

Closed Medication Guide

July 2025

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

The drug formulary is regularly updated. Please visit www.floridablue.com for the most up-to-date information.

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Introduction

Florida Blue is pleased to present the Closed Formulary Medication Guide. This is a general guide that includes a comprehensive listing of medications that are 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 Closed Formulary Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. This Guide also includes an abbreviated listing of Generic Prescription Drugs, and a complete listing of Brand Prescription Drugs (the formulary) that are covered under your plan. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing Closed Formulary Medication Guide online at www.floridablue.com or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

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

Si de se a 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 judgments 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.
- Select Brand Name medications are included in the formulary and are therefore available to you through your plan. The Closed Formulary List includes all covered brand name medications.
- Brand Name medications not listed in the Closed Formulary List are not covered. If you are currently taking a medication, take a moment to review the medication list to determine if it is covered. If not, check with your doctor to understand available options and review the FORMULARY EXCEPTION PROCESS section of this Guide for exception procedures.
- Take this Guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs listed in the Closed Formulary and cost impacts when you discuss medication options.

Medication List

What you need to know about Closed Formulary Medications

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

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

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

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

Changes to the formulary

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

There are varying reasons changes are made to the medications listed in the Closed Formulary Medication Guide:

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

The most up to date information about modifications to the medications listed in this Medication Guide can be found by:

Going to www.floridablue.com

- Click on the **Members** tab.
- Click on the **Login Now** button and either **Login** or **Register**.
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items.
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click [Closed Formulary Medication Guide](#) or [Closed Formulary Medication Guide Updates](#).
- Medication Guides and Medication Guide Updates are posted every January, April, July, and October.

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 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

Pharmacy Benefits

The pharmacy benefit has two parts/components, called Tiers. This means that covered medications must be included in one of the following Tiers:

Tier 1: Generic medications whether listed in the Closed Formulary List or not, unless specifically excluded by your plan.

Tier 2: Only those Brand Name medications listed in the Closed Formulary List.

Specialty Medications: Covered Specialty Medications as indicated in the Medication List.

Condition Care Rx* Value/HSA Preventive Prescription Medications

* Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program.

Brand Name medications not listed in the Closed Formulary List are not covered. If you and your doctor or health care provider think that your condition cannot be treated by any of the medication(s) listed on the Closed Formulary List, your doctor may submit a request for a Formulary Exception. If your exception request is approved, coverage will be available for the approved medication.

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 not been approved by the FDA.
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC.
- The medication is not covered because of safety or effectiveness concerns.
- The medication is not covered for weight loss indication. See your Schedule of Benefit for additional details on coverage.

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

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

Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. If members have the Condition Care Rx Program as part of their benefits, they can purchase medications from the Condition Care Rx Program Value/Health Savings Account Preventive List at a reduced cost.

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

A list of medications that are part of the Condition Care Rx Program for Health Savings Account (HSA) compatible plans may be found at: [Condition Care Rx Program HSA Preventive List](#).

Note: Check your plan documents to determine if the Condition Care Rx Program applies to your plan and the applicable cost share. Coverage details may also be available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at a reduced cost. 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 name medication.
- Is identical in strength, dosage form, and route of administration.
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

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

Oral Chemotherapy Drugs

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

Over-the-Counter (OTC) medications

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

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

Patient Protection Affordable Care Act (PPACA) Preventive Services

- **Preventive medications** - Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy.

A list of medications covered under this benefit may be found at: [Preventive Medications List](#).

- **Immunizations** - Certain vaccines which are covered under your preventive benefit 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.

A list of vaccines that are covered under your pharmacy benefits may be found at:

[Pharmacy Benefit Vaccines List](#).

- **Women's preventive services** - Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

A list of medications and devices covered under this benefit may be found at: [Women's Preventive Services List](#).

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

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

[Contraceptives Tier Exception Request Form](#)

[HIV PrEP Tier Exception Request Form](#)

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

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

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

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

Specialty Medications are divided into two categories:

- **Self-Administered Specialty Medication** – 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 cost shares will apply (where out-of-network coverage is available). [A current listing of Self-Administered Specialty Medications can be found here](#).
 - Self-administered injectable medications are designated in the Medication List with "inj" following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida

Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.

- **Provider-Administered Specialty Medication** – 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. [A current listing of Provider-Administered Specialty Medications can be found here.](#)

Pharmacy Options

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

Participating Pharmacy

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

Non-Participating Pharmacy

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

Participating Specialty Pharmacy Provider

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

CVS/Caremark Specialty Pharmacy Services

Provider-Administered and Self-Administered Products;
excluding Hemophilia
Phone: (866) 278-5108
Fax: (800) 323-2445
[CVS/Caremark Specialty Pharmacy](#)

Accredo

Self-Administered Products;
excluding Hemophilia
Phone: (888) 425-5970
Fax: (888) 302-1028
[Accredo](#)

CVS/Caremark Hemophilia Services

Hemophilia Products Phone: (866) 792-2731
Fax: (866) 811-7450
(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)
[CVS/Caremark Hemophilia Specialty Pharmacy](#)

Genoa Healthcare

Provider-Administered Mental Health Products
[Genoa](#)

Note: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers [Accredo](#) or [CVS/Caremark Specialty](#).

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

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

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

NOTE: If the original prescription was filled at a pharmacy other than the home delivery pharmacy, a new, 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 medication. 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. A current listing of drugs requiring prior authorization are indicated in the prior authorization column following the product name in the medication list.

Florida Blue reserves the right to change the medications that require Prior Authorization at any time and for any reason.

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 received 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 coverage authorization is denied. Please refer to the “How to Appeal an Adverse Benefit Determination” subsection of the Claims Processing or Appeal and Grievance Process section in your current plan documents 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 and Authorization Forms](#)

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 for Medical Pharmacy Program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

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

A list of current drugs included in the Responsible Steps Program for Medical Pharmacy may be found here: [Responsible Steps Program for Medical Pharmacy Information and Authorization Forms](#)

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

Coverage Protocol Exemption

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

Formulary Exception Process

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

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

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

Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in your plan documents. In the event of any inconsistencies between the Medication Guide and the provisions contained in your plan documents, the provisions contained in your plan documents shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

How to use this Drug list

Column 1: Drug Name

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

Column 2: Drug Tier

Indicates the formulary tier level for each drug.

Column 3: Specialty (SP)

Indicates this is a self-administered specialty drug.

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

Column 4: Requirements/Limits

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

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

Abbreviation key

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

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

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

Selected generic and brand name drugs are not covered because of safety or effectiveness concerns. This list is subject to change.

amoxapine

B & C

Balsam peru & castor oil

benzphetamine

Bpco

carisoprodol

chlordiazepoxide/clidinium

Cortane-B

diethylpropion

Diethylpropion ext-release

Donnatal

Egrifta SV

Epifoam

Ergoloid mesylates

esterified estrogens/methyltestosterone

flavoxate

Halcion

Hydrocortisone/pramoxine

iodoquinol/hc

iodoquinol/hydrocortisone/aloe

Librax

meperidine

Meperidine

meprobamate

Nefazodone

Ocaliva

opium tincture

pb/hyoscy/atrop/scopol

pentazocine w/ naloxone

phendimetrazine

Phendimetrazine ext-release

Phospholine Iodide

Pramosone

Pramotic

promethazine/phenylephrine

Rimantadine

Soma

thioridazine

triazolam

Venelex

Section 1557 Notification: Discrimination is Against the Law

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

We provide:

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

If you need these services, contact:

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

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

Health and vision coverage (including FEP members):

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

Dental, life, and disability coverage:

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

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

U.S. Department of Health and Human Services

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

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

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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 1-800-352-2583 (رقم هاتف الصم والبكم: 0778-559-008-1). اتصل برقم 1-7222-333-008-1.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333- 2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુદ્ધ ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ 1-800-352-2583 (TTY: 1-800-955-8770) หรือ FEP โทรศัพท์ 1-800-333-2227

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود. با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíí'eh, ná hóló. Kojí' hodíłnih 1-800- 352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojí' hodíłnih 1-800-333-2227.

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	2		
amoxicillin (trihydrate) cap 250 mg, 500 mg	1		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1		
amoxicillin (trihydrate) tab 500 mg, 875 mg	1		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1		
ampicillin cap 500 mg	1		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2		
dicloxacillin sodium cap 250 mg, 500 mg	1		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	2		
penicillin v potassium tab 250 mg, 500 mg	1		
CEPHALOSPORINS			
CEFACLOL - cefaclor cap 250 mg, 500 mg	2		
cefadroxil cap 500 mg	1		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1		
cefdinir cap 300 mg	1		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1		
cefixime cap 400 mg (Suprax)	1		
cefixime for susp 100 mg/5ml	1		
cefixime for susp 200 mg/5ml (Suprax)	1		
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	2		
cefpodoxime proxetil tab 100 mg, 200 mg	1		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1		
cefprozil tab 250 mg, 500 mg	1		
cefuroxime axetil tab 250 mg, 500 mg	1		
cephalexin cap 250 mg, 500 mg	1		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1		
cephalexin tab 250 mg, 500 mg	1		
MACROLIDES			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1		
azithromycin tab 250 mg, 500 mg (Zithromax)	1		
azithromycin tab 600 mg	1		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2		
clarithromycin tab er 24hr 500 mg	1		
clarithromycin tab 250 mg, 500 mg	1		
DIFICID - fidaxomicin tab 200 mg	2		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	2		QL (272 mls/180 days)
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	2		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1		
erythromycin tab 250 mg, 500 mg	1		
ZITHROMAX - azithromycin powd pack for susp 1 gm	2		
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	1		
doxycycline hyclate cap 50 mg	1		
doxycycline hyclate cap 100 mg (Vibramycin)	1		
doxycycline hyclate tab 20 mg, 100 mg	1		
doxycycline monohydrate cap 50 mg, 100 mg	1		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1		
minocycline hcl cap 50 mg, 75 mg, 100 mg	1		
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/180 days)
tetracycline hcl cap 250 mg, 500 mg	1		
FLUOROQUINOLONES			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	2		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1		
ciprofloxacin hcl tab 750 mg (base equiv)	1		
levofloxacin oral soln 25 mg/ml	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
levofloxacin tab 250 mg, 500 mg, 750 mg	1		
moxifloxacin hcl tab 400 mg (base equiv)	1		
ofloxacin tab 400 mg	1		
AMINOGLYCOSIDES			
HUMATIN - paromomycin sulfate cap 250 mg	2		LD
neomycin sulfate tab 500 mg	1		
TOBI PODHALER - tobramycin inhal cap 28 mg	2	SP	LD
tobramycin nebu soln 300 mg/5ml (Tobi)	1	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	1	SP	
SULFONAMIDES			
sulfadiazine tab 500 mg	1		
ANTIMYCOBACTERIAL AGENTS			
CYCLOSERINE - cycloserine cap 250 mg	2		
ethambutol hcl tab 100 mg	1		
ethambutol hcl tab 400 mg (Myambutol)	1		
isoniazid syrup 50 mg/5ml	1		
isoniazid tab 100 mg, 300 mg	1		
PRETOMANID - pretomanid tab 200 mg	2		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	2		
pyrazinamide tab 500 mg	1		
rifabutin cap 150 mg (Mycobutin)	1		
rifampin cap 150 mg, 300 mg	1		
ANTIFUNGALS			
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1		
flucytosine cap 250 mg, 500 mg (Ancobon)	1		
griseofulvin microsize susp 125 mg/5ml	1		
griseofulvin microsize tab 500 mg	1		
griseofulvin ultramicrosize tab 125 mg, 250 mg	1		
itraconazole cap 100 mg (Sporanox)	1		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	1		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	1		
NOXAFIL - posaconazole for delayed release susp packet 300 mg	2		PA
nystatin tab 500000 unit	1		
posaconazole susp 40 mg/ml (Noxafil)	1		PA
posaconazole tab delayed release 100 mg (Noxafil)	1		PA
terbinafine hcl tab 250 mg	1		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	2		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	1		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	2	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	2	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	2	SP	PA, QL (60 packets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	2		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	2		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	2		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	1		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	1		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	2	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	2	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	2	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	2		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	2		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2		QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2		QL (480 mls/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
PREVYMIS - letermovir tab 240 mg, 480 mg	2		
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	2		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	2		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	2		QL (30 tablets/30 days)
RETROVIR - zidovudine cap 100 mg	2		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	2		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	2		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	2		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	2		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	2		
RIBAVIRIN - ribavirin tab 200 mg	2		
ritonavir tab 100 mg (Norvir)	1		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	2		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	2		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	2	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	2	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	2	SP	PA, QL (30 packets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	2		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab 300 mg	2		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	2		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	2		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2		QL (30 tablets/30 days)
SYMITUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2		QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2		QL (360 tablets/30 days)

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TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	2		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	2		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	2		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2		QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	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)	2		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	2		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	1		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	1		QL (1920 mls/30 days)
zidovudine tab 300 mg	1		QL (60 tablets/30 days)
ANTIMALARIALS			
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1		
chloroquine phosphate tab 250 mg, 500 mg	1		
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1		
mefloquine hcl tab 250 mg	1		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1		
pyrimethamine tab 25 mg (Daraprim)	1	SP	PA, QL (90 tablets/30 days)
quinine sulfate cap 324 mg (Qualaquin)	1		QL (42 capsules/90 days)
ANTHELMINTICS			
albendazole tab 200 mg	1		PA, QL (120 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
BRUKINSA - zanubrutinib cap 80 mg	2	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)	2	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	1	SP	
CAPRELSA - vandetanib tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	2	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	2	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	2	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	2		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1		
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)	2	SP	PA, LD, QL (112 tablets/28 days)
dasatinib tab 20 mg (Sprycel)	1	SP	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	1	SP	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	2	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg	2	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	2	SP	PA, LD, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	1	SP	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	1	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	2		
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	1	SP	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	1	SP	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	1	SP	PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	2	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	2	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	2	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	1	SP	PA, QL (30 tablets/30 days)
GILOTTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	2	SP	
GOMEKLI - mirdametinib tab for oral susp 1 mg	2	SP	PA, QL (168 tablets/28 days)
GOMEKLI - mirdametinib cap 1 mg	2	SP	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	2	SP	PA, QL (84 capsules/28 days)
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	2	SP	PA
hydroxyurea cap 500 mg (Hydrea)	1		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	2	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	2	SP	PA, LD, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	2	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	1	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	1	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	2	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	2	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	2	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	2	SP	PA, LD, QL (120 capsules/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	2	SP	PA, QL (280 mls/28 days)
INLYTA - axitinib tab 1 mg	2	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	2	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	2	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	2	SP	PA, QL (56 tablets/28 days)
ITOVEBI - inavolisib tab 9 mg	2	SP	PA, QL (28 tablets/28 days)
IWILFIN - eflornithine hcl tab 192 mg	2	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent)	2	SP	PA, LD, QL (60 tablets/30 days)

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equivalent), 20 mg (base equivalent), 25 mg (base equivalent)			
JAYPIRCA - pirtobrutinib tab 50 mg	2	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	2	SP	PA, QL (63 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	2	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	2	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	2	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	SP	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	2	SP	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	2	SP	PA, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	1		
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	1		
LEUKERAN - chlorambucil tab 2 mg	2		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	2	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	2	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	2	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	2	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	2	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg	2	SP	PA, LD, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	2	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	2	SP	PA, LD, QL (120 tablets/30 days)

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OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	2	SP	PA, LD, QL (56 tablets/28 days)
OJEMDA - tovorafenib tab 100 mg	2	SP	PA, QL (24 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	2	SP	PA, QL (96 mls/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	2	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	2	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	2	SP	PA, LD, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	1	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	2	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	2	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	2	SP	PA, LD, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	2	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	2	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	2	SP	PA, LD, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	2	SP	PA, LD, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	2	SP	PA, LD, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	2	SP	PA, LD, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg	2	SP	PA, LD, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	2	SP	PA, QL (8 capsules/28 day)
ROZLYTREK - entrectinib pellet pack 50 mg	2	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	2	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	2	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	2	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	2	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	2	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	2	SP	PA, LD, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	SP	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	2	SP	PA, LD, QL (84 tablets/28 days)

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sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	1	SP	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	1	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	2		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	2	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	2	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	2	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)	2	SP	PA, LD, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	2	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	2	SP	PA, LD, QL (240 tablets/30 days)
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg	1	SP	PA
temozolomide cap 250 mg (Temodar)	1	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	2	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	2	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1		
tretinoin cap 10 mg	1	SP	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	2	SP	PA, LD, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	2	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	2	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	2	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	2	SP	PA, LD, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	2	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	2	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)

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VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	2	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	2	SP	PA, LD, QL (30 tablets/30 days)
WELIREG - belzutifan tab 40 mg	2	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	2	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg	2	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	2	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	2	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	2	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	2	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)	2	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)	2	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	2	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	2	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	2	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	2	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	2	SP	PA, LD, QL (60 tablets/30 days)

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testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	2		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	1		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	1		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	1		PA, QL (2 pumps/30 days)
ESTROGENS			
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2		QL (4 patches/28 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2		
estradiol & norethindrone acetate tab 0.5-0.1 mg	1		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1		
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (EstroGel)	1		QL (1 pump/30 days)
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1		
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)	1		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)	1		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)	1		QL (4 patches/28 days)
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	1	SP	
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	2		
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2		PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1		
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		PA, QL (56 capsules/28 days)

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PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2		
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2		
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	2		
CONTRACEPTIVES			
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
DROSPIRENONE/ETHINYL ESTR - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2		
ELLA - ulipristal acetate tab 30 mg	2		
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 &eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		

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medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2		
OPILL - norgestrel tab 0.075 mg	2		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1		
norethindrone acetate tab 5 mg (Aygestin)	1		
progesterone cap 100 mg, 200 mg (Prometrium)	1		
ANTIDIABETICS			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	1		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
diazoxide susp 50 mg/ml (Proglycem)	1		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2		ST, QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1		
glipizide tab 5 mg, 10 mg	1		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1		
glucagon (rdna) for inj kit 1 mg	1		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	2		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2		ST, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2		
JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	2		ST, QL (30 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2		ST, QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2		ST, QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	1		
metformin hcl tab 500 mg, 850 mg, 1000 mg	1		
mifepristone tab 300 mg (Korlym)	1	SP	PA, QL (120 tablets/30 days)
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	2		
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	2		PA, QL (4 pens/180 days)

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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	2		PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	1		
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)	2		PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1		
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	1		
repaglinide tab 0.5 mg, 1 mg, 2 mg	1		
RYBELSUS - semaglutide tab 3 mg	2		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	2		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	1		QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	1		QL (60 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	1		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2		
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2		
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2		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	2		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	2		ST, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
Basal Insulins			
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	2		
INSULIN DEGLUDEC FLEXTUOC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
LANTUS - insulin glargine inj 100 unit/ml	2		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		
TRESIBA - insulin degludec inj 100 unit/ml	2		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
THYROID AGENTS			
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	2		
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)	2		
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)	1		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1		
methimazole tab 5 mg, 10 mg	1		
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)	2		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	2		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	2		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	2		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	2		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	2		
propylthiouracil tab 50 mg	1		

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

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GENOTROPIN MINIQUE - 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	2	SP	PA
ibandronate sodium tab 150 mg (base equivalent)	1		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	2	SP	PA, LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	2	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	2	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	2	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	2	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	2		ST, QL (30 tablets/30 days)
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1		
levocarnitine tab 330 mg (Carnitor)	1		
MIFEPREX - mifepristone tab 200 mg	2		
mifepristone tab 200 mg (Mifeprex)	1		
MYCAPSSA - octreotide acetate cap delayed release 20 mg	2	SP	PA, LD, QL (120 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	1	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	2	SP	PA, LD
NORDITROPIN FLEXPOR - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	2	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	2	SP	PA, LD
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	1	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	2	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	2	SP	PA, LD
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	2	SP	PA, LD, QL (8 capsules/28 days)
ORFADIN - nitisinone susp 4 mg/ml	2	SP	PA, LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	2		PA, QL (60 tablets/30 days)
OVIDREL - choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml	2		
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	1		
paricalcitol cap 4 mcg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	2	SP	PA, LD, QL (7 bottles/29 days)
raloxifene hcl tab 60 mg (Evista)	1		
risedronate sodium tab delayed release 35 mg (Atelvia)	1		
risedronate sodium tab 5 mg, 30 mg	1		
risedronate sodium tab 35 mg, 150 mg (Actonel)	1		
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	1	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	1	SP	PA, LD
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	1	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	1	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)	2	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	2	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	SP	
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	1	SP	PA
tolvaptan tab 15 mg (Samsca)	1	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	1	SP	QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	SP	PA, LD
VEOZAH - fezolinetant tab 45 mg	2		PA, LD, QL (30 tablets/30 days)
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	2	SP	PA, LD, QL (30 vials/30 days)
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)	2	SP	PA, LD, QL (2 pens/28 days)
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
digoxin oral soln 0.05 mg/ml (Digoxin)	1		
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)	1		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	2		

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isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1		
NITRO-BID - nitroglycerin oint 2%	2		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	1		
BETA BLOCKERS			
acebutolol hcl cap 200 mg, 400 mg	1		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1		
betaxolol hcl tab 10 mg, 20 mg	1		
bisoprolol fumarate tab 5 mg, 10 mg	1		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1		
labetalol hcl tab 100 mg, 200 mg, 300 mg	1		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	1		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1		
pindolol tab 5 mg, 10 mg	1		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1		
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	2		
sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg (Betapace af)	1		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1		
sotalol hcl tab 240 mg	1		
timolol maleate tab 5 mg, 10 mg, 20 mg	1		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1		

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diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	1		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	1		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1		
diltiazem hcl tab 90 mg	1		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1		
isradipine cap 2.5 mg, 5 mg	1		
nicardipine hcl cap 20 mg, 30 mg	1		
nifedipine cap 10 mg, 20 mg	1		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1		
nimodipine cap 30 mg	1		
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	2		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	1		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	1		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1		
verapamil hcl tab 40 mg, 80 mg, 120 mg	1		
ANTIARRHYTHMICS			
amiodarone hcl tab 100 mg, 200 mg, 400 mg	1		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1		
flecainide acetate tab 50 mg, 100 mg, 150 mg	1		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1		
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1		
propafenone hcl tab 150 mg, 225 mg, 300 mg	1		
quinidine gluconate tab er 324 mg	1		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	2		
ANTIHYPERTENSIVES			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	1		
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	1		
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1		
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)	1		
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1		
benazepril & hydrochlorothiazide tab 5-6.25 mg	1		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1		
benazepril hcl tab 5 mg	1		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	1		
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1		
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1		
enalapril maleate oral soln 1 mg/ml (Epaned)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1		
eplerenone tab 25 mg, 50 mg (Inspra)	1		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1		
guanfacine hcl tab 1 mg, 2 mg	1		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1		
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1		
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1		
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1		
METHYLDOPA - methyl dopa tab 500 mg	2		
methyl dopa tab 250 mg	1		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1		
minoxidil tab 2.5 mg, 10 mg	1		
moexipril hcl tab 7.5 mg, 15 mg	1		
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1		
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1		
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)	1		
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	2		
perindopril erbumine tab 4 mg	1		
phenoxybenzamine hcl cap 10 mg (Dibenzylamine)	1		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	1		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1		
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)	1		
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	2		
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		
trandolapril tab 1 mg, 2 mg, 4 mg	1		
TRYVIO - aprocitentan tab 12.5 mg	2	SP	PA, QL (30 tablets/30 days)
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	1		
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1		
DIURETICS			
acetazolamide cap er 12hr 500 mg	1		
acetazolamide tab 125 mg, 250 mg	1		
amiloride hcl tab 5 mg	1		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	2		
bumetanide tab 0.5 mg (Bumex)	1		
bumetanide tab 1 mg, 2 mg	1		
chlorthalidone tab 25 mg, 50 mg	1		
dichlorphenamide tab 50 mg (Keveyis)	1	SP	PA, QL (120 tablets/30 days)
ethacrynic acid tab 25 mg (Edecrin)	1		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	2	SP	PA, LD, QL (8 kits/30 days)
furosemide oral soln 10 mg/ml	1		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1		
hydrochlorothiazide cap 12.5 mg	1		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1		
indapamide tab 1.25 mg, 2.5 mg	1		
methazolamide tab 25 mg, 50 mg	1		
metolazone tab 2.5 mg, 5 mg, 10 mg	1		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1		
toremide tab 5 mg, 10 mg, 20 mg, 100 mg	1		
triamterene & hydrochlorothiazide cap 37.5-25 mg	1		

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triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1		
triamterene cap 50 mg, 100 mg (Dyrenium)	1		
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)	2		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1		
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1		
ANTIHYPERLIPIDEMICS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	1		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	1		
cholestyramine light powder 4 gm/dose (Questran light)	1		
cholestyramine powder packets 4 gm (Questran)	1		
cholestyramine powder 4 gm/dose (Questran)	1		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	1		
colesevelam hcl packet for susp 3.75 gm (Welchol)	1		
colesevelam hcl tab 625 mg (Welchol)	1		
colestipol hcl granule packets 5 gm (Colestid flavored)	1		
colestipol hcl granules 5 gm (Colestid flavored)	1		
colestipol hcl tab 1 gm (Colestid)	1		
ezetimibe tab 10 mg (Zetia)	1		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	1		
fenofibrate tab 48 mg, 145 mg (Tricor)	1		
fenofibrate tab 54 mg, 160 mg	1		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1		QL (60 capsules/30 days)

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fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	1		
lovastatin tab 10 mg, 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	2		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic)	1		
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	1		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	1		QL (45 tablets/30 days)
pitavastatin calcium tab 4 mg (Livalo)	1		QL (30 tablets/30 days)
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		PA, QL (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2		PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	1		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	1		QL (30 tablets/30 days)
simvastatin tab 5 mg	1		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	1		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	1		QL (60 tablets/30 days)
simvastatin tab 80 mg	1		QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	2		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	2		PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ambrisentan tab 5 mg, 10 mg (Letairis)	1	SP	PA, LD, QL (30 tablets/30 days)
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	2	SP	PA, LD, QL (112 tablets/28 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	1	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	2	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2		QL (60 tablets/30 days)

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ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	2		QL (240 capsules/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1		
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	1		
OPSUMIT - macitentan tab 10 mg	2	SP	PA, LD, QL (30 tablets/30 days)
sildenafil citrate for suspension 10 mg/ml (Revatio)	1		PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	1		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	1	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	2	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)	1	SP	PA
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	2	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	2	SP	PA, LD, QL (68 ampules/30 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	2	SP	PA, QL (30 capsules/30 days)
VYNDALOG - tafamidis meglumine (cardiac) cap 20 mg	2	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	2	SP	PA, LD, QL (1 kit/21 days)
ERECTILE DYSFUNCTION			
tadalafil tab 2.5 mg, 5 mg (Cialis)	1		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTI-HISTAMINES			
carbinoxamine maleate tab 4 mg	1		
cyproheptadine hcl syrup 2 mg/5ml	1		
cyproheptadine hcl tab 4 mg	1		
desloratadine tab 5 mg (Clarinet)	1		
levocetirizine dihydrochloride tab 5 mg	1		
loratadine oral soln 5 mg/5ml	1		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	1		
loratadine tab 10 mg	1		
promethazine hcl oral soln 6.25 mg/5ml	1		
promethazine hcl suppos 12.5 mg, 25 mg	1		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1		
NASAL AGENTS - SYSTEMIC and TOPICAL			

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ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2		QL (2 canisters/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2		QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	1		PA, QL (3 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	1		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2		QL (3 canisters/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	2	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	2		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	2		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act	2		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	2		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1		

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ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	1		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1		
montelukast sodium tab 10 mg (base equiv) (Singulair)	1		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	2	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2		QL (1 canister/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2		QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	1		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2		QL (60 blisters/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2		QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	1		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	2	SP	PA, LD, QL (1 pen/28 days)
theophylline elixir 80 mg/15ml	1		
theophylline soln 80 mg/15ml	1		
theophylline tab er 12hr 300 mg, 450 mg	1		
theophylline tab er 24hr 400 mg, 600 mg	1		
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	1		PA, QL (30 capsules/30 days)

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TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2		QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2		QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	SP	PA, LD
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	1		
zileuton tab er 12hr 600 mg	1		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg	2	SP	PA, LD, QL (84 tablets/28 days)
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg	2	SP	PA, LD, QL (56 tablets/28 days)
KALYDECO - ivacaftor tab 150 mg	2	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	2	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	2	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	2	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	1	SP	PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	1	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	1	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	SP	PA, LD, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	2	SP	PA, LD, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS			

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BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle 200 mcg	2	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle 600 mcg	2	SP	PA, LD, QL (300 capsules/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1		
calcium acetate (phosphate binder) tab 667 mg	1		
CHENODAL - chenodiol tab 250 mg	2	SP	PA, LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	2	SP	PA, LD
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1		
CTEXLI - chenodiol tab 250 mg	2	SP	PA, QL (90 tablets/30 days)
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	2	SP	PA, LD, QL (2 pens/28 days)
GATTEX - teduglutide (rdna) for inj kit 5 mg	2	SP	PA, LD, QL (30 vials/30 days)
IQIRVO - elafibranor tab 80 mg	2	SP	PA, LD, QL (30 tablets/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	1		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1		
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	2		PA, QL (30 capsules/30 days)
LIVDELZI - seladelpar lysine cap 10 mg	2	SP	PA, QL (30 capsules/30 days)
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg	2	SP	PA, LD, QL (60 tablets/30 days)
LIVMARLI - maralixibat chloride tab 30 mg	2	SP	PA, LD, QL (30 tablets/30 days)
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	2	SP	PA, LD, QL (90 mls/30 days)
LIVMARLI - maralixibat chloride oral soln 19 mg/ml	2	SP	PA, LD, QL (60 mls/30 days)
lubiprostone cap 8 mcg (Amitiza)	1		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	1		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	1		
mesalamine cap er 24hr 0.375 gm (Apriso)	1		
mesalamine enema 4 gm	1		
mesalamine suppos 1000 mg (Canasa)	1		
mesalamine tab delayed release 800 mg	1		
mesalamine tab delayed release 1.2 gm (Lialda)	1		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2		PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	2	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	2	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	2	SP	PA, LD, QL (2 syringes/28 days)
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	2	SP	PA, LD, QL (2 syringes/28 days)
REZDIFFRA - resmetirom 60 mg tab	2	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	2	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	2	SP	PA, LD, QL (30 tablets/30 days)
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1		
sevelamer carbonate tab 800 mg (Renvela)	1		
sevelamer hcl tab 400 mg	1		
sevelamer hcl tab 800 mg (Renagel)	1		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1		
sulfasalazine tab 500 mg (Azulfidine)	1		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	2	SP	PA, QL (1 syringe/28 days)
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	2	SP	PA, QL (1 pen/28 days)
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	2	SP	PA, QL (3 packs/180 days)
TRULANCE - plecanatide tab 3 mg	2		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	1		
ursodiol tab 250 mg (Urso 250)	1		
ursodiol tab 500 mg (Urso forte)	1		
VIBERZI - eluxadoline tab 75 mg, 100 mg	2		PA, QL (60 tablets/30 days)
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	2	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	2	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	2	SP	PA, LD, QL (2 syringes/28 days)
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	1		QL (30 tablets/30 days)
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	1		QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	1		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	1		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	1		
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1		QL (60 tablets/30 days)
tropium chloride cap er 24hr 60 mg	1		QL (30 capsules/30 days)
tropium chloride tab 20 mg	1		QL (60 tablets/30 days)
VAGINAL PRODUCTS			
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	2		
clindamycin phosphate vaginal cream 2% (Cleocin)	1		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	2		
estradiol vaginal cream 0.1 mg/gm (Estrace)	1		
estradiol vaginal tab 10 mcg (Vagifem)	1		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		QL (1 ring/90 days)
metronidazole vaginal gel 0.75%	1		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	2		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	2		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2		
terconazole vaginal cream 0.4%, 0.8%	1		
terconazole vaginal suppos 80 mg	1		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	2		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	1		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	2		LD
dutasteride cap 0.5 mg (Avodart)	1		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1		
FILSPARI - sparsentan tab 200 mg, 400 mg	2	SP	PA, LD, QL (30 tablets/30 days)
finasteride tab 5 mg (Proscar)	1		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1		
RIVFLOZA - nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml, 160 mg/ml	2	SP	PA, LD, QL (1 syringe/30 days)
RIVFLOZA - nedosiran sodium subcutaneous soln 80 mg/0.5ml	2	SP	PA, LD, QL (2 vials/30 day)
silodosin cap 4 mg, 8 mg (Rapaflo)	1		
sodium chloride irrigation soln 0.9%	1		
sodium citrate & citric acid soln 500-334 mg/5ml	1		
tamsulosin hcl cap 0.4 mg (Flomax)	1		
THIOLA EC - tiopronin tab delayed release 100 mg	2	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	2	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab delayed release 100 mg (Thiola ec)	1	SP	PA, LD, QL (600 tablets/30 days)
tiopronin tab delayed release 300 mg (Thiola ec)	1	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	1	SP	PA, LD, QL (600 tablets/30 days)
CENTRAL NERVOUS SYSTEM DRUGS			
ANTI-ANXIETY AGENTS			
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	1		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1		
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	1		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1		
clorazepate dipotassium tab 3.75 mg, 15 mg	1		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1		
diazepam conc 5 mg/ml	1		
diazepam oral soln 1 mg/ml	1		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1		
hydroxyzine hcl syrup 10 mg/5ml	1		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1		

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hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1		
lorazepam conc 2 mg/ml	1		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1		
oxazepam cap 10 mg, 15 mg, 30 mg	1		
ANTIDEPRESSANTS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1		
bupropion hcl tab 75 mg, 100 mg	1		
citalopram hydrobromide oral soln 10 mg/5ml	1		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv) (Pristiq)	1		QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1		QL (120 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
doxepin hcl conc 10 mg/ml	1		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1		
escitalopram oxalate soln 5 mg/5ml (base equiv)	1		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1		
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1		
fluoxetine hcl solution 20 mg/5ml	1		
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	1		
fluvoxamine maleate tab 25 mg, 50 mg	1		QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	1		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	1		
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	1		QL (90 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg, 45 mg (Remeron soltab)	1		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
mirtazapine tab 7.5 mg, 45 mg	1		QL (30 tablets/30 days)
mirtazapine tab 15 mg (Remeron)	1		QL (90 tablets/30 days)
mirtazapine tab 30 mg (Remeron)	1		QL (30 tablets/30 days)
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1		
nortriptyline hcl soln 10 mg/5ml	1		
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	2		
protriptyline hcl tab 5 mg, 10 mg	1		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1		
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	2	SP	PA, QL (4 packs/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	2	SP	PA, QL (4 packs/28 days)
tranylcypromine sulfate tab 10 mg (Parnate)	1		
trazodone hcl tab 50 mg, 100 mg, 150 mg	1		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1		
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1		QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	2	SP	PA, QL (28 capsules/30 days)
ZURZUVAE - zuranolone cap 30 mg	2	SP	PA, QL (14 capsules/30 days)
ANTIPSYCHOTICS			
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	2	SP	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	2	SP	
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	2	SP	
aripiprazole oral solution 1 mg/ml	1		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	1		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	2	SP	
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	2	SP	
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1		QL (60 tablets/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	2		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	1		
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	1		
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	2	SP	
fluphenazine decanoate inj 25 mg/ml	1	SP	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	2	SP	
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	2	SP	
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	2	SP	
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	1	SP	
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	1	SP	
haloperidol lactate oral conc 2 mg/ml	1		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1		
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	2	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	2	SP	
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	2	SP	
LITHIUM CARBONATE - lithium carbonate cap 600 mg	2		

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lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1		
lithium carbonate tab er 300 mg (Lithobid)	1		
lithium carbonate tab er 450 mg	1		
lithium carbonate tab 300 mg	1		
lithium oral solution 8 meq/5ml	1		
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	1		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	1		QL (60 tablets/30 days)
olanzapine for im inj 10 mg (Zyprexa)	1	SP	
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	1		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	1		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1		
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	2	SP	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1		
prochlorperazine suppos 25 mg	1		
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	1		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	1		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	1		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	1		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2		QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	2	SP	
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)	1	SP	
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	1		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	1		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	1		QL (480 mls/30 days)
risperidone tab 0.25 mg	1		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	1		QL (60 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	2		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	2		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	2		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	1		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	1		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	1		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1		
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	1		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	2		QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	2		QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	2		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)	1		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	1		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	1		QL (180 tablets/30 days)

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guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	2	SP	PA, LD, QL (10 vials/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1		QL (30 tablets/30 days)
methamphetamine hcl tab 5 mg	1		QL (150 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	1		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	1		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	1		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	1		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	1		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	1		QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1		QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	2		QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	2		QL (60 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	1		
QELBREE - viloxazine hcl cap er 24hr 100 mg	2		QL (30 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 150 mg	2		QL (60 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 200 mg	2		QL (90 capsules/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	2		QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2		QL (30 tablets/30 days)
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	2	SP	PA, LD, QL (60 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.			
acamprosate calcium tab delayed release 333 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
AQNEURSA - levacetylleucine for susp packet 1 gm	2	SP	PA, LD, QL (112 packets/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
dalfampridine tab er 12hr 10 mg (Ampyra)	1		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	1		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1	SP	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	1		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	1	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	1	SP	QL (12 syringes/28 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	2	SP	PA, QL (1 pen/28 days)
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	1		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	2	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	2	SP	PA, LD, QL (28 packets/180 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	2	SP	PA, LD, QL (8 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	2	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	2	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	2	SP	PA, LD, QL (14 tablets/301 days)

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ANALGESICS AND ANESTHETICS

ANALGESICS - NON-NARCOTIC

aspirin chew tab 81 mg	1		
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ANALGESICS - NARCOTIC

acetaminophen w/ codeine tab 300-15 mg (Tylenol/	1	PA, QL (360 tablets/30 days)
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NOTE: For each of the 1000 replications, the 1000 simulated data sets were generated by the same random number generator.

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	2		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)	2		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	2	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	2	SP	PA, LD, QL (4 syringes/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 16 mg/0.32ml	2	SP	PA, LD, QL (4 syringes/28 day)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1		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)	1		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	1		PA, QL (2 bottles/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	1		PA, QL (180 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1		PA, QL (15 patches/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	1		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	1		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		PA, QL (1440 mls/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		PA, QL (1 syringe/28 days)
ERGOTAMINE TARTRATE/CAFFE - ergotamine w/ caffeine tab 1-100 mg	2		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1		ST, QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	1		QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	2		PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2		PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	2		PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1		QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1		QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	1		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	1		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml	1		QL (10 vials/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	2		ST, QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	1		QL (12 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	1		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg, 100 mg (Imitrex)	1		QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	2		PA, QL (16 tablets/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	1		ST, QL (12 units/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	1		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	1		QL (12 tablets/30 days)
GOUT AGENTS			
allopurinol tab 100 mg, 300 mg (Zyloprim)	1		
colchicine tab 0.6 mg (Colcrys)	1		
colchicine w/ probenecid tab 0.5-500 mg	1		
febuxostat tab 40 mg, 80 mg (Uloric)	1		
probenecid tab 500 mg	1		
NEUROMUSCULAR DRUGS			
ANTICONSULSANTS			
APTOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1		
carbamazepine chew tab 100 mg	1		
carbamazepine susp 100 mg/5ml (Tegretol)	1		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1		
carbamazepine tab 200 mg (Tegretol)	1		
clobazam suspension 2.5 mg/ml (Onfi)	1		
clobazam tab 10 mg, 20 mg (Onfi)	1		
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1		
DIACOMIT - stiripentol cap 250 mg, 500 mg	2	SP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	2	SP	
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1		
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	2		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1		
EPIDIOLEX - cannabidiol soln 100 mg/ml	2	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	2		
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)	1		
ethosuximide cap 250 mg (Zarontin)	1		
ethosuximide soln 250 mg/5ml (Zarontin)	1		
felbamate susp 600 mg/5ml (Felbatol)	1		
felbamate tab 400 mg, 600 mg (Felbatol)	1		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	2	SP	PA, LD
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1		
gabapentin oral soln 250 mg/5ml (Neurontin)	1		
gabapentin tab 600 mg, 800 mg (Neurontin)	1		
lacosamide oral solution 10 mg/ml (Vimpat)	1		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
primidone tab 50 mg, 250 mg (Mysoline)	1		
rufinamide susp 40 mg/ml (Banzel)	1		
rufinamide tab 200 mg, 400 mg (Banzel)	1		
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	2		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	1		
TOPIRAMATE - topiramate sprinkle cap 50 mg	2		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	1		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	1		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	1		PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	1		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1		
valproate sodium oral soln 250 mg/5ml (base equiv)	1		
valproic acid cap 250 mg	1		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	2		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	2		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	2		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	2		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	1	SP	LD
vigabatrin tab 500 mg (Sabril)	1	SP	LD
zonisamide cap 25 mg, 100 mg (Zonegran)	1		
zonisamide cap 50 mg	1		
ZTALMY - ganaxolone susp 50 mg/ml	2	SP	PA, LD, QL (1100 mls/30 days)
ANTIPARKINSON AGENTS			
amantadine hcl cap 100 mg	1		
amantadine hcl soln 50 mg/5ml	1		
amantadine hcl tab 100 mg	1		
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
COMPLETE NATAL DHA - prenatal-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	2		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	2		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	2		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PNV PRENATAL PLUS MULTIVI - prenatal w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak	2		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	2		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	2		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	2		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
MINERALS and ELECTROLYTES			
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1		
potassium chloride cap er 8 meq, 10 meq	1		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1		
potassium chloride tab er 8 meq (600 mg)	1		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1		
potassium phosphate monobasic tab 500 mg (K-phos)	1		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2		
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	2		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	2	SP	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	2	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	2	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	2		
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	1	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)	1	SP	PA, QL (30 tablets/30 days)
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg, 1 mg	1		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
glutamine (sickle cell) powd pack 5 gm (Endari)	1	SP	PA
miglustat cap 100 mg (Zavesca)	1	SP	PA, LD, QL (90 capsules/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	SP	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	SP	PA
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	2	SP	PA, QL (2 pens/28 days)
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
XOLREMDI - mavorixafor cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP	PA
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1		QL (60 capsules/30 days)

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dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	1		QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	2		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	2		QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2		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)	1		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	1		
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	1		
rivaroxaban tab 2.5 mg (Xarelto)	1		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	1		
XARELTO - rivaroxaban for susp 1 mg/ml	2		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	2		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	2		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2		QL (1 pack/30 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	1		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	1		
tranexamic acid tab 650 mg (Lysteda)	1		
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	2	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	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	2	SP	PA, LD
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	2	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	2	SP	PA

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA, LD
ALTUVIIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA
anagrelide hcl cap 0.5 mg (Agrylin)	1		
anagrelide hcl cap 1 mg	1		
aspirin-dipyridamole cap er 12hr 25-200 mg	1		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
BRILINTA - ticagrelor tab 60 mg	2		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	2	SP	PA, LD, QL (30 kits/30 days)
cilostazol tab 50 mg, 100 mg	1		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	2	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1		
clopidogrel bisulfate tab 300 mg (base equiv)	1		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	2	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	2	SP	PA, LD
dipyridamole tab 25 mg, 50 mg, 75 mg	1		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	2	SP	PA
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	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	2	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	2	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	2	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)	2	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	2	SP	PA

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HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	2	SP	PA
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml	2	SP	PA, QL (4 pens/28 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	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	2	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	2	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	2	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	2	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	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)	2	SP	PA, LD
NUWIK - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	2	SP	PA, LD
NUWIK - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	SP	PA, LD
NUWIK - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	2	SP	PA, LD
NUWIK - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	2	SP	PA, LD, QL (30 capsules/30 days)
pentoxifylline tab er 400 mg	1		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1		

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PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	2	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	2	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	2	SP	PA, LD, QL (1 pack/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	2	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	2	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	2	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	2	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	2	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	SP	PA, LD, QL (2 vials/28 days)
TAVNEOS - avacopan cap 10 mg	2	SP	PA, LD, QL (180 capsules/30 days)
ticagrelor tab 60 mg, 90 mg (Brilinta)	1		
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	2	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	2	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	2	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	2	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	2	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	2	SP	PA

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ZILBRYSQ - zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml	2	SP	PA, LD, QL (28 syringes/28 days)
TOPICAL PRODUCTS			
OPHTHALMIC AGENTS			
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	2		
atropine sulfate ophth soln 1% (Atropine sulfate)	1		
azelastine hcl ophth soln 0.05%	1		
BACITRACIN - bacitracin ophth oint 500 unit/gm	2		
bacitracin-polymyxin b ophth oint	1		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1		
bepotastine besilate ophth soln 1.5% (Bepreve)	1		
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	2		
bimatoprost ophth soln 0.03%	1		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	1		
brimonidine tartrate ophth soln 0.2%	1		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	2		
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	2		PA, QL (60 vials/30 days)
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	2		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	2		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1		
diclofenac sodium ophth soln 0.1%	1		
difluprednate ophth emulsion 0.05% (Durezol)	1		
dorzolamide hcl ophth soln 2% (Trusopt)	1		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1		
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	1		
epinastine hcl ophth soln 0.05%	1		
erythromycin ophth oint 5 mg/gm	1		
EYSUVIS - loteprednol etabonate ophth susp 0.25%	2		
fluorometholone ophth susp 0.1% (Fml liquifilm)	1		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	2		
gatifloxacin ophth soln 0.5% (Zymaxid)	1		
gentamicin sulfate ophth soln 0.3%	1		

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ketorolac tromethamine ophth soln 0.4% (Acular Is)	1		
ketorolac tromethamine ophth soln 0.5% (Acular)	1		
latanoprost ophth soln 0.005% (Xalatan)	1		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	2		
loteprednol etabonate ophth gel 0.5% (Lotemax)	1		
loteprednol etabonate ophth susp 0.2% (Alrex)	1		
loteprednol etabonate ophth susp 0.5% (Lotemax)	1		
LUMIGAN - bimatoprost ophth soln 0.01%	2		QL (2.5 mls/30 days)
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	2		PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1		
NATACYN - natamycin ophth susp 5%	2		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2		
ofloxacin ophth soln 0.3% (Ocuflox)	1		
phenylephrine hcl ophth soln 2.5%, 10%	1		
pilocarpine hcl ophth soln 1%, 2%, 4%	1		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1		
prednisolone acetate ophth susp 1% (Pred forte)	1		
proparacaine hcl ophth soln 0.5% (Alcaine)	1		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2		PA, QL (60 vials/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2		
sulfacetamide sodium ophth soln 10%	1		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1		QL (30 containers/30 days)
tetracaine hcl ophth soln 0.5%	1		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	1		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1		

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sodium fluoride rinse 0.2% (Prevident rinse)	1		
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	2		
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	2		
stannous fluoride gel 0.4%	1		
triamcinolone acetonide dental paste 0.1%	1		
ANORECTAL AGENTS			
HYDROCORTISONE - hydrocortisone perianal cream 1%	2		
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2		
hydrocortisone enema 100 mg/60ml (Cortenema)	1		
hydrocortisone perianal cream 2.5% (Anusol-hc)	1		
nitroglycerin oint 0.4% (Rectiv)	1		
PROCTOCORT - hydrocortisone perianal cream 1%	2		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2		
DERMATOLOGICALS			
acitretin cap 10 mg, 17.5 mg, 25 mg	1		
acyclovir oint 5% (Zovirax)	1		
adapalene gel 0.1%	1		
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	2	SP	PA, LD, QL (2 pens/28 days)
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	SP	PA, LD, QL (4 syringes/28 days)
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	2		ST, QL (120 grams/30 days)
alclometasone dipropionate cream 0.05%	1		QL (120 grams/30 days)
azelaic acid gel 15% (Finacea)	1		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1		
betamethasone dipropionate augmented cream 0.05%	1		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	1		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	1		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	1		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	1		QL (135 grams/30 days)

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COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	2	SP	PA, LD, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	SP	PA, LD, QL (1 pen/28 days)
desonide cream 0.05% (Desowen)	1		QL (120 grams/30 days)
desonide oint 0.05%	1		QL (120 grams/30 days)
desoximetasone cream 0.05%, 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone gel 0.05% (Topicort)	1		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	1		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	1		QL (150 mls/30 days)
doxepin hcl cream 5% (Prudoxin)	1		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	2	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	2	SP	PA, QL (2 syringes/28 days)
EBGLYSS - lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml	2	SP	PA, QL (1 pen/28 days)
EBGLYSS - lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	2	SP	PA, QL (1 syringe/28 days)
econazole nitrate cream 1%	1		QL (120 grams/30 days)
erythromycin gel 2% (Erygel)	1		
erythromycin soln 2%	1		
fluocinolone acetonide cream 0.01%	1		QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	1		QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Dermasmothe/fs bod)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Dermasmothe/fs sca)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	1		QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	1		QL (120 mls/30 days)
fluocinonide cream 0.05%	1		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	1		QL (120 grams/30 days)
fluocinonide gel 0.05%	1		QL (120 grams/30 days)
fluocinonide oint 0.05%	1		QL (120 grams/30 days)
fluocinonide soln 0.05%	1		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	2		
fluorouracil cream 5% (Efudex)	1		QL (240 grams/84 days)
fluorouracil soln 5%	1		

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

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NEMLUVIO - nemolizumab-ilto for subcutaneous auto-injector 30 mg	2	SP	PA, LD, QL (2 pens/28 days)
nystatin cream 100000 unit/gm	1		
nystatin oint 100000 unit/gm	1		
nystatin topical powder 100000 unit/gm	1		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1		
oxiconazole nitrate cream 1% (Oxistat)	1		PA
penciclovir cream 1% (Denavir)	1		
permethrin cream 5%	1		
pimecrolimus cream 1% (Elidel)	1		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	2		
podofilox gel 0.5% (Condylox)	1		
SELARSDI - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
SELARSDI - ustekinumab-aekn soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
selenium sulfide lotion 2.5%	1		
silver sulfadiazine cream 1% (Silvadene)	1		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	2	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	2		
SOTYKTU - deucravacitinib tab 6 mg	2	SP	PA, QL (30 tablets/30 days)
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	2	SP	PA, QL (2 syringes/28 days)
STELARA - ustekinumab inj 45 mg/0.5ml	2	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
sulfacetamide sodium lotion 10% (acne) (Klaron)	1		
SULFAMYLON - mafenide acetate cream 85 mg/gm	2		
tacrolimus oint 0.03%, 0.1% (Protopic)	1		ST, QL (100 grams/30 day)
tazarotene cream 0.05%, 0.1% (Tazorac)	1		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	1		QL (100 grams/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
VIVITROL - naltrexone for im extended release susp 380 mg	2	SP	
DIAGNOSTIC PRODUCTS			
CHEMSTRIP-K - acetone (urine) test strip	2		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
KETOCARE - acetone (urine) test strip	2		
KETONE - acetone (urine) test strip	2		
KETONE TEST STRIPS - acetone (urine) test strip	2		
KETOSTIX - acetone (urine) test strip	2		
ONETOUCH ULTRA - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH ULTRA BLUE TEST - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	2		
MEDICAL DEVICES			
ACCU-CHEK FASTCLIX LANCET - lancets	2		
ACCU-CHEK FASTCLIX LANCET - lancets kit	2		
ACCU-CHEK SAFE-T-PRO LANC - lancets	2		
ACCU-CHEK SAFE-T-PRO PLUS - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	2		
ACTI-LANCE LANCETS 28G - lancets	2		
ACTI-LANCE LITE SAFETY LA - lancets	2		
ACTI-LANCE SPECIAL SAFETY - lancets	2		
ACTI-LANCE UNIVERSAL SAFE - lancets	2		
ADJUSTABLE LANCING DEVICE - lancet devices	2		
ADVANCED MOBILE LANCET 30 - lancets	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
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")	2		

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ADVOCATE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
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"	2		
ADVOCATE LANCETS - lancets	2		
ADVOCATE LANCETS 30G - lancets	2		
ADVOCATE LANCING DEVICE - lancet devices	2		
ADVOCATE RAPID-SAFE LANCI - lancet devices	2		
ADVOCATE SAFETY LANCETS 2 - lancets	2		
AEROCHAMBER HOLDING CHAMB - spacer/aerosol- holding chambers - device	2		
AEROCHAMBER MINI AEROSOL - spacer/aerosol- holding chambers - device	2		
AEROCHAMBER MV - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER PLUS FLOW VU - spacer/aerosol- holding chambers - device	2		
AEROCHAMBER PLUS FLOW-VU/ - spacer/aerosol- holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS V - spacer/aerosol- holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/F - spacer/aerosol- holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/L - spacer/aerosol- holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/M - spacer/aerosol- holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/S - spacer/aerosol- holding chambers - device	2		
AF LANCETS SUPER THIN - lancets	2		
AGAMATRIX ULTRA-THIN LANC - lancets	2		
AIMSCO LUBRICATED - condoms latex lubricated	2		
AIMSCO TWIST LANCETS 32G - lancets	2		
AIMSCO TWIST LANCETS 33G - lancets	2		
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		

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AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ASSURE COMFORT LANCETS UL - lancets	2		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ASSURE LANCE LANCETS - lancets	2		
ASSURE LANCE LANCETS 21G - lancets	2		
ASSURE LANCE PLUS SAFETY - lancets	2		
ASSURE LANCE SAFETY LANCE - lancets	2		
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")	2		
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")	2		
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")	2		
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2		
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2		
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
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")	2		
AURORA LANCET SUPER THIN - lancets	2		
AURORA LANCET THIN 23G - lancets	2		

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AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2		
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
AUTO-LANCET - lancet devices	2		
AUTO-LANCET MINI - lancet devices	2		
AUTOLET II CLINISAFE - lancets kit	2		
AUTOLET IMPRESSION LANCIN - lancet devices	2		
AUTOLET LANCING DEVICE - lancet devices	2		
AUTOLET LITE CLINISAFE - lancets kit	2		
AUTOLET LITE LANCING DEVI - lancet devices	2		
AUTOLET LITE STARTER PACK - lancets kit	2		
AUTOLET MINI - lancet devices	2		
AUTOLET PLUS - lancet devices	2		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
BD DISPOSABLE NEEDLE REGU - needle (disp) 25 x 1"	2		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	2		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	2		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	2		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	2		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1", 22 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	2		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	2		
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"	2		

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BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	2		
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"	2		
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"	2		
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"	2		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2		
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	2		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD INTEGRA SYRINGE/3ML/22 - syringe/needle (disp) 3 ml 22 x 1-1/2"	2		
BD LUER LOCK SYRINGE/1ML/ - syringe/needle (disp) 1 ml 20 x 1"	2		
BD MICROTAINER LANCETS - lancets	2		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	2		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	2		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	2		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	2		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	2		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	2		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	2		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	2		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	2		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	2		
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"	2		
BD SAFETYGLIDE SYRINGE 5M - syringe/needle (disp) 5 ml 22 x 1-1/2"	2		
BD SYRINGE BLUNT PLASTIC - syringe (disposable) 10 ml	2		
BD SYRINGE LUER-LOK/1ML - syringe (disposable) 1 ml	2		
BD SYRINGE 10ML/20G X 1" - syringe/needle (disp) 10 ml 20 x 1"	2		
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"	2		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	2		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
BD 10ML LUER-LOK SYRINGE - syringe/needle (disp) 10 ml 21 x 1"	2		
BD 10ML SYRINGE/DUAL CANN - syringe (disposable) 10 ml	2		
BD 3ML LUER-LOK SYRINGE 1 - syringe/needle (disp) 3 ml 18 x 1-1/2"	2		
BD 3ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 3 ml 20 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 1", 3 ml 26 x 5/8"	2		
BD 3ML SYRINGE LUER-LOK 2 - syringe/needle (disp) 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1-1/2"	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
BD 5ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 5 ml 20 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1", 5 ml 22 x 1-1/2"	2		
CARDIOCOM LANCING DEVICE - lancet devices	2		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
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")	2		
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")	2		
CAREONE ADVANCED LANCING - lancet devices	2		
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"	2		
CAREONE LANCET SUPER THIN - lancets	2		
CAREONE LANCET THIN - lancets	2		
CAREONE LANCET ULTRA THIN - lancets	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	2		
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")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
CARESENS LANCETS - lancets	2		
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"	2		
CARETOUCH LANCING DEVICE - lancet devices	2		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		

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

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COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
COMFORT LANCETS - lancets	2		
COMFORT TOUCH LANCETS ULT - lancets	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
COMFORT TOUCH PLUS SAFETY - lancets	2		
COMFORT TOUCH TWIST LANCE - lancets	2		
CONDOMS - condoms - male	2		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	2		
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device	2		
CVS LANCETS ORIGINAL - lancets	2		
CVS LANCETS THIN 26G - lancets	2		
CVS LANCETS ULTRA THIN 30 - lancets	2		
CVS LANCETS 21G - lancets	2		
CVS LANCING DEVICE - lancet devices	2		
CVS ULTRA THIN LANCETS - lancets	2		
DEXCOM G6 RECEIVER - continuous glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	2		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	2		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous glucose system sensor	2		ST, QL (3 sensors/30 days)
DIATHRIVE LANCETS - lancets	2		
DIATHRIVE LANCETS ULTRA T - lancets	2		
DIATHRIVE LANCING DEVICE - lancet devices	2		
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DROPLET GENTEEL LANCING D - lancet devices	2		
DROPLET INSULIN SYRINGE U - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 30 x 15/64", u-100 0.5 ml 30 x 15/64", u-100 1 ml 30 x 15/64", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2		
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm)	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
DROPLET INSULIN SYRINGE/0 - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
DROPLET INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 30 x 1/2"	2		
DROPLET LANCETS ULTRA THI - lancets	2		
DROPLET LANCING DEVICE - lancet devices	2		
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	2		
DROPLET PEN NEEDLE/MICRON - insulin pen needle 34 g x 3.5 mm (9/64")	2		
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
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")	2		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 5/16")	2		
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
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 5/16"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 5/16")	2		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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 COMFORT PEN NEEDLES - insulin pen needle 29 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
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")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
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")	2		
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")	2		
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
EASY MINI EJECT LANCING D - lancet devices	2		
EASY MINI LANCING DEVICE - lancet devices	2		
EASY TOUCH FLIPLOCK SAFET - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH INSULIN SYRING - insulin syringe (disp) u-100 1 ml	2		
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 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"	2		
EASY TOUCH LANCETS 21G/PR - lancets	2		
EASY TOUCH LANCETS 23G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PU - lancets	2		
EASY TOUCH LANCETS 28G/PR - lancets	2		
EASY TOUCH LANCETS 28G/PU - lancets	2		
EASY TOUCH LANCETS 28G/TW - lancets	2		
EASY TOUCH LANCETS 30G/BU - lancets	2		
EASY TOUCH LANCETS 30G/PR - lancets	2		
EASY TOUCH LANCETS 30G/PU - lancets	2		

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EASY TOUCH LANCETS 30G/TW - lancets	2		
EASY TOUCH LANCETS 32G/PR - lancets	2		
EASY TOUCH LANCETS 32G/PU - lancets	2		
EASY TOUCH LANCETS 32G/TW - lancets	2		
EASY TOUCH LANCETS 33G/TW - lancets	2		
EASY TOUCH LANCING DEVICE - lancet devices	2		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH SAFETY LANCETS - lancets	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SHEATHLOCK SAF - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBECTA AUTOSHIELD DUO 30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EMBECTA INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE U - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		

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EMBECTA INSULIN SYRINGE/U - insulin syringe/ needle u-100 0.3 ml 31 x 15/64", u-100 1 ml 27 x 5/8", u-100 1 ml 30 x 1/2", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64", u-500 0.5 ml 31g x 6mm (15/64")	2		
EMBECTA INSULIN SYRINGE/0 - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
EMBECTA INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
EMBECTA INSULIN SYRINGE/2 - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
EMBECTA PEN NEEDLE/NANO 2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/NANO/2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/NANO/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 29 g x 12.7 mm (1/2")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
EMBRACE PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBRACE PRESSURE ACTIVATE - lancets	2		
EQL COLOR LANCETS 21G - lancets	2		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
EQL SUPER THIN LANCETS 30 - lancets	2		
EQL THIN LANCETS 26G - lancets	2		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		

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EZ-LETS LANCETS 21G - lancets	2		
EZ-LETS LANCETS 26G SUPER - lancets	2		
EZ-LETS LANCETS 28G ULTRA - lancets	2		
EZ-LETS LANCETS 30G - lancets	2		
FANTASY LUBRICATED - condoms latex lubricated	2		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	2		
FC2 FEMALE CONDOM - condoms - female	2		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	2		
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
FIFTY50 SAFETY SEAL LANCE - lancets	2		
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
FIFTY50 UNILET LANCETS 33 - lancets	2		
FINGERSTIX LANCETS - lancets	2		
FORA LANCETS - lancets	2		
FORA LANCING DEVICE - lancet devices	2		
FORA LANCING DEVICE/CLEAR - lancet devices	2		
FREESTYLE LANCETS - lancets	2		
FREESTYLE LIBRE 14 DAY/RE - continuous glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2 PLUS/SE - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/ - continuous glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3 PLUS/SE - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
FREESTYLE LIBRE 3/READER/ - continuous glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FL - continuous glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE UNISTICK II LAN - lancets	2		
GENTEEL BUTTERFLY TOUCH L - lancets	2		
GENTEEL LANCING KIT/BUTTE - lancets kit	2		
GENTEEL PLUS LANCING DEVI - lancet devices	2		
GENTLE-LET LANCETS GENERA - lancets	2		
GENTLE-LET LANCETS SAFETY - lancets	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GLOBAL INJECT EASE LANCET - lancets	2		
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2		
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GLOBAL LANCING DEVICE - lancet devices	2		
GLUCOCOM LANCETS 28G - lancets	2		
GLUCOCOM LANCETS 30G - lancets	2		
GLUCOCOM LANCETS 33G - lancets	2		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100	2		

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1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
GNP LANCING SYSTEM DEVICE - lancet devices	2		
GNP PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GNP PEN NEEDLES 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
GNP STERILE LANCETS 28G - lancets	2		
GNP STERILE LANCETS 30G - lancets	2		
GNP STERILE LANCETS 33G - lancets	2		
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")	2		
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")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
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")	2		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
GOJJI LANCING DEVICE/CLEA - lancet devices	2		
GOJJI STERILE LANCETS 30G - lancets	2		

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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")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
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")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
H-E-B INCONTROL ADVANCED - lancet devices	2		
H-E-B INCONTROL LANCETS M - lancets	2		
H-E-B INCONTROL LANCETS S - lancets	2		
H-E-B INCONTROL LANCETS U - lancets	2		
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
HAEMOLANCE - lancets	2		
HAEMOLANCE LOW FLOW LANCE - lancets	2		
HAEMOLANCE PLUS - lancets	2		
HAEMOLANCE PLUS HIGH FLOW - lancets	2		
HAEMOLANCE PLUS LOW FLOW - lancets	2		
HAEMOLANCE PLUS MAX FLOW - lancets	2		
HAEMOLANCE PLUS PEDIATRIC - lancets	2		
HEALTHWISE INSULIN SYRINGE - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
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")	2		
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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HY-VEE LANCETS - lancets	2		
HY-VEE THIN LANCETS - lancets	2		
HYPOLANCE AST LANCING KIT - lancets kit	2		
IHEALTH LANCING DEVICE - lancet devices	2		
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	2		QL (1 kit/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	2		QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	2		QL (2 kits/30 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	2		QL (1 kit/30 days)
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	2		
IN TOUCH LANCING DEVICE - lancet devices	2		
IN TOUCH STERILE LANCETS - lancets	2		
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")	2		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
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"	2		
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"	2		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
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"	2		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		

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

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

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LIVE BETTER LANCET SUPER - lancets	2		
LIVE BETTER LANCET ULTRA - lancets	2		
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	2		
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")	2		
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
LONGS LANCETS STANDARD - lancets	2		
LONGS LANCETS THIN - lancets	2		
LONGS LANCETS ULTRA THIN - lancets	2		
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"	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	2		
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")	2		
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MAXICOMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	2		
MAXX LUBRICATED - condoms latex lubricated	2		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	2		
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
MEDICHOICE PRE-SET SAFETY - lancets	2		
MEDICHOICE SAFETY LANCET - lancets	2		
MEDICINE SHOPPE LANCETS - lancets	2		
MEDICINE SHOPPE LANCETS T - lancets	2		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		

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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")	2		
MEDLANCE PLUS EXTRA LANCE - lancets	2		
MEDLANCE PLUS LANCETS LIT - lancets	2		
MEDLANCE PLUS LITE LANCET - lancets	2		
MEDLANCE PLUS SPECIAL LAN - lancets	2		
MEDLANCE PLUS SUPERLITE 3 - lancets	2		
MEDLANCE PLUS UNIVERSAL L - lancets	2		
MEDLANCE PLUS/LITE 25G - lancets	2		
MEIJER COLOR LANCETS UNIV - lancets	2		
MEIJER LANCETS - lancets	2		
MEIJER LANCETS THIN - lancets	2		
MEIJER LANCETS UNIVERSAL - lancets	2		
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
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")	2		
MEIJER SUPER THIN LANCETS - lancets	2		
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
MICROLET LANCETS - lancets	2		
MICROLET NEXT - lancet devices	2		
MINI LANCING DEVICE - lancet devices	2		
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"	2		
MM LANCING DEVICE - lancet devices	2		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MM TWIST LANCETS - lancets	2		
MOBILE LANCETS 30G - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	2		
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	2		
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	2		
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"	2		
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"	2		
MONOJECT SYRINGE PHARMACY - syringe (disposable) 1 ml	2		
MONOJECT TUBERCULIN SYRIN - syringe (disposable) 1 ml	2		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2		
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"	2		
MONOJECT 1ML LUER LOCK TU - syringe (disposable) 1 ml	2		
MONOLET LANCETS - lancets	2		
MONOLET OPD LANCETS - lancets	2		
MONOLETTOR SAFETY LANCETS - lancets	2		
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"	2		
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"	2		
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		

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MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
MULTI-LANCET DEVICE - lancet devices	2		
MULTI-LANCET DEVICE 2 - lancets kit	2		
MYGLUCOHEALTH MGH SOFTLAN - lancets	2		
NOVA SAFETY LANCETS 23G - lancets	2		
NOVA SAFETY LANCETS 28G - lancets	2		
NOVA SUREFLEX LANCETS - lancets	2		
NOVA SUREFLEX LANCING DEV - lancet devices	2		
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
ONETOUCH DELICA LANCETS E - lancets	2		
ONETOUCH DELICA LANCETS F - lancets	2		
ONETOUCH DELICA LANCING D - lancet devices	2		
ONETOUCH DELICA PLUS LANC - lancets	2		
ONETOUCH DELICA PLUS LANC - lancet devices	2		
ONETOUCH DELICA SAFETY LA - lancets	2		
ONETOUCH LANCETS - lancets	2		
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	2		
ONETOUCH ULTRASOFT 2 LANC - lancets	2		
ONETOUCH VERIO - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	2		

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PHARMACIST CHOICE ULTRA T - lancets	2		
PIP LANCETS/28G - lancets	2		
PIP LANCETS/30G - lancets	2		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
PREFERRED PLUS LANCETS CO - lancets	2		
PREFERRED PLUS LANCETS SU - lancets	2		
PREFERRED PLUS LANCETS TH - lancets	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	2		
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")	2		
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")	2		
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")	2		
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"	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
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")	2		
PRO COMFORT SAFETY LANCET - lancets	2		
PRODIGY INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	2		
PRODIGY LANCING DEVICE - lancet devices	2		
PRODIGY PRESSURE ACTIVATE - lancets	2		
PRODIGY SAFETY LANCETS - lancets	2		
PRODIGY TWIST TOP LANCETS - lancets	2		
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		

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

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RELION LANCETS THIN 26G - lancets	2		
RELION LANCETS ULTRA-THIN - lancets	2		
RELION LANCING DEVICE - lancet devices	2		
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2		
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
RELION THIN LANCETS - lancets	2		
RELION ULTRA THIN LANCETS - lancets	2		
RELION 2-IN-1 LANCET DEV - lancets	2		
RELION 2-IN-1 LANCING DEV - lancets	2		
RIGHTTEST GD500 LANCING DE - lancet devices	2		
RIGHTTEST GL300 LANCETS - lancets	2		
SAFETY LANCETS - lancets	2		
SAFETY LANCETS 21G - lancets	2		
SAFETY LANCETS 23G - lancets	2		
SAFETY LANCETS 28G - lancets	2		
SAFETY LANCETS/PRESSURE A - lancets	2		
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")	2		
SAPS HEALTH CARE TWIST TO - lancets	2		
SAPS HEALTH PLUS TWIST TO - lancets	2		
SAPS HEALTH TWIST TOP LAN - lancets	2		
SAPSCARE TWIST TOP LANCET - lancets	2		
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"	2		
SB LANCETS THIN - lancets	2		
SB LANCETS ULTRA THIN - lancets	2		
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
SECURESAFE SAFETY INSULIN - insulin syringe/ needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SELECT-LITE DEVICE/LANCET - lancets kit	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SELECT-LITE LANCING DEVIC - lancet devices	2		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	2		
SINGLE-LET - lancets	2		
SMART DIABETES VANTAGE LA - lancet devices	2		
SMARTEST LANCETS 28G - lancets	2		
SOLUS V2 LANCING DEVICE - lancet devices	2		
SOLUS V2 PRESSURE ACTIVAT - lancets	2		
SOLUS V2 TWIST LANCETS 30 - lancets	2		
STERILANCE TL - lancets	2		
SUPER THIN LANCETS - lancets	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
SURE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
SURE COMFORT LANCETS 18G - lancets	2		
SURE COMFORT LANCETS 21G - lancets	2		
SURE COMFORT LANCETS 23G - lancets	2		
SURE COMFORT LANCETS 28G - lancets	2		
SURE COMFORT LANCETS 30G - lancets	2		
SURE COMFORT LANCING PEN - lancet devices	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
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")	2		
SURELITE LANCETS - lancets	2		
TECHLITE AST LANCETS - lancets	2		
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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")	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
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"	2		
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")	2		
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")	2		
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")	2		
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"	2		
TRUE COMFORT SAFETY LANCE - lancets	2		
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")	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT TWIST TOP LA - lancets	2		
TRUE COVER - condoms latex lubricated	2		
TRUEDRAW LANCING DEVICE - lancet devices	2		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
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"	2		
TRUEPLUS LANCETS 26G - lancets	2		
TRUEPLUS LANCETS 28G - lancets	2		
TRUEPLUS LANCETS 28G SUPE - lancets	2		
TRUEPLUS LANCETS 30G - lancets	2		
TRUEPLUS LANCETS 30G ULTR - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUEPLUS LANCETS 33G - lancets	2		
TRUEPLUS LANCETS 33G MICR - lancets	2		
TRUEPLUS SAFETY LANCETS 2 - lancets	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
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")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	2		
TRUSTEX LUBRICATED - condoms latex lubricated	2		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	2		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	2		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	2		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	2		
TRUSTEX NON-LUBRICATED - condoms latex non- lubricated	2		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	2		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non- lubricated	2		
TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit	2		QL (1 kit/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit	2		QL (1 kit/30 days)
TWIIST STARTER KIT - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
TWIST TOP LANCETS 30G - lancets	2		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	2		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		

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

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

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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"			
ULTRA THIN LANCETS 28G - lancets	2		
ULTRA THIN LANCETS 31G - lancets	2		
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTRA-THIN II AUTO LANCET - lancets	2		
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"	2		
ULTRA-THIN II LANCETS 28G - lancets	2		
ULTRA-THIN II LANCETS 30G - lancets	2		
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE OTC PEN NEEDLE 31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE OTC PEN NEEDLE 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		

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

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UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNILET COMFORTOUCH LANCET - lancets	2		
UNILET EXCELITE - lancets	2		
UNILET EXCELITE II - lancets	2		
UNILET G.P. LANCET - lancets	2		
UNILET G.P. SUPERLITE LAN - lancets	2		
UNILET GP 28 ULTRA THIN - lancets	2		
UNILET LANCET - lancets	2		
UNILET LANCETS MICRO-THIN - lancets	2		
UNILET LANCETS SUPER-THIN - lancets	2		
UNILET LANCETS ULTRA-THIN - lancets	2		
UNILET SUPERLITE LANCET - lancets	2		
UNISTIK CZT COMFORT - lancets	2		
UNISTIK CZT NORMAL - lancets	2		
UNISTIK NORMAL - lancets	2		
UNISTIK PRO SAFETY LANCET - lancets	2		
UNISTIK SAFETY LANCETS 28 - lancets	2		
UNISTIK SAFETY LANCETS 30 - lancets	2		
UNISTIK TOUCH SAFETY LANC - lancets	2		
UNISTIK 1 - lancets	2		
UNISTIK 2 - lancets	2		
UNISTIK 2 COMFORT - lancets	2		
UNISTIK 2 EXTRA - lancets	2		
UNISTIK 2 NEONATAL - lancets	2		
UNISTIK 2 NORMAL - lancets	2		
UNISTIK 2 SUPER - lancets	2		
UNISTIK 3 - lancets	2		
UNISTIK 3 COMFORT - lancets	2		
UNISTIK 3 EXTRA - lancets	2		
UNISTIK 3 GENTLE - lancets	2		
UNISTIK 3 NEONATAL - lancets	2		
UNISTIK 3 NORMAL - lancets	2		
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	2		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	2		QL (30 systems/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	2		QL (30 systems/30 days)
VALUE PLUS LANCETS STANDA - lancets	2		
VALUMARK LANCET SUPER THI - lancets	2		
VALUMARK LANCET ULTRA THI - lancets	2		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
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")	2		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	2		
VANISHPOINT SAFETY SYRING - syringe/needle (disp) 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 25 x 1-1/2", 5 ml 21 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1-1/2", 10 ml 21 x 1-1/2"	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
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")	2		
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"	2		
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"	2		
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")	2		
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE SAFETY LANCET MI - lancets	2		
VERIFINE UNIVERSAL LANCET - lancets	2		
VIVAGUARD LANCETS - lancets	2		
VIVAGUARD LANCETS 30G - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS - lancets	2		
VIVAGUARD SAFETY LANCETS/ - lancets	2		
WALGREENS LANCETS - lancets	2		
WALGREENS THIN LANCETS - lancets	2		
WALGREENS ULTRA THIN LANC - lancets	2		
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")	2		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
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"	2		
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	2		
ZEVRX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ZEVRX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ZEVRX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ZEVRX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ZEVRX TWIST TOP LANCETS 3 - lancets	2		
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"	2		
1ST CHOICE LANCETS SUPER - lancets	2		
1ST CHOICE LANCETS THIN - lancets	2		
1ST CHOICE LANCETS ULTRA - lancets	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
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")	2		
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")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
10ML SYRINGE LUER-LOK TIP - syringe (disposable) 10 ml	2		
ASSORTED CLASSES			

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

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Drug Name	Drug Tier	Specialty	Requirements/Limits
THALOMID - thalidomide cap 50 mg	2	SP	PA, LD, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	1	SP	PA
VELTASSA - patiomer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2		
VIJOICE - alpelisib (pros) oral granules packet 50 mg	2	SP	PA, QL (28 packets/28 days)
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose	2	SP	PA, QL (28 tablets/28 day)
VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily dose	2	SP	PA, QL (28 tablets/28 days)
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	2	SP	PA, QL (56 tablets/28 days)
water for irrigation, sterile irrigation soln	1		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	2	SP	PA, LD

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BD NEEDLE/25G X 7/8".....	92	bicalutamide tab 50 mg.....	13
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benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	35	budesonide delayed release particles cap 3 mg.....	21
benazepril hcl tab 5 mg.....	35	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act.....	42
benazepril hcl tab 10 mg, 20 mg, 40 mg.....	35	budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml.....	42
BENEFIX.....	76	budesonide tab er 24hr 9 mg.....	21
BENLYSTA.....	132	bumetanide tab 0.5 mg.....	37
BENZNIDAZOLE.....	9	bumetanide tab 1 mg, 2 mg.....	37
benzonatate cap 100 mg, 200 mg.....	41	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	61
benzoyl peroxide-erythromycin gel 5-3%.....	82	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	61
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....	69	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv).....	61
bepotastine besilate ophth soln 1.5%.....	79	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	61
BESREMI.....	13	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	61
betaine powder for oral solution.....	30	buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv).....	61
betamethasone dipropionate augmented cream 0.05%.....	82	buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr.....	61
betamethasone dipropionate augmented lotion 0.05%.....	82		
betamethasone dipropionate augmented oint 0.05%.....	82		
betamethasone dipropionate cream 0.05%.....	82		
betamethasone dipropionate lotion 0.05%.....	82		
betamethasone dipropionate oint 0.05%.....	82		
betamethasone valerate cream 0.1% (base equivalent).....	83		
betamethasone valerate oint 0.1% (base equivalent).....	83		
BETASERON.....	58		
BETAXOLOL HCL.....	79		
betaxolol hcl tab 10 mg, 20 mg.....	33		

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bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	58	carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	67
bupropion hcl tab er 24hr 150 mg, 300 mg.....	51	carbamazepine tab 200 mg.....	67
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg.....	51	carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	70
bupropion hcl tab 75 mg, 100 mg.....	51	carbidopa & levodopa tab 25-250 mg.....	70
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	50	carbidopa & levodopa tab 10-100 mg, 25-100 mg.....	70
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	60	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	70
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	61	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	70
butalbital-acetaminophen cap 50-300 mg.....	60	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	70
butalbital-acetaminophen tab 50-325 mg.....	60	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	70
butalbital-aspirin-caffeine cap 50-325-40 mg.....	60	carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	70
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	61	carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	70
butorphanol tartrate nasal soln 10 mg/ml.....	61	carbidopa tab 25 mg.....	70
BYLVAY.....	46	carbinoxamine maleate tab 4 mg.....	40
BYLVAY (PELLETS).....	47	carbonyl iron susp 15 mg/1.25ml (elemental iron).....	73
C		CARDIOCOM LANCING DEVICE.....	94
cabergoline tab 0.5 mg.....	30	CAREFINE PEN NEEDLE 32GX4.....	94
CABLVI.....	76	CAREFINE PEN NEEDLES 29GX.....	94
CABOMETYX.....	14	CAREFINE PEN NEEDLES 30GX.....	94
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	56	CAREFINE PEN NEEDLES 31GX.....	94
CALCIPOTRIENE.....	83	CAREFINE PEN NEEDLES 32GX.....	94
calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....	83	CAREONE ADVANCED LANCING.....	94
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....	83	CAREONE INSULIN SYRINGES/.....	94
calcipotriene cream 0.005%.....	83	CAREONE LANCET SUPER THIN.....	94
calcipotriene oint 0.005%.....	83	CAREONE LANCET THIN.....	94
calcitonin (salmon) inj 200 unit/ml.....	30	CAREONE LANCET ULTRA THIN.....	94
calcitonin (salmon) nasal soln 200 unit/act.....	30	CAREONE UNIFINE PENTIPS P.....	94
calcitriol cap 0.25 mcg, 0.5 mcg.....	30	CARESENS LANCETS.....	94
calcitriol oral soln 1 mcg/ml.....	30	CARETOUCH INSULIN SYRINGE.....	94
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	47	CARETOUCH LANCING DEVICE.....	94
calcium acetate (phosphate binder) tab 667 mg.....	47	CARETOUCH PEN NEEDLE 29GX.....	94
CALQUENCE.....	14	CARETOUCH PEN NEEDLE 33GX.....	94
CAMZYOS.....	39	CARETOUCH PEN NEEDLES 31.....	95
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	35	CARETOUCH PEN NEEDLES 31G.....	95
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg.....	35	CARETOUCH PEN NEEDLES 32G.....	95
capecitabine tab 150 mg, 500 mg.....	14	CARETOUCH SAFETY LANCETS/.....	95
CAPRELSA.....	14	CARETOUCH TWIST LANCETS 2.....	95
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	35	CARETOUCH TWIST LANCETS 3.....	95
CAPVAXIVE.....	10	CARETOUCH TWIST LANCETS M.....	95
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	67	carglumic acid soluble tab 200 mg.....	30
carbamazepine chew tab 100 mg.....	67	CARTEOLOL HCL.....	79
carbamazepine susp 100 mg/5ml.....	67	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	33
		CAYSTON.....	9
		CEFACLOL.....	1
		cefadroxil cap 500 mg.....	1
		cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1
		cefdinir cap 300 mg.....	1

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cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	1	ciprofloxacin hcl otic soln 0.2% (base equivalent).....	81
cefixime cap 400 mg.....	1	ciprofloxacin hcl tab 750 mg (base equiv).....	2
cefixime for susp 100 mg/5ml.....	1	ciprofloxacin hcl tab 250 mg (base equiv), 500 mg	
cefixime for susp 200 mg/5ml.....	1	(base equiv).....	2
CEFPODOXIME PROXETIL.....	1	citalopram hydrobromide oral soln 10 mg/5ml.....	51
cefpodoxime proxetil tab 100 mg, 200 mg.....	1	citalopram hydrobromide tab 10 mg (base equiv), 20	
cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	1	mg (base equiv), 40 mg (base equiv).....	51
cefprozil tab 250 mg, 500 mg.....	1	CLARITHROMYCIN.....	2
cefuroxime axetil tab 250 mg, 500 mg.....	1	clarithromycin tab er 24hr 500 mg.....	2
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg.....	63	clarithromycin tab 250 mg, 500 mg.....	2
cephalexin cap 250 mg, 500 mg.....	1	CLEANLET LANCETS 28G.....	95
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	1	CLEOCIN.....	49
cephalexin tab 250 mg, 500 mg.....	1	CLEVER CHEK LANCETS ULTRA.....	95
CEQUA.....	79	CLEVER CHOICE COMFORT EZ.....	95
CERDELGA.....	73	CLICKFINE PEN NEEDLE UNIV.....	95
cevimeline hcl cap 30 mg.....	81	CLIMARA PRO.....	22
CHEMET.....	87	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	9
CHEMSTRIP-K.....	88	clindamycin palmitate hcl for soln 75 mg/5ml (base	
CHENODAL.....	47	equiv).....	9
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	50	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	83
chlorhexidine gluconate soln 0.12%.....	81	clindamycin phosphate gel 1% (once-daily).....	83
chloroquine phosphate tab 250 mg, 500 mg.....	8	clindamycin phosphate gel 1% (twice-daily).....	83
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg,		clindamycin phosphate lotion 1%.....	83
200 mg.....	53	clindamycin phosphate soln 1%.....	83
chlorthalidone tab 25 mg, 50 mg.....	37	clindamycin phosphate swab 1%.....	83
chlorzoxazone tab 500 mg.....	71	clindamycin phosphate vaginal cream 2%.....	49
CHOLBAM.....	47	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2	
cholecalciferol cap 1.25 mg (50000 unit).....	71	(1)-5%.....	83
cholestyramine light powder 4 gm/dose.....	38	clobazam suspension 2.5 mg/ml.....	67
cholestyramine light powder packets 4 gm.....	38	clobazam tab 10 mg, 20 mg.....	67
cholestyramine powder 4 gm/dose.....	38	clobetasol propionate cream 0.05%.....	83
cholestyramine powder packets 4 gm.....	38	clobetasol propionate emollient base cream 0.05%.....	83
choline fenofibrate cap dr 45 mg (fenofibric acid		clobetasol propionate gel 0.05%.....	83
equiv), 135 mg (fenofibric acid equiv).....	38	clobetasol propionate oint 0.05%.....	83
CHOSEN LANCETS 30G.....	95	clobetasol propionate soln 0.05%.....	83
CHOSEN LANCING DEVICE.....	95	clocortolone pivalate cream 0.1%.....	83
CHOSEN SAFETY LANCETS 28G.....	95	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	51
CIBINQO.....	83	clonazepam orally disintegrating tab 0.125 mg, 0.25	
ciclopirox gel 0.77%.....	83	mg, 0.5 mg, 1 mg, 2 mg.....	67
ciclopirox olamine cream 0.77% (base equiv).....	83	clonazepam tab 0.5 mg, 1 mg, 2 mg.....	67
ciclopirox olamine susp 0.77% (base equiv).....	83	clonidine hcl tab er 12hr 0.1 mg.....	56
ciclopirox shampoo 1%.....	83	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	35
ciclopirox solution 8%.....	83	clonidine td patch weekly 0.1 mg/24hr.....	35
cilostazol tab 50 mg, 100 mg.....	76	clonidine td patch weekly 0.2 mg/24hr.....	35
CIMDUO.....	4	clonidine td patch weekly 0.3 mg/24hr.....	35
cimetidine hcl soln 300 mg/5ml.....	45	clopidogrel bisulfate tab 75 mg (base equiv).....	76
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base		clopidogrel bisulfate tab 300 mg (base equiv).....	76
equiv), 90 mg (base equiv).....	30	clorazepate dipotassium tab 7.5 mg.....	50
CINRYZE.....	76	clorazepate dipotassium tab 3.75 mg, 15 mg.....	50
CIPRO.....	2	clotrimazole troche 10 mg.....	81
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	81	clotrimazole w/ betamethasone cream 1-0.05%.....	83
ciprofloxacin hcl ophth soln 0.3% (base		CLOZAPINE ODT.....	53
equivalent).....	79		

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clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg.....	53	COSENTYX UNOREADY.....	84
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg.....	53	COTELIC.....	14
COAGADEX.....	76	CREON.....	46
COAGUCHEK LANCETS.....	95	CROMOLYN SODIUM.....	79
codeine sulfate tab 30 mg.....	61	cromolyn sodium oral conc 100 mg/5ml.....	47
colchicine tab 0.6 mg.....	66	cromolyn sodium soln nebu 20 mg/2ml.....	42
colchicine w/ probenecid tab 0.5-500 mg.....	66	CTEXLI.....	47
colesevelam hcl packet for susp 3.75 gm.....	38	CVS LANCETS 21G.....	97
colesevelam hcl tab 625 mg.....	38	CVS LANCETS ORIGINAL.....	97
colestipol hcl granule packets 5 gm.....	38	CVS LANCETS THIN 26G.....	97
colestipol hcl granules 5 gm.....	38	CVS LANCETS ULTRA THIN 30.....	97
colestipol hcl tab 1 gm.....	38	CVS LANCING DEVICE.....	97
colistimethate sod for inj 150 mg (colistin base activity).....	9	CVS ULTRA THIN LANCETS.....	97
COMETRIQ.....	14	cyanocobalamin inj 1000 mcg/ml.....	73
COMFORT ASSURED LANCETS M.....	95	cyclobenzaprine hcl tab 5 mg, 10 mg.....	71
COMFORT ASSURED LANCETS S.....	95	CYCLOGYL.....	79
COMFORT EZ/31G X 5MM.....	96	cyclopentolate hcl ophth soln 1%.....	79
COMFORT EZ/31G X 6MM.....	96	CYCLOPHOSPHAMIDE.....	14
COMFORT EZ INSULIN SYRING.....	95	cyclophosphamide cap 25 mg, 50 mg.....	14
COMFORT EZ MICRO/32G X 4M.....	96	CYCLOSERINE.....	3
COMFORT EZ PRO SAFETY PEN.....	96	cyclosporine cap 25 mg, 100 mg.....	132
COMFORT EZ SHORT/31G X 8M.....	96	cyclosporine modified cap 50 mg.....	132
COMFORT LANCETS.....	96	cyclosporine modified cap 25 mg, 100 mg.....	132
COMFORT TOUCH LANCETS ULT.....	96	cyclosporine modified oral soln 100 mg/ml.....	132
COMFORT TOUCH PEN NEEDLES.....	96	cyproheptadine hcl syrup 2 mg/5ml.....	40
COMFORT TOUCH PLUS SAFETY.....	96	cyproheptadine hcl tab 4 mg.....	40
COMFORT TOUCH TWIST LANCE.....	96	CYSTAGON.....	50
COMIRNATY 2024-25.....	10		
COMPLERA.....	4	D	
COMPLETE NATAL DHA.....	72	dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....	75
COMPLETENATE.....	72	dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....	74
CO-NATAL FA.....	71	dalfampridine tab er 12hr 10 mg.....	58
CONCEPT DHA.....	72	danazol cap 50 mg, 100 mg, 200 mg.....	21
CONCEPT OB.....	72	dantrolene sodium cap 25 mg.....	71
CONCERTA.....	56	dantrolene sodium cap 50 mg, 100 mg.....	71
CONDOMS.....	96	DANZITEN.....	14
CONTOUR BLOOD GLUCOSE MON.....	96	dapsone tab 25 mg, 100 mg.....	9
CONTOUR BLOOD GLUCOSE TES.....	88	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	49
CONTOUR NEXT BLOOD GLUCOS.....	88	darunavir tab 600 mg.....	4
CONTOUR NEXT EZ BLOOD GLU.....	96	darunavir tab 800 mg.....	4
CONTOUR NEXT GEN BLOOD GL.....	96	dasatinib tab 20 mg.....	14
CONTOUR NEXT LINK BLOOD G.....	96	dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg.....	14
CONTOUR NEXT LINK WIRELES.....	96	DAURISMO.....	14
CONTOUR NEXT ONE BLOOD GL.....	96	DAYBUE.....	70
CONTOUR PLUS BLOOD GLUCOS.....	88	deferasirox granules packet 90 mg, 180 mg, 360 mg.....	87
CONTOUR PLUS BLUE BLOOD G.....	97	deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	87
COPIKTRA.....	14	deferasirox tab 90 mg, 180 mg, 360 mg.....	87
CORIFACT.....	76		
CORLANOR.....	39		
COSENTYX.....	83		
COSENTYX SENSOREADY PEN.....	84		

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deferiprone tab 500 mg, 1000 mg.....	87	DIATHRIVE LANCING DEVICE.....	97
deflazacort susp 22.75 mg/ml.....	21	DIATHRIVE PEN NEEDLE/31G.....	97
deflazacort tab 6 mg.....	21	DIATHRIVE PEN NEEDLE/32G.....	97
deflazacort tab 18 mg.....	21	DIATHRIVE PEN NEEDLE/31 G.....	97
deflazacort tab 30 mg, 36 mg.....	21	diazepam conc 5 mg/ml.....	50
DELSTRIGO.....	4	diazepam oral soln 1 mg/ml.....	50
demeclocycline hcl tab 150 mg, 300 mg.....	2	diazepam rectal gel delivery system 10 mg, 20 mg.....	67
DESCOVY.....	4	diazepam tab 2 mg, 5 mg, 10 mg.....	50
desipramine hcl tab 10 mg, 25 mg.....	51	diazoxide susp 50 mg/ml.....	25
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	51	dichlorphenamide tab 50 mg.....	37
desloratadine tab 5 mg.....	40	diclofenac potassium tab 50 mg.....	63
DESMOPRESSIN ACETATE.....	30	diclofenac sodium ophth soln 0.1%.....	79
desmopressin acetate inj 4 mcg/ml.....	30	diclofenac sodium soln 1.5%.....	84
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	30	diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	63
desmopressin acetate preservative free (pf) inj 4 mcg/ ml.....	30	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	63
desmopressin acetate tab 0.1 mg, 0.2 mg.....	30	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	63
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	23	dicloxacin sodium cap 250 mg, 500 mg.....	1
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	23	dicyclomine hcl cap 10 mg.....	45
desonide cream 0.05%.....	84	dicyclomine hcl oral soln 10 mg/5ml.....	45
desonide oint 0.05%.....	84	dicyclomine hcl tab 20 mg.....	45
desoximetasone cream 0.05%, 0.25%.....	84	DIFICID.....	2
desoximetasone gel 0.05%.....	84	diflunisal tab 500 mg.....	60
desoximetasone oint 0.05%, 0.25%.....	84	difluprednate ophth emulsion 0.05%.....	79
desoximetasone spray 0.25%.....	84	digoxin oral soln 0.05 mg/ml.....	32
desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....	51	digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	32
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv).....	51	dihydroergotamine mesylate inj 1 mg/ml.....	65
DEXAMETHASONE.....	21	dihydroergotamine mesylate nasal spray 4 mg/ml.....	65
dexamethasone elixir 0.5 mg/5ml.....	21	DILANTIN.....	67
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	21	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	34
DEXCOM G6 RECEIVER.....	97	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	34
DEXCOM G7 RECEIVER.....	97	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	34
DEXCOM G6 SENSOR.....	97	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	34
DEXCOM G7 SENSOR.....	97	diltiazem hcl tab er 24hr 420 mg.....	34
DEXCOM G6 TRANSMITTER.....	97	diltiazem hcl tab 90 mg.....	34
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	56	diltiazem hcl tab 30 mg, 60 mg, 120 mg.....	34
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	56	dimethyl fumarate capsule delayed release 120 mg.....	58
dextroamphetamine sulfate cap er 24hr 5 mg.....	56	dimethyl fumarate capsule delayed release 240 mg.....	58
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	56	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	58
dextroamphetamine sulfate oral solution 5 mg/5ml.....	56	diphenoxylate w/ atropine tab 2.5-0.025 mg.....	45
dextroamphetamine sulfate tab 5 mg.....	56	dipyridamole tab 25 mg, 50 mg, 75 mg.....	76
dextroamphetamine sulfate tab 10 mg.....	56	disopyramide phosphate cap 100 mg, 150 mg.....	34
DIACOMIT.....	67	disulfiram tab 250 mg, 500 mg.....	58
DIATHRIVE LANCETS.....	97	divalproex sodium cap delayed release sprinkle 125 mg.....	67
DIATHRIVE LANCETS ULTRA T.....	97	divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	67

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divalproex sodium tab er 24 hr 250 mg, 500 mg.....	67	DROPLET PEN NEEDLES 32G X.....	98
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	34	DROPLET PERSONAL LANCETS.....	99
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	58	DROPSAFE ACTI-LANCE SAFTE.....	99
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	58	DROPSAFE INSULIN SAFETY S.....	99
DOPTLET.....	74	DROPSAFE SAFETY PEN NEEDL.....	99
dorzolamide hcl ophth soln 2%.....	79	DROPSAFE SAFTEY PEN NEEDL.....	99
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	79	DROSPIRENONE/ETHINYL ESTR.....	23
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....	79	drospirenone-ethinyl estradiol tab 3-0.02 mg.....	23
DOVATO.....	4	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	23
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	35	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	23
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	51	DROXIA.....	74
doxepin hcl conc 10 mg/ml.....	51	DRUG MART LANCETS THIN.....	99
doxepin hcl cream 5%.....	84	DRUG MART LANCETS ULTRA T.....	99
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	55	DRUG MART ON-THE-GO LANCE.....	99
DOXERCALCIFEROL.....	30	DRUG MART UNIFINE PENTIPS.....	99
doxycycline hyclate cap 50 mg.....	2	DRUG MART UNILET LANCETS.....	99
doxycycline hyclate cap 100 mg.....	2	DRUG MART UNILET MICRO TH.....	99
doxycycline hyclate tab 20 mg, 100 mg.....	2	DUANE READE LANCET ALTERN.....	99
doxycycline monohydrate cap 50 mg, 100 mg.....	2	DUANE READE LANCET SUPER.....	99
doxycycline monohydrate for susp 25 mg/5ml.....	2	DUANE READE LANCET ULTRA.....	99
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	2	DUANE READE UNIFINE PENTI.....	99
doxylamine-pyridoxine tab delayed release 10-10 mg.....	46	DUAVEE.....	22
dronabinol cap 2.5 mg.....	46	DULERA.....	42
dronabinol cap 5 mg, 10 mg.....	46	duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq).....	51
DROPLET GENTEEL LANCING D.....	97	DUPIXENT.....	84
DROPLET INSULIN SYRINGE 0.....	97	DUREX EXTRA SENSITIVE THI.....	99
DROPLET INSULIN SYRINGE 1.....	98	DUREX REALFEEL NON-LATEX.....	99
DROPLET INSULIN SYRINGE/0.....	98	DUREX TROPICAL.....	99
DROPLET INSULIN SYRINGE/1.....	98	dutasteride cap 0.5 mg.....	50
DROPLET INSULIN SYRINGE/U.....	98	dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	50
DROPLET INSULIN SYRINGE U.....	97	DUVYZAT.....	70
DROPLET LANCETS ULTRA THI.....	98	E	
DROPLET LANCING DEVICE.....	98	EASY COMFORT INSULIN SYRI.....	99
DROPLET MICRON 34G X 9/64.....	98	EASY COMFORT PEN NEEDLES.....	100
DROPLET PEN NEEDLE/MICRON.....	98	EASY COMFORT SAFETY PEN N.....	100
DROPLET PEN NEEDLES 29GX1.....	98	EASY GLIDE PEN NEEDLES 33.....	100
DROPLET PEN NEEDLES 31GX5.....	98	EASY MINI EJECT LANCING D.....	100
DROPLET PEN NEEDLES 31GX6.....	98	EASY MINI LANCING DEVICE.....	100
DROPLET PEN NEEDLES 31GX8.....	98	EASY TOUCH FLIPLOCK SAFET.....	100
DROPLET PEN NEEDLES 32GX4.....	98	EASY TOUCH 32GX5MM.....	101
DROPLET PEN NEEDLES 32GX5.....	98	EASY TOUCH 32GX6MM.....	101
DROPLET PEN NEEDLES 32GX6.....	98	EASY TOUCH INSULIN SYRING.....	100
DROPLET PEN NEEDLES 32GX8.....	98	EASY TOUCH LANCETS 30G/BU.....	100
DROPLET PEN NEEDLES 29G X.....	98	EASY TOUCH LANCETS 21G/PR.....	100
DROPLET PEN NEEDLES 30G X.....	98	EASY TOUCH LANCETS 23G/PR.....	100
DROPLET PEN NEEDLES 31G X.....	98	EASY TOUCH LANCETS 26G/PR.....	100
		EASY TOUCH LANCETS 28G/PR.....	100
		EASY TOUCH LANCETS 30G/PR.....	100
		EASY TOUCH LANCETS 32G/PR.....	101
		EASY TOUCH LANCETS 26G/PU.....	100

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EASY TOUCH LANCETS 28G/PU.....	100	EMBRACE PEN NEEDLES/29G X.....	102
EASY TOUCH LANCETS 30G/PU.....	100	EMBRACE PEN NEEDLES/30G X.....	102
EASY TOUCH LANCETS 32G/PU.....	101	EMBRACE PEN NEEDLES/31G X.....	102
EASY TOUCH LANCETS 28G/TW.....	100	EMBRACE PEN NEEDLES/32G X.....	102
EASY TOUCH LANCETS 30G/TW.....	101	EMBRACE PRESSURE ACTIVATE.....	102
EASY TOUCH LANCETS 32G/TW.....	101	EMEND.....	46
EASY TOUCH LANCETS 33G/TW.....	101	EMGALITY.....	65
EASY TOUCH LANCING DEVICE.....	101	EMPAVELI.....	76
EASY TOUCH PEN NEEDLE 30.....	101	emtricitabine caps 200 mg.....	4
EASY TOUCH PEN NEEDLE/30.....	101	emtricitabine-tenofovir disoproxil fumarate tab	
EASY TOUCH PEN NEEDLES 29.....	101	100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg.....	5
EASY TOUCH PEN NEEDLES 31.....	101	EMTRIVA.....	5
EASY TOUCH PEN NEEDLES 32.....	101	enalapril maleate & hydrochlorothiazide tab 5-12.5	
EASY TOUCH PEN NEEDLES/31.....	101	mg.....	35
EASY TOUCH SAFETY LANCETS.....	101	enalapril maleate & hydrochlorothiazide tab 10-25	
EASY TOUCH SAFETY PEN NEE.....	101	mg.....	35
EASY TOUCH SHEATHLOCK SAF.....	101	enalapril maleate oral soln 1 mg/ml.....	35
EBGLYSS.....	84	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	36
econazole nitrate cream 1%.....	84	ENBREL.....	63
EDURANT.....	4	ENBREL MINI.....	63
EDURANT PED.....	4	ENBREL SURECLICK.....	63
E.E.S. 400.....	2	ENCARE.....	49
efavirenz-emtricitabine-tenofovir df tab 600-200-300		ENGERIX-B.....	10
mg.....	4	enoxaparin sodium inj 300 mg/3ml.....	75
efavirenz-lamivudine-tenofovir df tab 600-300-300		enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40	
mg.....	4	mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120	
efavirenz tab 600 mg.....	4	mg/0.8ml, 150 mg/ml.....	75
EGATEN.....	9	ENSPRYNG.....	132
eletriptan hydrobromide tab 20 mg (base equivalent),		entacapone tab 200 mg.....	70
40 mg (base equivalent).....	65	entecavir tab 0.5 mg, 1 mg.....	5
ELIQUIS.....	75	ENTRESTO.....	39
ELIQUIS STARTER PACK.....	75	ENTYVIO PEN.....	47
ELLA.....	23	EPCLUSA.....	5
ELOCTATE.....	76	EPIDIOLEX.....	67
eltrombopag olamine powder pack for susp 25 mg		epinastine hcl ophth soln 0.05%.....	79
(base equiv), 12.5 mg (base eq).....	74	epinephrine solution auto-injector 0.15 mg/0.3ml	
eltrombopag olamine tab 12.5 mg (base equiv), 25		(1:2000).....	38
mg (base equiv), 50 mg (base equiv), 75 mg (base		epinephrine solution auto-injector 0.3 mg/0.3ml	
equiv).....	74	(1:1000).....	38
EMBECTA AUTOSHIELD DUO 30.....	101	EPIVIR.....	5
EMBECTA INSULIN SYRINGE.....	101	eplerenone tab 25 mg, 50 mg.....	36
EMBECTA INSULIN SYRINGE/.....	101	EPRONTIA.....	67
EMBECTA INSULIN SYRINGE/0.....	102	EQL COLOR LANCETS 21G.....	102
EMBECTA INSULIN SYRINGE/1.....	102	EQL INSULIN SYRINGE/0.3ML.....	102
EMBECTA INSULIN SYRINGE/2.....	102	EQL SHORT PEN NEEDLES 31G.....	102
EMBECTA INSULIN SYRINGE/U.....	102	EQL SUPER THIN LANCETS 30.....	102
EMBECTA INSULIN SYRINGE U.....	101	EQL THIN LANCETS 26G.....	102
EMBECTA PEN NEEDLE/NANO 2.....	102	EQL ULTRA SHORT PEN NEEDL.....	102
EMBECTA PEN NEEDLE/NANO/2.....	102	ergocalciferol cap 1.25 mg (50000 unit).....	71
EMBECTA PEN NEEDLE/NANO/3.....	102	ERGOTAMINE TARTRATE/CAFFE.....	66
EMBECTA PEN NEEDLE/ULTRA-.....	102	ERIVEDGE.....	14
EMBRACE LANCETS ULTRA THI.....	102	ERLEADA.....	14
EMBRACE LANCING DEVICE WI.....	102	erlotinib hcl tab 25 mg (base equivalent).....	14

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erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	14	etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	63
erythromycin ethylsuccinate for susp 200 mg/5ml.....	2	etodolac tab 400 mg.....	63
erythromycin ethylsuccinate for susp 400 mg/5ml.....	2	etodolac tab 500 mg.....	63
erythromycin gel 2%.....	84	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	23
erythromycin ophth oint 5 mg/gm.....	79	ETOPOSIDE.....	14
erythromycin soln 2%.....	84	etravirine tab 100 mg, 200 mg.....	5
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	2	everolimus tab for oral susp 3 mg.....	14
erythromycin tab 250 mg, 500 mg.....	2	everolimus tab for oral susp 2 mg, 5 mg.....	14
ERZOFRI.....	53	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	14
escitalopram oxalate soln 5 mg/5ml (base equiv).....	51	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	132
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv).....	51	EVOTAZ.....	5
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg.....	67	EVRYSDI.....	70
esomeprazole magnesium cap delayed release 40 mg (base eq).....	45	exemestane tab 25 mg.....	14
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg.....	45	EYSUVIS.....	79
esomeprazole magnesium for delayed release susp pack 2.5 mg.....	45	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	38
ESPEROCT.....	76	ezetimibe tab 10 mg.....	38
estazolam tab 1 mg, 2 mg.....	55	E-Z JECT LANCETS.....	99
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	22	E-Z JECT LANCETS COLOR.....	99
estradiol & norethindrone acetate tab 1-0.5 mg.....	22	E-Z JECT LANCETS SUPER TH.....	99
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	22	EZ-LETS LANCETS 21G.....	103
estradiol tab 0.5 mg, 1 mg, 2 mg.....	22	EZ-LETS LANCETS 30G.....	103
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%).....	22	EZ-LETS LANCETS 26G SUPER.....	103
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.....	22	EZ-LETS LANCETS 28G ULTRA.....	103
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.....	22	F	
estradiol vaginal cream 0.1 mg/gm.....	49	famciclovir tab 125 mg, 250 mg, 500 mg.....	5
estradiol vaginal tab 10 mcg.....	49	famotidine for susp 40 mg/5ml.....	45
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml.....	22	famotidine tab 20 mg, 40 mg.....	45
ESTRING.....	49	FANTASY LUBRICATED.....	103
eszopiclone tab 1 mg.....	55	FANTASY LUBRICATED/SPERMI.....	103
eszopiclone tab 2 mg, 3 mg.....	55	FARXIGA.....	25
ethacrynic acid tab 25 mg.....	37	FASENRA PEN.....	42
ethambutol hcl tab 100 mg.....	3	FC2 FEMALE CONDOM.....	103
ethambutol hcl tab 400 mg.....	3	febuxostat tab 40 mg, 80 mg.....	66
ethosuximide cap 250 mg.....	67	FEIBA.....	76
ethosuximide soln 250 mg/5ml.....	67	felbamate susp 600 mg/5ml.....	67
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	23	felbamate tab 400 mg, 600 mg.....	67
etodolac cap 200 mg, 300 mg.....	63	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	34
		FEMCAP.....	103
		fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....	38
		fenofibrate tab 48 mg, 145 mg.....	38
		fenofibrate tab 54 mg, 160 mg.....	38
		fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	61
		ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe).....	74
		fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	49
		FIASP.....	27
		FIASP FLEXTOUCH.....	27
		FIASP PENFILL.....	27

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FIBRYGA.....	76	FLUTICASONE PROPIONATE HF.....	42
FIFTY50 PEN NEEDLES/31GX8.....	103	fluticasone propionate nasal susp 50 mcg/act.....	41
FIFTY50 PEN NEEDLES/32GX4.....	103	fluticasone propionate oint 0.005%.....	85
FIFTY50 PEN NEEDLES/32GX6.....	103	fluticasone-salmeterol aer powder ba 100-50 mcg/act,	
FIFTY50 PEN NEEDLES 31GX5.....	103	250-50 mcg/act, 500-50 mcg/act.....	42
FIFTY50 PEN NEEDLES 31G X.....	103	fluvastatin sodium cap 20 mg (base equivalent), 40 mg	
FIFTY50 SAFETY SEAL LANCE.....	103	(base equivalent).....	38
FIFTY50 SUPERIOR COMFORT.....	103	fluvastatin sodium tab er 24 hr 80 mg (base	
FIFTY50 UNILET LANCETS 33.....	103	equivalent).....	39
FILSPARI.....	50	fluvoxamine maleate tab 100 mg.....	51
finasteride tab 5 mg.....	50	fluvoxamine maleate tab 25 mg, 50 mg.....	51
FINGERSTIX LANCETS.....	103	FLUZONE 2024-2025.....	11
fingolimod hcl cap 0.5 mg (base equiv).....	58	FLUZONE HIGH-DOSE 2024-20.....	11
FINTEPLA.....	67	folic acid tab 400 mcg, 800 mcg, 1 mg.....	74
FIRDAPSE.....	71	FOLIVANE-OB.....	72
flecainide acetate tab 50 mg, 100 mg, 150 mg.....	34	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5	
FLUAD 2024-2025.....	10	mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	75
FLUARIX 2024-2025.....	10	FORA LANCETS.....	103
FLUBLOK 2024-2025.....	10	FORA LANCING DEVICE.....	103
FLUCELVAX 2024-2025.....	10	FORA LANCING DEVICE/CLEAR.....	103
fluconazole for susp 10 mg/ml, 40 mg/ml.....	3	fosamprenavir calcium tab 700 mg (base equiv).....	5
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	3	fosfomycin tromethamine powd pack 3 gm (base	
flucytosine cap 250 mg, 500 mg.....	3	equivalent).....	9
fludrocortisone acetate tab 0.1 mg.....	21	fosinopril sodium & hydrochlorothiazide tab 10-12.5	
FLULAVAL 2024-2025.....	10	mg, 20-12.5 mg.....	36
FLUMIST NASAL VACCINE 202.....	10	fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	36
flunisolide nasal soln 25 mcg/act (0.025%).....	41	FOTIVDA.....	15
fluocinolone acetonide cream 0.01%.....	84	FREESTYLE LANCETS.....	103
fluocinolone acetonide cream 0.025%.....	84	FREESTYLE LIBRE 2/READER/.....	103
fluocinolone acetonide oil 0.01% (body oil).....	84	FREESTYLE LIBRE 3/READER/.....	104
fluocinolone acetonide oil 0.01% (scalp oil).....	84	FREESTYLE LIBRE/READER/FL.....	104
fluocinolone acetonide oint 0.025%.....	84	FREESTYLE LIBRE 2/SENSOR/.....	103
fluocinolone acetonide (otic) oil 0.01%.....	81	FREESTYLE LIBRE 3/SENSOR/.....	104
fluocinolone acetonide soln 0.01%.....	84	FREESTYLE LIBRE 14 DAY/RE.....	103
fluocinonide cream 0.05%.....	84	FREESTYLE LIBRE 14 DAY/SE.....	103
fluocinonide emulsified base cream 0.05%.....	84	FREESTYLE LIBRE 2 PLUS/SE.....	103
fluocinonide gel 0.05%.....	84	FREESTYLE LIBRE 3 PLUS/SE.....	103
fluocinonide oint 0.05%.....	84	FREESTYLE UNISTICK II LAN.....	104
fluocinonide soln 0.05%.....	84	frovatriptan succinate tab 2.5 mg (base	
fluorometholone ophth susp 0.1%.....	79	equivalent).....	66
FLUOROURACIL.....	84	FRUZAQLA.....	15
fluorouracil cream 5%.....	84	FULPHILA.....	74
fluorouracil soln 5%.....	84	FUROSCIX.....	37
fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....	51	furosemide oral soln 10 mg/ml.....	37
fluoxetine hcl solution 20 mg/5ml.....	51	furosemide tab 20 mg, 40 mg, 80 mg.....	37
fluoxetine hcl tab 60 mg.....	51	FUZEON.....	5
fluphenazine decanoate inj 25 mg/ml.....	53	FYLNETRA.....	74
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	53		
FLUPHENAZINE HYDROCHLORID.....	53	G	
FLURBIPROFEN SODIUM.....	79	gabapentin cap 100 mg, 300 mg, 400 mg.....	67
FLUTICASONE PROPIONATE/SA.....	42	gabapentin oral soln 250 mg/5ml.....	67
fluticasone propionate cream 0.05%.....	85	gabapentin tab 600 mg, 800 mg.....	67
FLUTICASONE PROPIONATE DI.....	42	GALAFOLD.....	30

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galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....	58	glycopyrrolate tab 1 mg.....	45
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....	58	glycopyrrolate tab 2 mg.....	45
GAMMAGARD LIQUID.....	12	GLYXAMBI.....	25
GAMMAKED.....	12	GNP INSULIN SYRINGE/0.5ML.....	105
GAMUNEX-C.....	13	GNP INSULIN SYRINGE/1ML/3.....	105
GARDASIL 9.....	11	GNP INSULIN SYRINGES/1/2M.....	105
gatifloxacin ophth soln 0.5%.....	79	GNP INSULIN SYRINGES/0.3M.....	105
GATTEX.....	47	GNP INSULIN SYRINGES/1ML/.....	105
GAVRETO.....	15	GNP INSULIN SYRINGES/3ML/.....	105
gefitinib tab 250 mg.....	15	GNP LANCING SYSTEM DEVICE.....	105
gemfibrozil tab 600 mg.....	39	GNP PEN NEEDLES 31GX5MM.....	105
GENOTROPIN.....	30	GNP PEN NEEDLES 31GX8MM.....	105
GENOTROPIN MINIQUICK.....	31	GNP PEN NEEDLES 32GX4MM.....	105
gentamicin sulfate cream 0.1%.....	85	GNP PEN NEEDLES 32GX6MM.....	105
gentamicin sulfate oint 0.1%.....	85	GNP STERILE LANCETS 28G.....	105
gentamicin sulfate ophth soln 0.3%.....	79	GNP STERILE LANCETS 30G.....	105
GENTEEL BUTTERFLY TOUCH L.....	104	GNP STERILE LANCETS 33G.....	105
GENTEEL LANCING KIT/BUTTE.....	104	GNP ULTICARE PEN NEEDLES.....	105
GENTEEL PLUS LANCING DEVI.....	104	GNP ULTICARE PEN NEEDLES/.....	105
GENTLE-LET LANCETS GENERA.....	104	GNP ULTIGUARD SAFEPAK/MI.....	105
GENTLE-LET LANCETS SAFETY.....	104	GNP ULTIGUARD SAFEPAK/SH.....	105
GENVOYA.....	5	GNP ULTRA COMFORT INSULIN.....	105
GEODON.....	53	GOJJI LANCING DEVICE/CLEA.....	105
GILOTRIF.....	15	GOJJI STERILE LANCETS 30G.....	105
glatiramer acetate soln prefilled syringe 20 mg/ml.....	58	GOMEKLI.....	15
glatiramer acetate soln prefilled syringe 40 mg/ml.....	58	granisetron hcl tab 1 mg.....	46
GLEOSTINE.....	15	griseofulvin microsize susp 125 mg/5ml.....	3
glimepiride tab 1 mg, 2 mg, 4 mg.....	25	griseofulvin microsize tab 500 mg.....	3
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....	25	griseofulvin ultramicrosize tab 125 mg, 250 mg.....	3
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....	25	guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv).....	57
glipizide tab 5 mg, 10 mg.....	25	guanfacine hcl tab 1 mg, 2 mg.....	36
GLOBAL EASE INJECT PEN NE.....	104	GVOKE HYPOPEN 1-PACK.....	25
GLOBAL EASY GLIDE INSULIN.....	104	GVOKE HYPOPEN 2-PACK.....	25
GLOBAL EASY GLIDE PEN NEE.....	104	GVOKE KIT.....	25
GLOBAL INJECT EASE INSULI.....	104	GVOKE PFS.....	25
GLOBAL INJECT EASE LANCET.....	104	H	
GLOBAL INSULIN SYRINGE/U.....	104	HADLIMA.....	64
GLOBAL INSULIN SYRINGES/U.....	104	HADLIMA PUSHTOUCH.....	64
GLOBAL LANCING DEVICE.....	104	HAEGARDA.....	76
GLUCAGON EMERGENCY KIT FO.....	25	HAEMOLANCE.....	106
glucagon (rdna) for inj kit 1 mg.....	25	HAEMOLANCE LOW FLOW LANCE.....	106
GLUCOCOM LANCETS 28G.....	104	HAEMOLANCE PLUS.....	106
GLUCOCOM LANCETS 30G.....	104	HAEMOLANCE PLUS HIGH FLOW.....	106
GLUCOCOM LANCETS 33G.....	104	HAEMOLANCE PLUS LOW FLOW.....	106
GLUCOPRO INSULIN SYRINGE/.....	104	HAEMOLANCE PLUS MAX FLOW.....	106
glutamine (sickle cell) powd pack 5 gm.....	74	HAEMOLANCE PLUS PEDIATRIC.....	106
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg.....	25	halcinonide cream 0.1%.....	85
GLYBURIDE MICRONIZED.....	25	HALDOL DECANOATE 100.....	53
glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	25	halobetasol propionate cream 0.05%.....	85
glycopyrrolate oral soln 1 mg/5ml.....	45	haloperidol decanoate im soln 50 mg/ml.....	53

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haloperidol decanoate im soln 100 mg/ml.....	53	hydrocodone-acetaminophen soln 7.5-325	
haloperidol lactate oral conc 2 mg/ml.....	53	mg/15ml.....	61
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....	53	hydrocodone-acetaminophen tab 5-325 mg.....	61
HARVONI.....	5	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....	61
HAVRIX.....	11	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....	41
HEALTHWISE INSULIN SYRING.....	106	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	41
HEALTHWISE MICRON PEN NEE.....	106	hydrocodone-ibuprofen tab 7.5-200 mg.....	61
HEALTHWISE MINI PEN NEEDL.....	106	HYDROCODONE POLISTIREX/CH.....	41
HEALTHWISE PEN NEEDLES 29.....	106	HYDROCORTISONE.....	82
HEALTHWISE SHORT PEN NEED.....	106	HYDROCORTISONE ACETATE/PR.....	82
H-E-B INCONTROL ADVANCED.....	106	HYDROCORTISONE BUTYRATE.....	85
H-E-B INCONTROL LANCETS M.....	106	hydrocortisone cream 2.5%.....	85
H-E-B INCONTROL LANCETS S.....	106	hydrocortisone enema 100 mg/60ml.....	82
H-E-B INCONTROL LANCETS U.....	106	hydrocortisone oint 2.5%.....	85
H-E-B IN CONTROL PEN NEED.....	106	hydrocortisone perianal cream 2.5%.....	82
H-E-B INCONTROL PEN NEEDL.....	106	hydrocortisone tab 5 mg, 10 mg, 20 mg.....	21
H-E-B IN CONTROL UNIFINE.....	106	hydrocortisone valerate cream 0.2%.....	85
HEMLIBRA.....	76	hydrocortisone valerate oint 0.2%.....	85
HEMOFIL M.....	76	hydrocortisone w/ acetic acid otic soln 1-2%.....	81
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml.....	75	hydromorphone hcl liqd 1 mg/ml.....	61
HEPLISAV-B.....	11	hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....	62
HIBERIX.....	11	hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	62
HIZENTRA.....	13	hydroxychloroquine sulfate tab 200 mg.....	8
HM ULTICARE INSULIN SYRIN.....	106	hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg.....	8
HM ULTICARE MINI PEN NEED.....	106	hydroxyurea cap 500 mg.....	15
HM ULTICARE SHORT PEN NEE.....	106	hydroxyzine hcl syrup 10 mg/5ml.....	50
HUMALOG.....	27	hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	50
HUMALOG JUNIOR KWIKPEN.....	27	hydroxyzine pamoate cap 25 mg, 50 mg.....	51
HUMALOG KWIKPEN.....	27	HYFTOR.....	85
HUMALOG MIX 75/25.....	28	HYMPAVZI.....	77
HUMALOG MIX 50/50 KWIKPEN.....	28	HYPOLANCE AST LANCING KIT.....	107
HUMALOG MIX 75/25 KWIKPEN.....	28	HY-VEE LANCETS.....	107
HUMALOG TEMPO PEN.....	27	HY-VEE THIN LANCETS.....	107
HUMATE-P.....	77	I	
HUMATIN.....	3	ibandronate sodium tab 150 mg (base equivalent).....	31
HUMIRA.....	64	IBRANCE.....	15
HUMIRA PEN.....	64	ibuprofen tab 400 mg, 600 mg, 800 mg.....	64
HUMIRA PEN-CD/UC/HS START.....	64	icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	77
HUMIRA PEN-PS/UV STARTER.....	64	ICLUSIG.....	15
HUMULIN 70/30.....	28	IDELVION.....	77
HUMULIN 70/30 KWIKPEN.....	28	IDHIFA.....	15
HUMULIN N.....	28	IHEALTH LANCING DEVICE.....	107
HUMULIN N KWIKPEN.....	28	ILET INSULIN INFUSION KIT.....	107
HUMULIN R.....	27	ILET INSULIN PUMP.....	107
HUMULIN R U-500 (CONCENTR.....	27	ILET STARTER KIT - CONTAC.....	107
HUMULIN R U-500 KWIKPEN.....	28	ILET STARTER KIT - INSET.....	107
HYCANTIN.....	15		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	36		
hydrochlorothiazide cap 12.5 mg.....	37		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	37		

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imatinib mesylate tab 100 mg (base equivalent).....	15	irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg.....	36
imatinib mesylate tab 400 mg (base equivalent).....	15	irbesartan tab 75 mg, 150 mg, 300 mg.....	36
IMBRUVICA.....	15	irrigation solution, physiological.....	132
IMCIVREE.....	57	ISENTRESS.....	5
imipramine hcl tab 10 mg, 25 mg, 50 mg.....	51	ISENTRESS HD.....	5
imiquimod cream 5%.....	85	isoniazid syrup 50 mg/5ml.....	3
IMKELDI.....	15	isoniazid tab 100 mg, 300 mg.....	3
IMPAVIDO.....	9	isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....	40
INBRIJA.....	70	isosorbide dinitrate tab 5 mg, 40 mg.....	32
INCONTROL ULTICARE MINI P.....	107	isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	32
INCRELEX.....	31	ISOSORBIDE MONONITRATE.....	32
INCRUSE ELLIPTA.....	42	isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg.....	33
indapamide tab 1.25 mg, 2.5 mg.....	37	isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	85
indomethacin cap er 75 mg.....	64	isradipine cap 2.5 mg, 5 mg.....	34
indomethacin cap 25 mg, 50 mg.....	64	ITOVEBI.....	15
INLYTA.....	15	itraconazole cap 100 mg.....	3
INQOVI.....	15	itraconazole oral soln 10 mg/ml.....	3
INREBIC.....	15	ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv).....	40
INSULIN DEGLUDEC.....	29	ivermectin cream 1%.....	85
INSULIN DEGLUDEC FLEXTUOC.....	29	ivermectin tab 3 mg.....	9
INSULIN SYRINGE/0.3ML/30G.....	107	IWILFIN.....	15
INSULIN SYRINGE/0.3ML/31G.....	107	IXINITY.....	77
INSULIN SYRINGE/0.5ML/28G.....	107	J	
INSULIN SYRINGE/0.5ML/30G.....	107	JAKAFI.....	15
INSULIN SYRINGE/0.5ML/31G.....	107	JANUMET.....	25
INSULIN SYRINGE/1ML/29G X.....	108	JANUMET XR.....	25
INSULIN SYRINGE/1ML/30G X.....	108	JANUVIA.....	25
INSULIN SYRINGE/NEEDLE 0.....	107	JARDIANCE.....	25
INSULIN SYRINGE/NEEDLE 1M.....	107	JAYPIRCA.....	16
INSULIN SYRINGE/U-100/0.3.....	107	JIVI.....	77
INSULIN SYRINGE/U-100/0.5.....	107	JOENJA.....	132
INSULIN SYRINGE/U-100/1ML.....	107	JULUCA.....	5
INSULIN SYRINGES/U-100/0.....	108	JYNARQUE.....	31
INSULIN SYRINGES/U-100/1M.....	108	JYNNEOS.....	11
INSUPEN 33GX4MM.....	108	K	
INSUPEN 29G X 12MM.....	108	KALETRA.....	5
INSUPEN 31G X 5MM.....	108	KALYDECO.....	44
INSUPEN 31G X 8MM.....	108	KAMELEON LUBRICATED.....	108
INSUPEN 32G X 4MM.....	108	KERENDIA.....	31
INTELENCE.....	5	KESIMPTA.....	58
IN TOUCH DIABETES MANAGEM.....	107	KETOCARE.....	88
IN TOUCH LANCING DEVICE.....	107	ketoconazole cream 2%.....	85
IN TOUCH STERILE LANCETS.....	107	ketoconazole shampoo 2%.....	85
INVEGA HAFYERA.....	53	ketoconazole tab 200 mg.....	3
INVEGA SUSTENNA.....	53	KETONE.....	88
INVEGA TRINZA.....	53	KETONE TEST STRIPS.....	88
IPOL INACTIVATED IPV.....	11	ketorolac tromethamine ophth soln 0.4%.....	80
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	43	ketorolac tromethamine ophth soln 0.5%.....	80
ipratropium bromide inhal soln 0.02%.....	42		
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray).....	41		
IQIRVO.....	47		

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ketorolac tromethamine tab 10 mg	64	lamivudine tab 150 mg	6
KETOSTIX.....	88	lamivudine tab 300 mg	6
KEVZARA.....	64	lamivudine tab 100 mg (hbv)	6
KIMONO COLORS.....	108	lamivudine-zidovudine tab 150-300 mg	6
KIMONO LUBRICATED.....	108	lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	67
KIMONO MAXX/LARGE FLARE.....	108	lamotrigine tab chewable dispersible 5 mg, 25 mg	68
KIMONO MICRO THIN.....	108	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	68
KIMONO MICRO THIN PLUS SP.....	108	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	68
KIMONO PLUS SPERMICIDE/LU.....	108	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	68
KIMONO PLUS SPERMICIDE LU.....	108	lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	68
KIMONO PS LUBRICATED.....	108	lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	68
KIMONO PS PLUS SPERMICIDE.....	108	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	68
KIMONO SENSATION LUBRICAT.....	108	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	68
KIMONO SENSATION PLUS SPE.....	108	lamotrigine tab 35 x 25 mg starter kit	68
KIMONO SPECIAL.....	108	LAMPIT.....	9
KINNEY LANCETS.....	108	LANCET DEVICE ADJUSTABLE.....	109
KINNEY THIN LANCETS.....	108	LANCET DEVICE WITH EJECTO.....	109
KINRAY INSULIN SYRINGE/0.....	109	LANCETS.....	109
KISQALI.....	16	LANCETS 30G.....	109
KLOXXADO.....	87	LANCETS 30G/TWIST TOP.....	109
KOATE.....	77	LANCETS 33G EXTRA FINE.....	109
KOATE-DVI.....	77	LANCETS 28G THIN.....	109
KOGENATE FS.....	77	LANCETS 30G TWIST TOP.....	109
KOSELUGO.....	16	LANCETS 33G UNIVERSAL DES.....	109
KOVALTRY.....	77	LANCETS MICRO THIN 33G.....	109
K-PHOS NO 2.....	50	LANCETS SUPER THIN 28G.....	109
KRAZATI.....	16	LANCETS THIN.....	109
KROGER AUTOLET LANCING DE.....	109	LANCETS ULTRA THIN 30G.....	109
KROGER HEALTHPRO TWIST LA.....	109	LANCING DEVICE.....	110
KROGER INSULIN SYRINGE/0.....	109	lansoprazole cap delayed release 30 mg	45
KROGER INSULIN SYRINGE/1M.....	109	lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)	47
KROGER LANCETS.....	109	LANTUS.....	29
KROGER LANCETS 21G.....	109	LANTUS SOLOSTAR.....	29
KROGER LANCETS MICRO THIN.....	109	LANZO.....	110
KROGER LANCETS SUPER THIN.....	109	lapatinib ditosylate tab 250 mg (base equiv)	16
KROGER LANCETS THIN.....	109	latanoprost ophth soln 0.005%	80
KROGER LANCETS ULTRATHIN.....	109	LAZCLUZE.....	16
KROGER LANCING DEVICE.....	109	LEADER ADVANCED LANCING D.....	110
KROGER PEN NEEDLES/31G X.....	109	LEADER INSULIN SYRINGE/0.....	110
KROGER PEN NEEDLES/32G X.....	109	LEADER INSULIN SYRINGE/1M.....	110
KROGER PEN NEEDLES/33G X.....	109	LEADER LANCETS COLORED.....	110
KROGER PEN NEEDLES 29G X.....	109	LEADER SUPER THIN LANCET.....	110
KROGER PEN NEEDLES 31G X.....	109	LEADER THIN LANCETS.....	110
L		LEADER UNIFINE PENTIPS/MI.....	110
labetalol hcl tab 100 mg, 200 mg, 300 mg	33	LEADER UNIFINE PENTIPS/NA.....	110
lacosamide oral solution 10 mg/ml	67	LEADER UNIFINE PENTIPS/PL.....	110
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	67		
lactated ringer's for irrigation	132		
lactulose (encephalopathy) solution 10 gm/15ml	47		
lactulose solution 10 gm/15ml	45		
LAGEVRIO.....	6		
lamivudine oral soln 10 mg/ml	6		

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LEADER UNIFINE PENTIPS PL.....	110	lidocaine hcl soln 4%.....	85
LEDIPASVIR/SOFOSBUVIR.....	6	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	85
leflunomide tab 10 mg, 20 mg.....	64	lidocaine hcl viscous soln 2%.....	81
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg.....	132	lidocaine oint 5%.....	85
lenalidomide caps 2.5 mg.....	132	lidocaine patch 5%.....	85
LENVIMA 4 MG DAILY DOSE.....	16	lidocaine-prilocaine cream 2.5-2.5%.....	85
LENVIMA 8 MG DAILY DOSE.....	16	LIFESCAN UNISTIK 2 DEEP P.....	110
LENVIMA 10 MG DAILY DOSE.....	16	linezolid for susp 100 mg/5ml.....	9
LENVIMA 12MG DAILY DOSE.....	16	linezolid tab 600 mg.....	9
LENVIMA 14 MG DAILY DOSE.....	16	LINZESS.....	47
LENVIMA 18 MG DAILY DOSE.....	16	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	29
LENVIMA 20 MG DAILY DOSE.....	16	lisdexamphetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg.....	57
LENVIMA 24 MG DAILY DOSE.....	16	lisdexamphetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg.....	57
letrozole tab 2.5 mg.....	16	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	36
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg.....	16	lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg.....	36
LEUKERAN.....	16	LITETOUCH INSULIN PEN NEE.....	110
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	16	LITETOUCH INSULIN SYRINGE.....	110
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	43	LITE TOUCH LANCETS.....	110
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	43	LITETOUCH LANCETS MICRO T.....	110
levetiracetam oral soln 100 mg/ml.....	68	LITE TOUCH LANCING PEN.....	110
levetiracetam tab er 24hr 500 mg, 750 mg.....	68	LITETOUCH PEN NEEDLES/31.....	110
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	68	LITETOUCH PEN NEEDLES/31G.....	110
LEVOBUNOLOL HCL.....	80	LITETOUCH PEN NEEDLES 29G.....	110
levocarnitine oral soln 1 gm/10ml (10%).....	31	LITETOUCH PEN NEEDLES 31G.....	110
levocarnitine tab 330 mg.....	31	LITFULO.....	85
levocetirizine dihydrochloride tab 5 mg.....	40	LITHIUM CARBONATE.....	53
levofloxacin oral soln 25 mg/ml.....	2	lithium carbonate cap 150 mg, 300 mg, 600 mg.....	54
levofloxacin tab 250 mg, 500 mg, 750 mg.....	3	lithium carbonate tab er 300 mg.....	54
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.....	23	lithium carbonate tab er 450 mg.....	54
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	23	lithium carbonate tab 300 mg.....	54
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	23	lithium oral solution 8 meq/5ml.....	54
levonorgestrel-eth est tab 0.05-30/0.075-40/0.125-30mg-mcg.....	23	LIVDELZI.....	47
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	23	LIVE BETTER ADVANCED LANC.....	110
levonorgestrel tab 1.5 mg.....	23	LIVE BETTER LANCET SUPER.....	111
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	23	LIVE BETTER LANCET ULTRA.....	111
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	23	LIVE BETTER PEN NEEDLES 2.....	111
levorphanol tartrate tab 2 mg.....	62	LIVE BETTER PEN NEEDLES 3.....	111
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.....	29	LIVMARLI.....	47
LIBERTY MEDICAL LANCETS 3.....	110	LIVTENCITY.....	6
		lofexidine hcl tab 0.18 mg (base equivalent).....	58
		LOKELMA.....	132
		LO LOESTRIN FE.....	23
		LONGS INSULIN SYRINGE/0.5.....	111
		LONGS LANCETS STANDARD.....	111
		LONGS LANCETS THIN.....	111
		LONGS LANCETS ULTRA THIN.....	111
		LONSURF.....	16
		lopinavir-ritonavir tab 100-25 mg.....	6

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lopinavir-ritonavir tab 200-50 mg.....	6	MEDICHOICE PRE-SET SAFETY.....	111
loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	41	MEDICHOICE SAFETY LANCET.....	111
loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	41	MEDICINE SHOPPE LANCETS.....	111
loratadine oral soln 5 mg/5ml.....	40	MEDICINE SHOPPE LANCETS T.....	111
loratadine rapidly-disintegrating tab 10 mg.....	40	MEDICINE SHOPPE PEN NEEDL.....	111
loratadine tab 10 mg.....	40	MEDIC INSULIN SYRINGE/0.3.....	111
lorazepam conc 2 mg/ml.....	51	MEDIC INSULIN SYRINGE/0.5.....	111
lorazepam tab 0.5 mg, 1 mg, 2 mg.....	51	MEDLANCE PLUS/LITE 25G.....	112
LORBRENA.....	16	MEDLANCE PLUS EXTRA LANCE.....	112
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	36	MEDLANCE PLUS LANCETS LIT.....	112
losartan potassium tab 25 mg, 50 mg, 100 mg.....	36	MEDLANCE PLUS LITE LANCET.....	112
loteprednol etabonate ophth gel 0.5%.....	80	MEDLANCE PLUS SPECIAL LAN.....	112
loteprednol etabonate ophth susp 0.2%.....	80	MEDLANCE PLUS SUPERLITE 3.....	112
loteprednol etabonate ophth susp 0.5%.....	80	MEDLANCE PLUS UNIVERSAL L.....	112
lovastatin tab 10 mg, 20 mg, 40 mg.....	39	medroxyprogesterone acetate im susp 150 mg/ml.....	24
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg.....	54	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....	23
lubiprostone cap 8 mcg.....	47	medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg.....	24
lubiprostone cap 24 mcg.....	47	mefloquine hcl tab 250 mg.....	8
LUMAKRAS.....	16	megestrol acetate susp 40 mg/ml.....	17
LUMIGAN.....	80	megestrol acetate tab 20 mg, 40 mg.....	17
LUMRYZ.....	58	MEIJER COLOR LANCETS UNIV.....	112
LUMRYZ STARTER PACK.....	58	MEIJER LANCETS.....	112
lurasidone hcl tab 80 mg.....	54	MEIJER LANCETS THIN.....	112
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....	54	MEIJER LANCETS UNIVERSAL.....	112
LYNPARZA.....	16	MEIJER PEN NEEDLES 29G X.....	112
LYSODREN.....	17	MEIJER PEN NEEDLES 31G X.....	112
LYTGOBI.....	17	MEIJER SUPER THIN LANCETS.....	112
LYUMJEV.....	27	MEKINIST.....	17
LYUMJEV KWIKPEN.....	27	MEKTOVI.....	17
LYUMJEV TEMPO PEN.....	27	meloxicam tab 7.5 mg, 15 mg.....	64
M		memantine hcl oral solution 2 mg/ml.....	59
MAFENIDE ACETATE.....	85	memantine hcl tab 5 mg, 10 mg.....	59
MAGELLAN INSULIN SAFETY S.....	111	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	59
malathion lotion 0.5%.....	85	MENEST.....	22
MARATHON MEDICAL PENTIPS.....	111	MENQUADFI.....	11
maraviroc tab 150 mg.....	6	MENVEO.....	11
maraviroc tab 300 mg.....	6	mercaptopurine susp 2000 mg/100ml (20 mg/ml).....	17
MATULANE.....	17	mercaptopurine tab 50 mg.....	17
MAVENCLAD.....	58	mesalamine cap dr 400 mg.....	47
MAVYRET.....	6	mesalamine cap er 24hr 0.375 gm.....	47
MAXICOMFORT II PEN NEEDLE.....	111	mesalamine enema 4 gm.....	47
MAXI-COMFORT INSULIN SYRI.....	111	mesalamine suppos 1000 mg.....	47
MAXICOMFORT INSULIN SYRIN.....	111	mesalamine tab delayed release 1.2 gm.....	47
MAXI-COMFORT SAFETY PEN N.....	111	mesalamine tab delayed release 800 mg.....	47
MAXX LUBRICATED.....	111	mesna tab 400 mg.....	17
MAXX PLUS SPERMICIDE LUBR.....	111	metaxalone tab 400 mg, 800 mg.....	71
MAYZENT.....	59	metformin hcl tab er 24hr 500 mg, 750 mg.....	25
MAYZENT STARTER PACK.....	59	metformin hcl tab 500 mg, 850 mg, 1000 mg.....	25
meclizine hcl tab 12.5 mg, 25 mg.....	46	methadone hcl conc 10 mg/ml.....	62
		methadone hcl soln 5 mg/5ml.....	62

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methadone hcl soln 10 mg/5ml.....	62	metronidazole tab 250 mg, 500 mg.....	9
methadone hcl tab for oral susp 40 mg.....	62	metronidazole vaginal gel 0.75%.....	49
methadone hcl tab 5 mg, 10 mg.....	62	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	34
methamphetamine hcl tab 5 mg.....	57	MICRODOT PEN NEEDLE/31G X.....	112
methazolamide tab 25 mg, 50 mg.....	37	MICRODOT PEN NEEDLE/32G X.....	112
methenamine hippurate tab 1 gm.....	9	MICRODOT PEN NEEDLE/33G X.....	112
methimazole tab 5 mg, 10 mg.....	29	MICROLET LANCETS.....	112
methocarbamol tab 500 mg, 750 mg.....	71	MICROLET NEXT.....	112
METHOTREXATE SODIUM.....	17	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	38
methotrexate sodium for inj 1 gm.....	17	MIEBO.....	80
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	17	MIFEPREX.....	31
methotrexate sodium tab 2.5 mg (base equiv).....	17	mifepristone tab 200 mg.....	31
METHOXSALIN.....	85	mifepristone tab 300 mg.....	25
methscopolamine bromide tab 2.5 mg, 5 mg.....	45	MIGLITOL.....	25
methsuximide cap 300 mg.....	68	miglustat cap 100 mg.....	74
METHYLDOPA.....	36	MINI LANCING DEVICE.....	112
methyldopa tab 250 mg.....	36	minocycline hcl cap 50 mg, 75 mg, 100 mg.....	2
methylergonovine maleate tab 0.2 mg.....	30	minoxidil tab 2.5 mg, 10 mg.....	36
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....	57	mirabegron tab er 24 hr 25 mg, 50 mg.....	49
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	57	mirtazapine orally disintegrating tab 15 mg.....	51
methylphenidate hcl chew tab 10 mg.....	57	mirtazapine orally disintegrating tab 30 mg, 45 mg.....	51
methylphenidate hcl chew tab 2.5 mg, 5 mg.....	57	mirtazapine tab 15 mg.....	52
methylphenidate hcl soln 5 mg/5ml.....	57	mirtazapine tab 30 mg.....	52
methylphenidate hcl soln 10 mg/5ml.....	57	mirtazapine tab 7.5 mg, 45 mg.....	52
methylphenidate hcl tab er 10 mg, 20 mg.....	57	misoprostol tab 100 mcg, 200 mcg.....	45
methylphenidate hcl tab er osmotic release (osm) 36 mg.....	57	10ML SYRINGE LUER-LOK TIP.....	131
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....	57	1ML VANISHPOINT TUBERCULI.....	131
methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	57	MM INSULIN SYRINGE/U-100/.....	112
METHYLPHENIDATE HYDROCHLO.....	57	MM LANCING DEVICE.....	112
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	21	MM PEN NEEDLES 31G X 3/16.....	112
methylprednisolone tab therapy pack 4 mg (21).....	21	MM PEN NEEDLES 31G X 5/16.....	112
methyltestosterone cap 10 mg.....	21	MM PEN NEEDLES 32G X 5/32.....	112
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	47	MM PEN NEEDLES 31G X 1/4".....	112
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	47	M-M-R II.....	11
metolazone tab 2.5 mg, 5 mg, 10 mg.....	37	MM TWIST LANCETS.....	112
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	36	M-NATAL PLUS.....	72
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	33	MOBILE LANCETS 30G.....	112
metoprolol tartrate tab 50 mg, 100 mg.....	33	modafinil tab 100 mg, 200 mg.....	57
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	33	MODERNA COVID-19 VACCINE.....	11
metronidazole cream 0.75%.....	85	moexipril hcl tab 7.5 mg, 15 mg.....	36
metronidazole gel 0.75%.....	85	mometasone furoate cream 0.1%.....	85
metronidazole gel 1%.....	85	mometasone furoate oint 0.1%.....	85
metronidazole lotion 0.75%.....	85	mometasone furoate solution 0.1% (lotion).....	85
		MONOJECT HYPO/ALUM HUB/18.....	113
		MONOJECT HYPO/ALUM HUB/LU.....	113
		MONOJECT INSULIN SYRINGE.....	113
		MONOJECT INSULIN SYRINGE/.....	113
		MONOJECT MAGELLAN SAFETY.....	113
		MONOJECT 1ML LUER LOCK TU.....	113
		MONOJECT SYRINGE PHARMACY.....	113
		MONOJECT TUBERCULIN SYRIN.....	113
		MONOJECT ULTRA COMFORT IN.....	113
		MONOJECT LANCETS.....	113

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MONOLET OPD LANCETS.....	113	nateglinide tab 60 mg, 120 mg.....	26
MONOLETTOR SAFETY LANCETS.....	113	NAYZILAM.....	68
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	43	nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	33
montelukast sodium tab 10 mg (base equiv).....	43	NEMLUVIO.....	86
morphine sulfate oral soln 10 mg/5ml.....	62	NEOMYCIN/POLYMYXIN/GRAMIC.....	80
morphine sulfate oral soln 20 mg/5ml.....	62	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	80
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	62	neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	80
morphine sulfate tab er 100 mg, 200 mg.....	62	neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	80
morphine sulfate tab er 15 mg, 30 mg, 60 mg.....	62	neomycin-polymyxin-hc otic soln 1%.....	81
morphine sulfate tab 15 mg.....	62	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	81
morphine sulfate tab 30 mg.....	62	neomycin sulfate tab 500 mg.....	3
MOTPOLY XR.....	68	NEONATAL COMPLETE.....	72
MOUNJARO.....	25	NEONATAL PLUS.....	72
MOVANTIK.....	47	NERLYNX.....	17
moxifloxacin hcl ophth soln 0.5% (base equiv).....	80	NEULASTA.....	74
moxifloxacin hcl tab 400 mg (base equiv).....	3	NEVIRAPINE.....	6
MRESVIA.....	11	nevirapine tab er 24hr 400 mg.....	6
MS INSULIN SYRINGE/0.3ML/.....	113	nevirapine tab 200 mg.....	6
MS INSULIN SYRINGE/0.5ML/.....	113	NEXLETOL.....	39
MS INSULIN SYRINGE/1ML/29.....	113	NEXLIZET.....	39
MS INSULIN SYRINGE/1ML/30.....	113	niacin tab er 1000 mg (antihyperlipidemic).....	39
MS INSULIN SYRINGE/1ML/31.....	114	niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic).....	39
MULTI-LANCET DEVICE.....	114	nicardipine hcl cap 20 mg, 30 mg.....	34
MULTI-LANCET DEVICE 2.....	114	nicotine polacrilex gum 2 mg, 4 mg.....	59
mupirocin oint 2%.....	85	nicotine polacrilex lozenge 2 mg, 4 mg.....	59
MYCAPSSA.....	31	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	59
mycophenolate mofetil cap 250 mg.....	132	NICOTROL INHALER.....	59
mycophenolate mofetil for oral susp 200 mg/ml.....	132	NICOTROL NS.....	59
mycophenolate mofetil tab 500 mg.....	132	nifedipine cap 10 mg, 20 mg.....	34
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	132	nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	34
MYFEMBREE.....	22	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	34
MYGLUCOHEALTH MGH SOFTLAN.....	114	nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent).....	17
MYHIBBIN.....	132	nilutamide tab 150 mg.....	17
MYLERAN.....	17	nimodipine cap 30 mg.....	34
N		NINLARO.....	17
nabumetone tab 500 mg, 750 mg.....	64	NISOLDIPINE ER.....	34
nadolol tab 20 mg, 40 mg, 80 mg.....	33	nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	34
naloxone hcl inj 0.4 mg/ml.....	87	nitazoxanide tab 500 mg.....	9
naloxone hcl inj 4 mg/10ml.....	87	nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	31
naloxone hcl nasal spray 4 mg/0.1ml.....	87	NITRO-BID.....	33
naloxone hcl soln prefilled syringe 2 mg/2ml.....	87	nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg.....	9
NALOXONE HYDROCHLORIDE.....	87		
naltrexone hcl tab 50 mg.....	87		
naproxen sodium tab 275 mg.....	64		
naproxen sodium tab 550 mg.....	64		
naproxen tab 500 mg.....	64		
naproxen tab 250 mg, 375 mg.....	64		
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	66		
NATACYN.....	80		

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nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	9	NOVOLIN 70/30 RELION.....	28
nitrofurantoin susp 25 mg/5ml.....	9	NOVOLIN N.....	28
nitroglycerin oint 0.4%.....	82	NOVOLIN N FLEXPEN.....	28
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	33	NOVOLIN N FLEXPEN RELION.....	28
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	33	NOVOLIN N RELION.....	28
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	33	NOVOLIN R.....	28
NITYR.....	31	NOVOLIN R FLEXPEN.....	28
NIVA-PLUS.....	72	NOVOLIN R FLEXPEN RELION.....	28
NIVA THYROID.....	29	NOVOLIN R RELION.....	28
NIVESTYM.....	74	NOVOLOG.....	27
nizatidine cap 150 mg.....	45	NOVOLOG FLEXPEN.....	27
NORDITROPIN FLEXPEN.....	31	NOVOLOG FLEXPEN RELION.....	27
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	24	NOVOLOG MIX 70/30.....	28
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	24	NOVOLOG MIX 70/30 PREFILL.....	29
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....	24	NOVOLOG MIX 70/30 RELION.....	29
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	24	NOVOLOG PENFILL.....	27
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	24	NOVOLOG RELION.....	27
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	24	NOVOSEVEN RT.....	77
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg.....	22	NOXAFIL.....	3
norethindrone acetate tab 5 mg.....	24	NP THYROID 15.....	29
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	24	NP THYROID 30.....	29
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....	24	NP THYROID 60.....	29
norethindrone tab 0.35 mg.....	24	NP THYROID 90.....	29
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	24	NP THYROID 120.....	29
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg.....	24	NUBEQA.....	17
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	24	NUCALA.....	43
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	52	NULIBRY.....	31
nortriptyline hcl soln 10 mg/5ml.....	52	NURTEC.....	66
NORVIR.....	6	NUVARING.....	24
NOVA SAFETY LANCETS 23G.....	114	NUWIQ.....	77
NOVA SAFETY LANCETS 28G.....	114	NUZYRA.....	2
NOVA SUREFLEX LANCETS.....	114	nystatin cream 100000 unit/gm.....	86
NOVA SUREFLEX LANCING DEV.....	114	nystatin oint 100000 unit/gm.....	86
NOVAVAX COVID-19 VACCINE/.....	11	nystatin susp 100000 unit/ml.....	81
NOVOEIGHT.....	77	nystatin tab 500000 unit.....	3
NOVOFINE PEN NEEDLE 32G X.....	114	nystatin topical powder 100000 unit/gm.....	86
NOVOFINE PLUS PEN NEEDLE.....	114	nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	86
NOVOLIN 70/30.....	28	nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	86
NOVOLIN 70/30 FLEXPEN.....	28	NYVEPRIA.....	74
NOVOLIN 70/30 FLEXPEN REL.....	28	O	
		OBIZUR.....	77
		octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....	31
		octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).....	31
		ODEFSEY.....	6
		ODOMZO.....	17
		OFEV.....	44
		ofloxacin ophth soln 0.3%.....	80
		ofloxacin otic soln 0.3%.....	81
		ofloxacin tab 400 mg.....	3

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OGSIVEO.....	17	ORENCIA CLICKJECT.....	64
OJEMDA.....	18	ORFADIN.....	31
OJJAARA.....	18	ORGOVYX.....	18
olanzapine for im inj 10 mg.....	54	ORIAHNN.....	22
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....	54	ORILISSA.....	31
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg.....	54	ORKAMBI.....	44
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.....	36	ORLADEYO.....	77
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	36	orphenadrine citrate tab er 12hr 100 mg.....	71
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg.....	36	ORSERDU.....	18
olopatadine hcl nasal soln 0.6%.....	41	oseltamivir phosphate cap 30 mg (base equiv).....	6
OLUMIANT.....	64	oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv).....	6
omega-3-acid ethyl esters cap 1 gm.....	39	oseltamivir phosphate for susp 6 mg/ml (base equiv).....	6
omeprazole cap delayed release 20 mg.....	45	OTEZLA.....	64
omeprazole cap delayed release 10 mg, 40 mg.....	45	OTREXUP.....	64
OMNIPOD DASH INTRO KIT (G.....	114	OVIDREL.....	31
OMNIPOD DASH PODS (GEN 4).....	114	oxaprozin tab 600 mg.....	64
OMNIPOD 5 DEXCOM G7G6 INT.....	114	oxazepam cap 10 mg, 15 mg, 30 mg.....	51
OMNIPOD 5 DEXCOM G7G6 POD.....	114	oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	68
OMNIPOD 5 LIBRE2 PLUS G6.....	114	oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg.....	68
OMNITROPE.....	31	oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	68
OMVOH.....	48	oxiconazole nitrate cream 1%.....	86
ondansetron hcl oral soln 4 mg/5ml.....	46	oxybutynin chloride solution 5 mg/5ml.....	49
ondansetron hcl tab 4 mg, 8 mg.....	46	oxybutynin chloride tab er 24hr 5 mg.....	49
ondansetron orally disintegrating tab 4 mg, 8 mg.....	46	oxybutynin chloride tab er 24hr 10 mg.....	49
ONETOUCH DELICA LANCETS E.....	114	oxybutynin chloride tab er 24hr 15 mg.....	49
ONETOUCH DELICA LANCETS F.....	114	oxybutynin chloride tab 5 mg.....	49
ONETOUCH DELICA LANCING D.....	114	oxycodone hcl cap 5 mg.....	62
ONETOUCH DELICA PLUS LANC.....	114	oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	62
ONETOUCH DELICA SAFETY LA.....	114	oxycodone hcl soln 5 mg/5ml.....	62
ONETOUCH LANCETS.....	114	oxycodone hcl tab 5 mg.....	62
ONETOUCH ULTRA.....	88	oxycodone hcl tab 10 mg.....	62
ONETOUCH ULTRA 2.....	114	oxycodone hcl tab 20 mg.....	62
ONETOUCH ULTRA BLUE TEST.....	88	oxycodone hcl tab 15 mg, 30 mg.....	62
ONETOUCH ULTRASOFT 2 LANC.....	114	oxycodone w/ acetaminophen tab 7.5-325 mg.....	62
ONETOUCH ULTRA TEST STRIP.....	88	oxycodone w/ acetaminophen tab 10-325 mg.....	62
ONETOUCH VERIO.....	114	oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....	62
ONETOUCH VERIO FLEX BLOOD.....	114	OZEMPIC.....	26
ONETOUCH VERIO IQ BLOOD G.....	114		
ONETOUCH VERIO REFLECT.....	115	P	
ONETOUCH VERIO TEST STRIP.....	88	paliperidone tab er 24hr 6 mg.....	54
ONE VITE WOMENS PRENATAL.....	72	paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	54
ONUREG.....	18	pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv).....	45
OPFOLDA.....	31	pantoprazole sodium for delayed release susp packet 40 mg.....	45
OPILL.....	24	paricalcitol cap 4 mcg.....	31
OPSUMIT.....	40	paricalcitol cap 1 mcg, 2 mcg.....	31
OPTIONS GYNOL II VAGINAL.....	49	paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....	52
OPVEE.....	87	paroxetine mesylate cap 7.5 mg (base equiv).....	59
ORENCIA.....	64	PAXLOVID.....	6

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pazopanib hcl tab 200 mg (base equiv).....	18	pentoxifylline tab er 400 mg.....	77
PC UNIFINE PENTIPS 29G X.....	115	PERFECT LANCETS 30G.....	116
PC UNIFINE PENTIPS 31G X.....	115	PERFECT POINT SAFETY LANC.....	116
PEDVAX HIB.....	11	PERFECT PRESSURE ACTIVATE.....	116
PEGASYS.....	6	PERINDOPRIL ERBUMINE.....	36
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	45	perindopril erbumine tab 4 mg.....	36
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	45	permethrin cream 5%.....	86
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	45	perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	54
PEMAZYRE.....	18	PERSERIS.....	54
PENBRAYA.....	11	PFIZER-BIONTECH COVID-19.....	11
penciclovir cream 1%.....	86	PHARMACIST CHOICE SELECT.....	116
penicillamine tab 250 mg.....	132	PHARMACIST CHOICE ULTRA T.....	117
PENICILLIN V POTASSIUM.....	1	PHEBURANE.....	32
penicillin v potassium tab 250 mg, 500 mg.....	1	PHENELZINE SULFATE.....	52
PEN NEEDLE/5-BEVEL TIP/32.....	115	phenobarbital elixir 20 mg/5ml.....	55
PEN NEEDLES.....	115	phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	55
PEN NEEDLES/29G X 1/2".....	116	phenoxybenzamine hcl cap 10 mg.....	36
PEN NEEDLES/31G X 1/4".....	116	phenylephrine hcl ophth soln 2.5%, 10%.....	80
PEN NEEDLES/31G X 3/16".....	116	phenytoin chew tab 50 mg.....	68
PEN NEEDLES/31G X 5/16".....	116	phenytoin sodium extended cap 100 mg.....	68
PEN NEEDLES/32G X 5/32".....	116	phenytoin sodium extended cap 200 mg, 300 mg.....	68
PEN NEEDLES/31G X 6MM.....	116	phenytoin susp 125 mg/5ml.....	68
PEN NEEDLES 31GX5/16".....	115	PHEXXI.....	49
PEN NEEDLES 31G X 3/16".....	115	phytonadione tab 5 mg.....	71
PEN NEEDLES 33G X 5/32".....	116	PIFELTRO.....	6
PEN NEEDLES 30GX5MM.....	115	pilocarpine hcl ophth soln 1%, 2%, 4%.....	80
PEN NEEDLES 30GX8MM.....	115	pilocarpine hcl tab 5 mg, 7.5 mg.....	81
PEN NEEDLES 31GX5MM.....	115	pimecrolimus cream 1%.....	86
PEN NEEDLES 31GX8MM.....	115	PIMOZIDE.....	59
PEN NEEDLES 32GX4MM.....	115	pindolol tab 5 mg, 10 mg.....	33
PEN NEEDLES 29GX12MM.....	115	pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.....	26
PEN NEEDLES 31G X 5MM.....	115	pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv).....	26
PEN NEEDLES 31G X 6MM.....	115	PIP LANCETS/28G.....	117
PEN NEEDLES 31G X 8MM.....	115	PIP LANCETS/30G.....	117
PEN NEEDLES 32G X 4MM.....	115	PIP PEN NEEDLES 31G X 5MM.....	117
PEN NEEDLES 32G X 5MM.....	115	PIP PEN NEEDLES 32G X 4MM.....	117
PEN NEEDLES 32G X 6MM.....	115	PIQRAY 200MG DAILY DOSE.....	18
PEN NEEDLES 31GX8MM (5/16).....	115	PIQRAY 250MG DAILY DOSE.....	18
PEN NEEDLES 31GX6MM (1/4).....	115	PIQRAY 300MG DAILY DOSE.....	18
pentamidine isethionate for nebulization soln 300 mg.....	9	PIRFENIDONE.....	44
PENTIPS GENERIC PEN NEEDL.....	116	pirfenidone cap 267 mg.....	44
PENTIPS 31GX5MM.....	116	pirfenidone tab 267 mg.....	44
PENTIPS 31GX6MM.....	116	pirfenidone tab 801 mg.....	44
PENTIPS 31GX8MM.....	116	piroxicam cap 10 mg, 20 mg.....	64
PENTIPS 32GX4MM.....	116	pitavastatin calcium tab 4 mg.....	39
PENTIPS 29GX12MM.....	116	pitavastatin calcium tab 1 mg, 2 mg.....	39
PENTIPS 29G X 12MM.....	116	PLEGRIDY.....	59
PENTIPS 31G X 5MM.....	116	PLEGRIDY STARTER PACK.....	59
PENTIPS 31G X 8MM.....	116	PNEUMOVAX 23.....	12
PENTIPS 32G X 4MM.....	116	PNV PRENATAL PLUS MULTIVI.....	72

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PODOFILOX.....	86	pregabalin cap 75 mg, 100 mg.....	68
podofilox gel 0.5%.....	86	pregabalin cap 150 mg, 200 mg.....	68
polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1%.....	80	pregabalin cap 225 mg, 300 mg.....	68
POMALYST.....	18	pregabalin soln 20 mg/ml.....	68
posaconazole susp 40 mg/ml.....	3	PREMARIN.....	23
posaconazole tab delayed release 100 mg.....	3	PREMPHASE.....	23
potassium chloride cap er 8 meq, 10 meq.....	73	PREMPRO.....	23
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....	73	PRENATAL.....	72
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	73	PRENATAL 19.....	72
potassium chloride tab er 10 meq, 20 meq (1500 mg).....	73	PRENATAL PLUS.....	72
potassium chloride tab er 8 meq (600 mg).....	73	PRENATAL PLUS VITAMIN AND.....	72
potassium citrate tab er 5 meq (540 mg).....	50	PRENATAL-U.....	72
potassium citrate tab er 10 meq (1080 mg).....	50	PRETOMANID.....	3
potassium citrate tab er 15 meq (1620 mg).....	50	PREVENT DROPSAFE SAFETY P.....	117
potassium phosphate monobasic tab 500 mg.....	73	PREVENT SAFETY PEN NEEDLE.....	117
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....	73	PREVIDENT 5000 ENAMEL PRO.....	81
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.....	70	PREVIDENT 5000 SENSITIVE.....	81
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....	70	PREVNAR 20.....	12
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....	77	PREVYMIS.....	7
pravastatin sodium tab 80 mg.....	39	PREZCOBIX.....	7
pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	39	PREZISTA.....	7
praziquantel tab 600 mg.....	9	PRIFTIN.....	3
prazosin hcl cap 1 mg, 2 mg, 5 mg.....	36	primaquine phosphate tab 26.3 mg (15 mg base).....	8
PRECISION SURE-DOSE INSUL.....	117	primidone tab 50 mg, 250 mg.....	69
prednisolone acetate ophth susp 1%.....	80	PRIORIX.....	12
PREDNISOLONE SODIUM PHOSP.....	21	probenecid tab 500 mg.....	66
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	21	prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....	54
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	21	prochlorperazine suppos 25 mg.....	54
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv).....	21	PRO COMFORT INSULIN SYRIN.....	117
prednisolone soln 15 mg/5ml.....	21	PRO COMFORT PEN NEEDLES/.....	117
prednisolone tab 5 mg.....	21	PRO COMFORT SAFETY LANCET.....	117
PREDNISONE.....	21	PROCRT.....	74
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	21	PROCTOCORT.....	82
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....	21	PROCTOFOAM HC.....	82
PREFERRED PLUS LANCETS CO.....	117	PRODIGY INSULIN SYRING/U.....	117
PREFERRED PLUS LANCETS SU.....	117	PRODIGY INSULIN SYRINGE/1.....	117
PREFERRED PLUS LANCETS TH.....	117	PRODIGY LANCING DEVICE.....	117
PREFERRED PLUS UNIFINE PE.....	117	PRODIGY PRESSURE ACTIVATE.....	117
pregabalin cap 25 mg.....	68	PRODIGY SAFETY LANCETS.....	117
pregabalin cap 50 mg.....	68	PRODIGY TWIST TOP LANCETS.....	117
		PROFILNINE.....	78
		progesterone cap 100 mg, 200 mg.....	24
		promethazine-dm syrup 6.25-15 mg/5ml.....	41
		promethazine hcl oral soln 6.25 mg/5ml.....	40
		promethazine hcl suppos 12.5 mg, 25 mg.....	40
		promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	40
		promethazine w/ codeine syrup 6.25-10 mg/5ml.....	41
		propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....	34
		propafenone hcl tab 150 mg, 225 mg, 300 mg.....	34
		proparacaine hcl ophth soln 0.5%.....	80

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propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....	33	quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....	36
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	33	quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....	36
PROPRANOLOL HYDROCHLORIDE.....	33	quinidine gluconate tab er 324 mg.....	34
propylthiouracil tab 50 mg.....	29	QUINIDINE SULFATE.....	34
PROQUAD.....	12	quinine sulfate cap 324 mg.....	8
protriptyline hcl tab 5 mg, 10 mg.....	52	QULIPTA.....	66
PROVIDA OB.....	72	QUVIVIQ.....	55
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....	41	QVAR REDIHALER.....	43
PULMOZYME.....	44		
PURE COMFORT PEN NEEDLE 3.....	117	R	
PURE COMFORT PEN NEEDLE/3.....	117	rabeprazole sodium ec tab 20 mg.....	46
PURE COMFORT SAFETY PEN N.....	118	RADICAVA ORS.....	71
PX ADVANCED LANCING DEVIC.....	118	RADICAVA ORS STARTER KIT.....	71
PX EXTRA SHORT PEN NEEDLE.....	118	RA E-ZJECT LANCETS 28G.....	119
PX INSULIN SYRINGE/U-100/.....	118	RA E-ZJECT LANCETS THIN 2.....	119
PX LANCETS MICROTHIN 33G.....	118	RA E-ZJECT LANCETS ULTRA.....	119
PX LANCETS ULTRA THIN.....	118	RA INSULIN SYRINGE/0.5ML/.....	119
PX LANCETS ULTRA THIN 28G.....	118	RA INSULIN SYRINGE/1ML/29.....	119
PX MINI PEN NEEDLES 31GX5.....	118	RA INSULIN SYRINGE/U-100/.....	119
PX PEN NEEDLE 29GX12MM.....	118	raloxifene hcl tab 60 mg.....	32
pyrazinamide tab 500 mg.....	3	ramelteon tab 8 mg.....	55
pyridostigmine bromide oral soln 60 mg/5ml.....	71	ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....	36
pyridostigmine bromide tab er 180 mg.....	71	ranolazine tab er 12hr 500 mg, 1000 mg.....	33
pyridostigmine bromide tab 60 mg.....	71	RA PEN NEEDLES 31G X 5MM.....	119
pyrimethamine tab 25 mg.....	8	RA PEN NEEDLES 31G X 8MM.....	119
PYRUKYND.....	78	rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv).....	70
PYRUKYND TAPER PACK.....	78	RAYA SURE PEN NEEDLE 29G.....	119
		RAYA SURE PEN NEEDLE 31G.....	119
Q		READYLANC SAFETY LANCETS.....	119
QC ADVANCED LANCING DEVIC.....	118	REALITY INSULIN SYRINGE/U.....	119
QC INSULIN SYRINGE/0.3ML/.....	118	REALITY LANCETS.....	119
QC INSULIN SYRINGE/0.5ML/.....	118	REALITY LATEX/ULTRA TEXTU.....	119
QC INSULIN SYRINGE/1ML/29.....	118	REALITY LATEX/ULTRA THIN.....	119
QC INSULIN SYRINGE/1ML/31.....	118	REALITY LATEX CONDOMS/LUB.....	119
QC LANCETS SUPER THIN.....	118	REALITY TRIGGER LANCETS.....	119
QC LANCETS ULTRA THIN.....	118	REBIF.....	59
QC PEN NEEDLES 29G X 12MM.....	118	REBIF REBIDOSE.....	59
QC PEN NEEDLES 31G X 6MM.....	118	REBIF REBIDOSE TITRATION.....	59
QC PEN NEEDLES 31G X 8MM.....	118	REBIF TITRATION PACK.....	60
QC UNIFINE PENTIPS 32GX4M.....	118	REBINYN.....	78
QC UNILET LANCETS 33G/MIC.....	118	RECOMBinate.....	78
QC UNILET LANCETS 28G/ULT.....	118	RECOMBIVAX HB.....	12
QELBREE.....	57	RELION 2-IN-1 LANCET DEV.....	120
QINLOCK.....	18	RELION 2-IN-1 LANCING DEV.....	120
quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	54	RELION INSULIN SYRINGE 0.....	119
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg.....	54	RELION INSULIN SYRINGE/U-.....	119
quetiapine fumarate tab 300 mg, 400 mg.....	54	RELION INSULIN SYRINGE 1M.....	119
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg.....	54	RELION KETONE TEST STRIPS.....	88
QUICK TOUCH INSULIN PEN N.....	118	RELION LANCETS.....	119
		RELION LANCETS MICRO-THIN.....	119
		RELION LANCETS THIN 26G.....	120

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RELION LANCETS ULTRA-THIN.....	120	rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....	60
RELION LANCING DEVICE.....	120	rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr.....	60
RELION PEN NEEDLES 29GX12.....	120	RIVFLOZA.....	50
RELION PEN NEEDLES 31G X.....	120	RIXUBIS.....	78
RELION PEN NEEDLES 32G X.....	120	rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	66
RELION PEN NEEDLES 31GX5/.....	120	rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	66
RELION R.....	28	rizatriptan benzoate tab 5 mg (base equivalent).....	66
RELION THIN LANCETS.....	120	rizatriptan benzoate tab 10 mg (base equivalent).....	66
RELION ULTRA THIN LANCETS.....	120	roflumilast tab 250 mcg, 500 mcg.....	43
RENTHYROID.....	30	ROMVIMZA.....	18
repaglinide tab 0.5 mg, 1 mg, 2 mg.....	26	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).....	70
REPATHA.....	39	ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....	70
REPATHA PUSHTRONEX SYSTEM.....	39	rosuvastatin calcium tab 40 mg.....	39
REPATHA SURECLICK.....	39	rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....	39
RESTASIS.....	80	ROTARIX.....	12
RETACRIT.....	74	ROTATEQ.....	12
RETEVMO.....	18	ROZLYTREK.....	18
RETROVIR.....	7	RUBRACA.....	18
REVLIMID.....	132	rufinamide susp 40 mg/ml.....	69
REVUFORJ.....	18	rufinamide tab 200 mg, 400 mg.....	69
REXTOVY.....	87	RUKOBIA.....	7
REXULTI.....	54	RYBELSUS.....	26
REYATAZ.....	7	RYDAPT.....	18
REYVOW.....	66	RYKINDO.....	55
REZDIFFRA.....	48	RYPLAZIM.....	78
REZLIDHIA.....	18	S	
REZUROCK.....	132	SAFETY LANCETS.....	120
RIASTAP.....	78	SAFETY LANCETS/PRESSURE A.....	120
RIBAVIRIN.....	7	SAFETY LANCETS 21G.....	120
rifabutin cap 150 mg.....	3	SAFETY LANCETS 23G.....	120
rifampin cap 150 mg, 300 mg.....	3	SAFETY LANCETS 28G.....	120
RIGHTEST GD500 LANCING DE.....	120	SAFETY PEN NEEDLES/30G X.....	120
RIGHTEST GL300 LANCETS.....	120	sapropterin dihydrochloride powder packet 100 mg, 500 mg.....	32
riluzole tab 50 mg.....	71	sapropterin dihydrochloride tab 100 mg.....	32
RINVOQ.....	64	SAPSCARE TWIST TOP LANCET.....	120
RINVOQ LQ.....	65	SAPS HEALTH CARE TWIST TO.....	120
risedronate sodium tab delayed release 35 mg.....	32	SAPS HEALTH PLUS TWIST TO.....	120
risedronate sodium tab 5 mg, 30 mg.....	32	SAPS HEALTH TWIST TOP LAN.....	120
risedronate sodium tab 35 mg, 150 mg.....	32	saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv).....	26
RISPERDAL CONSTA.....	54	saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	26
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg.....	54		
risperidone orally disintegrating tab 4 mg.....	54		
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	54		
risperidone soln 1 mg/ml.....	54		
risperidone tab 0.25 mg.....	54		
risperidone tab 4 mg.....	55		
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	54		
ritonavir tab 100 mg.....	7		
rivaroxaban tab 2.5 mg.....	75		

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saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg.....	26	sodium chloride soln nebu 3%, 10%.....	41
SB INSULIN SYRINGE/U-100/.....	120	sodium citrate & citric acid soln 500-334 mg/5ml.....	50
SB LANCETS THIN.....	120	SODIUM FLUORIDE.....	73
SB LANCETS ULTRA THIN.....	120	SODIUM FLUORIDE/POTASSIUM.....	82
SCEMBLIX.....	18	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).....	73
SCHNUCKS INSULIN SYRINGE.....	120	sodium fluoride cream 1.1%.....	81
scopolamine td patch 72hr 1 mg/3days.....	46	sodium fluoride gel 1.1% (0.5% f).....	81
SECURESAFE SAFETY INSULIN.....	120	sodium fluoride paste 1.1%.....	81
SECURESAFE SAFETY PEN NEE.....	120	SODIUM FLUORIDE 5000 PPM.....	82
SELARSDI.....	86	sodium fluoride rinse 0.2%.....	82
SELECT-LITE DEVICE/LANCET.....	120	sodium phenylbutyrate oral powder 3 gm/teaspoonful.....	32
SELECT-LITE LANCING DEVIC.....	121	sodium phenylbutyrate tab 500 mg.....	32
selegiline hcl cap 5 mg.....	70	sodium polystyrene sulfonate powder.....	132
selegiline hcl tab 5 mg.....	70	sodium polystyrene sulfonate susp 15 gm/60ml.....	132
selenium sulfide lotion 2.5%.....	86	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	45
SELZENTRY.....	7	SOFOSBUVIR/VELPATASVIR.....	7
SE-NATAL 19.....	72	SOHONOS.....	71
SEREVENT DISKUS.....	43	solifenacin succinate tab 5 mg, 10 mg.....	49
sertraline hcl oral concentrate for solution 20 mg/ml.....	52	SOLQUA 100/33.....	26
sertraline hcl tab 25 mg, 50 mg, 100 mg.....	52	SOLUS V2 LANCING DEVICE.....	121
sevelamer carbonate packet 0.8 gm, 2.4 gm.....	48	SOLUS V2 PRESSURE ACTIVAT.....	121
sevelamer carbonate tab 800 mg.....	48	SOLUS V2 TWIST LANCETS 30.....	121
sevelamer hcl tab 400 mg.....	48	SOMAVERT.....	32
sevelamer hcl tab 800 mg.....	48	SOOLANTRA.....	86
SEVENFACT.....	78	sorafenib tosylate tab 200 mg (base equivalent).....	18
SHINGRIX.....	12	sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg.....	33
sildenafil citrate for suspension 10 mg/ml.....	40	sotalol hcl tab 240 mg.....	33
sildenafil citrate tab 20 mg.....	40	sotalol hcl tab 80 mg, 120 mg, 160 mg.....	33
silodosin cap 4 mg, 8 mg.....	50	SOTYKTU.....	86
silver sulfadiazine cream 1%.....	86	SOVALDI.....	7
SIMBRINZA.....	80	SPEVIGO.....	86
SIMLANDI.....	65	SPIKEVAX COVID-19 VACCINE.....	12
SIMLANDI 1-PEN KIT.....	65	SPIRIVA HANDIHALER.....	43
SIMLANDI 2-PEN KIT.....	65	SPIRIVA RESPIMAT.....	43
SIMPLE DIAGNOSTICS LANCIN.....	121	spironolactone & hydrochlorothiazide tab 25-25 mg.....	37
SIMPONI.....	65	spironolactone tab 25 mg, 50 mg, 100 mg.....	37
simvastatin tab 5 mg.....	39	SPRAVATO 56MG DOSE.....	52
simvastatin tab 20 mg.....	39	SPRAVATO 84MG DOSE.....	52
simvastatin tab 80 mg.....	39	SPS.....	132
simvastatin tab 10 mg, 40 mg.....	39	stannous fluoride gel 0.4%.....	82
SINGLE-LET.....	121	1ST CHOICE LANCETS SUPER.....	131
sirolimus oral soln 1 mg/ml.....	132	1ST CHOICE LANCETS THIN.....	131
sirolimus tab 0.5 mg, 1 mg, 2 mg.....	132	1ST CHOICE LANCETS ULTRA.....	131
SIVEXTRO.....	9	STELARA.....	86
SKYCLARYS.....	71	STEQEYMA.....	86
SKYRIZI.....	48	STERILANCE TL.....	121
SKYRIZI PEN.....	86	STIOLTO RESPIMAT.....	43
SMART DIABETES VANTAGE LA.....	121	STIVARGA.....	18
SMARTEST LANCETS 28G.....	121		
sodium chloride irrigation soln 0.9%.....	50		
sodium chloride soln nebu 7%.....	41		

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STRENSIQ.....	32	SYNJARDY.....	26
STRIBILD.....	7	SYNJARDY XR.....	26
STRIVERDI RESPIMAT.....	43	SYNTHROID.....	30
1ST TIER UNIFINE PENTIPS.....	131	T	
SUBLOCADE.....	62	TABLOID.....	19
sucralfate tab 1 gm.....	46	TABRECTA.....	19
SUFLAVE.....	45	tacrolimus cap 0.5 mg, 1 mg, 5 mg.....	132
SULFACETAMIDE SODIUM/PRED.....	80	tacrolimus oint 0.03%, 0.1%.....	86
sulfacetamide sodium lotion 10% (acne).....	86	tadalafil tab 2.5 mg, 5 mg.....	40
sulfacetamide sodium ophth soln 10%.....	80	tadalafil tab 20 mg (pah).....	40
sulfadiazine tab 500 mg.....	3	TAFINLAR.....	19
sulfamethoxazole-trimethoprim susp 200-40		tafluprost preservative free (pf) ophth soln	
mg/5ml.....	9	0.0015%.....	80
sulfamethoxazole-trimethoprim tab 400-80 mg.....	9	TAGRISSO.....	19
sulfamethoxazole-trimethoprim tab 800-160 mg.....	9	TAKHZYRO.....	78
SULFAMYLLON.....	86	TALZENNA.....	19
sulfasalazine tab delayed release 500 mg.....	48	tamoxifen citrate tab 10 mg (base equivalent), 20 mg	
sulfasalazine tab 500 mg.....	48	(base equivalent).....	19
sulindac tab 150 mg, 200 mg.....	65	tamsulosin hcl cap 0.4 mg.....	50
sumatriptan nasal spray 5 mg/act.....	66	TARON-C DHA.....	72
sumatriptan nasal spray 20 mg/act.....	66	TARPEYO.....	21
sumatriptan succinate inj 6 mg/0.5ml.....	66	TASCENSO ODT.....	60
SUMATRIPTAN SUCCINATE REF.....	66	TASIGNA.....	19
sumatriptan succinate solution auto-injector 4		tasimelteon capsule 20 mg.....	55
mg/0.5ml, 6 mg/0.5ml.....	66	TAVNEOS.....	78
sumatriptan succinate tab 25 mg.....	66	tazarotene cream 0.05%, 0.1%.....	86
sumatriptan succinate tab 50 mg, 100 mg.....	66	tazarotene gel 0.05%, 0.1%.....	86
sunitinib malate cap 12.5 mg (base equivalent).....	19	TAZVERIK.....	19
sunitinib malate cap 25 mg (base equivalent), 37.5 mg		TECHLITE AST LANCETS.....	121
(base equivalent), 50 mg (base equivalent).....	19	TECHLITE INSULIN SYRINGE.....	121
SUNLENCA.....	7	TECHLITE LANCETS.....	122
SUNOSI.....	57	TECHLITE LANCETS 26G.....	122
SUPER THIN LANCETS.....	121	TECHLITE PEN NEEDLES/31G.....	122
SURE COMFORT AUTOKEEPER S.....	121	TECHLITE PEN NEEDLES/32G.....	122
SURE COMFORT INSULIN SYRI.....	121	TECHLITE PEN NEEDLES 29G.....	122
SURE COMFORT LANCETS 18G.....	121	TECHLITE PEN NEEDLES 31G.....	122
SURE COMFORT LANCETS 21G.....	121	TECHLITE PEN NEEDLES 32G.....	122
SURE COMFORT LANCETS 23G.....	121	TEGLUTIK.....	71
SURE COMFORT LANCETS 28G.....	121	TELMISARTAN/AMLODIPINE.....	37
SURE COMFORT LANCETS 30G.....	121	telmisartan-hydrochlorothiazide tab 40-12.5 mg,	
SURE COMFORT LANCING PEN.....	121	80-12.5 mg, 80-25 mg.....	37
SURE COMFORT PEN NEEDLES.....	121	telmisartan tab 20 mg, 40 mg, 80 mg.....	37
SURELITE LANCETS.....	121	temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg.....	55
SUTAB.....	45	temozolomide cap 250 mg.....	19
SYMBICORT.....	43	temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180	
SYMDEKO.....	44	mg.....	19
SYMFI.....	7	TENCON.....	60
SYMLINPEN 60.....	26	tenofovir disoproxil fumarate tab 300 mg.....	7
SYMLINPEN 120.....	26	TEPMETKO.....	19
SYMPAZAN.....	69	terazosin hcl cap 1 mg (base equivalent), 2 mg (base	
SYMPROIC.....	48	equivalent), 5 mg (base equivalent), 10 mg (base	
SYMTUZA.....	7	equivalent).....	37
SYNAREL.....	32		

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terbinafine hcl tab 250 mg.....	3	TIVICAY.....	7
terbutaline sulfate tab 2.5 mg, 5 mg.....	43	TIVICAY PD.....	7
terconazole vaginal cream 0.4%, 0.8%.....	49	tizanidine hcl tab 2 mg (base equivalent).....	71
terconazole vaginal suppos 80 mg.....	49	tizanidine hcl tab 4 mg (base equivalent).....	71
teriflunomide tab 7 mg, 14 mg.....	60	TOBI PODHALER.....	3
teriparatide soln pen-inj 560 mcg/2.24ml.....	32	TOBRADEX.....	81
TESTOSTERONE.....	21	tobramycin-dexamethasone ophth susp 0.3-0.1%.....	81
testosterone cypionate im inj in oil 100 mg/ml.....	22	tobramycin nebu soln 300 mg/5ml.....	3
testosterone cypionate im inj in oil 200 mg/ml.....	22	tobramycin nebu soln 300 mg/4ml.....	3
TESTOSTERONE ENANTHATE.....	22	tobramycin ophth soln 0.3%.....	81
testosterone td gel 12.5 mg/act (1%).....	22	TODAYS HEALTH ADVANCED LA.....	122
testosterone td gel 20.25 mg/act (1.62%).....	22	TODAYS HEALTH ORIGINAL PE.....	122
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%).....	22	TODAYS HEALTH SHORT PEN N.....	122
testosterone td soln 30 mg/act.....	22	TODAYS HEALTH SUPER THIN.....	122
tetrabenazine tab 12.5 mg.....	60	TODAYS HEALTH ULTRA THIN.....	122
tetrabenazine tab 25 mg.....	60	TODAY SPONGE.....	49
tetracaine hcl ophth soln 0.5%.....	80	tolcapone tab 100 mg.....	70
tetracycline hcl cap 250 mg, 500 mg.....	2	tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	49
TEZSPIRE.....	43	tolterodine tartrate tab 1 mg, 2 mg.....	49
TGT ADVANCED LANCING DEVI.....	122	tolvaptan tab 15 mg.....	32
TGT LANCET ALTERNATE SITE.....	122	tolvaptan tab 30 mg.....	32
TGT LANCET SUPER THIN 30G.....	122	TOPIRAMATE.....	69
TGT LANCET THIN 23G.....	122	topiramate cap er 24hr 200 mg.....	69
TGT LANCET ULTRA THIN 28G.....	122	topiramate cap er 24hr 25 mg, 50 mg, 100 mg.....	69
TGT LANCING DEVICE.....	122	topiramate cap er 24hr sprinkle 200 mg.....	69
THALOMID.....	133	topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....	69
theophylline elixir 80 mg/15ml.....	43	topiramate sprinkle cap 15 mg, 25 mg.....	69
theophylline soln 80 mg/15ml.....	43	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	69
theophylline tab er 12hr 300 mg, 450 mg.....	43	toremifene citrate tab 60 mg (base equivalent).....	19
theophylline tab er 24hr 400 mg, 600 mg.....	43	torsemide tab 5 mg, 10 mg, 20 mg, 100 mg.....	37
THIOLA EC.....	50	TOUJEO MAX SOLOSTAR.....	29
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	55	TOUJEO SOLOSTAR.....	29
THRIVITE RX.....	72	TRACLEER.....	40
THYROID.....	30	tramadol-acetaminophen tab 37.5-325 mg.....	62
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	69	tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....	62
TIBSOVO.....	19	tramadol hcl tab 50 mg.....	62
ticagrelor tab 60 mg, 90 mg.....	78	trandolapril tab 1 mg, 2 mg, 4 mg.....	37
TIGLUTIK.....	71	tranexamic acid tab 650 mg.....	75
timolol maleate ophth gel forming soln 0.25%, 0.5%.....	80	tranylcypromine sulfate tab 10 mg.....	52
timolol maleate ophth soln 0.25%, 0.5%.....	80	TRAVEL LANCETS ADVANCED 2.....	122
timolol maleate ophth soln 0.5% (once-daily).....	80	travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	81
timolol maleate preservative free ophth soln 0.25%, 0.5%.....	81	trazodone hcl tab 50 mg, 100 mg, 150 mg.....	52
timolol maleate tab 5 mg, 10 mg, 20 mg.....	33	TRELEGY ELLIPTA.....	44
timolol ophth soln 0.5%.....	81	TREMFYA.....	48
tinidazole tab 250 mg, 500 mg.....	9	TREMFYA INDUCTION PACK FO.....	48
tiopronin tab delayed release 100 mg.....	50	TREMFYA PEN.....	87
tiopronin tab delayed release 300 mg.....	50	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).....	40
tiopronin tab 100 mg.....	50	TRESIBA.....	29
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	43	TRESIBA FLEXTOUCH.....	29

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tretinoin cap 10 mg.....	19	TRUEPLUS INSULIN SYRINGE/.....	123
tretinoin cream 0.025%, 0.05%, 0.1%.....	87	TRUEPLUS LANCETS 26G.....	123
tretinoin gel 0.01%, 0.025%.....	87	TRUEPLUS LANCETS 28G.....	123
TRETEN.....	78	TRUEPLUS LANCETS 30G.....	123
TRIAMCINOLONE ACETONIDE.....	87	TRUEPLUS LANCETS 33G.....	124
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	87	TRUEPLUS LANCETS 33G MICR.....	124
triamcinolone acetonide dental paste 0.1%.....	82	TRUEPLUS LANCETS 28G SUPE.....	123
triamcinolone acetonide lotion 0.025%, 0.1%.....	87	TRUEPLUS LANCETS 30G ULTR.....	123
triamcinolone acetonide oint 0.5%.....	87	TRUEPLUS SAFETY LANCETS 2.....	124
triamcinolone acetonide oint 0.025%, 0.1%.....	87	TRULANCE.....	48
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	37	TRULICITY.....	26
triamterene & hydrochlorothiazide tab 37.5-25 mg.....	38	TRUMENBA.....	12
triamterene & hydrochlorothiazide tab 75-50 mg.....	38	TRUQAP.....	19
triamterene cap 50 mg, 100 mg.....	38	TRUSTEX/RIA LUBRICATED.....	124
trientine hcl cap 250 mg.....	133	TRUSTEX/RIA LUBRICATED/SP.....	124
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	55	TRUSTEX/RIA LUBRICATED SP.....	124
TRIFLURIDINE.....	81	TRUSTEX/RIA NON-LUBRICATE.....	124
TRIHENXYPHENIDYL HCL.....	70	TRUSTEX COLOR CONDOMS + L.....	124
trihexyphenidyl hcl tab 2 mg, 5 mg.....	70	TRUSTEX LUBRICATED.....	124
TRIJARDY XR.....	26	TRUSTEX LUBRICATED/RIBBED.....	124
TRIKAFTA.....	44	TRUSTEX LUBRICATED/SPERMI.....	124
trimethobenzamide hcl cap 300 mg.....	46	TRUSTEX LUBRICATED EXTRA.....	124
trimethoprim tab 100 mg.....	9	TRUSTEX NATURAL CONDOMS +.....	124
trimipramine maleate cap 25 mg, 50 mg, 100 mg.....	52	TRUSTEX NON-LUBRICATED.....	124
TRINATAL RX 1.....	73	TRUSTEX WITH NONOXYNOL-9/.....	124
TRINATE.....	73	TRUVADA.....	8
TRIUMEQ.....	8	TRYVIO.....	37
TRIUMEQ PD.....	8	TUKYSA.....	19
TROJAN ENZ.....	122	TURALIO.....	19
TROJAN-ENZ LUBRICATED.....	122	TWIIST REFILL KIT.....	124
TROJAN-ENZ W/SPERMICIDAL.....	122	TWIIST REFILL KIT/INFUSIO.....	124
TROJAN MAGNUM.....	122	TWIIST STARTER KIT.....	124
TROJAN ULTRA RIBBED/LUBRI.....	122	TWINRIX.....	12
TROJAN ULTRA THIN/SPERMIC.....	122	TWIST TOP LANCETS 30G.....	124
TROJAN ULTRA THIN LUBRICA.....	122	TYBOST.....	8
tropicamide ophth soln 0.5%.....	81	TYENNE.....	65
tropicamide ophth soln 1%.....	81	TYMLOS.....	32
trospium chloride cap er 24hr 60 mg.....	49	U	
trospium chloride tab 20 mg.....	49	UBRELVY.....	66
TRUE COMFORT INSULIN SYRI.....	122	UDENYCA.....	74
TRUE COMFORT PEN NEEDLES.....	123	ULTICARE INSULIN SAFETY S.....	124
TRUE COMFORT PRO INSULIN.....	123	ULTICARE INSULIN SYRINGE.....	125
TRUE COMFORT PRO PEN NEED.....	123	ULTICARE INSULIN SYRINGE/.....	125
TRUE COMFORT SAFETY INSUL.....	123	ULTICARE MICRO PEN NEEDLE.....	125
TRUE COMFORT SAFETY LANCE.....	123	ULTICARE MINI PEN NEEDLES.....	125
TRUE COMFORT SAFETY PEN N.....	123	ULTICARE MINI SAFETY PEN.....	125
TRUE COMFORT TWIST TOP LA.....	123	ULTICARE ORIGINAL PEN NEE.....	125
TRUE COVER.....	123	ULTICARE PEN NEEDLES/29G.....	125
TRUEDRAW LANCING DEVICE.....	123	ULTICARE PEN NEEDLES 31G.....	125
TRUEPLUS 5-BEVEL PEN NEED.....	124	ULTICARE SHORT PEN NEEDLE.....	125
TRUEPLUS INSULIN SYRINGE.....	123	ULTICARE SHORT SAFETY PEN.....	125
		ULTICARE TUBERCULIN SAFET.....	125

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ULTICARE U-100 INSULIN SY.....	125	UNIFINE PENTIPS PLUS 31GX.....	128
ULTIGUARD INSULIN SYRINGE.....	125	UNIFINE PENTIPS PLUS 32GX.....	128
ULTIGUARD SAFEPAK/MICRO.....	126	UNIFINE PENTIPS PLUS 33GX.....	128
ULTIGUARD SAFEPAK/MINI P.....	126	UNIFINE PROTECT SAFETY PE.....	128
ULTIGUARD SAFEPAK/SHORT.....	126	UNIFINE SAFECONTROL PEN N.....	128
ULTIGUARD SAFEPAK/SYRING.....	126	UNIFINE ULTRA PEN NEEDLE/.....	129
ULTIGUARD SAFEPAK/TINY P.....	126	UNILET COMFORTOUCH LANCET.....	129
ULTIGUARD SAFEPAK INSULI.....	125	UNILET EXCELITE.....	129
ULTIGUARD SAFEPAK MINI P.....	126	UNILET EXCELITE II.....	129
ULTIGUARD SAFEPAK PEN NE.....	126	UNILET G.P. LANCET.....	129
ULTI-LANCE AUTOMATIC/ CLE.....	124	UNILET G.P. SUPERLITE LAN.....	129
ULTILET CLASSIC LANCETS.....	126	UNILET GP 28 ULTRA THIN.....	129
ULTILET LANCETS.....	126	UNILET LANCET.....	129
ULTILET LANCETS 33G.....	126	UNILET LANCETS MICRO-THIN.....	129
ULTILET PEN NEEDLE 29GX12.....	126	UNILET LANCETS SUPER-THIN.....	129
ULTILET PEN NEEDLE 31GX5M.....	126	UNILET LANCETS ULTRA-THIN.....	129
ULTILET PEN NEEDLE 31GX8M.....	126	UNILET SUPERLITE LANCET.....	129
ULTILET PEN NEEDLE 32GX4M.....	126	UNISTIK 1.....	129
ULTILET SAFETY LANCETS 21.....	126	UNISTIK 2.....	129
ULTILET SAFETY LANCETS 23.....	126	UNISTIK 3.....	129
ULTILET SHORT PEN NEEDLES.....	126	UNISTIK 2 COMFORT.....	129
ULTRACARE INSULIN SYRINGE.....	127	UNISTIK 3 COMFORT.....	129
ULTRACARE PEN NEEDLES/31G.....	127	UNISTIK CZT COMFORT.....	129
ULTRACARE PEN NEEDLES/32G.....	127	UNISTIK CZT NORMAL.....	129
ULTRACARE PEN NEEDLES/33G.....	127	UNISTIK 2 EXTRA.....	129
ULTRA COMFORT INSULIN SYR.....	126	UNISTIK 3 EXTRA.....	129
ULTRA FLO INSULIN PEN NEE.....	126	UNISTIK 3 GENTLE.....	129
ULTRA FLO INSULIN SYRINGE.....	126	UNISTIK 2 NEONATAL.....	129
ULTRA-THIN II AUTO LANCET.....	127	UNISTIK 3 NEONATAL.....	129
ULTRA-THIN II INSULIN SYR.....	127	UNISTIK NORMAL.....	129
ULTRA-THIN II LANCETS 28G.....	127	UNISTIK 2 NORMAL.....	129
ULTRA-THIN II LANCETS 30G.....	127	UNISTIK 3 NORMAL.....	129
ULTRA-THIN II MINI PEN NE.....	127	UNISTIK PRO SAFETY LANCET.....	129
ULTRA-THIN II PEN NEEDLES.....	127	UNISTIK SAFETY LANCETS 28.....	129
ULTRA THIN LANCETS 28G.....	127	UNISTIK SAFETY LANCETS 30.....	129
ULTRA THIN LANCETS 31G.....	127	UNISTIK 2 SUPER.....	129
ULTRA THIN PEN NEEDLES 32.....	127	UNISTIK TOUCH SAFETY LANC.....	129
UNIFINE OTC PEN NEEDLE 31.....	127	UPTRAVI.....	40
UNIFINE OTC PEN NEEDLE 32.....	127	UPTRAVI TITRATION PACK.....	40
UNIFINE PENTIPS/30G X 3/1.....	128	ursodiol cap 300 mg.....	48
UNIFINE PENTIPS 31G X 3/1.....	128	ursodiol tab 250 mg.....	48
UNIFINE PENTIPS 31GX5MM.....	128	ursodiol tab 500 mg.....	48
UNIFINE PENTIPS 31GX6MM.....	128	UZEDY.....	55
UNIFINE PENTIPS 31GX8MM.....	128		
UNIFINE PENTIPS 32GX4MM.....	128	V	
UNIFINE PENTIPS 32GX6MM.....	128	valacyclovir hcl tab 500 mg, 1 gm.....	8
UNIFINE PENTIPS 33GX4MM.....	128	VALCHLOR.....	87
UNIFINE PENTIPS 29GX12MM.....	128	valganciclovir hcl for soln 50 mg/ml (base equiv).....	8
UNIFINE PENTIPS 31G X 6MM.....	128	valganciclovir hcl tab 450 mg (base equivalent).....	8
UNIFINE PENTIPS 31G X 8MM.....	128	valproate sodium oral soln 250 mg/5ml (base	
UNIFINE PENTIPS PLUS/30G.....	128	equiv).....	69
UNIFINE PENTIPS PLUS 33G.....	128	valproic acid cap 250 mg.....	69
UNIFINE PENTIPS PLUS 29GX.....	127		

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valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg.....	37	VERIFINE PLUS INSULIN PEN.....	130
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg.....	37	VERIFINE PLUS PEN NEEDLE/.....	130
VALTOCO 5 MG DOSE.....	69	VERIFINE SAFETY LANCET MI.....	130
VALTOCO 10 MG DOSE.....	69	VERIFINE UNIVERSAL LANCET.....	130
VALTOCO 15 MG DOSE.....	69	VERQUVO.....	40
VALTOCO 20 MG DOSE.....	69	VERZENIO.....	20
VALUE PLUS LANCETS STANDARDS.....	130	V-GO 20.....	129
VALUMARK LANCET SUPER THIN.....	130	V-GO 30.....	129
VALUMARK LANCET ULTRA THIN.....	130	V-GO 40.....	130
VALUMARK PEN NEEDLES 31G.....	130	VIBERZI.....	48
VALUMARK PEN NEEDLES 29GX.....	130	vigabatrin powd pack 500 mg.....	69
vancomycin hcl cap 125 mg (base equivalent).....	9	vigabatrin tab 500 mg.....	69
vancomycin hcl cap 250 mg (base equivalent).....	10	VIJOICE.....	133
vancomycin hcl for oral soln 25 mg/ml (base equivalent).....	10	vilazodone hcl tab 10 mg, 20 mg, 40 mg.....	52
vancomycin hcl for oral soln 50 mg/ml (base equivalent).....	10	VIRACEPT.....	8
VANFLYTA.....	19	VIREAD.....	8
VANISHPOINT INSULIN SYRINGE.....	130	VITATHELY/GINGER.....	73
VANISHPOINT SAFETY SYRINGE.....	130	VITRAKVI.....	20
VAQTA.....	12	VIVAGUARD LANCETS.....	130
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv).....	60	VIVAGUARD LANCETS 30G.....	130
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....	60	VIVAGUARD LANCING DEVICE.....	131
VARIVAX.....	12	VIVAGUARD SAFETY LANCETS.....	131
VARUBI.....	46	VIVAGUARD SAFETY LANCETS/.....	131
VASCEPA.....	39	VIVITROL.....	88
VAXCHORA.....	12	VIVJOA.....	4
VAXELIS.....	12	VIVOTIF.....	12
VAXNEUVANCE.....	12	VIZIMPRO.....	20
VCF VAGINAL CONTRACEPTIVE.....	49	VONJO.....	20
VELIVET.....	24	VONVENDI.....	78
VELTASSA.....	133	VORANIGO.....	20
VEMLIDY.....	8	voriconazole for susp 40 mg/ml.....	4
VENCLEXTA.....	19	voriconazole tab 50 mg, 200 mg.....	4
VENCLEXTA STARTING PACK.....	20	VOSEVI.....	8
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent).....	52	VOXZOGO.....	32
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....	52	VRAYLAR.....	55
VENTAVIS.....	40	VYNDAMAX.....	40
VENTOLIN HFA.....	44	VYNDAQEL.....	40
VEOZAH.....	32	VYVANSE.....	57
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	34	W	
verapamil hcl tab er 120 mg, 180 mg, 240 mg.....	34	WAINUA.....	60
verapamil hcl tab 40 mg, 80 mg, 120 mg.....	34	WAKIX.....	57
VERIFINE INSULIN PEN NEEDLE.....	130	WALGREENS LANCETS.....	131
VERIFINE INSULIN SYRINGE.....	130	WALGREENS THIN LANCETS.....	131
VERIFINE INSULIN SYRINGE/.....	130	WALGREENS ULTRA THIN LANCET.....	131
		warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....	75
		water for irrigation, sterile irrigation soln.....	133
		WEGMANS UNIFINE PENTIPS P.....	131
		WELIREG.....	20
		WESCAP-C DHA.....	73
		WESTAB PLUS.....	73
		WILATE.....	78

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WINREVAIR.....	40	zidovudine tab 300 mg.....	8
X		ZIEXTENZO.....	74
XALKORI.....	20	ZILBRYSQ.....	79
XARELTO.....	75	zileuton tab er 12hr 600 mg.....	44
XARELTO STARTER PACK.....	75	ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....	55
XELJANZ.....	65	ziprasidone mesylate for inj 20 mg (base equivalent).....	55
XELJANZ XR.....	65	ZITHROMAX.....	2
XHANCE.....	41	ZOKINVY.....	133
XIFAXAN.....	10	ZOLINZA.....	20
XIGDUO XR.....	26	zolmitriptan nasal spray 5 mg/spray unit.....	66
XIIDRA.....	81	zolmitriptan orally disintegrating tab 2.5 mg, 5 mg.....	66
XOFLUZA.....	8	zolmitriptan tab 2.5 mg, 5 mg.....	66
XOLAIR.....	44	zolpidem tartrate tab er 6.25 mg.....	55
XOLREMDI.....	74	zolpidem tartrate tab er 12.5 mg.....	55
XOSPATA.....	20	zolpidem tartrate tab 5 mg.....	55
XPOVIO.....	20	zolpidem tartrate tab 10 mg.....	55
XPOVIO 60 MG TWICE WEEKLY.....	20	zonisamide cap 50 mg.....	69
XPOVIO 80 MG TWICE WEEKLY.....	20	zonisamide cap 25 mg, 100 mg.....	69
XTAMPZA ER.....	62	ZTALMY.....	69
XTANDI.....	20	ZUBSOLV.....	63
XULTOPHY 100/3.6.....	27	ZURZUVAE.....	52
XYNTHA.....	78	ZYDELIG.....	20
XYNTHA SOLOFUSE.....	78	ZYKADIA.....	21
XYWAV.....	60	ZYMFENTRA 1-PEN.....	48
Y		ZYMFENTRA 2-PEN.....	48
YESINTEK.....	87	ZYMFENTRA 2-SYRINGE.....	48
YONSA.....	20	ZYPREXA.....	55
YORVIPATH.....	32		
Z			
zafirlukast tab 10 mg, 20 mg.....	44		
zaleplon cap 5 mg.....	55		
zaleplon cap 10 mg.....	55		
ZARXIO.....	74		
ZEGALOGUE.....	27		
ZEJULA.....	20		
ZELBORAF.....	20		
ZENPEP.....	46		
ZEPOSIA.....	60		
ZEPOSIA 7-DAY STARTER PAC.....	60		
ZEPOSIA STARTER KIT.....	60		
ZEVRX INSULIN SYRINGE/0.5.....	131		
ZEVRX INSULIN SYRINGE/1ML.....	131		
ZEVRX PEN NEEDLES 31G X 5.....	131		
ZEVRX PEN NEEDLES 31G X 6.....	131		
ZEVRX PEN NEEDLES 31G X 8.....	131		
ZEVRX PEN NEEDLES 32G X 4.....	131		
ZEVRX TWIST TOP LANCETS 3.....	131		
ZIAGEN.....	8		
zidovudine cap 100 mg.....	8		
zidovudine syrup 10 mg/ml.....	8		

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