

Care Choices (for HSA Plans) Medication Guide

April 2024

Please consider talking to your doctor about prescribing one of the formulary medications that are indicated as covered under your plan, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you. The drug formulary is regularly updated. Please visit www.floridablue.com for the most up-to-date information.

Contents	Preferred Medication List
Introduction..... I	Anti-Infective Drugs 1
Medication list..... II	Biologicals..... 12
Changes to the formulary II	Antineoplastic Agents 17
Your Share of Expenses III	Endocrine and Metabolic Drugs..... 25
Pharmacy Benefits III	Cardiovascular Agents..... 39
Pharmacy Options VII	Respiratory Agents 49
Utilization Management Programs IX	Gastrointestinal Agents..... 54
Coverage Exception Process XI	Genitourinary Agents 59
Notice XII	Central Nervous System Drugs 61
How to use this Drug List XII	Analgesics and Anesthetics 73
Abbreviation Key XIII	Neuromuscular Drugs 80
	Nutritional Products 87
	Hematological Agents 90
	Topical Products 96
	Miscellaneous Products..... 108
	Index 177

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



Introduction

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

The Care Choices (for HSA Plans) Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online at 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 judgment or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Key Tips and Coverage Guidelines

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

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

Medication List

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

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

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

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

Changes to the formulary

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

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

There are varying reasons changes are made to the medications listed in the Care Choices (for HSA Plans) Medication Guide:

- The tier level of a brand name medication included on the medication list may increase (change to a higher tier) when an FDA-approved bioequivalent generic medication becomes available.
- Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of medications. Go to [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 [Care Choices \(for HSA Plans\) Medication Guide](#)
- Updated medication guides are posted periodically throughout the year

Formulary addition request

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

Please mail to:

Florida Blue
Attn: Pharmacy Programs
P.O. Box 1798
Jacksonville, FL 32231-0014

Your Share of Expenses

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

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

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

Example: If your drug copay is \$10 for generic and \$40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

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

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

[DAW penalty waiver request form.](#)

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

[2024 Safe Harbor Guidelines for HIV/AIDS Drugs](#)

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

Pharmacy Benefits

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

Tier 1: Preventive Prescription Drugs and Supplies (USPSTF)

Tier 2: Condition Care HSA Preventive Generic Prescription Drugs and Supplies

Tier 3: All Other Generic Prescription Drugs and Supplies

Tier 4: Condition Care HSA Preventive Brand Name Prescription Drugs and Supplies

Tier 5: Preferred Brand Name Prescription Drugs and Supplies

Tier 6: Non-Preferred Brand Name Prescription Drugs and Supplies

Tier 7: Specialty Generic and Brand Name Prescription Drugs and Supplies

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. Florida Blue HMO is a trade name of Health Options, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross Blue Shield Association

Florida Blue April 2024 Care Choices Medication Guide (for HSA Plans)

Medications that are not covered

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

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

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

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

Condition Care Rx Program

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

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

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

Generic drugs

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

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

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

Oral Chemotherapy Drugs

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

Over-the-counter (OTC) medications

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

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

Patient Protection and Affordable Care Act (ACA) Preventive Services

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

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

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

[Contraceptives Tier Exception Request Form](#)

[HIV Prep Tier Exception Request Form](#)

Specialty Pharmacy medications

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

NOTE: Check your plan documents for information on how Specialty Pharmacy medications are covered on your plan.

Specialty Medications are divided into two categories:

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

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered.

Specialty Pharmacy products can be obtained as a pharmacy or medication benefit. Please check your handbook for details.

Medical Pharmacy Tier Program

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

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

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

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

Pharmacy Options

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

Participating Pharmacy

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

Non-Participating Pharmacy

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

Participating Specialty Pharmacy Providers

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

CVS/Caremark Specialty Pharmacy Services

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

[CVS/Caremark Specialty Pharmacy](#)

Accredo

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

[Accredo](#)

CVS/Caremark Hemophilia Services Only

Hemophilia Products
Phone: (866) 792-2731
Fax: (866) 811-7450

(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)

[CVS/Caremark Hemophilia Specialty Pharmacy](#)

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](#) and [CVS/Caremark Specialty](#).

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

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

Mail Order Pharmacy (also known as home delivery)

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

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

Three-month supply at Retail Pharmacy

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

Utilization Management Programs

Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medications. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered.

Medications that require prior authorization for coverage are indicated in the prior authorization column following the product name in the medication list.

NOTE: Some groups may customize their pharmacy plan to exclude prior authorization requirements, so it is important to check your plan documents to determine if prior authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com.

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

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

Obtaining Prior Authorization

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

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

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

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

Responsible Quantity Program

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

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

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

[Responsible Quantity Program Information](#)
[Responsible Quantity Authorization Form](#)

Responsible Steps Program

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

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

[Responsible Steps Program Information and Authorization Forms](#)

Responsible Steps Program for Medical Pharmacy

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

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

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

[Responsible Steps Program for Medical Pharmacy Information.](#)

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

Coverage Protocol Exemption

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

Coverage Exception Process

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

Standard Exception Requests

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

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

Expedited Exception Requests

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

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

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

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

[Coverage Exception Request Form](#)

What if my exception request is denied?

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

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

Notice

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

How to use this Drug list

Column 1: Drug Name

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

Column 2: Drug Tier

Indicates the formulary tier level for each drug.

Column 3: Specialty (SP)

Indicates this is a self-administered specialty drug.

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

Column 4: Requirements/Limits

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

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

Abbreviation Key

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

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

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

Section 1557 Notification: Discrimination is Against the Law

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

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language 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: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, 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@floridablue.com

Dental, life, and disability coverage:

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator 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>, 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 <http://www.hhs.gov/ocr/office/file/index.html>

87768 0719R

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: 1-800-559-0077). اتصل برقم 1-800-333-2227.

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

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

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

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

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

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

ประกาศ:ภาคอุพุดภาษาไทย ี โดยติดต่อหมายเลขโทรศัพท์ 1-800-352-2583 (TTY: 1-800-955-8770)
คุณสมารถขอรับการช่วยเหลือทางภาษาได้ฟรีหรือ FEP โทร
1-800-333-2227

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	6		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	5		
amoxicillin (trihydrate) cap 250 mg, 500 mg	3		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	3		
amoxicillin (trihydrate) tab 500 mg, 875 mg	3		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	3		
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	3		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	3		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	3		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	3		
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 200-28.5 mg, 400-57 mg	6		
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	6		
ampicillin cap 500 mg	3		
AUGMENTIN - amoxicillin & k clavulanate tab 500-125 mg	6		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	5		
AUGMENTIN ES-600 - amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	6		
dicloxacillin sodium cap 250 mg, 500 mg	3		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	5		
penicillin v potassium tab 250 mg, 500 mg	3		
CEPHALOSPORINS			
CEFACLOR - cefaclor cap 250 mg, 500 mg	6		
CEFACLOR - cefaclor for susp 250 mg/5ml	6		
CEFADROXIL - cefadroxil tab 1 gm	6		
cefadroxil cap 500 mg	3		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	3		
cefdinir cap 300 mg	3		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
cefixime cap 400 mg (Suprax)	3		
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	3		
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	3		
cefpodoxime proxetil tab 100 mg, 200 mg	3		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	3		
cefprozil tab 250 mg, 500 mg	3		
cefuroxime axetil tab 250 mg, 500 mg	3		
cephalexin cap 250 mg, 500 mg	3		
cephalexin cap 750 mg (Keflex)	3		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	3		
MACROLIDES			
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	6		
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	3		
azithromycin tab 250 mg, 500 mg (Zithromax)	3		
azithromycin tab 600 mg	3		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	6		
clarithromycin tab er 24hr 500 mg	3		
clarithromycin tab 250 mg, 500 mg	3		
DIFICID - fidaxomicin tab 200 mg	5		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	5		QL (272 mls/180 days)
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	6		
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	6		
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	6		
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	6		
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	6		
ERYTHROMYCIN - erythromycin w/ delayed release particles cap 250 mg	6		
ERYTHROMYCIN ETHYLSUCCINA - erythromycin ethylsuccinate tab 400 mg	6		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	3		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	3		
erythromycin tab 250 mg, 500 mg	3		
ZITHROMAX - azithromycin powd pack for susp 1 gm	5		
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	3		
doxycycline hyclate cap 50 mg	3		
doxycycline hyclate cap 100 mg (Vibramycin)	3		
doxycycline hyclate tab 20 mg, 50 mg, 100 mg	3		
doxycycline monohydrate cap 50 mg, 100 mg	3		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	3		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3		
minocycline hcl cap 50 mg, 75 mg, 100 mg	3		
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/180 days)
tetracycline hcl cap 250 mg, 500 mg	3		
FLUOROQUINOLONES			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	6		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	6		
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	5		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	3		
ciprofloxacin hcl tab 750 mg (base equiv)	3		
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	5		
levofloxacin tab 250 mg, 500 mg, 750 mg	3		
moxifloxacin hcl tab 400 mg (base equiv)	3		
OFLOXACIN - ofloxacin tab 300 mg	6		
ofloxacin tab 400 mg	3		
AMINOGLYCOSIDES			
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	7	SP	LD
BETHKIS - tobramycin nebu soln 300 mg/4ml	7	SP	LD
HUMATIN - paromomycin sulfate cap 250 mg	5		LD
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	7	SP	LD
neomycin sulfate tab 500 mg	3		
TOBI PODHALER - tobramycin inhal cap 28 mg	7	SP	LD
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	7	SP	

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
tobramycin nebu soln 300 mg/5ml (Tobi)	7	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	7	SP	
SULFONAMIDES			
SULFADIAZINE - sulfadiazine tab 500 mg	5		
ANTIMYCOBACTERIAL AGENTS			
cycloserine cap 250 mg	3		
ethambutol hcl tab 100 mg	3		
ethambutol hcl tab 400 mg (Myambutol)	3		
ISONIAZID - isoniazid tab 100 mg	6		
isoniazid syrup 50 mg/5ml	3		
isoniazid tab 300 mg	3		
MYAMBUTOL - ethambutol hcl tab 400 mg	6		
MYCOBUTIN - rifabutin cap 150 mg	6		
PRETOMANID - pretomanid tab 200 mg	6		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	5		
pyrazinamide tab 500 mg	3		
rifabutin cap 150 mg (Mycobutin)	3		
rifampin cap 150 mg, 300 mg	3		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	7	SP	LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	7	SP	LD, QL (188 tablets/365 days)
TRECTOR - ethionamide tab 250 mg	6		
ANTIFUNGALS			
ANCOBON - flucytosine cap 250 mg, 500 mg	6		
CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg), 186 mg (isavuconazole 100 mg)	6		PA
DIFLUCAN - fluconazole for susp 10 mg/ml, 40 mg/ml	6		
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	3		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	3		
flucytosine cap 250 mg, 500 mg (Ancobon)	3		
griseofulvin microsize susp 125 mg/5ml	3		
griseofulvin microsize tab 500 mg	3		
griseofulvin ultramicrosize tab 125 mg, 250 mg	3		
itraconazole cap 100 mg (Sporanox)	3		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	3		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	3		
NOXAFIL - posaconazole tab delayed release 100 mg	6		PA
NOXAFIL - posaconazole susp 40 mg/ml	6		PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5		PA
nystatin tab 500000 unit	3		
posaconazole susp 40 mg/ml (Noxafil)	3		PA
posaconazole tab delayed release 100 mg (Noxafil)	3		PA
SPORANOX - itraconazole cap 100 mg	6		PA, QL (120 capsules/30 days)
SPORANOX - itraconazole oral soln 10 mg/ml	6		PA, QL (1200 mls/30 days)
terbinafine hcl tab 250 mg	3		QL (30 tablets/30 days)
VFEND - voriconazole tab 50 mg, 200 mg	6		PA
VFEND - voriconazole for susp 40 mg/ml	6		PA
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	6		PA, QL (18 capsules/180 days)
voriconazole for susp 40 mg/ml (Vfend)	3		PA
voriconazole tab 50 mg, 200 mg (Vfend)	3		PA
ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	3		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	3		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	3		QL (30 tablets/30 days)
acyclovir cap 200 mg	3		
acyclovir susp 200 mg/5ml (Zovirax)	3		
acyclovir tab 400 mg, 800 mg	3		
adefovir dipivoxil tab 10 mg (Hepsera)	3		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	5		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	3		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	3		QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5		QL (630 mls/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5		QL (30 tablets/30 days)
COMPLERA - emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg	5		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	3		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	3		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5		QL (30 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5		QL (30 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	3		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	3		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	3		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	3		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	3		QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	3		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	6		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	5		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	3		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	7	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	7	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	7	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	7	SP	PA, QL (60 packets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	6		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	6		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	6		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	3		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	3		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	7	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	7	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	7	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	5		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	6		QL (60 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	5		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5		QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	6		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	6		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	6		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	6		QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	3		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	3		QL (30 tablets/30 days)
lamivudine tab 150 mg (Epivir)	3		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	3		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	3		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	7	SP	PA, QL (30 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	7	SP	PA, LD, QL (120 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	3		QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	3		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	3		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	3		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	3		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	7	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	7	SP	PA, QL (150 packets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	5		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg (Viramune xr)	3		QL (30 tablets/30 days)
nevirapine tab 200 mg	3		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	6		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	5		QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	3		QL (40 capsules/120 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	3		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	3		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	7	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	7	SP	PA
PIFELTRO - doravirine tab 100 mg	5		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	6		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	5		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	6		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	6		QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	6		QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	6		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	6		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	6		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	6		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	5		
RIBAVIRIN - ribavirin tab 200 mg	5		
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	6		
ritonavir tab 100 mg (Norvir)	3		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	6		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	6		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	7	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	7	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	7	SP	PA, QL (30 packets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	6		QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	6		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5		QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv)	6		QL (300 mls/120 days)
TAMIFLU - oseltamivir phosphate cap 30 mg (base equiv)	6		QL (40 capsules/120 days)
TAMIFLU - oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	6		QL (20 capsules/120 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	6		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	5		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	3		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	3		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	3		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	5		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	5		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5		QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	6		QL (30 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	7	SP	PA, QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	6		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	6		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	3		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	3		QL (1920 mls/30 days)
zidovudine tab 300 mg	3		QL (60 tablets/30 days)
ANTIMALARIALS			
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	6		
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	3		
chloroquine phosphate tab 250 mg, 500 mg	3		
COARTEM - artemether-lumefantrine tab 20-120 mg	5		
DARAPRIM - pyrimethamine tab 25 mg	7	SP	PA, LD, QL (90 tablets/30 days)
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	3		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	3		
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	6		
mefloquine hcl tab 250 mg	3		
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	6		
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg (15 mg base)	6		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	3		
pyrimethamine tab 25 mg (Daraprim)	7	SP	PA, QL (90 tablets/30 days)
QUALAQUIN - quinine sulfate cap 324 mg	6		QL (42 capsules/90 days)
quinine sulfate cap 324 mg (Qualaquin)	3		QL (42 capsules/90 days)
ANTHELMINTICS			
albendazole tab 200 mg (Albenza)	3		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	5		LD
BILTRICIDE - praziquantel tab 600 mg	6		
EGATEN - triclabendazole tab 250 mg	7	SP	PA
EMVERM - mebendazole chew tab 100 mg	6		PA, QL (180 tablets/30 days)
ivermectin tab 3 mg (Stromectol)	3		
praziquantel tab 600 mg (Biltricide)	3		
STROMECTOL - ivermectin tab 3 mg	6		
ANTI-INFECTIVE AGENTS - MISC.			

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
AEMCOLO - rifamycin sodium tab delayed release 194 mg (base equiv)	6		QL (12 tablets/180 days)
ALINIA - nitazoxanide tab 500 mg	6		QL (12 tablets/90 days)
ALINIA - nitazoxanide for susp 100 mg/5ml	5		QL (300 mls/90 days)
atovaquone susp 750 mg/5ml (Mepron)	3		
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	6		
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	6		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	7	SP	LD
CLEOCIN - clindamycin hcl cap 75 mg, 150 mg, 300 mg	6		
CLEOCIN PEDIATRIC GRANULE - clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	6		
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	3		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	3		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	3		
COLY-MYCIN M - colistimethate sod for inj 150 mg (colistin base activity)	6		
dapsone tab 25 mg, 100 mg	3		
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base equivalent)	6		
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	6		QL (1200 mls/30 days)
FLAGYL - metronidazole cap 375 mg	6		
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	3		
HIPREX - methenamine hippurate tab 1 gm	6		
IMPAVIDO - miltefosine cap 50 mg	7	SP	PA
LAMPIT - nifurtimox tab 30 mg	6		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	6		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	3		
linezolid tab 600 mg (Zyvox)	3		
MACROBID - nitrofurantoin monohydrate macrocrystalline cap 100 mg	6		
MACRODANTIN - nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg	6		
MEPRON - atovaquone susp 750 mg/5ml	6		
methenamine hippurate tab 1 gm (Hiprex)	3		
metronidazole cap 375 mg (Flagyl)	3		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
metronidazole tab 250 mg	3		
metronidazole tab 500 mg (Flagyl)	3		
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	6		
nitazoxanide tab 500 mg (Alinia)	3		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin)	3		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3		
nitrofurantoin susp 25 mg/5ml	3		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	3		
SIVEXTRO - tedizolid phosphate tab 200 mg	5		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	3		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	3		
tinidazole tab 250 mg, 500 mg	3		
TRIMETHOPRIM - trimethoprim tab 100 mg	6		
trimethoprim tab 100 mg	3		
VANCOCIN - vancomycin hcl cap 125 mg (base equivalent)	6		QL (480 capsules/30 days)
VANCOCIN - vancomycin hcl cap 250 mg (base equivalent)	6		QL (240 capsules/30 days)
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	3		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	3		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	3		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	3		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 200 mg	6		PA, QL (9 tablets/180 days)
XIFAXAN - rifaximin tab 550 mg	5		PA, QL (90 tablets/30 days)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
AFLURIA QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
AFLURIA QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	1		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1		
COMIRNATY 2023-24 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	1		
COMIRNATY 2023-24 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1		
FLUAD QUADRIVALENT 2023-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUARIX QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUBLOK QUADRIVALENT 2023 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	1		QL (1 vaccine/90 days)
FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	1		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE PF 2023 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	1		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	1		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	1		
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	1		
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	1		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1		
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	1		
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	1		
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1		
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	1		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	1		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	1		QL (1 vaccine/90 days)
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	1		QL (1 vaccine/90 days)
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	1		
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	1		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ROTARIX - rotavirus vaccine, live oral susp	1		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	1		
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	1		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1		
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	1		
VAXCHORA - cholera vaccine live attenuated for oral susp	6		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	6		
TOXOIDS			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1		
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1		
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1		
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1		
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	1		
PASSIVE IMMUNIZING AGENTS			
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	7	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	7	SP	PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	7	SP	PA
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	7	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	7	SP	PA, LD
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	7	SP	PA, LD
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	7	SP	PA, LD
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	7	SP	PA, LD
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	7	SP	PA, LD
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	7	SP	PA, LD
BIOLOGICALS MISC			
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	6		PA, QL (30 tablets/30 days)
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	6		PA, QL (30 tablets/30 days)
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	7	SP	PA, LD, QL (1 pack/180 days)
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	7	SP	PA, LD, QL (90 capsules/30 days)
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	7	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg)	7	SP	PA, LD, QL (30 packets/30 days)
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg)	7	SP	PA, LD, QL (30 packets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	7	SP	PA, LD, QL (180 capsules/30 days)
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	7	SP	PA, LD, QL (90 capsules/30 days)
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	7	SP	PA, LD, QL (30 capsules/30 days)
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	7	SP	PA, LD, QL (60 capsules/30 days)
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	7	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	7	SP	PA, LD, QL (60 capsules/30 days)
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	7	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	7	SP	PA, LD, QL (60 capsules/30 days)
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	6		PA, QL (30 tablets/30 days)

ANTINEOPLASTIC AGENTS

ANTINEOPLASTICS

abiraterone acetate tab 250 mg (Zytiga)	7	SP	PA, QL (120 tablets/30 days)
abiraterone acetate tab 500 mg (Zytiga)	7	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	7	SP	PA, LD
AFINITOR - everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	7	SP	PA, LD, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg, 5 mg	7	SP	PA, LD, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	7	SP	PA, LD, QL (90 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	7	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	7	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	7	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	7	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	7	SP	PA, LD, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	7	SP	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	7	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	7	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	7	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	7	SP	PA, LD, QL (30 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	7	SP	PA, LD, QL (2 syringes/28 days)
bexarotene cap 75 mg (Targretin)	7	SP	PA
bicalutamide tab 50 mg (Casodex)	3		
BOSULIF - bosutinib cap 50 mg	7	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	7	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	7	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	7	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	7	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	7	SP	PA, LD, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	7	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	7	SP	
CAPRELSA - vandetanib tab 100 mg	7	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	7	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	7	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	7	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	7	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	7	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	7	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide cap 25 mg, 50 mg	6		
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	5		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	3		
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	7	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	5		
ERIVEDGE - vismodegib cap 150 mg	7	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	7	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	7	SP	PA, LD, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	7	SP	PA, QL (60 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	7	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	5		
EULEXIN - flutamide cap 125 mg	6		LD
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	7	SP	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	7	SP	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	7	SP	PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	3		
EXKIVITY - mobocertinib succinate cap 40 mg	7	SP	PA, LD, QL (120 capsules/30 days)
FARESTON - toremifene citrate tab 60 mg (base equivalent)	6		
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	7	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	7	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	7	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	7	SP	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	7	SP	
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	7	SP	PA
HYDREA - hydroxyurea cap 500 mg	6		
hydroxyurea cap 500 mg (Hydrea)	3		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	7	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	7	SP	PA, LD, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	7	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	7	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	7	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	7	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	7	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	7	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	7	SP	PA, LD, QL (120 capsules/30 days)
INLYTA - axitinib tab 1 mg	7	SP	PA, LD, QL (180 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
INLYTA - axitinib tab 5 mg	7	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cesitazuridine tab 35-100 mg	7	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg	7	SP	PA, LD, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	7	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	7	SP	PA, LD, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	7	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	7	SP	PA, LD, QL (60 tablets/30 days)
JYLAMVO - methotrexate oral soln 2 mg/ml	5		
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	7	SP	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tpbk	7	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tpbk	7	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tpbk	7	SP	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	7	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	7	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	7	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	7	SP	PA, QL (180 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	7	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	7	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	7	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)	7	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)	7	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)	7	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	7	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)	7	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	3		
LEUKERAN - chlorambucil tab 2 mg	5		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	7	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	7	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	7	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	7	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	7	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	7	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	7	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	7	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	7	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	7	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	7	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	7	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	7	SP	LD
megestrol acetate susp 40 mg/ml	3		
megestrol acetate tab 20 mg, 40 mg	3		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	7	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	7	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	7	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	7	SP	PA, LD, QL (180 tablets/30 days)
MELPHALAN - melphalan tab 2 mg	5		
mercaptopurine tab 50 mg	3		
MESNEX - mesna tab 400 mg	5		
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	6		
methotrexate sodium for inj 1 gm	3		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	3		
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	3		
methotrexate sodium tab 2.5 mg (base equiv)	3		
MYLERAN - busulfan tab 2 mg	5		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	7	SP	PA, LD, QL (180 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	7	SP	PA, LD, QL (120 tablets/30 days)
NILANDRON - nilutamide tab 150 mg	6		
nilutamide tab 150 mg (Nilandron)	3		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	7	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	7	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	7	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	7	SP	PA, LD, QL (180 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	7	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	7	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	7	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	7	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	7	SP	PA, LD, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	7	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	7	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	7	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	7	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	7	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	7	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	7	SP	LD
QINLOCK - ripretinib tab 50 mg	7	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	7	SP	PA, LD, QL (240 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	7	SP	PA, LD, QL (120 capsules/30 days)
REZLIDHIA - olutasidenib cap 150 mg	7	SP	PA, LD, QL (60 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	7	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	7	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	7	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	7	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	7	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	7	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	7	SP	PA, LD, QL (300 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	6		
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	7	SP	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	7	SP	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	7	SP	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	7	SP	PA, LD, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	7	SP	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	7	SP	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	7	SP	PA, LD, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)	7	SP	PA, LD, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	7	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	7	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	7	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	7	SP	PA, LD, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	7	SP	PA, LD, QL (90 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TARCEVA - erlotinib hcl tab 25 mg (base equivalent)	7	SP	PA, LD, QL (60 tablets/30 days)
TARCEVA - erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
TARGRETIN - bexarotene cap 75 mg	7	SP	PA
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	7	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	7	SP	PA, LD, QL (240 tablets/30 days)
temozolomide cap 5 mg, 20 mg	7	SP	PA
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	7	SP	PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TEPMETKO - tepotinib hcl tab 225 mg	7	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	7	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	3		
tretinoin cap 10 mg	7	SP	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	7	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	7	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	7	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	7	SP	PA, LD, QL (120 capsules/30 days)
TYKERB - lapatinib ditosylate tab 250 mg (base equiv)	7	SP	PA, QL (180 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	7	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	7	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	7	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	7	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	7	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	7	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	7	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	7	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	7	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	7	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	7	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	7	SP	PA, QL (120 tablets/30 days)
WELIREG - belzutifan tab 40 mg	7	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	7	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg	7	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	7	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	7	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	7	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	7	SP	PA, LD, QL (4 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	7	SP	PA, LD, QL (8 tablets/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	7	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	7	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	7	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	7	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	7	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	7	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	7	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	7	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	7	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	7	SP	PA, LD, QL (90 tablets/30 days)

ENDOCRINE AND METABOLIC DRUGS

CORTICOSTEROIDS

budesonide delayed release particles cap 3 mg (Entocort ec)	3		
budesonide tab er 24hr 9 mg (Uceris)	3		
CORTISONE ACETATE - cortisone acetate tab 25 mg	6		
deflazacort tab 6 mg (Emflaza)	7	SP	PA, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	7	SP	PA, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	7	SP	PA
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	5		
dexamethasone elixir 0.5 mg/5ml	3		
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	6		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3		
EMFLAZA - deflazacort susp 22.75 mg/ml	7	SP	PA, LD
EMFLAZA - deflazacort tab 6 mg	7	SP	PA, LD, QL (60 tablets/30 days)
EMFLAZA - deflazacort tab 18 mg	7	SP	PA, LD, QL (30 tablets/30 days)
EMFLAZA - deflazacort tab 30 mg, 36 mg	7	SP	PA, LD
fludrocortisone acetate tab 0.1 mg	3		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	3		
MEDROL - methylprednisolone tab 2 mg, 4 mg, 8 mg, 16 mg	6		
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	3		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	3		
PEDIAPRED - prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	6		
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	3		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	6		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3		
prednisolone soln 15 mg/5ml	3		
prednisolone tab 5 mg	3		
PREDNISONONE - prednisone oral soln 5 mg/5ml	5		
PREDNISONONE INTENSOL - prednisone conc 5 mg/ml	6		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	3		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	3		
TARPEYO - budesonide delayed release cap 4 mg	7	SP	PA, LD, QL (120 capsules/30 days)
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	3		PA
METHITEST - methyltestosterone oral tab 10 mg	6		PA, QL (600 tablets/30 days)
methyltestosterone cap 10 mg	3		PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo- testosterone)	3		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo- testosterone)	3		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enantate im inj in oil 200 mg/ml	6		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	3		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	3		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	3		PA, QL (2 pumps/30 days)
testosterone td gel 10mg/act (2%) (Fortesta)	3		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	3		PA, QL (2 pumps/30 days)
ESTROGENS			

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr	6		QL (8 patches/28 days)
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	6		
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg	6		
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	5		QL (4 patches/28 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	6		
DIVIGEL - 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%)	6		QL (30 packets/30 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	5		
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	6		QL (1 pump/30 days)
ESTRACE - estradiol tab 0.5 mg, 1 mg, 2 mg	6		
estradiol & norethindrone acetate tab 0.5-0.1 mg	2		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	2		
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	2		
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	3		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	2		QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	2		QL (4 patches/28 days)
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	5		QL (1 pump/30 days)
EVAMIST - estradiol transdermal spray 1.53 mg/spray	6		QL (5 bottles/93 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	5		
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	6		QL (4 patches/28 days)
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	5		PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	2		
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	5		PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	5		
PREMPHASE - conj est 0.625(14)/conj est-medroxyprogesterone acet tab 0.625-5mg(14)	5		
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	5		
CONTRACEPTIVES			
BEYAZ - drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg	6		
desogestrel-ethinyl estradiol & ethinyl estradiol tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg (Safyral)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
ELLA - ulipristal acetate tab 30 mg	1		
ethinodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	1		PA
levonorgestrel-ethinyl estradiol tab 0.15-0.02/0.025/0.03 mg & ethinyl estradiol 0.01 mg (Quartette)	1		
levonorgestrel-ethinyl estradiol tab 0.1-0.02mg(84) & ethinyl estradiol 0.01mg(7) (LoSeasonique)	1		
levonorgestrel-ethinyl estradiol tab 0.15-0.03mg(84) & ethinyl estradiol 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-ethinyl estradiol tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	5		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	6		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
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 0.120-0.015 mg/24hr	1		
PLAN B ONE-STEP - levonorgestrel tab 1.5 mg	6		
SAFYRAL - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	6		
SLYND - drospirenone tab 4 mg	6		
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	6		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	5		
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg	6		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
| **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
| **SP** = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	6		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	3		
norethindrone acetate tab 5 mg (Aygestin)	3		
progesterone cap 100 mg, 200 mg (Prometrium)	3		
PROVERA - medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	6		
ANTIDIABETICS			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	2		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4		
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	6		PA, QL (4 pens/28 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)	6		
diazoxide susp 50 mg/ml (Proglycem)	3		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	4		ST, QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	2		
GLIPIZIDE - glipizide tab 2.5 mg	6		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	2		
glipizide tab 5 mg, 10 mg	2		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	2		
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	6		
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	2		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	4		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	2		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	2		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	2		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	4		ST, QL (30 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	4		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	4		
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	4		ST, QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	4		ST, QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	4		ST, QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	4		ST, QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	4		ST, QL (30 tablets/30 days)
KORLYM - mifepristone tab 300 mg	7	SP	PA, LD, QL (120 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	2		
metformin hcl tab 500 mg, 850 mg, 1000 mg	2		
mifepristone tab 300 mg (Korlym)	7	SP	PA, QL (120 tablets/30 days)
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	4		
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	4		PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	2		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 2 mg/dose (8 mg/3ml)	4		PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	4		PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	2		
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	2		
PROGLYCEM - diazoxide susp 50 mg/ml	6		
repaglinide tab 0.5 mg, 1 mg, 2 mg	2		
RYBELSUS - semaglutide tab 3 mg	4		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	4		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	2		QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	2		QL (60 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	2		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	4		ST, QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	4		
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	4		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	4		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	4		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	4		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	4		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	4		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	4		ST, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	4		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	4		ST, QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	4		ST, QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	4		ST, QL (5 pens/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	4		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	4		
Rapid-Acting Insulins			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	2		
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
Short-Acting Insulins			
AFREZZA - insulin regular (human) inhalation powder 4 unit/cartridge	6		PA, QL (2520 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 8 unit/cartridge	6		PA, QL (1260 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 12 unit/cartridge	6		PA, QL (900 cartridges/30 days)
AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	6		PA, QL (1800 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	6		PA, QL (1080 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart	6		PA, QL (1260 cartridges/30 days)
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2		
RELION R - insulin regular (human) inj 100 unit/ml	2		
Intermediate-Acting Insulins			
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
Basal Insulins			
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	6		
BASAGLAR TEMPO PEN - insulin glargine pen-inj with transmitter port 100 unit/ml	6		
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	2		
INSULIN DEGLUDEC FLEXTOUC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
LANTUS - insulin glargine inj 100 unit/ml	2		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2		
LEVEMIR - insulin detemir inj 100 unit/ml	2		
LEVEMIR FLEXPEN - insulin detemir 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			

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	6		
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	6		
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	6		
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	3		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	3		
methimazole tab 5 mg, 10 mg (Tapazole)	3		
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	6		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	6		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	6		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	6		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	6		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	6		
propylthiouracil tab 50 mg	3		
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	5		
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	6		
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	6		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	3		QL (28 tablets/270 days)
ENDOCRINE and METABOLIC AGENTS - MISC.			
ACTHAR - corticotropin inj gel 80 unit/ml	7	SP	PA, LD, QL (7 vials/21 days)
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	6		
alendronate sodium oral soln 70 mg/75ml	2		
alendronate sodium tab 10 mg, 35 mg	2		
alendronate sodium tab 70 mg (Fosamax)	2		
betaine powder for oral solution (Cystadane)	7	SP	PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BINOSTO - alendronate sodium effervescent tab 70 mg	6		
BUPHENYL - sodium phenylbutyrate tab 500 mg	7	SP	PA, LD, QL (1200 tablets/30 days)
cabergoline tab 0.5 mg	3		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	3		
calcitonin (salmon) nasal soln 200 unit/act	2		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	3		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	3		
CARBAGLU - carglumic acid soluble tab 200 mg	7	SP	LD
carglumic acid soluble tab 200 mg (Carbaglu)	7	SP	
CARNITOR - levocarnitine tab 330 mg	6		
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	6		
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	6		
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	3		PA
CYSTADANE - betaine powder for oral solution	7	SP	PA, LD
DDAVP - desmopressin acetate inj 4 mcg/ml	6		
DDAVP - desmopressin acetate preservative free (pf) inj 4 mcg/ml	6		
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	5		
desmopressin acetate inj 4 mcg/ml (Ddavp)	3		
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	3		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	3		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	3		
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	3		
EGRIFTA SV - tesamorelin acetate for inj 2 mg (base equiv)	7	SP	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	7	SP	PA
FOSAMAX - alendronate sodium tab 70 mg	6		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	7	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	7	SP	PA
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	7	SP	PA
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	2		
INCRELEX - mecaseimerin inj 40 mg/4ml (10 mg/ml)	7	SP	PA, LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ISTURISA - osilodrostat phosphate tab 1 mg	7	SP	PA, LD, QL (240 tablets/30 days)
ISTURISA - osilodrostat phosphate tab 5 mg	7	SP	PA, LD, QL (300 tablets/30 days)
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	7	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	7	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	7	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	7	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	6		PA, QL (30 tablets/30 days)
KUVAN - sapropterin dihydrochloride tab 100 mg	7	SP	PA, LD
KUVAN - sapropterin dihydrochloride powder packet 100 mg, 500 mg	7	SP	PA, LD
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	3		
levocarnitine tab 330 mg (Carnitor)	3		
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	6		
MIFEPREX - mifepristone tab 200 mg	5		QL (1 tablet/30 days)
mifepristone tab 200 mg (Mifeprex)	3		QL (1 tablet/30 days)
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	7	SP	PA, LD, QL (30 vials/30 days)
MYCAPSSA - octreotide acetate cap delayed release 20 mg	7	SP	PA, LD, QL (120 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	7	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	7	SP	PA, LD
NORDITROPIN FLEXPOR - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	7	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	7	SP	PA, LD
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	7	SP	
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	7	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	7	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	7	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	7	SP	PA, LD
ORFADIN - nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	7	SP	PA, LD
ORFADIN - nitisinone susp 4 mg/ml	7	SP	PA, LD
ORLISSA - elagolix sodium tab 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
ORLISSA - elagolix sodium tab 200 mg (base equiv)	5		PA, QL (60 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
OSPHENA - ospemifene tab 60 mg	6		
PALYNZIQ - pegvaliase-pqz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml	7	SP	PA, LD, QL (30 syringes/30 days)
PALYNZIQ - pegvaliase-pqz subcutaneous soln pref syringe 20 mg/ml	7	SP	PA, LD, QL (60 syringes/30 days)
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	3		
paricalcitol cap 4 mcg	3		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	7	SP	PA, LD, QL (7 bottles/29 days)
raloxifene hcl tab 60 mg (Evista)	1		
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	7	SP	PA, LD, QL (525 mls/30 days)
risedronate sodium tab delayed release 35 mg (Atelvia)	2		
risedronate sodium tab 5 mg, 30 mg	2		
risedronate sodium tab 35 mg, 150 mg (Actonel)	2		
ROCALTROL - calcitriol cap 0.25 mcg, 0.5 mcg	6		
ROCALTROL - calcitriol oral soln 1 mcg/ml	6		
SAMSCA - tolvaptan tab 15 mg	7	SP	LD, QL (30 tablets/365 days)
SANDOSTATIN - octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)	7	SP	
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	7	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	7	SP	PA, LD
SENSIPAR - cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	6		PA
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg	7	SP	PA, LD
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	7	SP	PA, LD, QL (60 vials/30 days)
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv)	7	SP	PA, LD, QL (1 vial/28 days)
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	7	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	7	SP	PA, QL (1200 tablets/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	7	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	7	SP	PA, LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	7	SP	
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	7	SP	PA
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)	7	SP	PA
tolvaptan tab 15 mg (Samsca)	7	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	7	SP	QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	7	SP	PA, LD
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	7	SP	PA, LD, QL (30 vials/30 days)
XURIDEN - uridine triacetate oral granules packet 2 gm	7	SP	PA, LD
ZEMPLAR - paricalcitol cap 1 mcg, 2 mcg	6		
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
DIGOXIN - digoxin oral soln 0.05 mg/ml	6		
digoxin oral soln 0.05 mg/ml (Digoxin)	2		
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	2		
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	6		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)	2		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	2		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	4		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	2		
NITRO-BID - nitroglycerin oint 2%	4		
NITRO-DUR - nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	6		
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	4		
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	6		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	2		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	2		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	2		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	6		
NITROSTAT - nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	6		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	2		
BETA BLOCKERS			
acebutolol hcl cap 200 mg, 400 mg	2		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	2		
betaxolol hcl tab 10 mg, 20 mg	2		
bisoprolol fumarate tab 5 mg, 10 mg	2		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	2		
CORGARD - nadolol tab 20 mg, 40 mg	6		
labetalol hcl tab 100 mg, 200 mg, 300 mg	2		
LOPRESSOR - metoprolol tartrate tab 50 mg, 100 mg	6		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	2		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	2		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	2		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	2		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	2		
pindolol tab 5 mg, 10 mg	2		
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	4		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	2		
propranolol hcl oral soln 20 mg/5ml	2		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2		
sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg (Betapace af)	2		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	2		
sotalol hcl tab 240 mg	2		
timolol maleate tab 5 mg, 10 mg, 20 mg	2		
TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	6		
CALCIUM CHANNEL BLOCKERS			

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	2		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	2		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	2		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	2		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	2		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	2		
diltiazem hcl tab 90 mg	2		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	2		
isradipine cap 2.5 mg, 5 mg	2		
nicardipine hcl cap 20 mg, 30 mg	2		
nifedipine cap 10 mg, 20 mg	2		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	2		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	2		
nimodipine cap 30 mg	3		QL (252 capsules/180 days)
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg	4		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	2		
NYMALIZE - nimodipine oral soln 6 mg/ml	6		QL (1320 mls/180 days)
SULAR - nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	6		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	2		
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg, 300 mg	6		
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	6		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	2		
verapamil hcl tab 40 mg, 80 mg, 120 mg	2		
VERAPAMIL HYDROCHLORIDE E - verapamil hcl cap er 24hr 100 mg, 200 mg	6		
VERELAN - verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg, 360 mg	6		
ANTIARRHYTHMICS			
amiodarone hcl tab 100 mg, 200 mg, 400 mg	2		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	2		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	2		
flecainide acetate tab 50 mg, 100 mg, 150 mg	2		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	2		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4		
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	6		
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	6		
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	2		
propafenone hcl tab 150 mg, 225 mg, 300 mg	2		
quinidine gluconate tab er 324 mg	2		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	6		
ANTIHYPERTENSIVES			
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	6		
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	2		QL (30 tablets/30 days)
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	2		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	2		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	2		QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	2		QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	2		QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	2		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2		
benazepril & hydrochlorothiazide tab 5-6.25 mg	2		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	2		
benazepril hcl tab 5 mg	2		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	2		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	2		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	2		QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg (Atacand)	2		QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	2		QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	2		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2		
DIBENZYLINE - phenoxybenzamine hcl cap 10 mg	6		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	2		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	2		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	2		
enalapril maleate oral soln 1 mg/ml (Epaned)	2		QL (300 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	2		
EPANED - enalapril maleate oral soln 1 mg/ml	6		QL (300 mls/30 days)
eplerenone tab 25 mg, 50 mg (Inspra)	2		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	2		
guanfacine hcl tab 1 mg, 2 mg	2		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	2		QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	2		QL (30 tablets/30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	2		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg (Zestril)	2		
lisinopril tab 20 mg (Prinivil)	2		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	2		QL (30 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
losartan potassium tab 25 mg, 50 mg (Cozaar)	2		QL (60 tablets/30 days)
losartan potassium tab 100 mg (Cozaar)	2		QL (30 tablets/30 days)
LOTENSIN - benazepril hcl tab 10 mg, 20 mg, 40 mg	6		
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	6		
METHYLDOPA - methyldopa tab 250 mg, 500 mg	6		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2		
MINIPRESS - prazosin hcl cap 1 mg, 2 mg, 5 mg	6		
minoxidil tab 2.5 mg, 10 mg	2		
moexipril hcl tab 7.5 mg, 15 mg	2		
olmesartan medoxomil tab 5 mg (Benicar)	2		QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg (Benicar)	2		QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	2		QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	2		QL (30 tablets/30 days)
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg	2		
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	4		
perindopril erbumine tab 4 mg	2		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	2		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	2		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	2		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	2		
TEKTURNA - aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	6		ST, QL (30 tablets/30 days)
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	2		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)	2		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	2		QL (60 tablets/30 days)
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	4		ST, QL (30 tablets/30 days)
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	6		
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	2		
trandolapril tab 1 mg, 2 mg, 4 mg	2		
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	6		
valsartan tab 40 mg, 80 mg, 160 mg (Diovan)	2		QL (60 tablets/30 days)
valsartan tab 320 mg (Diovan)	2		QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	2		QL (30 tablets/30 days)
VECAMYL - mecamlamine hcl tab 2.5 mg	6		LD
DIURETICS			
acetazolamide cap er 12hr 500 mg	3		
acetazolamide tab 125 mg, 250 mg	3		
amiloride hcl tab 5 mg	2		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	4		
bumetanide tab 0.5 mg (Bumex)	2		
bumetanide tab 1 mg, 2 mg	2		
BUMEX - bumetanide tab 0.5 mg	6		
chlorthalidone tab 25 mg, 50 mg	2		
dichlorphenamide tab 50 mg (Keveyis)	7	SP	PA, QL (120 tablets/30 days)
DIURIL - chlorothiazide susp 250 mg/5ml	6		
DYRENIUM - triamterene cap 50 mg, 100 mg	6		
EDECRIN - ethacrynic acid tab 25 mg	6		
ethacrynic acid tab 25 mg (Edecrin)	3		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	7	SP	PA, LD, QL (8 kits/30 days)
FUROSEMIDE - furosemide oral soln 8 mg/ml	6		
furosemide oral soln 10 mg/ml	2		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	2		
hydrochlorothiazide cap 12.5 mg	2		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	2		
indapamide tab 1.25 mg, 2.5 mg	2		
KEVEYIS - dichlorphenamide tab 50 mg	7	SP	PA, LD, QL (120 tablets/30 days)
LASIX - furosemide tab 20 mg, 40 mg, 80 mg	6		
MAXZIDE - triamterene & hydrochlorothiazide tab 75-50 mg	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MAXZIDE-25 - triamterene & hydrochlorothiazide tab 37.5-25 mg	6		
methazolamide tab 25 mg, 50 mg	3		
metolazone tab 2.5 mg, 5 mg, 10 mg	2		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	2		
toremide tab 5 mg, 10 mg, 20 mg, 100 mg	2		
triamterene & hydrochlorothiazide cap 37.5-25 mg	2		
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	2		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	2		
triamterene cap 50 mg, 100 mg (Dyrenium)	2		
VASOPRESSORS			
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	5		
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	6		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	3		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	3		
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	3		
ANTIHYPERLIPIDEMICS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	2		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	2		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	2		
cholestyramine light powder 4 gm/dose (Questran light)	2		
cholestyramine powder packets 4 gm (Questran)	2		
cholestyramine powder 4 gm/dose (Questran)	2		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	2		
colesevelam hcl packet for susp 3.75 gm (Welchol)	2		
colesevelam hcl tab 625 mg (Welchol)	2		
COLESTID - colestipol hcl tab 1 gm	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
COLESTID - colestipol hcl granules 5 gm	6		
COLESTID - colestipol hcl granule packets 5 gm	6		
COLESTID FLAVORED - colestipol hcl granule packets 5 gm	6		
colestipol hcl granule packets 5 gm (Colestid flavored)	2		
colestipol hcl granules 5 gm (Colestid flavored)	2		
colestipol hcl tab 1 gm (Colestid)	2		
ezetimibe tab 10 mg (Zetia)	2		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	2		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	2		
fenofibrate tab 48 mg, 145 mg (Tricor)	2		
fenofibrate tab 54 mg, 160 mg	2		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	2		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	2		
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	7	SP	PA, LD, QL (30 capsules/30 days)
LIVALO - pitavastatin calcium tab 1 mg, 2 mg	6		ST, QL (45 tablets/30 days)
LIVALO - pitavastatin calcium tab 4 mg	6		ST, QL (30 tablets/30 days)
LOPID - gemfibrozil tab 600 mg	6		
lovastatin tab 10 mg	2		QL (60 tablets/30 days)
lovastatin tab 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	4		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	4		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	2		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	2		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	2		QL (45 tablets/30 days)
pitavastatin calcium tab 4 mg (Livalo)	2		QL (30 tablets/30 days)
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
QUESTRAN - cholestyramine powder 4 gm/dose	6		
QUESTRAN - cholestyramine powder packets 4 gm	6		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
QUESTRAN LIGHT - cholestyramine light powder 4 gm/dose	6		
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	5		PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	5		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5		PA, QL (2 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	2		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	2		QL (30 tablets/30 days)
simvastatin tab 5 mg	2		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	2		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	2		QL (60 tablets/30 days)
simvastatin tab 80 mg (Zocor)	2		QL (30 tablets/30 days)
TRICOR - fenofibrate tab 48 mg, 145 mg	6		
VASCEPA - icosapent ethyl cap 0.5 gm	4		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	4		PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	7	SP	PA, LD, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	7	SP	PA, LD, QL (30 tablets/30 days)
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	6		
bosentan tab 62.5 mg, 125 mg (Tracleer)	7	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	7	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	5		LD
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	5		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	5		QL (60 tablets/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2		
LETAIRIS - ambrisentan tab 5 mg, 10 mg	7	SP	PA, LD, QL (30 tablets/30 days)
OPSUMIT - macitentan tab 10 mg	7	SP	PA, LD, QL (30 tablets/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	7	SP	PA, LD
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg,	7	SP	PA, LD, QL (1 kit/180 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg			
REMODULIN - treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)	7	SP	PA, LD
sildenafil citrate for suspension 10 mg/ml (Revatio)	3		PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	3		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	7	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab 62.5 mg, 125 mg	7	SP	PA, LD, QL (60 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	7	SP	PA, LD, QL (120 tablets/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)	7	SP	PA
TYVASO - treprostinil inhalation solution 0.6 mg/ml	7	SP	PA, LD, QL (28 ampules/28 days)
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge	7	SP	PA, LD, QL (112 cartridges/28 days)
TYVASO DPI TITRATION KIT - treprostinil inh powder 112 x 16mcg & 84 x 32mcg	7	SP	PA, LD, QL (196 cartridges/180 days)
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	7	SP	PA, LD, QL (252 cartridges/180 days)
TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml	7	SP	PA, LD, QL (28 ampules/28 days)
TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml	7	SP	PA, LD, QL (1 kit/180 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	7	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	7	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	7	SP	PA, LD, QL (68 ampules/30 days)
VERQUOVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	5		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	7	SP	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	7	SP	PA, QL (120 capsules/30 days)
CIALIS - tadalafil tab 5 mg	6		QL (30 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	3		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTI-HISTAMINES			
CARBINOXAMINE MALEATE - carbinoxamine maleate soln 4 mg/5ml	6		
carbinoxamine maleate tab 4 mg	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	6		
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	3		
cyproheptadine hcl syrup 2 mg/5ml	3		
cyproheptadine hcl tab 4 mg	3		
desloratadine tab 5 mg (Clarinet)	3		
levocetirizine dihydrochloride tab 5 mg	3		
loratadine oral soln 5 mg/5ml	3		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	3		
loratadine syrup 5 mg/5ml	3		
loratadine tab 10 mg	3		
promethazine hcl suppos 12.5 mg, 25 mg	3		
promethazine hcl syrup 6.25 mg/5ml	3		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	3		
PROMETHEGAN - promethazine hcl suppos 50 mg	6		
NASAL AGENTS - SYSTEMIC and TOPICAL			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3		QL (2 bottles/30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	3		QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	3		QL (1 bottle/30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	3		QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	3		QL (3 bottles/30 days)
olopatadine hcl nasal soln 0.6% (Patanase)	3		QL (1 bottle/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	6		PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY			
acetylcysteine inhal soln 10%, 20%	2		
benzonatate cap 100 mg (Tessalon perles)	3		
benzonatate cap 200 mg	3		
HYCODAN - hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	6		
HYCODAN - hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	6		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	3		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	3		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HYPERSAL - sodium chloride soln nebu 7%	6		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	3		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	3		
PROMETHAZINE VC - promethazine & phenylephrine syrup 6.25-5 mg/5ml	5		
PROMETHAZINE VC/CODEINE - promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	5		
promethazine w/ codeine syrup 6.25-10 mg/5ml	3		
promethazine-dm syrup 6.25-15 mg/5ml	3		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3		
sodium chloride soln nebu 3%, 10%	3		
sodium chloride soln nebu 7% (Hypersal)	3		
ANTIASTHMATIC and BRONCHODILATOR AGENTS			
ACCOLATE - zafirlukast tab 10 mg, 20 mg	6		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	4		QL (1 canister/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2		QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	2		
albuterol sulfate syrup 2 mg/5ml	2		
albuterol sulfate tab 2 mg, 4 mg	2		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	4		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	2		
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4		QL (2 canisters/30 days)
BEVESPI AEROSPHERE - glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	6		QL (1 canister/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	4		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	4		QL (1 inhaler/30 days)
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	6		
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	2		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	2		PA, QL (3 inhalers/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4		QL (2 canisters/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	4		QL (3 canisters/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	7	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	4		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	4		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	4		QL (2 canisters/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	4		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	2		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	4		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	2		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	2		
montelukast sodium tab 10 mg (base equiv) (Singulair)	2		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	7	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	7	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	7	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	4		QL (1 canister/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	4		QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	2		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	4		QL (60 blisters/30 days)
SPIRIVA HANDHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	4		QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	4		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	4		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	4		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	2		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	7	SP	PA, LD, QL (1 pen/28 days)
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	6		
theophylline elixir 80 mg/15ml	2		
THEOPHYLLINE ER - theophylline tab er 12hr 100 mg, 200 mg	6		
theophylline soln 80 mg/15ml	2		
theophylline tab er 12hr 300 mg, 450 mg	2		
theophylline tab er 24hr 400 mg, 600 mg	2		
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	2		PA, QL (30 capsules/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	4		QL (1 inhaler/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	4		QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	7	SP	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	7	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	2		
zileuton tab er 12hr 600 mg	3		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
BRONCHITOL - mannitol inhal cap 40 mg	7	SP	QL (600 capsules/30 days)
BRONCHITOL TOLERANCE TEST - mannitol inhal cap 40 mg	7	SP	QL (600 capsules/30 days)
ESBRIET - pirfenidone cap 267 mg	7	SP	PA, LD, QL (180 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg	7	SP	PA, LD, QL (180 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg	7	SP	PA, LD, QL (90 tablets/30 days)
KALYDECO - ivacaftor tab 150 mg	7	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	7	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	7	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	7	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	7	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	7	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	7	SP	PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	7	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	7	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	7	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	7	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	7	SP	PA, LD, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	7	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	7	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	7	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	7	SP	PA, LD, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS			

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LAXATIVES			
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	6		
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	6		
lactulose solution 10 gm/15ml	3		
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	6		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	3		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	1		
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	6		
PLENVU - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	6		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	3		
SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	6		
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	6		
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	6		
ANTIDIARRHEALS			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	3		
LOMOTIL - diphenoxylate w/ atropine tab 2.5-0.025 mg	6		
MYTESI - crofelemer tab delayed release 125 mg	6		LD
ULCER DRUGS			
CUVPOSA - glycopyrrolate oral soln 1 mg/5ml	6		
CYTOTEC - misoprostol tab 100 mcg, 200 mcg	6		
dicyclomine hcl cap 10 mg	3		
dicyclomine hcl oral soln 10 mg/5ml	3		
dicyclomine hcl tab 20 mg	3		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	3		QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	3		QL (30 packets/30 days)
famotidine for susp 40 mg/5ml	3		
famotidine tab 20 mg, 40 mg (Pepcid)	3		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	3		
glycopyrrolate tab 1 mg, 2 mg	3		
HELIDAC THERAPY - metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	6		
lansoprazole cap delayed release 30 mg (Prevacid)	3		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	3		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	3		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	5		QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	5		QL (30 packets/30 days)
NIZATIDINE - nizatidine cap 150 mg, 300 mg	6		
omeprazole cap delayed release 10 mg, 40 mg	3		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	3		QL (120 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	3		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	3		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	3		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	3		
ANTIEMETICS			
AKYNZEO - netupitant-palonosetron cap 300-0.5 mg	6		PA, QL (2 capsules/30 days)
ANZEMET - dolasetron mesylate tab 50 mg	6		QL (7 tablets/30 days)
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	3		QL (2 packs/30 days)
aprepitant capsule 40 mg	3		
aprepitant capsule 80 mg (Emend)	3		QL (4 capsules/30 days)
aprepitant capsule 125 mg	3		QL (2 capsules/30 days)
BONJESTA - doxylamine-pyridoxine tab er 20-20 mg	6		PA, QL (60 tablets/30 days)
DICLEGIS - doxylamine-pyridoxine tab delayed release 10-10 mg	6		PA, QL (120 tablets/30 days)
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	3		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	3		
EMEND - aprepitant capsule 80 mg	6		QL (4 capsules/30 days)
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	5		QL (6 packages/30 days)
EMEND TRIPACK - aprepitant capsule therapy pack 80 & 125 mg	6		QL (2 packs/30 days)
granisetron hcl tab 1 mg	3		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	3		
ONDANSETRON HCL - ondansetron hcl tab 24 mg	6		QL (1 tablet/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ondansetron hcl oral soln 4 mg/5ml	3		
ondansetron hcl tab 4 mg (Zofran)	3		
ondansetron hcl tab 8 mg	3		
ondansetron orally disintegrating tab 4 mg, 8 mg	3		
SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	6		PA, QL (2 patches/30 days)
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	3		
TRANSDERM-SCOP - scopolamine td patch 72hr 1 mg/3days	6		
trimethobenzamide hcl cap 300 mg	3		
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	7	SP	LD, QL (4 tablets/30 days)
DIGESTIVE AIDS			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	5		
SUCRAID - sacrosidase soln 8500 unit/ml	7	SP	PA, LD, QL (236 mls/29 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	5		
GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	3		PA, QL (60 tablets/30 days)
AZULFIDINE - sulfasalazine tab 500 mg	6		
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	6		
balsalazide disodium cap 750 mg (Colazal)	3		
BYLVAY - odevixibat cap 400 mcg	7	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - odevixibat cap 1200 mcg	7	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	7	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	7	SP	PA, LD, QL (300 capsules/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	3		
calcium acetate (phosphate binder) tab 667 mg	3		
CHENODAL - chenodiol tab 250 mg	7	SP	LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CHOLBAM - cholic acid cap 50 mg, 250 mg	7	SP	PA, LD
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	7	SP	PA, QL (2 kits/28 days)
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	7	SP	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	7	SP	PA, QL (1 kit/180 days)
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	3		
DELZICOL - mesalamine cap dr 400 mg	6		
FOSRENOL - lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)	6		ST
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	6		ST
GATTEX - teduglutide (rdna) for inj kit 5 mg	7	SP	PA, LD, QL (30 vials/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	3		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	3		ST
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	7	SP	PA, LD, QL (90 mls/30 days)
lubiprostone cap 8 mcg (Amitiza)	3		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	3		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	3		
mesalamine cap er 24hr 0.375 gm (Apriso)	3		
MESALAMINE DR - mesalamine tab delayed release 800 mg	5		
mesalamine enema 4 gm	3		
mesalamine suppos 1000 mg (Canasa)	3		
mesalamine tab delayed release 1.2 gm (Lialda)	3		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	3		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 5 mg, 10 mg	7	SP	PA, LD, QL (30 tablets/30 days)
REGLAN - metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	6		
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	3		
sevelamer carbonate tab 800 mg (Renvela)	3		
sevelamer hcl tab 400 mg	3		
sevelamer hcl tab 800 mg (Renagel)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	6		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	7	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	3		
sulfasalazine tab 500 mg (Azulfidine)	3		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	5		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	3		
ursodiol tab 250 mg (Urso 250)	3		
ursodiol tab 500 mg (Urso forte)	3		
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	5		ST
VIBERZI - eluxadolone tab 75 mg, 100 mg	5		PA, QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	7	SP	PA, LD
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	7	SP	PA, LD
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	3		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	3		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	3		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	3		
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	5		QL (300 mls/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	5		QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	3		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	3		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	3		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	3		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	3		QL (120 tablets/30 days)
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	3		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	3		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	3		QL (60 tablets/30 days)
tropium chloride cap er 24hr 60 mg	3		QL (30 capsules/30 days)
tropium chloride tab 20 mg	3		QL (60 tablets/30 days)
VESICARE - solifenacin succinate tab 5 mg, 10 mg	6		QL (30 tablets/30 days)
VAGINAL PRODUCTS			

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEOCIN - clindamycin phosphate vaginal cream 2%	6		
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	5		
clindamycin phosphate vaginal cream 2% (Cleocin)	3		
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	6		
CRINONE - progesterone vaginal gel 4%	6		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	1		
ESTRACE - estradiol vaginal cream 0.1 mg/gm	6		QL (255 grams/365 days)
estradiol vaginal cream 0.1 mg/gm (Estrace)	3		QL (255 grams/365 days)
estradiol vaginal tab 10 mcg (Vagifem)	3		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	5		QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	6		
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 4 mcg, 10 mcg	6		QL (8 suppositories/28 days)
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 4 mcg, 10 mcg	6		QL (18 suppositories/180 days)
INTRAROSA - prasterone vaginal insert 6.5 mg	6		
metronidazole vaginal gel 0.75%	3		
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	6		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	1		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	1		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	5		
terconazole vaginal cream 0.4%, 0.8%	3		
terconazole vaginal suppos 80 mg	3		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	1		
VANDAZOLE - metronidazole vaginal gel 0.75%	6		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	1		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	3		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	3		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	5		LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
dutasteride cap 0.5 mg (Avodart)	3		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	3		
ELMIRON - pentosan polysulfate sodium caps 100 mg	6		PA
FILSPARI - sparsentan tab 200 mg, 400 mg	7	SP	PA, LD, QL (30 tablets/30 days)
finasteride tab 5 mg (Proscar)	3		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	5		
LITHOSTAT - acetohydroxamic acid tab 250 mg	6		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	3		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	3		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	3		
PROCYSBI - cysteamine bitartrate delayed release granules packet 75 mg, 300 mg	7	SP	PA, LD
PROCYSBI - cysteamine bitartrate cap delayed release 25 mg (base equiv), 75 mg (base equiv)	7	SP	PA, LD
PROSCAR - finasteride tab 5 mg	6		
RAPAFLO - silodosin cap 4 mg, 8 mg	6		
silodosin cap 4 mg, 8 mg (Rapaflo)	3		
sodium chloride irrigation soln 0.9%	3		
sodium citrate & citric acid soln 500-334 mg/5ml	3		
tamsulosin hcl cap 0.4 mg (Flomax)	3		
THIOLA - tiopronin tab 100 mg	7	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 100 mg	7	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	7	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	7	SP	PA, QL (600 tablets/30 days)
UROCIT-K 10 - potassium citrate tab er 10 meq (1080 mg)	6		
UROCIT-K 15 - potassium citrate tab er 15 meq (1620 mg)	6		
UROCIT-K 5 - potassium citrate tab er 5 meq (540 mg)	6		

CENTRAL NERVOUS SYSTEM DRUGS

ANTI-ANXIETY AGENTS

ALPRAZOLAM INTENSOL - alprazolam conc 1 mg/ml	6		
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	3		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	3		
bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	3		
clorazepate dipotassium tab 3.75 mg, 15 mg	3		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	3		
diazepam conc 5 mg/ml	3		
diazepam oral soln 1 mg/ml	3		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	3		
hydroxyzine hcl syrup 10 mg/5ml	3		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	3		
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	6		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	3		
lorazepam conc 2 mg/ml	3		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	3		
meprobamate tab 200 mg	3		QL (120 tablets/30 days)
meprobamate tab 400 mg	3		QL (180 tablets/30 days)
oxazepam cap 10 mg, 15 mg, 30 mg	3		
VISTARIL - hydroxyzine pamoate cap 25 mg	6		
ANTIDEPRESSANTS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	3		
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	3		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	3		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	3		
bupropion hcl tab 75 mg, 100 mg	3		
citalopram hydrobromide oral soln 10 mg/5ml	2		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	2		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	3		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	3		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	3		
DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 50 mg, 100 mg	6		ST, QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	3		QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	3		
doxepin hcl conc 10 mg/ml	3		

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	2		
tranylcypromine sulfate tab 10 mg (Parnate)	3		
trazodone hcl tab 50 mg, 100 mg, 150 mg	3		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	3		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	6		ST, QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	3		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	3		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	3		QL (30 tablets/30 days)
ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml	6		ST
ANTIPSYCHOTICS			
aripiprazole oral solution 1 mg/ml	3		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	3		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	3		QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	3		QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	6		ST, QL (30 capsules/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	3		
CHLORPROMAZINE HYDROCHLOR - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	6		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	6		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	3		
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	3		
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	6		
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	6		ST, QL (1 pack/180 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	5		
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	3		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	5		
haloperidol lactate oral conc 2 mg/ml	3		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	3		
INVEGA - paliperidone tab er 24hr 3 mg, 9 mg	6		ST, QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 6 mg	6		ST, QL (60 tablets/30 days)
LITHIUM - lithium oral solution 8 meq/5ml	6		
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	6		
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	3		
lithium carbonate cap 300 mg	3		
lithium carbonate tab er 300 mg (Lithobid)	3		
lithium carbonate tab er 450 mg	3		
lithium carbonate tab 300 mg	3		
LITHOBID - lithium carbonate tab er 300 mg	6		
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	3		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	3		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	3		QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	6		
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)	7	SP	PA, LD, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)	7	SP	PA, LD, QL (30 tablets/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	3		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	3		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	3		
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	3		
prochlorperazine suppos 25 mg	3		
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	6		ST, QL (30 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	3		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	3		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	3		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	3		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5		QL (30 tablets/30 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	6		ST, QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	3		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	3		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	3		QL (480 mls/30 days)
risperidone tab 0.25 mg	3		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	3		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	3		QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	6		ST, QL (60 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	6		ST, QL (30 patches/30 days)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	3		
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	3		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	3		
VERSACLOZ - clozapine susp 50 mg/ml	6		ST, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	6		QL (1 pack/180 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	6		QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	3		QL (60 capsules/30 days)
HYPNOTICS			
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	3		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	3		
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	3		QL (30 tablets/30 days)
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg, 30 mg	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	7	SP	PA, LD, QL (158 mls/30 days)
phenobarbital elixir 20 mg/5ml	3		
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	3		
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	5		ST, QL (30 tablets/30 days)
ramelteon tab 8 mg (Rozerem)	3		QL (30 tablets/30 days)
ROZEREM - ramelteon tab 8 mg	6		ST, QL (30 tablets/30 days)
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	6		ST, QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	7	SP	PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)	3		
zaleplon cap 5 mg, 10 mg	3		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	3		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	3		QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	6		QL (60 tablets/30 days)
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	6		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	6		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	6		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	3		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	3		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	3		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	3		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	3		QL (30 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	3		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	3		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	5		PA, QL (30 capsules/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	3		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	3		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	6		QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	6		QL (60 tablets/30 days)
DESOXYN - methamphetamine hcl tab 5 mg	6		PA, QL (150 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	3		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	3		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	3		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	3		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	3		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	3		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	3		QL (180 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	6		PA, QL (60 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	3		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	7	SP	PA, LD, QL (10 vials/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	3		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	3		PA, QL (30 tablets/30 days)
METADATE CD - methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	6		
methamphetamine hcl tab 5 mg (Desoxyn)	3		QL (150 tablets/30 days)
METHYLIN - methylphenidate hcl soln 5 mg/5ml	6		PA, QL (450 mls/30 days)
METHYLIN - methylphenidate hcl soln 10 mg/5ml	6		PA, QL (900 mls/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	3		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	3		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	3		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	3		QL (180 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
methylphenidate hcl soln 5 mg/5ml (Methylin)	3		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	3		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	3		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	3		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	3		QL (90 tablets/30 days)
methylphenidate hcl tab er 24hr 27 mg, 54 mg	3		QL (30 tablets/30 days)
methylphenidate hcl tab er 24hr 36 mg	3		QL (60 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	3		QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg	6		PA, QL (30 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	3		QL (30 tablets/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg, 40 mg	6		PA, QL (30 tablets/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg	6		PA, QL (60 tablets/30 days)
QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	6		PA, QL (360 mls/30 days)
RITALIN - methylphenidate hcl tab 5 mg, 10 mg, 20 mg	6		PA, QL (90 tablets/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	6		QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	6		PA, QL (30 tablets/30 days)
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	7	SP	PA, LD, QL (60 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.			
acamprosate calcium tab delayed release 333 mg	3		
AUBAGIO - teriflunomide tab 7 mg, 14 mg	7	SP	PA, LD, QL (30 tablets/30 days)
AUSTEDO - deutetrabenazine tab 6 mg	7	SP	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg	7	SP	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg	7	SP	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg	7	SP	PA, QL (60 tablets/30 days)
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	7	SP	PA, QL (1 kit/180 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BETASERON - interferon beta-1b for inj kit 0.3 mg	7	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	6		
dalfampridine tab er 12hr 10 mg (Ampyra)	3		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	7	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	7	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	7	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	3		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	3		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	3		
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	6		
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	6		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	7	SP	QL (30 capsules/30 days)
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	6		
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	3		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	3		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	7	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	7	SP	QL (12 syringes/28 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	7	SP	PA, LD, QL (28 capsules/180 days)
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	7	SP	PA, LD, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	7	SP	PA, QL (1 pen/28 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	5		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	7	SP	PA, LD, QL (30 packets/30 days)
LYBALVI - olanzapine-samidorphane l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	6		ST, QL (30 tablets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	7	SP	PA, LD, QL (8 tablets/301 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	7	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	7	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	7	SP	PA, LD, QL (14 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	7	SP	PA, LD, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	7	SP	PA, LD, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	7	SP	PA, LD, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	7	SP	PA, LD, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	7	SP	PA, LD, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	7	SP	PA, LD, QL (12 tablets/180 days)
memantine hcl oral solution 2 mg/ml	3		
memantine hcl tab 5 mg, 10 mg (Namenda)	3		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	3		
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	1		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	1		
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	6		PA, QL (60 capsules/30 days)
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	3		
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	6		
PIMOZIDE - pimozone tab 1 mg, 2 mg	6		
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	7	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	7	SP	PA, LD, QL (2 syringes/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	7	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	7	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	7	SP	PA, LD, QL (1 kit/180 days)
PONVORY - ponesimod tab 20 mg	7	SP	PA, LD, QL (30 tablets/30 days)
PONVORY 14-DAY STARTER PA - ponesimod tab starter pack 2,3,4,5,6,7,8,9 & 10 mg	7	SP	PA, QL (14 tablets/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	7	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	7	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	7	SP	PA, QL (1 kit/28 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	3		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	6		ST, QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	6		ST, QL (1 pack/180 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	7	SP	PA, LD, QL (540 ml/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	7	SP	PA, LD, QL (30 tablets/30 days)
TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	7	SP	PA, LD, QL (4 syringes/28 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	7	SP	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	7	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	7	SP	PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	7	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	7	SP	PA, QL (30 capsules/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	7	SP	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	7	SP	PA, QL (7 capsules/180 days)
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	3		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	3		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	3		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	3		QL (180 capsules/30 days)
diflunisal tab 500 mg	3		
TENCON - butalbital-acetaminophen tab 50-325 mg	6		QL (180 tablets/30 days)
ANALGESICS - NARCOTIC			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	3		PA, QL (2700 mls/30 days)
APADAZ - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	6		PA, QL (360 tablets/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	5		PA, QL (60 films/30 days)
BENZHYDROCODONE/ACETAMINO - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	6		PA, QL (360 tablets/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	3		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	3		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	3		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	3		QL (120 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	3		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	3		PA, QL (2 bottles/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 30 mg, 60 mg	6		PA, QL (180 tablets/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	3		PA, QL (180 tablets/30 days)
DILAUDID - hydromorphone hcl liqd 1 mg/ml	6		PA, QL (1440 mls/30 days)
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	3		PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	3		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	6		PA, QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	3		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	3		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3		PA, QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	6		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	3		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	3		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	3		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	3		PA, QL (120 tablets/30 days)
MEPERIDINE HCL - meperidine hcl oral soln 50 mg/5ml	6		PA, QL (2400 mls/30 days)
METHADONE HCL - methadone hcl soln 5 mg/5ml	6		PA, QL (900 mls/30 days)
METHADONE HCL - methadone hcl soln 10 mg/5ml	6		PA, QL (450 mls/30 days)
methadone hcl conc 10 mg/ml (Methadose)	3		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	3		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	3		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	3		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	3		PA, QL (90 tablets/30 days)
METHADOSE - methadone hcl conc 10 mg/ml	6		PA, QL (90 mls/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
METHADOSE SUGAR-FREE - methadone hcl conc 10 mg/ml	6		PA, QL (90 mls/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	3		PA, QL (2700 mls/30 day)
MORPHINE SULFATE - morphine sulfate tab 15 mg	6		PA, QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	6		PA, QL (180 tablets/30 days)
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	6		PA, QL (30 capsules/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	3		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	3		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	3		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	3		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA, QL (60 tablets/30 days)
oxycodone hcl cap 5 mg	3		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	3		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	3		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	3		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	3		PA, QL (120 tablets/30 days)
OXYCODONE HYDROCHLORIDE/A - oxycodone w/ acetaminophen soln 5-325 mg/5ml	6		PA, QL (1800 mls/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	3		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	3		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	3		PA, QL (180 tablets/30 days)
OXYCODONE/ACETAMINOPHEN - oxycodone w/ acetaminophen tab 2.5-300 mg	6		PA, QL (360 tablets/30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	3		PA, QL (360 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	3		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	3		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	3		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	5		PA, QL (180 capsules/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	6		QL (30 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	6		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	6		QL (60 tablets/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	7	SP	PA, LD, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	7	SP	PA, QL (4 pens/28 days)
AMJEVITA - adalimumab-atto soln auto-injector 40 mg/0.8ml	7	SP	PA, QL (2 pens/28 days)
AMJEVITA - adalimumab-atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	7	SP	PA, QL (2 syringes/28 days)
ANAPROX DS - naproxen sodium tab 550 mg	6		
ARCALYST - riloncept for inj 220 mg	7	SP	PA, LD, QL (4 vials/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	3		
DAYPRO - oxaprozin tab 600 mg	6		
diclofenac potassium tab 50 mg	3		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	3		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	3		
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	3		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	7	SP	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	7	SP	PA, QL (8 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	7	SP	PA, QL (4 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	7	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	7	SP	PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	3		
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	3		
etodolac tab 400 mg (Lodine)	3		
etodolac tab 500 mg	3		
FELDENE - piroxicam cap 10 mg, 20 mg	6		
fenoprofen calcium tab 600 mg (Nalfon)	3		
FLURBIPROFEN - flurbiprofen tab 50 mg	6		
flurbiprofen tab 100 mg	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	7	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSH TOUCH - adalimumab-bwwd soln auto- injector 40 mg/0.4ml, 40 mg/0.8ml	7	SP	PA, QL (2 pens/28 days)
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	7	SP	PA, QL (2 syringes/28 days)
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	7	SP	PA, QL (1 kit/180 days)
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	7	SP	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab pen- injector kit 40 mg/0.8ml, 80 mg/0.8ml	7	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PEDIATRIC UC S - adalimumab pen- injector kit 80 mg/0.8ml	7	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab pen- injector kit 80 mg/0.8ml & 40 mg/0.4ml	7	SP	PA, QL (1 kit/180 days)
ibuprofen tab 400 mg, 600 mg, 800 mg	3		
indomethacin cap er 75 mg	3		
indomethacin cap 25 mg, 50 mg	3		
ketorolac tromethamine tab 10 mg	3		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto- injector 150 mg/1.14ml, 200 mg/1.14ml	7	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	7	SP	PA, QL (2 syringes/28 days)
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	7	SP	PA, LD, QL (30 syringes/30 days)
leflunomide tab 10 mg, 20 mg (Arava)	3		
LODINE - etodolac tab 400 mg	6		
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	6		
MELOXICAM - meloxicam susp 7.5 mg/5ml	6		
meloxicam tab 7.5 mg, 15 mg (Mobic)	3		
nabumetone tab 500 mg, 750 mg	3		
NAPROSYN - naproxen tab 500 mg	6		
naproxen sodium tab 275 mg, 550 mg	3		
naproxen tab 250 mg, 375 mg	3		
naproxen tab 500 mg (Naprosyn)	3		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	7	SP	PA, LD, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	7	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	7	SP	PA, QL (4 pens/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	7	SP	PA, QL (55 tablets/180 days)
OTEZLA - apremilast tab 30 mg	7	SP	PA, QL (60 tablets/30 days)
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	5		ST
oxaprozin tab 600 mg (Daypro)	3		
piroxicam cap 10 mg, 20 mg (Feldene)	3		
RIDAURA - auranofin cap 3 mg	5		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	7	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	7	SP	PA, LD, QL (84 tablets/365 days)
SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml, 100 mg/ml	7	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	7	SP	PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	3		
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	7	SP	PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	7	SP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	7	SP	PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	7	SP	PA, QL (30 tablets/30 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	7	SP	PA, QL (120 tablets/365 days)
MIGRAINE PRODUCTS			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	5		PA, QL (1 pen/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	5		PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	5		PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	3		PA, QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	3		PA, QL (24 ampules/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	3		PA, QL (8 vials/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	3		QL (12 tablets/30 days)
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	3		QL (6 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	5		PA, QL (1 pen/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	5		PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	5		PA, QL (1 syringe/28 days)
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	3		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	3		PA, QL (18 tablets/30 days)
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	6		PA, QL (20 suppositories/28 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	3		QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	5		PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	5		PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	5		PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	3		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	3		QL (12 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	3		QL (12 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	3		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	3		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	3		QL (8 vials/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml	5		PA, QL (12 doses/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 6 mg/0.5ml	5		PA, QL (8 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	3		QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	3		QL (8 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	3		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg (Imitrex)	3		QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg (Imitrex)	3		QL (9 tablets/30 days)
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	6		PA, QL (12 mls/28 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	5		PA, QL (16 tablets/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	3		QL (12 units/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)	3		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	3		QL (12 tablets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit	6		PA, QL (12 units/30 days)
GOUT AGENTS			
allopurinol tab 100 mg, 300 mg (Zyloprim)	3		
colchicine tab 0.6 mg (Colcris)	3		
colchicine w/ probenecid tab 0.5-500 mg	3		
febuxostat tab 40 mg, 80 mg (Uloric)	3		QL (30 tablets/30 days)
probenecid tab 500 mg	3		
NEUROMUSCULAR DRUGS			
ANTICONVULSANTS			
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	5		
BANZEL - rufinamide tab 200 mg, 400 mg	6		
BANZEL - rufinamide susp 40 mg/ml	6		
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	6		
BRIVIACT - brivaracetam oral soln 10 mg/ml	6		
BRIVIACT - brivaracetam iv soln 50 mg/5ml	6		
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	3		
carbamazepine chew tab 100 mg	3		
carbamazepine susp 100 mg/5ml (Tegretol)	3		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	3		
carbamazepine tab 200 mg (Tegretol)	3		
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	6		
CELONTIN - methsuximide cap 300 mg	6		
clobazam suspension 2.5 mg/ml (Onfi)	3		
clobazam tab 10 mg, 20 mg (Onfi)	3		
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	3		
DEPAKOTE - divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	6		
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg, 500 mg	6		
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	6		
DIACOMIT - stiripentol cap 250 mg, 500 mg	7	SP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	7	SP	

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	6		
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	3		
DILANTIN - phenytoin sodium extended cap 30 mg	5		
DILANTIN - phenytoin sodium extended cap 100 mg	6		
DILANTIN INFATABS - phenytoin chew tab 50 mg	6		
DILANTIN-125 - phenytoin susp 125 mg/5ml	6		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	3		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	3		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	3		
EPIDIOLEX - cannabidiol soln 100 mg/ml	7	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	6		QL (473 mls/29 days)
ethosuximide cap 250 mg (Zarontin)	3		
ethosuximide soln 250 mg/5ml (Zarontin)	3		
felbamate susp 600 mg/5ml (Felbatol)	3		
felbamate tab 400 mg, 600 mg (Felbatol)	3		
FELBATOL - felbamate tab 400 mg, 600 mg	6		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	7	SP	PA, LD
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		
FYCOMPA - perampanel susp 0.5 mg/ml	6		
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	3		
gabapentin oral soln 250 mg/5ml (Neurontin)	3		
gabapentin tab 600 mg, 800 mg (Neurontin)	3		
KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	6		
KEPPRA - levetiracetam oral soln 100 mg/ml	6		
KEPPRA XR - levetiracetam tab er 24hr 500 mg, 750 mg	6		
lacosamide oral solution 10 mg/ml (Vimpat)	3		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	3		
LAMICTAL - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	6		
LAMICTAL CHEWABLE DISPERS - lamotrigine tab chewable dispersible 5 mg, 25 mg	6		
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LAMICTAL ODT - lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	6		
LAMICTAL ODT - lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	6		
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	6		
LAMICTAL STARTER/NOT TAKI - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	6		
LAMICTAL STARTER/TAKING C - lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	6		
LAMICTAL STARTER/TAKING V - lamotrigine tab 35 x 25 mg starter kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	6		
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	6		
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	6		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	3		
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	3		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	3		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	3		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	3		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	3		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	3		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	3		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	3		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	3		
levetiracetam oral soln 100 mg/ml (Keppra)	3		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	3		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	3		
LYRICA - pregabalin soln 20 mg/ml	6		ST, QL (900 mls/30 days)
methsuximide cap 300 mg (Celontin)	3		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	6		QL (10 bottles/30 days)
NEURONTIN - gabapentin cap 100 mg, 300 mg, 400 mg	6		
NEURONTIN - gabapentin tab 600 mg, 800 mg	6		
NEURONTIN - gabapentin oral soln 250 mg/5ml	6		
ONFI - clobazam tab 10 mg, 20 mg	6		
ONFI - clobazam suspension 2.5 mg/ml	6		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	3		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	3		
OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg	6		
phenytoin chew tab 50 mg (Dilantin infatabs)	3		
phenytoin sodium extended cap 100 mg (Dilantin)	3		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	3		
phenytoin susp 125 mg/5ml (Dilantin-125)	3		
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)	3		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	3		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	3		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	3		
QUDEXY XR - topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg	6		PA, QL (30 capsules/30 days)
QUDEXY XR - topiramate cap er 24hr sprinkle 200 mg	6		PA, QL (60 capsules/30 days)
rufinamide susp 40 mg/ml (Banzel)	3		
rufinamide tab 200 mg, 400 mg (Banzel)	3		
SABRIL - vigabatrin tab 500 mg	7	SP	LD
SABRIL - vigabatrin powd pack 500 mg	7	SP	LD
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	5		
TEGRETOL - carbamazepine tab 200 mg	6		
TEGRETOL - carbamazepine susp 100 mg/5ml	6		
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	6		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	3		
TOPAMAX - topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg, 25 mg	6		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	3		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	3		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	3		PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	3		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	3		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	3		
TRILEPTAL - oxcarbazepine tab 150 mg, 300 mg, 600 mg	6		
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	6		
TROKENDI XR - topiramate cap er 24hr 25 mg, 50 mg, 100 mg	6		PA, QL (30 capsules/30 days)
TROKENDI XR - topiramate cap er 24hr 200 mg	6		PA, QL (60 capsules/30 days)
valproate sodium oral soln 250 mg/5ml (base equiv)	3		
valproic acid cap 250 mg	3		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	6		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	6		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	6		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	6		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	7	SP	LD
vigabatrin tab 500 mg (Sabril)	7	SP	LD
VIMPAT - lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	6		
VIMPAT - lacosamide oral solution 10 mg/ml	6		
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	6		
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	6		
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	6		
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZARONTIN - ethosuximide cap 250 mg	6		
ZARONTIN - ethosuximide soln 250 mg/5ml	6		
ZONEGRAN - zonisamide cap 25 mg, 100 mg	6		
zonisamide cap 25 mg, 100 mg (Zonegran)	3		
zonisamide cap 50 mg	3		
ZTALMY - ganaxolone susp 50 mg/ml	7	SP	PA, LD, QL (1100 mls/30 days)
ANTIPARKINSON AGENTS			
amantadine hcl cap 100 mg	3		
amantadine hcl soln 50 mg/5ml	3		
amantadine hcl tab 100 mg	3		
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	7	SP	PA, LD
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	7	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	3		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	3		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	3		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	3		
carbidopa & levodopa tab 25-250 mg	3		
carbidopa tab 25 mg (Lodosyn)	3		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	3		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	3		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	3		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	3		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	3		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	3		
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	6		
COMTAN - entacapone tab 200 mg	6		
entacapone tab 200 mg (Comtan)	3		
INBRIJA - levodopa inhal powder cap 42 mg	7	SP	PA, LD
LODOSYN - carbidopa tab 25 mg	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	6		
NOURIANZ - istradefylline tab 20 mg, 40 mg	7	SP	PA, LD
PARLODEL - bromocriptine mesylate cap 5 mg (base equivalent)	6		
PARLODEL - bromocriptine mesylate tab 2.5 mg (base equivalent)	6		
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	3		
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)	3		
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg	3		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	3		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	3		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	3		
selegiline hcl cap 5 mg	3		
selegiline hcl tab 5 mg	3		
SINEMET - carbidopa & levodopa tab 10-100 mg, 25-100 mg	6		
TASMAR - tolcapone tab 100 mg	6		
tolcapone tab 100 mg (Tasmar)	3		
TRIHENYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	6		
trihexyphenidyl hcl tab 2 mg, 5 mg	3		
NEUROMUSCULAR AGENTS			
DAYBUE - trofinetide oral soln 200 mg/ml	7	SP	PA, LD, QL (3600 mls/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	7	SP	PA, LD, QL (80 mls/12 days)
EXSERVAN - riluzole oral film 50 mg	7	SP	PA, LD, QL (60 films/30 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	7	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	7	SP	PA, LD, QL (70 mls/180 days)
RELYVRIO - sodium phenylbutyrate-taurursodiol powd pack 3-1 gm	7	SP	PA, LD, QL (56 packets/28 days)
riluzole tab 50 mg (Rilutek)	3		
SKYCLARYS - omeveloxolone cap 50 mg	7	SP	PA, QL (90 capsules/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TEGLUTIK - riluzole susp 50 mg/10ml	7	SP	PA, QL (600 mls/30 days)
MUSCULOSKELETAL THERAPY AGENTS			
baclofen susp 25 mg/5ml (Fleqsuvy)	3		
baclofen tab 10 mg, 20 mg	3		
carisoprodol tab 350 mg (Soma)	3		
chlorzoxazone tab 500 mg	3		
cyclobenzaprine hcl tab 5 mg, 10 mg	3		
DANTRIUM - dantrolene sodium cap 25 mg	6		
dantrolene sodium cap 25 mg, 50 mg (Dantrium)	3		
dantrolene sodium cap 100 mg	3		
metaxalone tab 400 mg	3		
metaxalone tab 800 mg (Skelaxin)	3		
methocarbamol tab 500 mg, 750 mg	3		
orphenadrine citrate tab er 12hr 100 mg	3		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	7	SP	PA, LD, QL (112 capsules/28 days)
SOHONOS - palovarotene cap 2.5 mg	7	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	7	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	7	SP	PA, LD, QL (56 capsules/28 days)
tizanidine hcl tab 2 mg (base equivalent)	3		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	3		
ZANAFLEX - tizanidine hcl tab 4 mg (base equivalent)	6		
ANTIMYASTHENIC AGENTS			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	7	SP	PA, LD, QL (240 tablets/30 days)
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	3		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	3		
pyridostigmine bromide tab 60 mg (Mestinon)	3		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	3		
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	6		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	3		
phytonadione tab 5 mg (Mephyton)	3		QL (2 tablets/30 days)
MULTIVITAMINS			
ATABEX OB - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	6		
CITRANATAL B-CALM - prenat w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak	6		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
CITRANATAL MEDLEY - prenat w/o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg	6		
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	4		
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	4		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	4		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	4		
INATAL GT - prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	6		
JENLIVA PRENATAL/POSTNATA - prenatal multivitamins & minerals w/ iron & fa cap 1 mg	6		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
NATALVIT - prenatal vit w/ fe fumarate-fa tab 75-1 mg	6		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg, 29-1 mg	4		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
NESTABS - prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	6		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
OBSTETRIX EC - prenatal vit w/ iron carbonyl-fa tab delayed rel 29-1 mg	6		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
PNV-DHA+DOCUSATE - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	6		
PNV-OMEGA - prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	6		
PRENAISSANCE - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	6		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	4		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	4		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4		
SELECT-OB - prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	6		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	4		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	4		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	4		
VINATE II - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	6		
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	4		
VITAFOL STRIPS - prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg	6		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4		
WESNATAL DHA COMPLETE - prenatal-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	6		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4		
MINERALS and ELECTROLYTES			
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	6		
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	6		
K-PHOS - potassium phosphate monobasic tab 500 mg	6		
K-PHOS NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	6		
K-TAB - potassium chloride tab er 20 meq (1500 mg)	6		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
POKONZA - potassium chloride powder packet 10 meq	6		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	3		
potassium chloride cap er 8 meq, 10 meq	3		
POTASSIUM CHLORIDE ER - potassium chloride tab er 8 meq (600 mg)	6		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	3		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	3		
potassium chloride tab er 8 meq (600 mg)	3		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	3		
potassium phosphate monobasic tab 500 mg (K-phos)	3		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	4		
sodium fluoride 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		
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1		
NUTRIENTS			
DOJOLVI - triheptanoin oral liquid 100%	7	SP	PA, LD
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	7	SP	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	7	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	7	SP	PA, LD, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	3		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	7	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	5		
ENDARI - glutamine (sickle cell) powd pack 5 gm	7	SP	PA, LD

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	7	SP	PA
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg	1		
folic acid tab 1 mg	3		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
LEUKINE - sargramostim lyophilized for inj 250 mcg	7	SP	PA
miglustat cap 100 mg (Zavesca)	7	SP	PA, QL (90 capsules/30 days)
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	7	SP	PA
MULPLETA - lusutrombopag tab 3 mg	7	SP	PA, QL (7 tablets/7 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	7	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	7	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
OXBRYTA - voxelotor tab 300 mg, 500 mg	7	SP	PA, LD, QL (90 tablets/30 days)
OXBRYTA - voxelotor tab for oral susp 300 mg	7	SP	PA, LD, QL (90 tablets/30 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	7	SP	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	7	SP	PA, QL (30 tablets/30 days)
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	7	SP	PA, QL (30 packets/30 days)
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	7	SP	PA
STIMUFEND - pegfilgrastim-fpgk soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	7	SP	PA, QL (2 pens/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	7	SP	PA
ZAVESCA - miglustat cap 100 mg	7	SP	PA, LD, QL (90 capsules/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	7	SP	PA, QL (2 syringes/28 days)
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	2		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	2		QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	4		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	4		QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	4		QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	2		QL (30 syringes/90 days)
enoxaparin sodium inj 300 mg/3ml (Lovenox)	2		QL (10 vials/90 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	2		QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	6		QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml	6		QL (30 vials/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 95000 unit/3.8ml	6		QL (10 vials/90 days)
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	6		
heparin sodium (porcine) inj 5000 unit/ml	2		
heparin sodium (porcine) inj 10000 unit/ml	3		
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	6		QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	6		QL (120 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	6		QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	6		QL (120 packets/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	2		
XARELTO - rivaroxaban for susp 1 mg/ml	4		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	4		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	4		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	4		QL (1 pack/30 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	3		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	3		
tranexamic acid tab 650 mg (Lysteda)	3		
HEMATOLOGICAL AGENTS - MISC.			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	SP	PA
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	7	SP	PA, LD
AGRYLIN - anagrelide hcl cap 0.5 mg	6		
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	7	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	7	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	PA, LD
ALTUVIIIIO - antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	7	SP	PA
anagrelide hcl cap 0.5 mg (Agyrin)	2		
anagrelide hcl cap 1 mg	2		
aspirin-dipyridamole cap er 12hr 25-200 mg	2		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	7	SP	PA, LD, QL (16 vials/30 days)
BRILINTA - ticagrelor tab 60 mg, 90 mg	4		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	7	SP	PA, LD, QL (30 kits/30 days)
cilostazol tab 50 mg, 100 mg	2		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	7	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	2		
clopidogrel bisulfate tab 300 mg (base equiv)	2		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	7	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	7	SP	PA, LD
dipyridamole tab 25 mg, 50 mg, 75 mg	2		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	7	SP	PA
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	7	SP	PA, LD, QL (8 vials/28 days)
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	7	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	7	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	7	SP	PA, LD, QL (16 vials/30 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	7	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	7	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	7	SP	PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	7	SP	PA, LD, QL (12 syringes/30 days)
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	7	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	7	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	7	SP	PA
KALBITOR - ecallantide inj 10 mg/ml	7	SP	PA, LD, QL (12 vials/30 days)
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	7	SP	PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	7	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	7	SP	PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	7	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	7	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	7	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	7	SP	PA, LD
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	7	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	7	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	7	SP	PA, LD, QL (30 capsules/30 days)
pentoxifylline tab er 400 mg	3		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	2		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	7	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	7	SP	PA, LD, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	7	SP	PA, LD, QL (1 pack/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	7	SP	PA, LD
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	7	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	7	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	7	SP	PA

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	7	SP	PA, LD, QL (16 vials/30 days)
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	7	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	7	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	7	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	7	SP	PA, LD, QL (2 vials/28 days)
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	7	SP	PA, LD, QL (60 tablets/30 days)
TAVNEOS - avacopan cap 10 mg	7	SP	PA, LD, QL (180 capsules/30 days)
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	7	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	7	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	7	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	7	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	7	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	7	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	7	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	7	SP	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	6		

TOPICAL PRODUCTS**OPHTHALMIC AGENTS**

ACULAR - ketorolac tromethamine ophth soln 0.5%	6		
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	6		
AKTEN - lidocaine hcl ophth gel 3.5%	6		
ALOCRIIL - nedocromil sodium ophth soln 2%	6		
ALOMIDE - Iodoxamide tromethamine ophth soln 0.1%	6		
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	6		
ALREX - loteprednol etabonate ophth susp 0.2%	6		
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ATROPINE SULFATE - atropine sulfate ophth soln 1%	6		
atropine sulfate ophth soln 1% (Atropine sulfate)	3		
azelastine hcl ophth soln 0.05%	3		
BACITRACIN - bacitracin ophth oint 500 unit/gm	5		
bacitracin-polymyxin b ophth oint	3		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3		
bepotastine besilate ophth soln 1.5% (Bepreve)	3		
BEPREVE - bepotastine besilate ophth soln 1.5%	6		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	6		
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	6		
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	5		
bimatoprost ophth soln 0.03%	3		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	3		
brimonidine tartrate ophth soln 0.2%	3		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	3		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	3		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	6		
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	6		PA, QL (60 vials/30 days)
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	3		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	5		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	5		
CYCLOGYL - cyclopentolate hcl ophth soln 1%	6		
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	6		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	3		
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	7	SP	PA, LD, QL (20 mls/28 days)
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	7	SP	PA, LD, QL (60 mls/28 days)
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	6		
diclofenac sodium ophth soln 0.1%	3		
difluprednate ophth emulsion 0.05% (Durezol)	3		
dorzolamide hcl ophth soln 2% (Trusopt)	3		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	3		
DUREZOL - difluprednate ophth emulsion 0.05%	6		
epinastine hcl ophth soln 0.05%	3		
ERYTHROMYCIN - erythromycin ophth oint 5 mg/gm	6		
erythromycin ophth oint 5 mg/gm	2		
FLAREX - fluorometholone acetate ophth susp 0.1%	6		
fluorometholone ophth susp 0.1% (Fml liquifilm)	3		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	6		
FML FORTE - fluorometholone ophth susp 0.25%	6		
FML LIQUIFILM - fluorometholone ophth susp 0.1%	6		
gatifloxacin ophth soln 0.5% (Zymaxid)	3		
gentamicin sulfate ophth soln 0.3%	3		
ILEVRO - nepafenac ophth susp 0.3%	5		
IOPIDINE - apraclonidine hcl ophth soln 1% (base equivalent)	6		
ketorolac tromethamine ophth soln 0.4% (Acular Is)	3		
ketorolac tromethamine ophth soln 0.5% (Acular)	3		
LACRISERT - artificial tear ophth insert	6		
latanoprost ophth soln 0.005% (Xalatan)	3		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	6		
LEVOFLOXACIN - levofloxacin ophth soln 1.5%	6		
LOTEMAX - loteprednol etabonate ophth oint 0.5%	5		
LOTEMAX - loteprednol etabonate ophth susp 0.5%	6		
LOTEMAX - loteprednol etabonate ophth gel 0.5%	5		
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	5		
LOTEPREDNOL ETABONATE - loteprednol etabonate ophth gel 0.5%	5		
loteprednol etabonate ophth susp 0.2% (Alrex)	3		
loteprednol etabonate ophth susp 0.5% (Lotemax)	3		
LUMIGAN - bimatoprost ophth soln 0.01%	5		QL (2.5 mls/30 days)
MAXIDEX - dexamethasone ophth susp 0.1%	6		
MAXITROL - neomycin-polymyxin-dexamethasone ophth susp 0.1%	6		
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	6		
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	3		
MYDRIACYL - tropicamide ophth soln 1%	6		
NATACYN - natamycin ophth susp 5%	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	3		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	3		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy- gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	6		
OCUFLOX - ofloxacin ophth soln 0.3%	6		
ofloxacin ophth soln 0.3% (Ocuflox)	3		
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	7	SP	PA, LD, QL (56 vials/28 days)
phenylephrine hcl ophth soln 2.5%, 10%	3		
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	6		LD
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	3		
polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1% (Polytrim)	3		
PRED MILD - prednisolone acetate ophth susp 0.12%	6		
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	5		
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	6		
proparacaine hcl ophth soln 0.5% (Alcaine)	3		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	5		PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	6		QL (2.5 mls/30 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	6		QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	5		
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	6		
sulfacetamide sodium ophth soln 10% (Bleph-10)	3		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	6		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	3		QL (30 containers/30 days)
tetracaine hcl ophth soln 0.5%	3		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	3		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	3		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	3		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	5		
TOBRADEX ST - tobramycin-dexamethasone ophth susp 0.3-0.05%	6		
tobramycin ophth soln 0.3% (Tobrex)	3		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	3		
TOBREX - tobramycin ophth oint 0.3%	6		
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	6		QL (2.5 mls/30 days)
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	3		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	5		
tropicamide ophth soln 0.5%	3		
tropicamide ophth soln 1% (Mydracyl)	3		
XIIDRA - lifitegrast ophth soln 5%	6		PA, QL (60 vials/30 days)
ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv)	6		PA, QL (60 vials/30 days)
ZIRGAN - ganciclovir ophth gel 0.15%	6		
OTIC AGENTS			
acetic acid otic soln 2%	3		
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	6		
CIPROFLOXACIN - ciprofloxacin hcl otic soln 0.2% (base equivalent)	6		
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	3		
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	6		
DERMOTIC - fluocinolone acetonide (otic) oil 0.01%	6		
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	3		
hydrocortisone w/ acetic acid otic soln 1-2%	3		
HYDROCORTISONE/ACETIC ACI - hydrocortisone w/ acetic acid otic soln 1-2%	6		
neomycin-polymyxin-hc otic soln 1%	3		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3		
ofloxacin otic soln 0.3%	3		
MOUTH/THROAT/DENTAL AGENTS			

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
cevimeline hcl cap 30 mg (Evoxac)	3		
chlorhexidine gluconate soln 0.12% (Peridex)	3		
clotrimazole troche 10 mg	3		
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate paste 1.1-5%	6		
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate paste 1.1-5%	6		
LIDOCAINE HCL - lidocaine hcl laryngotracheal soln 4%	6		
lidocaine hcl viscous soln 2%	3		
nystatin susp 100000 unit/ml	3		
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	6		
PERIDEX - chlorhexidine gluconate soln 0.12%	6		
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	3		
PREVIDENT RINSE - sodium fluoride rinse 0.2%	4		
SALAGEN - pilocarpine hcl tab 5 mg, 7.5 mg	6		
sodium fluoride cream 1.1% (Prevident 5000 plus)	1		
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1		
sodium fluoride paste 1.1% (Prevident 5000 boost)	1		
stannous fluoride gel 0.4%	1		
triamcinolone acetonide dental paste 0.1%	3		
ANORECTAL AGENTS			
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	6		
ANALPRAM HC SINGLES - hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	6		
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	6		
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	6		
ANUSOL-HC - hydrocortisone perianal cream 2.5%	6		
CORTENEMA - hydrocortisone enema 100 mg/60ml	6		
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	6		
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3		
hydrocortisone enema 100 mg/60ml (Cortenema)	3		
hydrocortisone perianal cream 1% (Proctocort)	3		
hydrocortisone perianal cream 2.5% (Anusol-hc)	3		
nitroglycerin oint 0.4% (Rectiv)	3		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
RECTIV - nitroglycerin oint 0.4%	6		
DERMATOLOGICALS			
acitretin cap 10 mg, 25 mg (Soriatane)	3		
acitretin cap 17.5 mg	3		
acyclovir oint 5% (Zovirax)	3		
adapalene gel 0.1%	3		
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	7	SP	PA, LD, QL (4 syringes/28 days)
AFTERTEST TOPICAL PAIN RE - benzocaine stick 10%	6		
alclometasone dipropionate cream 0.05%	3		QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	3		QL (120 grams/30 days)
ALTABAX - retapamulin oint 1%	6		
azelaic acid gel 15% (Finacea)	3		
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	6		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	3		
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	6		ST, QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	3		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	3		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	3		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	3		QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3		QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3		QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	7	SP	PA
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	3		
calcipotriene cream 0.005% (Dovonex)	3		QL (120 grams/30 days)
calcipotriene oint 0.005%	3		QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3		QL (120 mls/30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	3		QL (120 grams/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	3		QL (120 grams/30 days)
CALCITRIOL - calcitriol oint 3 mcg/gm	6		QL (200 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	7	SP	PA, QL (30 tablets/30 days)
ciclopirox gel 0.77%	3		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	3		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	3		
ciclopirox shampoo 1% (Loprox shampoo)	3		
ciclopirox solution 8% (Penlac Nail Lacquer)	3		QL (6.6 mls/30 days)
CLEOCIN-T - clindamycin phosphate lotion 1%	6		
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3		
clindamycin phosphate gel 1%	3		
clindamycin phosphate lotion 1% (Cleocin-t)	3		
clindamycin phosphate soln 1%	3		QL (120 grams/30 days)
clindamycin phosphate swab 1%	3		
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	3		
clobetasol propionate cream 0.05% (Temovate)	3		QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	3		QL (210 grams/28 days)
clobetasol propionate gel 0.05%	3		QL (210 grams/28 days)
clobetasol propionate oint 0.05% (Temovate)	3		QL (210 grams/28 days)
clobetasol propionate soln 0.05%	3		QL (200 mls/28 days)
clocortolone pivalate cream 0.1% (Cloderm)	3		QL (135 grams/30 days)
CLODERM - clocortolone pivalate cream 0.1%	6		ST, QL (135 grams/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3		
CONDYLOX - podofilox gel 0.5%	6		
CORDRAN - flurandrenolide tape 4 mcg/sqcm	6		ST, QL (1 box/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	7	SP	PA, LD, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	7	SP	PA, LD, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	7	SP	PA, LD, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	7	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	7	SP	PA, LD, QL (1 pen/28 days)
CROTAN - crotamiton lotion 10%	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DERMA-SMOOTHIE/FS BODY - fluocinolone acetonide oil 0.01% (body oil)	6		ST, QL (118.28 mls/30 days)
DERMA-SMOOTHIE/FS SCALP - fluocinolone acetonide oil 0.01% (scalp oil)	6		ST, QL (118.28 mls/30 days)
desonide cream 0.05% (Desowen)	3		QL (120 grams/30 days)
desonide oint 0.05%	3		QL (120 grams/30 days)
desoximetasone cream 0.05%, 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone gel 0.05% (Topicort)	3		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	3		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	3		QL (150 mls/30 days)
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	6		ST, QL (200 grams/28 days)
doxepin hcl cream 5% (Prudoxin)	3		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	7	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	7	SP	PA, QL (2 syringes/28 days)
econazole nitrate cream 1%	3		QL (120 grams/30 days)
EFUDEX - fluorouracil cream 5%	6		PA, QL (240 grams/84 days)
EPIFOAM - pramoxine-hc aerosol foam 1-1%	6		
ERTACZO - sertaconazole nitrate cream 2%	6		PA
ERY - erythromycin pads 2%	6		
ERYGEL - erythromycin gel 2%	6		
erythromycin gel 2% (Erygel)	3		
erythromycin soln 2%	3		
EXELDERM - sulconazole nitrate solution 1%	6		PA
EXELDERM - sulconazole nitrate cream 1%	6		PA
FLUOCINOLONE ACETONIDE - fluocinolone acetonide cream 0.01%	3		ST, QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	3		QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	3		QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	3		QL (120 mls/30 days)
fluocinonide cream 0.05%	3		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	3		QL (120 grams/30 days)
fluocinonide gel 0.05%	3		QL (120 grams/30 days)
fluocinonide oint 0.05%	3		QL (120 grams/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
fluocinonide soln 0.05%	3		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%, 5%	6		
fluorouracil cream 5% (Efudex)	3		PA, QL (240 grams/84 days)
fluticasone propionate cream 0.05%	3		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	3		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	3		
halcinonide cream 0.1% (Halog)	3		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	3		QL (200 grams/28 days)
HALOG - halcinonide soln 0.1%	6		ST, QL (120 mls/30 days)
HALOG - halcinonide oint 0.1%	6		ST, QL (120 grams/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate soln 0.1%	6		ST, QL (120 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate cream 0.1%	6		ST, QL (135 grams/30 days)
hydrocortisone butyrate oint 0.1%	3		QL (135 grams/30 days)
hydrocortisone cream 2.5%	3		QL (454 grams/30 days)
hydrocortisone lotion 2.5%	3		QL (118 mls/30 days)
hydrocortisone oint 2.5%	3		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	3		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	3		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	6		PA, LD, QL (70 grams/84 days)
imiquimod cream 5% (Aldara)	3		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	3		
ivermectin cream 1% (Soolantra)	3		PA
ketoconazole cream 2%	3		QL (120 grams/30 days)
ketoconazole shampoo 2%	3		
KLARON - sulfacetamide sodium lotion 10% (acne)	6		
KLISYRI - tirbanibulin ointment 1%	6		PA, QL (5 packets/90 days)
lidocaine hcl soln 4%	3		QL (150 mls/30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	3		
lidocaine patch 5% (Lidoderm)	3		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	7	SP	PA, LD, QL (28 capsules/28 days)
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	3		
malathion lotion 0.5% (Ovide)	3		
METHOXSALEN - methoxsalen rapid cap 10 mg	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
METROGEL - metronidazole gel 1%	6		
METROLOTION - metronidazole lotion 0.75%	6		
metronidazole cream 0.75% (Metrocream)	3		
metronidazole gel 0.75%	3		
metronidazole gel 1% (Metrogel)	3		
metronidazole lotion 0.75% (Metro lotion)	3		
mometasone furoate cream 0.1%	3		QL (135 grams/30 days)
mometasone furoate oint 0.1%	3		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	3		QL (120 mls/30 days)
mupirocin oint 2%	3		
NATROBA - spinosad susp 0.9%	6		
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	6		
nystatin cream 100000 unit/gm	3		
nystatin oint 100000 unit/gm	3		
nystatin topical powder 100000 unit/gm	3		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	3		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	3		
OPZELURA - ruxolitinib phosphate cream 1.5%	6		PA, QL (60 grams/30 days)
OVIDE - malathion lotion 0.5%	6		
oxiconazole nitrate cream 1% (Oxistat)	3		PA
PANRETIN - alitretinoin gel 0.1%	6		
penciclovir cream 1% (Denavir)	3		
permethrin cream 5% (Elimite)	3		
pimecrolimus cream 1% (Elidel)	3		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	5		
podofilox gel 0.5% (Condylox)	3		
REGANEX - becaplermin gel 0.01%	6		
RETIN-A - tretinoin gel 0.01%, 0.025%	6		
SANTYL - collagenase oint 250 unit/gm	5		QL (90 grams/30 days)
selenium sulfide lotion 2.5%	3		
SILIQ - brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	7	SP	PA, QL (2 syringes/28 days)
SILVADENE - silver sulfadiazine cream 1%	6		
silver sulfadiazine cream 1% (Silvadene)	3		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	7	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	7	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SOTYKTU - deucravacitinib tab 6 mg	7	SP	PA, LD, QL (30 tablets/30 days)
SPINOSAD - spinosad susp 0.9%	6		
STELARA - ustekinumab inj 45 mg/0.5ml	7	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	7	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	7	SP	PA, QL (1 syringe/56 days)
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	6		PA
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	6		PA
sulfacetamide sodium lotion 10% (acne) (Klaron)	3		
SULFAMYLON - mafenide acetate packet for topical soln 5% (50 gm)	6		
SULFAMYLON - mafenide acetate cream 85 mg/gm	6		
tacrolimus oint 0.03%, 0.1% (Protopic)	3		ST, QL (100 grams/30 days)
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	7	SP	PA, LD, QL (1 pen/28 days)
TALTZ - ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	7	SP	PA, LD, QL (1 syringe/28 days)
tazarotene cream 0.1% (Tazorac)	3		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	3		QL (100 grams/30 days)
TAZORAC - tazarotene cream 0.05%	5		QL (120 grams/30 days)
TAZORAC - tazarotene gel 0.05%, 0.1%	6		QL (100 grams/30 days)
TOLAK - fluorouracil cream 4%	6		PA, QL (40 grams/28 days)
TOPICORT - desoximetasone cream 0.25%	6		ST, QL (120 grams/30 days)
TOPICORT - desoximetasone gel 0.05%	6		ST, QL (120 grams/30 days)
TOPICORT - desoximetasone oint 0.25%	6		ST, QL (120 grams/30 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	7	SP	PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	7	SP	PA, QL (1 syringe/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	3		
tretinoin gel 0.01%, 0.025% (Retin-a)	3		
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	3		QL (126 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	3		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	3		QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	3		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	3		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	7	SP	LD
ZONALON - doxepin hcl cream 5%	6		PA, QL (45 grams/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	7	SP	PA
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	7	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	7	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	7	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	7	SP	
EXJADE - deferasirox tab for oral susp 125 mg, 250 mg, 500 mg	7	SP	
FERRIPROX - deferiprone tab 500 mg, 1000 mg	7	SP	LD
FERRIPROX - deferiprone oral soln 100 mg/ml	7	SP	LD
JADENU - deferasirox tab 90 mg, 180 mg, 360 mg	7	SP	
JADENU SPRINKLE - deferasirox granules packet 90 mg, 180 mg, 360 mg	7	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	5		QL (4 bottles/30 days)
naloxone hcl inj 0.4 mg/ml	3		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	3		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	3		QL (4 bottles/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	3		QL (4 vials/30 days)
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	6		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	3		
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	6		QL (4 bottles/30 days)
OPVEE - nalmeffene hcl nasal spray 2.7 mg/0.1ml (base equiv)	5		QL (4 bottles/30 days)
RADIOGARDASE - prussian blue insoluble cap 0.5 gm	6		
VISTOGARD - uridine triacetate oral granules packet 10 gm	7	SP	PA, LD
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	6		QL (4 syringes/30 days)
DIAGNOSTIC PRODUCTS			
ACCU-CHEK AVIVA PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK COMPACT STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK COMPACT TEST DR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK GUIDE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCU-CHEK GUIDE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ACCU-CHEK SMARTVIEW STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
ACCUTREND GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVANCE INTUITION TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVANCE MICRO-DRAW TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE REDI-CODE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE REDI-CODE+ TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
ADVOCATE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX AMP NO CODE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX JAZZ TEST STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX KEYNOTE TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
AGAMATRIX PRESTO TEST STR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II CHECK STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE II TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PLATINUM TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PRISM MULTI TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE PRO TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE 3 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ASSURE 4 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
AT LAST TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
BIOTEL CARE BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
BLULINK GLUCOSE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
CAREONE BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
CARESENS N BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
CARETOUCH BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CHEMSTRIP-K - acetone (urine) test strip	4		
CLEVER CHEK AUTO-CODE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHEK AUTO-CODE VOI - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHEK TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE AUTO-CODE P - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE MICRO TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE NO CODING T - glucose blood test strip	6		PA, QL (204 strips/30 days)
CLEVER CHOICE TALK NO COD - glucose blood test strip	6		PA, QL (204 strips/30 days)
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	4		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	4		QL (204 strips/30 days)
COOL BLOOD GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
CVS ADVANCED GLUCOSE METE - glucose blood test strip	6		PA, QL (204 strips/30 days)
CVS GLUCOSE METER TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)
DIATHRIVE BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
DIATHRIVE+ BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
DIATRUE PLUS BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
DUO-CARE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY PLUS II BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY STEP TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TALK BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TALK PLUS II BLOOD G - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TOUCH GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TOUCH HEALTHPRO GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASY TRAK BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TRAK II BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYGLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYMAX TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYMAX 15 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYPRO BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
EASYPRO PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
ELEMENT COMPACT TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
ELEMENT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE BLOOD GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE EVO BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE PRO BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE TALK BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EMBRACE WAVE BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
EQ BLOOD GLUCOSE TEST STR - glucose blood test strip	6		PA, QL (204 strips/30 days)
EVENCARE BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
EVOLUTION AUTOCODE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FIFTY50 GLUCOSE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA BLOOD GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA D15G BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA D20 BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA D40/G31 BLOOD GLUCOS - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA GD20 TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA GD50 BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA GTEL BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA G20 BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FORA G30/PREMIUM V10 BLOO - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA TN'G ADVANCE PRO BLO - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA TN'G/TN'G VOICE BLOO - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA V10 BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA V12 BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA V20 BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA V30A BLOOD GLUCOSE T - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA 6 CONNECT - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORA 6 CONNECT/GTEL BLOOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORACARE GD40 - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORACARE PREMIUM V10 TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORACARE TEST N GO TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORTISCARE BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
FORTISCARE G1 BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
FREESTYLE INSULINX BLOOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP - glucose blood test strip	6		PA, QL (204 strips/30 days)
FREESTYLE PRECISION NEO B - glucose blood test strip	6		PA, QL (204 strips/30 days)
FREESTYLE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GENULTIMATE TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GE100 BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
GHT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCAGEN DIAGNOSTIC - glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	6		
GLUCO PERFECT 3 TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD EXPRESSION BLOO - glucose blood test strip	6		PA, QL (204 strips/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLUCOCARD SHINE TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD VITAL TEST STRI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD X-SENSOR - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCARD 01 SENSOR PLUS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOCOM TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCONAVII BLOOD GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GLUCOSE METER TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP EASY TOUCH GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUE METRIX SELF MONI - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUETRACK BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
GNP TRUETRACK SMART SYSTE - glucose blood test strip	6		PA, QL (204 strips/30 days)
GOJJI BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
GOODSENSE PREMIUM BLOOD G - glucose blood test strip	6		PA, QL (204 strips/30 days)
HW EMBRACE PRO BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
HW EMBRACE TALK BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
IGLUCOSE BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
IN TOUCH BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
INFINITY BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
INFINITY VOICE - glucose blood test strip	6		PA, QL (204 strips/30 days)
KETOCARE - acetone (urine) test strip	4		
KETONE - acetone (urine) test strip	4		
KETONE TEST STRIPS - acetone (urine) test strip	4		
KETOSTIX - acetone (urine) test strip	4		
KROGER BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
KROGER HEALTHPRO GLUCOSE - glucose blood test strip	6		PA, QL (204 strips/30 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KROGER PREMIUM BLOOD GLUC - glucose blood test strip	6		PA, QL (204 strips/30 days)
LIBERTY NEXT GENERATION B - glucose blood test strip	6		PA, QL (204 strips/30 days)
LIBERTY TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER BLOOD GLUCOSE TEST - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER ESSENTIAL BLOOD GL - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER TRUETEST BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
MEIJER TRUETRACK BLOOD GL - glucose blood test strip	6		PA, QL (204 strips/30 days)
METOPIRONE - metyrapone cap 250 mg	7	SP	LD
MICRODOT TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
MICRODOT XTRA TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
MM BLULINK GLUCOSE TEST S - glucose blood test strip	6		PA, QL (204 strips/30 days)
MM EASY TOUCH GLUCOSE TES - glucose blood test strip	6		PA, QL (204 strips/30 days)
MYGLUCOHEALTH BLOOD GLUCO - glucose blood test strip	6		PA, QL (204 strips/30 days)
NEUTEK 2TEK TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
NOVA MAX GLUCOSE TEST STR - glucose blood test strip	6		PA, QL (204 strips/30 days)
ON CALL EXPRESS BLOOD GLU - glucose blood test strip	6		PA, QL (204 strips/30 days)
ONE DROP BLOOD GLUCOSE TE - glucose blood test strip	6		PA, QL (204 strips/30 days)
ONETOUCH ULTRA - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	4		QL (204 strips/30 days)
OPTIUMEZ TEST STRIPS - glucose blood test strip	6		PA, QL (204 strips/30 days)
PHARMACIST CHOICE AUTOCOD - glucose blood test strip	6		PA, QL (204 strips/30 days)
PHARMACIST CHOICE NO CODI - glucose blood test strip	6		PA, QL (204 strips/30 days)
PIP BLOOD GLUCOSE TEST ST - glucose blood test strip	6		PA, QL (204 strips/30 days)

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ACTI-LANCE LITE SAFETY LA - lancets	4		
ACTI-LANCE SPECIAL SAFETY - lancets	4		
ACTI-LANCE UNIVERSAL SAFE - lancets	4		
ADJUSTABLE LANCING DEVICE - lancet devices	4		
ADVANCE INTUITION BLOOD G - blood glucose monitoring devices	6		
ADVANCE INTUITION BLOOD G - blood glucose monitoring kit w/ device	6		
ADVANCE MICRO-DRAW METER - blood glucose monitoring devices	6		
ADVANCED MOBILE LANCET 30 - lancets	4		
ADVOCATE BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
ADVOCATE BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ADVOCATE LANCETS - lancets	4		
ADVOCATE LANCETS 30G - lancets	4		
ADVOCATE LANCING DEVICE - lancet devices	4		
ADVOCATE RAPID-SAFE LANCI - lancet devices	4		
ADVOCATE REDI-CODE - blood glucose monitoring devices	6		
ADVOCATE REDI-CODE+ BLOOD - blood glucose monitoring devices	6		
ADVOCATE REDI-CODE/TALKIN - blood glucose monitoring kit w/ device	6		
ADVOCATE SAFETY LANCETS 2 - lancets	4		
AF LANCETS SUPER THIN - lancets	4		
AGAMATRIX AMP NO CODE ADV - blood glucose monitoring devices	6		
AGAMATRIX JAZZ WIRELESS 2 - blood glucose monitoring kit w/ device	6		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty

Drug Name	Drug Tier	Specialty	Requirements/Limits
AGAMATRIX PRESTO - blood glucose monitoring kit w/ device	6		
AGAMATRIX PRESTO PRO METE - blood glucose monitoring devices	6		
AGAMATRIX ULTRA-THIN LANC - lancets	4		
AIMSCO LUBRICATED - condoms latex lubricated	1		
AIMSCO TWIST LANCETS 32G - lancets	4		
AIMSCO TWIST LANCETS 33G - lancets	4		
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ASSURE COMFORT LANCETS UL - lancets	4		
ASSURE HAEMOLANCE PLUS HI - lancets	4		
ASSURE HAEMOLANCE PLUS LO - lancets	4		
ASSURE HAEMOLANCE PLUS MI - lancets	4		
ASSURE HAEMOLANCE PLUS NO - lancets	4		
ASSURE HAEMOLANCE PLUS PE - lancets	4		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
ASSURE LANCE LANCETS - lancets	4		
ASSURE LANCE LANCETS 21G - lancets	4		
ASSURE LANCE PLUS SAFETY - lancets	4		
ASSURE LANCE SAFETY LANCE - lancets	4		
ASSURE PLATINUM BLOOD GLU - blood glucose monitoring devices	6		
ASSURE PRISM MULTI BLOOD - blood glucose monitoring devices	6		
ASSURE PRO BLOOD GLUCOSE - blood glucose monitoring devices	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ASSURE 3 METER - blood glucose monitoring kit	6		
ASSURE 4 BLOOD GLUCOSE ME - blood glucose monitoring devices	6		
AT LAST BLOOD GLUCOSE SYS - blood glucose monitoring kit	6		
AT LAST LANCETS - lancets	4		
AUM INSULIN SAFETY PEN NE - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	4		
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	4		
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
AURORA LANCET SUPER THIN - lancets	4		
AURORA LANCET THIN 23G - lancets	4		
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4		
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
AUTO-LANCET - lancet devices	4		
AUTO-LANCET MINI - lancet devices	4		
AUTOLET IMPRESSION LANCIN - lancet devices	4		
AUTOLET LANCING DEVICE - lancet devices	4		
AUTOLET MINI - lancet devices	4		
AUTOLET PLUS - lancet devices	4		
AUTOPEN - injection device for insulin	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	4		
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	4		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
BD ALLERGY SYRINGE 0.5ML/ - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2", 1/2 ml 27 x 3/8"	6		
BD ALLERGY SYRINGE 1ML/27 - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	6		
BD ALLERGY SYRINGE/NEEDLE - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	6		
BD ALLERGY/SYRINGE/NEEDLE - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5		
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
BD BLUNT FILL NEEDLE/18G - needle (disp) 18 x 1-1/2"	6		
BD DISPOSABLE NEEDLE REGU - needle (disp) 25 x 1"	5		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	5		
BD ECLIPSE NEEDLE 21G X 1 - needle (disp) 21 x 1", 21 x 1-1/2"	6		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	5		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	6		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	5		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	6		
BD ECLIPSE NEEDLE 27G X 1 - needle (disp) 27 x 1/2"	6		
BD ECLIPSE NEEDLE/LUER-LO - needle (disp) 30 x 1/2"	6		
BD ECLIPSE NEEDLE/18G X 1 - needle (disp) 18 x 1-1/2"	6		
BD ECLIPSE NEEDLE/23G X 1 - needle (disp) 23 x 1"	6		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	5		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	6		
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD ECLIPSE 23G X 1" NEEDL - needle (disp) 23 x 1"	6		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD HYPODERMIC NEEDLES 16G - needle (disp) 16 x 1"	6		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	5		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1-1/2"	6		
BD HYPODERMIC NEEDLES 19G - needle (disp) 19 x 1", 19 x 1-1/2"	6		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	5		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 2"	6		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1", 22 x 1-1/2"	5		
BD HYPODERMIC NEEDLES 23G - needle (disp) 23 x 3/4", 23 x 1"	6		
BD HYPODERMIC NEEDLES 25G - needle (disp) 25 x 1-1/2"	6		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	5		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	4		
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	4		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	4		
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	4		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	4		
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	4		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
BD INTEGRA RETRACTABLE NE - needle (disp) 23 x 1"	6		
BD LATITUDE DIABETES MANA - blood glucose monitoring kit w/ device	6		
BD LOGIC BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
BD MAGNI-GUIDE MAGNIFIER - blood glucose monitoring supplies	6		
BD MICROTAINER LANCETS - lancets	4		
BD NEEDLE BLUNT 5 MICRON - needle (disp) 18 x 1-1/2"	6		
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	5		
BD NEEDLE 30G X 1" - needle (disp) 30 x 1"	6		
BD NEEDLE/16G X 1-1/2" - needle (disp) 16 x 1-1/2"	6		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD NEEDLE/19G X 1" - needle (disp) 19 x 1"	6		
BD NEEDLE/20G X 1-1/2" - needle (disp) 20 x 1-1/2"	6		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	5		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	5		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	5		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	5		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	5		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	5		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	5		
BD NOKOR NEEDLE ADMIX THI - needle (disp) 18 x 1-1/2"	6		
BD NOKOR VENTED NEEDLE 18 - needle (disp) 18 x 1"	6		
BD PEN - injection device for insulin	6		
BD PEN MINI - injection device for insulin	6		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	4		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5		
BD PRECISIONGLIDE NEEDLE - needle (disp) 27 x 1-1/2"	6		
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	5		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 18 x 1-1/2"	6		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	5		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
BD SAFETYGLIDE NEEDLE 25G - needle (disp) 25 x 1"	6		
BD SAFETYGLIDE NEEDLE/SHI - needle (disp) 22 x 1-1/2"	6		
BD SAFETYGLIDE SHIELDED N - needle (disp) 23 x 1"	6		
BD SAFETYGLIDE 21G X 1-1/ - needle (disp) 21 x 1-1/2"	6		
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	5		
BD TUBERCULIN SYRINGE/NEE - tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1"	6		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
BD 1/2ML TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2"	6		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	5		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		
BIGFOOT UNITY PROGRAM KIT - blood glucose monitor kit w/ monitor device & digital app	6		
BIOTEL CARE BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
BIOTEL CARE CONNECTED BLO - blood glucose monitoring kit w/ device	6		
BLOOD GLUCOSE MONITORING - blood glucose monitoring devices	6		
BLOOD GLUCOSE MONITORING - blood glucose monitoring kit w/ device	6		
BLOOD GLUCOSE SYSTEM PAK - blood glucose monitoring kit w/ device	6		
BLULINK BLOOD GLUCOSE MON - blood glucose monitoring devices	6		
CARDIOCOM LANCING DEVICE - lancet devices	4		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
CAREONE ADVANCED LANCING - lancet devices	4		
CAREONE BLOOD GLUCOSE MON - blood glucose monitoring kit w/ device	6		
CAREONE INSULIN SYRINGES/ - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
CAREONE LANCET SUPER THIN - lancets	4		
CAREONE LANCET THIN - lancets	4		
CAREONE LANCET ULTRA THIN - lancets	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CAREPOINT PRECISION POLY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 27 x 1/2", 30 x 1/2"	6		
CAREPOINT PRECISION SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	6		
CAREPOINT SAFETY 1ST NEED - needle (disp) 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2"	6		
CARESENS LANCETS - lancets	4		
CARESENS N BLOOD GLUCOSE - blood glucose monitoring devices	6		
CARESENS N FELIZ - blood glucose monitoring devices	6		
CARESENS N FELIZ BT - blood glucose monitoring devices	6		
CARESENS N GLUCOSE MONITO - blood glucose monitoring devices	6		
CARESENS N VOICE BLOOD GL - blood glucose monitoring devices	6		
CARETOUCH BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
CARETOUCH HYPODERMIC NEED - needle (disp) 18 x 1-1/2", 20 x 1", 22 x 1", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1", 27 x 1-1/2"	6		
CARETOUCH INSULIN SYRINGE - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
CARETOUCH LANCING DEVICE - lancet devices	4		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
CARETOUCH SAFETY LANCETS/ - lancets	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARETOUCH TWIST LANCETS M - lancets	4		
CARETOUCH TWIST LANCETS 2 - lancets	4		
CARETOUCH TWIST LANCETS 3 - lancets	4		
CAYA - diaphragm arc-spring	1		
CHEMSTRIP BG LOG BOOK - blood glucose monitoring misc.	6		
CLEANLET LANCETS 28G - lancets	4		
CLEVER CHEK AUTO CODE VOI - blood glucose monitoring devices	6		
CLEVER CHEK AUTO-CODE BLO - blood glucose monitoring devices	6		
CLEVER CHEK AUTO-CODE VOI - blood glucose monitoring devices	6		
CLEVER CHEK BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
CLEVER CHEK LANCETS ULTRA - lancets	4		
CLEVER CHOICE AUTO-CODE P - blood glucose monitoring devices	6		
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 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLEVER CHOICE COMFORT EZ - lancets	4		
CLEVER CHOICE MICRO BLOOD - blood glucose monitoring kit w/ device	6		
CLEVER CHOICE MINI BLOOD - blood glucose monitoring devices	6		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEVER CHOICE TALK BLOOD - blood glucose monitoring devices	6		
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLICKFINE PEN NEEDLE 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CLICKFINE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
CLICKFINE PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CLICKFINE UNIVERSAL PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
COAGUCHEK LANCETS - lancets	4		
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
COMFORT ASSURED LANCETS M - lancets	4		
COMFORT ASSURED LANCETS S - lancets	4		
COMFORT EZ INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	4		
COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
COMFORT LANCETS - lancets	4		
COMFORT TOUCH LANCETS ULT - lancets	4		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
COMFORT TOUCH PLUS SAFETY - lancets	4		
CONDOMS - condoms - male	1		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	4		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK 2.4 WIR - blood glucose monitoring kit w/ device	6		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	4		
COOL BLOOD GLUCOSE MONITO - blood glucose monitoring devices	6		
COOL BLOOD GLUCOSE MONITO - blood glucose monitoring kit w/ device	6		
CVS ADVANCED GLUCOSE METE - blood glucose monitoring kit w/ device	6		
CVS LANCETS MICRO THIN 33 - lancets	4		
CVS LANCETS MICRO-THIN 33 - lancets	4		
CVS LANCETS ORIGINAL - lancets	4		
CVS LANCETS THIN 26G - lancets	4		
CVS LANCETS ULTRA THIN 30 - lancets	4		
CVS LANCETS ULTRA-THIN 30 - lancets	4		
CVS LANCETS 21G - lancets	4		
CVS LANCING DEVICE - lancet devices	4		
CVS ULTRA THIN LANCETS - lancets	4		
D-CARE GLUCOMETER KIT/GLU - blood glucose monitoring kit w/ device	6		
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	5		ST, QL (1 receiver/365 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DEXCOM G6 SENSOR - continuous blood glucose system sensor	5		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	5		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	5		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous blood glucose system sensor	5		ST, QL (3 sensors/30 days)
DIABETES MONITORING DIGIT - blood glucose monitor kit w/ monitor device & digital app	6		
DIATHRIVE BLOOD GLUCOSE M - blood glucose monitoring devices	6		
DIATHRIVE LANCETS - lancets	4		
DIATHRIVE LANCETS ULTRA T - lancets	4		
DIATHRIVE LANCING DEVICE - lancet devices	4		
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DIATHRIVE+ BLOOD GLUCOSE - blood glucose monitoring devices	6		
DIATRUE PLUS BLOOD GLUCOS - blood glucose monitoring devices	6		
DROPLET GENTEEL LANCING D - lancet devices	4		
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 30 x 15/64", u-100 0.5 ml 30 x 15/64", u-100 1 ml 30 x 15/64", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	4		
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2"	4		
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
DROPLET LANCETS ULTRA THI - lancets	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DROPLET LANCING DEVICE - lancet devices	4		
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	4		
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	4		
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	4		
DROPLET PERSONAL LANCETS - lancets	4		
DROPSAFE INSULIN SAFETY S - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DRUG MART LANCETS THIN - lancets	4		
DRUG MART LANCETS ULTRA T - lancets	4		
DRUG MART ON-THE-GO LANCE - lancets	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DRUG MART UNILET LANCETS - lancets	4		
DRUG MART UNILET MICRO TH - lancets	4		
DUANE READE LANCET ALTERN - lancets	4		
DUANE READE LANCET SUPER - lancets	4		
DUANE READE LANCET ULTRA - lancets	4		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	4		
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	1		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	1		
E-Z JECT LANCETS - lancets	4		
E-Z JECT LANCETS COLOR - lancets	4		
E-Z JECT LANCETS SUPER TH - lancets	4		
E-Z JECT LANCETS THIN 26G - lancets	4		
E-Z JECT LANCETS 21G - lancets	4		
E-ZJECT LANCETS MICRO-THI - lancets	4		
EASY COMFORT INSULIN SYRI - 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 0.3 ml 31 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
EASY COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBRACE BLOOD GLUCOSE MON - blood glucose monitoring devices	6		
EMBRACE EVO BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
EMBRACE EVO COMPACT BLOOD - blood glucose monitoring devices	6		
EMBRACE LANCETS ULTRA THI - lancets	4		
EMBRACE LANCING DEVICE WI - lancet devices	4		
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
EMBRACE PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
EMBRACE PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EMBRACE PRESSURE ACTIVATE - lancets	4		
EMBRACE PRO BLOOD GLUCOSE - blood glucose monitoring devices	6		
EMBRACE TALK BLOOD GLUCOS - blood glucose monitoring devices	6		
EMBRACE TALK BLOOD GLUCOS - blood glucose monitoring kit w/ device	6		
EMBRACE WAVE BLOOD GLUCOS - blood glucose monitoring devices	6		
EQL COLOR LANCETS MICRO T - lancets	4		
EQL COLOR LANCETS 21G - lancets	4		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
EQL SUPER THIN LANCETS 30 - lancets	4		
EQL THIN LANCETS 26G - lancets	4		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
EVENCARE BLOOD GLUCOSE MO - blood glucose monitoring kit	6		
EVOLUTION AUTOCODE - blood glucose monitoring devices	6		
EZ-LETS LANCETS 21G - lancets	4		
EZ-LETS LANCETS 26G SUPER - lancets	4		
EZ-LETS LANCETS 28G ULTRA - lancets	4		
EZ-LETS LANCETS 30G - lancets	4		
FANTASY LUBRICATED - condoms latex lubricated	1		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	1		
FC2 FEMALE CONDOM - condoms - female	1		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	1		
FIFTY50 GLUCOSE METER 2.0 - blood glucose monitoring kit w/ device	6		
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
FIFTY50 SAFETY SEAL LANCE - lancets	4		
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
FIFTY50 UNILET LANCETS 33 - lancets	4		
FINGERSTIX LANCETS - lancets	4		
FLOW-EZE VENTED NEEDLE - hypodermic needles (disposable)	6		
FORA GD20 BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA GD50 BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA GTEL BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA G20 BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FORA G30A BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA LANCETS - lancets	4		
FORA LANCING DEVICE - lancet devices	4		
FORA LANCING DEVICE/CLEAR - lancet devices	4		
FORA PREMIUM V10 BLE BLOO - blood glucose monitoring devices	6		
FORA TEST N' GO VOICE BLO - blood glucose monitoring devices	6		
FORA TN'G VOICE BLOOD GLU - blood glucose monitoring kit w/ device	6		
FORA V10 BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
FORA V10/V12/D10/D20 BLOO - blood glucose monitoring kit	6		
FORA V12 BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
FORA V20 BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
FORA V30A BLOOD GLUCOSE M - blood glucose monitoring devices	6		
FORA V30A BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
FORACARE GD40 BLOOD GLUCO - blood glucose monitoring devices	6		
FORACARE PREMIUM V10 BLOO - blood glucose monitoring devices	6		
FORACARE TEST N GO BLOOD - blood glucose monitoring devices	6		
FORTISCARE T1 SELF-MONITO - blood glucose monitoring devices	6		
FREESTYLE FREEDOM LITE - blood glucose monitoring kit w/ device	6		
FREESTYLE LANCETS - lancets	4		
FREESTYLE LIBRE 14 DAY/RE - continuous blood glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous blood glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/ - continuous blood glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous blood glucose system sensor	5		ST, QL (2 sensors/28 days)

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FREESTYLE LIBRE 3/READER/ - continuous blood glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous blood glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FL - continuous blood glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices	6		
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit w/ device	6		
FREESTYLE PRECISION NEO B - blood glucose monitoring kit w/ device	6		
FREESTYLE UNISTICK II LAN - lancets	4		
GENTEEL BUTTERFLY TOUCH L - lancets	4		
GENTEEL PLUS LANCING DEVI - lancet devices	4		
GENTLE-LET GP LANCETS - lancets	4		
GENTLE-LET LANCETS GENERA - lancets	4		
GENTLE-LET LANCETS SAFETY - lancets	4		
GE100 BLOOD GLUCOSE MONIT - blood glucose monitoring devices	6		
GE100 BLOOD GLUCOSE MONIT - blood glucose monitoring kit w/ device	6		
GHT BLOOD GLUCOSE MONITO - blood glucose monitoring kit w/ device	6		
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	4		
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLOBAL INJECT EASE LANCET - lancets	4		
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4		
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
GLOBAL LANCING DEVICE - lancet devices	4		
GLUCO PERFECT 3 BLOOD GLU - blood glucose monitoring devices	6		
GLUCOCARD EXPRESSION AUDI - blood glucose monitoring kit w/ device	6		
GLUCOCARD SHINE - blood glucose monitoring devices	6		
GLUCOCARD SHINE - blood glucose monitoring kit w/ device	6		
GLUCOCARD SHINE CONNEX BL - blood glucose monitoring kit w/ device	6		
GLUCOCARD SHINE EXPRESS B - blood glucose monitoring kit w/ device	6		
GLUCOCARD SHINE XL - blood glucose monitoring devices	6		
GLUCOCARD VITAL BLOOD GLU - blood glucose monitoring kit w/ device	6		
GLUCOCARD X-METER - blood glucose monitoring kit w/ device	6		
GLUCOCARD 01 BLOOD GLUCOS - blood glucose monitoring devices	6		
GLUCOCARD 01 BLOOD GLUCOS - blood glucose monitoring kit w/ device	6		
GLUCOCARD 01-MINI BLOOD G - blood glucose monitoring kit w/ device	6		
GLUCOCOM AUTOLINK TELEMON - blood glucose monitoring misc.	6		
GLUCOCOM BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
GLUCOCOM BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
GLUCOCOM LANCETS 28G - lancets	4		
GLUCOCOM LANCETS 30G - lancets	4		
GLUCOCOM LANCETS 33G - lancets	4		
GLUCONAVII BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2",	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
GNP EASY TOUCH GLUCOSE MO - blood glucose monitoring devices	6		
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	4		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
GNP LANCETS THIN 26G - lancets	4		
GNP LANCETS 21G - lancets	4		
GNP LANCING SYSTEM DEVICE - lancet devices	4		
GNP STERILE LANCETS 28G - lancets	4		
GNP STERILE LANCETS 30G - lancets	4		
GNP STERILE LANCETS 33G - lancets	4		
GNP TRUE METRIX AIR SELF - blood glucose monitoring kit w/ device	6		
GNP TRUE METRIX SELF MONI - blood glucose monitoring kit w/ device	6		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
GNP ULTRA COMFORT INSULIN - insulin syringe/ needle u-100 1 ml 28 x 1/2"	4		
GOJJI LANCING DEVICE/CLEA - lancet devices	4		
GOJJI STERILE LANCETS 30G - lancets	4		
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
GOODSENSE COLOR LANCETS M - lancets	4		
GOODSENSE LANCETS MICRO-T - lancets	4		
GOODSENSE LANCETS ULTRA-T - lancets	4		
GOODSENSE LANCING DEVICE - lancet devices	4		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
GOODSENSE PREMIUM BLOOD - blood glucose monitoring kit w/ device	6		
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
H-E-B INCONTROL ADVANCED - lancet devices	4		
H-E-B INCONTROL LANCETS M - lancets	4		
H-E-B INCONTROL LANCETS S - lancets	4		
H-E-B INCONTROL LANCETS U - lancets	4		
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
HAEMOLANCE - lancets	4		
HAEMOLANCE LOW FLOW LANCE - lancets	4		
HAEMOLANCE PLUS - lancets	4		
HAEMOLANCE PLUS HIGH FLOW - lancets	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HAEMOLANCE PLUS LOW FLOW - lancets	4		
HAEMOLANCE PLUS MAX FLOW - lancets	4		
HAEMOLANCE PLUS PEDIATRIC - lancets	4		
HEALTH CARE LANCING DEVIC - lancet devices	4		
HEALTHPRO BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
HEALTHWISE INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	4		
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	4		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
HW EMBRACE PRO BLOOD GLUC - blood glucose monitoring devices	6		
HW EMBRACE TALK BLOOD GLU - blood glucose monitoring devices	6		
HW EMBRACE TALK BLOOD GLU - blood glucose monitoring kit w/ device	6		
HY-VEE LANCETS - lancets	4		
HY-VEE THIN LANCETS - lancets	4		
HYPODERMIC NEEDLES 18GX1- - needle (disp) 18 x 1-1/2"	6		
HYPODERMIC NEEDLES 18GX1" - needle (disp) 18 x 1"	6		
HYPODERMIC NEEDLES 20GX1- - needle (disp) 20 x 1-1/2"	6		
HYPODERMIC NEEDLES 20GX1" - needle (disp) 20 x 1"	6		
HYPODERMIC NEEDLES 21GX1- - needle (disp) 21 x 1-1/2"	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
HYPODERMIC NEEDLES 21GX1" - needle (disp) 21 x 1"	6		
HYPODERMIC NEEDLES 22GX1- - needle (disp) 22 x 1-1/2"	6		
HYPODERMIC NEEDLES 22GX1" - needle (disp) 22 x 1"	6		
HYPODERMIC NEEDLES 23GX1- - needle (disp) 23 x 1-1/2"	6		
HYPODERMIC NEEDLES 23GX1" - needle (disp) 23 x 1"	6		
HYPODERMIC NEEDLES 25GX1- - needle (disp) 25 x 1-1/2"	6		
HYPODERMIC NEEDLES 25GX5/ - needle (disp) 25 x 5/8"	6		
HYPODERMIC NEEDLES 26GX1/ - needle (disp) 26 x 1/2"	6		
HYPODERMIC NEEDLES 27GX1- - needle (disp) 27 x 1-1/2"	6		
HYPODERMIC NEEDLES 27GX1/ - needle (disp) 27 x 1/2"	6		
IGLUCOSE BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
IN TOUCH - blood glucose monitoring devices	6		
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	4		
IN TOUCH LANCING DEVICE - lancet devices	4		
IN TOUCH STERILE LANCETS - lancets	4		
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
INFINITY BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
INFINITY VOICE - blood glucose monitoring kit w/ device	6		
INPEN 100/BLUE/LILLY/HUMA - injection device for insulin	6		
INPEN 100/BLUE/NOVOLOG/FI - injection device for insulin	6		
INPEN 100/GREY/LILLY/HUMA - injection device for insulin	6		
INPEN 100/GREY/NOVOLOG/FI - injection device for insulin	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
INPEN 100/PINK/LILLY/HUMA - injection device for insulin	6		
INPEN 100/PINK/NOVOLOG/FI - injection device for insulin	6		
INSUL-TOTE - blood glucose monitoring supplies	6		
INSUL-TOTE JR - blood glucose monitoring supplies	6		
INSULIN SYRINGE 1ML/31G X - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	4		
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4		
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
INSULIN SYRINGES 0.3ML/31 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	4		
INSULIN SYRINGES 0.5ML/31 - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	4		
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
KAMELEON LUBRICATED - condoms latex lubricated	1		
KIMONO COLORS - condoms latex lubricated	1		
KIMONO LUBRICATED - condoms latex lubricated	1		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	1		
KIMONO MICRO THIN - condoms latex non-lubricated	1		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	1		
KIMONO PS LUBRICATED - condoms latex lubricated	1		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	1		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	1		
KIMONO SENSATION PLUS SPE - condoms latex lubricated	1		
KIMONO SPECIAL - condoms latex lubricated	1		
KINNEY LANCETS - lancets	4		
KINNEY THIN LANCETS - lancets	4		
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml, u-100 1/2 ml, u-100 1 ml	4		
KROGER AUTOLET LANCING DE - lancet devices	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KROGER BLOOD GLUCOSE MONI - blood glucose monitoring kit w/ device	6		
KROGER HEALTHPRO TWIST LA - lancets	4		
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4		
KROGER INSULIN SYRINGE/O. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
KROGER LANCETS - lancets	4		
KROGER LANCETS MICRO THIN - lancets	4		
KROGER LANCETS SUPER THIN - lancets	4		
KROGER LANCETS THIN - lancets	4		
KROGER LANCETS THIN 26G - lancets	4		
KROGER LANCETS ULTRATHIN - lancets	4		
KROGER LANCETS 21G - lancets	4		
KROGER LANCING DEVICE - lancet devices	4		
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
KROGER PREMIUM BLOOD GLUC - blood glucose monitoring kit w/ device	6		
LANCET DEVICE ADJUSTABLE - lancet devices	4		
LANCET DEVICE WITH EJECTO - lancet devices	4		
LANCETS - lancets	4		
LANCETS - BAYER ASCENCIA - lancets	4		
LANCETS MICRO THIN 33G - lancets	4		
LANCETS SUPER THIN 28G - lancets	4		
LANCETS THIN - lancets	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
LANCETS ULTRA THIN 30G - lancets	4		
LANCETS 28G - lancets	4		
LANCETS 30G - lancets	4		
LANCETS 30G TWIST TOP - lancets	4		
LANCETS 30G/TWIST TOP - lancets	4		
LANCETS 33G EXTRA FINE - lancets	4		
LANCETS 33G UNIVERSAL DES - lancets	4		
LANCING DEVICE - lancet devices	4		
LANZO - lancet devices	4		
LEADER ADVANCED LANCING D - lancet devices	4		
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
LEADER LANCETS COLORED - lancets	4		
LEADER SUPER THIN LANCET - lancets	4		
LEADER THIN LANCETS - lancets	4		
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
LIBERTY BLOOD GLUCOSE MET - blood glucose monitoring devices	6		
LIBERTY MEDICAL LANCETS 3 - lancets	4		
LIBERTY MINI LANCING DEVI - lancet devices	4		
LIBERTY NEXT GENERATION B - blood glucose monitoring devices	6		
LIFESCAN UNISTIK 2 DEEP P - lancets	4		
LITE TOUCH LANCETS - lancets	4		
LITE TOUCH LANCING PEN - lancet devices	4		
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100	4		

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MAXICOMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	4		
MAXX LUBRICATED - condoms latex lubricated	1		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	1		
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4		
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
MEDICHOICE PRE-SET SAFETY - lancets	4		
MEDICHOICE SAFETY LANCET - lancets	4		
MEDICINE SHOPPE LANCETS - lancets	4		
MEDICINE SHOPPE LANCETS T - lancets	4		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
MEDLANCE PLUS EXTRA LANCE - lancets	4		
MEDLANCE PLUS LANCETS LIT - lancets	4		
MEDLANCE PLUS LITE LANCET - lancets	4		
MEDLANCE PLUS SPECIAL LAN - lancets	4		
MEDLANCE PLUS SUPERLITE 3 - lancets	4		
MEDLANCE PLUS UNIVERSAL L - lancets	4		
MEDLANCE PLUS/LITE 25G - lancets	4		
MEIJER BLOOD GLUCOSE MONI - blood glucose monitoring kit w/ device	6		
MEIJER COLOR LANCETS UNIV - lancets	4		
MEIJER ESSENTIAL BLOOD GL - blood glucose monitoring kit w/ device	6		
MEIJER LANCETS - lancets	4		
MEIJER LANCETS THIN - lancets	4		
MEIJER LANCETS UNIVERSAL - lancets	4		
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
MEIJER PREMIUM BLOOD GLUC - blood glucose monitoring kit w/ device	6		
MEIJER SUPER THIN LANCETS - lancets	4		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
MEIJER TRUERESULT BLOOD G - blood glucose monitoring kit w/ device	6		
MEIJER TRUETRACK BLOOD GL - blood glucose monitoring kit w/ device	6		
MEIJER TRUE2GO BLOOD GLUC - blood glucose monitoring kit w/ device	6		
MICRODOT BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
MICROLET LANCETS - lancets	4		
MICROLET NEXT - lancet devices	4		
MINI LANCING DEVICE - lancet devices	4		
MM BLOOD GLUCOSE MONITORI - blood glucose monitoring kit	6		
MM BLOOD GLUCOSE MONITORI - blood glucose monitoring kit w/ device	6		
MM BLULINK GLUCOSE MONITO - blood glucose monitoring devices	6		
MM EASY TOUCH BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
MM LANCING DEVICE - lancet devices	4		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
MM TWIST LANCETS - lancets	4		
MONOJECT BLUNT CANNULA/20 - needle (disp) 20 x 1-1/2"	6		
MONOJECT BLUNT CANNULA/21 - needle (disp) 21 x 1"	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 14 x 1", 14 x 2", 16 x 5/8", 16 x 3/4", 16 x 1-1/2", 18 x 1", 19 x 1", 19 x 1-1/2", 20 x 1", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1-1/4", 25 x 2", 27 x 1/2", 27 x 1-1/4"	6		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	5		
MONOJECT HYPO/ALUM HUB/16 - needle (disp) 16 x 1"	6		
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	5		
MONOJECT HYPO/POLYPROPYLE - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 30 x 3/4"	6		
MONOJECT HYPODERMIC NEEDL - needle (disp) 18 x 1", 27 x 1-1/2", 30 x 3/4"	6		
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	4		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	4		
MONOJECT INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 5/8", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 25 x 5/8", 25 x 1"	5		
MONOJECT MAGELLAN SAFETY - needle (disp) 19 x 1", 19 x 1-1/2"	6		
MONOJECT MEDICATION TRANS - hypodermic needles (disposable)	6		
MONOJECT STANDARD HYPODER - needle (disp) 14 x 1-1/2", 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 21 x 2", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1-1/2", 27 x 1/2"	6		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	6		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	6		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	5		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 28 x 1/2"	6		
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	4		
MONOLET LANCETS - lancets	4		
MONOLET OPD LANCETS - lancets	4		
MONOLETTOR SAFETY LANCETS - lancets	4		
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
MULTI-LANCET DEVICE - lancet devices	4		
MYGLUCOHEALTH BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
MYGLUCOHEALTH MGH SOFTLAN - lancets	4		
NOVA MAX BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
NOVA MAX BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
NOVA SAFETY LANCETS 23G - lancets	4		
NOVA SAFETY LANCETS 28G - lancets	4		
NOVA SUREFLEX LANCETS - lancets	4		
NOVA SUREFLEX LANCING DEV - lancet devices	4		
NOVOFINE AUTOCOVER PEN NE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
NOVOPEN ECHO - injection device for insulin	6		
OMNIFLEX DIAPHRAGM - diaphragms	1		
OMNIPOD CLASSIC PODS (GEN - insulin infusion disposable pump reservoir	6		QL (30 pods/30 days)
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	6		QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	6		QL (30 pods/30 days)
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	6		QL (10 kits/30 days)
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	6		QL (10 kits/30 days)
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	6		QL (10 kits/30 days)
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	6		QL (10 kits/30 days)
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	6		QL (10 kits/30 days)
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	6		QL (10 kits/30 days)
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	6		QL (10 kits/30 days)
OMNIPOD 5 G6 INTRO KIT (G - insulin infusion disposable pump kit	6		QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	6		QL (30 pods/30 days)
ON CALL EXPRESS BLOOD GLU - blood glucose monitoring kit w/ device	6		
ONE DROP BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
ONETOUCH DELICA LANCETS E - lancets	4		
ONETOUCH DELICA LANCETS F - lancets	4		
ONETOUCH DELICA LANCING D - lancet devices	4		
ONETOUCH DELICA PLUS LANC - lancets	4		
ONETOUCH DELICA PLUS LANC - lancet devices	4		
ONETOUCH DELICA SAFETY LA - lancet devices	4		
ONETOUCH LANCETS - lancets	4		
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ONETOUCH ULTRASOFT 2 LANC - lancets	4		
ONETOUCH VERIO - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	4		
ONETOUCH VERIO REFLECT - blood glucose monitoring kit w/ device	4		
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	4		
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
PERFECT LANCETS 30G - lancets	4		
PERFECT PRESSURE ACTIVATE - lancets	4		
PHARMACIST CHOICE AUTOCOD - blood glucose monitoring kit w/ device	6		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
PHARMACIST CHOICE MINI BL - blood glucose monitoring devices	6		
PHARMACIST CHOICE SELECT - lancets	4		
PHARMACIST CHOICE ULTRA T - lancets	4		
PHARMACY COUNTER LANCETS - lancets	4		
PIP BLOOD GLUCOSE MONITOR - blood glucose monitoring devices	6		
PIP LANCETS/28G - lancets	4		
PIP LANCETS/30G - lancets	4		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
POCKETCHEM EZ BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
POGO AUTOMATIC BLOOD GLUC - blood glucose monitoring devices	6		
POLY HUB NEEDLE/18G X 1-1 - needle (disp) 18 x 1-1/2"	6		
POLY HUB NEEDLE/18G X 1" - needle (disp) 18 x 1"	6		
POLY HUB NEEDLE/21G X 1-1 - needle (disp) 21 x 1-1/2"	6		
POLY HUB NEEDLE/21G X 1" - needle (disp) 21 x 1"	6		
POLY HUB NEEDLE/22G X 1-1 - needle (disp) 22 x 1-1/2"	6		
POLY HUB NEEDLE/22G X 1" - needle (disp) 22 x 1"	6		
POLY HUB NEEDLE/23G X 1-1 - needle (disp) 23 x 1-1/2"	6		
POLY HUB NEEDLE/23G X 1" - needle (disp) 23 x 1"	6		
POLY HUB NEEDLE/25G X 1-1 - needle (disp) 25 x 1-1/2"	6		
POLY HUB NEEDLE/25G X 1" - needle (disp) 25 x 1"	6		
POLY HUB NEEDLE/25G X 5/8 - needle (disp) 25 x 5/8"	6		
POLY HUB NEEDLE/27G X 1-1 - needle (disp) 27 x 1-1/4"	6		
POLY HUB NEEDLE/27G X 1/2 - needle (disp) 27 x 1/2"	6		
POLY HUB NEEDLE/30G X 1/2 - needle (disp) 30 x 1/2"	6		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	4		
PRECISION THINS GP LANCET - lancets	4		
PRECISION XTRA - blood glucose monitoring kit w/ device	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PREFERRED PLUS INSULIN SY - 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 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	4		
PREFERRED PLUS LANCETS CO - lancets	4		
PREFERRED PLUS LANCETS SU - lancets	4		
PREFERRED PLUS LANCETS TH - lancets	4		
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	4		
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PRO COMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
PRO COMFORT SAFETY LANCET - lancets	4		
PRO VOICE V8 BLOOD GLUCOS - blood glucose monitoring devices	6		
PRO VOICE V9 BLOOD GLUCOS - blood glucose monitoring devices	6		
PRODIGY AUTOCODE BLOOD GL - blood glucose monitoring devices	6		
PRODIGY AUTOCODE BLOOD GL - blood glucose monitoring kit w/ device	6		
PRODIGY INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4		
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	4		
PRODIGY LANCING DEVICE - lancet devices	4		
PRODIGY NO CODING BLOOD G - blood glucose monitoring kit w/ device	6		
PRODIGY POCKET BLOOD GLUC - blood glucose monitoring kit w/ device	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PRODIGY PRESSURE ACTIVATE - lancets	4		
PRODIGY SAFETY LANCETS - lancets	4		
PRODIGY TWIST TOP LANCETS - lancets	4		
PRODIGY VOICE BLOOD GLUCO - blood glucose monitoring kit w/ device	6		
PSS SELECT GP LANCETS - lancets	4		
PSS SELECT SAFETY LANCETS - lancets	4		
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	4		
PURE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
PURE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
PX ADVANCED LANCING DEVIC - lancet devices	4		
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4		
PX LANCETS MICROTHIN 33G - lancets	4		
PX LANCETS ULTRA THIN - lancets	4		
PX LANCETS ULTRA THIN 28G - lancets	4		
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
QC ADVANCED LANCING DEVIC - lancet devices	4		
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"	4		
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
QC LANCETS SUPER THIN - lancets	4		
QC LANCETS ULTRA THIN - lancets	4		
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
REALITY TRIGGER LANCETS - lancets	4		
REFUAH PLUS BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
RELION CONFIRM BLOOD GLUC - blood glucose monitoring kit w/ device	6		
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4		
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	4		
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	4		
RELION LANCETS - lancets	4		
RELION LANCETS MICRO-THIN - lancets	4		
RELION LANCETS THIN 26G - lancets	4		
RELION LANCETS ULTRA-THIN - lancets	4		
RELION LANCING DEVICE - lancet devices	4		
RELION MICRO BLOOD GLUCOS - blood glucose monitoring kit w/ device	6		
RELION MINI PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4		
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
RELION PEN NEEDLES 31GX6M - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
RELION PEN NEEDLES 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
RELION PEN NEEDLES 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
RELION PEN NEEDLES/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
RELION PREMIER BLU BLOOD - blood glucose monitoring devices	6		
RELION PREMIER CLASSIC BL - blood glucose monitoring devices	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SAPS HEALTH TWIST TOP LAN - lancets	4		
SAPSCARE TWIST TOP LANCET - lancets	4		
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
SB LANCETS THIN - lancets	4		
SB LANCETS ULTRA THIN - lancets	4		
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	4		
SECURESAFE SAFETY HYPODER - needle (disp) 19 x 1", 19 x 1-1/2", 21 x 1-1/2", 22 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2"	6		
SECURESAFE SAFETY INSULIN - insulin syringe/ needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
SELECT-LITE LANCING DEVIC - lancet devices	4		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	4		
SINGLE-LET - lancets	4		
SM MICRO THIN LANCETS 33G - lancets	4		
SM TRUEDRAW LANCING DEVIC - lancet devices	4		
SMART DIABETES VANTAGE LA - lancet devices	4		
SMART SENSE COLOR LANCETS - lancets	4		
SMART SENSE PREMIUM BLOOD - blood glucose monitoring kit w/ device	6		
SMART SENSE STANDARD LANC - lancets	4		
SMART SENSE SUPER THIN LA - lancets	4		
SMART SENSE THIN LANCETS - lancets	4		
SMART SENSE VALUE BLOOD - blood glucose monitoring kit w/ device	6		
SMARTEST EJECT BLOOD GLUC - blood glucose monitoring devices	6		
SMARTEST EJECT STARTER KI - blood glucose monitoring kit w/ device	6		
SMARTEST LANCETS 28G - lancets	4		
SMARTEST PERSONA STARTER - blood glucose monitoring kit w/ device	6		
SMARTEST PRONTO STARTER - blood glucose monitoring kit w/ device	6		
SMARTEST PROTEGE BLOOD GL - blood glucose monitoring devices	6		

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

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

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

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
TECHLITE 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 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 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", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
TECHLITE LANCETS - lancets	4		
TECHLITE LANCETS 26G - lancets	4		
TECHLITE LANCETS 30G - lancets	4		
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	4		
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
TEMPO REFILL - blood glucose monitoring kit	6		
TEMPO SMART BUTTON - blood glucose monitoring misc.	6		
TEMPO WELCOME - blood glucose monitoring kit w/ device	6		
TGT ADVANCED LANCING DEVI - lancet devices	4		
TGT BLOOD GLUCOSE MONITOR - blood glucose monitoring kit w/ device	6		
TGT LANCET ALTERNATE SITE - lancets	4		
TGT LANCET MICRO THIN 33G - lancets	4		
TGT LANCET SUPER THIN 30G - lancets	4		
TGT LANCET THIN 23G - lancets	4		
TGT LANCET THIN 26G - lancets	4		
TGT LANCET ULTRA THIN 28G - lancets	4		
TGT LANCET ULTRA THIN 30G - lancets	4		
TGT LANCING DEVICE - lancet devices	4		
THINLETS GP LANCETS - lancets	4		
TODAYS HEALTH ADVANCED LA - lancet devices	4		
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	4		
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
TODAYS HEALTH SUPER THIN - lancets	4		
TODAYS HEALTH ULTRA THIN - lancets	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TOPCARE LANCETS MICRO-THI - lancets	4		
TOPCARE ULTRA COMFORT INS - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
TRACER II 3 VOLT BATTERY - blood glucose monitoring misc.	6		
TRAVEL LANCETS ADVANCED 2 - lancets	4		
TRUE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT SAFETY INSUL - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	4		
TRUE COMFORT SAFETY LANCE - lancets	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT TWIST TOP LA - lancets	4		
TRUE FOCUS BLOOD GLUCOSE - blood glucose monitoring devices	6		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUE METRIX - blood glucose monitoring devices	6		
TRUE METRIX AIR BLOOD GLU - blood glucose monitoring devices	6		
TRUE METRIX AIR BLOOD GLU - blood glucose monitoring kit w/ device	6		
TRUE METRIX AIR W/BLUETOO - blood glucose monitoring kit w/ device	6		
TRUE METRIX BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
TRUE METRIX GO BLOOD GLUC - blood glucose monitoring kit w/ device	6		
TRUEDRAW LANCING DEVICE - lancet devices	4		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
TRUEPLUS LANCETS 26G - lancets	4		
TRUEPLUS LANCETS 28G - lancets	4		
TRUEPLUS LANCETS 28G SUPE - lancets	4		
TRUEPLUS LANCETS 30G - lancets	4		
TRUEPLUS LANCETS 30G ULTR - lancets	4		
TRUEPLUS LANCETS 33G - lancets	4		
TRUEPLUS LANCETS 33G MICR - lancets	4		
TRUEPLUS PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUEPLUS PEN NEEDLES 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUEPLUS SAFETY LANCETS 2 - lancets	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUERESULT BLOOD GLUCOSE - blood glucose monitoring kit w/ device	6		
TRUETRACK BLOOD GLUCOSE M - blood glucose monitoring devices	6		
TRUETRACK BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	6		
TRUETRACK SMART SYSTEM - blood glucose monitoring kit w/ device	6		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	1		
TRUSTEX LUBRICATED - condoms latex lubricated	1		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	1		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	1		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	1		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	1		
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	1		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	1		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non-lubricated	1		
TWIST TOP LANCETS 30G - lancets	4		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	4		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	5		
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	4		
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	4		
ULTIGUARD SAFEPAK INSULI - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTIGUARD SAFEPAK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ULTIGUARD SAFEPAK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTIGUARD SAFEPAK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTIGUARD SAFEPAK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
ULTIGUARD SAFEPACK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTIGUARD SAFEPACK/SYRINGE - insulin syringe/ needle u-100 1/2 ml 31 x 5/16"	4		
ULTILET CLASSIC LANCETS - lancets	4		
ULTILET LANCETS - lancets	4		
ULTILET LANCETS 33G - lancets	4		
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTILET SAFETY LANCETS 21 - lancets	4		
ULTILET SAFETY LANCETS 23 - lancets	4		
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
ULTRA COMFORT INSULIN SYR - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	4		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 29 g x 12 mm (1/2")	4		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ULTRA FLO INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTRA INSULIN SYRINGE/U-1 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
ULTRA THIN LANCETS 28G - lancets	4		
ULTRA THIN LANCETS 31G - lancets	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ULTRA-THIN II AUTO LANCET - lancets	4		
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTRA-THIN II LANCETS 28G - lancets	4		
ULTRA-THIN II LANCETS 30G - lancets	4		
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTRACARE INSULIN SYRINGE - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	4		
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
ULTRATRAK ACTIVE - blood glucose monitoring devices	6		
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
UNIFINE PROTECT SAFETY PE - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
UNIFINE PROTECT SAFETY PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE SAFECONTROL PEN N - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
UNIFINE SAFECONTROL PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
UNILET COMFORTOUCH LANCET - lancets	4		
UNILET EXCELITE - lancets	4		
UNILET EXCELITE II - lancets	4		
UNILET G.P. LANCET - lancets	4		
UNILET G.P. SUPERLITE LAN - lancets	4		
UNILET GP 28 ULTRA THIN - lancets	4		
UNILET LANCET - lancets	4		
UNILET LANCETS MICRO-THIN - lancets	4		

KEY	PA = Prior Authorization	ST = Responsible Steps
	LD = Limited Distribution	QL = Quantity Limit (Max Quantity/Time)
	SP = Specialty	

Drug Name	Drug Tier	Specialty	Requirements/Limits
UNILET LANCETS SUPER-THIN - lancets	4		
UNILET LANCETS ULTRA-THIN - lancets	4		
UNILET SUPERLITE LANCET - lancets	4		
UNISTIK PRO SAFETY LANCET - lancets	4		
UNISTIK SAFETY LANCETS 28 - lancets	4		
UNISTIK SAFETY LANCETS 30 - lancets	4		
UNISTIK TOUCH SAFETY LANC - lancets	4		
UNISTIK 3 GENTLE - lancets	4		
UNIVERSAL 1 LANCETS THIN - lancets	4		
UNIVERSAL 1 LANCETS ULTRA - lancets	4		
UNIVERSAL 1 LANCETS/33G/M - lancets	4		
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	6		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	6		QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	6		QL (30 systems/30 days)
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	4		
VALUE PLUS LANCETS STANDA - lancets	4		
VALUE PLUS LANCETS SUPER - lancets	4		
VALUE PLUS LANCETS THIN 2 - lancets	4		
VALUE PLUS LANCING DEVICE - lancet devices	4		
VALUMARK LANCET SUPER THI - lancets	4		
VALUMARK LANCET ULTRA THI - lancets	4		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	4		
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	5		
VERASENS BLOOD GLUCOSE MO - blood glucose monitoring devices	6		
VERASENS BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	6		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	4		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	4		
VERIFINE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	4		
VERIFINE PLUS INSULIN PEN - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	4		
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
VERIFINE SAFETY LANCET MI - lancets	4		
VERIFINE UNIVERSAL LANCET - lancets	4		
VIVAGUARD INO BLOOD GLUCO - blood glucose monitoring devices	6		
VIVAGUARD INO SMART BLOOD - blood glucose monitoring devices	6		
VIVAGUARD LANCETS - lancets	4		
VIVAGUARD LANCING DEVICE - lancet devices	4		
VIVAGUARD SAFETY LANCETS/ - lancets	4		
VP INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4		
WALGREENS COMFORT ASSURED - lancets	4		
WALGREENS LANCETS - lancets	4		
WALGREENS THIN LANCETS - lancets	4		
WALGREENS ULTRA THIN LANC - lancets	4		
WAVESENSE AMP - blood glucose monitoring kit w/ device	6		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	4		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	1		

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

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

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
cyclosporine modified cap 25 mg, 100 mg (Neoral)	2		
cyclosporine modified cap 50 mg	2		
cyclosporine modified oral soln 100 mg/ml (Neoral)	2		
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	7	SP	PA, LD, QL (1 syringe/28 days)
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	6		
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	2		
IMURAN - azathioprine tab 50 mg	6		
irrigation solution, physiological	3		
JOENJA - leniolisib phosphate tab 70 mg	7	SP	PA, LD, QL (60 tablets/30 days)
lactated ringer's for irrigation	3		
lenalidomide caps 2.5 mg (Revlimid)	7	SP	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	7	SP	PA, QL (30 capsules/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	5		
LUPKYNIS - voclosporin cap 7.9 mg	7	SP	PA, LD, QL (60 capsules/30 days)
mycophenolate mofetil cap 250 mg (Cellcept)	2		
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	2		
mycophenolate mofetil tab 500 mg (Cellcept)	2		
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	2		
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	6		
NEORAL - cyclosporine modified cap 25 mg, 100 mg	6		
NEORAL - cyclosporine modified oral soln 100 mg/ml	6		
penicillamine tab 250 mg (Depen titratabs)	7	SP	PA
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	6		
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	6		
RAPAMUNE - sirolimus tab 0.5 mg, 1 mg, 2 mg	6		
RAPAMUNE - sirolimus oral soln 1 mg/ml	6		
REVLIMID - lenalidomide caps 2.5 mg	7	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	7	SP	PA, LD, QL (30 capsules/30 days)
REZUROCK - belumosudil mesylate tab 200 mg	7	SP	PA, LD, QL (30 tablets/30 days)
ringer's solution for irrigation	3		

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	6		
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	6		
sirolimus oral soln 1 mg/ml (Rapamune)	2		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	2		
sodium polystyrene sulfonate powder	3		
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	6		
SYPRINE - trientine hcl cap 250 mg	7	SP	PA
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	2		
THALOMID - thalidomide cap 50 mg, 100 mg	7	SP	PA, LD, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	7	SP	PA, LD, QL (60 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	7	SP	PA
TRIENTINE HYDROCHLORIDE - trientine hcl cap 500 mg	7	SP	PA
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	5		
water for irrigation, sterile irrigation soln	3		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	7	SP	PA, LD
ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	6		

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

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

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg.....	5	ADACEL.....	15
abacavir sulfate soln 20 mg/ml (base equiv).....	5	adapalene gel 0.1%.....	102
abacavir sulfate tab 300 mg (base equiv).....	5	ADBRY.....	102
abiraterone acetate tab 250 mg.....	17	ADDERALL.....	67
abiraterone acetate tab 500 mg.....	17	ADDERALL XR.....	67
ABRYSVO.....	12	adefovir dipivoxil tab 10 mg.....	5
acamprosate calcium tab delayed release 333 mg.....	69	ADEMPAS.....	48
acarbose tab 25 mg, 50 mg, 100 mg.....	30	ADJUSTABLE LANCING DEVICE.....	117
ACCOLATE.....	51	ADTHYZA.....	35
ACCU-CHEK AVIVA PLUS.....	108	ADVAIR HFA.....	51
ACCU-CHEK COMPACT STRIPS.....	108	ADVANCED MOBILE LANCET 30.....	117
ACCU-CHEK COMPACT TEST DR.....	108	ADVANCE INTUITION BLOOD G.....	117
ACCU-CHEK FASTCLIX LANCET.....	116	ADVANCE INTUITION TEST ST.....	109
ACCU-CHEK GUIDE.....	108	ADVANCE MICRO-DRAW METER.....	117
ACCU-CHEK GUIDE ME.....	116	ADVANCE MICRO-DRAW TEST S.....	109
ACCU-CHEK GUIDE TEST STRI.....	108	ADVATE.....	93
ACCU-CHEK SAFE-T-PRO LANC.....	116	ADVOCATE BLOOD GLUCOSE MO.....	117
ACCU-CHEK SMARTVIEW STRIP.....	109	ADVOCATE INSULIN PEN NEED.....	117
ACCU-CHEK SOFTCLIX LANCET.....	116	ADVOCATE INSULIN SYRINGE/.....	117
ACCURETIC.....	42	ADVOCATE LANCETS.....	117
ACCU-TREND GLUCOSE.....	109	ADVOCATE LANCETS 30G.....	117
acebutolol hcl cap 200 mg, 400 mg.....	40	ADVOCATE LANCING DEVICE.....	117
ACETAMINOPHEN/CODEINE.....	73	ADVOCATE RAPID-SAFE LANCI.....	117
acetaminophen w/ codeine tab 300-15 mg.....	73	ADVOCATE REDI-CODE.....	109
acetaminophen w/ codeine tab 300-30 mg.....	73	ADVOCATE REDI-CODE/TALKIN.....	117
acetaminophen w/ codeine tab 300-60 mg.....	73	ADVOCATE REDI-CODE+ BLOOD.....	117
acetazolamide cap er 12hr 500 mg.....	45	ADVOCATE REDI-CODE+ TEST.....	109
acetazolamide tab 125 mg, 250 mg.....	45	ADVOCATE SAFETY LANCETS 2.....	117
acetic acid irrigation soln 0.25%.....	60	ADVOCATE TEST STRIPS.....	109
acetic acid otic soln 2%.....	100	ADYNOVATE.....	93
acetylcysteine inhal soln 10%, 20%.....	50	AEMCOLO.....	11
acitretin cap 17.5 mg.....	102	AFINITOR.....	17
acitretin cap 10 mg, 25 mg.....	102	AFINITOR DISPERZ.....	17
ACTEMRA.....	76	AF LANCETS SUPER THIN.....	117
ACTEMRA ACTPEN.....	76	AFLURIA QUADRIVALENT 2023.....	13
ACTHAR.....	35	AFREZZA.....	33
ACTHIB.....	12	AFSTYLA.....	93
ACTI-LANCE LANCETS 28G.....	116	AFTERTEST TOPICAL PAIN RE.....	102
ACTI-LANCE LITE SAFETY LA.....	117	AGAMATRIX AMP NO CODE ADV.....	117
ACTI-LANCE SPECIAL SAFETY.....	117	AGAMATRIX AMP NO CODE TES.....	109
ACTI-LANCE UNIVERSAL SAFE.....	117	AGAMATRIX JAZZ TEST STRIP.....	109
ACTIMMUNE.....	17	AGAMATRIX JAZZ WIRELESS 2.....	117
ACULAR.....	96	AGAMATRIX KEYNOTE TEST ST.....	109
ACULAR LS.....	96	AGAMATRIX PRESTO.....	118
acyclovir cap 200 mg.....	5	AGAMATRIX PRESTO PRO METE.....	118
acyclovir oint 5%.....	102	AGAMATRIX PRESTO TEST STR.....	109
acyclovir susp 200 mg/5ml.....	5	AGAMATRIX ULTRA-THIN LANC.....	118
acyclovir tab 400 mg, 800 mg.....	5	AGRYLIN.....	93
		AIMOVIG.....	78
		AIMSCO LUBRICATED.....	118
		AIMSCO TWIST LANCETS 32G.....	118
		AIMSCO TWIST LANCETS 33G.....	118
		AJOVY.....	78

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

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

AKEEGA.....	17	AMJEVITA.....	76
AKTEN.....	96	amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg.....	42
AKYNZEO.....	56	amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg.....	42
albendazole tab 200 mg.....	10	amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....	42
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	51	amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	41
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	51	amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....	42
albuterol sulfate syrup 2 mg/5ml.....	51	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.....	42
albuterol sulfate tab 2 mg, 4 mg.....	51	amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg.....	62
alclometasone dipropionate cream 0.05%.....	102	AMOXICILLIN.....	1
alclometasone dipropionate oint 0.05%.....	102	AMOXICILLIN/CLAVULANATE P.....	1
ALECENSA.....	17	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....	1
ALENDRONATE SODIUM.....	35	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	1
alendronate sodium oral soln 70 mg/75ml.....	35	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml.....	1
alendronate sodium tab 70 mg.....	35	amoxicillin & k clavulanate tab 500-125 mg.....	1
alendronate sodium tab 10 mg, 35 mg.....	35	amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg.....	1
alfuzosin hcl tab er 24hr 10 mg.....	60	amoxicillin (trihydrate) cap 250 mg, 500 mg.....	1
ALINIA.....	11	amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....	1
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent).....	42	amoxicillin (trihydrate) tab 500 mg, 875 mg.....	1
allopurinol tab 100 mg, 300 mg.....	80	amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg.....	67
almotriptan malate tab 6.25 mg, 12.5 mg.....	78	amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg.....	67
ALOCRI.....	96	amphetamine-dextroamphetamine tab 20 mg.....	67
ALOMIDE.....	96	amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....	67
ALORA.....	27	ampicillin cap 500 mg.....	1
alosepron hcl tab 0.5 mg (base equiv), 1 mg (base equiv).....	57	anagrelide hcl cap 0.5 mg.....	93
ALPHAGAN P.....	96	anagrelide hcl cap 1 mg.....	93
ALPHANATE.....	93	ANALPRAM-HC.....	101
ALPHANINE SD.....	93	ANALPRAM HC.....	101
ALPRAZOLAM INTENSOL.....	61	ANALPRAM HC SINGLES.....	101
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	61	ANAPROX DS.....	76
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg.....	61	anastrozole tab 1 mg.....	17
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	61	ANCOBON.....	4
ALPROLIX.....	93	ANGELIQ.....	27
ALREX.....	96	ANORO ELLIPTA.....	51
ALTABAX.....	102	ANUSOL-HC.....	101
ALTUVIIIO.....	93	ANZEMET.....	56
ALUNBRIG.....	17	APADAZ.....	73
amantadine hcl cap 100 mg.....	85	APOKYN.....	85
amantadine hcl soln 50 mg/5ml.....	85	apomorphine hcl soln cartridge 30 mg/3ml.....	85
amantadine hcl tab 100 mg.....	85		
ambrisentan tab 5 mg, 10 mg.....	48		
AMILORIDE/HYDROCHLOROTHIA.....	45		
amiloride hcl tab 5 mg.....	45		
aminocaproic acid oral soln 0.25 gm/ml.....	93		
aminocaproic acid tab 500 mg, 1000 mg.....	93		
amiodarone hcl tab 100 mg, 200 mg, 400 mg.....	41		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	62		

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

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

APRACLONIDINE.....	96	ASSURE 3 METER.....	119
aprepitant capsule 40 mg.....	56	ASSURE PLATINUM BLOOD GLU.....	118
aprepitant capsule 80 mg.....	56	ASSURE PLATINUM TEST STRI.....	109
aprepitant capsule 125 mg.....	56	ASSURE PRISM MULTI BLOOD.....	118
aprepitant capsule therapy pack 80 & 125 mg.....	56	ASSURE PRISM MULTI TEST S.....	109
APTIOM.....	80	ASSURE PRO BLOOD GLUCOSE.....	118
APTIVUS.....	5	ASSURE PRO TEST STRIPS.....	109
AQINJECT PEN NEEDLE/31G X.....	118	ASSURE 3 TEST STRIPS.....	109
AQINJECT PEN NEEDLE/32G X.....	118	ASSURE 4 TEST STRIPS.....	109
AQ INSULIN SYRINGE/0.5ML/.....	118	ASTAGRAF XL.....	174
AQ INSULIN SYRINGE/1ML/29.....	118	ATABEX OB.....	87
AQ INSULIN SYRINGE/1ML/31.....	118	atazanavir sulfate cap 200 mg (base equiv).....	5
ARAKODA.....	10	atazanavir sulfate cap 150 mg (base equiv), 300 mg	
ARANESP ALBUMIN FREE.....	90	(base equiv).....	5
ARCALYST.....	76	atenolol & chlorthalidone tab 50-25 mg.....	42
AREXVY.....	13	atenolol & chlorthalidone tab 100-25 mg.....	42
arformoterol tartrate soln nebu 15 mcg/2ml (base		atenolol tab 25 mg, 50 mg, 100 mg.....	40
equiv).....	51	AT LAST BLOOD GLUCOSE SYS.....	119
ARIKAYCE.....	3	AT LAST LANCETS.....	119
aripiprazole orally disintegrating tab 10 mg, 15 mg.....	64	AT LAST TEST STRIPS.....	109
aripiprazole oral solution 1 mg/ml.....	64	atomoxetine hcl cap 60 mg (base equiv), 80 mg (base	
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30		equiv), 100 mg (base equiv).....	67
mg.....	64	atomoxetine hcl cap 10 mg (base equiv), 18 mg (base	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....	67	equiv), 25 mg (base equiv), 40 mg (base equiv).....	67
ARMOUR THYROID.....	35	atorvastatin calcium tab 80 mg (base equivalent).....	46
ARNUITY ELLIPTA.....	51	atorvastatin calcium tab 10 mg (base equivalent), 20	
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg		mg (base equivalent), 40 mg (base equivalent).....	46
(base equiv), 10 mg (base equiv).....	64	atovaquone-proguanil hcl tab 62.5-25 mg, 250-100	
ASMANEX HFA.....	51	mg.....	10
ASMANEX TWISTHALER 120 ME.....	51	atovaquone susp 750 mg/5ml.....	11
ASMANEX TWISTHALER 30 MET.....	51	ATROPINE SULFATE.....	97
ASMANEX TWISTHALER 60 MET.....	51	atropine sulfate ophth soln 1%.....	97
aspirin chew tab 81 mg.....	73	ATROVENT HFA.....	51
aspirin-dipyridamole cap er 12hr 25-200 mg.....	93	AUBAGIO.....	69
aspirin tab delayed release 81 mg.....	73	AUGMENTIN.....	1
ASSURE 4 BLOOD GLUCOSE ME.....	119	AUGMENTIN ES-600.....	1
ASSURE COMFORT LANCETS UL.....	118	AUGTYRO.....	17
ASSURE HAEMOLANCE PLUS HI.....	118	AUM INSULIN SAFETY PEN NE.....	119
ASSURE HAEMOLANCE PLUS LO.....	118	AUM MINI INSULIN PEN NEED.....	119
ASSURE HAEMOLANCE PLUS MI.....	118	AUM PEN NEEDLE/32GX4MM.....	119
ASSURE HAEMOLANCE PLUS NO.....	118	AUM PEN NEEDLE/32GX5MM.....	119
ASSURE HAEMOLANCE PLUS PE.....	118	AUM PEN NEEDLE/32GX6MM.....	119
ASSURE ID DUO PRO SAFETY.....	118	AUM PEN NEEDLE/33GX4MM.....	119
ASSURE ID INSULIN SAFETY.....	118	AUM PEN NEEDLE/33GX5MM.....	119
ASSURE ID PRO SAFETY PEN.....	118	AUM PEN NEEDLE/33GX6MM.....	119
ASSURE ID SAFETY PEN NEED.....	118	AUM READYGARD DUO SAFETY.....	119
ASSURE II.....	109	AUM SAFETY PEN NEEDLE/31.....	119
ASSURE II CHECK STRIP.....	109	AURORA LANCET SUPER THIN.....	119
ASSURE II TEST STRIPS.....	109	AURORA LANCET THIN 23G.....	119
ASSURE LANCE LANCETS.....	118	AURORA PEN NEEDLES 29GX12.....	119
ASSURE LANCE LANCETS 21G.....	118	AURORA PEN NEEDLES 31G X.....	119
ASSURE LANCE PLUS SAFETY.....	118	AUSTEDO.....	69
ASSURE LANCE SAFETY LANCE.....	118	AUSTEDO XR.....	69

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

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

AUSTEDO XR PATIENT TITRAT.....	69	BD ECLIPSE NEEDLE/23G X 1.....	120
AUTO-LANCET.....	119	BD ECLIPSE NEEDLE/25G X.....	120
AUTO-LANCET MINI.....	119	BD ECLIPSE NEEDLE/LUER-LO.....	120
AUTOLET IMPRESSION LANCIN.....	119	BD ECLIPSE NEEDLE 21G X 1.....	120
AUTOLET LANCING DEVICE.....	119	BD ECLIPSE NEEDLE 25G X 1.....	120
AUTOLET MINI.....	119	BD ECLIPSE NEEDLE 27G X 1.....	120
AUTOLET PLUS.....	119	BD ECLIPSE NEEDLE 25GX1".....	120
AUTOPEN.....	119	BD HYPODERMIC NEEDLE REGU.....	120
AUVI-Q.....	46	BD HYPODERMIC NEEDLES 16G.....	121
AVONEX.....	69	BD HYPODERMIC NEEDLES 18G.....	121
AVONEX PEN.....	69	BD HYPODERMIC NEEDLES 19G.....	121
AYVAKIT.....	17	BD HYPODERMIC NEEDLES 21G.....	121
azathioprine tab 50 mg.....	174	BD HYPODERMIC NEEDLES 22G.....	121
azelaic acid gel 15%.....	102	BD HYPODERMIC NEEDLES 23G.....	121
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	50	BD HYPODERMIC NEEDLES 25G.....	121
azelastine hcl ophth soln 0.05%.....	97	BD HYPODERMIC NEEDLES 26G.....	121
AZITHROMYCIN.....	2	BD INSULIN SYRINGE/0.3ML/.....	121
azithromycin for susp 100 mg/5ml, 200 mg/5ml.....	2	BD INSULIN SYRINGE/0.5ML/.....	122
azithromycin tab 600 mg.....	2	BD INSULIN SYRINGE/1ML/27.....	122
azithromycin tab 250 mg, 500 mg.....	2	BD INSULIN SYRINGE/1ML/29.....	122
AZSTARYS.....	67	BD INSULIN SYRINGE/U-100/.....	121
AZULFIDINE.....	57	BD INSULIN SYRINGE/U-500/.....	121
AZULFIDINE EN-TABS.....	57	BD INSULIN SYRINGE LUER-L.....	121
B			
BACITRACIN.....	97	B-D INSULIN SYRINGE MICRO.....	120
bacitracin-polymyxin b ophth oint.....	97	BD INSULIN SYRINGE MICROF.....	121
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	97	BD INSULIN SYRINGE SAFETY.....	121
baclofen susp 25 mg/5ml.....	87	B-D INSULIN SYRINGE ULTRA.....	120
baclofen tab 10 mg, 20 mg.....	87	BD INSULIN SYRINGE ULTRA.....	121
BACTRIM.....	11	BD INSULIN SYRINGE ULTRA.....	121
BACTRIM DS.....	11	BD INSULIN SYRINGE ULTRA.....	121
balsalazide disodium cap 750 mg.....	57	BD INSULIN SYRINGE ULTRAF.....	121
BALVERSA.....	17	BD INTEGRA RETRACTABLE NE.....	122
BANZEL.....	80	BD LATITUDE DIABETES MANA.....	122
BAQSIMI ONE PACK.....	30	BD LO-DOSE INSULIN SYRIN.....	120
BAQSIMI TWO PACK.....	30	BD LOGIC BLOOD GLUCOSE MO.....	122
BARACLUDE.....	5	BD MAGNI-GUIDE MAGNIFIER.....	122
BASAGLAR KWIKPEN.....	34	BD MICROTAINER LANCETS.....	122
BASAGLAR TEMPO PEN.....	34	BD 1ML ALLERGY SYRINGE SA.....	123
BAXDELA.....	3	BD 1ML SLIP TIP SYRINGE 2.....	123
BD 1/2ML TUBERCULIN SYRIN.....	123	BD 1ML TUBERCULIN SYRINGE.....	124
BD ALLERGY/SYRINGE/NEEDLE.....	120	BD NEEDLE/18G 1-1/2".....	122
BD ALLERGY SYRINGE/NEEDLE.....	120	BD NEEDLE/21G 1-1/2".....	122
BD ALLERGY SYRINGE 0.5ML/.....	120	BD NEEDLE/16G X 1-1/2".....	122
BD ALLERGY SYRINGE 1ML/27.....	120	BD NEEDLE/20G X 1-1/2".....	122
BD AUTOSHIELD DUO 30G X 5.....	120	BD NEEDLE/22G X 1-1/2".....	122
BD BLUNT FILL NEEDLE/18G.....	120	BD NEEDLE/25G X 5/8".....	122
BD DISPOSABLE NEEDLE 23GX.....	120	BD NEEDLE/25G X 7/8".....	122
BD DISPOSABLE NEEDLE REGU.....	120	BD NEEDLE/27G X 1/2".....	122
BD ECLIPSE 18G X 1-1/2".....	120	BD NEEDLE/30G X 1/2".....	122
BD ECLIPSE 23G X 1" NEEDL.....	120	BD NEEDLE/19G X 1".....	122
BD ECLIPSE NEEDLE/18G X 1.....	120	BD NEEDLE/20G X 1".....	122
		BD NEEDLE/20G X 1".....	122
		BD NEEDLE BLUNT 5 MICRON.....	122
		BD NEEDLE 30G X 1".....	122
		BD NEEDLE SAFETYGLIDE/27G.....	122

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

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

BD NOKOR NEEDLE ADMIX THI.....	122	betamethasone dipropionate lotion 0.05%.....	102
BD NOKOR VENTED NEEDLE 18.....	122	betamethasone dipropionate oint 0.05%.....	102
BD PEN.....	122	betamethasone valerate cream 0.1% (base	
BD PEN MINI.....	122	equivalent).....	102
BD PEN NEEDLE/MICRO/ULTRA.....	122	betamethasone valerate lotion 0.1% (base	
BD PEN NEEDLE/MINI/ULTRA.....	122	equivalent).....	102
BD PEN NEEDLE/NANO/ULTRA.....	123	betamethasone valerate oint 0.1% (base	
BD PEN NEEDLE/NANO 2ND GE.....	123	equivalent).....	102
BD PEN NEEDLE/ORIGINAL/UL.....	123	BETASERON.....	70
BD PEN NEEDLE/SHORT/ULTRA.....	123	BETAXOLOL HCL.....	97
BD PLASTIPAK SYRINGES ALL.....	123	betaxolol hcl tab 10 mg, 20 mg.....	40
BD PRECISIONGLIDE 23GX1-1.....	123	bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50	
BD PRECISIONGLIDE NEEDLE.....	123	mg.....	59
BD SAFETYGLIDE 21G X 1-1/.....	123	BETHKIS.....	3
BD SAFETYGLIDE 21G X 1".....	123	BEVESPI AEROSPHERE.....	51
BD SAFETYGLIDE HYPODERMIC.....	123	bexarotene cap 75 mg.....	18
BD SAFETY-GLIDE INSULIN S.....	123	bexarotene gel 1%.....	102
BD SAFETYGLIDE INSULIN SY.....	123	BEXSERO.....	13
BD SAFETYGLIDE NEEDLE/SHI.....	123	BEYAZ.....	28
BD SAFETYGLIDE NEEDLE 25G.....	123	bicalutamide tab 50 mg.....	18
BD SAFETYGLIDE SHIELDED N.....	123	BIDIL.....	48
BD TUBERCULIN SYRINGE/NEE.....	123	BIGFOOT UNITY PROGRAM KIT.....	124
BD VEO INSULIN SYRINGE UL.....	123	BIJUVA.....	27
BELBUCA.....	73	BIKTARVY.....	5
benazepril & hydrochlorothiazide tab 5-6.25 mg.....	42	BILTRICIDE.....	10
benazepril & hydrochlorothiazide tab 10-12.5 mg,		bimatoprost ophth soln 0.03%.....	97
20-12.5 mg, 20-25 mg.....	42	BINOSTO.....	36
benazepril hcl tab 5 mg.....	42	BIOTEL CARE BLOOD GLUCOSE.....	109
benazepril hcl tab 10 mg, 20 mg, 40 mg.....	42	BIOTEL CARE CONNECTED BLO.....	124
BENEFIX.....	93	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,	
BENLYSTA.....	174	5-6.25 mg, 10-6.25 mg.....	43
BENZAMYCIN.....	102	bisoprolol fumarate tab 5 mg, 10 mg.....	40
BENZHYDROCODONE/ACETAMINO.....	73	BLOOD GLUCOSE MONITORING.....	124
BENZNIDAZOLE.....	10	BLOOD GLUCOSE SYSTEM PAK.....	124
benzonatate cap 100 mg.....	50	BLOOD GLUCOSE TEST STRIPS.....	109
benzonatate cap 200 mg.....	50	BLULINK BLOOD GLUCOSE MON.....	124
benzoyl peroxide-erythromycin gel 5-3%.....	102	BLULINK GLUCOSE TEST STRI.....	109
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....	85	BONJESTA.....	56
bepotastine besilate ophth soln 1.5%.....	97	BOOSTRIX.....	15
BEPREVE.....	97	bosentan tab 62.5 mg, 125 mg.....	48
BERINERT.....	93	BOSULIF.....	18
BESIVANCE.....	97	BRAFTOVI.....	18
BESREMI.....	18	BREO ELLIPTA.....	52
BETADINE OPHTHALMIC PREP.....	97	BREZTRI AEROSPHERE.....	52
betaine powder for oral solution.....	35	BRILINTA.....	93
BETAMETHASONE DIPROPIONAT.....	102	brimonidine tartrate gel 0.33% (base equivalent).....	102
betamethasone dipropionate augmented cream		brimonidine tartrate ophth soln 0.15%.....	97
0.05%.....	102	brimonidine tartrate ophth soln 0.2%.....	97
betamethasone dipropionate augmented lotion		brimonidine tartrate-timolol maleate ophth soln	
0.05%.....	102	0.2-0.5%.....	97
betamethasone dipropionate augmented oint		BRIVIACT.....	80
0.05%.....	102	bromfenac sodium ophth soln 0.09% (base equiv)	
betamethasone dipropionate cream 0.05%.....	102	(once-daily).....	97

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

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

bromocriptine mesylate cap 5 mg (base equivalent).....	85	C	
bromocriptine mesylate tab 2.5 mg (base equivalent).....	85	cabergoline tab 0.5 mg.....	36
BRONCHITOL.....	54	CABLVI.....	93
BRONCHITOL TOLERANCE TEST.....	54	CABOMETYX.....	18
BROVANA.....	52	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	68
BRUKINSA.....	18	calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....	102
budesonide delayed release particles cap 3 mg.....	25	calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....	103
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act.....	52	calcipotriene cream 0.005%.....	102
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml.....	52	calcipotriene oint 0.005%.....	102
budesonide tab er 24hr 9 mg.....	25	calcipotriene soln 0.005% (50 mcg/ml).....	102
bumetanide tab 0.5 mg.....	45	calcitonin (salmon) inj 200 unit/ml.....	36
bumetanide tab 1 mg, 2 mg.....	45	calcitonin (salmon) nasal soln 200 unit/act.....	36
BUMEX.....	45	CALCITRIOL.....	103
BUPHENYL.....	36	calcitriol cap 0.25 mcg, 0.5 mcg.....	36
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	73	calcitriol oral soln 1 mcg/ml.....	36
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	73	calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	57
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv).....	73	calcium acetate (phosphate binder) tab 667 mg.....	57
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	73	CALQUENCE.....	18
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	74	CAMZYOS.....	48
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv).....	73	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	43
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr.....	74	candesartan cilexetil tab 32 mg.....	43
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	70	candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....	43
bupropion hcl tab er 24hr 150 mg, 300 mg.....	62	capecitabine tab 150 mg, 500 mg.....	18
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg.....	62	CAPLYTA.....	64
bupropion hcl tab 75 mg, 100 mg.....	62	CAPRELSA.....	18
buspironone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	61	captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	43
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	73	CARBAGLU.....	36
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	74	carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	80
butalbital-acetaminophen cap 50-300 mg.....	73	carbamazepine chew tab 100 mg.....	80
butalbital-acetaminophen tab 50-325 mg.....	73	carbamazepine susp 100 mg/5ml.....	80
butalbital-aspirin-caffeine cap 50-325-40 mg.....	73	carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	80
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	74	carbamazepine tab 200 mg.....	80
butorphanol tartrate nasal soln 10 mg/ml.....	74	CARBATROL.....	80
BYDUREON BCISE.....	30	CARBIDOPA/LEVODOPA ODT.....	85
BYLVAY.....	57	carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	85
BYLVAY (PELLETS).....	57	carbidopa & levodopa tab 25-250 mg.....	85
		carbidopa & levodopa tab 10-100 mg, 25-100 mg.....	85
		carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	85
		carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	85
		carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	85
		carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	85

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

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

carbidopa-levodopa-entacapone tabs 25-100-200 mg	85	CEFACLOR.....	1
carbidopa-levodopa-entacapone tabs 50-200-200 mg	85	CEFADROXIL.....	1
carbidopa tab 25 mg	85	cefadroxil cap 500 mg	1
CARBINOXAMINE MALEATE.....	49	cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1
carbinoxamine maleate tab 4 mg	49	cefdinir cap 300 mg	1
carbonyl iron susp 15 mg/1.25ml (elemental iron)	90	cefdinir for susp 125 mg/5ml, 250 mg/5ml	1
CARDIOCOM LANCING DEVICE.....	124	cefixime cap 400 mg	2
CAREFINE PEN NEEDLE 32GX4.....	124	cefixime for susp 100 mg/5ml, 200 mg/5ml	2
CAREFINE PEN NEEDLES 29GX.....	124	cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	2
CAREFINE PEN NEEDLES 30GX.....	124	cefpodoxime proxetil tab 100 mg, 200 mg	2
CAREFINE PEN NEEDLES 31GX.....	124	cefprozil for susp 125 mg/5ml, 250 mg/5ml	2
CAREFINE PEN NEEDLES 32GX.....	124	cefprozil tab 250 mg, 500 mg	2
CAREONE ADVANCED LANCING.....	124	cefuroxime axetil tab 250 mg, 500 mg	2
CAREONE BLOOD GLUCOSE MON.....	124	celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg	76
CAREONE BLOOD GLUCOSE TES.....	109	CELLCEPT.....	174
CAREONE INSULIN SYRINGES/.....	124	CELONTIN.....	80
CAREONE LANCET SUPER THIN.....	124	cephalexin cap 750 mg	2
CAREONE LANCET THIN.....	124	cephalexin cap 250 mg, 500 mg	2
CAREONE LANCET ULTRA THIN.....	124	cephalexin for susp 125 mg/5ml, 250 mg/5ml	2
CAREONE UNIFINE PENTIPS P.....	124	CEQUA.....	97
CAREPOINT PRECISION POLY.....	125	CERDELGA.....	90
CAREPOINT PRECISION SYRIN.....	125	cevimeline hcl cap 30 mg	101
CAREPOINT SAFETY 1ST NEED.....	125	CHEMET.....	108
CARESENS LANCETS.....	125	CHEMSTRIP BG LOG BOOK.....	126
CARESENS N BLOOD GLUCOSE.....	109	CHEMSTRIP-K.....	110
CARESENS N FELIZ.....	125	CHENODAL.....	57
CARESENS N FELIZ BT.....	125	CHLORDIAZEPOXIDE/AMITRIPT.....	70
CARESENS N GLUCOSE MONITO.....	125	chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	62
CARESENS N VOICE BLOOD GL.....	125	chlorhexidine gluconate soln 0.12%	101
CARETOUCH BLOOD GLUCOSE M.....	125	chloroquine phosphate tab 250 mg, 500 mg	10
CARETOUCH BLOOD GLUCOSE T.....	109	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	64
CARETOUCH HYPODERMIC NEED.....	125	CHLORPROMAZINE HYDROCHLOR.....	64
CARETOUCH INSULIN SYRINGE.....	125	chlorthalidone tab 25 mg, 50 mg	45
CARETOUCH LANCING DEVICE.....	125	chlorzoxazone tab 500 mg	87
CARETOUCH PEN NEEDLE 29GX.....	125	CHOLBAM.....	58
CARETOUCH PEN NEEDLE 33GX.....	125	cholecalciferol cap 1.25 mg (50000 unit)	87
CARETOUCH PEN NEEDLES 31.....	125	cholestyramine light powder 4 gm/dose	46
CARETOUCH PEN NEEDLES 31G.....	125	cholestyramine light powder packets 4 gm	46
CARETOUCH PEN NEEDLES 32G.....	125	cholestyramine powder 4 gm/dose	46
CARETOUCH SAFETY LANCETS/.....	125	cholestyramine powder packets 4 gm	46
CARETOUCH TWIST LANCETS 2.....	126	choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv)	46
CARETOUCH TWIST LANCETS 3.....	126	CIALIS.....	49
CARETOUCH TWIST LANCETS M.....	126	CIBINQO.....	103
carglumic acid soluble tab 200 mg	36	ciclopirox gel 0.77%	103
carisoprodol tab 350 mg	87	ciclopirox olamine cream 0.77% (base equiv)	103
CARNITOR.....	36	ciclopirox olamine susp 0.77% (base equiv)	103
CARNITOR SF.....	36	ciclopirox shampoo 1%	103
CARTEOLOL HCL.....	97	ciclopirox solution 8%	103
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	40	cilostazol tab 50 mg, 100 mg	93
CAYA.....	126	CIMDUO.....	5
CAYSTON.....	11		

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

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

CIMZIA.....	58	clindamycin phosphate-benzoyl peroxide gel	
CIMZIA STARTER KIT.....	58	1-5%.....	103
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....	36	clindamycin phosphate gel 1%.....	103
CINRYZE.....	94	clindamycin phosphate lotion 1%.....	103
CIPRO.....	3	clindamycin phosphate soln 1%.....	103
CIPROFLOXACIN.....	100	clindamycin phosphate swab 1%.....	103
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	100	clindamycin phosphate vaginal cream 2%.....	60
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	97	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	103
ciprofloxacin hcl tab 750 mg (base equiv).....	3	CLINDESSE.....	60
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....	3	clobazam suspension 2.5 mg/ml.....	80
CIPRO HC.....	100	clobazam tab 10 mg, 20 mg.....	80
citalopram hydrobromide oral soln 10 mg/5ml.....	62	clobetasol propionate cream 0.05%.....	103
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....	62	clobetasol propionate emollient base cream 0.05%.....	103
CITRANATAL B-CALM.....	87	clobetasol propionate gel 0.05%.....	103
CITRANATAL MEDLEY.....	88	clobetasol propionate oint 0.05%.....	103
CLARITHROMYCIN.....	2	clobetasol propionate soln 0.05%.....	103
clarithromycin tab er 24hr 500 mg.....	2	cloctortolone pivalate cream 0.1%.....	103
clarithromycin tab 250 mg, 500 mg.....	2	CLODERM.....	103
CLEANLET LANCETS 28G.....	126	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	62
CLEMASTINE FUMARATE.....	50	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	80
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq).....	50	clonazepam tab 0.5 mg, 1 mg, 2 mg.....	80
CLEOCIN.....	11	clonidine hcl tab er 12hr 0.1 mg.....	68
CLEOCIN PEDIATRIC GRANULE.....	11	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	43
CLEOCIN-T.....	103	clonidine td patch weekly 0.1 mg/24hr.....	43
CLEVER CHEK AUTO-CODE BLO.....	126	clonidine td patch weekly 0.2 mg/24hr.....	43
CLEVER CHEK AUTO-CODE TES.....	110	clonidine td patch weekly 0.3 mg/24hr.....	43
CLEVER CHEK AUTO-CODE VOI.....	110	clopidogrel bisulfate tab 75 mg (base equiv).....	94
CLEVER CHEK AUTO CODE VOI.....	126	clopidogrel bisulfate tab 300 mg (base equiv).....	94
CLEVER CHEK BLOOD GLUCOSE.....	126	clorazepate dipotassium tab 7.5 mg.....	62
CLEVER CHEK LANCETS ULTRA.....	126	clorazepate dipotassium tab 3.75 mg, 15 mg.....	62
CLEVER CHEK TEST STRIPS.....	110	clotrimazole troche 10 mg.....	101
CLEVER CHOICE AUTO-CODE P.....	110	clotrimazole w/ betamethasone cream 1-0.05%.....	103
CLEVER CHOICE COMFORT EZ.....	126	CLOZAPINE ODT.....	64
CLEVER CHOICE MICRO BLOOD.....	126	clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg.....	64
CLEVER CHOICE MICRO TEST.....	110	clozapine tab 25 mg, 50 mg, 100 mg, 200 mg.....	64
CLEVER CHOICE MINI BLOOD.....	126	COAGADDEX.....	94
CLEVER CHOICE NO CODING T.....	110	COAGUCHEK LANCETS.....	127
CLEVER CHOICE TALK BLOOD.....	127	COARTEM.....	10
CLEVER CHOICE TALK NO COD.....	110	CODEINE SULFATE.....	74
CLICKFINE PEN NEEDLE 32GX.....	127	codeine sulfate tab 30 mg.....	74
CLICKFINE PEN NEEDLES 31G.....	127	colchicine tab 0.6 mg.....	80
CLICKFINE PEN NEEDLES 32G.....	127	colchicine w/ probenecid tab 0.5-500 mg.....	80
CLICKFINE PEN NEEDLE UNIV.....	127	colesevelam hcl packet for susp 3.75 gm.....	46
CLICKFINE UNIVERSAL PEN N.....	127	colesevelam hcl tab 625 mg.....	46
CLIMARA PRO.....	27	COLESTID.....	46
clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	11	COLESTID FLAVORED.....	47
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	11	colestipol hcl granule packets 5 gm.....	47
		colestipol hcl granules 5 gm.....	47
		colestipol hcl tab 1 gm.....	47

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

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

colistimethate sod for inj 150 mg (colistin base activity)	11	COTELLIC.....	18
COLY-MYCIN M.....	11	CREON.....	57
COMBIPATCH.....	27	CRESEMBA.....	4
COMBIVENT RESPIMAT.....	52	CRINONE.....	60
COMETRIQ.....	18	CROMOLYN SODIUM.....	97
COMFORT ASSIST INSULIN SY.....	127	cromolyn sodium oral conc 100 mg/5ml	58
COMFORT ASSURED LANCETS M.....	127	cromolyn sodium soln nebu 20 mg/2ml	52
COMFORT ASSURED LANCETS S.....	127	CROTAN.....	103
COMFORT EZ/31G X 5MM.....	127	CUVPOSA.....	55
COMFORT EZ/31G X 6MM.....	127	CVS ADVANCED GLUCOSE METE.....	110
COMFORT EZ INSULIN SYRING.....	127	CVS GLUCOSE METER TEST ST.....	110
COMFORT EZ MICRO/32G X 4M.....	127	CVS LANCETS 21G.....	128
COMFORT EZ PRO SAFETY PEN.....	127	CVS LANCETS MICRO-THIN 33.....	128
COMFORT EZ SHORT/31G X 8M.....	127	CVS LANCETS MICRO THIN 33.....	128
COMFORT LANCETS.....	127	CVS LANCETS ORIGINAL.....	128
COMFORT TOUCH LANCETS ULT.....	127	CVS LANCETS THIN 26G.....	128
COMFORT TOUCH PEN NEEDLES.....	127	CVS LANCETS ULTRA-THIN 30.....	128
COMFORT TOUCH PLUS SAFETY.....	128	CVS LANCETS ULTRA THIN 30.....	128
COMIRNATY 2023-24.....	13	CVS LANCING DEVICE.....	128
COMPLERA.....	5	CVS ULTRA THIN LANCETS.....	128
COMPLETE NATAL DHA.....	88	cyanocobalamin inj 1000 mcg/ml	90
COMPLETENATE.....	88	cyclobenzaprine hcl tab 5 mg, 10 mg	87
COMTAN.....	85	CYCLOGYL.....	97
CO-NATAL FA.....	88	CYCLOMYDRIL.....	97
CONCEPT DHA.....	88	cyclopentolate hcl ophth soln 1%	97
CONCEPT OB.....	88	CYCLOPHOSPHAMIDE.....	18
CONCERTA.....	68	cyclophosphamide cap 25 mg, 50 mg	18
CONDOMS.....	128	cycloserine cap 250 mg	4
CONDYLOX.....	103	CYCLOSET.....	30
CONTOUR BLOOD GLUCOSE MON.....	128	cyclosporine cap 25 mg, 100 mg	174
CONTOUR BLOOD GLUCOSE TES.....	110	cyclosporine modified cap 50 mg	175
CONTOUR NEXT BLOOD GLUCOS.....	110	cyclosporine modified cap 25 mg, 100 mg	175
CONTOUR NEXT EZ BLOOD GLU.....	128	cyclosporine modified oral soln 100 mg/ml	175
CONTOUR NEXT GEN BLOOD GL.....	128	cyproheptadine hcl syrup 2 mg/5ml	50
CONTOUR NEXT LINK BLOOD G.....	128	cyproheptadine hcl tab 4 mg	50
CONTOUR NEXT LINK 2.4 WIR.....	128	CYSTADANE.....	36
CONTOUR NEXT LINK WIRELES.....	128	CYSTADROPS.....	97
CONTOUR NEXT ONE BLOOD GL.....	128	CYSTAGON.....	60
COOL BLOOD GLUCOSE MONITO.....	128	CYSTARAN.....	97
COOL BLOOD GLUCOSE TEST S.....	110	CYTOTEC.....	55
COPIKTRA.....	18	D	
CORDRAN.....	103	dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	92
CORGARD.....	40	dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	92
CORIFACT.....	94	dalfampridine tab er 12hr 10 mg	70
CORLANOR.....	48	danazol cap 50 mg, 100 mg, 200 mg	26
CORTENEMA.....	101	DANTRIUM.....	87
CORTIFOAM.....	101	dantrolene sodium cap 100 mg	87
CORTISONE ACETATE.....	25	dantrolene sodium cap 25 mg, 50 mg	87
CORTISPORIN-TC.....	100	dapsone tab 25 mg, 100 mg	11
COSENTYX.....	103	DAPTACEL.....	15
COSENTYX SENSOREADY PEN.....	103		
COSENTYX UNOREADY.....	103		

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

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

DARAPRIM.....	10	DEXAMETHASONE.....	25
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	59	dexamethasone elixir 0.5 mg/5ml.....	25
darunavir tab 600 mg.....	5	DEXAMETHASONE INTENSOL.....	25
darunavir tab 800 mg.....	5	DEXAMETHASONE SODIUM PHOS.....	97
DAURISMO.....	18	dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	25
DAYBUE.....	86	DEXCOM G6 RECEIVER.....	128
DAYPRO.....	76	DEXCOM G7 RECEIVER.....	129
D-CARE GLUCOMETER KIT/GLU.....	128	DEXCOM G6 SENSOR.....	129
DDAVP.....	36	DEXCOM G7 SENSOR.....	129
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	108	DEXCOM G6 TRANSMITTER.....	129
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	108	dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	68
deferasirox tab 90 mg, 180 mg, 360 mg.....	108	dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	68
deferiprone tab 500 mg, 1000 mg.....	108	dextroamphetamine sulfate cap er 24hr 5 mg.....	68
deflazacort tab 6 mg.....	25	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	68
deflazacort tab 18 mg.....	25	dextroamphetamine sulfate oral solution 5 mg/5ml.....	68
deflazacort tab 30 mg, 36 mg.....	25	dextroamphetamine sulfate tab 5 mg.....	68
DELSTRIGO.....	5	dextroamphetamine sulfate tab 10 mg.....	68
DELZICOL.....	58	DIABETES MONITORING DIGIT.....	129
demeclocycline hcl tab 150 mg, 300 mg.....	3	DIACOMIT.....	80
DEPAKOTE.....	80	DIATHRIVE+ BLOOD GLUCOSE.....	110
DEPAKOTE ER.....	80	DIATHRIVE BLOOD GLUCOSE M.....	129
DEPAKOTE SPRINKLES.....	80	DIATHRIVE BLOOD GLUCOSE T.....	110
DERMA-SMOOTH/FS BODY.....	104	DIATHRIVE LANCETS.....	129
DERMA-SMOOTH/FS SCALP.....	104	DIATHRIVE LANCETS ULTRA T.....	129
DERMOTIC.....	100	DIATHRIVE LANCING DEVICE.....	129
DESCOVY.....	5	DIATHRIVE PEN NEEDLE/31G.....	129
desipramine hcl tab 10 mg, 25 mg.....	62	DIATHRIVE PEN NEEDLE/32G.....	129
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	62	DIATHRIVE PEN NEEDLE/31 G.....	129
desloratadine tab 5 mg.....	50	DIATRUE PLUS BLOOD GLUCOS.....	110
DESMOPRESSIN ACETATE.....	36	diazepam conc 5 mg/ml.....	62
desmopressin acetate inj 4 mcg/ml.....	36	diazepam oral soln 1 mg/ml.....	62
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	36	DIAZEPAM RECTAL GEL.....	81
desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	36	diazepam rectal gel delivery system 10 mg, 20 mg.....	81
desmopressin acetate tab 0.1 mg, 0.2 mg.....	36	diazepam tab 2 mg, 5 mg, 10 mg.....	62
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	28	diazoxide susp 50 mg/ml.....	30
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	28	DIBENZYLIN.....	43
desonide cream 0.05%.....	104	dichlorphenamide tab 50 mg.....	45
desonide oint 0.05%.....	104	DICLEGIS.....	56
desoximetasone cream 0.05%, 0.25%.....	104	diclofenac potassium tab 50 mg.....	76
desoximetasone gel 0.05%.....	104	diclofenac sodium ophth soln 0.1%.....	97
desoximetasone oint 0.05%, 0.25%.....	104	diclofenac sodium soln 1.5%.....	104
desoximetasone spray 0.25%.....	104	diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	76
DESOXYN.....	68	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	76
DESVENLAFAXINE ER.....	62	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	76
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	62	dicloxacillin sodium cap 250 mg, 500 mg.....	1
		dicycloimine hcl cap 10 mg.....	55
		dicycloimine hcl oral soln 10 mg/5ml.....	55

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

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

dicyclomine hcl tab 20 mg.....	55	doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	62
DIFICID.....	2	doxepin hcl conc 10 mg/ml.....	62
DIFLUCAN.....	4	doxepin hcl cream 5%.....	104
diflunisal tab 500 mg.....	73	doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	66
difluprednate ophth emulsion 0.05%.....	97	doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg.....	36
DIGOXIN.....	39	doxycycline hyclate cap 50 mg.....	3
digoxin oral soln 0.05 mg/ml.....	39	doxycycline hyclate cap 100 mg.....	3
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	39	doxycycline hyclate tab 20 mg, 50 mg, 100 mg.....	3
dihydroergotamine mesylate inj 1 mg/ml.....	78	doxycycline monohydrate cap 50 mg, 100 mg.....	3
dihydroergotamine mesylate nasal spray 4 mg/ml.....	78	doxycycline monohydrate for susp 25 mg/5ml.....	3
DILANTIN.....	81	doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	3
DILANTIN-125.....	81	doxylamine-pyridoxine tab delayed release 10-10 mg.....	56
DILANTIN INFATABS.....	81	DRISDOL.....	87
DILAUDID.....	74	dronabinol cap 2.5 mg, 5 mg, 10 mg.....	56
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	41	DROPLET GENTEEL LANCING D.....	129
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	41	DROPLET INSULIN SYRINGE 0.....	129
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	41	DROPLET INSULIN SYRINGE 1.....	129
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	41	DROPLET INSULIN SYRINGE/U.....	129
diltiazem hcl tab er 24hr 420 mg.....	41	DROPLET INSULIN SYRINGE U.....	129
diltiazem hcl tab 90 mg.....	41	DROPLET LANCETS ULTRA THI.....	129
diltiazem hcl tab 30 mg, 60 mg, 120 mg.....	41	DROPLET LANCING DEVICE.....	130
dimethyl fumarate capsule delayed release 120 mg.....	70	DROPLET MICRON 34G X 9/64.....	130
dimethyl fumarate capsule delayed release 240 mg.....	70	DROPLET PEN NEEDLES 29GX1.....	130
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	70	DROPLET PEN NEEDLES 31GX5.....	130
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	55	DROPLET PEN NEEDLES 31GX6.....	130
DIPROLENE.....	104	DROPLET PEN NEEDLES 31GX8.....	130
dipyridamole tab 25 mg, 50 mg, 75 mg.....	94	DROPLET PEN NEEDLES 32GX4.....	130
disopyramide phosphate cap 100 mg, 150 mg.....	42	DROPLET PEN NEEDLES 32GX5.....	130
disulfiram tab 250 mg, 500 mg.....	70	DROPLET PEN NEEDLES 32GX6.....	130
DIURIL.....	45	DROPLET PEN NEEDLES 32GX8.....	130
divalproex sodium cap delayed release sprinkle 125 mg.....	81	DROPLET PEN NEEDLES 29G X.....	130
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	81	DROPLET PEN NEEDLES 30G X.....	130
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	81	DROPLET PEN NEEDLES 31G X.....	130
DIVIGEL.....	27	DROPLET PEN NEEDLES 32G X.....	130
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	42	DROPLET PERSONAL LANCETS.....	130
DOJOLVI.....	90	DROPSAFE INSULIN SAFETY S.....	130
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	70	DROPSAFE SAFETY PEN NEEDL.....	130
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	70	DROPSAFE SAFETY PEN NEEDL.....	130
DOPTELET.....	90	drosiprenone-ethinyl estradiol tab 3-0.02 mg.....	28
dorzolamide hcl ophth soln 2%.....	97	drosiprenone-ethinyl estradiol tab 3-0.03 mg.....	28
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	97	drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	28
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....	98	drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	28
DOVATO.....	6	DROXIA.....	90
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	43	DRUG MART LANCETS THIN.....	130
		DRUG MART LANCETS ULTRA T.....	130
		DRUG MART ON-THE-GO LANCE.....	130
		DRUG MART UNIFINE PENTIPS.....	130

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

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

DRUG MART UNILET LANCETS.....	131	EASY TOUCH FLIPLOCK NEEDL.....	132
DRUG MART UNILET MICRO TH.....	131	EASY TOUCH FLIPLOCK SAFET.....	132
DUANE READE LANCET ALTERN.....	131	EASY TOUCH GLUCOSE MONITO.....	132
DUANE READE LANCET SUPER.....	131	EASY TOUCH GLUCOSE TEST S.....	110
DUANE READE LANCET ULTRA.....	131	EASY TOUCH 32GX5MM.....	133
DUANE READE UNIFINE PENTI.....	131	EASY TOUCH 32GX6MM.....	134
DUAVEE.....	27	EASY TOUCH HEALTHPRO GLUC.....	110
DULERA.....	52	EASY TOUCH HYPODERMIC NEE.....	132
duloxetine hcl enteric coated pellets cap 20 mg (base		EASY TOUCH INSULIN SYRING.....	132
eq), 30 mg (base eq), 60 mg (base eq).....	63	EASY TOUCH LANCETS 30G/BU.....	133
DUO-CARE TEST STRIPS.....	110	EASY TOUCH LANCETS 21G/PR.....	132
DUPIXENT.....	104	EASY TOUCH LANCETS 23G/PR.....	132
DUREX EXTRA SENSITIVE THI.....	131	EASY TOUCH LANCETS 26G/PR.....	133
DUREX REALFEEL NON-LATEX.....	131	EASY TOUCH LANCETS 28G/PR.....	133
DUREZOL.....	98	EASY TOUCH LANCETS 30G/PR.....	133
dutasteride cap 0.5 mg.....	61	EASY TOUCH LANCETS 32G/PR.....	133
dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	61	EASY TOUCH LANCETS 26G/PU.....	133
DYRENIUM.....	45	EASY TOUCH LANCETS 28G/PU.....	133
E		EASY TOUCH LANCETS 30G/PU.....	133
EASY COMFORT INSULIN SYRI.....	131	EASY TOUCH LANCETS 32G/PU.....	133
EASY COMFORT PEN NEEDLES.....	131	EASY TOUCH LANCETS 28G/TW.....	133
EASY COMFORT SAFETY PEN N.....	131	EASY TOUCH LANCETS 30G/TW.....	133
EASY GLIDE PEN NEEDLES 33.....	131	EASY TOUCH LANCETS 32G/TW.....	133
EASYGLUCO.....	111	EASY TOUCH LANCETS 33G/TW.....	133
EASYMAX NG SELF-MONITORIN.....	134	EASY TOUCH LANCING DEVICE.....	133
EASYMAX TEST STRIPS.....	111	EASY TOUCH PEN NEEDLE 30.....	133
EASYMAX 15 TEST STRIPS.....	111	EASY TOUCH PEN NEEDLE/30.....	133
EASYMAX V BLOOD GLUCOSE S.....	134	EASY TOUCH PEN NEEDLES 29.....	133
EASY MINI EJECT LANCING D.....	132	EASY TOUCH PEN NEEDLES 31.....	133
EASY MINI LANCING DEVICE.....	132	EASY TOUCH PEN NEEDLES 32.....	133
EASY PLUS II BLOOD GLUCOS.....	110	EASY TOUCH PEN NEEDLES/31.....	133
EASYPOINT NEEDLE/18G X 1.....	134	EASY TOUCH SAFETY LANCETS.....	133
EASYPOINT NEEDLE/20G X 1.....	134	EASY TOUCH SAFETY PEN NEE.....	133
EASYPOINT NEEDLE/21G X 1.....	134	EASY TOUCH SHEATHLOCK SAF.....	133
EASYPOINT NEEDLE/22G X 1.....	134	EASY TOUCH TUBERCULIN FLI.....	133
EASYPOINT NEEDLE/18G X 1".....	134	EASY TOUCH TUBERCULIN SHE.....	133
EASYPOINT NEEDLE/20G X 1".....	134	EASY TRAK BLOOD GLUCOSE M.....	134
EASYPOINT NEEDLE/21G X 1".....	134	EASY TRAK BLOOD GLUCOSE T.....	110
EASYPOINT NEEDLE/22G X 1".....	134	EASY TRAK II BLOOD GLUCOS.....	111
EASYPOINT NEEDLE 25GX1-1/.....	134	econazole nitrate cream 1%.....	104
EASYPOINT NEEDLE 25G X 5/.....	134	EDECRIN.....	45
EASYPOINT NEEDLE 23G X 1".....	134	EDURANT.....	6
EASYPOINT NEEDLE 25G X 1".....	134	E.E.S. 400.....	2
EASYPRO BLOOD GLUCOSE MON.....	134	E.E.S. GRANULES.....	2
EASYPRO BLOOD GLUCOSE TES.....	111	efavirenz-emtricitabine-tenofovir df tab 600-200-300	6
EASYPRO PLUS.....	111	mg.....	6
EASY STEP BLOOD GLUCOSE M.....	132	efavirenz-lamivudine-tenofovir df tab 400-300-300	6
EASY STEP TEST STRIPS.....	110	mg.....	6
EASY TALK BLOOD GLUCOSE M.....	132	efavirenz-lamivudine-tenofovir df tab 600-300-300	6
EASY TALK BLOOD GLUCOSE T.....	110	mg.....	6
EASY TALK PLUS II BLOOD G.....	110	efavirenz tab 600 mg.....	6
EASY TOUCH ALLERGY TRAY S.....	132	EFUDEX.....	104
		EGATEN.....	10

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

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

EGRIFTA SV.....	36	ENBREL SURECLICK.....	76
ELEMENT AUTOCODE SYSTEM.....	134	ENCARE.....	60
ELEMENT COMPACT BLOOD GLU.....	134	ENDARI.....	90
ELEMENT COMPACT TEST STRI.....	111	ENGERIX-B.....	13
ELEMENT COMPACT V BLOOD.....	134	enoxaparin sodium inj 300 mg/3ml.....	92
ELEMENT PLUS BLOOD GLUCOS.....	134	enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40	
ELEMENT TEST STRIPS.....	111	mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120	
ELESTRIN.....	27	mg/0.8ml, 150 mg/ml.....	92
elnetriptan hydrobromide tab 20 mg (base		ENSPRYNG.....	175
equivalent).....	78	entacapone tab 200 mg.....	85
elnetriptan hydrobromide tab 40 mg (base		entecavir tab 0.5 mg, 1 mg.....	6
equivalent).....	78	ENTRESTO.....	48
ELIQUIS.....	92	ENVARUS XR.....	175
ELIQUIS STARTER PACK.....	92	EPANED.....	43
ELLA.....	28	EPCLUSA.....	6
ELMIRON.....	61	EPIDIOLEX.....	81
ELOCTATE.....	94	EPIFOAM.....	104
EMBRACE BLOOD GLUCOSE MON.....	135	epinastine hcl ophth soln 0.05%.....	98
EMBRACE BLOOD GLUCOSE TES.....	111	EPINEPHRINE.....	46
EMBRACE EVO BLOOD GLUCOSE.....	111	epinephrine solution auto-injector 0.15 mg/0.3ml	
EMBRACE EVO COMPACT BLOOD.....	135	(1:2000).....	46
EMBRACE LANCETS ULTRA THI.....	135	epinephrine solution auto-injector 0.3 mg/0.3ml	
EMBRACE LANCING DEVICE WI.....	135	(1:1000).....	46
EMBRACE PEN NEEDLES/29G X.....	135	EPIVIR.....	6
EMBRACE PEN NEEDLES/30G X.....	135	eplerenone tab 25 mg, 50 mg.....	43
EMBRACE PEN NEEDLES/31G X.....	135	EPOGEN.....	91
EMBRACE PEN NEEDLES/32G X.....	135	EPRONTIA.....	81
EMBRACE PRESSURE ACTIVATE.....	135	EQ BLOOD GLUCOSE TEST STR.....	111
EMBRACE PRO BLOOD GLUCOSE.....	111	EQL COLOR LANCETS 21G.....	135
EMBRACE TALK BLOOD GLUCOS.....	111	EQL COLOR LANCETS MICRO T.....	135
EMBRACE WAVE BLOOD GLUCOS.....	111	EQL INSULIN SYRINGE/0.3ML.....	135
EMCYT.....	18	EQL INSULIN SYRINGE/0.5ML.....	135
EMEND.....	56	EQL INSULIN SYRINGE/1ML/2.....	135
EMEND TRIPACK.....	56	EQL INSULIN SYRINGE/1ML/3.....	135
EMFLAZA.....	25	EQL SHORT PEN NEEDLES 31G.....	135
EMGALITY.....	78	EQL SUPER THIN LANCETS 30.....	135
EMPAVELI.....	94	EQL THIN LANCETS 26G.....	135
EMSAM.....	63	EQL ULTRA SHORT PEN NEEDL.....	136
emtricitabine caps 200 mg.....	6	EQUETRO.....	64
emtricitabine-tenofovir disoproxil fumarate tab		ergocalciferol cap 1.25 mg (50000 unit).....	87
200-300 mg.....	6	ERGOLOID MESYLATES.....	70
emtricitabine-tenofovir disoproxil fumarate tab		ergotamine w/ caffeine tab 1-100 mg.....	79
100-150 mg, 133-200 mg, 167-250 mg.....	6	ERIVEDGE.....	18
EMTRIVA.....	6	ERLEADA.....	18
EMVERM.....	10	erlotinib hcl tab 25 mg (base equivalent).....	18
enalapril maleate & hydrochlorothiazide tab 5-12.5		erlotinib hcl tab 100 mg (base equivalent), 150 mg	
mg.....	43	(base equivalent).....	19
enalapril maleate & hydrochlorothiazide tab 10-25		ERMEZA.....	35
mg.....	43	ERTACZO.....	104
enalapril maleate oral soln 1 mg/ml.....	43	ERY.....	104
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	43	ERYGEL.....	104
ENBREL.....	76	ERYPED 200.....	2
ENBREL MINI.....	76	ERYPED 400.....	2

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

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

ERYTHROCIN STEARATE.....	2	etravirine tab 100 mg, 200 mg.....	6
ERYTHROMYCIN.....	2	EULEXIN.....	19
ERYTHROMYCIN ETHYLSUCCINA.....	2	EVAMIST.....	27
erythromycin ethylsuccinate for susp 200 mg/5ml.....	2	EVENCARE BLOOD GLUCOSE MO.....	136
erythromycin ethylsuccinate for susp 400 mg/5ml.....	2	EVENCARE BLOOD GLUCOSE TE.....	111
erythromycin gel 2%.....	104	everolimus tab for oral susp 3 mg.....	19
erythromycin ophth oint 5 mg/gm.....	98	everolimus tab for oral susp 2 mg, 5 mg.....	19
erythromycin soln 2%.....	104	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	19
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	3	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	175
erythromycin tab 250 mg, 500 mg.....	3	EVOLUTION AUTOCODE.....	111
ESBRIET.....	54	EVOTAZ.....	6
escitalopram oxalate soln 5 mg/5ml (base equiv).....	63	EVRYSDI.....	86
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv).....	63	EXELDERM.....	104
esomeprazole magnesium cap delayed release 40 mg (base eq).....	55	EXELON.....	70
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg.....	55	exemestane tab 25 mg.....	19
ESPEROCT.....	94	EXJADE.....	108
estazolam tab 1 mg, 2 mg.....	66	EXKIVITY.....	19
ESTRACE.....	27	EXSERVAN.....	86
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	27	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	47
estradiol & norethindrone acetate tab 1-0.5 mg.....	27	ezetimibe tab 10 mg.....	47
estradiol tab 0.5 mg, 1 mg, 2 mg.....	27	E-Z JECT LANCETS.....	131
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%).....	27	E-Z JECT LANCETS COLOR.....	131
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.....	27	E-Z JECT LANCETS 21G.....	131
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.....	27	E-ZJECT LANCETS MICRO-THI.....	131
estradiol vaginal cream 0.1 mg/gm.....	60	E-Z JECT LANCETS SUPER TH.....	131
estradiol vaginal tab 10 mcg.....	60	E-Z JECT LANCETS THIN 26G.....	131
ESTRING.....	60	EZ-LETS LANCETS 21G.....	136
ESTROGEL.....	27	EZ-LETS LANCETS 30G.....	136
eszopiclone tab 1 mg, 2 mg, 3 mg.....	66	EZ-LETS LANCETS 26G SUPER.....	136
ethacrynic acid tab 25 mg.....	45	EZ-LETS LANCETS 28G ULTRA.....	136
ethambutol hcl tab 100 mg.....	4	F	
ethambutol hcl tab 400 mg.....	4	famciclovir tab 125 mg, 250 mg, 500 mg.....	6
ethosuximide cap 250 mg.....	81	famotidine for susp 40 mg/5ml.....	55
ethosuximide soln 250 mg/5ml.....	81	famotidine tab 20 mg, 40 mg.....	55
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	28	FANAPT.....	64
etodolac cap 200 mg, 300 mg.....	76	FANAPT TITRATION PACK.....	64
etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	76	FANTASY LUBRICATED.....	136
etodolac tab 400 mg.....	76	FANTASY LUBRICATED/SPERMI.....	136
etodolac tab 500 mg.....	76	FARESTON.....	19
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	28	FARXIGA.....	30
ETOPOSIDE.....	19	FASENRA PEN.....	52
		FC2 FEMALE CONDOM.....	136
		febuxostat tab 40 mg, 80 mg.....	80
		FEIBA.....	94
		felbamate susp 600 mg/5ml.....	81
		felbamate tab 400 mg, 600 mg.....	81
		FELBATOL.....	81
		FELDENE.....	76
		felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	41
		FEMCAP.....	136

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

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

fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....	47	FLUOCINOLONE ACETONIDE.....	104
fenofibrate tab 48 mg, 145 mg.....	47	fluocinolone acetonide cream 0.025%.....	104
fenofibrate tab 54 mg, 160 mg.....	47	fluocinolone acetonide oil 0.01% (body oil).....	104
fenoprofen calcium tab 600 mg.....	76	fluocinolone acetonide oil 0.01% (scalp oil).....	104
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	74	fluocinolone acetonide oint 0.025%.....	104
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	74	fluocinolone acetonide (otic) oil 0.01%.....	100
FERRIPROX.....	108	fluocinolone acetonide soln 0.01%.....	104
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe).....	91	fluocinonide cream 0.05%.....	104
fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	59	fluocinonide emulsified base cream 0.05%.....	104
FETZIMA.....	63	fluocinonide gel 0.05%.....	104
FETZIMA TITRATION PACK.....	63	fluocinonide oint 0.05%.....	104
FIASP.....	32	fluocinonide soln 0.05%.....	105
FIASP FLEXTOUCH.....	32	FLUORIDEX SENSITIVITY REL.....	101
FIASP PENFILL.....	32	FLUORIMAX 5000 SENSITIVE.....	101
FIBRYGA.....	94	fluorometholone ophth susp 0.1%.....	98
FIFTY50 GLUCOSE METER 2.0.....	136	FLUOROURACIL.....	105
FIFTY50 GLUCOSE TEST STRI.....	111	fluorouracil cream 5%.....	105
FIFTY50 PEN NEEDLES/31GX8.....	136	FLUOXETINE DR.....	63
FIFTY50 PEN NEEDLES/32GX4.....	136	fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....	63
FIFTY50 PEN NEEDLES/32GX6.....	136	fluoxetine hcl solution 20 mg/5ml.....	63
FIFTY50 PEN NEEDLES 31GX5.....	136	fluoxetine hcl tab 60 mg.....	63
FIFTY50 PEN NEEDLES 31G X.....	136	FLUPHENAZINE HCL.....	65
FIFTY50 SAFETY SEAL LANCE.....	136	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	65
FIFTY50 SUPERIOR COMFORT.....	136	FLUPHENAZINE HYDROCHLORID.....	65
FIFTY50 UNILET LANCETS 33.....	136	FLURAZEPAM HYDROCHLORIDE.....	66
FILSPARI.....	61	FLURBIPROFEN.....	76
finasteride tab 5 mg.....	61	FLURBIPROFEN SODIUM.....	98
FINGERSTIX LANCETS.....	136	flurbiprofen tab 100 mg.....	76
finngolimod hcl cap 0.5 mg (base equiv).....	70	FLUTICASONE PROPIONATE/SA.....	52
FINTEPLA.....	81	fluticasone propionate cream 0.05%.....	105
FIRDAPSE.....	87	FLUTICASONE PROPIONATE DI.....	52
FIRVANQ.....	11	FLUTICASONE PROPIONATE HF.....	52
FLAGYL.....	11	fluticasone propionate nasal susp 50 mcg/act.....	50
FLAREX.....	98	fluticasone propionate oint 0.005%.....	105
flavoxate hcl tab 100 mg.....	59	fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	52
flecainide acetate tab 50 mg, 100 mg, 150 mg.....	42	fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	47
FLORIVA.....	89	fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....	47
FLOW-EZE VENTED NEEDLE.....	136	fluvoxamine maleate tab 100 mg.....	63
FLUAD QUADRIVALENT 2023-2.....	13	fluvoxamine maleate tab 25 mg, 50 mg.....	63
FLUARIX QUADRIVALENT 2023.....	13	FLUZONE HIGH-DOSE PF 2023.....	13
FLUBLOK QUADRIVALENT 2023.....	13	FLUZONE QUADRIVALENT 2023.....	13
FLUCELVAX QUADRIVALENT 20.....	13	FML FORTE.....	98
fluconazole for susp 10 mg/ml, 40 mg/ml.....	4	FML LIQUIFILM.....	98
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	4	FOCALIN.....	68
flucytosine cap 250 mg, 500 mg.....	4	folic acid tab 400 mcg, 800 mcg.....	91
fludrocortisone acetate tab 0.1 mg.....	25	folic acid tab 1 mg.....	91
FLULAVAL QUADRIVALENT 202.....	13	FOLIVANE-OB.....	88
FLUMIST QUADRIVALENT.....	13	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	92
flunisolide nasal soln 25 mcg/act (0.025%).....	50	FORA BLOOD GLUCOSE TEST S.....	111

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

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

FORACARE GD40.....	112	FREESTYLE INSULINX BLOOD.....	112
FORACARE GD40 BLOOD GLUCO.....	137	FREESTYLE LANCETS.....	137
FORACARE PREMIUM V10 BLOO.....	137	FREESTYLE LIBRE 2/READER/.....	137
FORACARE PREMIUM V10 TEST.....	112	FREESTYLE LIBRE 3/READER/.....	138
FORACARE TEST N GO BLOOD.....	137	FREESTYLE LIBRE/READER/FL.....	138
FORACARE TEST N GO TEST S.....	112	FREESTYLE LIBRE 2/SENSOR/.....	137
FORA 6 CONNECT.....	112	FREESTYLE LIBRE 3/SENSOR/.....	138
FORA 6 CONNECT/GTEL BLOOD.....	112	FREESTYLE LIBRE 14 DAY/RE.....	137
FORA D40/G31 BLOOD GLUCOS.....	111	FREESTYLE LIBRE 14 DAY/SE.....	137
FORA D20 BLOOD GLUCOSE TE.....	111	FREESTYLE LITE BLOOD GLUC.....	138
FORA D15G BLOOD GLUCOSE T.....	111	FREESTYLE LITE TEST STRIP.....	112
FORA G30/PREMIUM V10 BLOO.....	112	FREESTYLE PRECISION NEO B.....	112
FORA G30A BLOOD GLUCOSE M.....	137	FREESTYLE TEST STRIPS.....	112
FORA G20 BLOOD GLUCOSE MO.....	136	FREESTYLE UNISTICK II LAN.....	138
FORA G20 BLOOD GLUCOSE TE.....	111	frovatriptan succinate tab 2.5 mg (base	
FORA GD20 BLOOD GLUCOSE M.....	136	equivalent).....	79
FORA GD50 BLOOD GLUCOSE M.....	136	FRUZAQLA.....	19
FORA GD50 BLOOD GLUCOSE T.....	111	FULPHILA.....	91
FORA GD20 TEST STRIPS.....	111	FUROSCIX.....	45
FORA GTEL BLOOD GLUCOSE M.....	136	FUROSEMIDE.....	45
FORA GTEL BLOOD GLUCOSE T.....	111	furosemide oral soln 10 mg/ml.....	45
FORA LANCETS.....	137	furosemide tab 20 mg, 40 mg, 80 mg.....	45
FORA LANCING DEVICE.....	137	FUZEON.....	6
FORA LANCING DEVICE/CLEAR.....	137	FYCOMPA.....	81
FORA PREMIUM V10 BLE BLOO.....	137	FYLNETRA.....	91
FORA TEST N' GO VOICE BLO.....	137		
FORA TN'G/TN'G VOICE BLOO.....	112	G	
FORA TN'G ADVANCE PRO BLO.....	112	gabapentin cap 100 mg, 300 mg, 400 mg.....	81
FORA TN'G VOICE BLOOD GLU.....	137	gabapentin oral soln 250 mg/5ml.....	81
FORA V10/V12/D10/D20 BLOO.....	137	gabapentin tab 600 mg, 800 mg.....	81
FORA V30A BLOOD GLUCOSE M.....	137	GALAFOLD.....	36
FORA V30A BLOOD GLUCOSE T.....	112	GALANTAMINE HYDROBROMIDE.....	70
FORA V10 BLOOD GLUCOSE MO.....	137	galantamine hydrobromide cap er 24hr 8 mg, 16 mg,	
FORA V12 BLOOD GLUCOSE MO.....	137	24 mg.....	70
FORA V20 BLOOD GLUCOSE MO.....	137	galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....	70
FORA V10 BLOOD GLUCOSE TE.....	112	GALZIN.....	89
FORA V12 BLOOD GLUCOSE TE.....	112	GAMMAGARD LIQUID.....	16
FORA V20 BLOOD GLUCOSE TE.....	112	GAMMAKED.....	16
FORTEO.....	36	GAMUNEX-C.....	16
FORTISCARE BLOOD GLUCOSE.....	112	GARDASIL 9.....	13
FORTISCARE G1 BLOOD GLUCO.....	112	gatifloxacin ophth soln 0.5%.....	98
FORTISCARE T1 SELF-MONITO.....	137	GATTEX.....	58
FOSAMAX.....	36	GAVILYTE-C.....	55
fosamprenavir calcium tab 700 mg (base equiv).....	6	GAVRETO.....	19
fosfomycin tromethamine powd pack 3 gm (base		GE100 BLOOD GLUCOSE MONIT.....	138
equivalent).....	11	GE100 BLOOD GLUCOSE TEST.....	112
fosinopril sodium & hydrochlorothiazide tab 10-12.5		gefitinib tab 250 mg.....	19
mg, 20-12.5 mg.....	43	gemfibrozil tab 600 mg.....	47
fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	43	GENOTROPIN.....	36
FOSRENOL.....	58	GENOTROPIN MINIQUICK.....	36
FOTIVDA.....	19	gentamicin sulfate cream 0.1%.....	105
FRAGMIN.....	92	gentamicin sulfate oint 0.1%.....	105
FREESTYLE FREEDOM LITE.....	137	gentamicin sulfate ophth soln 0.3%.....	98

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

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

GENTEEL BUTTERFLY TOUCH L.....	138	GLUCOPRO INSULIN SYRINGE/.....	139
GENTEEL PLUS LANCING DEVI.....	138	GLUCOSE METER TEST STRIPS.....	113
GENTLE-LET GP LANCETS.....	138	glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg.....	30
GENTLE-LET LANCETS GENERA.....	138	GLYBURIDE MICRONIZED.....	30
GENTLE-LET LANCETS SAFETY.....	138	glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	30
GENULTIMATE TEST STRIPS.....	112	glycopyrrolate oral soln 1 mg/5ml.....	56
GENVOYA.....	6	glycopyrrolate tab 1 mg, 2 mg.....	56
GHT BLOOD GLUCOSE MONITO.....	138	GLYXAMBI.....	30
GHT TEST STRIPS.....	112	GNP CLICKFINE UNIVERSAL P.....	140
GILOTRIF.....	19	GNP EASY TOUCH GLUCOSE MO.....	140
glatiramer acetate soln prefilled syringe 20 mg/ml.....	70	GNP EASY TOUCH GLUCOSE TE.....	113
glatiramer acetate soln prefilled syringe 40 mg/ml.....	70	GNP INSULIN SYRINGE/0.3ML.....	140
GLEOSTINE.....	19	GNP INSULIN SYRINGE/0.5ML.....	140
glimepiride tab 1 mg, 2 mg, 4 mg.....	30	GNP INSULIN SYRINGE/1ML/2.....	140
GLIPIZIDE.....	30	GNP INSULIN SYRINGE/1ML/3.....	140
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....	30	GNP INSULIN SYRINGES/1/2M.....	140
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....	30	GNP INSULIN SYRINGES/0.3M.....	140
glipizide tab 5 mg, 10 mg.....	30	GNP INSULIN SYRINGES/1ML/.....	140
GLOBAL EASE INJECT PEN NE.....	138	GNP INSULIN SYRINGES/3ML/.....	140
GLOBAL EASY GLIDE INSULIN.....	138	GNP LANCETS 21G.....	140
GLOBAL EASY GLIDE PEN NEE.....	138	GNP LANCETS THIN 26G.....	140
GLOBAL INJECT EASE INSULI.....	138	GNP LANCING SYSTEM DEVICE.....	140
GLOBAL INJECT EASE LANCET.....	139	GNP STERILE LANCETS 28G.....	140
GLOBAL INSULIN SYRINGE/U.....	139	GNP STERILE LANCETS 30G.....	140
GLOBAL INSULIN SYRINGES/U.....	139	GNP STERILE LANCETS 33G.....	140
GLOBAL LANCING DEVICE.....	139	GNP TRUE METRIX AIR SELF.....	140
GLUCAGEN DIAGNOSTIC.....	112	GNP TRUE METRIX SELF MONI.....	113
GLUCAGEN HYPOKIT.....	30	GNP TRUETRACK BLOOD GLUCO.....	113
GLUCAGON EMERGENCY KIT FO.....	30	GNP TRUETRACK SMART SYSTE.....	113
GLUCOCARD 01 BLOOD GLUCOS.....	139	GNP ULTICARE PEN NEEDLES.....	140
GLUCOCARD EXPRESSION AUDI.....	139	GNP ULTICARE PEN NEEDLES/.....	140
GLUCOCARD EXPRESSION BLOO.....	112	GNP ULTIGUARD SAFEPACK/MI.....	140
GLUCOCARD 01-MINI BLOOD G.....	139	GNP ULTIGUARD SAFEPACK/SH.....	141
GLUCOCARD 01 SENSOR PLUS.....	113	GNP ULTRA COMFORT INSULIN.....	141
GLUCOCARD SHINE.....	139	GOJJI BLOOD GLUCOSE TEST.....	113
GLUCOCARD SHINE CONNEX BL.....	139	GOJJI LANCING DEVICE/CLEA.....	141
GLUCOCARD SHINE EXPRESS B.....	139	GOJJI STERILE LANCETS 30G.....	141
GLUCOCARD SHINE TEST STRI.....	113	GOLYTELY.....	55
GLUCOCARD SHINE XL.....	139	GOODSENSE CLICKFINE SAFET.....	141
GLUCOCARD VITAL BLOOD GLU.....	139	GOODSENSE COLOR LANCETS M.....	141
GLUCOCARD VITAL TEST STRI.....	113	GOODSENSE LANCETS MICRO-T.....	141
GLUCOCARD X-METER.....	139	GOODSENSE LANCETS ULTRA-T.....	141
GLUCOCARD X-SENSOR.....	113	GOODSENSE LANCING DEVICE.....	141
GLUCOCOM AUTOLINK TELEMON.....	139	GOODSENSE PEN NEEDLE/PENF.....	141
GLUCOCOM BLOOD GLUCOSE MO.....	139	GOODSENSE PREMIUM BLOOD.....	141
GLUCOCOM LANCETS 28G.....	139	GOODSENSE PREMIUM BLOOD G.....	113
GLUCOCOM LANCETS 30G.....	139	granisetron hcl tab 1 mg.....	56
GLUCOCOM LANCETS 33G.....	139	GRASTEK.....	16
GLUCOCOM TEST STRIPS.....	113	griseofulvin microsize susp 125 mg/5ml.....	4
GLUCONAVII BLOOD GLUCOSE.....	113	griseofulvin microsize tab 500 mg.....	4
GLUCO PERFECT 3 BLOOD GLU.....	139	griseofulvin ultramicrosize tab 125 mg, 250 mg.....	4
GLUCO PERFECT 3 TEST STRI.....	112		

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

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

guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv).....	68	HIZENTRA.....	16
guanfacine hcl tab 1 mg, 2 mg.....	43	HM ULTICARE INSULIN SYRIN.....	142
GVOKE HYPOPEN 1-PACK.....	31	HM ULTICARE MINI PEN NEED.....	142
GVOKE HYPOPEN 2-PACK.....	31	HM ULTICARE SHORT PEN NEE.....	142
GVOKE KIT.....	31	HUMATE-P.....	94
GVOKE PFS.....	31	HUMATIN.....	3
GYNAZOLE-1.....	60	HUMIRA.....	77
H		HUMIRA PEDIATRIC CROHNS D.....	77
HADLIMA.....	77	HUMIRA PEN.....	77
HADLIMA PUSH TOUCH.....	77	HUMIRA PEN-CD/UC/HS START.....	77
HAEGARDA.....	94	HUMIRA PEN-PEDIATRIC UC S.....	77
HAEMOLANCE.....	141	HUMIRA PEN-PS/UV STARTER.....	77
HAEMOLANCE LOW FLOW LANCE.....	141	HUMULIN R U-500 (CONCENTR.....	33
HAEMOLANCE PLUS.....	141	HUMULIN R U-500 KWIKPEN.....	33
HAEMOLANCE PLUS HIGH FLOW.....	141	HW EMBRACE PRO BLOOD GLUC.....	113
HAEMOLANCE PLUS LOW FLOW.....	142	HW EMBRACE TALK BLOOD GLU.....	113
HAEMOLANCE PLUS MAX FLOW.....	142	HYCAMTIN.....	19
HAEMOLANCE PLUS PEDIATRIC.....	142	HYCODAN.....	50
halcinonide cream 0.1%.....	105	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	43
halobetasol propionate cream 0.05%.....	105	HYDREA.....	19
HALOG.....	105	hydrochlorothiazide cap 12.5 mg.....	45
haloperidol lactate oral conc 2 mg/ml.....	65	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	45
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....	65	HYDROCODONE/IBUPROFEN.....	74
HARVONI.....	6	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	74
HAVRIX.....	13	hydrocodone-acetaminophen tab 5-325 mg.....	74
HEALTH CARE LANCING DEVIC.....	142	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....	74
HEALTHPRO BLOOD GLUCOSE M.....	142	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....	50
HEALTHWISE INSULIN SYRING.....	142	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	50
HEALTHWISE MICRON PEN NEE.....	142	HYDROCODONE BITARTRATE ER.....	74
HEALTHWISE MINI PEN NEEDL.....	142	hydrocodone-ibuprofen tab 7.5-200 mg.....	74
HEALTHWISE PEN NEEDLES 29.....	142	HYDROCODONE POLISTIREX/CH.....	50
HEALTHWISE SHORT PEN NEED.....	142	HYDROCORTISONE/ACETIC ACI.....	100
H-E-B INCONTROL ADVANCED.....	141	HYDROCORTISONE ACETATE/PR.....	101
H-E-B INCONTROL LANCETS M.....	141	HYDROCORTISONE BUTYRATE.....	105
H-E-B INCONTROL LANCETS S.....	141	hydrocortisone butyrate oint 0.1%.....	105
H-E-B INCONTROL LANCETS U.....	141	hydrocortisone cream 2.5%.....	105
H-E-B IN CONTROL PEN NEED.....	141	hydrocortisone enema 100 mg/60ml.....	101
H-E-B INCONTROL PEN NEEDL.....	141	hydrocortisone lotion 2.5%.....	105
H-E-B IN CONTROL UNIFINE.....	141	hydrocortisone oint 2.5%.....	105
HELIDAC THERAPY.....	56	hydrocortisone perianal cream 1%.....	101
HEMLIBRA.....	94	hydrocortisone perianal cream 2.5%.....	101
HEMOFIL M.....	94	hydrocortisone tab 5 mg, 10 mg, 20 mg.....	25
HEPARIN SODIUM.....	92	hydrocortisone valerate cream 0.2%.....	105
heparin sodium (porcine) inj 5000 unit/ml.....	92	hydrocortisone valerate oint 0.2%.....	105
heparin sodium (porcine) inj 10000 unit/ml.....	92	hydrocortisone w/ acetic acid otic soln 1-2%.....	100
HEPLISAV-B.....	13	hydromorphone hcl liqd 1 mg/ml.....	74
HETLIOZ LQ.....	67	hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....	74
HIBERIX.....	14	hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	74
HIPREX.....	11		

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

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

hydroxychloroquine sulfate tab 200 mg.....	10	INCONTROL ULTICARE MINI P.....	143
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg.....	10	INCRELEX.....	36
hydroxyurea cap 500 mg.....	19	INCRUSE ELLIPTA.....	52
hydroxyzine hcl syrup 10 mg/5ml.....	62	indapamide tab 1.25 mg, 2.5 mg.....	45
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	62	indomethacin cap er 75 mg.....	77
HYDROXYZINE PAMOATE.....	62	indomethacin cap 25 mg, 50 mg.....	77
hydroxyzine pamoate cap 25 mg, 50 mg.....	62	INFANRIX.....	15
HYFTOR.....	105	INFINITY BLOOD GLUCOSE MO.....	143
HYPERSAL.....	51	INFINITY BLOOD GLUCOSE TE.....	113
HYPODERMIC NEEDLES 18GX1.....	142	INFINITY VOICE.....	113
HYPODERMIC NEEDLES 20GX1.....	142	INGREZZA.....	70
HYPODERMIC NEEDLES 21GX1.....	142	INLYTA.....	19
HYPODERMIC NEEDLES 22GX1.....	143	INPEN 100/BLUE/LILLY/HUMA.....	143
HYPODERMIC NEEDLES 23GX1.....	143	INPEN 100/BLUE/NOVOLOG/FI.....	143
HYPODERMIC NEEDLES 25GX1.....	143	INPEN 100/GREY/LILLY/HUMA.....	143
HYPODERMIC NEEDLES 27GX1.....	143	INPEN 100/GREY/NOVOLOG/FI.....	143
HYPODERMIC NEEDLES 25GX5/.....	143	INPEN 100/PINK/LILLY/HUMA.....	144
HYPODERMIC NEEDLES 26GX1/.....	143	INPEN 100/PINK/NOVOLOG/FI.....	144
HYPODERMIC NEEDLES 27GX1/.....	143	INQOVI.....	20
HYPODERMIC NEEDLES 18GX1".....	142	INREBIC.....	20
HYPODERMIC NEEDLES 20GX1".....	142	INSULIN ASPART.....	32
HYPODERMIC NEEDLES 21GX1".....	143	INSULIN ASPART FLEXPEN.....	32
HYPODERMIC NEEDLES 22GX1".....	143	INSULIN ASPART PENFILL.....	33
HYPODERMIC NEEDLES 23GX1".....	143	INSULIN ASPART PROTAMINE/.....	33
HYQVIA.....	16	INSULIN DEGLUDEC.....	34
HY-VEE LANCETS.....	142	INSULIN DEGLUDEC FLEXTOUC.....	34
HY-VEE THIN LANCETS.....	142	INSULIN SYRINGE/0.3ML/30G.....	144
		INSULIN SYRINGE/0.3ML/31G.....	144
I		INSULIN SYRINGE/0.5ML/28G.....	144
		INSULIN SYRINGE/0.5ML/30G.....	144
ibandronate sodium tab 150 mg (base equivalent).....	36	INSULIN SYRINGE/0.5ML/31G.....	144
IBRANCE.....	19	INSULIN SYRINGE/1ML/29G X.....	144
ibuprofen tab 400 mg, 600 mg, 800 mg.....	77	INSULIN SYRINGE/1ML/30G X.....	144
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	94	INSULIN SYRINGE/NEEDLE 0.....	144
ICLUSIG.....	19	INSULIN SYRINGE/NEEDLE 1M.....	144
IDELVION.....	94	INSULIN SYRINGE/U-100/0.3.....	144
IDHIFA.....	19	INSULIN SYRINGE/U-100/0.5.....	144
IGLUCOSE BLOOD GLUCOSE MO.....	143	INSULIN SYRINGE/U-100/1ML.....	144
IGLUCOSE BLOOD GLUCOSE TE.....	113	INSULIN SYRINGE 1ML/31G X.....	144
ILEVRO.....	98	INSULIN SYRINGES/U-100/0.....	144
imatinib mesylate tab 100 mg (base equivalent).....	19	INSULIN SYRINGES/U-100/1M.....	145
imatinib mesylate tab 400 mg (base equivalent).....	19	INSULIN SYRINGES 0.3ML/31.....	144
IMBRUVICA.....	19	INSULIN SYRINGES 0.5ML/31.....	144
IMCIVREE.....	68	INSUL-TOTE.....	144
imipramine hcl tab 10 mg, 25 mg, 50 mg.....	63	INSUL-TOTE JR.....	144
imiquimod cream 5%.....	105	INSUPEN 33GX4MM.....	145
IMPAVIDO.....	11	INSUPEN 29G X 12MM.....	145
IMURAN.....	175	INSUPEN 31G X 5MM.....	145
IMVEXXY MAINTENANCE PACK.....	60	INSUPEN 31G X 8MM.....	145
IMVEXXY STARTER PACK.....	60	INSUPEN 32G X 4MM.....	145
INATAL GT.....	88	INTELENCE.....	6
INBRIJA.....	85	IN TOUCH.....	143
		IN TOUCH BLOOD GLUCOSE TE.....	113

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

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

IN TOUCH DIABETES MANAGEM.....	143	JYLAMVO.....	20
IN TOUCH LANCING DEVICE.....	143	JYNARQUE.....	37
IN TOUCH STERILE LANCETS.....	143	JYNNEOS.....	14
INTRAROSA.....	60	K	
INVEGA.....	65	KALBITOR.....	94
IOPIDINE.....	98	KALETRA.....	7
IPOL INACTIVATED IPV.....	14	KALYDECO.....	54
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	52	KAMELEON LUBRICATED.....	145
ipratropium bromide inhal soln 0.02%.....	52	KEPPRA.....	81
ipratropium bromide nasal soln 0.03% (21 mcg/		KEPPRA XR.....	81
spray).....	50	KERENDIA.....	37
ipratropium bromide nasal soln 0.06% (42 mcg/		KESIMPTA.....	70
spray).....	50	KETOCARE.....	113
irbesartan-hydrochlorothiazide tab 150-12.5 mg,		ketoconazole cream 2%.....	105
300-12.5 mg.....	43	ketoconazole shampoo 2%.....	105
irbesartan tab 75 mg, 150 mg, 300 mg.....	43	ketoconazole tab 200 mg.....	4
IRESSA.....	20	KETONE.....	113
irrigation solution, physiological.....	175	KETONE TEST STRIPS.....	113
ISENTRESS.....	7	ketorolac tromethamine ophth soln 0.4%.....	98
ISENTRESS HD.....	7	ketorolac tromethamine ophth soln 0.5%.....	98
ISONIAZID.....	4	ketorolac tromethamine tab 10 mg.....	77
isoniazid syrup 50 mg/5ml.....	4	KETOSTIX.....	113
isoniazid tab 300 mg.....	4	KEVEYIS.....	45
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg....	48	KEVZARA.....	77
isosorbide dinitrate tab 5 mg, 40 mg.....	39	KIMONO COLORS.....	145
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	39	KIMONO LUBRICATED.....	145
ISOSORBIDE MONONITRATE.....	39	KIMONO MAXX/LARGE FLARE.....	145
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120		KIMONO MICRO THIN.....	145
mg.....	39	KIMONO MICRO THIN PLUS SP.....	145
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	105	KIMONO PLUS SPERMICIDE/LU.....	145
isradipine cap 2.5 mg, 5 mg.....	41	KIMONO PLUS SPERMICIDE LU.....	145
ISTURISA.....	37	KIMONO PS LUBRICATED.....	145
itraconazole cap 100 mg.....	4	KIMONO PS PLUS SPERMICIDE.....	145
itraconazole oral soln 10 mg/ml.....	4	KIMONO SENSATION LUBRICAT.....	145
ivermectin cream 1%.....	105	KIMONO SENSATION PLUS SPE.....	145
ivermectin tab 3 mg.....	10	KIMONO SPECIAL.....	145
IWILFIN.....	20	KINERET.....	77
IXINITY.....	94	KINNEY LANCETS.....	145
J		KINNEY THIN LANCETS.....	145
JADENU.....	108	KINRAY INSULIN SYRINGE/0.....	145
JADENU SPRINKLE.....	108	KINRAY INSULIN SYRINGE PR.....	145
JAKAFI.....	20	KINRIX.....	15
JANUMET.....	31	KISQALI.....	20
JANUMET XR.....	31	KISQALI FEMARA 200 DOSE.....	20
JANUVIA.....	31	KISQALI FEMARA 400 DOSE.....	20
JARDIANCE.....	31	KISQALI FEMARA 600 DOSE.....	20
JAYPIRCA.....	20	KITABIS PAK.....	3
JENLIVA PRENATAL/POSTNATA.....	88	KLARON.....	105
JIVI.....	94	KLISYRI.....	105
JOENJA.....	175	KLOXXADO.....	108
JULUCA.....	7	KMART VALU PLUS INSULIN S.....	145
JUXTAPID.....	47	KOATE.....	94

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

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

KOATE-DVI.....	95	lamivudine tab 150 mg.....	7
KOGENATE FS.....	95	lamivudine tab 300 mg.....	7
KORLYM.....	31	lamivudine tab 100 mg (hbv).....	7
KOSELUGO.....	20	lamivudine-zidovudine tab 150-300 mg.....	7
KOVALTRY.....	95	lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg.....	82
K-PHOS.....	89	lamotrigine tab chewable dispersible 5 mg, 25 mg.....	82
K-PHOS NEUTRAL.....	89	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	82
K-PHOS NO 2.....	61	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	82
KRAZATI.....	20	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	82
KRINTAFEL.....	10	lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg.....	82
KROGER AUTOLET LANCING DE.....	145	lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg.....	82
KROGER BLOOD GLUCOSE MONI.....	146	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....	82
KROGER BLOOD GLUCOSE TEST.....	113	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....	82
KROGER HEALTHPRO GLUCOSE.....	113	lamotrigine tab 35 x 25 mg starter kit.....	82
KROGER HEALTHPRO TWIST LA.....	146	LAMPIT.....	11
KROGER INSULIN SYRINGE/0.....	146	LANCET DEVICE ADJUSTABLE.....	146
KROGER INSULIN SYRINGE/1M.....	146	LANCET DEVICE WITH EJECTO.....	146
KROGER INSULIN SYRINGE/U.....	146	LANCETS.....	146
KROGER LANCETS.....	146	LANCETS - BAYER ASCENCIA.....	146
KROGER LANCETS 21G.....	146	LANCETS 28G.....	147
KROGER LANCETS MICRO THIN.....	146	LANCETS 30G.....	147
KROGER LANCETS SUPER THIN.....	146	LANCETS 30G/TWIST TOP.....	147
KROGER LANCETS THIN.....	146	LANCETS 33G EXTRA FINE.....	147
KROGER LANCETS THIN 26G.....	146	LANCETS 30G TWIST TOP.....	147
KROGER LANCETS ULTRATHIN.....	146	LANCETS 33G UNIVERSAL DES.....	147
KROGER LANCING DEVICE.....	146	LANCETS MICRO THIN 33G.....	146
KROGER PEN NEEDLES/31G X.....	146	LANCETS SUPER THIN 28G.....	146
KROGER PEN NEEDLES/32G X.....	146	LANCETS THIN.....	146
KROGER PEN NEEDLES/33G X.....	146	LANCETS ULTRA THIN 30G.....	147
KROGER PEN NEEDLES 29G X.....	146	LANCING DEVICE.....	147
KROGER PEN NEEDLES 31G X.....	146	LANOXIN.....	39
KROGER PEN NEEDLES 31GX1/.....	146	lansoprazole cap delayed release 30 mg.....	56
KROGER PREMIUM BLOOD GLUC.....	114	lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental).....	58
K-TAB.....	89	LANTUS.....	34
KUVAN.....	37	LANTUS SOLOSTAR.....	34
L		LANZO.....	147
labetalol hcl tab 100 mg, 200 mg, 300 mg.....	40	lapatinib ditosylate tab 250 mg (base equiv).....	20
lacosamide oral solution 10 mg/ml.....	81	LASIX.....	45
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg.....	81	latanoprost ophth soln 0.005%.....	98
LACRISERT.....	98	LEADER ADVANCED LANCING D.....	147
lactated ringer's for irrigation.....	175	LEADER INSULIN SYRINGE/0.....	147
lactulose (encephalopathy) solution 10 gm/15ml.....	58	LEADER INSULIN SYRINGE/1M.....	147
lactulose solution 10 gm/15ml.....	55	LEADER LANCETS COLORED.....	147
LAGEVRIO.....	7	LEADER SUPER THIN LANCET.....	147
LAMICTAL.....	81	LEADER THIN LANCETS.....	147
LAMICTAL CHEWABLE DISPERS.....	81	LEADER UNIFINE PENTIPS/MI.....	147
LAMICTAL ODT.....	81		
LAMICTAL STARTER/NOT TAKI.....	82		
LAMICTAL STARTER/TAKING C.....	82		
LAMICTAL STARTER/TAKING V.....	82		
LAMICTAL XR.....	82		
lamivudine oral soln 10 mg/ml.....	7		

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

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

LEADER UNIFINE PENTIPS/NA.....	147	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab	
LEADER UNIFINE PENTIPS/PL.....	147	0.01mg(7).....	28
LEADER UNIFINE PENTIPS PL.....	147	levorphanol tartrate tab 2 mg.....	74
LEDIPASVIR/SOFOSBUVIR.....	7	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88	
leflunomide tab 10 mg, 20 mg.....	77	mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg,	
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25		175 mcg, 200 mcg, 300 mcg.....	35
mg.....	175	LIBERTY BLOOD GLUCOSE MET.....	147
lenalidomide caps 2.5 mg.....	175	LIBERTY MEDICAL LANCETS 3.....	147
LENVIMA 4 MG DAILY DOSE.....	20	LIBERTY MINI LANCING DEVI.....	147
LENVIMA 8 MG DAILY DOSE.....	20	LIBERTY NEXT GENERATION B.....	114
LENVIMA 10 MG DAILY DOSE.....	20	LIBERTY TEST STRIPS.....	114
LENVIMA 12MG DAILY DOSE.....	20	LIDOCAINE HCL.....	101
LENVIMA 14 MG DAILY DOSE.....	20	lidocaine hcl soln 4%.....	105
LENVIMA 18 MG DAILY DOSE.....	20	lidocaine hcl urethral/mucosal gel prefilled syringe	
LENVIMA 20 MG DAILY DOSE.....	20	2%.....	105
LENVIMA 24 MG DAILY DOSE.....	20	lidocaine hcl viscous soln 2%.....	101
LETAIRIS.....	48	lidocaine patch 5%.....	105
letrozole tab 2.5 mg.....	20	lidocaine-prilocaine cream 2.5-2.5%.....	105
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg.....	21	LIFESCAN UNISTIK 2 DEEP P.....	147
LEUKERAN.....	21	linezolid for susp 100 mg/5ml.....	11
LEUKINE.....	91	linezolid tab 600 mg.....	11
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	21	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	35
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base		lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30	
equiv).....	52	mg, 40 mg, 50 mg, 60 mg, 70 mg.....	68
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv),		lisdexamfetamine dimesylate chew tab 10 mg, 20 mg,	
0.63 mg/3ml (base equiv), 1.25 mg/3ml (base		30 mg, 40 mg, 50 mg, 60 mg.....	68
equiv).....	52	lisinopril & hydrochlorothiazide tab 10-12.5 mg,	
LEVEMIR.....	34	20-12.5 mg, 20-25 mg.....	43
LEVEMIR FLEXPEN.....	34	lisinopril tab 20 mg.....	43
levetiracetam oral soln 100 mg/ml.....	82	lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg.....	43
levetiracetam tab er 24hr 500 mg, 750 mg.....	82	LITETOUCH INSULIN PEN NEE.....	147
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000		LITETOUCH INSULIN SYRINGE.....	147
mg.....	83	LITE TOUCH LANCETS.....	147
LEVOBUNOLOL HCL.....	98	LITETOUCH LANCETS MICRO T.....	148
levocarnitine oral soln 1 gm/10ml (10%).....	37	LITE TOUCH LANCING PEN.....	147
levocarnitine tab 330 mg.....	37	LITETOUCH PEN NEEDLES/31.....	148
levocetirizine dihydrochloride tab 5 mg.....	50	LITETOUCH PEN NEEDLES/31G.....	148
LEVOFLOXACIN.....	3	LITETOUCH PEN NEEDLES 29G.....	148
levofloxacin tab 250 mg, 500 mg, 750 mg.....	3	LITETOUCH PEN NEEDLES 31G.....	148
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est		LITFULO.....	105
0.01 mg.....	28	LITHIUM.....	65
levonorgestrel & ethinyl estradiol (91-day) tab		LITHIUM CARBONATE.....	65
0.15-0.03 mg.....	28	lithium carbonate cap 300 mg.....	65
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg,		lithium carbonate cap 150 mg, 600 mg.....	65
0.15 mg-30 mcg.....	28	lithium carbonate tab er 300 mg.....	65
levonorgestrel-eth estra tab		lithium carbonate tab er 450 mg.....	65
0.05-30/0.075-40/0.125-30mg-mcg.....	28	lithium carbonate tab 300 mg.....	65
levonorgestrel-ethinyl estradiol (continuous) tab 90-20		LITHOBID.....	65
mcg.....	28	LITHOSTAT.....	61
levonorgestrel tab 1.5 mg.....	28	LIVALO.....	47
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab		LIVE BETTER ADVANCED LANC.....	148
0.01mg(7).....	28	LIVE BETTER LANCET SUPER.....	148
		LIVE BETTER LANCET ULTRA.....	148

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

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

LIVE BETTER PEN NEEDLES 2.....	148	lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....	65
LIVE BETTER PEN NEEDLES 3.....	148	LYBALVI.....	70
LIVMARLI.....	58	LYNPARZA.....	21
LIVTENCITY.....	7	LYRICA.....	83
LODINE.....	77	LYSODREN.....	21
LODOSYN.....	85	LYTGOBI.....	21
LOKELMA.....	175	M	
LO LOESTRIN FE.....	29	MACROBID.....	11
LOMOTIL.....	55	MACRODANTIN.....	11
LONGS INSULIN SYRINGE/0.5.....	148	mafenide acetate packet for topical soln 5% (50	
LONGS LANCETS STANDARD.....	148	gm).....	105
LONGS LANCETS THIN.....	148	MAGELLAN INSULIN SAFETY S.....	148
LONGS LANCETS ULTRA THIN.....	148	MAGELLAN TUBERCULIN SAFET.....	148
LONSURF.....	21	malathion lotion 0.5%.....	105
LOPID.....	47	MARATHON MEDICAL PENTIPS.....	148
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/		maraviroc tab 150 mg.....	7
ml).....	7	maraviroc tab 300 mg.....	7
lopinavir-ritonavir tab 100-25 mg.....	7	MARPLAN.....	63
lopinavir-ritonavir tab 200-50 mg.....	7	MATULANE.....	21
LOPRESSOR.....	40	MAVENCLAD.....	70
loratadine & pseudoephedrine tab er 12hr 5-120		MAVYRET.....	7
mg.....	51	MAXICOMFORT II PEN NEEDLE.....	149
loratadine & pseudoephedrine tab er 24hr 10-240		MAXI-COMFORT INSULIN SYRI.....	148
mg.....	51	MAXI-COMFORT INSULIN SYRIN.....	149
loratadine oral soln 5 mg/5ml.....	50	MAXI-COMFORT SAFETY PEN N.....	148
loratadine rapidly-disintegrating tab 10 mg.....	50	MAXIDEX.....	98
loratadine syrup 5 mg/5ml.....	50	MAXITROL.....	98
loratadine tab 10 mg.....	50	MAXX LUBRICATED.....	149
lorazepam conc 2 mg/ml.....	62	MAXX PLUS SPERMICIDE LUBR.....	149
lorazepam tab 0.5 mg, 1 mg, 2 mg.....	62	MAXZIDE.....	45
LORBRENA.....	21	MAXZIDE-25.....	46
losartan potassium & hydrochlorothiazide tab 50-12.5		MAYZENT.....	71
mg, 100-12.5 mg, 100-25 mg.....	43	MAYZENT STARTER PACK.....	71
losartan potassium tab 100 mg.....	44	meclizine hcl tab 12.5 mg, 25 mg.....	56
losartan potassium tab 25 mg, 50 mg.....	44	MECLOFENAMATE SODIUM.....	77
LOTEMAX.....	98	MEDICHOICE PRE-SET SAFETY.....	149
LOTEMAX SM.....	98	MEDICHOICE SAFETY LANCET.....	149
LOTENSIN.....	44	MEDICINE SHOPPE LANCETS.....	149
LOTENSIN HCT.....	44	MEDICINE SHOPPE LANCETS T.....	149
LOTEPREDNOL ETABONATE.....	98	MEDICINE SHOPPE PEN NEEDL.....	149
loteprednol etabonate ophth susp 0.2%.....	98	MEDIC INSULIN SYRINGE/0.3.....	149
loteprednol etabonate ophth susp 0.5%.....	98	MEDIC INSULIN SYRINGE/0.5.....	149
lovastatin tab 10 mg.....	47	MEDLANCE PLUS/LITE 25G.....	149
lovastatin tab 20 mg, 40 mg.....	47	MEDLANCE PLUS EXTRA LANCE.....	149
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg.....	65	MEDLANCE PLUS LANCETS LIT.....	149
lubiprostone cap 8 mcg.....	58	MEDLANCE PLUS LITE LANCET.....	149
lubiprostone cap 24 mcg.....	58	MEDLANCE PLUS SPECIAL LAN.....	149
LUCEMYRA.....	70	MEDLANCE PLUS SUPERLITE 3.....	149
LUMAKRAS.....	21	MEDLANCE PLUS UNIVERSAL L.....	149
LUMIGAN.....	98	MEDROL.....	25
LUMRYZ.....	70	MEDROL DOSEPAK.....	25
LUPKYNIS.....	175	medroxyprogesterone acetate im susp 150 mg/ml.....	29
lurasidone hcl tab 80 mg.....	65		

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

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

medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....	29	methadone hcl conc 10 mg/ml.....	74
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg.....	30	methadone hcl soln 5 mg/5ml.....	74
mefloquine hcl tab 250 mg.....	10	methadone hcl soln 10 mg/5ml.....	74
megestrol acetate susp 40 mg/ml.....	21	methadone hcl tab for oral susp 40 mg.....	74
megestrol acetate tab 20 mg, 40 mg.....	21	methadone hcl tab 5 mg, 10 mg.....	74
MEIJER BLOOD GLUCOSE MONI.....	149	METHADOSE.....	74
MEIJER BLOOD GLUCOSE TEST.....	114	METHADOSE SUGAR-FREE.....	75
MEIJER COLOR LANCETS UNIV.....	149	methamphetamine hcl tab 5 mg.....	68
MEIJER ESSENTIAL BLOOD GL.....	114	methazolamide tab 25 mg, 50 mg.....	46
MEIJER LANCETS.....	149	methenamine hippurate tab 1 gm.....	11
MEIJER LANCETS THIN.....	149	methimazole tab 5 mg, 10 mg.....	35
MEIJER LANCETS UNIVERSAL.....	149	METHITEST.....	26
MEIJER PEN NEEDLES 29G X.....	149	methocarbamol tab 500 mg, 750 mg.....	87
MEIJER PEN NEEDLES 31G X.....	149	METHOTREXATE SODIUM.....	21
MEIJER PREMIUM BLOOD GLUC.....	149	methotrexate sodium for inj 1 gm.....	21
MEIJER SUPER THIN LANCETS.....	149	methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	21
MEIJER TRUE2GO BLOOD GLUC.....	150	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	21
MEIJER TRUERESULT BLOOD G.....	150	methotrexate sodium tab 2.5 mg (base equiv).....	21
MEIJER TRUETEST BLOOD GLU.....	114	METHOXSALEN.....	105
MEIJER TRUETRACK BLOOD GL.....	114	methscopolamine bromide tab 2.5 mg, 5 mg.....	56
MEKINIST.....	21	methsuximide cap 300 mg.....	83
MEKTOVI.....	21	METHYLDOPA.....	44
MELOXICAM.....	77	methylergonovine maleate tab 0.2 mg.....	35
meloxicam tab 7.5 mg, 15 mg.....	77	METHYLIN.....	68
MELPHALAN.....	21	methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....	68
memantine hcl oral solution 2 mg/ml.....	71	methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	68
memantine hcl tab 5 mg, 10 mg.....	71	methylphenidate hcl chew tab 10 mg.....	68
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	71	methylphenidate hcl chew tab 2.5 mg, 5 mg.....	68
MENEST.....	27	methylphenidate hcl soln 5 mg/5ml.....	69
MENOSTAR.....	27	methylphenidate hcl soln 10 mg/5ml.....	69
MENQUADFI.....	14	methylphenidate hcl tab er 24hr 36 mg.....	69
MENVEO.....	14	methylphenidate hcl tab er 24hr 27 mg, 54 mg.....	69
MEPERIDINE HCL.....	74	methylphenidate hcl tab er 10 mg, 20 mg.....	69
meprobamate tab 200 mg.....	62	methylphenidate hcl tab er osmotic release (osm) 36 mg.....	69
meprobamate tab 400 mg.....	62	methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....	69
MEPRON.....	11	methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	69
mercaptapurine tab 50 mg.....	21	METHYLPHENIDATE HYDROCHLO.....	69
mesalamine cap dr 400 mg.....	58	methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	26
mesalamine cap er 24hr 0.375 gm.....	58	methylprednisolone tab therapy pack 4 mg (21).....	26
MESALAMINE DR.....	58	methyltestosterone cap 10 mg.....	26
mesalamine enema 4 gm.....	58	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	58
mesalamine suppos 1000 mg.....	58	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	58
mesalamine tab delayed release 1.2 gm.....	58	metolazone tab 2.5 mg, 5 mg, 10 mg.....	46
MESNEX.....	21	METOPIRONE.....	114
METADATE CD.....	68	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	44
metaxalone tab 400 mg.....	87		
metaxalone tab 800 mg.....	87		
metformin hcl tab er 24hr 500 mg, 750 mg.....	31		
metformin hcl tab 500 mg, 850 mg, 1000 mg.....	31		
METHADONE HCL.....	74		

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

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

metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	40	MM PEN NEEDLES 32G X 5/32.....	150
metoprolol tartrate tab 50 mg, 100 mg.....	40	MM PEN NEEDLES 31G X 1/4".....	150
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	40	M-M-R II.....	14
METROGEL.....	106	MM TWIST LANCETS.....	150
METROLOTION.....	106	M-NATAL PLUS.....	88
metronidazole cap 375 mg.....	11	modafinil tab 100 mg, 200 mg.....	69
metronidazole cream 0.75%.....	106	MODERNA COVID-19 VACCINE.....	14
metronidazole gel 0.75%.....	106	moexipril hcl tab 7.5 mg, 15 mg.....	44
metronidazole gel 1%.....	106	MOLINDONE HYDROCHLORIDE.....	65
metronidazole lotion 0.75%.....	106	mometasone furoate cream 0.1%.....	106
metronidazole tab 250 mg.....	12	mometasone furoate oint 0.1%.....	106
metronidazole tab 500 mg.....	12	mometasone furoate solution 0.1% (lotion).....	106
metronidazole vaginal gel 0.75%.....	60	MONOJECT BLUNT CANNULA/20.....	150
mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	42	MONOJECT BLUNT CANNULA/21.....	150
MIACALCIN.....	37	MONOJECT HYPO/ALUM HUB/16.....	151
MICONAZOLE 3.....	60	MONOJECT HYPO/ALUM HUB/18.....	151
MICRODOT BLOOD GLUCOSE MO.....	150	MONOJECT HYPO/ALUM HUB/LU.....	151
MICRODOT PEN NEEDLE/31G X.....	150	MONOJECT HYPO/POLYPROPYLE.....	151
MICRODOT PEN NEEDLE/32G X.....	150	MONOJECT HYPODERMIC NEEDL.....	151
MICRODOT PEN NEEDLE/33G X.....	150	MONOJECT INSULIN SYRINGE.....	151
MICRODOT TEST STRIPS.....	114	MONOJECT INSULIN SYRINGE/.....	151
MICRODOT XTRA TEST STRIPS.....	114	MONOJECT MAGELLAN SAFETY.....	151
MICROLET LANCETS.....	150	MONOJECT MEDICATION TRANS.....	151
MICROLET NEXT.....	150	MONOJECT STANDARD HYPODER.....	151
midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	46	MONOJECT TB SYRINGE-NDL 1.....	151
MIFEPREX.....	37	MONOJECT TUBERCULIN SAFET.....	152
mifepristone tab 200 mg.....	37	MONOJECT TUBERCULIN SYRIN.....	152
mifepristone tab 300 mg.....	31	MONOJECT ULTRA COMFORT IN.....	152
MIGERGOT.....	79	MONOLET LANCETS.....	152
MIGLITOL.....	31	MONOLET OPD LANCETS.....	152
miglustat cap 100 mg.....	91	MONOLETTOR SAFETY LANCETS.....	152
MINI LANCING DEVICE.....	150	montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	53
MINIPRESS.....	44	montelukast sodium tab 10 mg (base equiv).....	53
minocycline hcl cap 50 mg, 75 mg, 100 mg.....	3	MORPHINE SULFATE.....	75
minoxidil tab 2.5 mg, 10 mg.....	44	MORPHINE SULFATE ER.....	75
MIRCERA.....	91	morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	75
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg.....	63	morphine sulfate tab er 100 mg, 200 mg.....	75
mirtazapine tab 7.5 mg, 45 mg.....	63	morphine sulfate tab er 15 mg, 30 mg, 60 mg.....	75
mirtazapine tab 15 mg, 30 mg.....	63	morphine sulfate tab 15 mg.....	75
misoprostol tab 100 mcg, 200 mcg.....	56	morphine sulfate tab 30 mg.....	75
1ML VANISHPOINT TUBERCULI.....	174	MOUNJARO.....	31
MM BLOOD GLUCOSE MONITORI.....	150	MOVANTIK.....	58
MM BLULINK GLUCOSE MONITO.....	150	MOVIPREP.....	55
MM BLULINK GLUCOSE TEST S.....	114	moxifloxacin hcl ophth soln 0.5% (base equiv).....	98
MM EASY TOUCH BLOOD GLUCO.....	150	moxifloxacin hcl tab 400 mg (base equiv).....	3
MM EASY TOUCH GLUCOSE TES.....	114	MS INSULIN SYRINGE/0.3ML/.....	152
MM INSULIN SYRINGE/U-100/.....	150	MS INSULIN SYRINGE/0.5ML/.....	152
MM LANCING DEVICE.....	150	MS INSULIN SYRINGE/1ML/29.....	152
MM PEN NEEDLES 31G X 3/16.....	150	MS INSULIN SYRINGE/1ML/30.....	152
MM PEN NEEDLES 31G X 5/16.....	150	MS INSULIN SYRINGE/1ML/31.....	152
		MULPLETA.....	91
		MULTAQ.....	42

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

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

MULTI-LANCET DEVICE.....	152	neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	99
mupirocin oint 2%.....	106	neomycin-polymyxin-hc otic soln 1%.....	100
MYALEPT.....	37	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	100
MYAMBUTOL.....	4	neomycin sulfate tab 500 mg.....	3
MYCAPSSA.....	37	NEONATAL COMPLETE.....	88
MYCOBUTIN.....	4	NEONATAL PLUS.....	88
mycophenolate mofetil cap 250 mg.....	175	NEORAL.....	175
mycophenolate mofetil for oral susp 200 mg/ml.....	175	NEO-SYNALAR.....	106
mycophenolate mofetil tab 500 mg.....	175	NERLYNX.....	21
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	175	NESTABS.....	88
MYDRIACYL.....	98	NEULASTA.....	91
MYFEMBREE.....	27	NEUPRO.....	86
MYFORTIC.....	175	NEURONTIN.....	83
MYGLUCOHEALTH BLOOD GLUCO.....	114	NEUTEK 2TEK TEST STRIPS.....	114
MYGLUCOHEALTH MGH SOFTLAN.....	152	NEVIRAPINE.....	7
MYLERAN.....	21	nevirapine tab er 24hr 400 mg.....	7
MYRBETRIQ.....	59	nevirapine tab 200 mg.....	7
MYTESI.....	55	NEXAVAR.....	22
N		NEXIUM.....	56
nabumetone tab 500 mg, 750 mg.....	77	NEXLETOL.....	47
nadolol tab 20 mg, 40 mg, 80 mg.....	40	NEXLIZET.....	47
naloxone hcl inj 0.4 mg/ml.....	108	niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....	47
naloxone hcl inj 4 mg/10ml.....	108	nicardipine hcl cap 20 mg, 30 mg.....	41
naloxone hcl nasal spray 4 mg/0.1ml.....	108	nicotine polacrilex gum 2 mg, 4 mg.....	71
naloxone hcl soln prefilled syringe 2 mg/2ml.....	108	nicotine polacrilex lozenge 2 mg, 4 mg.....	71
NALOXONE HYDROCHLORIDE.....	108	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	71
naltrexone hcl tab 50 mg.....	108	NICOTROL INHALER.....	71
NAPROSYN.....	77	NICOTROL NS.....	71
naproxen sodium tab 275 mg, 550 mg.....	77	nifedipine cap 10 mg, 20 mg.....	41
naproxen tab 500 mg.....	77	nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	41
naproxen tab 250 mg, 375 mg.....	77	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	41
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	79	NILANDRON.....	22
NARCAN.....	108	nilutamide tab 150 mg.....	22
NARDIL.....	63	nimodipine cap 30 mg.....	41
NATACYN.....	98	NINLARO.....	22
NATALVIT.....	88	NISOLDIPINE ER.....	41
NATAZIA.....	29	nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	41
nateglinide tab 60 mg, 120 mg.....	31	nitazoxanide tab 500 mg.....	12
NATROBA.....	106	nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	37
NAYZILAM.....	83	NITRO-BID.....	39
nebiivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	40	NITRO-DUR.....	39
NEBUPENT.....	12	nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg.....	12
NEFAZODONE HYDROCHLORIDE.....	63	nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	12
NEOMYCIN/POLYMYXIN/GRAMIC.....	99	nitrofurantoin susp 25 mg/5ml.....	12
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	99	nitroglycerin oint 0.4%.....	101
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	99		

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

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

nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	39	NOVAVAX COVID-19 VACCINE/.....	14
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	39	NOVOEIGHT.....	95
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	39	NOVOFINE AUTOCOVER PEN NE.....	152
NITROLINGUAL.....	40	NOVOFINE PEN NEEDLE 32G X.....	153
NITROSTAT.....	40	NOVOFINE PLUS PEN NEEDLE.....	153
NITRO-TIME.....	39	NOVOLIN 70/30.....	34
NITYR.....	37	NOVOLIN 70/30 FLEXPEN.....	34
NIVA-PLUS.....	88	NOVOLIN 70/30 FLEXPEN REL.....	34
NIVA THYROID.....	35	NOVOLIN 70/30 RELION.....	34
NIVESTYM.....	91	NOVOLIN N.....	33
NIZATIDINE.....	56	NOVOLIN N FLEXPEN.....	34
NORDITROPIN FLEXPEN.....	37	NOVOLIN N FLEXPEN RELION.....	34
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	29	NOVOLIN N RELION.....	34
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	29	NOVOLIN R.....	33
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....	29	NOVOLIN R FLEXPEN.....	33
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	29	NOVOLIN R FLEXPEN RELION.....	33
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	29	NOVOLIN R RELION.....	33
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	29	NOVOLOG.....	33
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	27	NOVOLOG FLEXPEN.....	33
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	27	NOVOLOG FLEXPEN RELION.....	33
norethindrone acetate tab 5 mg.....	30	NOVOLOG MIX 70/30.....	34
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	29	NOVOLOG MIX 70/30 PREFILL.....	34
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....	29	NOVOLOG MIX 70/30 RELION.....	34
norethindrone tab 0.35 mg.....	29	NOVOLOG PENFILL.....	33
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	29	NOVOLOG RELION.....	33
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.....	29	NOVOPEN ECHO.....	153
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	29	NOVOSEVEN RT.....	95
NORPACE.....	42	NOXAFIL.....	4
NORPACE CR.....	42	NP THYROID 15.....	35
NORPRAMIN.....	63	NP THYROID 30.....	35
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	63	NP THYROID 60.....	35
nortriptyline hcl soln 10 mg/5ml.....	63	NP THYROID 90.....	35
NORVIR.....	7	NP THYROID 120.....	35
NOURIANZ.....	86	NUBEQA.....	22
NOVA MAX BLOOD GLUCOSE MO.....	152	NUCALA.....	53
NOVA MAX GLUCOSE TEST STR.....	114	NUCYN TA ER.....	75
NOVA SAFETY LANCETS 23G.....	152	NUEDEXTA.....	71
NOVA SAFETY LANCETS 28G.....	152	NULIBRY.....	37
NOVA SUREFLEX LANCETS.....	152	NUPLAZID.....	65
NOVA SUREFLEX LANCING DEV.....	152	NURTEC.....	79
		NUVARING.....	29
		NUWIQ.....	95
		NUZYRA.....	3
		NYMALIZE.....	41
		nystatin cream 100000 unit/gm.....	106
		nystatin oint 100000 unit/gm.....	106
		nystatin susp 100000 unit/ml.....	101
		nystatin tab 500000 unit.....	5
		nystatin topical powder 100000 unit/gm.....	106
		nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	106
		nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	106
		NYVEPRIA.....	91

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

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

O			
OBIZUR.....	95	ondansetron hcl oral soln 4 mg/5ml.....	57
OBSTETRIX EC.....	88	ondansetron hcl tab 4 mg.....	57
OICALIVA.....	58	ondansetron hcl tab 8 mg.....	57
OCTREOTIDE ACETATE.....	37	ondansetron orally disintegrating tab 4 mg, 8 mg.....	57
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....	37	ONE DROP BLOOD GLUCOSE MO.....	153
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).....	37	ONE DROP BLOOD GLUCOSE TE.....	114
OCUFLOX.....	99	ONETOUCH DELICA LANCETS E.....	153
ODACTRA.....	16	ONETOUCH DELICA LANCETS F.....	153
ODEFSEY.....	7	ONETOUCH DELICA LANCING D.....	153
ODOMZO.....	22	ONETOUCH DELICA PLUS LANC.....	153
OFEV.....	54	ONETOUCH DELICA SAFETY LA.....	153
OFLOXACIN.....	3	ONETOUCH LANCETS.....	153
ofloxacin ophth soln 0.3%.....	99	ONETOUCH ULTRA.....	114
ofloxacin otic soln 0.3%.....	100	ONETOUCH ULTRA 2.....	153
ofloxacin tab 400 mg.....	3	ONETOUCH ULTRASOFT 2 LANC.....	154
OGSIVEO.....	22	ONETOUCH ULTRA TEST STRIP.....	114
OJJAARA.....	22	ONETOUCH VERIO.....	154
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....	65	ONETOUCH VERIO FLEX BLOOD.....	154
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg.....	65	ONETOUCH VERIO IQ BLOOD G.....	154
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.....	44	ONETOUCH VERIO REFLECT.....	154
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	44	ONETOUCH VERIO TEST STRIP.....	114
olmesartan medoxomil tab 5 mg.....	44	ONE VITE WOMENS PRENATAL.....	88
olmesartan medoxomil tab 20 mg, 40 mg.....	44	ONFI.....	83
olopatadine hcl nasal soln 0.6%.....	50	ONUREG.....	22
OLUMIANT.....	77	OPSUMIT.....	48
omega-3-acid ethyl esters cap 1 gm.....	47	OPTIONS GYNOL II VAGINAL.....	60
omeprazole cap delayed release 20 mg.....	56	OPTIUMEZ TEST STRIPS.....	114
omeprazole cap delayed release 10 mg, 40 mg.....	56	OPVEE.....	108
OMNIFLEX DIAPHRAGM.....	153	OPZELURA.....	106
OMNIPOD CLASSIC PODS (GEN.....	153	ORAVIG.....	101
OMNIPOD DASH INTRO KIT (G.....	153	ORENCIA.....	77
OMNIPOD DASH PODS (GEN 4).....	153	ORENCIA CLICKJECT.....	77
OMNIPOD 5 G6 INTRO KIT (G.....	153	ORENITRAM.....	48
OMNIPOD GO 10 UNITS/DAY.....	153	ORENITRAM TITRATION KIT M.....	48
OMNIPOD GO 15 UNITS/DAY.....	153	ORFADIN.....	37
OMNIPOD GO 20 UNITS/DAY.....	153	ORGOVYX.....	22
OMNIPOD GO 25 UNITS/DAY.....	153	ORIAHNN.....	28
OMNIPOD GO 30 UNITS/DAY.....	153	ORLISSA.....	37
OMNIPOD GO 35 UNITS/DAY.....	153	ORKAMBI.....	54
OMNIPOD GO 40 UNITS/DAY.....	153	ORLADEYO.....	95
OMNIPOD 5 G6 PODS (GEN 5).....	153	orphenadrine citrate tab er 12hr 100 mg.....	87
OMNITROPE.....	37	ORSERDU.....	22
ON CALL EXPRESS BLOOD GLU.....	114	oseltamivir phosphate cap 30 mg (base equiv).....	7
ONDANSETRON HCL.....	56	oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv).....	8
		oseltamivir phosphate for susp 6 mg/ml (base equiv).....	8
		OSPHENA.....	38
		OTEZLA.....	78
		OTREXUP.....	78
		OVIDE.....	106
		oxaprozin tab 600 mg.....	78
		oxazepam cap 10 mg, 15 mg, 30 mg.....	62

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

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

OXBRYTA.....	91	paroxetine hcl oral susp 10 mg/5ml (base equiv).....	63
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	83	paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....	63
oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	83	paroxetine mesylate cap 7.5 mg (base equiv).....	71
OXERVATE.....	99	PAXLOVID.....	8
oxiconazole nitrate cream 1%.....	106	pazopanib hcl tab 200 mg (base equiv).....	22
OXTELLAR XR.....	83	PC UNIFINE PENTIPS 29G X.....	154
oxybutynin chloride solution 5 mg/5ml.....	59	PC UNIFINE PENTIPS 31G X.....	154
oxybutynin chloride tab er 24hr 5 mg.....	59	PEDIAPRED.....	26
oxybutynin chloride tab er 24hr 10 mg.....	59	PEDIARIX.....	15
oxybutynin chloride tab er 24hr 15 mg.....	59	PEDVAX HIB.....	14
oxybutynin chloride tab 5 mg.....	59	PEGASYS.....	8
OXYCODONE/ACETAMINOPHEN.....	75	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236	
oxycodone hcl cap 5 mg.....	75	gm.....	55
oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	75	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln	
oxycodone hcl soln 5 mg/5ml.....	75	100 gm.....	55
oxycodone hcl tab 5 mg.....	75	peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	55
oxycodone hcl tab 10 mg.....	75	PEG-PREP.....	55
oxycodone hcl tab 20 mg.....	75	PEMAZYRE.....	22
oxycodone hcl tab 15 mg, 30 mg.....	75	PENBRAYA.....	14
OXYCODONE HYDROCHLORIDE/A.....	75	penciclovir cream 1%.....	106
oxycodone w/ acetaminophen tab 7.5-325 mg.....	75	penicillamine tab 250 mg.....	175
oxycodone w/ acetaminophen tab 10-325 mg.....	75	PENICILLIN V POTASSIUM.....	1
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325		penicillin v potassium tab 250 mg, 500 mg.....	1
mg.....	75	PEN NEEDLES.....	154
OZEMPIC.....	31	PEN NEEDLES/29G X 1/2".....	155
P		PEN NEEDLES/31G X 1/4".....	155
PALFORZIA INITIAL DOSE ES.....	16	PEN NEEDLES/31G X 3/16".....	155
PALFORZIA LEVEL 1.....	16	PEN NEEDLES/31G X 5/16".....	155
PALFORZIA LEVEL 2.....	17	PEN NEEDLES/32G X 5/32".....	155
PALFORZIA LEVEL 3.....	17	PEN NEEDLES/31G X 6MM.....	155
PALFORZIA LEVEL 4.....	17	PEN NEEDLES 31GX5/16".....	154
PALFORZIA LEVEL 5.....	17	PEN NEEDLES 31G X 3/16".....	154
PALFORZIA LEVEL 6.....	17	PEN NEEDLES 33G X 5/32".....	155
PALFORZIA LEVEL 7.....	17	PEN NEEDLES 30GX5MM.....	154
PALFORZIA LEVEL 8.....	17	PEN NEEDLES 30GX8MM.....	154
PALFORZIA LEVEL 9.....	17	PEN NEEDLES 31GX5MM.....	154
PALFORZIA LEVEL 10.....	16	PEN NEEDLES 31GX8MM.....	154
PALFORZIA LEVEL 11 (MAINT.....	16	PEN NEEDLES 32GX4MM.....	155
PALFORZIA LEVEL 11 (TITRA.....	16	PEN NEEDLES 29GX12MM.....	154
paliperidone tab er 24hr 6 mg.....	65	PEN NEEDLES 31G X 5MM.....	154
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	65	PEN NEEDLES 31G X 6MM.....	154
PALYNZIQ.....	38	PEN NEEDLES 31G X 8MM.....	154
PAMELOR.....	63	PEN NEEDLES 32G X 4MM.....	154
PANRETIN.....	106	PEN NEEDLES 32G X 5MM.....	154
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg		PEN NEEDLES 32G X 6MM.....	155
(base equiv).....	56	PEN NEEDLES 31GX8MM (5/16.....	154
pantoprazole sodium for delayed release susp packet		PEN NEEDLES 31GX6MM (1/4".....	154
40 mg.....	56	PENTACEL.....	15
paricalcitol cap 4 mcg.....	38	pentamidine isethionate for nebulization soln 300	
paricalcitol cap 1 mcg, 2 mcg.....	38	mg.....	12
PARLODEL.....	86	pentazocine w/ naloxone hcl tab 50-0.5 mg.....	75
PARNATE.....	63	PENTIPS 31GX5MM.....	155
		PENTIPS 31GX6MM.....	155

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

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

PENTIPS 31GX8MM.....	155	PIP PEN NEEDLES 32G X 4MM.....	156
PENTIPS 32GX4MM.....	155	PIQRAY 200MG DAILY DOSE.....	22
PENTIPS 32GX6MM.....	155	PIQRAY 250MG DAILY DOSE.....	22
PENTIPS 29GX12MM.....	155	PIQRAY 300MG DAILY DOSE.....	22
PENTIPS 29G X 12MM.....	155	PIRFENIDONE.....	54
PENTIPS 31G X 5MM.....	155	pirfenidone cap 267 mg.....	54
PENTIPS 31G X 8MM.....	155	pirfenidone tab 267 mg.....	54
PENTIPS 32G X 4MM.....	155	pirfenidone tab 801 mg.....	54
pentoxifylline tab er 400 mg.....	95	piroxicam cap 10 mg, 20 mg.....	78
PERFECT LANCETS 30G.....	155	pitavastatin calcium tab 4 mg.....	47
PERFECT PRESSURE ACTIVATE.....	155	pitavastatin calcium tab 1 mg, 2 mg.....	47
PERIDEX.....	101	PLAN B ONE-STEP.....	29
PERINDOPRIL ERBUMINE.....	44	PLAQUENIL.....	10
perindopril erbumine tab 4 mg.....	44	PLEGRIDY.....	71
permethrin cream 5%.....	106	PLEGRIDY STARTER PACK.....	72
PERPHENAZINE/AMITRIPTYLIN.....	71	PLENVU.....	55
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	65	PNEUMOVAX 23.....	14
PFIZER-BIONTECH COVID-19.....	14	PNEUMOVAX 23/1 DOSE.....	14
PHARMACIST CHOICE AUTOCOD.....	114	PNV-DHA+DOCUSATE.....	88
PHARMACIST CHOICE MINI BL.....	156	PNV-OMEGA.....	88
PHARMACIST CHOICE NO CODI.....	114	POCKETCHEM EZ BLOOD GLUCO.....	115
PHARMACIST CHOICE SELECT.....	156	PODOFILOX.....	106
PHARMACIST CHOICE ULTRA T.....	156	podofilox gel 0.5%.....	106
PHARMACY COUNTER LANCETS.....	156	POGO AUTOMATIC BLOOD GLUC.....	156
PHEBURANE.....	38	POGO AUTOMATIC TEST CARTR.....	115
PHENELZINE SULFATE.....	63	POKONZA.....	90
phenobarbital elixir 20 mg/5ml.....	67	POLY HUB NEEDLE/18G X 1-1.....	156
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	67	POLY HUB NEEDLE/21G X 1-1.....	156
phenoxybenzamine hcl cap 10 mg.....	44	POLY HUB NEEDLE/22G X 1-1.....	156
phenylephrine hcl ophth soln 2.5%, 10%.....	99	POLY HUB NEEDLE/23G X 1-1.....	156
phenytoin chew tab 50 mg.....	83	POLY HUB NEEDLE/25G X 1-1.....	156
phenytoin sodium extended cap 100 mg.....	83	POLY HUB NEEDLE/27G X 1-1.....	156
phenytoin sodium extended cap 200 mg, 300 mg.....	83	POLY HUB NEEDLE/25G X 5/8.....	156
phenytoin susp 125 mg/5ml.....	83	POLY HUB NEEDLE/27G X 1/2.....	156
PHEXXI.....	60	POLY HUB NEEDLE/30G X 1/2.....	156
PHOSPHOLINE IODIDE.....	99	POLY HUB NEEDLE/18G X 1".....	156
phytonadione tab 5 mg.....	87	POLY HUB NEEDLE/21G X 1".....	156
PIFELTRO.....	8	POLY HUB NEEDLE/22G X 1".....	156
pilocarpine hcl ophth soln 1%, 2%, 4%.....	99	POLY HUB NEEDLE/23G X 1".....	156
pilocarpine hcl tab 5 mg, 7.5 mg.....	101	POLY HUB NEEDLE/25G X 1".....	156
pimecrolimus cream 1%.....	106	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	99
PIMOZIDE.....	71	POMALYST.....	22
pindolol tab 5 mg, 10 mg.....	40	PONVORY.....	72
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.....	31	PONVORY 14-DAY STARTER PA.....	72
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv).....	31	posaconazole susp 40 mg/ml.....	5
PIP BLOOD GLUCOSE MONITOR.....	156	posaconazole tab delayed release 100 mg.....	5
PIP BLOOD GLUCOSE TEST ST.....	114	potassium chloride cap er 8 meq, 10 meq.....	90
PIP LANCETS/28G.....	156	POTASSIUM CHLORIDE ER.....	90
PIP LANCETS/30G.....	156	potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....	90
PIP PEN NEEDLES 31G X 5MM.....	156	potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	90

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

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

potassium chloride tab er 10 meq, 20 meq (1500 mg).....	90	PREMARIN.....	28
potassium chloride tab er 8 meq (600 mg).....	90	PREMIUM BLOOD GLUCOSE TES.....	115
potassium citrate tab er 5 meq (540 mg).....	61	PREMPHASE.....	28
potassium citrate tab er 10 meq (1080 mg).....	61	PREMPRO.....	28
potassium citrate tab er 15 meq (1620 mg).....	61	PRENAISSANCE.....	88
potassium phosphate monobasic tab 500 mg.....	90	PRENATAL.....	88
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....	90	PRENATAL 19.....	89
PRADAXA.....	92	PRENATAL PLUS.....	88
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.....	86	PRENATAL PLUS VITAMIN AND.....	88
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg.....	86	PRENATAL-U.....	89
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg.....	86	PRETOMANID.....	4
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....	95	PREVENT DROPSAFE SAFETY P.....	157
pravastatin sodium tab 80 mg.....	47	PREVENT SAFETY PEN NEEDLE.....	157
pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	47	PREVIDENT RINSE.....	101
praziquantel tab 600 mg.....	10	PREVNAR 13.....	14
prazosin hcl cap 1 mg, 2 mg, 5 mg.....	44	PREVNAR 20.....	14
PRECISION SOF-TACT TEST S.....	115	PREVYMIS.....	8
PRECISION SURE-DOSE INSUL.....	156	PREZCOBIX.....	8
PRECISION THINS GP LANCET.....	156	PREZISTA.....	8
PRECISION XTRA.....	156	PRIFTIN.....	4
PRECISION XTRA BLOOD GLUC.....	115	PRIMAQUINE PHOSPHATE.....	10
PRED MILD.....	99	primaquine phosphate tab 26.3 mg (15 mg base).....	10
PREDNISOLONE ACETATE.....	99	primidone tab 50 mg, 250 mg.....	83
PREDNISOLONE SODIUM PHOSP.....	26	PRIORIX.....	14
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	26	probenecid tab 500 mg.....	80
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	26	prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....	65
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....	26	prochlorperazine suppos 25 mg.....	65
prednisolone soln 15 mg/5ml.....	26	PRO COMFORT INSULIN SYRIN.....	157
prednisolone tab 5 mg.....	26	PRO COMFORT PEN NEEDLES/.....	157
PREDNISON.....	26	PRO COMFORT SAFETY LANCET.....	157
PREDNISON INTENSOL.....	26	PROCRT.....	91
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	26	PROCTOFOAM HC.....	101
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....	26	PROCYSBI.....	61
PREFERRED PLUS INSULIN SY.....	157	PRODIGY AUTOCODE BLOOD GL.....	157
PREFERRED PLUS LANCETS CO.....	157	PRODIGY INSULIN SYRING/U-.....	157
PREFERRED PLUS LANCETS SU.....	157	PRODIGY INSULIN SYRINGE/1.....	157
PREFERRED PLUS LANCETS TH.....	157	PRODIGY LANCING DEVICE.....	157
PREFERRED PLUS UNIFINE PE.....	157	PRODIGY NO CODING BLOOD G.....	115
pregabalin cap 225 mg, 300 mg.....	83	PRODIGY POCKET BLOOD GLUC.....	157
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....	83	PRODIGY PRESSURE ACTIVATE.....	158
pregabalin soln 20 mg/ml.....	83	PRODIGY SAFETY LANCETS.....	158
PREHEVBRIO.....	14	PRODIGY TWIST TOP LANCETS.....	158
		PRODIGY VOICE BLOOD GLUCO.....	158
		PROFILNINE.....	95
		progesterone cap 100 mg, 200 mg.....	30
		PROGLYCEM.....	31
		PROGRAF.....	175
		PROMACTA.....	91
		promethazine-dm syrup 6.25-15 mg/5ml.....	51
		promethazine hcl suppos 12.5 mg, 25 mg.....	50
		promethazine hcl syrup 6.25 mg/5ml.....	50
		promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	50

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

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

PROMETHAZINE VC.....	51	QC INSULIN SYRINGE/1ML/29.....	158
PROMETHAZINE VC/CODEINE.....	51	QC INSULIN SYRINGE/1ML/31.....	158
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	51	QC LANCETS SUPER THIN.....	158
PROMETHEGAN.....	50	QC LANCETS ULTRA THIN.....	158
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....	42	QC PEN NEEDLES 29G X 12MM.....	158
propafenone hcl tab 150 mg, 225 mg, 300 mg.....	42	QC PEN NEEDLES 31G X 6MM.....	159
proparacaine hcl ophth soln 0.5%.....	99	QC PEN NEEDLES 31G X 8MM.....	159
PROPRANOLOL HCL.....	40	QC UNIFINE PENTIPS 32GX4M.....	159
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....	40	QC UNILET LANCETS 33G/MIC.....	159
propranolol hcl oral soln 20 mg/5ml.....	40	QC UNILET LANCETS 28G/ULT.....	159
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	40	QINLOCK.....	22
propylthiouracil tab 50 mg.....	35	QUADRACEL.....	15
PROQUAD.....	14	QUALAQUIN.....	10
PROSCAR.....	61	QUDEXY XR.....	83
protriptyline hcl tab 5 mg, 10 mg.....	63	QUESTRAN.....	47
PROVERA.....	30	QUESTRAN LIGHT.....	48
PROVIDA OB.....	89	QUETIAPINE FUMARATE.....	65
PRO VOICE V8/V9 BLOOD GLU.....	115	quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	66
PRO VOICE V8 BLOOD GLUCOS.....	157	quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg.....	66
PRO VOICE V9 BLOOD GLUCOS.....	157	quetiapine fumarate tab 300 mg, 400 mg.....	66
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....	51	quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg.....	66
PSS SELECT GP LANCETS.....	158	QUICKTEK.....	159
PSS SELECT SAFETY LANCETS.....	158	QUICKTEK TEST STRIPS.....	115
PTS PANELS EGLU.....	115	QUILLICHEW ER.....	69
PULMOZYME.....	54	QUILLIVANT XR.....	69
PURE COMFORT PEN NEEDLE 3.....	158	quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....	44
PURE COMFORT PEN NEEDLE/3.....	158	quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	44
PURE COMFORT SAFETY PEN N.....	158	quinidine gluconate tab er 324 mg.....	42
PURIXAN.....	22	QUINIDINE SULFATE.....	42
PX ADVANCED LANCING DEVIC.....	158	quinine sulfate cap 324 mg.....	10
PX EXTRA SHORT PEN NEEDLE.....	158	QUINTET AC BLOOD GLUCOSE.....	115
PX INSULIN SYRINGE/U-100/.....	158	QUINTET BLOOD GLUCOSE MON.....	159
PX LANCETS MICROTHIN 33G.....	158	QUINTET BLOOD GLUCOSE TES.....	115
PX LANCETS ULTRA THIN.....	158	QULIPTA.....	79
PX LANCETS ULTRA THIN 28G.....	158	QUVIVIQ.....	67
PX MINI PEN NEEDLES 31GX5.....	158	QVAR REDIHALER.....	53
PX PEN NEEDLE 31GX8MM.....	158		
PX PEN NEEDLE 29GX12MM.....	158	R	
pyrazinamide tab 500 mg.....	4	rabeprazole sodium ec tab 20 mg.....	56
pyridostigmine bromide oral soln 60 mg/5ml.....	87	RADICAVA ORS.....	86
pyridostigmine bromide tab er 180 mg.....	87	RADICAVA ORS STARTER KIT.....	86
pyridostigmine bromide tab 60 mg.....	87	RADIOGARDASE.....	108
pyrimethamine tab 25 mg.....	10	RA E-ZJECT LANCETS 28G.....	159
PYRUKYND.....	95	RA E-ZJECT LANCETS THIN 2.....	159
PYRUKYND TAPER PACK.....	95	RA E-ZJECT LANCETS ULTRA.....	159
		RAGWITEK.....	17
Q		RA INSULIN SYRINGE/0.5ML/.....	159
QC ADVANCED LANCING DEVIC.....	158	RA INSULIN SYRINGE/1ML/29.....	159
QC INSULIN SYRINGE/0.3ML/.....	158	RA INSULIN SYRINGE/U-100/.....	159
QC INSULIN SYRINGE/0.5ML/.....	158	raloxifene hcl tab 60 mg.....	38

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

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

ramelteon tab 8 mg.....	67	RELION PEN NEEDLES 32GX4M.....	160
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....	44	RELION PREMIER BLOOD GLUC.....	115
ranolazine tab er 12hr 500 mg, 1000 mg.....	40	RELION PREMIER BLU BLOOD.....	160
RAPAFLO.....	61	RELION PREMIER CLASSIC BL.....	160
RAPAMUNE.....	175	RELION PREMIER COMPACT BL.....	161
RA PEN NEEDLES 31G X 5MM.....	159	RELION PREMIER VOICE BLOO.....	161
RA PEN NEEDLES 31G X 8MM.....	159	RELION PRIME BLOOD GLUCOS.....	115
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv).....	86	RELION R.....	33
RAVICTI.....	38	RELION SHORT PEN NEEDLES.....	161
RAYA SURE PEN NEEDLE 29G.....	159	RELION THIN LANCETS.....	161
RAYA SURE PEN NEEDLE 31G.....	159	RELION TRUE METRIX AIR BL.....	161
READYLANCE SAFETY LANCETS.....	159	RELION TRUE METRIX BLOOD.....	115
REALITY INSULIN SYRINGE/U.....	159	RELION ULTIMA BLOOD GLUCO.....	115
REALITY LANCETS.....	159	RELION ULTRA THIN LANCETS.....	161
REALITY LATEX/ULTRA TEXTU.....	159	RELION ULTRA THIN PLUS LA.....	161
REALITY LATEX/ULTRA THIN.....	159	RELYVRIO.....	86
REALITY LATEX CONDOMS/LUB.....	159	REMODULIN.....	49
REALITY TRIGGER LANCETS.....	160	repaglinide tab 0.5 mg, 1 mg, 2 mg.....	31
REBIF.....	72	REPATHA.....	48
REBIF REBIDOSE.....	72	REPATHA PUSHTRONEX SYSTEM.....	48
REBIF REBIDOSE TITRATION.....	72	REPATHA SURECLICK.....	48
REBIF TITRATION PACK.....	72	RESTASIS.....	99
REBINYN.....	95	RETACRIT.....	91
RECOMBINATE.....	95	RETEVMO.....	22
RECOMBIVAX HB.....	14	RETIN-A.....	106
RECTIV.....	102	RETROVIR.....	8
REFUAH PLUS BLOOD GLUCOSE.....	115	REVLIMID.....	175
REGLAN.....	58	REXALL BLOOD GLUCOSE MONI.....	161
REGRANEX.....	106	REXALL BLOOD GLUCOSE TEST.....	115
RELENZA DISKHALER.....	8	REXALL LANCETS ULTRA THIN.....	161
RELION CONFIRM/MICRO TEST.....	115	REXULTI.....	66
RELION CONFIRM BLOOD GLUC.....	160	REYATAZ.....	8
RELION 2-IN-1 LANCET DEV.....	161	REYVOW.....	79
RELION 2-IN-1 LANCING DEV.....	161	REZLIDHIA.....	22
RELION INSULIN SYRINGE 0.....	160	REZUROCK.....	175
RELION INSULIN SYRINGE/U.....	160	RHOPRESSA.....	99
RELION INSULIN SYRINGE 1M.....	160	RIASTAP.....	95
RELION KETONE TEST STRIPS.....	115	RIBAVIRIN.....	8
RELION LANCETS.....	160	RIDAURA.....	78
RELION LANCETS MICRO-THIN.....	160	rifabutin cap 150 mg.....	4
RELION LANCETS THIN 26G.....	160	rifampin cap 150 mg, 300 mg.....	4
RELION LANCETS ULTRA-THIN.....	160	RIGHTEST GD500 LANCING DE.....	161
RELION LANCING DEVICE.....	160	RIGHTEST GL300 LANCETS.....	161
RELION MICRO BLOOD GLUCOS.....	160	RIGHTEST GM100 BLOOD GLUC.....	161
RELION MINI PEN NEEDLES 3.....	160	RIGHTEST GM300 BLOOD GLUC.....	161
RELION PEN NEEDLES/31G X.....	160	RIGHTEST GM550 BLOOD GLUC.....	161
RELION PEN NEEDLES 29GX12.....	160	RIGHTEST GS100 BLOOD GLUC.....	115
RELION PEN NEEDLES 31G X.....	160	RIGHTEST GS300 BLOOD GLUC.....	115
RELION PEN NEEDLES 32G X.....	160	RIGHTEST GS333 BLOOD GLUC.....	115
RELION PEN NEEDLES 31GX5/.....	160	RIGHTEST GS550 BLOOD GLUC.....	116
RELION PEN NEEDLES 31GX6M.....	160	RIGHTEST GT333 BLOOD GLUC.....	116
RELION PEN NEEDLES 31GX8M.....	160	riluzole tab 50 mg.....	86
		RIMANTADINE HYDROCHLORIDE.....	8

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

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

ringer's solution for irrigation.....	175	SAFE-T-LANCE LOW FLOW 25G.....	161
RINVOQ.....	78	SAFE-T-LANCE NORMAL FLOW.....	161
risedronate sodium tab delayed release 35 mg.....	38	SAFE-T-LANCE PLUS SAFETY.....	161
risedronate sodium tab 5 mg, 30 mg.....	38	SAFETY LANCETS.....	161
risedronate sodium tab 35 mg, 150 mg.....	38	SAFETY LANCETS/PRESSURE A.....	161
RISPERIDONE ODT.....	66	SAFETY LANCETS 21G.....	161
risperidone orally disintegrating tab 4 mg.....	66	SAFETY LANCETS 23G.....	161
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	66	SAFETY LANCETS 28G.....	161
risperidone soln 1 mg/ml.....	66	SAFETY PEN NEEDLES/30G X.....	161
risperidone tab 0.25 mg.....	66	SAFYRAL.....	29
risperidone tab 4 mg.....	66	SALAGEN.....	101
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	66	SAMSCA.....	38
RITALIN.....	69	SANCUSO.....	57
ritonavir tab 100 mg.....	8	SANDIMMUNE.....	176
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....	72	SANDOSTATIN.....	38
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr.....	72	SANTYL.....	106
RIXUBIS.....	95	SAPHRIS.....	66
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	79	sapropterin dihydrochloride powder packet 100 mg, 500 mg.....	38
rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	79	sapropterin dihydrochloride tab 100 mg.....	38
rizatriptan benzoate tab 5 mg (base equivalent).....	79	SAPSCARE TWIST TOP LANCET.....	162
rizatriptan benzoate tab 10 mg (base equivalent).....	79	SAPS HEALTH CARE TWIST TO.....	161
ROCALTROL.....	38	SAPS HEALTH PLUS TWIST TO.....	161
ROCKLATAN.....	99	SAPS HEALTH TWIST TOP LAN.....	162
roflumilast tab 250 mcg, 500 mcg.....	53	SAVELLA.....	72
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).....	86	SAVELLA TITRATION PACK.....	72
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....	86	saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv).....	31
rosuvastatin calcium tab 40 mg.....	48	saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	31
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....	48	saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg.....	32
ROTARIX.....	15	SB INSULIN SYRINGE/U-100/.....	162
ROTATEQ.....	15	SB LANCETS THIN.....	162
ROZEREM.....	67	SB LANCETS ULTRA THIN.....	162
ROZLYTREK.....	22	SCSEMBLIX.....	22
RUBRACA.....	22	SCHNUCKS INSULIN SYRINGE.....	162
RUCONEST.....	96	scopolamine td patch 72hr 1 mg/3days.....	57
rufinamide susp 40 mg/ml.....	83	SECUADO.....	66
rufinamide tab 200 mg, 400 mg.....	83	SECURESAFE SAFETY HYPODER.....	162
RUKOBIA.....	8	SECURESAFE SAFETY INSULIN.....	162
RYBELSUS.....	31	SECURESAFE SAFETY PEN NEE.....	162
RYDAPT.....	22	SELECT-LITE LANCING DEVIC.....	162
RYPLAZIM.....	96	SELECT-OB.....	89
S		selegiline hcl cap 5 mg.....	86
SABRIL.....	83	selegiline hcl tab 5 mg.....	86
		selenium sulfide lotion 2.5%.....	106
		SELZENTRY.....	8
		SE-NATAL 19.....	89
		SENSIPAR.....	38
		SEREVENT DISKUS.....	53
		SEROSTIM.....	38
		sertraline hcl oral concentrate for solution 20 mg/ml.....	64

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

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

sertraline hcl tab 25 mg, 50 mg, 100 mg.....	64	sodium chloride soln nebu 7%.....	51
sevelamer carbonate packet 0.8 gm, 2.4 gm.....	58	sodium chloride soln nebu 3%, 10%.....	51
sevelamer carbonate tab 800 mg.....	58	sodium citrate & citric acid soln 500-334 mg/5ml.....	61
sevelamer hcl tab 400 mg.....	58	SODIUM FLUORIDE.....	90
sevelamer hcl tab 800 mg.....	58	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).....	90
SEVENFACT.....	96	sodium fluoride cream 1.1%.....	101
SFROWASA.....	59	sodium fluoride gel 1.1% (0.5% f).....	101
SHINGRIX.....	15	sodium fluoride paste 1.1%.....	101
SIGNIFOR.....	38	sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf).....	90
SIGNIFOR LAR.....	38	SODIUM OXYBATE.....	72
sildenafil citrate for suspension 10 mg/ml.....	49	sodium phenylbutyrate oral powder 3 gm/teaspoonful.....	38
sildenafil citrate tab 20 mg.....	49	sodium phenylbutyrate tab 500 mg.....	38
SILENOR.....	67	sodium polystyrene sulfonate powder.....	176
SILIQ.....	106	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	55
silodosin cap 4 mg, 8 mg.....	61	SOFOSBUVIR/VELPATASVIR.....	8
SILVADENE.....	106	SOHONOS.....	87
silver sulfadiazine cream 1%.....	106	solifenacin succinate tab 5 mg, 10 mg.....	59
SIMBRINZA.....	99	SOLIQUA 100/33.....	32
SIMPLE DIAGNOSTICS LANCIN.....	162	SOLTAMOX.....	23
SIMPONI.....	78	SOLUS V2 AUDIBLE BLOOD GL.....	163
simvastatin tab 5 mg.....	48	SOLUS V2 AUDIBLE TEST.....	116
simvastatin tab 20 mg.....	48	SOLUS V2 LANCING DEVICE.....	163
simvastatin tab 80 mg.....	48	SOLUS V2 PRESSURE ACTIVAT.....	163
simvastatin tab 10 mg, 40 mg.....	48	SOLUS V2 TWIST LANCETS 30.....	163
SINEMET.....	86	SOMAVERT.....	38
SINGLE-LET.....	162	SOOLANTRA.....	106
sirolimus oral soln 1 mg/ml.....	176	sorafenib tosylate tab 200 mg (base equivalent).....	23
sirolimus tab 0.5 mg, 1 mg, 2 mg.....	176	sotalol hcl (afib/afI) tab 80 mg, 120 mg, 160 mg.....	40
SIRTURO.....	4	sotalol hcl tab 240 mg.....	40
SIVEXTRO.....	12	sotalol hcl tab 80 mg, 120 mg, 160 mg.....	40
SKYCLARYS.....	86	SOTYKTU.....	107
SKYRIZI.....	59	SOVALDI.....	8
SKYRIZI PEN.....	106	SPIKEVAX COVID-19 VACCINE.....	15
SLYND.....	29	SPINOSAD.....	107
SMART DIABETES VANTAGE LA.....	162	SPIRIVA HANDIHALER.....	53
SMARTEST BLOOD GLUCOSE TE.....	116	SPIRIVA RESPIMAT.....	53
SMARTEST EJECT BLOOD GLUC.....	162	spironolactone & hydrochlorothiazide tab 25-25 mg.....	46
SMARTEST EJECT STARTER KI.....	162	spironolactone tab 25 mg, 50 mg, 100 mg.....	46
SMARTEST LANCETS 28G.....	162	SPORANOX.....	5
SMARTEST PERSONA STARTER.....	162	SPRYCEL.....	23
SMARTEST PRONTO STARTER.....	162	SPS.....	176
SMARTEST PROTEGE BLOOD GL.....	162	stannous fluoride gel 0.4%.....	101
SMARTEST PROTEGE STARTER.....	163	1ST CHOICE LANCETS SUPER.....	174
SMART SENSE COLOR LANCETS.....	162	1ST CHOICE LANCETS THIN.....	174
SMART SENSE PREMIUM BLOOD.....	116	1ST CHOICE LANCETS ULTRA.....	174
SMART SENSE STANDARD LANC.....	162	STELARA.....	107
SMART SENSE SUPER THIN LA.....	162	STERILANCE TL.....	163
SMART SENSE THIN LANCETS.....	162		
SMART SENSE VALUE BLOOD.....	162		
SMART SENSE VALUE BLOOD G.....	116		
SM MICRO THIN LANCETS 33G.....	162		
SM TRUEDRAW LANCING DEVIC.....	162		
sodium chloride irrigation soln 0.9%.....	61		

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

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

STIMUFEND.....	91	SURE COMFORT LANCING PEN.....	163
STIOLTO RESPIMAT.....	53	SURE COMFORT PEN NEEDLES.....	163
STIVARGA.....	23	SURELITE LANCETS.....	163
STRENSIQ.....	38	SUTAB.....	55
STRIBILD.....	9	SUTENT.....	23
STRIVERDI RESPIMAT.....	53	SYMBICORT.....	53
STROMECTOL.....	10	SYMDEKO.....	54
1ST TIER UNIFINE PENTIPS.....	174	SYMFI.....	9
SUCRAID.....	57	SYMFI LO.....	9
sucralfate tab 1 gm.....	56	SYMLINPEN 60.....	32
SUFLAVE.....	55	SYMLINPEN 120.....	32
SULAR.....	41	SYMPAZAN.....	83
SULCONAZOLE NITRATE.....	107	SYMPROIC.....	59
SULFACETAMIDE SODIUM.....	99	SYMTUZA.....	9
SULFACETAMIDE SODIUM/PRED.....	99	SYNAREL.....	39
sulfacetamide sodium lotion 10% (acne).....	107	SYNJARDY.....	32
sulfacetamide sodium ophth soln 10%.....	99	SYNJARDY XR.....	32
SULFADIAZINE.....	4	SYNTHROID.....	35
sulfamethoxazole-trimethoprim susp 200-40		SYPRINE.....	176
mg/5ml.....	12		
sulfamethoxazole-trimethoprim tab 400-80 mg.....	12	T	
sulfamethoxazole-trimethoprim tab 800-160 mg.....	12	TABLOID.....	23
SULFAMYLON.....	107	TABRECTA.....	23
sulfasalazine tab delayed release 500 mg.....	59	tacrolimus cap 0.5 mg, 1 mg, 5 mg.....	176
sulfasalazine tab 500 mg.....	59	tacrolimus oint 0.03%, 0.1%.....	107
sulindac tab 150 mg, 200 mg.....	78	tadalafil tab 2.5 mg, 5 mg.....	49
sumatriptan nasal spray 5 mg/act.....	79	tadalafil tab 20 mg (pah).....	49
sumatriptan nasal spray 20 mg/act.....	79	TAFINLAR.....	23
sumatriptan succinate inj 6 mg/0.5ml.....	79	tafluprost preservative free (pf) ophth soln	
SUMATRIPTAN SUCCINATE REF.....	79	0.0015%.....	99
sumatriptan succinate solution auto-injector 4		TAGRISSE.....	23
mg/0.5ml.....	79	TAKHZYRO.....	96
sumatriptan succinate solution auto-injector 6		TALTZ.....	107
mg/0.5ml.....	79	TALZENNA.....	23
sumatriptan succinate tab 25 mg.....	79	TAMIFLU.....	9
sumatriptan succinate tab 50 mg.....	79	tamoxifen citrate tab 10 mg (base equivalent), 20 mg	
sumatriptan succinate tab 100 mg.....	79	(base equivalent).....	23
sunitinib malate cap 12.5 mg (base equivalent).....	23	tamsulosin hcl cap 0.4 mg.....	61
sunitinib malate cap 25 mg (base equivalent), 37.5 mg		TARCEVA.....	23
(base equivalent), 50 mg (base equivalent).....	23	TARGRETIN.....	23
SUNLENCA.....	9	TARON-C DHA.....	89
SUNOSI.....	69	TARPEYO.....	26
SUPER THIN LANCETS.....	163	TASCENSO ODT.....	72
SUPREME II CONFIDENCE PAD.....	163	TASIGNA.....	23
SUPREME TEST STRIPS.....	116	tasimelteon capsule 20 mg.....	67
SUPREP BOWEL PREP KIT.....	55	TASMAR.....	86
SURE COMFORT AUTOKEEPER S.....	163	TAVALISSE.....	96
SURE COMFORT INSULIN SYRI.....	163	TAVNEOS.....	96
SURE COMFORT LANCETS 18G.....	163	tazarotene cream 0.1%.....	107
SURE COMFORT LANCETS 21G.....	163	tazarotene gel 0.05%, 0.1%.....	107
SURE COMFORT LANCETS 23G.....	163	TAZORAC.....	107
SURE COMFORT LANCETS 28G.....	163	TAZVERIK.....	23
SURE COMFORT LANCETS 30G.....	163	TDVAX.....	15

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

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

TECHLITE AST LANCETS.....	163	tetrabenazine tab 25 mg.....	72
TECHLITE INSULIN SYRINGE.....	164	tetracaine hcl ophth soln 0.5%.....	99
TECHLITE LANCETS.....	164	tetracycline hcl cap 250 mg, 500 mg.....	3
TECHLITE LANCETS 26G.....	164	TEZSPIRE.....	53
TECHLITE LANCETS 30G.....	164	TGT ADVANCED LANCING DEVI.....	164
TECHLITE PEN NEEDLES/31G.....	164	TGT BLOOD GLUCOSE MONITOR.....	164
TECHLITE PEN NEEDLES/32G.....	164	TGT BLOOD GLUCOSE TEST ST.....	116
TECHLITE PEN NEEDLES 29G.....	164	TGT LANCET ALTERNATE SITE.....	164
TECHLITE PEN NEEDLES 31G.....	164	TGT LANCET MICRO THIN 33G.....	164
TEGLUTIK.....	87	TGT LANCET SUPER THIN 30G.....	164
TEGRETOL.....	83	TGT LANCET THIN 23G.....	164
TEGRETOL-XR.....	83	TGT LANCET THIN 26G.....	164
TEGSEDI.....	72	TGT LANCET ULTRA THIN 28G.....	164
TEKURNA.....	44	TGT LANCET ULTRA THIN 30G.....	164
TELMISARTAN/AMLODIPINE.....	44	TGT LANCING DEVICE.....	164
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	44	THALOMID.....	176
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25	44	THEO-24.....	53
mg.....	44	theophylline elixir 80 mg/15ml.....	53
telmisartan tab 20 mg, 40 mg, 80 mg.....	44	THEOPHYLLINE ER.....	53
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg.....	67	theophylline soln 80 mg/15ml.....	53
temozolomide cap 5 mg, 20 mg.....	23	theophylline tab er 12hr 300 mg, 450 mg.....	53
temozolomide cap 100 mg, 140 mg, 180 mg, 250	23	theophylline tab er 24hr 400 mg, 600 mg.....	53
mg.....	23	THINLETS GP LANCETS.....	164
TEMPO REFILL.....	164	THIOLA.....	61
TEMPO SMART BUTTON.....	164	THIOLA EC.....	61
TEMPO WELCOME.....	164	thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	66
TENCON.....	73	thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	66
TENIVAC.....	16	THRIVITE RX.....	89
tenofovir disoproxil fumarate tab 300 mg.....	9	THYQUIDITY.....	35
TENORETIC 50.....	44	THYROID.....	35
TENORETIC 100.....	44	tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	83
TEPMETKO.....	24	TIBSOVO.....	24
terazosin hcl cap 1 mg (base equivalent), 2 mg (base	45	timolol maleate ophth gel forming soln 0.25%,	99
equivalent), 5 mg (base equivalent), 10 mg (base	45	0.5%.....	99
equivalent).....	45	timolol maleate ophth soln 0.25%, 0.5%.....	99
terbinafine hcl tab 250 mg.....	5	timolol maleate ophth soln 0.5% (once-daily).....	100
terbutaline sulfate tab 2.5 mg, 5 mg.....	53	timolol maleate preservative free ophth soln 0.25%,	100
terconazole vaginal cream 0.4%, 0.8%.....	60	0.5%.....	100
terconazole vaginal suppos 80 mg.....	60	timolol maleate tab 5 mg, 10 mg, 20 mg.....	40
teriflunomide tab 7 mg, 14 mg.....	72	tinidazole tab 250 mg, 500 mg.....	12
TERIPARATIDE.....	39	tiopronin tab 100 mg.....	61
teriparatide (recombinant) soln pen-inj 600	39	tiotropium bromide monohydrate inhal cap 18 mcg	53
mcg/2.4ml.....	39	(base equiv).....	53
testosterone cypionate im inj in oil 100 mg/ml.....	26	TIVICAY.....	9
testosterone cypionate im inj in oil 200 mg/ml.....	26	TIVICAY PD.....	9
TESTOSTERONE ENANTHATE.....	26	tizanidine hcl tab 2 mg (base equivalent).....	87
testosterone td gel 12.5 mg/act (1%).....	26	tizanidine hcl tab 4 mg (base equivalent).....	87
testosterone td gel 20.25 mg/act (1.62%).....	26	TOBI PODHALER.....	3
testosterone td gel 10mg/act (2%).....	26	TOBRADEX.....	100
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm	26	TOBRADEX ST.....	100
(1%).....	26	TOBRAMYCIN.....	3
testosterone td soln 30 mg/act.....	26	tobramycin-dexamethasone ophth susp 0.3-0.1%.....	100
tetrabenazine tab 12.5 mg.....	72	tobramycin nebu soln 300 mg/5ml.....	4

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

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

tobramycin nebu soln 300 mg/4ml.....	4	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).....	49
tobramycin ophth soln 0.3%.....	100	TRESIBA.....	34
TOBREX.....	100	TRESIBA FLEXTOUCH.....	34
TODAYS HEALTH ADVANCED LA.....	164	tretinoin cap 10 mg.....	24
TODAYS HEALTH ORIGINAL PE.....	164	tretinoin cream 0.025%, 0.05%, 0.1%.....	107
TODAYS HEALTH SHORT PEN N.....	164	tretinoin gel 0.01%, 0.025%.....	107
TODAYS HEALTH SUPER THIN.....	164	TRETEN.....	96
TODAYS HEALTH ULTRA THIN.....	164	triamcinolone acetonide aerosol soln 0.147 mg/gm.....	107
TODAY SPONGE.....	60	triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	107
TOLAK.....	107	triamcinolone acetonide dental paste 0.1%.....	101
tolcapone tab 100 mg.....	86	triamcinolone acetonide lotion 0.025%, 0.1%.....	107
tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	59	triamcinolone acetonide oint 0.5%.....	107
tolterodine tartrate tab 1 mg, 2 mg.....	59	triamcinolone acetonide oint 0.025%, 0.1%.....	107
tolvaptan tab 15 mg.....	39	triamterene & hydrochlorothiazide cap 37.5-25 mg.....	46
tolvaptan tab 30 mg.....	39	triamterene & hydrochlorothiazide tab 37.5-25 mg.....	46
TOPAMAX.....	83	triamterene & hydrochlorothiazide tab 75-50 mg.....	46
TOPAMAX SPRINKLE.....	84	triamterene cap 50 mg, 100 mg.....	46
TOPCARE CLICKFINE UNIVERS.....	165	TRICOR.....	48
TOPCARE LANCETS MICRO-THI.....	165	trientine hcl cap 250 mg.....	176
TOPCARE ULTRA COMFORT INS.....	165	TRIENTINE HYDROCHLORIDE.....	176
TOPICORT.....	107	trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	66
topiramate cap er 24hr 200 mg.....	84	TRIFLURIDINE.....	100
topiramate cap er 24hr 25 mg, 50 mg, 100 mg.....	84	TRIHENYPHENIDYL HCL.....	86
topiramate cap er 24hr sprinkle 200 mg.....	84	trihexyphenidyl hcl tab 2 mg, 5 mg.....	86
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....	84	TRIJARDY XR.....	32
topiramate sprinkle cap 15 mg, 25 mg.....	84	TRIKAFTA.....	54
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	84	TRILEPTAL.....	84
TOPROL XL.....	40	trimethobenzamide hcl cap 300 mg.....	57
toremifene citrate tab 60 mg (base equivalent).....	24	TRIMETHOPRIM.....	12
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg.....	46	trimethoprim tab 100 mg.....	12
TOUJEO MAX SOLOSTAR.....	34	trimipramine maleate cap 25 mg, 50 mg, 100 mg.....	64
TOUJEO SOLOSTAR.....	34	TRINATAL RX 1.....	89
TRACER II 3 VOLT BATTERY.....	165	TRINATE.....	89
TRACLEER.....	49	TRINTELLIX.....	64
tramadol-acetaminophen tab 37.5-325 mg.....	75	TRIUMEQ.....	9
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....	75	TRIUMEQ PD.....	9
tramadol hcl tab 50 mg.....	75	TROKENDI XR.....	84
TRANDOLAPRIL/VERAPAMIL HC.....	45	tropicamide ophth soln 0.5%.....	100
trandolapril tab 1 mg, 2 mg, 4 mg.....	45	tropicamide ophth soln 1%.....	100
tranexamic acid tab 650 mg.....	93	tropium chloride cap er 24hr 60 mg.....	59
TRANSDERM-SCOP.....	57	tropium chloride tab 20 mg.....	59
tranylcypromine sulfate tab 10 mg.....	64	TRUDHESA.....	79
TRAVATAN Z.....	100	TRUE COMFORT INSULIN SYRI.....	165
TRAVEL LANCETS ADVANCED 2.....	165	TRUE COMFORT PEN NEEDLES.....	165
travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	100	TRUE COMFORT PRO INSULIN.....	165
trazodone hcl tab 50 mg, 100 mg, 150 mg.....	64	TRUE COMFORT PRO PEN NEED.....	165
TRECTOR.....	4	TRUE COMFORT SAFETY INSUL.....	165
TRELEGY ELLIPTA.....	53		
TREMFYA.....	107		

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

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

TRUE COMFORT SAFETY LANCE.....	165	TYBLUME.....	29
TRUE COMFORT SAFETY PEN N.....	165	TYBOST.....	9
TRUE COMFORT TWIST TOP LA.....	165	TYKERB.....	24
TRUEDRAW LANCING DEVICE.....	166	TYMLOS.....	39
TRUE FOCUS BLOOD GLUCOSE.....	165	TYVASO.....	49
TRUE FOCUS SELF MONITORIN.....	116	TYVASO DPI MAINTENANCE KI.....	49
TRUE METRIX.....	166	TYVASO DPI TITRATION KIT.....	49
TRUE METRIX AIR BLOOD GLU.....	166	TYVASO REFILL.....	49
TRUE METRIX AIR W/BLUETOO.....	166	TYVASO STARTER.....	49
TRUE METRIX BLOOD GLUCOSE.....	116	U	
TRUE METRIX GO BLOOD GLUC.....	166	UBRELVY.....	79
TRUE METRIX SELF MONITORI.....	116	UDENYCA.....	91
TRUEPLUS 5-BEVEL PEN NEED.....	166	ULTICARE INSULIN SAFETY S.....	167
TRUEPLUS INSULIN SYRINGE.....	166	ULTICARE INSULIN SYRINGE.....	167
TRUEPLUS INSULIN SYRINGE/.....	166	ULTICARE INSULIN SYRINGE/.....	167
TRUEPLUS LANCETS 26G.....	166	ULTICARE MICRO PEN NEEDLE.....	168
TRUEPLUS LANCETS 28G.....	166	ULTICARE MINI PEN NEEDLES.....	168
TRUEPLUS LANCETS 30G.....	166	ULTICARE MINI SAFETY PEN.....	168
TRUEPLUS LANCETS 33G.....	166	ULTICARE ORIGINAL PEN NEE.....	168
TRUEPLUS LANCETS 33G MICR.....	166	ULTICARE PEN NEEDLES/29G.....	168
TRUEPLUS LANCETS 28G SUPE.....	166	ULTICARE PEN NEEDLES 31G.....	168
TRUEPLUS LANCETS 30G ULTR.....	166	ULTICARE SHORT PEN NEEDLE.....	168
TRUEPLUS PEN NEEDLES 29GX.....	166	ULTICARE SHORT SAFETY PEN.....	168
TRUEPLUS PEN NEEDLES 31GX.....	166	ULTICARE TUBERCULIN SAFET.....	168
TRUEPLUS PEN NEEDLES 32GX.....	166	ULTICARE U-100 INSULIN SY.....	168
TRUEPLUS SAFETY LANCETS 2.....	166	ULTIGUARD INSULIN SYRINGE.....	168
TRUERESULT BLOOD GLUCOSE.....	167	ULTIGUARD SAFEPAK/MICRO.....	168
TRUETEST STRIPS.....	116	ULTIGUARD SAFEPAK/MINI P.....	168
TRUETRACK BLOOD GLUCOSE M.....	167	ULTIGUARD SAFEPAK/SHORT.....	169
TRUETRACK BLOOD GLUCOSE T.....	116	ULTIGUARD SAFEPAK/SYRING.....	169
TRUETRACK SMART SYSTEM.....	167	ULTIGUARD SAFEPAK INSULI.....	168
TRUETRACK TEST.....	116	ULTIGUARD SAFEPAK MINI P.....	168
TRULANCE.....	59	ULTIGUARD SAFEPAK PEN NE.....	168
TRULICITY.....	32	ULTI-LANCE AUTOMATIC/ CLE.....	167
TRUMENBA.....	15	ULTILET CLASSIC LANCETS.....	169
TRUQAP.....	24	ULTILET LANCETS.....	169
TRUSTEX/RIA LUBRICATED.....	167	ULTILET LANCETS 33G.....	169
TRUSTEX/RIA LUBRICATED/SP.....	167	ULTILET PEN NEEDLE 29GX12.....	169
TRUSTEX/RIA LUBRICATED SP.....	167	ULTILET PEN NEEDLE 31GX5M.....	169
TRUSTEX/RIA NON-LUBRICATE.....	167	ULTILET PEN NEEDLE 31GX8M.....	169
TRUSTEX COLOR CONDOMS + L.....	167	ULTILET PEN NEEDLE 32GX4M.....	169
TRUSTEX LUBRICATED.....	167	ULTILET SAFETY LANCETS 21.....	169
TRUSTEX LUBRICATED/RIBBED.....	167	ULTILET SAFETY LANCETS 23.....	169
TRUSTEX LUBRICATED/SPERMI.....	167	ULTILET SHORT PEN NEEDLES.....	169
TRUSTEX LUBRICATED EXTRA.....	167	ULTRACARE INSULIN SYRINGE.....	170
TRUSTEX NATURAL CONDOMS +.....	167	ULTRACARE PEN NEEDLES/31G.....	170
TRUSTEX NON-LUBRICATED.....	167	ULTRACARE PEN NEEDLES/32G.....	170
TRUSTEX WITH NONOXYNOL-9/.....	167	ULTRACARE PEN NEEDLES/33G.....	170
TRUVADA.....	9	ULTRA COMFORT INSULIN SYR.....	169
TUKYSA.....	24	ULTRA FLO INSULIN PEN NEE.....	169
TURALIO.....	24	ULTRA FLO INSULIN SYRINGE.....	169
TWINRIX.....	15	ULTRA INSULIN SYRINGE/U-1.....	169
TWIST TOP LANCETS 30G.....	167		

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

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

ULTRA-THIN II AUTO LANCET.....	170	UROCIT-K 10.....	61
ULTRA-THIN II INSULIN SYR.....	170	UROCIT-K 15.....	61
ULTRA-THIN II LANCETS 28G.....	170	ursodiol cap 300 mg.....	59
ULTRA-THIN II LANCETS 30G.....	170	ursodiol tab 250 mg.....	59
ULTRA-THIN II MINI PEN NE.....	170	ursodiol tab 500 mg.....	59
ULTRA-THIN II PEN NEEDLES.....	170	V	
ULTRA THIN LANCETS 28G.....	169	valacyclovir hcl tab 500 mg, 1 gm.....	9
ULTRA THIN LANCETS 31G.....	169	VALCHLOR.....	107
ULTRA THIN PEN NEEDLES 32.....	170	valganciclovir hcl for soln 50 mg/ml (base equiv).....	9
ULTRATRAK ACTIVE.....	170	valganciclovir hcl tab 450 mg (base equivalent).....	9
UNIFINE PENTIPS/30G X 3/1.....	171	valproate sodium oral soln 250 mg/5ml (base	
UNIFINE PENTIPS 31G X 3/1.....	171	equiv).....	84
UNIFINE PENTIPS 31GX5MM.....	171	valproic acid cap 250 mg.....	84
UNIFINE PENTIPS 31GX6MM.....	171	valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5	
UNIFINE PENTIPS 31GX8MM.....	171	mg, 160-25 mg, 320-12.5 mg, 320-25 mg.....	45
UNIFINE PENTIPS 32GX4MM.....	171	valsartan tab 320 mg.....	45
UNIFINE PENTIPS 32GX6MM.....	171	valsartan tab 40 mg, 80 mg, 160 mg.....	45
UNIFINE PENTIPS 33GX4MM.....	171	VALTOCO 5 MG DOSE.....	84
UNIFINE PENTIPS 29GX12MM.....	171	VALTOCO 10 MG DOSE.....	84
UNIFINE PENTIPS 31G X 6MM.....	171	VALTOCO 15 MG DOSE.....	84
UNIFINE PENTIPS 31G X 8MM.....	171	VALTOCO 20 MG DOSE.....	84
UNIFINE PENTIPS PLUS/30G.....	170	VALUE HEALTH INSULIN SYRI.....	172
UNIFINE PENTIPS PLUS 33G.....	170	VALUE PLUS LANCETS STANDA.....	172
UNIFINE PENTIPS PLUS 29GX.....	170	VALUE PLUS LANCETS SUPER.....	172
UNIFINE PENTIPS PLUS 31GX.....	170	VALUE PLUS LANCETS THIN 2.....	172
UNIFINE PENTIPS PLUS 32GX.....	170	VALUE PLUS LANCING DEVICE.....	172
UNIFINE PENTIPS PLUS 33GX.....	170	VALUMARK LANCET SUPER THI.....	172
UNIFINE PROTECT SAFETY PE.....	171	VALUMARK LANCET ULTRA THI.....	172
UNIFINE SAFECONTROL PEN N.....	171	VALUMARK PEN NEEDLES 31G.....	172
UNIFINE ULTRA PEN NEEDLE/.....	171	VALUMARK PEN NEEDLES 29GX.....	172
UNILET COMFORTOUCH LANCET.....	171	VANCOGIN.....	12
UNILET EXCELITE.....	171	vancomycin hcl cap 125 mg (base equivalent).....	12
UNILET EXCELITE II.....	171	vancomycin hcl cap 250 mg (base equivalent).....	12
UNILET G.P. LANCET.....	171	vancomycin hcl for oral soln 25 mg/ml (base	
UNILET G.P. SUPERLITE LAN.....	171	equivalent).....	12
UNILET GP 28 ULTRA THIN.....	171	vancomycin hcl for oral soln 50 mg/ml (base	
UNILET LANCET.....	171	equivalent).....	12
UNILET LANCETS MICRO-THIN.....	171	VANDAZOLE.....	60
UNILET LANCETS SUPER-THIN.....	172	VANFLYTA.....	24
UNILET LANCETS ULTRA-THIN.....	172	VANISHPOINT INSULIN SYRIN.....	172
UNILET SUPERLITE LANCET.....	172	VANISHPOINT TUBERCULIN SY.....	172
UNISTIK 3 GENTLE.....	172	VAQTA.....	15
UNISTIK PRO SAFETY LANCET.....	172	varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base	
UNISTIK SAFETY LANCETS 28.....	172	equiv).....	72
UNISTIK SAFETY LANCETS 30.....	172	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start	
UNISTIK TOUCH SAFETY LANC.....	172	pack.....	72
UNISTRIP1 GENERIC.....	116	VARIVAX.....	15
UNIVERSAL 1 LANCETS/33G/M.....	172	VARUBI.....	57
UNIVERSAL 1 LANCETS THIN.....	172	VASCEPA.....	48
UNIVERSAL 1 LANCETS ULTRA.....	172	VAXCHORA.....	15
UPTRAVI.....	49	VAXELIS.....	16
UPTRAVI TITRATION PACK.....	49	VAXNEUVANCE.....	15
UROCIT-K 5.....	61		

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

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

VCF VAGINAL CONTRACEPTIVE.....	60	VITRAKVI.....	24
VECAMYL.....	45	VIVAGUARD INO BLOOD GLUCO.....	116
VELIVET.....	29	VIVAGUARD INO SMART BLOOD.....	173
VELPHORO.....	59	VIVAGUARD LANCETS.....	173
VELTASSA.....	176	VIVAGUARD LANCING DEVICE.....	173
VEMLIDY.....	9	VIVAGUARD SAFETY LANCETS/.....	173
VENCLEXTA.....	24	VIVJOA.....	5
VENCLEXTA STARTING PACK.....	24	VIVOTIF.....	15
venlafaxine hcl cap er 24hr 37.5 mg (base		VIZIMPRO.....	24
equivalent), 75 mg (base equivalent), 150 mg (base		VONJO.....	24
equivalent).....	64	VONVENDI.....	96
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg		voriconazole for susp 40 mg/ml.....	5
(base equivalent), 50 mg (base equivalent), 75 mg		voriconazole tab 50 mg, 200 mg.....	5
(base equivalent), 100 mg (base equivalent).....	64	VOSEVI.....	10
VENTAVIS.....	49	VOTRIENT.....	24
VENTOLIN HFA.....	54	VOWST.....	59
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	41	VOXZOGO.....	39
VERAPAMIL HCL ER.....	41	VP INSULIN SYRINGE/U-100/.....	173
VERAPAMIL HCL SR.....	41	VRAYLAR.....	66
verapamil hcl tab er 120 mg, 180 mg, 240 mg.....	41	VYNDAMAX.....	49
verapamil hcl tab 40 mg, 80 mg, 120 mg.....	41	VYNDAQEL.....	49
VERAPAMIL HYDROCHLORIDE E.....	41	VYVANSE.....	69
VERASENS BLOOD GLUCOSE MO.....	172		
VERASENS BLOOD GLUCOSE TE.....	116	W	
VERELAN.....	41	WAKIX.....	69
VERIFINE INSULIN PEN NEED.....	172	WALGREENS COMFORT ASSURED.....	173
VERIFINE INSULIN SYRINGE.....	173	WALGREENS LANCETS.....	173
VERIFINE INSULIN SYRINGE/.....	173	WALGREENS THIN LANCETS.....	173
VERIFINE PLUS INSULIN PEN.....	173	WALGREENS ULTRA THIN LANC.....	173
VERIFINE PLUS PEN NEEDLE/.....	173	warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5	
VERIFINE SAFETY LANCET MI.....	173	mg, 6 mg, 7.5 mg, 10 mg.....	93
VERIFINE UNIVERSAL LANCET.....	173	water for irrigation, sterile irrigation soln.....	176
VERQUVO.....	49	WAVESENSE AMP.....	173
VERSACLOZ.....	66	WEGMANS UNIFINE PENTIPS P.....	173
VERZENIO.....	24	WELIREG.....	24
VESICARE.....	59	WESCAP-C DHA.....	89
VFEND.....	5	WESNATAL DHA COMPLETE.....	89
V-GO 20.....	172	WESTAB PLUS.....	89
V-GO 30.....	172	WIDE-SEAL SILICONE DIAPHR.....	173
V-GO 40.....	172	WILATE.....	96
VIBERZI.....	59		
vigabatrin powd pack 500 mg.....	84	X	
vigabatrin tab 500 mg.....	84	XALKORI.....	24
vilazodone hcl tab 10 mg, 20 mg, 40 mg.....	64	XARELTO.....	93
VIMPAT.....	84	XARELTO STARTER PACK.....	93
VINATE II.....	89	XCOPRI.....	84
VINATE ONE.....	89	XELJANZ.....	78
VIRACEPT.....	9	XELJANZ XR.....	78
VIREAD.....	9	XERMELO.....	59
VISTARIL.....	62	XHANCE.....	50
VISTOGARD.....	108	XIFAXAN.....	12
VITAFOL STRIPS.....	89	XIGDUO XR.....	32
VITATHELY/GINGER.....	89	XIIDRA.....	100

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

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

XOFLUZA.....	10	ZOKINVY.....	176
XOLAIR.....	54	ZOLINZA.....	25
XOSPATA.....	24	zolmitriptan nasal spray 5 mg/spray unit.....	79
XPOVIO.....	24	zolmitriptan orally disintegrating tab 2.5 mg, 5 mg.....	79
XPOVIO 60 MG TWICE WEEKLY.....	25	zolmitriptan tab 2.5 mg, 5 mg.....	79
XPOVIO 80 MG TWICE WEEKLY.....	25	ZOLOFT.....	64
XTAMPZA ER.....	75	zolpidem tartrate tab er 6.25 mg, 12.5 mg.....	67
XTANDI.....	25	zolpidem tartrate tab 5 mg, 10 mg.....	67
XULTOPHY 100/3.6.....	32	ZOMIG.....	80
XURIDEN.....	39	ZONALON.....	107
XYNTHA.....	96	ZONEGRAN.....	85
XYNTHA SOLOFUSE.....	96	zonisamide cap 50 mg.....	85
XYWAV.....	72	zonisamide cap 25 mg, 100 mg.....	85
Y		ZONTIVITY.....	96
YALE NEEDLES 21G X 1-1/4".....	174	ZORTRESS.....	176
YASMIN 28.....	29	ZTALMY.....	85
YAZ.....	30	ZUBSOLV.....	75
YONSA.....	25	ZYDELIG.....	25
Z		ZYKADIA.....	25
zafirlukast tab 10 mg, 20 mg.....	54		
zaleplon cap 5 mg, 10 mg.....	67		
ZANAFLEX.....	87		
ZARONTIN.....	85		
ZARXIO.....	92		
ZAVESCA.....	92		
ZEGALOGUE.....	32		
ZEJULA.....	25		
ZELBORAF.....	25		
ZEMPLAR.....	39		
ZENPEP.....	57		
ZEPOSIA.....	72		
ZEPOSIA 7-DAY STARTER PAC.....	73		
ZEPOSIA STARTER KIT.....	73		
ZERVIAE.....	100		
ZEVRX INSULIN SYRINGE/0.5.....	174		
ZEVRX INSULIN SYRINGE/1ML.....	174		
ZEVRX PEN NEEDLES 31G X 5.....	174		
ZEVRX PEN NEEDLES 31G X 6.....	174		
ZEVRX PEN NEEDLES 31G X 8.....	174		
ZEVRX PEN NEEDLES 32G X 4.....	174		
ZEVRX TWIST TOP LANCETS 3.....	174		
ZIAGEN.....	10		
zidovudine cap 100 mg.....	10		
zidovudine syrup 10 mg/ml.....	10		
zidovudine tab 300 mg.....	10		
ZIEXTENZO.....	92		
zileuton tab er 12hr 600 mg.....	54		
ZIMHI.....	108		
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....	66		
ZIRGAN.....	100		
ZITHROMAX.....	3		

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

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