIP-K	115
CARESENS LANCETS	. 129	CHENODAL	58
CARESENS N BLOOD GLUCOSE	. 115	CHLORDIAZEPOXIDE/AMITRIPT	73
CARESENS N FELIZ	. 130	chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	63
CARESENS N FELIZ BT		chlorhexidine gluconate soln 0.12%	
CARESENS N GLUCOSE MONITO		CHLOROQUINE PHOSPHATE	
CARESENS N PLUS BT	. 130	chloroquine phosphate tab 500 mg	9
CARESENS N VOICE BLOOD GL	130	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 m	
CARETOUCH BLOOD GLUCOSE M		200 mg	
CARETOUCH BLOOD GLUCOSE T	115	CHLORPROMAZINE HYDROCHLOR	66
CARETOUCH HYPODERMIC NEED	130	chlorthalidone tab 25 mg, 50 mg	46
CARETOUCH INSULIN SYRINGE		chlorzoxazone tab 500 mg	91
CARETOUCH LANCING DEVICE		CHOLBAM	58
CARETOUCH PEN NEEDLE 29GX	. 130	cholecalciferol cap 1.25 mg (50000 unit)	92
CARETOUCH PEN NEEDLE 33GX	. 130	cholestyramine light powder 4 gm/dose	47
CARETOUCH PEN NEEDLES 31	130	cholestyramine light powder packets 4 gm	47
CARETOUCH PEN NEEDLES 31G	. 130	cholestyramine powder 4 gm/dose	47
CARETOUCH PEN NEEDLES 32G	. 130	cholestyramine powder packets 4 gm	47
CARETOUCH SAFETY LANCETS/	130	choline fenofibrate cap dr 45 mg (fenofibric acid	
CARETOUCH TWIST LANCETS 2	. 130	equiv), 135 mg (fenofibric acid equiv)	47
CARETOUCH TWIST LANCETS 3	. 130	CHOSEN LANCETS 30G	130
CARETOUCH TWIST LANCETS M		CHOSEN LANCING DEVICE	
carglumic acid soluble tab 200 mg	37	CHOSEN SAFETY LANCETS 28G	
carisoprodol tab 350 mg	91	CIALIS	50
CARNITOR		CIBINQO	
CARNITOR SF	37	ciclopirox gel 0.77%	108

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

ST = Responsible Steps

ciclopirox olamine cream 0.77% (base equiv).		clindamycin phosphate-benzoyl peroxide gel	
ciclopirox olamine susp 0.77% (base equiv)		1-5%	
ciclopirox shampoo 1%		clindamycin phosphate gel 1% (once-daily)	
ciclopirox solution 8%		clindamycin phosphate gel 1% (twice-daily)	
cilostazol tab 50 mg, 100 mg		clindamycin phosphate lotion 1%	
CIMDUO		clindamycin phosphate soln 1%	
cimetidine hcl soln 300 mg/5ml		clindamycin phosphate swab 1%	
CIMZIA		clindamycin phosphate vaginal cream 2%	
CIMZIA STARTER KIT		clindamycin phosph-benzoyl peroxide (refrig) gel	1.2
cinacalcet hcl tab 30 mg (base equiv), 60 mg (		(1)-5%	
equiv), 90 mg (base equiv)	37	CLINDESSE	
CINRYZE	98	clobazam suspension 2.5 mg/ml	84
CIPRO		clobazam tab 10 mg, 20 mg	
ciprofloxacin-dexamethasone otic susp 0.3-0.	.1% 105	clobetasol propionate cream 0.05%	108
ciprofloxacin hcl ophth soln 0.3% (base		clobetasol propionate emollient base cream	
equivalent)	102	0.05%	108
ciprofloxacin hcl otic soln 0.2% (base equival	ent) 105	clobetasol propionate gel 0.05%	108
ciprofloxacin hcl tab 750 mg (base equiv)	3	clobetasol propionate oint 0.05%	108
ciprofloxacin hcl tab 250 mg (base equiv), 500		clobetasol propionate soln 0.05%	108
(base equiv)	3	clocortolone pivalate cream 0.1%	108
CIPRO HC	105	CLODERM	108
citalopram hydrobromide oral soln 10 mg/5m	l 64	clomipramine hcl cap 25 mg, 50 mg, 75 mg	64
citalopram hydrobromide tab 10 mg (base equ		clonazepam orally disintegrating tab 0.125 mg, 0.2	
mg (base equiv), 40 mg (base equiv)		mg, 0.5 mg, 1 mg, 2 mg	
CITRANATAL MEDLEY		clonazepam tab 0.5 mg, 1 mg, 2 mg	
CLARITHROMYCIN		clonidine hcl tab er 12hr 0.1 mg	
clarithromycin tab er 24hr 500 mg		clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	
clarithromycin tab 250 mg, 500 mg		clonidine td patch weekly 0.1 mg/24hr	
CLEANLET LANCETS 28G		clonidine td patch weekly 0.2 mg/24hr	
CLEMASTINE FUMARATE		clonidine td patch weekly 0.3 mg/24hr	
CLEOCIN		clopidogrel bisulfate tab 75 mg (base equiv)	
CLEOCIN PEDIATRIC GRANULE		clopidogrel bisulfate tab 300 mg (base equiv)	
CLEOCIN-T		clorazepate dipotassium tab 7.5 mg	
CLEVER CHEK AUTO-CODE BLO		clorazepate dipotassium tab 3.75 mg, 15 mg	
CLEVER CHEK AUTO-CODE TES		clotrimazole troche 10 mg	
CLEVER CHEK AUTO-CODE VOI		clotrimazole w/ betamethasone cream 1-0.05%	
CLEVER CHEK AUTO CODE VOI		CLOZAPINE ODT	
CLEVER CHEK BLOOD GLUCOSE		clozapine orally disintegrating tab 25 mg, 100 mg	
CLEVER CHEK LANCETS ULTRA		mg, 200 mg	
CLEVER CHEK TEST STRIPS		clozapine tab 25 mg, 50 mg, 100 mg, 200 mg	
CLEVER CHOICE AUTO-CODE P		COAGADEX	
CLEVER CHOICE COMFORT EZ		COAGUCHEK LANCETS	
CLEVER CHOICE MICRO BLOOD		COARTEM	
CLEVER CHOICE MICRO TEST		CODEINE SULFATE	
CLEVER CHOICE MINI BLOOD		codeine sulfate tab 30 mg	
CLEVER CHOICE NO CODING T		colchicine tab 0.6 mg	
CLEVER CHOICE NO CODING 1		colchicine w/ probenecid tab 0.5-500 mg	
CLEVER CHOICE TALK BLOOD			
		colesevelam hal tab 625 mg	
CLICKFINE PEN NEEDLE UNIV		colesevelam hcl tab 625 mg	
CLIMARA PRO		COLESTID	
clindamycin hel cap 75 mg, 150 mg, 300 mg		colestipol hel granules 5 gm	
clindamycin palmitate hcl for soln 75 mg/5ml	•	colestipol hal tab 1 am	
equiv)	10	colestipol hcl tab 1 gm	47
KEY   PA = Prior Authorization   LD = Limited Distribution		ST = Responsible Steps QL = Quantity Limit (Max Quantity/Time)	

SP = Specialty

colistimethate sod for inj 150 mg (colistin base		COTELLIC	18
activity)	10	CRENESSITY	37
COLY-MYCIN M	10	CREON	58
COMBIPATCH	27	CRESEMBA	4
COMBIVENT RESPIMAT	52	CRINONE	
COMETRIQ	_	CROMOLYN SODIUM	
COMFORT ASSURED LANCETS M	131	cromolyn sodium oral conc 100 mg/5ml	58
COMFORT ASSURED LANCETS S	131	cromolyn sodium soln nebu 20 mg/2ml	52
COMFORT EZ/31G X 5MM		CROTAN	
COMFORT EZ/31G X 6MM		CTEXLI	58
COMFORT EZ INSULIN SYRING	131	CUVPOSA	
COMFORT EZ MICRO/32G X 4M	132	CVS ADVANCED GLUCOSE METE	116
COMFORT EZ PRO SAFETY PEN	132	CVS ALL-IN-ONE BLOOD GLUC	
COMFORT EZ SHORT/31G X 8M	132	CVS BLOOD GLUCOSE METER A	133
COMFORT LANCETS	132	CVS BLUETOOTH BLOOD GLUCO	133
COMFORT TOUCH LANCETS ULT	132	CVS GLUCOSE METER TEST ST	116
COMFORT TOUCH PEN NEEDLES	132	CVS LANCETS 21G	133
COMFORT TOUCH PLUS SAFETY	132	CVS LANCETS ORIGINAL	133
COMFORT TOUCH TWIST LANCE	132	CVS LANCETS THIN 26G	133
COMIRNATY 2024-25	12	CVS LANCETS ULTRA THIN 30	133
COMPLERA	5	CVS LANCING DEVICE	133
COMPLETE NATAL DHA	92	CVS TRUE METRIX BLOOD GLU	116
COMPLETENATE	92	CVS ULTRA THIN LANCETS	133
CO-NATAL FA	92	cyanocobalamin inj 1000 mcg/ml	95
CONCEPT DHA	92	cyclobenzaprine hcl tab 5 mg, 10 mg	91
CONCEPT OB	92	CYCLOGYL	102
CONCERTA	71	CYCLOMYDRIL	
CONDOMS	132	cyclopentolate hcl ophth soln 1%	
CONDYLOX		CYCLOPHOSPHAMIDE	
CONTOUR BLOOD GLUCOSE MON		cyclophosphamide cap 25 mg, 50 mg	
CONTOUR BLOOD GLUCOSE TES		CYCLOSERINE	
CONTOUR NEXT BLOOD GLUCOS		CYCLOSET	
CONTOUR NEXT EZ BLOOD GLU		cyclosporine cap 25 mg, 100 mg	179
CONTOUR NEXT GEN BLOOD GL		cyclosporine modified cap 50 mg	
CONTOUR NEXT LINK BLOOD G		cyclosporine modified cap 25 mg, 100 mg	
CONTOUR NEXT LINK 2.4 WIR		cyclosporine modified oral soln 100 mg/ml	
CONTOUR NEXT LINK WIRELES		cyproheptadine hcl syrup 2 mg/5ml	
CONTOUR NEXT ONE BLOOD GL		cyproheptadine hcl tab 4 mg	
CONTOUR PLUS BLOOD GLUCOS		CYSTADANE	
CONTOUR PLUS BLUE BLOOD G		CYSTADROPS	
COOL BLOOD GLUCOSE MONITO		CYSTAGON	
COOL BLOOD GLUCOSE TEST S		CYSTARAN	
COPIKTRA		CYTOTEC	56
CORDRAN		D	
CORIFACT		dabigatran etexilate mesylate cap 110 mg (etexilate	
CORLANORCORTENEMA		base eq)	
CORTIFOAM		dabigatran etexilate mesylate cap 75 mg (etexilate	
CORTIFOANI		base eq), 150 mg (etexilate base eq)	96
CORTISONE ACETATE		dalfampridine tab er 12hr 10 mg	
COSENTYX		danazol cap 50 mg, 100 mg, 200 mg	
COSENTYX SENSOREADY PEN		DANTRIUM	
COSENTYX UNOREADY		dantrolene sodium cap 100 mg	
OOGLITTA GRONEADT	109		
KEY   PA = Prior Authorization		ST = Responsible Steps	
<b>LD</b> = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	
SP = Specialty			

dantrolene sodium cap 25 mg, 50 mg.		desonide oint 0.05%	
DANZITEN		DESOXIMETASONE	
dapsone tab 25 mg, 100 mg		desoximetasone cream 0.05%, 0.25%	
DAPTACEL		desoximetasone oint 0.05%, 0.25%	
DARAPRIM		desoximetasone spray 0.25%	
darifenacin hydrobromide tab er 24hr	• .	DESVENLAFAXINE ER	
equiv), 15 mg (base equiv)		desvenlafaxine succinate tab er 24hr 100 mg	(base
darunavir tab 600 mg		equiv)	
darunavir tab 800 mg		desvenlafaxine succinate tab er 24hr 25 mg (l	
dasatinib tab 20 mg		equiv), 50 mg (base equiv)	
dasatinib tab 50 mg, 70 mg, 80 mg, 10	0 mg, 140	DEXAMETHASONE	
mg	18	dexamethasone elixir 0.5 mg/5ml	25
DAURISMO		DEXAMETHASONE INTENSOL	
DAYBUE		DEXAMETHASONE SODIUM PHOS	
DAYPRO		dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.	5 mg, 2
D-CARE GLUCOMETER KIT/GLU	133	mg, 4 mg, 6 mg	26
DDAVP	37	DEXCOM G6 RECEIVER	133
deferasirox granules packet 90 mg, 18	80 mg, 360	DEXCOM G7 RECEIVER	133
mg	113	DEXCOM G6 SENSOR	133
deferasirox tab for oral susp 125 mg, 2		DEXCOM G7 SENSOR	133
mg	113	DEXCOM G6 TRANSMITTER	133
deferasirox tab 90 mg, 180 mg, 360 mg	g 113	dexmethylphenidate hcl cap er 24 hr 5 mg, 10	mg, 15
deferiprone tab 500 mg, 1000 mg	113	mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	-
deflazacort susp 22.75 mg/ml		dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10	
deflazacort tab 6 mg		dextroamphetamine sulfate cap er 24hr 5 mg	
deflazacort tab 18 mg		dextroamphetamine sulfate cap er 24hr 10 mg	
deflazacort tab 30 mg, 36 mg		mg	•
DELESTROGEN		dextroamphetamine sulfate oral solution 5 mg	
DELSTRIGO		dextroamphetamine sulfate tab 5 mg	_
demeclocycline hcl tab 150 mg, 300 m	ng2	dextroamphetamine sulfate tab 10 mg	
DENTA 5000 PLUS SENSITIVE		DIABETES CARE	
DEPAKOTE		DIABETES MONITORING DIGIT	
DEPAKOTE ER		DIACOMIT	
DEPAKOTE SPRINKLES		DIATHRIVE+ BLOOD GLUCOSE	
DERMA-SMOOTHE/FS BODY		DIATHRIVE BLOOD GLUCOSE M	
DERMA-SMOOTHE/FS SCALP		DIATHRIVE BLOOD GLUCOSE T	
DERMOTIC		DIATHRIVE LANCETS	
DESCOVY		DIATHRIVE LANCETS ULTRA T	
desipramine hcl tab 10 mg, 25 mg		DIATHRIVE LANCING DEVICE	
desipramine hel tab 50 mg, 75 mg, 100		DIATHRIVE PEN NEEDLE/31G	
desloratadine tab 5 mg		DIATHRIVE PEN NEEDLE/32G	
DESMOPRESSIN ACETATE		DIATHRIVE PEN NEEDLE/31 G	
desmopressin acetate inj 4 mcg/ml		diazepam conc 5 mg/ml	
desmopressin acetate my 4 megrillimidesmopressin acetate nasal spray sol		diazepam oral soln 1 mg/ml	
(refrigerated)		DIAZEPAM RECTAL GEL	
desmopressin acetate preservative fre		diazepam rectal gel delivery system 10 mg, 2	
ml	, ,	diazepam tab 2 mg, 5 mg, 10 mg	
desmopressin acetate tab 0.1 mg, 0.2		diazoxide susp 50 mg/ml	
desogest-eth estrad & eth estrad tab 0		DIBENZYLINE	
mg(21/5)desegrated 8 otherwise technology		dichlorphenamide tab 50 mg	
desogestrel & ethinyl estradiol tab 0.1	_	DICLEGIS	
mcg		diclofenac potassium tab 50 mg	
desonide cream 0.05%	109	diclofenac sodium ophth soln 0.1%	102
KEV IDA - Delay Assilant ()		CT - Deepensible Ofers	
KEY PA = Prior Authorization		ST = Responsible Steps	
LD = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	
SP = Specialty			

diclotenac sodium soln 1.5%		donepezil hydrochloride orally disintegrating tab 5	_
diclofenac sodium tab delayed release 25 mg, 50 m		10 mg	
75 mg		donepezil hydrochloride tab 5 mg, 10 mg, 23 mg	
diclofenac w/ misoprostol tab delayed release 50-0.		DOPTELET	
mg		dorzolamide hcl ophth soln 2%	102
diclofenac w/ misoprostol tab delayed release 75-0.		dorzolamide hcl-timolol maleate ophth soln	
mg		2-0.5%	102
dicloxacillin sodium cap 250 mg, 500 mg		dorzolamide hcl-timolol maleate pf ophth soln	
dicyclomine hcl cap 10 mg		2-0.5%	
dicyclomine hcl oral soln 10 mg/5ml		DOVATO	
dicyclomine hcl tab 20 mg		doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	
DIFICID		doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 r	
DIFLUCAN		150 mg	
diflunisal tab 500 mg		doxepin hcl conc 10 mg/ml	
difluprednate ophth emulsion 0.05%		doxepin hcl cream 5%	
DIGOXIN		doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	ase
digoxin oral soln 0.05 mg/ml		equiv)	
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 m	ıg),	DOXERCALCIFEROL	
250 mcg (0.25 mg)	40	doxycycline hyclate cap 50 mg	2
dihydroergotamine mesylate inj 1 mg/ml	83	doxycycline hyclate cap 100 mg	2
dihydroergotamine mesylate nasal spray 4 mg/ml	83	doxycycline hyclate tab 20 mg, 100 mg	2
DILANTIN	85	doxycycline monohydrate cap 50 mg, 100 mg	2
DILANTIN-125	85	doxycycline monohydrate for susp 25 mg/5ml	2
DILANTIN INFATABS	85	doxycycline monohydrate tab 50 mg, 75 mg, 100	
DILAUDID	77	mg	2
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	42	doxylamine-pyridoxine tab delayed release 10-10	
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	42	mg	57
diltiazem hcl coated beads cap er 24hr 120 mg, 180		DRISDOL	
mg, 240 mg, 300 mg, 360 mg		dronabinol cap 2.5 mg, 5 mg, 10 mg	57
diltiazem hol extended release beads cap er 24hr 12		DROPLET GENTEEL LANCING D	
mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		DROPLET INSULIN SYRINGE 0	134
diltiazem hcl tab er 24hr 420 mg		DROPLET INSULIN SYRINGE 1	134
diltiazem hcl tab 90 mg		DROPLET INSULIN SYRINGE/0	134
diltiazem hcl tab 30 mg, 60 mg, 120 mg		DROPLET INSULIN SYRINGE/1	134
dimethyl fumarate capsule delayed release 120 mg.		DROPLET INSULIN SYRINGE/U	
dimethyl fumarate capsule delayed release 240 mg.		DROPLET INSULIN SYRINGE U	
dimethyl fumarate capsule dr starter pack 120 mg 8		DROPLET LANCETS ULTRA THI	
240 mg		DROPLET LANCING DEVICE	
diphenoxylate w/ atropine tab 2.5-0.025 mg		DROPLET MICRON 34G X 9/64	_
DIPROLENE		DROPLET PEN NEEDLE/MICRON	
dipyridamole tab 25 mg, 50 mg, 75 mg		DROPLET PEN NEEDLES 29GX1	
disopyramide phosphate cap 100 mg, 150 mg		DROPLET PEN NEEDLES 31GX5	
disulfiram tab 250 mg, 500 mg		DROPLET PEN NEEDLES 31GX6	
DIURIL		DROPLET PEN NEEDLES 31GX8	
divalproex sodium cap delayed release sprinkle 12		DROPLET PEN NEEDLES 32GX4	
mg		DROPLET PEN NEEDLES 32GX5	
divalproex sodium tab delayed release 125 mg, 250		DROPLET PEN NEEDLES 32GX6	
mg, 500 mg		DROPLET PEN NEEDLES 32GX8	
divalproex sodium tab er 24 hr 250 mg, 500 mg		DROPLET PEN NEEDLES 32GX8DROPLET PEN NEEDLES 29G X	
DIVIGEL		DROPLET PEN NEEDLES 30G X	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 m		DROPLET PEN NEEDLES 30G X DROPLET PEN NEEDLES 31G X	
		DROPLET PEN NEEDLES 31G X DROPLET PEN NEEDLES 32G X	
<b>500 mcg (0.5 mg)</b> DOJOLVI		DROPLET PEN NEEDLES 32G XDROPLET PERSONAL LANCETS	
DOJOEVI	94	DRUFLET PERSUNAL LANCETS	135
IZEV LBA Doton Anathropic C		OT Describle Oten	
KEY PA = Prior Authorization		ST = Responsible Steps	
<b>LD</b> = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	

**SP** = Specialty

DROPSAFE ACTI-LANCE SAFTE	135	EASYPOINT NEEDLE/20G X 1	139
DROPSAFE INSULIN SAFETY S	135	EASYPOINT NEEDLE/21G X 1	139
DROPSAFE SAFETY PEN NEEDL	135	EASYPOINT NEEDLE/22G X 1	139
DROPSAFE SAFTEY PEN NEEDL	135	EASYPOINT NEEDLE/18G X 1"	139
DROPSAFE SICURA	135	EASYPOINT NEEDLE/20G X 1"	139
DROSPIRENONE/ETHINYL ESTR		EASYPOINT NEEDLE/21G X 1"	139
drospirenone-ethinyl estradiol tab 3-0.02 mg	28	EASYPOINT NEEDLE/22G X 1"	139
drospirenone-ethinyl estradiol tab 3-0.03 mg		EASYPOINT NEEDLE 25GX1-1/	139
drospirenone-ethinyl estrad-levomefolate tab		EASYPOINT NEEDLE 25G X 5/	
3-0.02-0.451 mg	28	EASYPOINT NEEDLE 23G X 1"	139
DROXIA		EASYPOINT NEEDLE 25G X 1"	139
DRUG MART LANCETS THIN	135	EASYPRO BLOOD GLUCOSE MON	139
DRUG MART LANCETS ULTRA T	135	EASYPRO BLOOD GLUCOSE TES	116
DRUG MART ON-THE-GO LANCE	135	EASYPRO PLUS	116
DRUG MART UNIFINE PENTIPS		EASY STEP BLOOD GLUCOSE M	
DRUG MART UNILET LANCETS	136	EASY STEP TEST STRIPS	116
DRUG MART UNILET MICRO TH	136	EASY TALK BLOOD GLUCOSE M	137
DUANE READE LANCET ALTERN	136	EASY TALK BLOOD GLUCOSE T	116
DUANE READE LANCET SUPER	136	EASY TALK PLUS II BLOOD G	116
DUANE READE LANCET ULTRA	136	EASY TOUCH ALLERGY TRAY S	137
DUANE READE UNIFINE PENTI	136	EASY TOUCH FLIPLOCK NEEDL	137
DUAVEE	27	EASY TOUCH FLIPLOCK SAFET	137
DULERA	52	EASY TOUCH GLUCOSE MONITO	
duloxetine hcl enteric coated pellets cap 20 mg		EASY TOUCH GLUCOSE TEST S	
eq), 30 mg (base eq), 60 mg (base eq)		EASY TOUCH 32GX5MM	139
DUO-CARE TEST STRIPS		EASY TOUCH 32GX6MM	139
DUPIXENT	109	EASY TOUCH HEALTHPRO GLUC	116
DUREX EXTRA SENSITIVE THI	136	EASY TOUCH HYPODERMIC NEE	137
DUREX REALFEEL NON-LATEX	136	EASY TOUCH INSULIN SYRING	137
DUREX TROPICAL	136	EASY TOUCH LANCETS 30G/BU	138
DUREZOL	102	EASY TOUCH LANCETS 21G/PR	138
dutasteride cap 0.5 mg	62	EASY TOUCH LANCETS 23G/PR	138
dutasteride-tamsulosin hcl cap 0.5-0.4 mg		EASY TOUCH LANCETS 26G/PR	138
DUVYZAT		EASY TOUCH LANCETS 28G/PR	138
DYCLOPRO	109	EASY TOUCH LANCETS 30G/PR	138
DYRENIUM	46	EASY TOUCH LANCETS 32G/PR	138
E		EASY TOUCH LANCETS 26G/PU	138
_		EASY TOUCH LANCETS 28G/PU	138
EASY COMFORT INSULIN SYRI		EASY TOUCH LANCETS 30G/PU	138
EASY COMFORT PEN NEEDLES		EASY TOUCH LANCETS 32G/PU	138
EASY COMFORT SAFETY PEN N		EASY TOUCH LANCETS 28G/TW	138
EASY GLIDE PEN NEEDLES 33		EASY TOUCH LANCETS 30G/TW	138
EASYGLUCO		EASY TOUCH LANCETS 32G/TW	138
EASY MAX BLOOD GLUCOSE TE		EASY TOUCH LANCETS 33G/TW	138
EASYMAX NG SELF-MONITORIN		EASY TOUCH LANCING DEVICE	138
EASYMAX TEST STRIPS	_	EASY TOUCH PEN NEEDLE 30	138
EASYMAX 15 TEST STRIPS		EASY TOUCH PEN NEEDLE/30	138
EASY MAX T1 SELF-MONITORI		EASY TOUCH PEN NEEDLES 29	
EASYMAX V BLOOD GLUCOSE S		EASY TOUCH PEN NEEDLES 31	
EASY MINI EJECT LANCING D	137	EASY TOUCH PEN NEEDLES 32	
EASY MINI LANCING DEVICE		EASY TOUCH PEN NEEDLES/31	
EASY PLUS II BLOOD GLUCOS	116	EASY TOUCH SAFETY LANCETS	
EASYPOINT NEEDLE/18G X 1	139	EASY TOUCH SAFETY PEN NEE	

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

EASY TOUCH SHEATHLOCK SAF	. 138	EMBRACE BLOOD GLUCOSE MON	140
EASY TOUCH TUBERCULIN FLI		EMBRACE BLOOD GLUCOSE TES	
EASY TOUCH TUBERCULIN SHE		EMBRACE EVO BLOOD GLUCOSE	
EASY TRAK BLOOD GLUCOSE M		EMBRACE EVO COMPACT BLOOD	
EASY TRAK BLOOD GLUCOSE T		EMBRACE LANCETS ULTRA THI	. 140
EASY TRAK II BLOOD GLUCOS		EMBRACE LANCING DEVICE WI	
EBGLYSS		EMBRACE PEN NEEDLES/29G X	
econazole nitrate cream 1%		EMBRACE PEN NEEDLES/30G X	
EDECRIN		EMBRACE PEN NEEDLES/31G X	
EDURANT		EMBRACE PEN NEEDLES/32G X	
EDURANT PED		EMBRACE PRESSURE ACTIVATE	
E.E.S. 400		EMBRACE PRO BLOOD GLUCOSE	
E.E.S. GRANULES		EMBRACE TALK BLOOD GLUCOS	
EFAVIRENZ/LAMIVUDINE/TENO		EMBRACE WAVE BLOOD GLUCOS	
efavirenz-emtricitabine-tenofovir df tab 600-200-300		EMEND	
mg		EMEND BIPACK	
efavirenz-lamivudine-tenofovir df tab 600-300-300	_	EMEND TRIPACK	
mg	5	EMFLAZA	
efavirenz tab 600 mg		EMGALITY	
EGATEN		EMPAVELI	
EGRIFTA SV		EMSAM	
ELEMENT AUTOCODE SYSTEM		emtricitabine caps 200 mg	
ELEMENT COMPACT BLOOD GLU		emtricitabine-rilpivirine-tenofovir df tab 200-25-300	
ELEMENT COMPACT TEST STRI		mg	5
ELEMENT COMPACT V BLOOD		emtricitabine-tenofovir disoproxil fumarate tab	
ELEMENT PLUS BLOOD GLUCOS		200-300 mg	5
ELEMENT TEST STRIPS		emtricitabine-tenofovir disoproxil fumarate tab	
ELESTRIN		100-150 mg, 133-200 mg, 167-250 mg	5
eletriptan hydrobromide tab 20 mg (base equivalent	:),	EMTRIVA	
40 mg (base equivalent)	•	EMVERM	10
ELIMITE	. 109	enalapril maleate & hydrochlorothiazide tab 5-12.5	
ELIQUIS	96	mg	44
ELIQUIS STARTER PACK	96	enalapril maleate & hydrochlorothiazide tab 10-25	
ELLA	29	mg	44
ELMIRON	62	enalapril maleate oral soln 1 mg/ml	44
ELOCTATE	98	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	44
eltrombopag olamine powder pack for susp 25 mg		ENBREL	80
(base equiv), 12.5 mg (base eq)	95	ENBREL MINI	80
eltrombopag olamine tab 12.5 mg (base equiv), 25		ENBREL SURECLICK	80
mg (base equiv), 50 mg (base equiv), 75 mg (base		ENCARE	
equiv)		ENDARI	95
EMBECTA AUTOSHIELD DUO 30	140	ENGERIX-B	
EMBECTA INSULIN SYRINGE		enoxaparin sodium inj 300 mg/3ml	96
EMBECTA INSULIN SYRINGE/		enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40	
EMBECTA INSULIN SYRINGE/0	. 140	mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120	0
EMBECTA INSULIN SYRINGE/1	. 140	mg/0.8ml, 150 mg/ml	96
EMBECTA INSULIN SYRINGE/2	. 140	ENSACOVE	18
EMBECTA INSULIN SYRINGE/U		ENSPRYNG	. 179
EMBECTA INSULIN SYRINGE U		entacapone tab 200 mg	
EMBECTA PEN NEEDLE/NANO 2		entecavir tab 0.5 mg, 1 mg	
EMBECTA PEN NEEDLE/NANO/2		ENTRESTO	49
EMBECTA PEN NEEDLE/NANO/3		ENTYVIO PEN	
EMBECTA PEN NEEDLE/ULTRA	. 140	ENVARSUS XR	. 179

KEY | P.

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

EOHIL	-IA	26	esomeprazole magnesium cap delayed release 40 mg	1
<b>EPANI</b>	ED	44	(base eq)	56
<b>EPCLI</b>	USA	6	esomeprazole magnesium for delayed release susp	
<b>EPIDI</b>	OLEX	85	packet 5 mg, 10 mg, 20 mg, 40 mg	. 56
	DAM		esomeprazole magnesium for delayed release susp	
	stine hcl ophth soln 0.05%		pack 2.5 mg	. 56
	PHRINE		ESPEROCT	
	phrine solution auto-injector 0.15 mg/0.3ml		estazolam tab 1 mg, 2 mg	
	00)	47	ESTRACE	
epine	phrine solution auto-injector 0.3 mg/0.3ml		estradiol & norethindrone acetate tab 0.5-0.1 mg	. 27
(1:10	00)	47	estradiol & norethindrone acetate tab 1-0.5 mg	. 27
<b>EPIVIF</b>	₹	6	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose	
eplere	enone tab 25 mg, 50 mg	44	pump)	.27
<b>EPOG</b>	EN	95	estradiol tab 0.5 mg, 1 mg, 2 mg	27
<b>EPRO</b>	NTIA	85	estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm	
EQ BL	OOD GLUCOSE TEST STR	117	(0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25	
EQL C	COLOR LANCETS 21G	141	mg/1.25gm (0.1%)	28
EQL II	NSULIN SYRINGE/0.3ML	141	estradiol td patch twice weekly 0.025 mg/24hr,	
EQL S	SHORT PEN NEEDLES 31G	141	0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1	
EQL S	SUPER THIN LANCETS 30	141	mg/24hr	.28
EQL T	THIN LANCETS 26G	141	estradiol td patch weekly 0.025 mg/24hr, 0.0375	
EQL L	JLTRA SHORT PEN NEEDL	141	mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr	,
<b>EQUE</b>	TRO	67	0.075 mg/24hr, 0.1 mg/24hr	. 28
ergoc	alciferol cap 1.25 mg (50000 unit)	92	estradiol vaginal cream 0.1 mg/gm	.61
<b>ERGO</b>	MAR	83	estradiol vaginal tab 10 mcg	61
<b>ERGO</b>	TAMINE TARTRATE/CAFFE	83	estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg	1
<b>ERIVE</b>	EDGE	18	ml	
ERLEA	ADA	18	ESTRING	61
erlotin	nib hcl tab 25 mg (base equivalent)	18	ESTROGEL	.28
erlotin	nib hcl tab 100 mg (base equivalent), 150 mg		eszopiclone tab 1 mg	70
(base	e equivalent)	18	eszopiclone tab 2 mg, 3 mg	.70
<b>ERME</b>	ZA	35	ethacrynic acid tab 25 mg	.46
<b>ERTA</b>	CZO	109	ethambutol hcl tab 100 mg	3
ERY		109	ethambutol hcl tab 400 mg	3
<b>ERYG</b>	EL	109	ethosuximide cap 250 mg	. 85
<b>ERYP</b>	ED 400	2	ethosuximide soln 250 mg/5ml	.85
<b>ERYTI</b>	HROMYCIN	102	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35	
erythr	omycin ethylsuccinate for susp 200 mg/5ml.	2	mcg, 1 mg-50 mcg	
erythr	omycin ethylsuccinate for susp 400 mg/5ml.	2	etodolac cap 200 mg, 300 mg	.80
erythr	omycin gel 2%	109	etodolac tab er 24hr 400 mg, 500 mg, 600 mg	.80
erythr	omycin ophth oint 5 mg/gm	102	etodolac tab 400 mg	
	omycin soln 2%		etodolac tab 500 mg	. 81
erythr	omycin tab delayed release 250 mg, 333 mg,	500	etonogestrel-ethinyl estradiol va ring 0.12-0.015	
			mg/24hr	
	omycin tab 250 mg, 500 mg		ETOPOSIDE	
	FRI		etravirine tab 100 mg, 200 mg	6
_	IET	_	EULEXIN	
	lopram oxalate soln 5 mg/5ml (base equiv)	64	EVAMIST	
	lopram oxalate tab 5 mg (base equiv), 10 mg		EVENCARE BLOOD GLUCOSE MO1	
•	e equiv), 20 mg (base equiv)		EVENCARE BLOOD GLUCOSE TE1	
eslica	rbazepine acetate tab 200 mg, 400 mg, 600 m	g,	everolimus tab for oral susp 3 mg	
800 r	ng	85	everolimus tab for oral susp 2 mg, 5 mg	
			everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	. 18
	1			
KEY	PA = Prior Authorization		ST = Responsible Steps	
	LD = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	
	SP = Specialty			

everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg		FETZIMA TITRATION PACK	
EVOLUTION AUTOCODE		FIASP	
EVOTAZ		FIASP FLEXTOUCH	
EVRYSDI		FIASP PENFILL	
EXELDERM		FIBRYGA	
EXELON		fidaxomicin tab 200 mg	
exemestane tab 25 mg		FIFTY50 GLUCOSE METER 2.0	
EXJADE		FIFTY50 GLUCOSE TEST STRI	
EYSUVIS		FIFTY50 PEN NEEDLES/31GX8	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10		FIFTY50 PEN NEEDLES/32GX4	
mg, 10-80 mg		FIFTY50 PEN NEEDLES/32GX6	
ezetimibe tab 10 mg		FIFTY50 PEN NEEDLES 31GX5	
E-Z JECT LANCETS		FIFTY50 PEN NEEDLES 31G X	
E-Z JECT LANCETS COLOR		FIFTY50 SAFETY SEAL LANCE	
E-Z JECT LANCETS SUPER TH		FIFTY50 SUPERIOR COMFORT	
EZ-LETS LANCETS 21G		FIFTY50 UNILET LANCETS 33	
EZ-LETS LANCETS 30GEZ-LETS LANCETS 26G SUPER		FILSPARI	
		FILSUVEZ	
EZ-LETS LANCETS 28G ULTRA	141	finasteride tab 5 mg	
F		FINGERSTIX LANCETS	
FABHALTA	98	fingolimod hcl cap 0.5 mg (base equiv)	
famciclovir tab 125 mg, 250 mg, 500 mg		FIRDAPSE	
famotidine for susp 40 mg/5ml		FIRVANQ	
famotidine tab 20 mg, 40 mg		FLAREX	
FANAPT		flavoxate hcl tab 100 mg	
FANAPT TITRATION PACK A		flecainide acetate tab 50 mg, 100 mg, 150 mg	
FANAPT TITRATION PACK B		FLORIVA	
FANAPT TITRATION PACK C		FLOW-EZE VENTED NEEDLE	
FANTASY LUBRICATED		FLUAD 2025-2026	
FANTASY LUBRICATED/SPERMI		FLUARIX 2025-2026	
FARESTON		FLUBLOK 2025-2026	
FARXIGA		FLUCELVAX 2025-2026	
FASENRA PEN		fluconazole for susp 10 mg/ml, 40 mg/ml	
FC2 FEMALE CONDOM		fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	
febuxostat tab 40 mg, 80 mg		flucytosine cap 250 mg, 500 mg	
FEIBA		fludrocortisone acetate tab 0.1 mg	
felbamate susp 600 mg/5ml		FLULAVAL 2025-2026	
felbamate tab 400 mg, 600 mg		FLUMIST NASAL VACCINE 202	
FELBATOL		flunisolide nasal soln 25 mcg/act (0.025%)	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg		fluocinolone acetonide cream 0.01%	
FEMCAP		fluocinolone acetonide cream 0.01%fluocinolone acetonide cream 0.025%	
fenofibrate micronized cap 43 mg, 67 mg, 130 mg		fluocinolone acetonide cieam 0.025%fluocinolone acetonide oil 0.01% (body oil)	
mg, 200 mg		fluocinolone acetonide oil 0.01% (scalp oil)	
fenofibrate tab 48 mg, 145 mg		fluocinolone acetonide oint 0.025%	
fenofibrate tab 54 mg, 160 mg		fluocinolone acetonide (otic) oil 0.01%	
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 n		fluocinolone acetonide soln 0.01%	
75 mcg/hr, 100 mcg/hr	•	fluocinonide cream 0.05%	
FERRIPROX		fluocinonide emulsified base cream 0.05%	
ferrous sulfate soln 75 mg/ml (15 mg/ml element		fluocinonide gel 0.05%	
220 mg/5ml (44 mg/5ml elemental fe)	•	fluocinonide ger 0.05%fluocinonide oint 0.05%	
fesoterodine fumarate tab er 24hr 4 mg, 8 mg		fluocinonide soln 0.05%	
FETZIMA		FLUORIDEX SENSITIVITY REL	
		TEGONIDEA GENOTIVITI NEL	100

**PA** = Prior Authorization

**LD** = Limited Distribution

**SP** = Specialty

ST = Responsible Steps

FLUORIMAX 5000 SENSITIVE	105	FORA GD50 BLOOD GLUCOSE M	
fluorometholone ophth susp 0.1%	102	FORA GD50 BLOOD GLUCOSE T	117
FLUOROURACIL	110	FORA GD20 TEST STRIPS	117
fluorouracil cream 5%	110	FORA GTEL BLOOD GLUCOSE M	142
fluorouracil soln 5%	110	FORA GTEL BLOOD GLUCOSE T	117
FLUOXETINE DR	64	FORA LANCETS	142
fluoxetine hcl cap 10 mg, 20 mg, 40 mg	65	FORA LANCING DEVICE	142
fluoxetine hcl solution 20 mg/5ml		FORA LANCING DEVICE/CLEAR	142
fluoxetine hcl tab 60 mg		FORA PREMIUM V10 BLE BLOO	142
FLUOXETINE HYDROCHLORIDE		FORA TEST N' GO VOICE BLO	142
fluphenazine decanoate inj 25 mg/ml		FORA TN'G/TN'G VOICE BLOO	
FLUPHENAZINE HCL		FORA TN'G ADVANCE PRO BLO	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg		FORA TN'G VOICE BLOOD GLU	
FLUPHENAZINE HYDROCHLORID		FORA V30A BLOOD GLUCOSE T	
FLURBIPROFEN		FORA V12 BLOOD GLUCOSE MO	
FLURBIPROFEN SODIUM		FORA V10 BLOOD GLUCOSE TE	
FLUTICASONE PROPIONATE/SA		FOSAMAX	
fluticasone propionate cream 0.05%		fosamprenavir calcium tab 700 mg (base equiv)	
FLUTICASONE PROPIONATE DI		fosfomycin tromethamine powd pack 3 gm (base	
FLUTICASONE PROPIONATE HF		equivalent)	11
fluticasone propionate nasal susp 50 mcg/act		fosinopril sodium & hydrochlorothiazide tab 10-12.5	
fluticasone propionate oint 0.005%fluticasone propionate		mg, 20-12.5 mg	
fluticasone-salmeterol aer powder ba 100-50 mcg/		fosinopril sodium tab 10 mg, 20 mg, 40 mg	
250-50 mcg/act, 500-50 mcg/act		FOSRENOL	
fluvastatin sodium cap 20 mg (base equivalent), 4		FOTIVDA	
(base equivalent)		FRAGMIN	
fluvastatin sodium tab er 24 hr 80 mg (base	<del>4</del> 0	FREESTYLE FREEDOM LITE	
equivalent)	48	FREESTYLE INSULINX BLOOD	
fluvoxamine maleate tab 100 mg		FREESTYLE LANCETS	
fluvoxamine maleate tab 25 mg, 50 mg		FREESTYLE LIBRE 2/READER/	
FLUZONE 2025-2026		FREESTYLE LIBRE 3/READER/	
FLUZONE HIGH-DOSE 2025-20		FREESTYLE LIBRE/READER/FL	
FML FORTE		FREESTYLE LIBRE 2/SENSOR/	
FML LIQUIFILM		FREESTYLE LIBRE 3/SENSOR/	
FOCALIN		FREESTYLE LIBRE 14 DAY/RE	
folic acid tab 400 mcg, 800 mcg		FREESTYLE LIBRE 14 DAY/SE	
folic acid tab 1 mg		FREESTYLE LIBRE 2 PLUS/SE	143
FOLIVANE-OB		FREESTYLE LIBRE 3 PLUS/SE	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5		FREESTYLE LITE BLOOD GLUC	
	•	FREESTYLE LITE TEST STRIP	
mg/ <b>0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</b> FORACARE GD40		FREESTYLE PRECISION NEO B	
FORACARE GD40FORACARE GD40 BLOOD GLUCO		FREESTYLE TEST STRIPS	
FORACARE PREMIUM V10 BLOO		FREESTYLE UNISTICK II LAN	
FORACARE PREMIUM V10 BLOOFORACARE PREMIUM V10 TEST		frovatriptan succinate tab 2.5 mg (base	143
FORACARE FREIMION VIO TESTFORACARE TEST N GO BLOOD		equivalent)	02
FORACARE TEST N GO TEST S		FRUZAQLA	
FORA 6 CONNECT FORA 6 CONNECT/GTEL BLOOD		FUDOSCIV	
		FUROSCIX	
FORA C30A PLOOD CLUCOS		FUROSEMIDE	
FORA G30A BLOOD GLUCOSE M		furosemide tola 20 mg 40 mg 80 mg	
FORA G20 BLOOD GLUCOSE MO		furosemide tab 20 mg, 40 mg, 80 mg	
FORA G20 BLOOD GLUCOSE TE		FUZEON	
FORA GD20 BLOOD GLUCOSE M	142	FYCOMPA	გე

**LD** = Limited Distribution

SP = Specialty

ST = Responsible Steps

FYLNE	TRA	95	GLOBAL INSULIN SYRINGE/U	144
G			GLOBAL INSULIN SYRINGES/U	
			GLOBAL LANCING DEVICE	
	entin cap 100 mg, 300 mg, 400 mg		GLUCAGON EMERGENCY KIT FO	
	entin oral soln 250 mg/5ml		glucagon (rdna) for inj kit 1 mg	
	entin tab 600 mg, 800 mg		GLUCOCARD 01 BLOOD GLUCOS	
	OLD		GLUCOCARD EXPRESSION AUDI	
	TAMINE HYDROBROMIDE		GLUCOCARD EXPRESSION BLOO	
_	amine hydrobromide cap er 24hr 8 mg, 16 mg	-	GLUCOCARD 01-MINI BLOOD G	
	)		GLUCOCARD 01 SENSOR PLUS	
	amine hydrobromide tab 4 mg, 8 mg, 12 mg		GLUCOCARD SHINE	
	N AGARD LIQUID		GLUCOCARD SHINE CONNEX BL	
	AKED		GLUCOCARD SHINE EXPRESS B	
	NEX-C		GLUCOCARD SHINE TEST STRI	
	NEX-C		GLUCOCARD SHINE XL	
	kacin ophth soln 0.5%		GLUCOCARD VITAL BLOOD GLU	
	XX		GLUCOCARD VITAL TEST STRI	
	^::::::::::::::::::::::::::::::::::::		GLUCOCARD X-METER	
	TE-0		GLUCOCARD X-SENSOR	
	BLOOD GLUCOSE MONIT		GLUCOCOM AUTOLINK TELEMON	
	BLOOD GLUCOSE MONT		GLUCOCOM BLOOD GLUCOSE MO	
	b tab 250 mg		GLUCOCOM LANCETS 28G	
_	rozil tab 600 mg		GLUCOCOM LANCETS 30G	
_			GLUCOCOM LANCETS 33G	
	FROPIN MINIQUICK		GLUCOCOM TEST STRIPS	
	nicin sulfate cream 0.1%		GLUCONAVII BLOOD GLUCOSE	
_	nicin sulfate cirean 0.1%		GLUCO PERFECT 3 BLOOD GLU	
_	nicin sulfate ophth soln 0.3%		GLUCO PERFECT 3 TEST STRI	
	EL BUTTERFLY TOUCH L		GLUCOPRO INSULIN SYRINGE/	
	EL PLUS LANCING DEVI		glutamine (sickle cell) powd pack 5 gm	
	E-LET LANCETS GENERA		glyburide-metformin tab 1.25-250 mg, 2.5-500 mg,	
	E-LET LANCETS SAFETY		5-500 mg	
	TIMATE TEST STRIPS		GLYBURIDE MICRONIZED	
	DYA		glyburide tab 1.25 mg, 2.5 mg, 5 mg	
	ON		glycopyrrolate oral soln 1 mg/5ml	
	LOOD GLUCOSE MONITO		glycopyrrolate tab 1 mg, 2 mgGLYXAMBI	
	EST STRIPS		GNP EASY TOUCH GLUCOSE MO	
	RIF		GNP EASY TOUCH GLUCOSE MO	
	mer acetate soln prefilled syringe 20 mg/ml		GNP INSULIN SYRINGE/0.5ML	
	mer acetate soln prefilled syringe 40 mg/ml		GNP INSULIN SYRINGE/1ML/3	
	STINE		GNP INSULIN SYRINGES/1/2M	
	iride tab 1 mg, 2 mg, 4 mg		GNP INSULIN SYRINGES/0.3M	
GI IPIZ	IDE	31	GNP INSULIN SYRINGES/0.5M	
	le-metformin hcl tab 2.5-250 mg, 2.5-500 mg,		GNP INSULIN SYRINGES/3ML/	
	mg	31	GNP LANCING SYSTEM DEVICE	
	le tab er 24hr 2.5 mg, 5 mg, 10 mg		GNP PEN NEEDLES 31GX5MM	
	le tab 5 mg, 10 mg		GNP PEN NEEDLES 31GX8MM	
	L EASE INJECT PEN NE		GNP PEN NEEDLES 32GX4MM	
	L EASY GLIDE INSULIN		GNP PEN NEEDLES 32GX4MMGNP PEN NEEDLES 32GX6MM	
	L EASY GLIDE PEN NEE		GNP STERILE LANCETS 28G	
	L INJECT EASE INSULI		GNP STERILE LANCETS 20GGNP STERILE LANCETS 30G	
	L INJECT EASE LANCET		GNP STERILE LANCETS 30GGNP STERILE LANCETS 33G	
			GIVE STERILE LAINGETS 33G	140
VEV	DA - Drier Authorization		CT - Deananaible Stone	
KEY	PA = Prior Authorization		ST = Responsible Steps  OL = Ougstitut limit (Max Quantity/Time)	
	LD = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	
	SP = Specialty			

GNP TRUE METRIX AIR SELF	146	HEALTHWISE MICRON PEN NEE	147
GNP TRUE METRIX SELF MONI	118	HEALTHWISE MINI PEN NEEDL	147
GNP TRUETRACK BLOOD GLUCO	118	HEALTHWISE PEN NEEDLES 29	147
GNP TRUETRACK SMART SYSTE		HEALTHWISE SHORT PEN NEED	147
GNP ULTICARE PEN NEEDLES		H-E-B INCONTROL ADVANCED	146
GNP ULTICARE PEN NEEDLES/		H-E-B INCONTROL LANCETS M	
GNP ULTIGUARD SAFEPACK/MI		H-E-B INCONTROL LANCETS S	
GNP ULTIGUARD SAFEPACK/SH		H-E-B INCONTROL LANCETS U	
GNP ULTRA COMFORT INSULIN		H-E-B IN CONTROL PEN NEED	
GOJJI BLOOD GLUCOSE TEST		H-E-B INCONTROL PEN NEEDL	
GOJJI LANCING DEVICE/CLEA		H-E-B IN CONTROL UNIFINE	
GOJJI STERILE LANCETS 30G		HELIDAC THERAPY	
GOLYTELY		HEMLIBRA	
GOMEKLI		HEMOFIL M	
granisetron hcl tab 1 mg		HEPARIN SODIUM	
GRASTEK		heparin sodium (porcine) inj 5000 unit/ml	
griseofulvin microsize susp 125 mg/5ml		heparin sodium (porcine) inj 10000 unit/ml	
griseofulvin microsize tab 500 mg		HEPLISAV-B	
griseofulvin ultramicrosize tab 125 mg, 250 mg		HETLIOZ LQ.	
guanfacine hcl tab er 24hr 1 mg (base equiv), 2		HIBERIX	_
mg (base equiv), 3 mg (base equiv), 4 mg (base		HIPREX	
equiv)		HIZENTRA	
guanfacine hcl tab 1 mg, 2 mg		HM ULTICARE INSULIN SYRIN	_
GVOKE HYPOPEN 1-PACK		HM ULTICARE MINI PEN NEED	
GVOKE HYPOPEN 2-PACK		HM ULTICARE SHORT PEN NEE	
GVOKE KIT		HUMALOG	
GVOKE PFS		HUMALOG JUNIOR KWIKPEN	
GYNAZOLE-1		HUMALOG KWIKPEN	
	0 1	HUMALOG MIX 75/25	
Н		HUMALOG MIX 50/50 KWIKPEN	
HADLIMA	81	HUMALOG MIX 75/25 KWIKPEN	
HADLIMA PUSHTOUCH	81	HUMALOG TEMPO PEN	
HAEGARDA		HUMATE-P	
HAEMOLANCE		HUMATIN	
HAEMOLANCE LOW FLOW LANCE	147	HUMIRA	
HAEMOLANCE PLUS	147	HUMIRA PEN	
HAEMOLANCE PLUS HIGH FLOW	147	HUMIRA PEN-CD/UC/HS START	
HAEMOLANCE PLUS LOW FLOW		HUMIRA PEN-PS/UV STARTER	
HAEMOLANCE PLUS MAX FLOW	147	HUMULIN 70/30	
HAEMOLANCE PLUS PEDIATRIC		HUMULIN 70/30 KWIKPEN	
HALCINONIDE		HUMULIN N	
halcinonide cream 0.1%	110	HUMULIN N KWIKPEN	_
HALDOL DECANOATE 100		HUMULIN R	
halobetasol propionate cream 0.05%	110	HUMULIN R U-500 (CONCENTR	
haloperidol decanoate im soln 50 mg/ml		HUMULIN R U-500 KWIKPEN	
haloperidol decanoate im soln 100 mg/ml	67	HW EMBRACE PRO BLOOD GLUC	
haloperidol lactate oral conc 2 mg/ml		HW EMBRACE TALK BLOOD GLU	
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 2		HYCAMTIN	
mg		HYCODAN	
HARVONI		hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	
HAVRIX	13	HYDREA	
HEALTHPRO BLOOD GLUCOSE M	147	hydrochlorothiazide cap 12.5 mg	
HEALTHWISE INSULIN SYRING		hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	
MEN IDA - Drier Authorization		CT = Decembraible Ctans	

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

<b>HYDRO</b>	CODONE/IBUPROFEN	78	HYPODERMIC NEEDLES 22GX1"	148
hydroco	done-acetaminophen soln 7.5-325		HYPODERMIC NEEDLES 23GX1"	148
•	nl	78	HYQVIA	
	done-acetaminophen tab 5-325 mg		HY-VEE LANCETS	
-	done-acetaminophen tab 10-325 mg, 7.5-		HY-VEE THIN LANCETS	
-				
	done bitart-homatropine methylbromide			
-	ng		ibandronate sodium tab 150 mg (base equivalent).	37
	done bitart-homatropine methylbrom sol		IBRANCE	
			IBTROZI	
	ng/5mlCODONE BITARTRATE/AC		ibuprofen tab 400 mg, 600 mg, 800 mg	
			icatibant acetate subcutaneous soln pref syr 30	
	CODONE BITARTRATE ER		mg/3ml	00
	odone-ibuprofen tab 7.5-200 mg		ICLUSIG	
	CODONE POLISTIREX/CH		IDELVION	
	CORTISONE			
	CORTISONE ACETATE/PR		IDHIFA	
	CORTISONE BUTYRATE		IGLUCOSE BLOOD GLUCOSE MO	
	ortisone cream 2.5%		IGLUCOSE BLOOD GLUCOSE TE	
hydroco	rtisone enema 100 mg/60ml	106	IHEALTH BLOOD GLUCOSE TES	
hydroco	rtisone oint 2.5%	110	IHEALTH GLUCO+	
hydroco	rtisone perianal cream 2.5%	106	IHEALTH LANCING DEVICE	
hydroco	ortisone tab 5 mg, 10 mg, 20 mg	26	ILET INSULIN INFUSION KIT	
-	ortisone valerate cream 0.2%		ILET INSULIN PUMP	
	ortisone valerate oint 0.2%		ILET STARTER KIT - CONTAC	148
	ortisone w/ acetic acid otic soln 1-2%		ILET STARTER KIT - INSET	148
	orphone hcl liqd 1 mg/ml		ILEVRO	103
	orphone hcl tab er 24hr 8 mg, 12 mg, 16 r		imatinib mesylate tab 100 mg (base equivalent)	19
-			imatinib mesylate tab 400 mg (base equivalent)	
_	orphone hcl tab 2 mg, 4 mg, 8 mg		IMBRUVICA	
	chloroquine sulfate tab 200 mg		IMCIVREE	
	chloroquine sulfate tab 100 mg, 300 mg,		imipramine hcl tab 10 mg, 25 mg, 50 mg	
-	,		imiquimod cream 5%	
			IMKELDI	
	rurea cap 500 mg		IMPAVIDO	
	zine hcl syrup 10 mg/5ml		IMURAN	
	zine hcl tab 10 mg, 25 mg, 50 mg		IMVEXXY MAINTENANCE PACK	
	XYZINE PAMOATE		IMVEXXY STARTER PACK	
	zine pamoate cap 25 mg, 50 mg		INATAL GT	
_	R	_	INBRIJA	
	/ZI			
	SAL		INCONTROL ULTICARE MINI P	
	ERMIC NEEDLES 18GX1		INCRELEX	
	ERMIC NEEDLES 20GX1		INCRUSE ELLIPTA	
	ERMIC NEEDLES 21GX1		indapamide tab 1.25 mg, 2.5 mg	
HYPODE	ERMIC NEEDLES 22GX1	148	indomethacin cap er 75 mg	
<b>HYPODE</b>	ERMIC NEEDLES 23GX1	148	indomethacin cap 25 mg, 50 mg	
<b>HYPODE</b>	ERMIC NEEDLES 25GX1	148	INFANRIX	
HYPODE	ERMIC NEEDLES 27GX1	148	INFINITY BLOOD GLUCOSE MO	
HYPODE	ERMIC NEEDLES 25GX5/	148	INFINITY BLOOD GLUCOSE TE	118
	ERMIC NEEDLES 26GX1/		INFINITY VOICE	119
	ERMIC NEEDLES 27GX1/		INGREZZA	74
	ERMIC NEEDLES 18GX1"		INLYTA	19
	ERMIC NEEDLES 20GX1"		INPEN 100/BLUE/HUMALOG	
	ERMIC NEEDLES 21GX1"		INPEN 100/BLUE/NOVOLOG/FI	
		1-70		
KEV j	PA = Prior Authorization		ST - Despensible Stars	
			ST = Responsible Steps OL = Quantity Limit (May Quantity/Time)	
	LD = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	

SP = Specialty

	100/GREY/HUMALOG		ISENTRESS	6
	100/GREY/NOVOLOG/FI		ISENTRESS HD	
	100/PINK/HUMALOG		isoniazid syrup 50 mg/5ml	3
INPEN	100/PINK/NOVOLOG/FI	149	isoniazid tab 100 mg, 300 mg	3
INQOV	′I	19	isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	յ49
<b>INREB</b>	IC	19	isosorbide dinitrate tab 5 mg, 40 mg	40
INSULI	IN DEGLUDEC	35	isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	40
INSULI	IN DEGLUDEC FLEXTOUC	35	ISOSORBIDE MONONITRATE	
INSULI	IN SYRINGE/0.3ML/30G	149	isosorbide mononitrate tab er 24hr 30 mg, 60 mg,	120
INSULI	IN SYRINGE/0.3ML/31G	149	mg	
	IN SYRINGE/0.5ML/28G		isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	
	IN SYRINGE/0.5ML/30G		isradipine cap 2.5 mg, 5 mg	
	IN SYRINGE/0.5ML/31G		ISTURISA	
	IN SYRINGE/1ML/29G X		ITOVEBI	
	IN SYRINGE/1ML/30G X		itraconazole cap 100 mg	
	IN SYRINGE/NEEDLE 0		itraconazole oral soln 10 mg/ml	
	IN SYRINGE/NEEDLE 1M		ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base	
	IN SYRINGE/U-100/0.3		equiv)equiv)	
	IN SYRINGE/U-100/0.5		ivermectin cream 1%	
	IN SYRINGE/U-100/1ML		ivermectin tab 3 mg	
	IN SYRINGE/U-100/1MLIN SYRINGES/U-100/0			
			IWILFIN	
	IN SYRINGES/U-100/1M		IXINITY	99
	-TOTE		J	
	-TOTE JR		JADENU	112
	EN32G EXTR3ME/32G X		JADENU SPRINKLE	
	EN 33GX4MM			
	EN 29G X 12MM		JAKAFI	
	EN 31G X 5MM		JANUMET XD	
	EN 31G X 8MM		JANUMET XR	
	EN 32G X 4MM		JANUVIA	
INTELE	ENCE	6	JARDIANCE	
	JCH		JAYPIRCA	
	JCH BLOOD GLUCOSE TE		JENLIVA PRENATAL/POSTNATA	
IN TOU	JCH DIABETES MANAGEM	148	JIVI	
	JCH LANCING DEVICE		JOENJA	
IN TOU	JCH STERILE LANCETS	148	JORNAY PM	
INTRA	ROSA	61	JOURNAVX	
<b>INVEG</b>	A	67	JULUCA	
<b>INVEG</b>	A HAFYERA	67	JUXTAPID	48
<b>INVEG</b>	A SUSTENNA	67	JYNARQUE	38
<b>INVEG</b>	A TRINZA	68	JYNNEOS	13
IOPIDI	NE	103	K	
IPOL II	NACTIVATED IPV	13		
	pium-albuterol nebu soln 0.5-2.5(3) mg/3ml.		KALBITOR	
•	pium bromide inhal soln 0.02%		KALETRA	
	pium bromide nasal soln 0.03% (21 mcg/sp		KALYDECO	
-	6 (42 mcg/spray)		KAMELEON LUBRICATED	150
	)		KEPPRA	85
	rtan-hydrochlorothiazide tab 150-12.5 mg,		KEPPRA XR	85
	2.5 mg	44	KERENDIA	38
	rtan tab 75 mg, 150 mg, 300 mg		KESIMPTA	74
	A		KETOCARE	119
	on solution, physiological		ketoconazole cream 2%	110
KEY	PA = Prior Authorization		ST = Responsible Steps	
	LD = Limited Distribution		QL = Quantity Limit (Max Quantity/Time)	
	SP = Specialty		, , , , , , , , , , , , , , , , , , , ,	

ketoconazole shampoo 2%	110	KROGER LANCETS THIN	151
ketoconazole tab 200 mg	4	KROGER LANCETS ULTRATHIN	151
KETONE		KROGER LANCING DEVICE	151
KETONE TEST STRIPS	119	KROGER PEN NEEDLES/31G X	151
ketorolac tromethamine ophth soln 0.4%	103	KROGER PEN NEEDLES/32G X	151
ketorolac tromethamine ophth soln 0.5%		KROGER PEN NEEDLES/33G X	151
ketorolac tromethamine tab 10 mg		KROGER PEN NEEDLES 29G X	151
KETOSTIX		KROGER PEN NEEDLES 31G X	151
KEVEYIS	46	KUVAN	38
KEVZARA	81	L	
KIMONO COLORS	150	_	
KIMONO LUBRICATED	150	labetalol hcl tab 100 mg, 200 mg, 300 mg	
KIMONO MAXX/LARGE FLARE	150	lacosamide oral solution 10 mg/ml	
KIMONO MICRO THIN	150	lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	
KIMONO MICRO THIN PLUS SP	150	lactated ringer's for irrigation	
KIMONO PLUS SPERMICIDE/LU	150	lactulose (encephalopathy) solution 10 gm/15ml.	
KIMONO PLUS SPERMICIDE LU	150	lactulose solution 10 gm/15ml	
KIMONO PS LUBRICATED	150	LAGEVRIO	
KIMONO PS PLUS SPERMICIDE	150	LAMICTAL	
KIMONO SENSATION LUBRICAT	150	LAMICTAL CHEWABLE DISPERS	
KIMONO SENSATION PLUS SPE		LAMICTAL ODT	
KIMONO SPECIAL		LAMICTAL STARTER/NOT TAKI	86
KINERET		LAMICTAL STARTER/TAKING C	86
KINNEY LANCETS		LAMICTAL STARTER/TAKING V	86
KINNEY THIN LANCETS		LAMICTAL XR	86
KINRAY INSULIN SYRINGE/0		lamivudine oral soln 10 mg/ml	6
KINRIX		lamivudine tab 150 mg	6
KISQALI		lamivudine tab 300 mg	7
KITABIS PAK		lamivudine tab 100 mg (hbv)	6
KLARON		lamivudine-zidovudine tab 150-300 mg	
KLISYRI		lamotrigine orally disintegrating tab 25 mg, 50 m	g, 100
KLOXXADO		mg, 200 mg	
KOATE		lamotrigine tab chewable dispersible 5 mg, 25 m	g86
KOATE-DVI		lamotrigine tab disint 25 (14) & 50 mg (14) & 100	mg (7)
KOGENATE FS		kit	86
KORLYM		lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titr	ation
KOSELUGO		kit	86
KOVALTRY		lamotrigine tab disint 42 x 50mg & 14 x 100mg tit	ration
K-PHOS		kit	86
K-PHOS NEUTRAL		lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 20	0 mg,
K-PHOS NO 2		250 mg, 300 mg	86
KRAZATI		lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	86
KRINTAFEL		lamotrigine tab 25 mg (42) & 100 mg (7) starter ki	it87
KROGER AUTOLET LANCING DE		lamotrigine tab 84 x 25 mg & 14 x 100 mg starter	
KROGER HEALTHPRO GLUCOSE		kit	87
KROGER HEALTHPRO TWIST LA		lamotrigine tab 35 x 25 mg starter kit	86
KROGER INSULIN SYRINGE/0		LAMPIT	11
KROGER INSULIN SYRINGE/1M		LANCET DEVICE ADJUSTABLE	
KROGER INSULIN SYRINGE/U		LANCET DEVICE WITH EJECTO	
KROGER LANCETS		LANCETS	
KROGER LANCETS 21G		LANCETS - BAYER ASCENCIA	
KROGER LANCETS MICRO THIN		LANCETS 30G	
KROGER LANCETS SUPER THIN		LANCETS 30G/TWIST TOP	151
THE STATE OF THE S			

KEY | PA = Prior Authorization | LD = Limited Distribution

**QL** = Quantity Limit (Max Quantity/Time)

**ST** = Responsible Steps

LANCETS 330 EXTRA FINE		ievalbuteroi nci soin nebu v.s i mg/sim (base equiv),
LANCETS 28G THIN	_	0.63 mg/3ml (base equiv), 1.25 mg/3ml (base
LANCETS 30G TWIST TOP		equiv)
LANCETS 33G UNIVERSAL DES	152	levetiracetam oral soln 100 mg/ml
LANCETS MICRO THIN 33G	151	levetiracetam tab er 24hr 500 mg, 750 mg
LANCETS SUPER THIN 28G	151	levetiracetam tab 250 mg, 500 mg, 750 mg, 1000
LANCETS THIN	151	mg
LANCETS ULTRA THIN 30G	151	LEVOBUNOLOL HCL1
LANCING DEVICE		levocarnitine oral soln 1 gm/10ml (10%)
LANOXIN		levocarnitine tab 330 mg
lansoprazole cap delayed release 30 mg		levocetirizine dihydrochloride tab 5 mg
lanthanum carbonate chew tab 500 mg (elem		LEVOFLOXACIN
750 mg (elemental), 1000 mg (elemental)		levofloxacin oral soln 25 mg/ml
LANTUS		levofloxacin tab 250 mg, 500 mg, 750 mg
LANTUS SOLOSTAR		levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est
LANZO		0.01 mg
lapatinib ditosylate tab 250 mg (base equiv)	20	levonorgestrel & ethinyl estradiol (91-day) tab
LASIX		0.15-0.03 mg
latanoprost ophth soln 0.005%		levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg,
LAZCLUZE		0.15 mg-30 mcg
LEADER ADVANCED LANCING D		levonorgestrel-eth estra tab
LEADER INSULIN SYRINGE/0		0.05-30/0.075-40/0.125-30mg-mcg
LEADER INSULIN SYRINGE/1M	152	levonorgestrel-ethinyl estradiol (continuous) tab 90-2
LEADER LANCETS COLORED	152	mcg
LEADER SUPER THIN LANCET	152	levonorgestrel tab 1.5 mg
LEADER THIN LANCETS	152	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab
LEADER UNIFINE PENTIPS/MI		0.01mg(7)
LEADER UNIFINE PENTIPS/NA		levonorg-eth est tab 0.15-0.03mg(84) & eth est tab
LEADER UNIFINE PENTIPS/PL		0.01mg(7)
LEADER UNIFINE PENTIPS PL		levorphanol tartrate tab 2 mg
LEDIPASVIR/SOFOSBUVIR		levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88
leflunomide tab 10 mg, 20 mg		mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg,		175 mcg, 200 mcg, 300 mcg
mg		LIBERTY MEDICAL LANCETS 3
lenalidomide caps 2.5 mg		LIDOCAINE HCL
LENVIMA 4 MG DAILY DOSE		lidocaine hcl soln 4%1
LENVIMA 8 MG DAILY DOSE		lidocaine hcl urethral/mucosal gel prefilled syringe
LENVIMA 10 MG DAILY DOSE		2%1
LENVIMA 12MG DAILY DOSE		lidocaine hcl viscous soln 2%1
LENVIMA 14 MG DAILY DOSE		lidocaine oint 5%1
LENVIMA 18 MG DAILY DOSE	20	lidocaine patch 5%1
LENVIMA 20 MG DAILY DOSE	20	lidocaine-prilocaine cream 2.5-2.5%
LENVIMA 24 MG DAILY DOSE	20	LIFESCAN UNISTIK 2 DEEP P
LETAIRIS		linezolid for susp 100 mg/5ml
letrozole tab 2.5 mg		linezolid tab 600 mg
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 2		LINZESS
LEUKERAN		liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg
		<u> </u>
LEUKINE		lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml	•	mg, 40 mg, 50 mg, 60 mg, 70 mg
levalbuterol hcl soln nebu conc 1.25 mg/0.5m	•	lisdexamfetamine dimesylate chew tab 10 mg, 20 mg,
equiv)	53	30 mg, 40 mg, 50 mg, 60 mg
		lisinopril & hydrochlorothiazide tab 10-12.5 mg,
		20-12.5 mg, 20-25 mg
KEY   PA = Prior Authorization		ST = Responsible Steps
LD = Limited Distribution		QL = Quantity Limit (Max Quantity/Time)
SP = Specialty		and addition addition
or - openally		

lisinopril tab 20 mg	44	LORBRENA	20
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg	44	losartan potassium & hydrochlorothiazide tab 50-1	2.5
LITETOUCH INSULIN PEN NEE	152	mg, 100-12.5 mg, 100-25 mg	44
LITETOUCH INSULIN SYRINGE	152	losartan potassium tab 25 mg, 50 mg, 100 mg	45
LITE TOUCH LANCETS	152	LOTEMAX	103
LITETOUCH LANCETS MICRO T	152	LOTEMAX SM	103
LITE TOUCH LANCING PEN	152	LOTENSIN	45
LITETOUCH PEN NEEDLES/31	152	LOTENSIN HCT	45
LITETOUCH PEN NEEDLES/31G	153	loteprednol etabonate ophth gel 0.5%	103
LITETOUCH PEN NEEDLES 29G	152	loteprednol etabonate ophth susp 0.2%	103
LITETOUCH PEN NEEDLES 31G	152	loteprednol etabonate ophth susp 0.5%	103
LITFULO	111	lovastatin tab 10 mg	
LITHIUM CARBONATE	68	lovastatin tab 20 mg, 40 mg	
lithium carbonate cap 300 mg		loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg.	
lithium carbonate cap 150 mg, 600 mg	68	lubiprostone cap 8 mcg	
lithium carbonate tab er 300 mg		lubiprostone cap 24 mcg	
lithium carbonate tab er 450 mg		LUCEMYRA	
lithium carbonate tab 300 mg		LUMAKRAS	20
lithium oral solution 8 meq/5ml		LUMIGAN	103
LITHOBID		LUMRYZ	74
LITHOSTAT		LUMRYZ STARTER PACK	
LIVDELZI		LUPKYNIS	
LIVE BETTER ADVANCED LANC		lurasidone hcl tab 80 mg	
LIVE BETTER LANCET SUPER		lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	
LIVE BETTER LANCET ULTRA		LYBALVI	
LIVE BETTER PEN NEEDLES 2		LYNPARZA	
LIVE BETTER PEN NEEDLES 3		LYRICA	
LIVMARLI		LYSODREN	
LIVTENCITY		LYTGOBI	
LODINE		LYUMJEV	
LODOSYN		LYUMJEV KWIKPEN	
lofexidine hcl tab 0.18 mg (base equivalent)		LYUMJEV TEMPO PEN	
LOKELMA			
LO LOESTRIN FE	_	M	
LOMOTIL		MACROBID	11
LONGS INSULIN SYRINGE/0.5		MACRODANTIN	11
LONGS LANCETS STANDARD		MAGELLAN INSULIN SAFETY S	153
LONGS LANCETS THIN		MAGELLAN TUBERCULIN SAFET	153
LONGS LANCETS ULTRA THIN		malathion lotion 0.5%	111
LONSURF		MARATHON MEDICAL PENTIPS	153
LOPID		maraviroc tab 150 mg	7
lopinavir-ritonavir tab 100-25 mg		maraviroc tab 300 mg	7
lopinavir-ritonavir tab 200-50 mg		MARPLAN	
LOPRESSOR		MATULANE	21
loratadine & pseudoephedrine tab er 12hr 5-120		MAVENCLAD	74
mg	51	MAVYRET	7
loratadine & pseudoephedrine tab er 24hr 10-240	• .	MAXICOMFORT II PEN NEEDLE	
mg	51	MAXI-COMFORT INSULIN SYRI	
loratadine oral soln 5 mg/5ml		MAXICOMFORT INSULIN SYRIN	
loratadine oral soil o nig/onlitable 10 mgloratadine rapidly-disintegrating tab 10 mg		MAXI-COMFORT SAFETY PEN N	
loratadine tab 10 mgloratadine tab 10 mg		MAXIDEX	
lorazepam conc 2 mg/ml		MAXITROL	
lorazepam tab 0.5 mg, 1 mg, 2 mg		MAXX LUBRICATED	
iorazopani tab v.v ing, i ing, z ing			
VEV IDA - Drier Authorization		ST - Decrepable Stone	
KEY PA = Prior Authorization		ST = Responsible Steps  OL = Ougstitut limit (May Quantitu/Time)	
<b>LD</b> = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	

	PLUS SPERMICIDE LUBR		meprobamate tab 200 mg, 400 mg	
	NT		MEPRON	
MAYZE	NT STARTER PACK	74	mercaptopurine susp 2000 mg/100ml (20 mg/ml)	21
meclizi	ne hcl tab 12.5 mg, 25 mg	57	mercaptopurine tab 50 mg	21
<b>MECLC</b>	FENAMATE SODIUM	81	mesalamine cap dr 400 mg	59
MEDIC	HOICE PRE-SET SAFETY	154	mesalamine cap er 24hr 0.375 gm	59
MEDIC	HOICE SAFETY LANCET	154	mesalamine enema 4 gm	
MEDIC	NE SHOPPE LANCETS	154	mesalamine suppos 1000 mg	
	NE SHOPPE LANCETS T		mesalamine tab delayed release 1.2 gm	
	NE SHOPPE PEN NEEDL		mesalamine tab delayed release 800 mg	
	INSULIN SYRINGE/0.3		mesna tab 400 mg	
	INSULIN SYRINGE/0.5		MESNEX	
	NCE PLUS/LITE 25G		METADATE CD	
	NCE PLUS EXTRA LANCE		metaxalone tab 400 mg	
	NCE PLUS LANCETS LIT		metaxalone tab 800 mg	
	NCE PLUS LITE LANCET		metformin hcl tab er 24hr 500 mg, 750 mg	
	NCE PLUS SPECIAL LAN		metformin hel tab 500 mg, 850 mg, 1000 mg	
	NCE PLUS SUPERLITE 3		METHADONE HCL	
	NCE PLUS UNIVERSAL L		methadone hcl conc 10 mg/ml	
	)L		methadone hcl soln 5 mg/5ml	
	DL DOSEPAK		methadone hcl soln 10 mg/5ml	
	xyprogesterone acetate im susp 150 mg/ml		methadone hcl tab for oral susp 40 mg	
	xyprogesterone acetate im susp prefilled sy		methadone hcl tab 5 mg, 10 mg	
	g/ml		METHADOSE SUCAR FREE	
	xyprogesterone acetate tab 2.5 mg, 5 mg, 10		METHADOSE SUGAR-FREE	
_	wine helden 050 mm		methamphetamine hcl tab 5 mg	
-	uine hcl tab 250 mg		methazolamide tab 25 mg, 50 mg	
	rol acetate susp 40 mg/ml		methenamine hippurate tab 1 gm	
	rol acetate tab 20 mg, 40 mg		methimazole tab 5 mg, 10 mg	
	R COLOR LANCETS UNIV		METHITEST	
	R LANCETS		methocarbamol tab 500 mg, 750 mg	91
	R LANCETS THIN		METHOTREXATE SODIUM	
	R LANCETS UNIVERSAL		methotrexate sodium for inj 1 gm	
	R PEN NEEDLES 29G X		methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 2	
	R PEN NEEDLES 31G X		mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	
MEIJEF	R SUPER THIN LANCETS		methotrexate sodium tab 2.5 mg (base equiv)	21
		154	METHOXSALEN	111
	R TRUERESULT BLOOD G		methscopolamine bromide tab 2.5 mg, 5 mg	
	R TRUETEST BLOOD GLU		methsuximide cap 300 mg	
	R TRUETRACK BLOOD GL		METHYLDOPA	
MEKINI	ST	21	methyldopa tab 250 mg	
MEKTO	VI	21	methylergonovine maleate tab 0.2 mg	36
<b>MELOX</b>	ICAM	81	METHYLIN	
meloxi	cam tab 7.5 mg, 15 mg	81	methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (l	la),
meman	tine hcl oral solution 2 mg/ml	74	30 mg (la), 40 mg (la)	
meman	tine hcl tab 5 mg, 10 mg	75	methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 3	30
meman	tine hcl tab 28 x 5 mg & 21 x 10 mg titration		mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	
			methylphenidate hcl chew tab 10 mg	
•	:T		methylphenidate hcl chew tab 2.5 mg, 5 mg	
	STAR		methylphenidate hcl soln 5 mg/5ml	
	JADFI		methylphenidate hcl soln 10 mg/5ml	
	O		methylphenidate hcl tab er 10 mg, 20 mg	
	IDINE HCL		<b>,</b> ,	
	<b>D.</b> D. A.H II		<b>OT</b> D 311 O1	
KEY	PA = Prior Authorization		ST = Responsible Steps	
	LD = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	
	SP = Specialty			

methylphenidate hcl tab er osmotic release (osm) 36	MIPLYFFA	7
mg72	mirabegron tab er 24 hr 25 mg, 50 mg	6′
methylphenidate hcl tab er osmotic release (osm) 18	MIRCERA	
mg, 27 mg, 54 mg72	mirtazapine orally disintegrating tab 15 mg	6
methylphenidate hcl tab 5 mg, 10 mg, 20 mg72	mirtazapine orally disintegrating tab 30 mg, 45 mg.	6
METHYLPHENIDATE HYDROCHLO72	mirtazapine tab 15 mg	6
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg 26	mirtazapine tab 30 mg	6
methylprednisolone tab therapy pack 4 mg (21)26	mirtazapine tab 7.5 mg, 45 mg	6
methyltestosterone cap 10 mg27	misoprostol tab 100 mcg, 200 mcg	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base	1ML VANISHPOINT TUBERCULI	
equiv)59	MM BLOOD GLUCOSE MONITORI	15
metoclopramide hcl tab 5 mg (base equivalent), 10 mg	MM BLULINK GLUCOSE MONITO	
(base equivalent)59	MM BLULINK GLUCOSE TEST S	119
metolazone tab 2.5 mg, 5 mg, 10 mg46	MM EASY TOUCH BLOOD GLUCO	
METOPIRONE119	MM EASY TOUCH GLUCOSE TES	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25	MM INSULIN SYRINGE/U-100/	
mg, 100-50 mg45	MM LANCING DEVICE	
metoprolol succinate tab er 24hr 25 mg (tartrate	MM PEN NEEDLES 31G X 3/16	
equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv),	MM PEN NEEDLES 31G X 5/16	
200 mg (tartrate equiv)41	MM PEN NEEDLES 32G X 5/32	
metoprolol tartrate tab 50 mg, 100 mg41	MM PEN NEEDLES 31G X 1/4"	
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg41	M-M-R II	
METROGEL111	MM TWIST LANCETS	
METROLOTION111	M-NATAL PLUS	
metronidazole cream 0.75%111	MNEXSPIKE COVID-19 VACCIN	
metronidazole gel 0.75%111	MOBILE LANCETS 30G	
metronidazole gel 1%111	modafinil tab 100 mg, 200 mg	
metronidazole lotion 0.75%111	MODERNA COVID-19 VACCINE	
metronidazole tab 250 mg11	moexipril hcl tab 7.5 mg, 15 mg	
metronidazole tab 500 mg11	MOLINDONE HYDROCHLORIDE	
metronidazole vaginal gel 0.75%	mometasone furoate cream 0.1%	
mexiletine hcl cap 150 mg, 200 mg, 250 mg43	mometasone furoate oint 0.1%	
MIACALCIN	mometasone furoate solution 0.1% (lotion)	
MICONAZOLE 3	MONOJECT BLUNT CANNULA/20	
MICRODOT BLOOD GLUCOSE MO	MONOJECT BLUNT CANNULA/21	
MICRODOT PEN NEEDLE/31G X154	MONOJECT HYPO/ALUM HUB/16	
MICRODOT PEN NEEDLE/32G X	MONOJECT HYPO/ALUM HUB/18	
MICRODOT PEN NEEDLE/33G X	MONOJECT HYPO/ALUM HUB/LU	
MICRODOT TEST STRIPS	MONOJECT HYPO/POLYPROPYLE	
MICRODOT XTRA TEST STRIPS119	MONOJECT HYPODERMIC NEEDL	
MICROLET LANCETS	MONOJECT INSULIN SYRINGE	
MICROLET NEXT	MONOJECT INSULIN SYRINGE/	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg47	MONOJECT MAGELLAN SAFETY	
MIEBO103	MONOJECT MAGLELAN SAFETT	
MIFEPREX	MONOJECT MEDICATION TRANS MONOJECT STANDARD HYPODER	
mifepristone tab 200 mg	MONOJECT TB SYRINGE-NDL 1	
mifepristone tab 300 mg	MONOJECT TUBERCULIN SAFET	
•	MONOJECT TUBERCULIN SYRIN	
MIGERGOT83 MIGLITOL31	MONOJECT TOBERCULIN SYRINMONOJECT ULTRA COMFORT IN	
miglustat cap 100 mg95	MONOLET LANCETS	
	MONOLET CANCETS MONOLET OPD LANCETS	
MINI LANCING DEVICE154 minocycline hcl cap 50 mg, 75 mg, 100 mg2	MONOLET OPD LANCETS MONOLETTOR SAFETY LANCETS	
	WONULETTUR SAFETT LANCETS	156
minoxidil tab 2.5 mg, 10 mg45		
KEY   <b>PA</b> = Prior Authorization	ST = Responsible Steps	

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

	ukast sodium chew tab 4 mg (base equiv), 5		naltrexone hcl tab 50 mg	
	equiv)tab 40 mm (base aguiv)		NAPROSYN	
montel	ukast sodium tab 10 mg (base equiv)	53	naproxen sodium tab 275 mg, 550 mg	
	INE SULFATE		naproxen tab 500 mg	
	INE SULFATE ER		naproxen tab 250 mg, 375 mg	81
•	ne sulfate oral soln 10 mg/5ml		naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base	
	ne sulfate oral soln 20 mg/5ml		equiv)	
•	ne sulfate oral soln 100 mg/5ml (20 mg/ml)		NARCAN	
	ne sulfate tab er 100 mg, 200 mg		NARDIL	
-	ne sulfate tab er 15 mg, 30 mg, 60 mg		NATACYN	
	ne sulfate tab 15 mg		NATAZIA	
	ne sulfate tab 30 mg		nateglinide tab 60 mg, 120 mg	
	DLY XR		NATROBA	
	IARO		NAYZILAM	
MOVAN	ITIK	59	nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (bas	se
MOVIPI	REP	55	equivalent), 10 mg (base equivalent), 20 mg (base	
moxifle	xacin hcl ophth soln 0.5% (base equiv)	103	equivalent)	41
moxiflo	oxacin hcl tab 400 mg (base equiv)	3	NEBUPENT	11
	/IA		NEFAZODONE HYDROCHLORIDE	65
MS INS	ULIN SYRINGE/0.3ML/	157	NEMLUVIO	111
	ULIN SYRINGE/0.5ML/		NEOMYCIN/POLYMYXIN/GRAMIC	
	ULIN SYRINGE/1ML/29		neomycin-bacitrac zn-polymyx	
	ULIN SYRINGE/1ML/30		5(3.5)mg-400unt-10000unt op oin	103
	ULIN SYRINGE/1ML/31		neomycin-polymyxin-dexamethasone ophth oint	
	ETA		0.1%	103
	Q		neomycin-polymyxin-dexamethasone ophth susp	
	LANCET DEVICE		0.1%	103
	cin oint 2%		neomycin-polymyxin-hc otic soln 1%	
•	PT		neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000	100
	PSSA		unit/ml-1%	105
	henolate mofetil cap 250 mg		neomycin sulfate tab 500 mg	
	henolate mofetil for oral susp 200 mg/ml		NEONATAL COMPLETE	
	henolate mofetil tab 500 mg		NEONATAL COMPLETE	
	henolate moletii tab 500 mghenolate sodium tab dr 180 mg (mycopheno		NEORAL	
	• • • • • • • • • • • • • • • • • • • •		NEO-SYNALAR	
	quiv), 360 mg (mycophenolic acid equiv)			
	ACYL		NERLYNX	
	IBREE		NESTABS	
	RTIC		NEULASTA	
	ICOHEALTH BLOOD GLUCO		NEUPRO	
	ICOHEALTH MGH SOFTLAN		NEURONTIN	
	3IN		NEUTEK 2TEK TEST STRIPS	
	AN		NEVIRAPINE	
	TRIQ		nevirapine tab er 24hr 400 mg	
MYTES	l	56	nevirapine tab 200 mg	7
N			NEXAVAR	21
			NEXIUM	56
	etone tab 500 mg, 750 mg		NEXLETOL	48
	l tab 20 mg, 40 mg, 80 mg		NEXLIZET	48
	ne hcl inj 0.4 mg/ml		niacin tab er 500 mg (antihyperlipidemic),	
	ne hcl inj 4 mg/10ml		750 mg (antihyperlipidemic), 1000 mg	
	ne hcl nasal spray 4 mg/0.1ml		(antihyperlipidemic)	48
naloxo	ne hcl soln prefilled syringe 2 mg/2ml	114	nicardipine hcl cap 20 mg, 30 mg	
	ONE HYDROCHLORIDE		nicotine polacrilex gum 2 mg, 4 mg	
			· · · · · · · · · · · · · · · · · · ·	
KEY I	<b>PA</b> = Prior Authorization		ST = Responsible Steps	
· \ _	LD = Limited Distribution		QL = Quantity Limit (Max Quantity/Time)	
	SP = Specialty		— Quantity Ellint (Max Quantity/ Illino)	

nicotine polacrilex lozenge 2 mg, 4 mg	75	norethindrone ace-ethinyl estradiol-te cap 1 mg-20	
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21		mcg (24)	
mg/24hr		norethindrone acetate-ethinyl estradiol tab 0.5 mg-	
NICOTROL INHALER		mcg	28
NICOTROL NS		norethindrone acetate-ethinyl estradiol tab 1 mg-5	
nifedipine cap 10 mg, 20 mg		mcg	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	42	norethindrone acetate tab 5 mg	30
nifedipine tab er 24hr osmotic release 30 mg, 60	mg,	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-3	35
90 mg		mg-mcg	29
NILANDRON		norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35	mg-
nilotinib hcl cap 50 mg (base equivalent), 150 mg	ı (base	mcg, 0.5-35/1-35/0.5-35 mg-mcg	30
equivalent), 200 mg (base equivalent)	22	norethindrone tab 0.35 mg	30
nilutamide tab 150 mg	22	norgestimate & ethinyl estradiol tab 0.25 mg-35	
NIMODIPINE	42	mcg	30
nimodipine cap 30 mg	42	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-2	<b>2</b> 5
NINLARO	22	mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	30
NISOLDIPINE ER	42	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	42	NORPACE	
nitazoxanide tab 500 mg		NORPACE CR	
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg		NORPRAMIN	65
NITRO-BID		nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg	6
NITRO-DUR		nortriptyline hcl soln 10 mg/5ml	
nitrofurantoin macrocrystalline cap 25 mg, 50 mg		NORVIR	
mg		NOURIANZ	
nitrofurantoin monohydrate macrocrystalline cap		NOVA MAX BLOOD GLUCOSE MO	
mg		NOVA MAX GLUCOSE TEST STR	
nitrofurantoin susp 25 mg/5ml		NOVA SAFETY LANCETS 23G	
nitroglycerin oint 0.4%		NOVA SAFETY LANCETS 28G	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg		NOVA SUREFLEX LANCETS	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0		NOVA SUREFLEX LANCING DEV	
mg/hr, 0.6 mg/hr		NOVAVAX COVID-19 VACCINE/	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray		NOVOEIGHT	
NITROLINGUAL		NOVOFINE PEN NEEDLE 32G X	
NITROSTAT		NOVOFINE PLUS PEN NEEDLE	
NITRO-TIME		NOVOLIN 70/30	
NITYR		NOVOLIN 70/30 FLEXPEN	
NIVA-PLUS		NOVOLIN 70/30 FLEXPEN REL	
NIVA THYROID		NOVOLIN 70/30 RELION	
NIVESTYM		NOVOLIN N	
NIZATIDINE		NOVOLIN N FLEXPEN	
nizatidine cap 150 mg		NOVOLIN N FLEXPEN RELION	
NORDITROPIN FLEXPRO		NOVOLIN N RELION	
norelgestromin-ethinyl estradiol td ptwk 150-35		NOVOLIN R	
mcg/24hr	29	NOVOLIN R FLEXPEN	
norethindrone & ethinyl estradiol-fe chew tab 0.8		NOVOLIN R FLEXPEN RELION	
mg-25 mcg		NOVOLIN R RELION	
norethindrone & ethinyl estradiol tab 0.4 mg-35 n		NOVOLIG	
		NOVOLOG FLEXPEN	
0.5 mg-35 mcg, 1 mg-35 mcgnorethindrone ace & ethinyl estradiol-fe tab 1 mg		NOVOLOG FLEXPEN RELION	
		NOVOLOG FLEXPEN RELION	
mcg, 1.5 mg-30 mcgnorethindrone ace & ethinyl estradiol tab 1 mg-20		NOVOLOG MIX 70/30NOVOLOG MIX 70/30 PREFILL	
1.5 mg-30 mcg	29	NOVOLOG BENEILL	
		NOVOLOG PENFILL	J
VEV DA - Drien Authorit		CT - Decreasible Oten-	_
KEY   <b>PA</b> = Prior Authorization		ST = Responsible Steps	

**LD** = Limited Distribution

NOVOSEVEN RT.	NOVOLOG RELION		olanzapine orally disintegrating tab 5 mg, 10 mg, 15	
NOXARIL   4   Mg				
NP THYROID 15.				
NP THYROID 30				68
NP THYROID 60. 36 omesartan medoxomil-hydrochlorothiazide tab NP THYROID 120 36 Omesartan medoxomil-hydrochlorothiazide tab NP THYROID 120 36 Outstand 15 mg, 40-25 mg. 45 outstand 15 mg, 20 mg, 40 mg. 45 outstand 15 mg, 20 mg, 40 mg. 45 olopatadine hcl nasal soln 0.6% 51 olopatadine hcl nasal so			• •	
NP THYROID 90.			<u> </u>	
NP THYROID 120.   36   20-12.5 mg, 40-12.5 mg, 40-25 mg.   48   36   36   36   36   36   36   36   3				45
NUEALA   53   10   10   10   10   10   10   10   1				
NUCAIA				
NUCYNTA ER				
NUEDEXTA. 75 omega-3-acid ethyl esters cap 1 gm. 48 omeprazole cap delayed release 10 mg. 40 mg. 57 NUPLAZID. 68 omeprazole cap delayed release 10 mg. 40 mg. 57 NUPLAZID. 68 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 68 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 68 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 68 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 68 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 68 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 69 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 69 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 69 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 69 OMEPOLO CAP delayed release 10 mg. 40 mg. 57 NUPLAZID. 69 OMEPOLO CAP DELAYED.				
NULIBRY NUPLAZID NUVIG NUPLAZID NUWIG NUWIG NUMIG NUMI				
NUPLAZID.         68         omeprazole cap delayed release 10 mg, 40 mg.         57           NURTEC.         83         OMNIFLEX DIAPHRAGM.         157           NUVARING.         30         OMNIPOD DASH INTRO KIT (G.         157           NUVIQ.         99         OMNIPOD DASH PODS (GEN 4).         157           NUZYRA.         3         OMNIPOD 5 DEXCOM G766 INT.         157           NYSATATIN.         106         OMNIPOD 5 DEXCOM G766 POD.         157           NYSTATIN.         106         OMNIPOD 5 DEXCOM G766 POD.         157           NYSTATIN.         106         OMNIPOD 5 LIBREZ PLUS G6.         157           Nystatin cream 100000 unit/gm.         111         OMNIPOD 5 LIBREZ PLUS G6.         157           nystatin susp 100000 unit/gm.         111         OMNIPOD 5 LIBREZ PLUS G6.         157           nystatin susp 100000 unit/gm.         111         OMNIPOD 5 LIBREZ PLUS G6.         157           nystatin topical powder 100000 unit/gm.         111         ONN CALL EXPRESS BLOOD GLU.         158           nystatin topical powder 100000 unit/gm.         111         ONDANSETRON HCL.         57           nystatin-triamcinolone cream 100000-0.1 unit/gm-%.         111         ONDANSETRON HCL.         57           nystatin-triamcinolone cream 100000-0.1				
NUTRIEC				
NUVARING   30				
NUWIQ. 99 OMNIPOD 5 DEXCOM G7G6 INT. 157 NYMALIZE. 42 OMNIPOD 5 DEXCOM G7G6 INT. 157 NYMALIZE. 42 OMNIPOD 5 DEXCOM G7G6 POD. 157 NYSTATIN. 106 OMNIPOD 5 LIBRE2 PLUS G6. 157 nystatin cream 100000 unit/gm. 111 OMNITROPE. 38 nystatin oint 100000 unit/gm. 111 OMNOH. 55 nystatin susp 100000 unit/ml. 106 ON CALL EXPRESS BLOOD GLU. 118 nystatin tab 500000 unit 4 nystatin tab 500000 unit/gm. 111 nystatin-triamcinolone cream 100000-0.1 unit/gm- % 111 nystatin-triamcinolone cream 100000-0.1 unit/gm- % 111 NYVEPRIA. 95 O  OBIZUR. 100 OBIZUR. 100 OBSTETRIX EC. 93 OCITEOTIDE ACETATE. 38 OCTREOTIDE ACETATE. 38 OCTREOTICH DELICA LANCETS E. 158 OCTREOTICH DELICA LANCETS E. 158 OCTREOTICH DELICA SAFETY LA. 158 OCTREOTICH ULTRA BLUE TEST. 118 ONETOUCH ULTRA BLUE TEST. 119 ODALTA. 119 ONETOUCH ULTRA SEIT STRIP. 119 OFFICIAL VERIO REFLECT. 158 OFFICIAL VER				
NUZYRA				
NYMALIZE         42         OMNIPOD 5 DEXCOM G7G6 POD         157           NYSTATIN         106         OMNIPOD 5 LIBRE2 PLUS G6         157           nystatin cream 100000 unit/gm         111         OMNIPOD 5 LIBRE2 PLUS G6         157           nystatin oint 100000 unit/gm         111         OMNIPOD 5 LIBRE2 PLUS G6         157           nystatin oint 100000 unit/gm         111         OMVOH         59           nystatin tab 500000 unit         4         ON CALL EXPRESS BLOOD GLU         118           nystatin tab 500000 unit/m         111         ON CALL EXPRESS BLOOD GLU         118           nystatin tab 500000 unit/m         111         ON CALL EXPRESS BLOOD GLU         118           nystatin-triamcinolone cream 100000-0.1 unit/gm         111         ON CALL EXPRESS BLOOD GLU         118           nystatin-triamcinolone cream 100000-0.1 unit/gm         111         ON CALL EXPRESS BLOOD GLU         118           nystatin-triamcinolone cream 100000-0.1 unit/gm         111         ON CALL EXPRESS BLOOD GLU         118           nystatin tab 500000 unit/gm         111         Ondansetron hcl oral soin 4 mg/sml         57           nystatin tab 500000 unit/gm         111         Ondansetron hcl oral soin 4 mg/sml         57           nystatin tab 500000 unit/gm         111         Ondansetro				
NYSTATIN. 106 OMNIPOD 5 LIBRE2 PLUS G6. 157 nystatin cream 100000 unit/gm				
nystatin cream 100000 unit/gm.         111         OMNITROPE         38           nystatin oint 100000 unit/gm         111         OMVOH.         59           nystatin susp 100000 unit/ml.         40         ON CALL EXPRESS BLOOD GLU.         111           nystatin tab 500000 unit.         4         ONDANSETRON HCL.         57           nystatin-triamcinolone cream 100000-0.1 unit/gm.         111         ondansetron hcl oral soln 4 mg/5ml.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm.         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm.         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm.         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm.         111         ondansetron orally disintegrating tab 4 mg, 8 mg.         57           NYLEPIIA.         95         ONE DROP BLOOD GLUCOSE MO.         158           OBIZUR.         100         ONE DROP BLOOD GLUCOSE MO.         158           OCTREOTIDE ACETATE.         38         ONE TOUCH DELICA LANCETS F.         158           OCTREOTIDE ACETATE.         38         ONE TOUCH DELICA LANCETS F.         158           OCTREOTIDE ACETATE.         38				
nystatin oint 100000 unit/gm         111         OMVOH.         58           nystatin susp 100000 unit/ml         106         ON CALL EXPRESS BLOOD GLU.         118           nystatin tab 500000 unit/ml         4         ONDANSETRON HCL         57           nystatin topical powder 100000 unit/gm         111         ondansetron hcl oral soln 4 mg/5ml         57           nystatin-triamcinolone cream 100000-0.1 unit/gm-%         111         ondansetron hcl tab 4 mg         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 4 mg         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 4 mg         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 4 mg         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 4 mg         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 4 mg         57           OBEIUC         0         0         0         0				
nystatin susp 100000 unit/ml.         106         ON CALL EXPRESS BLOOD GLU.         119           nystatin tab 500000 unit.         4         4         ONDANSETRON HCL.         57           nystatin-triamcinolone cream 100000-0.1 unit/gm-7         111         ondansetron hcl tab 4 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-7         111         ondansetron hcl tab 8 mg.         57           nyvEPRIA.         95         ONE DROP BLOOD GLUCOSE MO.         158           O         ONE DROP BLOOD GLUCOSE TE.         119           OBSTETRIX EC.         93         ONETOUCH DELICA LANCETS E.         158           OCTREOTIDE ACETATE.         36         ONETOUCH DELICA LANCETS F.         158           Octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 100         38         ONETOUCH DELICA SAFETY LA.         158           OCUFLOX.         103         ONETOUCH ULTRA.         119           ODACTRA.         16         ONETOUCH ULTRA BLUE TEST.         119           ODEFSEY         7         ONETOUCH ULTRA TEST STRIP.         119           OFLOXACIN.         3         ONETOUCH VERIO Q.         158           OFLOXACIN.         3         ONETOUCH VERIO REFLECT.         158           OFLOXACIN.         3         ONETOUCH VERIO REFLECT				
nystatin tab 500000 unit.         4         ONDANSETRON HCL         57           nystatin topical powder 100000 unit/gm.         111         ondansetron hcl oral soln 4 mg/5ml.         57           nystatin-triamcinolone cream 100000-0.1 unit/gm-%         111         ondansetron hcl tab 4 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg.         57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron hcl tab 8 mg.         57           on De DROP BLOOD GLUCOSE MC.         158         ONETOUCH DELICA LANCETS E.         158           octreatic sectate inj 500 mcg/ml (0.2 mg/ml),				
Ondansetron hcl oral soln 4 mg/5ml.   57				
Nystatin-triamcinolone cream 100000-0.1 unit/gm-%				
%         111         ondansetron hcl tab 8 mg         .57           nystatin-triamcinolone oint 100000-0.1 unit/gm-%         111         ondansetron orally disintegrating tab 4 mg, 8 mg         .57           NYVEPRIA.         95         ONE DROP BLOOD GLUCOSE MO         158           OBIZUR         100         ONETOUCH DELICA LANCETS E         158           OSTREOTIDE ACETATE         93         ONETOUCH DELICA LANCETS F         158           OCTREOTIDE ACETATE         38         ONETOUCH DELICA LANCETS F         158           octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000         0NETOUCH DELICA SAFETY LA         158           octreotide acetate inj 50 mcg/ml (0.5 mg/ml), 100          0NETOUCH DELICA SAFETY LA         158           octreotide acetate inj 50 mcg/ml (0.5 mg/ml), 38         ONETOUCH ULTRA         119           OCUFLOX.         103         ONETOUCH ULTRA 2         158           ODEFSEY.         7         ONETOUCH ULTRA BLUE TEST         119           OFEV.         55         ONETOUCH ULTRA TEST STRIP.         119           OFLOXACIN.         3         0NETOUCH VERIO FLEX BLOOD         158           OFLOXACIN.         3         0NETOUCH VERIO FLEX BLOOD         158           OFLOXACIN.         3         0NETOUCH VERIO FLEX BLOOD         158 <td></td> <td></td> <td></td> <td></td>				
Nystatin-triamcinolone oint 100000-0.1 unit/gm-%	•	111		
NYVEPRIA         95         ONE DROP BLOOD GLUCOSE MO         158           O         ONE DROP BLOOD GLUCOSE TE         119           OBIZUR         100         ONETOUCH DELICA LANCETS E         158           OBSTETRIX EC         93         ONETOUCH DELICA LANCING D         158           OCTREOTIDE ACETATE         38         ONETOUCH DELICA LANCETS F         158           OCTREOTIDE ACETATE         38         ONETOUCH DELICA LANCETS F         158           OCTREOTIDE ACETATE         38         ONETOUCH DELICA LANCETS F         158           OCTREOTIDE ACETATE         38         ONETOUCH ULRA         158           OCTREOTIDE ACETATE         38         ONETOUCH ULRA         158           ODETOUCH ULTRA				
ONE DROP BLOOD GLUCOSE TE				
ONETOUCH DELICA LANCETS E 158 OBSTETRIX EC 93 ONETOUCH DELICA LANCING D 158 OCTREOTIDE ACETATE 38 ONETOUCH DELICA PLUS LANC 158 OCTREOTIDE ACETATE 38 ONETOUCH DELICA SAFETY LA 158 OCTREOTIDE ACETATE 38 ONETOUCH DELICA SAFETY LA 158 OCTREOTIDE ACETATE 38 ONETOUCH ULTRA SAFETY LA 158 OCTREOTIDE ACETATE 38 ONETOUCH ULTRA 158 OCTREOTIDE ACETATE 38 ONETOUCH ULTRA 2 158 OCTREOTIDE ACETATE 38 ONETOUCH ULTRA BLUE TEST 119 ONETOUCH ULTRA BLUE TEST 119 ONETOUCH ULTRA TEST STRIP 119 ONETOUCH ULTRA TEST STRIP 119 ONETOUCH VERIO FLEX BLOOD 158 OFLOXACIN 3 ONETOUCH VERIO IQ BLOOD G 158 OFLOXACIN 3 ONETOUCH VERIO TEST STRIP 119 OFLOXACIN 104 ONETOUCH VERIO TEST STRIP 119 OFLOXACIN 105 ONETOUCH VERIO TEST STRIP 119 OFLOXACIN 106 ONETOUCH VERIO TEST STRIP 119 ONETO		00		
OBIZUR.         100         ONETOUCH DELICA LANCETS F.         158           OBSTETRIX EC.         93         ONETOUCH DELICA LANCING D.         158           OCTREOTIDE ACETATE.         38         ONETOUCH DELICA PLUS LANC.         158           OCTREOTIDE ACETATE.         38         ONETOUCH DELICA PLUS LANC.         158           OCTREOTIDE ACETATE.         38         ONETOUCH DELICA SAFETY LA         158           OCTREOTIDE ACETATE.         38         ONETOUCH DELICA SAFETY LA         158           OCTREOTIDE ACETATE.         38         ONETOUCH DELICA LANCING D.         158           OCTREOTIDE ACETATE.         38         ONETOUCH DELICA LANCING D.         158           ONETOUCH DELICA LANCING D.         158         0NETOUCH DELICA LANCING D.         158           ONETOUCH DELICA LANCING D.         158         0NETOUCH ULTRA.         119           ONETOUCH ULTRA.         119         0NETOUCH ULTRA.         119           OFEV.         55         ONETOUCH ULTRA BLUE TEST.         119           OFEV.         55         ONETOUCH ULTRA TEST STRIP.         119           OFLOXACIN.         3         ONETOUCH VERIO IQ BLOOD G.         158           OFLOXACIN.         3         ONETOUCH VERIO REFLECT.         158	O			
OBSTETRIX EC.         93         ONETOUCH DELICA LANCING D.         158           OCTREOTIDE ACETATE.         38         ONETOUCH DELICA PLUS LANC.         158           octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).         38         ONETOUCH DELICA SAFETY LA.         158           octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100         ONETOUCH LANCETS.         158           octreotide acetate inj 50 mcg/ml (0.5 mg/ml), 100         ONETOUCH ULTRA.         119           mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).         38         ONETOUCH ULTRA.         119           OCUFLOX.         103         ONETOUCH ULTRA ELUE TEST.         119           ODACTRA.         16         ONETOUCH ULTRASOFT 2 LANC.         158           ODEFSEY.         7         ONETOUCH ULTRA TEST STRIP.         119           ODOMZO.         22         ONETOUCH VERIO.         158           OFLOXACIN.         3         ONETOUCH VERIO FLEX BLOOD.         158           OFLOXACIN.         3         ONETOUCH VERIO REFLECT.         158           Ofloxacin ophth soln 0.3%.         104         ONETOUCH VERIO TEST STRIP.         119           Ofloxacin tab 400 mg.         3         ONE VITE WOMENS PRENATAL         93           OSIVEO.         22         ONFI.         <	OBIZUR	100		
OCTREOTIDE ACETATE         38         ONETOUCH DELICA PLUS LANC.         158           octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000         0NETOUCH DELICA SAFETY LA         158           octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100         0NETOUCH LANCETS         158           octreotide acetate inj 50 mcg/ml (0.5 mg/ml), 100         0NETOUCH ULTRA         119           mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)         38         ONETOUCH ULTRA         119           ODACTRA         16         ONETOUCH ULTRA BLUE TEST         119           ODEFSEY         7         ONETOUCH ULTRA TEST STRIP         119           OFEV         55         ONETOUCH VERIO         158           OFLOXACIN         3         ONETOUCH VERIO FLEX BLOOD         158           OFLOXACIN         3         ONETOUCH VERIO FLEX BLOOD         158           OFLOXACIN         3         ONETOUCH VERIO TEST STRIP         119           Ofloxacin ophth soln 0.3%         104         ONETOUCH VERIO TEST STRIP         119           Ofloxacin tab 400 mg         3         ONETOUCH VERIO TEST STRIP         119           OSIVEO         22         ONFI         87           OJEMDA         22         ONIREG         22           OJJAARA         22 <td< td=""><td>OBSTETRIX EC</td><td> 93</td><td></td><td></td></td<>	OBSTETRIX EC	93		
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).         38 octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).         ONETOUCH DELICA SAFETY LA.         158 ONETOUCH LANCETS.         158 ONETOUCH ULTRA.         119 ONETOUCH ULTRA.	OCTREOTIDE ACETATE	38		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).         ONETOUCH ULTRA         119           OCUFLOX.         103 ONETOUCH ULTRA BLUE TEST.         119           ODACTRA.         16 ONETOUCH ULTRASOFT 2 LANC.         158           ODEFSEY.         7 ONETOUCH ULTRA TEST STRIP.         119           ODOMZO.         22 ONETOUCH VERIO.         158           OFEV.         55 ONETOUCH VERIO FLEX BLOOD.         158           OFLOXACIN.         3 ONETOUCH VERIO IQ BLOOD G.         158           Ofloxacin ophth soln 0.3%.         104 ONETOUCH VERIO REFLECT.         158           Ofloxacin tab 400 mg.         3 ONE VITE WOMENS PRENATAL         93           OGSIVEO.         22 ONFI.         87           OJEMDA.         22 ONUREG.         22           OJJAARA.         22 OPFOLDA.         38           Olanzapine for im inj 10 mg.         68         OPILL         30	octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000			
mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)         38         ONETOUCH ULTRA 2         158           OCUFLOX         103         ONETOUCH ULTRA BLUE TEST         119           ODACTRA         16         ONETOUCH ULTRASOFT 2 LANC         158           ODEFSEY         7         ONETOUCH ULTRA TEST STRIP         119           ODOMZO         22         ONETOUCH VERIO         158           OFEV         55         ONETOUCH VERIO FLEX BLOOD         158           OFLOXACIN         3         ONETOUCH VERIO IQ BLOOD G         158           Ofloxacin ophth soln 0.3%         104         ONETOUCH VERIO REFLECT         158           Ofloxacin otic soln 0.3%         105         ONETOUCH VERIO TEST STRIP         119           Ofloxacin tab 400 mg         3         ONE VITE WOMENS PRENATAL         93           OGSIVEO         22         ONFI         87           OJEMDA         22         ONUREG         22           OJJAARA         22         OPFOLDA         38           Olanzapine for im inj 10 mg         68         OPILL         30	mcg/ml (1 mg/ml)	38	ONETOUCH LANCETS	. 158
OCUFLOX.         103         ONETOUCH ULTRA BLUE TEST.         119           ODACTRA.         16         ONETOUCH ULTRASOFT 2 LANC.         158           ODEFSEY.         7         ONETOUCH ULTRA TEST STRIP.         119           ODOMZO.         22         ONETOUCH VERIO.         158           OFEV.         55         ONETOUCH VERIO FLEX BLOOD.         158           OFLOXACIN.         3         ONETOUCH VERIO IQ BLOOD G.         158           Ofloxacin ophth soln 0.3%.         104         ONETOUCH VERIO REFLECT.         158           Ofloxacin otic soln 0.3%.         105         ONETOUCH VERIO TEST STRIP.         119           Ofloxacin tab 400 mg.         3         ONE VITE WOMENS PRENATAL.         93           OGSIVEO.         22         ONFI.         87           OJEMDA.         22         ONUREG.         22           OJJAARA         22         OPFOLDA.         38           Olanzapine for im inj 10 mg.         68         OPILL         30			ONETOUCH ULTRA	119
ODACTRA         16         ONETOUCH ULTRASOFT 2 LANC         158           ODEFSEY         7         ONETOUCH ULTRA TEST STRIP         119           ODOMZO         22         ONETOUCH VERIO         158           OFEV         55         ONETOUCH VERIO FLEX BLOOD         158           OFLOXACIN         3         ONETOUCH VERIO IQ BLOOD G         158           Ofloxacin ophth soln 0.3%         104         ONETOUCH VERIO REFLECT         158           Ofloxacin otic soln 0.3%         105         ONETOUCH VERIO TEST STRIP         119           Ofloxacin tab 400 mg         3         ONE VITE WOMENS PRENATAL         93           OGSIVEO         22         ONFI         87           OJEMDA         22         ONUREG         22           OJJAARA         22         OPFOLDA         38           Olanzapine for im inj 10 mg         68         OPILL         30			ONETOUCH ULTRA 2	. 158
ODEFSEY         7         ONETOUCH ULTRA TEST STRIP         119           ODOMZO         22         ONETOUCH VERIO         158           OFEV         55         ONETOUCH VERIO FLEX BLOOD         158           OFLOXACIN         3         ONETOUCH VERIO IQ BLOOD G         158           Ofloxacin ophth soln 0.3%         104         ONETOUCH VERIO REFLECT         158           Ofloxacin otic soln 0.3%         105         ONETOUCH VERIO TEST STRIP         119           OGSIVEO         3         ONE VITE WOMENS PRENATAL         93           OJEMDA         22         ONFI         87           OJJAARA         22         OPFOLDA         38           Olanzapine for im inj 10 mg         68         OPILL         30			ONETOUCH ULTRA BLUE TEST	. 119
ODOMZO.         22         ONETOUCH VERIO.         158           OFEV.         55         ONETOUCH VERIO FLEX BLOOD.         158           OFLOXACIN.         3         ONETOUCH VERIO IQ BLOOD G.         158           Ofloxacin ophth soln 0.3%.         104         ONETOUCH VERIO REFLECT.         158           Ofloxacin otic soln 0.3%.         105         ONETOUCH VERIO TEST STRIP.         119           Ofloxacin tab 400 mg.         3         ONE VITE WOMENS PRENATAL.         93           OGSIVEO.         22         ONFI.         87           OJEMDA.         22         ONUREG.         22           OJJAARA.         22         OPFOLDA.         38           Olanzapine for im inj 10 mg.         68         OPILL         30			ONETOUCH ULTRASOFT 2 LANC	158
OFEV			ONETOUCH ULTRA TEST STRIP	.119
OFLOXACIN         3         ONETOUCH VERIO IQ BLOOD G         158           ofloxacin ophth soln 0.3%         104         ONETOUCH VERIO REFLECT         158           ofloxacin otic soln 0.3%         105         ONETOUCH VERIO TEST STRIP         119           ofloxacin tab 400 mg         3         ONE VITE WOMENS PRENATAL         93           OGSIVEO         22         ONFI         87           OJEMDA         22         ONUREG         22           OJJAARA         22         OPFOLDA         38           olanzapine for im inj 10 mg         68         OPILL         30				
ofloxacin ophth soln 0.3%         104         ONETOUCH VERIO REFLECT         158           ofloxacin otic soln 0.3%         105         ONETOUCH VERIO TEST STRIP         119           ofloxacin tab 400 mg         3         ONE VITE WOMENS PRENATAL         93           OGSIVEO         22         ONFI         87           OJEMDA         22         ONUREG         22           OJJAARA         22         OPFOLDA         38           olanzapine for im inj 10 mg         68         OPILL         30				
ofloxacin otic soln 0.3%         105         ONETOUCH VERIO TEST STRIP         119           ofloxacin tab 400 mg         3         ONE VITE WOMENS PRENATAL         93           OGSIVEO         22         ONFI         87           OJEMDA         22         ONUREG         22           OJJAARA         22         OPFOLDA         38           olanzapine for im inj 10 mg         68         OPILL         30				
ofloxacin tab 400 mg				
OGSIVEO				
OJEMDA				
OJJAARA				
olanzapine for im inj 10 mg68 OPILL 30				
· · · · · · · · · · · · · · · · · · ·				
OPSUMIT49	olanzapine for im inj 10 mg	68	ODILI	30

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

OPTIONS GYNOL II VAGINAL	62	OZEMPIC	32
OPTIUMEZ TEST STRIPS	119	P	
OPVEE	114	•	
OPZELURA	111	PALFORZIA INITIAL DOSE ES	
ORAVIG	106	PALFORZIA LEVEL 0	
ORENCIA	81	PALFORZIA LEVEL 1	
ORENCIA CLICKJECT	81	PALFORZIA LEVEL 2	16
ORENITRAM	49	PALFORZIA LEVEL 3	
ORENITRAM TITRATION KIT M	49	PALFORZIA LEVEL 4	16
ORFADIN	38	PALFORZIA LEVEL 5	16
ORGOVYX	22	PALFORZIA LEVEL 6	
ORIAHNN	28	PALFORZIA LEVEL 7	
ORILISSA	38	PALFORZIA LEVEL 8	
ORKAMBI	55	PALFORZIA LEVEL 9	
ORLADEYO		PALFORZIA LEVEL 10	
ORPHENADRINE/ASPIRIN/CAFF		PALFORZIA LEVEL 11 (MAINT	16
orphenadrine citrate tab er 12hr 100 mg		PALFORZIA LEVEL 11 (TITRA	16
ORSERDU		paliperidone tab er 24hr 6 mg	68
oseltamivir phosphate cap 30 mg (base equiv)		paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg	68
oseltamivir phosphate cap 45 mg (base equiv), 75		PALYNZIQ	
(base equiv)		PAMELOR	65
oseltamivir phosphate for susp 6 mg/ml (base		PANRETIN	111
equiv)	7	pantoprazole sodium ec tab 20 mg (base equiv), 40	0 mg
OSPHENA		(base equiv)	57
OTEZLA		pantoprazole sodium for delayed release susp page	cket
OTREXUP		40 mg	57
OVIDE		paricalcitol cap 4 mcg	39
oxaprozin tab 600 mg		paricalcitol cap 1 mcg, 2 mcg	39
oxazepam cap 10 mg, 15 mg, 30 mg		PARLODEL	90
oxcarbazepine susp 300 mg/5ml (60 mg/ml)		PARNATE	65
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg		paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg	65
oxcarbazepine tab 150 mg, 300 mg, 600 mg		PAROXETINE HYDROCHLORIDE	65
OXERVATE		paroxetine mesylate cap 7.5 mg (base equiv)	75
oxiconazole nitrate cream 1%		PAXLOVID	7
OXTELLAR XR		pazopanib hcl tab 200 mg (base equiv)	
oxybutynin chloride solution 5 mg/5ml		PC UNIFINE PENTIPS 29G X	
oxybutynin chloride tab er 24hr 5 mg		PC UNIFINE PENTIPS 31G X	158
oxybutynin chloride tab er 24hr 10 mg		PEDIAPRED	26
oxybutynin chloride tab er 24hr 15 mg		PEDIARIX	15
oxybutynin chloride tab 5 mg		PEDVAX HIB	14
OXYCODONE/ACETAMINOPHEN		PEGASYS	7
oxycodone hcl cap 5 mg	79	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236	3
oxycodone hcl conc 100 mg/5ml (20 mg/ml)		gm	
oxycodone hcl soln 5 mg/5ml		peg 3350-kcl-nacl-na sulfate-na ascorbate-c for so	-In
oxycodone hcl tab 5 mg		100 gm	
oxycodone hcl tab 10 mg		peg 3350-kcl-sod bicarb-nacl for soln 420 gm	55
oxycodone hcl tab 20 mg		PEG-PREP	56
oxycodone hcl tab 15 mg, 30 mg		PEMAZYRE	22
OXYCODONE HYDROCHLORIDE/A		PENBRAYA	
oxycodone w/ acetaminophen tab 7.5-325 mg		penciclovir cream 1%	<b>11</b> 1
oxycodone w/ acetaminophen tab 10-325 mg		penicillamine tab 250 mg	
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-32		PENICILLIN V POTASSIUM	
mg		penicillin v potassium tab 250 mg, 500 mg	1
J			

**LD** = Limited Distribution

SP = Specialty

ST = Responsible Steps

PENMENVY	14	PERSERIS	68
PEN NEEDLE/5-BEVEL TIP/32	158	PFIZER-BIONTECH COVID-19	14
PEN NEEDLES		PHARMACIST CHOICE AUTOCOD	119
PEN NEEDLES/29G X 1/2"	159	PHARMACIST CHOICE MINI BL	
PEN NEEDLES/31G X 1/4"		PHARMACIST CHOICE NO CODI	
PEN NEEDLES/31G X 3/16"		PHARMACIST CHOICE SELECT	160
PEN NEEDLES/31G X 5/16"		PHARMACIST CHOICE ULTRA T	
PEN NEEDLES/32G X 5/32"		PHEBURANE	
PEN NEEDLES/31G X 6MM	159	PHENELZINE SULFATE	65
PEN NEEDLES 31GX5/16"		phenobarbital elixir 20 mg/5ml	70
PEN NEEDLES 31G X 3/16"		phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg	, 60
PEN NEEDLES 33G X 5/32"	159	mg, 64.8 mg, 97.2 mg, 100 mg	70
PEN NEEDLES 30GX5MM	158	phenoxybenzamine hcl cap 10 mg	45
PEN NEEDLES 30GX8MM	158	phenylephrine hcl ophth soln 2.5%, 10%	104
PEN NEEDLES 31GX5MM	159	PHENYLEPHRINE HYDROCHLORI	104
PEN NEEDLES 31GX8MM	159	phenytoin chew tab 50 mg	87
PEN NEEDLES 32GX4MM	159	phenytoin sodium extended cap 100 mg	87
PEN NEEDLES 29GX12MM	158	phenytoin sodium extended cap 200 mg, 300 mg.	87
PEN NEEDLES 31G X 5MM	158	phenytoin susp 125 mg/5ml	87
PEN NEEDLES 31G X 6MM	158	PHEXXI	62
PEN NEEDLES 31G X 8MM	159	PHOSPHOLINE IODIDE	104
PEN NEEDLES 32G X 4MM		phytonadione tab 5 mg	92
PEN NEEDLES 32G X 5MM	159	PIFELTRO	
PEN NEEDLES 32G X 6MM	159	pilocarpine hcl ophth soln 1%, 2%, 4%	104
PEN NEEDLES 31GX8MM (5/16	159	pilocarpine hcl tab 5 mg, 7.5 mg	106
PEN NEEDLES 31GX6MM (1/4"	159	pimecrolimus cream 1%	111
PENTACEL	15	PIMOZIDE	
pentamidine isethionate for nebulization soln 3		pindolol tab 5 mg, 10 mg	
mg		pioglitazone hcl-metformin hcl tab 15-500 mg, 15-	
pentazocine w/ naloxone hcl tab 50-0.5 mg		mg	
PENTIPS GENERIC PEN NEEDL		pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv)	
PENTIPS 31GX5MM		equiv), 45 mg (base equiv)	
PENTIPS 31GX6MM		PIP BLOOD GLUCOSE MONITOR	
PENTIPS 31GX8MM		PIP BLOOD GLUCOSE TEST ST	
PENTIPS 32GX4MM		PIP LANCETS/28G	
PENTIPS 29GX12MM		PIP LANCETS/30G	
PENTIPS 29G X 12MM		PIP PEN NEEDLES 31G X 5MM	
PENTIPS 31G X 5MM	160	PIP PEN NEEDLES 32G X 4MM	
PENTIPS 31G X 8MM	160	PIQRAY 200MG DAILY DOSE	
PENTIPS 32G X 4MM	160 160	PIQRAY 250MG DAILY DOSE	22
PENTIPS 32G X 4MMpentoxifylline tab er 400 mg	160 160 <b>100</b>	PIQRAY 250MG DAILY DOSEPIQRAY 300MG DAILY DOSE	22 22
PENTIPS 32G X 4MMpentoxifylline tab er 400 mgperampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg,		PIQRAY 250MG DAILY DOSE PIQRAY 300MG DAILY DOSE PIRFENIDONE	22 22 55
PENTIPS 32G X 4MMpentoxifylline tab er 400 mgperampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, mg	160 160 100 12	PIQRAY 250MG DAILY DOSEPIQRAY 300MG DAILY DOSEPIRFENIDONEpirfenidone cap 267 mg	22 22 55
PENTIPS 32G X 4MMpentoxifylline tab er 400 mgperampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, mg	160 160 100 12 87	PIQRAY 250MG DAILY DOSE PIQRAY 300MG DAILY DOSE PIRFENIDONE pirfenidone cap 267 mg pirfenidone tab 267 mg	22 22 55 <b>55</b>
PENTIPS 32G X 4MMpentoxifylline tab er 400 mgperampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, mgPERFECT LANCETS 30GPERFECT POINT SAFETY LANC	160 160 100 12 87 160	PIQRAY 250MG DAILY DOSE PIQRAY 300MG DAILY DOSE PIRFENIDONE pirfenidone cap 267 mg pirfenidone tab 267 mg pirfenidone tab 801 mg	22 55 55 55
PENTIPS 32G X 4MM  pentoxifylline tab er 400 mg  perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, mg  PERFECT LANCETS 30G  PERFECT POINT SAFETY LANC  PERFECT POINT SAFTEY NEED	160 160 100 1287 160 160	PIQRAY 250MG DAILY DOSE	22 55 55 55 55
PENTIPS 32G X 4MM	160 100 1287 160 160 160	PIQRAY 250MG DAILY DOSE	22 55 55 55 82
PENTIPS 32G X 4MM	160 100 1287 160 160 160 160	PIQRAY 250MG DAILY DOSE	22 55 55 55 48
PENTIPS 32G X 4MM	160160100 1287160160160160160160	PIQRAY 250MG DAILY DOSE	22 55 55 55 48 48
PENTIPS 32G X 4MM	160100 1287160160160160160160160150	PIQRAY 250MG DAILY DOSE	22 55 55 55 48 48 48
PENTIPS 32G X 4MM	160100 12160160160160160160160150150	PIQRAY 250MG DAILY DOSE	22 55 55 55 30 48 48 30 75
PENTIPS 32G X 4MM	160100 1216016016016016016016014511175	PIQRAY 250MG DAILY DOSE PIQRAY 300MG DAILY DOSE PIRFENIDONE pirfenidone cap 267 mg pirfenidone tab 267 mg pirfenidone tab 801 mg piroxicam cap 10 mg, 20 mg pitavastatin calcium tab 4 mg pitavastatin calcium tab 1 mg, 2 mg PLAN B ONE-STEP PLAQUENIL PLEGRIDY PLEGRIDY STARTER PACK	22 55 55 55 48 48 30 10 75
PENTIPS 32G X 4MM	160100 1216016016016016016016014511175	PIQRAY 250MG DAILY DOSE	22 55 55 55 48 48 10 75

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps

PNEUMOVAX 23		prasugrel hcl tab 5 mg (base equiv), 10 mg (base	
PNV 27-CA/FE/FA		equiv)	100
PNV-DHA+DOCUSATE	93	pravastatin sodium tab 80 mg	48
PNV-OMEGA	93	pravastatin sodium tab 10 mg, 20 mg, 40 mg	48
POCKETCHEM EZ BLOOD GLUCO	120	praziquantel tab 600 mg	10
PODOFILOX	111	prazosin hcl cap 1 mg, 2 mg, 5 mg	45
podofilox gel 0.5%		PRECISION SOF-TACT TEST S	120
POGO AUTOMATIC BLOOD GLUC	160	PRECISION SURE-DOSE INSUL	161
POGO AUTOMATIC TEST CARTR		PRECISION XTRA BLOOD GLUC	120
POKONZA	94	PRED MILD	104
POLY HUB NEEDLE/18G X 1-1	160	prednisolone acetate ophth susp 1%	104
POLY HUB NEEDLE/21G X 1-1	161	PREDNISOLONE SODIUM PHOSP	
POLY HUB NEEDLE/22G X 1-1		prednisolone sodium phosphate oral soln 25 mg/5	
POLY HUB NEEDLE/23G X 1-1		(base eq)	
POLY HUB NEEDLE/25G X 1-1		prednisolone sod phosphate oral soln 15 mg/5ml	
POLY HUB NEEDLE/27G X 1-1		(base equiv)	26
POLY HUB NEEDLE/25G X 5/8		prednisolone sod phosphate oral soln 5 mg/5ml (b	
POLY HUB NEEDLE/27G X 1/2		equiv)	
POLY HUB NEEDLE/30G X 1/2		prednisolone soln 15 mg/5ml	26
POLY HUB NEEDLE/18G X 1"		prednisolone tab 5 mg	
POLY HUB NEEDLE/21G X 1"		PREDNISONE	
POLY HUB NEEDLE/22G X 1"		PREDNISONE INTENSOL	
POLY HUB NEEDLE/23G X 1"		prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg,	
POLY HUB NEEDLE/25G X 1"		mg	
polymyxin b-trimethoprim ophth soln 10000 unit		prednisone tab therapy pack 5 mg (21), 5 mg (48),	
ml-0.1%		mg (21), 10 mg (48)	
POMALYST		PREFERRED PLUS LANCETS CO	
PONVORY		PREFERRED PLUS LANCETS SU	
PONVORY 14-DAY STARTER PA		PREFERRED PLUS LANCETS TH	
posaconazole susp 40 mg/ml		PREFERRED PLUS UNIFINE PE	
posaconazole tab delayed release 100 mg		pregabalin cap 25 mg	
potassium chloride cap er 8 meq, 10 meq		pregabalin cap 50 mg	
POTASSIUM CHLORIDE ER		pregabalin cap 75 mg, 100 mg	
potassium chloride microencapsulated crys er ta		pregabalin cap 150 mg, 200 mg	
meq, 15 meq, 20 meq		pregabalin cap 225 mg, 300 mg	
potassium chloride oral soln 10% (20 meq/15ml)		pregabalin soln 20 mg/ml	
(40 meg/15ml)		PREMARIN	
potassium chloride tab er 10 meg, 20 meg (1500		PREMPHASE	
mg)		PREMPRO	
potassium chloride tab er 8 meq (600 mg)		PRENATAL	
potassium citrate tab er 5 meg (540 mg)		PRENATAL 19	
potassium citrate tab er 10 meg (1080 mg)		PRENATAL PLUS	
potassium citrate tab er 15 meg (1620 mg)		PRENATAL PLUS VITAMIN AND	
potassium phosphate monobasic tab 500 mg		PRENATAL-U	
pot phos monobasic w/sod phos di & monobasi		PRETOMANID	
155-852-130mg		PREVENT DROPSAFE SAFETY P	
PRADAXA		PREVENT SAFETY PEN NEEDLE	
pramipexole dihydrochloride tab er 24hr 0.375 m		PREVIDENT 5000 ENAMEL PRO	
0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	•	PREVIDENT 3000 ENAMED PROJECTION PREVIDENT RINSE	
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg		PREVIDENT 5000 SENSITIVE	
pramipexole dinydrochloride tab 0.25 mg, 1.5 mg	•	PREVNAR 20	
0.75 mg, 1 mg	-	PREVYMIS	
0.75 mg, 1 mg	30	PREZCOBIX	
		I NLZUUDIA	/

KEY | PA = Prior Authorization | LD = Limited Distribution

SP = Specialty

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

PREZIS	STA	7	PROVERA	30
<b>PRIFTI</b>	N	3	PROVIDA OB	93
<b>PRIMA</b>	QUINE PHOSPHATE	10	PRO VOICE V8/V9 BLOOD GLU	120
primac	uine phosphate tab 26.3 mg (15 mg base)	10	PRO VOICE V9 BLOOD GLUCOS	161
	one tab 50 mg, 250 mg		pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.	51
	IX		PTS PANELS EGLU	120
prober	necid tab 500 mg	84	PULMOZYME	55
	orperazine maleate tab 5 mg (base equivalen		PURE COMFORT PEN NEEDLE 3	162
	g (base equivalent)		PURE COMFORT PEN NEEDLE/3	162
	orperazine suppos 25 mg		PURE COMFORT SAFETY PEN N	
	OMFORT INSULIN SYRIN		PURIXAN	
	OMFORT PEN NEEDLES/		PX ADVANCED LANCING DEVIC	
	OMFORT SAFETY LANCET		PX EXTRA SHORT PEN NEEDLE	
	RIT		PX INSULIN SYRINGE/U-100/	
	TOCORT		PX LANCETS MICROTHIN 33G	
	ГОГОАМ НС		PX LANCETS ULTRA THIN	
	YSBI		PX LANCETS ULTRA THIN 28G	
	GY AUTOCODE BLOOD GL		PX MINI PEN NEEDLES 31GX5	
	GY INSULIN SYRING/U		PX PEN NEEDLE 29GX12MM	
	GY INSULIN SYRINGE/1		pyrazinamide tab 500 mg	
	GY LANCING DEVICE		pyridostigmine bromide oral soln 60 mg/5ml	
	GY NO CODING BLOOD G		pyridostigmine bromide tab er 180 mg	
	GY POCKET BLOOD GLUC		pyridostigmine bromide tab er 160 mg	
	GY PRESSURE ACTIVATE		pyridostigilline bronnide tab 60 mg	
	GY SAFETY LANCETS		PYRUKYND	
			PYRUKYND TAPER PACK	
	GY TWIST TOP LANCETS		PIRUNIND IAPER PACK	100
	GY VOICE BLOOD GLUCO		Q	
	LNINE		QC ADVANCED LANCING DEVIC	162
	sterone cap 100 mg, 200 mg		QC INSULIN SYRINGE/0.3ML/	
	LYCEM		QC INSULIN SYRINGE/0.5ML/	
	RAF		QC INSULIN SYRINGE/1ML/29	
	ACTA		QC INSULIN SYRINGE/1ML/31	
	thazine-dm syrup 6.25-15 mg/5ml		QC LANCETS SUPER THIN	
•	thazine hcl oral soln 6.25 mg/5ml		QC LANCETS SUPER THIN	
	thazine hcl suppos 12.5 mg, 25 mg			
	thazine hcl tab 12.5 mg, 25 mg, 50 mg		QC PEN NEEDLES 29G X 12MM	
	ETHAZINE HYDROCHLORID		QC PEN NEEDLES 31G X 6MM	
	thazine w/ codeine syrup 6.25-10 mg/5ml		QC PEN NEEDLES 31G X 8MM	
	ETHEGAN	51	QC UNIFINE PENTIPS 32GX4M	
propaf	enone hcl cap er 12hr 225 mg, 325 mg, 425		QC UNILET LANCETS 33G/MIC	
			QC UNILET LANCETS 28G/ULT	
propaf	enone hcl tab 150 mg, 225 mg, 300 mg	43	QELBREE	
	acaine hcl ophth soln 0.5%		QFITLIA	
	RANOLOL HCL		QINLOCK	
propra	nolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 1	160	QUADRACEL	
_			QUESTRAN	
propra	nolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80		QUESTRAN LIGHT	
mg		41	QUETIAPINE FUMARATE	
PROPE	RANOLOL HYDROCHLORIDE	41	quetiapine fumarate tab er 24hr 150 mg, 200 mg	
propyl	thiouracil tab 50 mg	36	quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400	
	JAD		mg	
PROS	CAR	62	quetiapine fumarate tab 300 mg, 400 mg	69
	tyline hcl tab 5 mg, 10 mg			
KEY	PA = Prior Authorization		ST = Responsible Steps	
	LD = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	
	SP = Specialty		- · · · · · · · · · · · · · · · · · · ·	

quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200		REBIF	
mg		REBIF REBIDOSE	
QUICKTEK		REBIF REBIDOSE TITRATION	
QUICKTEK TEST STRIPS		REBIF TITRATION PACK	
QUICK TOUCH BLOOD GLUCOSE		REBINYN	
QUICK TOUCH INSULIN PEN N		RECOMBINATE	
QUILLICHEW ER		RECOMBIVAX HB	
QUILLIVANT XR		RECTIV	
QUINAPRIL/HYDROCHLOROTHIA		REFUAH PLUS BLOOD GLUCOSE	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg		REGLAN	
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12		REGRANEX	
mg		RELENZA DISKHALER	
quinidine gluconate tab er 324 mg		RELION CONFIRM/MICRO TEST	
QUINIDINE SULFATE		RELION CONFIRM BLOOD GLUC	
quinine sulfate cap 324 mg		RELION 2-IN-1 LANCET DEV	
QUINTET AC BLOOD GLUCOSE		RELION 2-IN-1 LANCING DEV	
QUINTET BLOOD GLUCOSE MON		RELION INSULIN SYRINGE 0	
QUINTET BLOOD GLUCOSE TES		RELION INSULIN SYRINGE/U	
QULIPTA		RELION INSULIN SYRINGE 1M	
QUVIVIQ		RELION KETONE TEST STRIPS	
QVAR REDIHALER	53	RELION LANCETS	
R		RELION LANCETS MICRO-THIN	
robonrozolo codium oo tab 20 ma	<b>5</b> 7	RELION LANCETS THIN 26G	
rabeprazole sodium ec tab 20 mg RADICAVA ORS		RELION LANCETS ULTRA-THIN	
RADICAVA ORSRADICAVA ORS STARTER KIT		RELION LANCING DEVICE	
RADIOGARDASE		RELION MICRO BLOOD GLUCOS	
RA E-ZJECT LANCETS 28G		RELION PEN NEEDLES 29GX12	
RA E-ZJECT LANCETS ZoGRA E-ZJECT LANCETS THIN 2		RELION PEN NEEDLES 31G X	
RA E-ZJECT LANCETS THIN ZRA E-ZJECT LANCETS ULTRA		RELION PEN NEEDLES 32G X	
RAGWITEK		RELION PEN NEEDLES 31GX5/	
		RELION PLATINUM BLOOD GLU	
RA INSULIN SYRINGE/0.5ML/RA INSULIN SYRINGE/1ML/29		RELION PREMIER BLOOD GLUC	
RA INSULIN STRINGE/ IIVIL/29RA INSULIN SYRINGE/U-100/		RELION PREMIER BLU BLOOD	
raloxifene hcl tab 60 mg		RELION PREMIER CLASSIC BL	
•		RELION PREMIER COMPACT BL	
ramelteon tab 8 mgramipril table 1.25 mg, 2.5 mg, 5 mg, 10 mg		RELION PREMIER VOICE BLOO	
ranolazine tab er 12hr 500 mg, 1000 mg		RELION PRIME BLOOD GLUCOS	
RAPAFLO		RELION R	
RA PEN NEEDLES 31G X 5MM		RELION THIN LANCETS	
RA PEN NEEDLES 31G X 8MM		RELION TRUE METRIX AIR BL	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg	. 104	RELION TRUE METRIX BLOOD	
(base equiv)	90	RELION ULTIMA BLOOD GLUCO	
RAVICTI		RELION ULTRA THIN LANCETS	
RAYA SURE PEN NEEDLE 29G		REMODULIN	
RAYA SURE PEN NEEDLE 31G	-	RENTHYROID	
READYLANCE SAFETY LANCETS		repaglinide tab 0.5 mg, 1 mg, 2 mg	
REALITY INSULIN SYRINGE/U		REPATHA DUBLITIONEY SYSTEM	
REALITY LANCETS		REPATHA SUBSCILLOR	
REALITY LATEX/ULTRA TEXTU		REPATHA SURECLICK	
REALITY LATEX/ULTRA TEXTOREALITY LATEX/ULTRA THIN		RESTASIS	
REALITY LATEX/OLTRA THINREALITY LATEX/ONDOMS/LUB		RETACRIT	
REALITY TRIGGER LANCETS		RETEVMO	
TELLIT TRIGOLITE ANTOLIO	. 107	RETIN-A	112

**KEY** 

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

RETROVIR		rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr,	
REVLIMID		13.3 mg/24hr	
REVUFORJ		RIVFLOZA	
REXTOVY		RIXUBIS	
REXULTI	69	rizatriptan benzoate oral disintegrating tab 5 mg (ba	se
REYATAZ		eq)	83
REYVOW	83	rizatriptan benzoate oral disintegrating tab 10 mg	
REZDIFFRA	60	(base eq)	83
REZLIDHIA	22	rizatriptan benzoate tab 5 mg (base equivalent)	83
REZUROCK	179	rizatriptan benzoate tab 10 mg (base equivalent)	83
RHOPRESSA	104	ROCALTROL	39
RIASTAP	100	ROCKLATAN	104
RIBAVIRIN	8	roflumilast tab 250 mcg, 500 mcg	53
RIDAURA	82	ROMVIMZA	22
rifabutin cap 150 mg	4	ropinirole hydrochloride tab er 24hr 2 mg (base	
rifampin cap 150 mg, 300 mg	4	equivalent), 4 mg (base equivalent), 6 mg (base	
RIGHTEST GD500 LANCING DE	165	equivalent), 8 mg (base equivalent), 12 mg (base	
RIGHTEST GL300 LANCETS	165	equivalent)	90
RIGHTEST GM100 BLOOD GLUC	165	ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg,	2
RIGHTEST GM300 BLOOD GLUC	165	mg, 3 mg, 4 mg, 5 mg	90
RIGHTEST GM550 BLOOD GLUC	165	rosuvastatin calcium tab 40 mg	48
RIGHTEST GS100 BLOOD GLUC	120	rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	48
RIGHTEST GS300 BLOOD GLUC	120	ROTARIX	14
RIGHTEST GS333 BLOOD GLUC	120	ROTATEQ	14
RIGHTEST GS550 BLOOD GLUC	121	ROZEREM	70
RIGHTEST GT333 BLOOD GLUC	121	ROZLYTREK	22
riluzole tab 50 mg	91	RUBRACA	23
RIMANTADINE HYDROCHLORIDE	8	RUCONEST	. 100
RINGERS IRRIGATION	180	rufinamide susp 40 mg/ml	87
RINVOQ	82	rufinamide tab 200 mg, 400 mg	87
RINVOQ LQ	82	RUKOBIA	8
risedronate sodium tab delayed release 35 mg	39	RYBELSUS	32
risedronate sodium tab 5 mg, 30 mg		RYDAPT	23
risedronate sodium tab 35 mg, 150 mg		RYKINDO	69
RISPERDAL CONSTA	69	RYPLAZIM	. 100
risperidone microspheres for im extended rel susp	)	S	
12.5 mg, 25 mg, 37.5 mg, 50 mg	69		
RISPERIDONE ODT		SABRIL	
risperidone orally disintegrating tab 4 mg	69	SAFETY LANCETS	
risperidone orally disintegrating tab 0.5 mg, 1 mg,		SAFETY LANCETS/PRESSURE A	
mg, 3 mg		SAFETY LANCETS 21G	
risperidone soln 1 mg/ml		SAFETY LANCETS 23G	
risperidone tab 0.25 mg		SAFETY LANCETS 28G	
risperidone tab 4 mg		SAFETY PEN NEEDLES/30G X	
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg		SAFYRAL	30
RITALIN		SALAGEN	. 106
ritonavir tab 100 mg		SAMSCA	39
rivaroxaban for susp 1 mg/ml		SANCUSO	57
rivaroxaban tab 2.5 mg		SANDIMMUNE	. 180
rivastigmine tartrate cap 1.5 mg (base equivalent),		SANDOSTATIN	39
mg (base equivalent), 4.5 mg (base equivalent), 6		SANTYL	. 112
(base equivalent)	_	SAPHRIS	69
1 7			

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

sapro	pterin dihydrochloride powder packet 10	0 mg,	SILVADENE	112
	ng		silver sulfadiazine cream 1%	112
sapro	pterin dihydrochloride tab 100 mg	39	SIMBRINZA	104
SAPS	CARE TWIST TOP LANCET	166	SIMLANDI	82
SAPS	HEALTH CARE TWIST TO	166	SIMLANDI 1-PEN KIT	82
SAPS	HEALTH PLUS TWIST TO	166	SIMLANDI 2-PEN KIT	82
SAPS	HEALTH TWIST TOP LAN	166	SIMPLE DIAGNOSTICS LANCIN	166
	_LA		SIMPONI	82
SAVE	LA TITRATION PACK	76	simvastatin tab 5 mg	48
	liptin hcl tab 2.5 mg (base equiv), 5 mg (l		simvastatin tab 20 mg	48
	/)		simvastatin tab 80 mg	
saxag	liptin-metformin hcl tab er 24hr 2.5-1000	mg32	simvastatin tab 10 mg, 40 mg	
saxag	liptin-metformin hcl tab er 24hr 5-500 mg	j, 5-1000	SINEMET	90
			SINGLE-LET	
SB IN	SULIN SYRINGE/U-100/	166	sirolimus oral soln 1 mg/ml	180
SB LA	NCETS THIN	166	sirolimus tab 0.5 mg, 1 mg, 2 mg	
SB LA	NCETS ULTRA THIN	166	SIRTURO	
SCEM	BLIX	23	SIVEXTRO	11
<b>SCHN</b>	UCKS INSULIN SYRINGE	166	SKYCLARYS	91
scopo	lamine td patch 72hr 1 mg/3days	57	SKYRIZI	60
_	ADO		SKYRIZI PEN	112
<b>SECU</b>	RESAFE SAFETY HYPODER	166	SLYND	30
<b>SECU</b>	RESAFE SAFETY INSULIN	166	SMART DIABETES VANTAGE LA	166
<b>SECU</b>	RESAFE SAFETY PEN NEE	166	SMARTEST BLOOD GLUCOSE TE	121
<b>SELAI</b>	RSDI	112	SMARTEST EJECT BLOOD GLUC	166
SELEC	CT-LITE LANCING DEVIC	166	SMARTEST EJECT STARTER KI	166
SELEC	CT-OB	93	SMARTEST LANCETS 28G	166
selegi	line hcl cap 5 mg	90	SMARTEST PERSONA STARTER	166
	line hcl tab 5 mg		SMARTEST PRONTO STARTER	
	um sulfide lotion 2.5%		SMARTEST PROTEGE BLOOD GL	166
SELZE	ENTRY	8	SMARTEST PROTEGE STARTER	166
SE-NA	ATAL 19	93	sodium chloride irrigation soln 0.9%	63
<b>SENS</b>	IPAR	39	sodium chloride soln nebu 7%	
SERE	VENT DISKUS	53	sodium chloride soln nebu 3%, 10%	51
<b>SERO</b>	STIM	39	sodium citrate & citric acid soln 500-334 mg/5ml	
sertra	line hcl cap 150 mg, 200 mg	65	SODIUM FLUORIDE	94
sertra	line hcl oral concentrate for solution 20 r	ng/	SODIUM FLUORIDE/POTASSIUM	106
		_	sodium fluoride chew tab 0.25 mg f (from 0.55 mg	
sertra	line hcl tab 25 mg, 50 mg, 100 mg	65	naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 r	ng
sevela	amer carbonate packet 0.8 gm, 2.4 gm	60	naf)	94
sevela	amer carbonate tab 800 mg	60	sodium fluoride cream 1.1%	106
sevela	amer hcl tab 400 mg	60	sodium fluoride gel 1.1% (0.5% f)	106
sevela	amer hcl tab 800 mg	60	sodium fluoride paste 1.1%	106
SEVE	NFACT	100	SODIUM FLUORIDE 5000 PPM	106
<b>SFRO</b>	WASA	60	sodium fluoride rinse 0.2%	106
SHING	GRIX	14	SODIUM OXYBATE	76
<b>SIGNI</b>	FOR	39	sodium phenylbutyrate oral powder 3 gm/	
<b>SIGNI</b>	FOR LAR	39	teaspoonfulteaspoonful	39
silden	afil citrate for suspension 10 mg/ml	49	sodium phenylbutyrate tab 500 mg	
silden	afil citrate tab 20 mg	49	sodium polystyrene sulfonate powder	180
SILEN	OR	70	sodium polystyrene sulfonate susp 15 gm/60ml	180
SILIQ.		112	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6	
silodo	sin cap 4 mg, 8 mg	63	gm/177ml	56
KEY	<b>PA</b> = Prior Authorization		ST = Responsible Steps	
	LD = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	

SOFOSBUVIR/VELPATASVIR	8	SULFACETAMIDE SODIUM/PRED	104
SOHONOS	91	sulfacetamide sodium lotion 10% (acne)	112
solifenacin succinate tab 5 mg, 10 mg	61	sulfacetamide sodium ophth soln 10%	104
SOLIQUA 100/33	32	sulfadiazine tab 500 mg	3
SOLTAMOX	23	sulfamethoxazole-trimethoprim susp 200-40	
SOLUS V2 AUDIBLE BLOOD GL	166	mg/5ml	11
SOLUS V2 AUDIBLE TEST	121	sulfamethoxazole-trimethoprim tab 400-80 mg	11
SOLUS V2 LANCING DEVICE	166	sulfamethoxazole-trimethoprim tab 800-160 mg	
SOLUS V2 PRESSURE ACTIVAT		SULFAMYLON	
SOLUS V2 TWIST LANCETS 30	167	sulfasalazine tab delayed release 500 mg	
SOMAVERT		sulfasalazine tab 500 mg	
SOOLANTRA		sulindac tab 150 mg, 200 mg	
sorafenib tosylate tab 200 mg (base equivalent)		sumatriptan nasal spray 5 mg/act	
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg		sumatriptan nasal spray 20 mg/act	
sotalol hcl tab 240 mg		sumatriptan succinate inj 6 mg/0.5ml	
sotalol hcl tab 80 mg, 120 mg, 160 mg		SUMATRIPTAN SUCCINATE REF	
SOTYKTU		sumatriptan succinate solution auto-injector 4	
SOVALDI		mg/0.5ml, 6 mg/0.5ml	83
SPEVIGO		sumatriptan succinate tab 25 mg	
SPIKEVAX COVID-19 VACCINE		sumatriptan succinate tab 50 mg, 100 mg	
SPINOSAD		sunitinib malate cap 12.5 mg (base equivalent)	
SPIRIVA HANDIHALER			
SPIRIVA RESPIMAT		sunitinib malate cap 25 mg (base equivalent), 37.5	
spironolactone & hydrochlorothiazide tab 25-25	54	(base equivalent), 50 mg (base equivalent)	
	40	SUNLENCA	
mg		SUNOSISUPER THIN LANCETS	
spironolactone tab 25 mg, 50 mg, 100 mg			
SPORANOX		SUPREME II CONFIDENCE PAD	
SPRAVATO 56MG DOSE		SUPREME TEST STRIPS	
SPRAVATO 84MG DOSE		SUPREP BOWEL PREP KIT	
SPRYCEL		SURE COMFORT AUTOKEEPER S	
SPS		SURE COMFORT INSULIN SYRI	
stannous fluoride gel 0.4%		SURE COMFORT LANCETS 18G	
1ST CHOICE LANCETS SUPER		SURE COMFORT LANCETS 21G	
1ST CHOICE LANCETS THIN		SURE COMFORT LANCETS 23G	
1ST CHOICE LANCETS ULTRA		SURE COMFORT LANCETS 28G	
STELARA		SURE COMFORT LANCETS 30G	
STEQEYMA	112	SURE COMFORT LANCING PEN	
STERILANCE TL		SURE COMFORT PEN NEEDLES	
STIMUFEND		SURELITE LANCETS	
STIOLTO RESPIMAT	_	SUTAB	
STIVARGA		SUTENT	
STRENSIQ		SYMBICORT	
STRIBILD		SYMDEKO	
STRIVERDI RESPIMAT	54	SYMFI	_
STROMECTOL		SYMPAZAN	88
1ST TIER UNIFINE PENTIPS	178	SYMPROIC	60
SUBLOCADE	79	SYMTUZA	8
SUCRAID	58	SYNAREL	39
sucralfate tab 1 gm	57	SYNJARDY	32
SUFLAVE		SYNJARDY XR	32
SULAR		SYNTHROID	
SULCONAZOLE NITRATE		SYPRINE	
SULFACETAMIDE SODIUM			
SOLI AGETAIVIIDE SODIOIVI	104		

**ST** = Responsible Steps

**QL** = Quantity Limit (Max Quantity/Time)

LD = Limited Distribution
SP = Specialty

Т		temozolomide cap 100 mg, 140 mg, 180 mg, 250	2.4
TABLOID	23	mg TEMPO REFILL	
TABRECTA		TEMPO SMART BUTTON	
tacrolimus cap 0.5 mg, 1 mg, 5 mg		TEMPO WELCOME	
tacrolimus oint 0.03%, 0.1%		TENCON	
tadalafil tab 2.5 mg, 5 mg		TENIVAC	
tadalafil tab 20 mg (pah)		tenofovir disoproxil fumarate tab 300 mg	
TAFINLAR		TENORETIC 50	
tafluprost preservative free (pf) ophth soln		TENORETIC 100	
0.0015%	104	TEPMETKO	
TAGRISSO		terazosin hcl cap 1 mg (base equivalent), 2 mg (bas	
TAKHZYRO		equivalent), 5 mg (base equivalent), 10 mg (base	•
TALTZ		equivalent)equivalent, 70 mg (base equivalent), 10 mg (base	45
TALZENNA		terbinafine hcl tab 250 mg	
TAMIFLU		terbutaline sulfate tab 2.5 mg, 5 mg	
tamoxifen citrate tab 10 mg (base equivalent), 20 m	ng	terconazole vaginal cream 0.4%, 0.8%	
(base equivalent)		terconazole vaginal suppos 80 mg	
tamsulosin hcl cap 0.4 mg		teriflunomide tab 7 mg, 14 mg	
TARCEVA		TERIPARATIDE	
TARGRETIN	23	teriparatide soln pen-inj 560 mcg/2.24ml	
TARON-C DHA		TESTOSTERONE	
TARPEYO		testosterone cypionate im inj in oil 100 mg/ml	
TASCENSO ODT		testosterone cypionate im inj in oil 200 mg/ml	
TASIGNA	24	TESTOSTERONE ENANTHATE	
tasimelteon capsule 20 mg		testosterone td gel 12.5 mg/act (1%)	
TASMAR		testosterone td gel 20.25 mg/act (1.62%)	27
TAVALISSE	100	testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm	
TAVNEOS	100	(1%)(1%)	27
tazarotene cream 0.05%, 0.1%	112	testosterone td soln 30 mg/act	
tazarotene gel 0.05%, 0.1%	112	tetrabenazine tab 12.5 mg	
TAZORAC	112	tetrabenazine tab 25 mg	
TAZVERIK		tetracaine hcl ophth soln 0.5%	
TECHLITE AST LANCETS	167	tetracycline hcl cap 250 mg, 500 mg	
TECHLITE INSULIN SYRINGE	167	TEZSPIRE	
TECHLITE LANCETS	167	TGT ADVANCED LANCING DEVI	
TECHLITE LANCETS 26G		TGT BLOOD GLUCOSE TEST ST	. 121
TECHLITE PEN NEEDLES/31G		TGT LANCET ALTERNATE SITE	168
TECHLITE PEN NEEDLES/32G		TGT LANCET SUPER THIN 30G	168
TECHLITE PEN NEEDLES 29G		TGT LANCET THIN 23G	168
TECHLITE PEN NEEDLES 31G		TGT LANCET ULTRA THIN 28G	. 168
TECHLITE PEN NEEDLES 32G		TGT LANCING DEVICE	168
TECHLITE PLUS PEN NEEDLES		THALOMID	180
TEGLUTIK		THEO-24	54
TEGRETOL		theophylline elixir 80 mg/15ml	54
TEGRETOL-XR		theophylline soln 80 mg/15ml	54
TEKTURNA		theophylline tab er 12hr 300 mg, 450 mg	54
TELMISARTAN/AMLODIPINE	45	theophylline tab er 24hr 400 mg, 600 mg	54
telmisartan-hydrochlorothiazide tab 40-12.5 mg,		THIOLA	63
80-12.5 mg, 80-25 mg		THIOLA EC	63
telmisartan tab 20 mg, 40 mg, 80 mg		thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg		thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	69
temozolomide cap 5 mg, 20 mg	24	THRIVITE RX	93
KEY   <b>PA</b> = Prior Authorization		ST = Responsible Steps	
LD = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	

ITTQU	٢ ווטונ	30	topiramate orai soin 25 mg/mi	88
THYRO	DID	36	topiramate sprinkle cap 50 mg	88
tiagabi	ne hcl tab 2 mg, 4 mg, 12 mg, 16 mg	88	topiramate sprinkle cap 15 mg, 25 mg	88
	VO		topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	
ticagre	lor tab 60 mg, 90 mg	100	TOPROL XL	
	ΓΙΚ		toremifene citrate tab 60 mg (base equivalent)	
	maleate ophth gel forming soln 0.25%,		torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	
	gogog co c.z-/.s,	104	TOUJEO MAX SOLOSTAR	
	maleate ophth soln 0.25%, 0.5%		TOUJEO SOLOSTAR	
	maleate ophth soln 0.5% (once-daily)		TRACER II 3 VOLT BATTERY	
			TRACLEER	
	maleate preservative free ophth soln 0.29			
			tramadol-acetaminophen tab 37.5-325 mg	
	maleate tab 5 mg, 10 mg, 20 mg		tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.	
	ophth soln 0.5%		tramadol hel tab 50 mg	
	ole tab 250 mg, 500 mg		TRANDOLAPRIL/VERAPAMIL HC	
	nin tab delayed release 100 mg		trandolapril tab 1 mg, 2 mg, 4 mg	
	nin tab delayed release 300 mg		tranexamic acid tab 650 mg	
tiopror	nin tab 100 mg	63	tranylcypromine sulfate tab 10 mg	65
tiotrop	ium bromide monohydrate inhal cap 18 m	ıcg	TRAVATAN Z	105
(base	equiv)	54	TRAVEL LANCETS ADVANCED 2	168
<b>TIVICA</b>	Υ	9	travoprost ophth soln 0.004% (benzalkonium free	) (bak
TIVICA	Y PD	9	free)	105
	ine hcl tab 2 mg (base equivalent)		trazodone hcl tab 50 mg, 100 mg, 150 mg	
	ine hcl tab 4 mg (base equivalent)		TRELEGY ELLIPTA	
	ODHALER		TREMFYA	
	ADEX		TREMFYA INDUCTION PACK FO	
	ADEX ST		TREMFYA PEN	
	AMYCIN		treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/	
	nycin-dexamethasone ophth susp 0.3-0.1%		(2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20m	
	nycin nebu soln 300 mg/5ml		mg/ml)	
			TRESIBA	
	nycin nebu soln 300 mg/4ml			
	ycin ophth soln 0.3%		TRESIBA FLEXTOUCH	
	EX		tretinoin cap 10 mg	
	S HEALTH ADVANCED LA		tretinoin cream 0.025%, 0.05%, 0.1%	
	S HEALTH ORIGINAL PE		tretinoin gel 0.01%, 0.025%	
	'S HEALTH SHORT PEN N		TRETTEN	
	S HEALTH SUPER THIN		TRIAMCINOLONE ACETONIDE	113
TODAY	'S HEALTH ULTRA THIN	168	triamcinolone acetonide cream 0.025%, 0.1%,	
TODAY	' SPONGE	62	0.5%	
<b>TOLAK</b>	, 	113	triamcinolone acetonide dental paste 0.1%	106
tolcape	one tab 100 mg	90	triamcinolone acetonide lotion 0.025%, 0.1%	113
	dine tartrate cap er 24hr 2 mg, 4 mg		triamcinolone acetonide oint 0.5%	
	dine tartrate tab 1 mg, 2 mg		triamcinolone acetonide oint 0.025%, 0.1%	113
	an tab 15 mg		triamterene & hydrochlorothiazide cap 37.5-25 mg	
-	an tab 30 mg		triamterene & hydrochlorothiazide tab 37.5-25 mg	
•	1AX		triamterene & hydrochlorothiazide tab 75-50 mg	
	MAX SPRINKLE		triamterene cap 50 mg, 100 mg	
	ORT		TRICOR	
	nate cap er 24hr 200 mg		trientine hcl cap 250 mg	
-	nate cap er 24fir 200 filg nate cap er 24hr 25 mg, 50 mg, 100 mg		TRIENTINE HYDROCHLORIDE	
	nate cap er 24hr sprinkle 200 mg		trifluoperazine hel tab 1 mg (base equivalent), 2 mg (base equivalent), 40 mg	_
-	nate cap er 24hr sprinkle 25 mg, 50 mg, 10	_	(base equivalent), 5 mg (base equivalent), 10 mg	
150 M	ng	88	(base equivalent)	69 
KEY	PA = Prior Authorization		ST = Responsible Steps	
	<b>LD</b> = Limited Distribution		<b>QL</b> = Quantity Limit (Max Quantity/Time)	
	SP = Specialty			

TRIFLURIDINE	105	TRUEPLUS SAFETY LANCETS 2	170
TRIHEXYPHENIDYL HCL	90	TRUERESULT BLOOD GLUCOSE	170
trihexyphenidyl hcl tab 2 mg, 5 mg	90	TRUETEST STRIPS	121
TRIJARDY XR		TRUETRACK BLOOD GLUCOSE M	
TRIKAFTA	55	TRUETRACK SMART SYSTEM	170
TRILEPTAL	88	TRUETRACK TEST	121
trimethobenzamide hcl cap 300 mg	58	TRULANCE	60
TRIMETHOPRIM	11	TRULICITY	32
trimethoprim tab 100 mg		TRUMENBA	14
trimipramine maleate cap 25 mg, 50 mg, 100 mg	66	TRUQAP	24
TRINATAL RX 1		TRUSTEX/RIA LUBRICATED	171
TRINATE	93	TRUSTEX/RIA LUBRICATED/SP	171
TRINTELLIX	66	TRUSTEX/RIA LUBRICATED SP	171
TRIUMEQ	9	TRUSTEX/RIA NON-LUBRICATE	171
TRIUMEQ PD	9	TRUSTEX COLOR CONDOMS + L	170
TROJAN ENZ	168	TRUSTEX LUBRICATED	170
TROJAN-ENZ LUBRICATED	168	TRUSTEX LUBRICATED/RIBBED	170
TROJAN-ENZ W/SPERMICIDAL	169	TRUSTEX LUBRICATED/SPERMI	170
TROJAN MAGNUM	168	TRUSTEX LUBRICATED EXTRA	170
TROJAN ULTRA RIBBED/LUBRI	168	TRUSTEX NATURAL CONDOMS +	170
TROJAN ULTRA THIN/SPERMIC	168	TRUSTEX NON-LUBRICATED	171
TROJAN ULTRA THIN LUBRICA	168	TRUSTEX WITH NONOXYNOL-9/	171
Trokendi Xr	88	TRUVADA	9
tropicamide ophth soln 0.5%	105	TRYNGOLZA	40
tropicamide ophth soln 1%	105	TRYVIO	
trospium chloride cap er 24hr 60 mg	61	TUKYSA	
trospium chloride tab 20 mg		TURALIO	
TRUE COMFORT INSULIN SYRI	169	TWIIST REFILL KIT	
TRUE COMFORT PEN NEEDLES		TWIIST REFILL KIT/INFUSIO	
TRUE COMFORT PRO INSULIN	169	TWIIST STARTER KIT	
TRUE COMFORT PRO PEN NEED		TWINRIX	
TRUE COMFORT SAFETY INSUL		TWIST TOP LANCETS 30G	
TRUE COMFORT SAFETY LANCE		TYBLUME	
TRUE COMFORT SAFETY PEN N		TYBOST	
TRUE COMFORT TWIST TOP LA		TYENNE	
TRUE COVER		TYKERB	
TRUEDRAW LANCING DEVICE		TYMLOS	
TRUE FOCUS BLOOD GLUCOSE		TYRVAYA	
TRUE FOCUS SELF MONITORIN		TYVASO	
TRUE METRIX AIR BLOOD GLU		TYVASO DPI MAINTENANCE KI	
TRUE METRIX BLOOD GLUCOSE		TYVASO DPI TITRATION KIT	
TRUE METRIX GO BLOOD GLUC		TYVASO REFILL KIT	
TRUE METRIX SELF MONITORI		TYVASO STARTER KIT	50
TRUEPLUS 5-BEVEL PEN NEED	_	U	
TRUEPLUS INSULIN SYRINGE			
TRUEPLUS INSULIN SYRINGE/		UBRELVY	
TRUEPLUS LANCETS 26G		UDENYCA	
TRUEPLUS LANCETS 28G		ULTICARE INSULIN SAFETY S	
TRUEPLUS LANCETS 30G		ULTICARE INSULIN SYRINGE	
TRUEPLUS LANCETS 33G		ULTICARE INSULIN SYRINGE/	
TRUEPLUS LANCETS 33G MICR		ULTICARE MICRO PEN NEEDLE	
TRUEPLUS LANCETS 28G SUPE		ULTICARE MINI PEN NEEDLES	
TRUEPLUS LANCETS 30G ULTR	170	ULTICARE MINI SAFETY PEN	171

KEY PA

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

ULTICARE ORIGINAL PEN NEE	171	UNIFINE PENTIPS 32GX6MM	175
ULTICARE PEN NEEDLES/29G	172	UNIFINE PENTIPS 33GX4MM	175
ULTICARE PEN NEEDLES 31G	172	UNIFINE PENTIPS 29GX12MM	174
ULTICARE SHORT PEN NEEDLE	172	UNIFINE PENTIPS 31G X 6MM	174
ULTICARE SHORT SAFETY PEN	172	UNIFINE PENTIPS 31G X 8MM	174
ULTICARE TUBERCULIN SAFET	172	UNIFINE PENTIPS PLUS/30G	174
ULTICARE U-100 INSULIN SY	172	UNIFINE PENTIPS PLUS 33G	174
ULTIGUARD INSULIN SYRINGE	172	UNIFINE PENTIPS PLUS 29GX	174
ULTIGUARD SAFEPACK/MICRO	172	UNIFINE PENTIPS PLUS 31GX	174
ULTIGUARD SAFEPACK/MINI P	172	UNIFINE PENTIPS PLUS 32GX	174
ULTIGUARD SAFEPACK/SHORT		UNIFINE PENTIPS PLUS 33GX	
ULTIGUARD SAFEPACK/SYRING		UNIFINE PROTECT SAFETY PE	175
ULTIGUARD SAFEPACK/TINY P		UNIFINE SAFECONTROL PEN N	
ULTIGUARD SAFEPACK INSULI		UNIFINE ULTRA PEN NEEDLE/	
ULTIGUARD SAFEPACK MINI P		UNILET COMFORTOUCH LANCET	
ULTIGUARD SAFEPACK PEN NE		UNILET EXCELITE	
ULTI-LANCE AUTOMATIC/ CLE		UNILET EXCELITE II	
ULTILET CLASSIC LANCETS		UNILET G.P. LANCET	-
ULTILET LANCETS		UNILET G.P. SUPERLITE LAN	
ULTILET LANCETS 33G		UNILET GP 28 ULTRA THIN	
ULTILET PEN NEEDLE 29GX12		UNILET LANCET	
ULTILET PEN NEEDLE 31GX5M		UNILET LANCETS MICRO-THIN	
ULTILET PEN NEEDLE 31GX8M		UNILET LANCETS SUPER-THIN	
ULTILET PEN NEEDLE 32GX4M		UNILET LANCETS ULTRA-THIN	
ULTILET SAFETY LANCETS 21		UNILET SUPERLITE LANCET	
ULTILET SAFETY LANCETS 23		UNISTIK 1	
ULTILET SHORT PEN NEEDLES		UNISTIK 2	
ULTRACARE INSULIN SYRINGE		UNISTIK 3	
ULTRACARE PEN NEEDLES/31G		UNISTIK 2 COMFORT	
ULTRACARE PEN NEEDLES/32G		UNISTIK 3 COMFORT	
ULTRACARE PEN NEEDLES/33G		UNISTIK CZT COMFORT	
ULTRA COMFORT INSULIN SYR		UNISTIK CZT NORMAL	
ULTRA FLO INSULIN PEN NEE		UNISTIK 2 EXTRA	
ULTRA FLO INSULIN SYRINGE		UNISTIK 3 EXTRA	
ULTRA INSULIN SYRINGE/U-1		UNISTIK 3 GENTLE	
ULTRA-THIN II AUTO LANCET	173	UNISTIK 2 NEONATAL	176
ULTRA-THIN II INSULIN SYR		UNISTIK 3 NEONATAL	
ULTRA-THIN II LANCETS 28G		UNISTIK NORMAL	
ULTRA-THIN II LANCETS 30G	173	UNISTIK 2 NORMAL	176
ULTRA-THIN II MINI PEN NE	173	UNISTIK 3 NORMAL	176
ULTRA-THIN II PEN NEEDLES	173	UNISTIK PRO SAFETY LANCET	176
ULTRA THIN LANCETS 28G	173	UNISTIK SAFETY LANCETS 28	176
ULTRA THIN LANCETS 31G	173	UNISTIK SAFETY LANCETS 30	176
ULTRA THIN PEN NEEDLES 32	173	UNISTIK 2 SUPER	176
ULTRATRAK ACTIVE	174	UNISTIK TOUCH SAFETY LANC	176
UNIFINE OTC PEN NEEDLE 31	174	UNISTRIP1 GENERIC	121
UNIFINE OTC PEN NEEDLE 32	174	UPTRAVI	
UNIFINE PENTIPS/30G X 3/1		UPTRAVI TITRATION PACK	50
UNIFINE PENTIPS 31G X 3/1	174	UROCIT-K 10	63
UNIFINE PENTIPS 31GX5MM	174	UROCIT-K 15	63
UNIFINE PENTIPS 31GX6MM		ursodiol cap 300 mg	
UNIFINE PENTIPS 31GX8MM	175	ursodiol tab 250 mg	
UNIFINE PENTIPS 32GX4MM	175	ursodiol tab 500 mg	

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

UZEDY		69	venlafaxine hcl cap er 24hr 37.5 mg (base	
V			equivalent), 75 mg (base equivalent), 150 mg (base	cc
valacyclovir hel tab 5	00 mg, 1 gm	. 9	equivalent)venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg	
			(base equivalent), 50 mg (base equivalent), 75 mg	1
	soln 50 mg/ml (base equiv)		(base equivalent), 100 mg (base equivalent)	66
	450 mg (base equivalent)		VENTAVIS	
	soln 250 mg/5ml (base		VENTOLIN HFA	
equiv)	<u> </u>	88	VEOZAH	
valproic acid cap 250	mg	88	verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	
valsartan-hydrochloro	othiazide tab 80-12.5 mg, 160-12	2.5	verapamil hcl tab er 120 mg, 180 mg, 240 mg	
mg, 160-25 mg, 320-1	12.5 mg, 320-25 mg	46	verapamil hcl tab 40 mg, 80 mg, 120 mg	
	30 mg, 160 mg, 320 mg		VERAPAMIL HYDROCHLORIDE E	
	=		VERAPAMIL HYDROCHLORIDE S	42
	SE		VERASENS BLOOD GLUCOSE MO	176
	SE		VERASENS BLOOD GLUCOSE TE	121
	SE		VERELAN	42
	S STANDA		VERIFINE INSULIN PEN NEED	.177
	SUPER THI		VERIFINE INSULIN SYRINGE	177
	JLTRA THI		VERIFINE INSULIN SYRINGE/	177
	DLES 31G		VERIFINE PLUS INSULIN PEN	177
	DLES 29GX		VERIFINE PLUS PEN NEEDLE/	177
			VERIFINE SAFETY LANCET MI	177
	25 mg (base equivalent)		VERIFINE UNIVERSAL LANCET	
	50 mg (base equivalent)	12	VERISAFE SAFETY STERILE N	
	al soln 25 mg/ml (base		VERQUVO	
		12	VERSACLOZ	
	al soln 50 mg/ml (base		VERZENIO	
• •			VESICARE	
			VFEND	
	N. OVDIN		V-GO 20	
	N SYRIN CULIN SY		V-GO 30	
	CULIN 51		V-GO 40	
			VIBERZI	
	b 0.5 mg (base equiv), 1 mg (ba		vigabatrin powd pack 500 mg	
			vigabatrin tab 500 mg	
- 1 /	b 11 x 0.5 mg & 42 x 1 mg start	70	VIJOICE	
		76	vilazodone hcl tab 10 mg, 20 mg, 40 mgVIMPAT	
•			VIRACEPT	
			VIRACEF IVIREAD	
_			VISTOGARD	
			VITATHELY/GINGER	
			VITRAKVI	
			VIVAGUARD INO BLOOD GLUCO	
VCF VAGINAL CONTR	ACEPTIVE	62	VIVAGUARD INO SMART BLOOD	
			VIVAGUARD LANCETS	
VELIVET		30	VIVAGUARD LANCETS 30G	
VELPHORO		60	VIVAGUARD LANCING DEVICE	
VELTASSA		180	VIVAGUARD SAFETY LANCETS	
VEMLIDY		9	VIVAGUARD SAFETY LANCETS/	
VENCLEXTA		24	VIVITROL	
VENCLEXTA STARTIN	G PACK	. 24	VIVJOA	
KEY   <b>PA</b> = Prior Aut	horization		ST = Responsible Steps	
LD = Limited D			QL = Quantity Limit (Max Quantity/Time)	
			- ' '	

VIVOTIF	14	XPOVIO 60 MG TWICE WEEKLY	25
VIZIMPRO	24	XPOVIO 80 MG TWICE WEEKLY	25
VONJO	24	XTAMPZA ER	
VONVENDI	101	XTANDI	25
VORANIGO	24	XULTOPHY 100/3.6	33
voriconazole for susp 40 mg/ml	4	XURIDEN	40
voriconazole tab 50 mg, 200 mg		XYNTHA	101
VOSEVI		XYNTHA SOLOFUSE	
VOTRIENT		XYWAV	
VOWST		V	
VOXZOGO		Υ	
VOYDEYA	_	YALE NEEDLES 21G X 1-1/4"	178
VRAYLAR	_	YASMIN 28	30
VYALEV		YAZ	30
VYNDAMAX		YESINTEK	113
VYNDAQEL		YONSA	25
VYVANSE		YORVIPATH	40
w		z	
WAINUA	76	zafirlukast tab 10 mg, 20 mg	54
WAKIX		zaleplon cap 5 mg	
WALGREENS LANCETS		zaleplon cap 10 mg	
WALGREENS THIN LANCETS		ZANAFLEX	
WALGREENS ULTRA THIN LANC		ZARONTIN	
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4		ZARXIO	
mg, 6 mg, 7.5 mg, 10 mg		ZAVESCA	
water for irrigation, sterile irrigation soln		ZEGALOGUE	
WEGMANS UNIFINE PENTIPS P		ZEJULA	
WELIREG		ZELBORAF	
WESCAP-C DHA		ZEMPLAR	
WESNATAL DHA COMPLETE		ZENPEP	58
WESTAB PLUS		ZEPOSIA	76
WIDE-SEAL SILICONE DIAPHR		ZEPOSIA 7-DAY STARTER PAC	76
WILATE		ZEPOSIA STARTER KIT	76
WINREVAIR		ZEVRX INSULIN SYRINGE/0.5	178
		ZEVRX INSULIN SYRINGE/1ML	178
X		ZEVRX PEN NEEDLES 31G X 5	178
XALKORI	24	ZEVRX PEN NEEDLES 31G X 6	178
XARELTO	97	ZEVRX PEN NEEDLES 31G X 8	178
XARELTO STARTER PACK		ZEVRX PEN NEEDLES 32G X 4	
XCOPRI	89	ZEVRX TWIST TOP LANCETS 3	
XELJANZ		ZIAGEN	
XELJANZ XR	82	zidovudine cap 100 mg	
XERMELO	60	zidovudine syrup 10 mg/ml	
XHANCE	51	zidovudine tab 300 mg	
XIFAXAN	12	ZIEXTENZO	
XIGDUO XR	32	ZILBRYSQ	101
XIIDRA		zileuton tab er 12hr 600 mg	
XOFLUZA		ZIMHI	
XOLAIR		ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	
XOLREMDI		ziprasidone mesylate for inj 20 mg (base	
XOSPATA		equivalent)	69
XPOVIO		ZIRGAN	
	-		

KEY

**PA** = Prior Authorization

**LD** = Limited Distribution

SP = Specialty

**ST** = Responsible Steps

ZOKINVY	180
ZOLINZA	25
ZOLMITRIPTAN	84
zolmitriptan nasal spray 5 mg/spray unit	
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	
zolmitriptan tab 2.5 mg, 5 mg	
ZOLOFT	
zolpidem tartrate tab er 6.25 mg	
zolpidem tartrate tab er 12.5 mg	
zolpidem tartrate tab 5 mg	
zolpidem tartrate tab 10 mg	
ZOMIG	
ZONEGRAN	
zonisamide cap 50 mg	
zonisamide cap 25 mg, 100 mg	
ZONTIVITY	
ZORTRESS	
ZTALMY	
ZUBSOLV	
ZURZUVAE	66
ZYDELIG	
ZYKADIA	
ZYMFENTRA 1-PEN	
ZYMFENTRA 2-PEN	
ZYMFENTRA 2-SYRINGE	
7YPRFXA	69

**LD** = Limited Distribution

**SP** = Specialty

**ST** = Responsible Steps