Horizon Blue Cross Blue Shield of New Jersey Classic Formulary

October 2025

Please talk to your doctor about prescribing medicines from this drug list (formulary). It may help you and your doctor to choose an appropriate medicine and may help reduce your out-of-pocket costs.

This Drug Guide is regularly updated. Please sign Member Online Services at **http://www.HorizonBlue.com,** select “Get Care” and select “Pharmacy Services” to search for medicines according to your pharmacy benefit plan and applicable exclusions.

Contents

Therapeutic Class Drug List

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

Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ) is pleased to present the Classic Formulary. Our goal is to give our members access to safe and effective prescription medicines. Refer to this guide for information, and present it to your doctor if you need a prescription. To note, the guide is updated on a **quarterly** basis. Any additional changes or updates will be captured in the "Drug Update" document that can be accessed here.

The drug list (formulary) is a list of medicines included on the formulary. Coverage of medicines and supplies included on this drug list is subject to your coverage provisions and applicable exclusions, and may differ from that listed. Please refer to the policy and benefit information you received from Horizon BCBSNJ to identify coverage provisions and exclusions. When we refer to "policy and benefit information", we are referring to one or more of the following: Certificate of Coverage, Contract, or Member Handbook.

Drug selection

Each medicine chosen for the drug list was analyzed for its safety, efficacy and value by Horizon BCBSNJ's Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is made up of local, independent practicing doctors and pharmacists and meets at least quarterly. Decisions to add or move medicines to non-ormulary are based on safety, efficacy, uniqueness and cost. *Newly marketed prescription drugs will not be covered until the P&T Committee has had an opportunity to review the drug, to determine whether the drug will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of drugs. If your physician feels that a new drug is medically necessary prior to P&T Committee evaluation, a Formulary Exception request for coverage may be submitted.*

Horizon BCBSNJ encourages doctors to prescribe Generic (Tier 1) and Preferred (Tier 2) medicines. While coverage is provided for Non-Preferred medicines (Tier 3), members have a higher copay or cost share for them.

To find recent changes or the most current version of this guide, and to search for medicines according to your benefit design and applicable exclusions, log into Member Online Services at **http://www.HorizonBlue.com.** You can also access the most current version of the Guide at http://www.horizonblue.com/formulary.

Member prescription benefit

The drug list is grouped into tiers, and your co-payment or cost share is determined by the tier that the medicine is on: generic (Tier 1), Preferred brand (Tier 2) and Non-Preferred brand (Tier 3).

Tier 1 – Lowest copayment – Generics. Tier 1 includes all generic medicines although not all generics are listed.

Tier 2 – Middle copayment – Preferred brands. Tier 2 medicines are displayed.

Tier 3 – Highest copayment – Non-Preferred brands. Tier 3 medicines are displayed.

All available covered drugs are shown on this list. *Drugs that are not covered on the formulary will be noted in the Prescription Drug List with the NF (non-formulary) indicator. If your physician feels that a non-formulary drug is medically necessary, a Formulary Exception request for coverage may be submitted.* Certain drug classes are excluded from coverage (not covered) including investigational and cosmetic (such as Propecia for hair growth), anti-obesity (such as Belviq or Contrave) and erectile dysfunction (such as Viagra) drugs. Coverage, copayment, and additional restrictions and exclusions may vary depending on your pharmacy plan design. Please refer to the policy and benefit information you received from Horizon BCBSNJ.

REMINDER: If you disagree with the decision of your initial Formulary Exception request you may submit an appeal. Steps on how to submit will be outlined in your initial denial letter. In the case of a claim for urgent care, an expedited review process is available. Please be sure to refer to your initial Formulary Exception denial letter for your appeals rights.

Generic drugs

Horizon BCBSNJ encourages the use of generics as a way to provide high-quality medicine at a reduced cost. Generics are as safe and effective as their brand counterparts, and are usually less expensive. Generics are manufactured under the same strict requirements of the Food and Drug Administration's (FDA's) current Good Manufacturing Practice regulations required for brand drugs in manufacturing, strength, purity and quality.

An FDA-approved generic medicine may be substituted for the brand counterpart when it:

- Contains the same active ingredient(s) as the brand.
- 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.

To encourage use of generics, Tier 2 Preferred brand medicines typically move to Tier 3 or moved off the formulary after an equivalent generic version becomes available in Tier 1.

If you choose to receive a brand name medicine that has a generic equivalent is available, you may be subject to a reduced benefit and a higher out-of-pocket expense for that brand name medicine.

Affordable Care Act

Some medicines may have limited or $0 cost-sharing under the Affordable Care Act; examples of categories that may be subject to limited or $0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), HIV pre-exposure prophylaxis, iron supplements, some statin medications, some tobacco cessation products, vitamin D supplements, bowel preparation medications, and some contraceptive drugs and devices. These medicines may also have age restrictions in order to have limited or $0 cost-sharing.

If you do not find the medicine you are searching for in this Guide, call Pharmacy Member Services at 1-800-370-5088 to find out if the drug is available over-the-counter, or is covered under your medical benefit. You can also log into Member Online Services at **http://www.HorizonBlue.com.**

Keeping Copays Low for Select Asthma, Diabetes and Anaphylaxis Medicines

Beginning January 1, 2025,* there will be a maximum copay applied to all insulin products and asthma inhalers on the formulary and select epinephrine product on the formulary. Your drug coverage may vary depending on the covered drug list (formulary) that applies to your pharmacy benefit, and your copays may or may not be subject to deductibles based on your plan (deductibles only apply to Consumer-Directed Health Plans for epinephrine; all others do not need to meet a deductible).

The requirements of this law, P.L. 2023 c. 105 applies to fully insured Individual, Small and Large Group Plans. Inquire with your self-insured Plan's benefit package to determine if these benefits apply.

* This benefit is effective beginning on or after January 1, 2025, upon a Plan's issuance or renewal.

Utilization management (UM)

Some medicines have special requirements where your doctor must provide clinical information to Horizon BCBSNJ before the medicine will be approved and covered by the plan. These special requirements are called utilization management. Medicines with utilization management requirements such as Prior Authorization (PA), Medical Necessity Review and Determination (MND) or that are subject to a Quantity Limit (QL) are noted on the drug list.

Prior Authorization/Medical Necessity Review and Determination

Some medicines require Prior Authorization (PA) before coverage is approved. PA encourages medically necessary, safe, cost-effective medicine use by allowing coverage when certain conditions are met. PA makes sure a prescription is being filled that is suitable for the intended use and covered by the pharmacy benefit. Only drugs that are considered medically necessary are covered. If the Drug List shows that you need a PA for a medicine, your doctor must submit a PA request to Horizon BCBSNJ for review.

After your PA is reviewed, you and your doctor will receive an approval letter that indicates how long it's approved. If the PA request is not approved (denied), the denial reason will be stated along with instructions about the appeal process if you or your doctor wish to appeal. You also have the choice to buy the medicine at your own expense.

Some drugs may be reviewed for medical necessity from time to time, even though they are not subject to our PA requirements.

Detailed PA/MND information can be found here.

Quantity Limit

A Quantity Limit (QL) controls the maximum amount of medicine covered per prescription. It can also identify gender or age restrictions and amount of medicine. QL are placed on certain categories and are based upon FDA-approved drug labeling. These limits help encourage safe and proper use. If the drug list shows that there is a QL, your doctor must submit a PA request to Horizon BCBSNJ for review if he/she wants to exceed the QL for your medicine. Clinical information will be required to be submitted with the PA request to explain why you need to exceed the quantity limit. If the PA request is approved, your medicine will be covered by your plan. If the request is not approved, there is an appeals process available or you may choose to buy the medicine at your own expense.

Detailed QL information can be found here.

Specialty

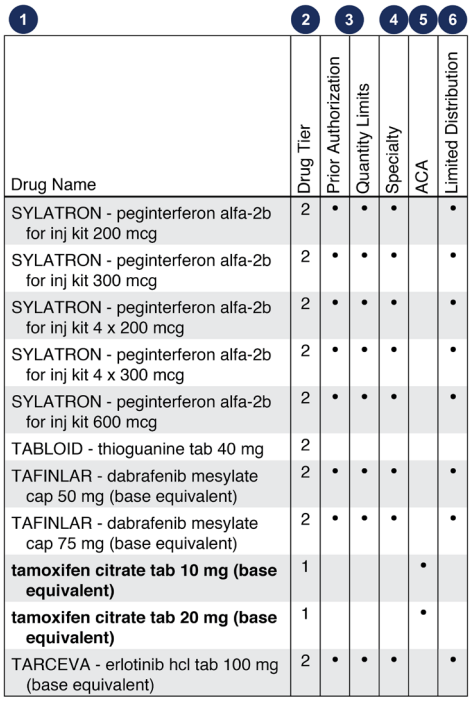
Specialty medicines require special handling, patient monitoring, and unique education prior to use. These specialty medicines also require your doctor to submit a Prior Authorization (PA) request to Horizon BCBSNJ for review.

Horizon BCBSNJ has contracted with certain specialty pharmacies that specialize in providing these medicines and providing these therapies. Members who want to minimize their cost-sharing are required to obtain the specialty medicines from a participating specialty pharmacy. You cannot receive specialty medicine at a retail pharmacy, through home delivery or from a non-participating specialty pharmacy.

To find out more information about our Specialty Rx Program and to see the list and phone numbers of the participating specialty pharmacies, please refer here.

How to use this list

The drug list is organized into broad categories (e.g. ANTINEOPLASTIC AGENTS AND RELATED DRUGS). The graphic below shows the information that is provided in each column of the drug list and is only an example. Please use the drug search function to find current information for drugs on the drug list. The below is an example and may not be reflective of the current formulary.



Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	2	•	•	•		•
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	2	•	•	•		•
SYLATRON - peginterferon alfa-2b for inj kit 4 x 200 mcg	2	•	•	•		•
SYLATRON - peginterferon alfa-2b for inj kit 4 x 300 mcg	2	•	•	•		•
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	2	•	•	•		•
TABLOID - thioguanine tab 40 mg	2					
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	2	•	•	•		•
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	2	•	•	•		•
tamoxifen citrate tab 10 mg (base equivalent)	1				•	
tamoxifen citrate tab 20 mg (base equivalent)	1				•	
TARCEVA - erlotinib hcl tab 100 mg (base equivalent)	2	•	•	•		•

1. The first column of the chart lists the medicine name. Generic medicines are shown in lower-case **boldface** type. Most generics are followed by a reference brand medicine in (parentheses). Some generics have no reference brand. Brand medicines are shown in capital letters followed by the generic name.
2. The second column indicates the tier. 1=Generic, 2=Preferred brand, 3=Non-preferred brand, NF = Non-formulary (excluded) and A=$0 if ACA requirements are met
3. These columns indicate the Utilization Management program(s) that apply to the medicine, such as Prior Authorization and Quantity Limits). If an indicator is present in the column(s), then the UM program(s) applies.
4. The column indicates if the medicine is considered a Specialty drug.
5. The column indicates if the medicine is required to be covered under the ACA.
6. The column indicates if the medicine is considered Limited Distribution.

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

This Drug Guide is regularly updated. Please sign Member Online Services at **http://www.HorizonBlue.com** to search for medicines according to your benefit design and applicable exclusions.

Notice of Availability

If you speak English, free language assistance services and auxiliary aids are available to provide information in accessible formats. Call the number on the back of your member ID card for help.

Si habla español, hay servicios gratuitos de asistencia lingüística y ayudas auxiliares disponibles para proporcionar información en formatos accesibles. Llame al número que figura en el reverso de su tarjeta de identificación de miembro para obtener ayuda.

如果您說中文，我們提供免費的語言協助服務和輔助工具，以無障礙格式提供資訊。請撥打您的會員 ID 卡背面的電話號碼尋求協助。

한국어를 사용하시는 경우, 무료 언어 지원 서비스 및 보조 기구를 통해 접근 가능한 형식으로 정보를 제공받을 수 있습니다. 도움이 필요하시면 가입자 ID 카드 뒷면에 있는 번호로 전화하시기 바랍니다.

Se fala português, estão disponíveis serviços de assistência linguística e auxiliares gratuitos para fornecer informações em formatos acessíveis. Telefone para o número no verso do seu cartão de identificação de associado para obter ajuda.

જો તમે ગુજરાતી બોલતા હોવ, તો સુલભ ફોર્મેટમાાં માહહતી પૂરી પાડવા માટે નનિ:શુલ્ક ભાષા સહાય સેવાઓ અને પૂરક સહાયો ઉપલબ્ધ છે. મદદ માટે તમારા સભ્ય આઈડી કાડડની પાછળના નાંબર પર કૉલ કરો.

Jeśli posługujesz się językiem polski, dostępne są bezpłatne usługi wsparcia językowego i materiały pomocnicze w celu przekazania informacji w przystępnym formacie. Aby uzyskać pomoc, zadzwoń pod numer podany na odwrocie identyfikacyjnej karty członkowskiej.

Se parlate italiano, sono disponibili servizi gratuiti di assistenza linguistica e ausili aggiuntivi per fornire informazioni in formati accessibili. Chiamate il numero sul retro della Vostra tessera identificativa per ricevere assistenza.

إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية المجانية والمساعدات الإضافية لتوفير المعلومات بصيغ يسهل الوصول إليها. اتصل بالرقم الموجود على ظهر بطاقة هوية العضو للحصول على المساعدة.

Kung nagsasalita ka ng Tagalog, handang magamit ang mga libreng tulong na serbisyo sa wika at mga auxiliary na tulong para magbigay ng impormasyon sa mga naa-access na format. Tawagan ang numero sa likod ng iyong kard ng pagkakakilanlan bilang miyembro para sa tulong.

Если вы говорите на Русский язык, мы готовы бесплатно предоставить услуги переводчика и вспомогательные средства для получения информации в доступных форматах. Для получения помощи позвоните по номеру, указанному на обратной стороне вашей карточки участника.

Si w pale Kreyòl Ayisyen, sèvis asistans lang gratis ak èd oksilyè disponib pou bay enfòmasyon nan fòma ki aksesib. Rele nimewo ki sou do kat manm ou a pou èd.

यदि आप ह िंदी बोलते हैं, तो सुलभ प्रारूपों में जानकारी प्रिान करने के ललए ननि:शुल्क भाषा सहायता सेवाएं और सहायक साधन उपलब्ध हैं। मिि के ललए अपने सिस्य आईडी काडड के पीछे दिए गए नंबर पर कॉल करें।

Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí và công cụ hỗ trợ để cung cấp thông tin ở các định dạng có thể truy cập. Hãy gọi số điện thoại ở mặt sau thẻ nhận dạng thành viên của bạn để được trợ giúp.

Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, ainsi que des outils auxiliaires fournissant des informations dans des formats accessibles. Pour recevoir de l'aide, appelez le numéro indiqué au dos de votre carte de membre.

اگرآپ اردو بول ےت ہ نی، تومفت زبان کی مددکی خدمات اور معاون امداد ایک قابل رسا یئ شکل م نی معلومات کی فراہمی کے ل نی دستیاب ہ نی. مدد کے ل نی اپ ےت مم رب آ یئ ڈی کارڈ کی پشت پرموجود نم رب پرکال کریں.

আপনি যনি বাাংলায় ভাষায় কথা বললি, তাহলল সহজলভয ফরম্যালে তথয প্রালিরি জযি নবামিুললয ভাষা সহায়তা পনরলষবা ও সহায়ক উপকরণ উপলব্ধ রলয়লে। সাহালযযর জযি আপারি সসিয আইনি কালিে র নপলে দিওয়া নম্বরে কল করুি।

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ANTI-INFECTIVE AGENTS						
PENICILLINS						
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	1					
amoxicillin (trihydrate) cap 250 mg, 500 mg	1					
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1					
amoxicillin (trihydrate) tab 500 mg, 875 mg	1					
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1					
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1					
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1					
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1					
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1					
ampicillin cap 500 mg	1					
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	3					
dicloxacillin sodium cap 250 mg, 500 mg	1					
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	1					
penicillin v potassium tab 250 mg, 500 mg	1					
CEPHALOSPORINS						
CEFACLOR - cefaclor cap 250 mg, 500 mg	3					
CEFADROXIL - cefadroxil tab 1 gm	3					
cefadroxil cap 500 mg	1					
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1					
cefdinir cap 300 mg	1					
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1					
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	1					
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	1					
cefpodoxime proxetil tab 100 mg, 200 mg	1					
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1					
cefprozil tab 250 mg, 500 mg	1					
cefuroxime axetil tab 250 mg, 500 mg	1					
cephalexin cap 250 mg, 500 mg, 750 mg	1					
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1					
MACROLIDES						
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1					
azithromycin tab 250 mg, 500 mg (Zithromax)	1		•			
azithromycin tab 600 mg	1		•			
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	1					
clarithromycin tab er 24hr 500 mg	1		•			
clarithromycin tab 250 mg, 500 mg	1		•			
DIFICID - fidaxomicin for susp 40 mg/ml	3	•	•			
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1					
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1					
erythromycin tab 250 mg, 500 mg	1					
fidaxomicin tab 200 mg (Dificid)	1		•			
TETRACYCLINES						
demeclocycline hcl tab 150 mg, 300 mg	1	•				
doxycycline hyclate cap 50 mg	1					
doxycycline hyclate cap 100 mg (Vibramycin)	1		•			
doxycycline hyclate tab 20 mg, 100 mg	1					
doxycycline monohydrate cap 50 mg, 100 mg	1					
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1					
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg	1		•			
minocycline hcl cap 50 mg, 75 mg, 100 mg	1					
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	3	•	•			•
tetracycline hcl cap 250 mg, 500 mg	1	•				
FLUOROQUINOLONES						
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	3		•			
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	3					
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1					
ciprofloxacin hcl tab 750 mg (base equiv)	1					
levofloxacin oral soln 25 mg/ml	1					
levofloxacin tab 250 mg, 500 mg, 750 mg	1		•			
moxifloxacin hcl tab 400 mg (base equiv)	1		•			
OFLOXACIN - ofloxacin tab 300 mg	3					
OFLOXACIN - ofloxacin tab 400 mg	1					
AMINOGLYCOSIDES						
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	3	•	•	•		•
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	3	•	•	•		•
neomycin sulfate tab 500 mg	1					
TOBI PODHALER - tobramycin inhal cap 28 mg	2	•	•	•		•
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	3	•	•	•		•
tobramycin nebu soln 300 mg/5ml (Tobi)	1	•	•	•		•
tobramycin nebu soln 300 mg/4ml (Bethkis)	1	•	•	•		•
SULFONAMIDES						
sulfadiazine tab 500 mg	1					
ANTIMYCOBACTERIAL AGENTS						
CYCLOSERINE - cycloserine cap 250 mg	1					
ethambutol hcl tab 100 mg	1					
ethambutol hcl tab 400 mg (Myambutol)	1					
isoniazid syrup 50 mg/5ml	1					
isoniazid tab 100 mg, 300 mg	1					
PRETOMANID - pretomanid tab 200 mg	2		•			•
PRIFTIN - rifapentine tab 150 mg	3		•			
pyrazinamide tab 500 mg	1					
rifampin cap 150 mg, 300 mg	1					
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	2		•	•		•
ANTIFUNGALS						
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1					
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1					
flucytosine cap 250 mg, 500 mg (Ancobon)	1					
griseofulvin microsize susp 125 mg/5ml	1					
griseofulvin microsize tab 500 mg	1					
griseofulvin ultramicrosize tab 125 mg, 250 mg	1					
itraconazole cap 100 mg (Sporanox)	1	•	•			
itraconazole oral soln 10 mg/ml (Sporanox)	1	•	•			
ketoconazole tab 200 mg	1					
nystatin tab 500000 unit	1					
posaconazole susp 40 mg/ml (Noxafil)	1	•	•			
posaconazole tab delayed release 100 mg (Noxafil)	1	•	•			
terbinafine hcl tab 250 mg	1		•			
voriconazole for susp 40 mg/ml (Vfend)	1	•				
voriconazole tab 50 mg, 200 mg (Vfend)	1	•				
ANTIVIRALS						
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1		•			
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1		•			
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1		•			
acyclovir cap 200 mg	1					
acyclovir susp 200 mg/5ml (Zovirax)	1					
acyclovir tab 400 mg, 800 mg	1					
adefovir dipivoxil tab 10 mg (Hepsera)	1					
APTIVUS - tipranavir cap 250 mg	3		•			
atazanavir sulfate cap 150 mg (base equiv)	1		•			
atazanavir sulfate cap 200 mg (base equiv), 300 mg (base equiv) (Reyataz)	1		•			
BARACLUDE - entecavir oral soln 0.05 mg/ml	2					
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2		•			
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2		•			
darunavir tab 600 mg, 800 mg (Prezista)	1		•			
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2		•			
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	3		•		•	
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2		•			
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	3		•			
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	3		•			
efavirenz tab 600 mg (Sustiva)	1		•			
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	1		•			
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1		•			
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1		•			
emtricitabine caps 200 mg (Emtriva)	1		•			
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	1		•			
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1		•		•	
EMTRIVA - emtricitabine soln 10 mg/ml	2		•			
entecavir tab 0.5 mg, 1 mg (Baraclude)	1					
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	2	•	•	•		•
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	2	•	•	•		•
etravirine tab 100 mg, 200 mg (Intelence)	1		•			
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	3		•			
famciclovir tab 125 mg, 250 mg, 500 mg	1					
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1		•			
FUZEON - enfuvirtide for inj 90 mg	3		•	•		•
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2		•			
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	2	•	•	•		•
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	2	•	•	•		•
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2		•			
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2		•			
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2		•			
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2		•			
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2		•			
lamivudine oral soln 10 mg/ml (Epivir)	1		•			
lamivudine tab 100 mg (hbv) (Epivir hbv)	1					
lamivudine tab 150 mg, 300 mg (Epivir)	1		•			
lamivudine-zidovudine tab 150-300 mg (Combivir)	1		•			
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	3	•	•	•		•
LIVTENCITY - maribavir tab 200 mg	3	•	•	•		•
lopinavir-ritonavir tab 100-25 mg, 200-50 mg (Kaletra)	1		•			
maraviroc tab 150 mg, 300 mg (Selzentry)	1		•			
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	2	•	•	•		•
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	2	•	•	•		•
NEVIRAPINE - nevirapine susp 50 mg/5ml	3		•			
nevirapine tab er 24hr 400 mg	1		•			
nevirapine tab 200 mg	1		•			
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2		•			
oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1		•			
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1		•			
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	2		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2		•			
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2		•			
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	2	•	•	•		•
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	•	•	•		•
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	3		•			
PREVYMIS - letermovir tab 240 mg, 480 mg	3		•			
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg	2		•			
PREZISTA - darunavir oral susp 100 mg/ml	2		•			
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3		•			
RIBAVIRIN - ribavirin cap 200 mg	2		•	•		•
RIBAVIRIN - ribavirin tab 200 mg	2		•	•		•
ritonavir tab 100 mg (Norvir)	1		•			
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	3		•			
SELZENTRY - maraviroc oral soln 20 mg/ml	3		•			
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	3	•	•	•		•
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	2	•	•	•		•
SOVALDI - sofosbuvir tab 200 mg, 400 mg	2	•	•	•		•
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2		•			
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg, 5 x 300 mg	3	•	•	•		•
SUNLENCA - lenacapavir sodium tab 300 mg	3	•	•	•		•
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2		•			
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		•			
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2		•			
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2		•			
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2		•			
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2		•			
TYBOST - cobicistat tab 150 mg	2		•			
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1					
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1					
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1					
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2					
VIRACEPT - nelfinavir mesylate tab 250 mg, 625 mg	3		•			
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2		•			
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2		•			
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	•	•	•		•
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	3		•			
zidovudine cap 100 mg (Retrovir)	1		•			
zidovudine syrup 10 mg/ml (Retrovir)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
zidovudine tab 300 mg	1		•			
ANTIMALARIALS						
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	3		•			
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1					
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	1					
chloroquine phosphate tab 500 mg	1					
COARTEM - artemether-lumefantrine tab 20-120 mg	2					
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1		•			
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1		•			
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	2		•			
mefloquine hcl tab 250 mg	1					
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1					
pyrimethamine tab 25 mg (Daraprim)	1			•		•
quinine sulfate cap 324 mg (Qualaquin)	1					
ANTHELMINTICS						
albendazole tab 200 mg	1		•			
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2		•			•
ivermectin tab 3 mg (Stromectol)	1					
praziquantel tab 600 mg (Biltricide)	1					
ANTI-INFECTIVE AGENTS - MISC.						
atovaquone susp 750 mg/5ml (Mepron)	1		•			
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	2	•	•	•		•
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1					
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1					
dapsone tab 25 mg, 100 mg	1					
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	1					
IMPAVIDO - miltefosine cap 50 mg	2					
LAMPIT - nifurtimox tab 30 mg, 120 mg	3		•			•
linezolid tab 600 mg (Zyvox)	1					
methenamine hippurate tab 1 gm (Hiprex)	1					
metronidazole cap 375 mg (Flagyl)	1	•				
metronidazole tab 250 mg, 500 mg	1					
nitazoxanide tab 500 mg	1		•			
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	1					
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1					
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1					
SIVEXTRO - tedizolid phosphate tab 200 mg	3		•			
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1					
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1					
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1					
tinidazole tab 250 mg, 500 mg	1	•	•			
TRIMETHOPRIM - trimethoprim tab 100 mg	3	•				
trimethoprim tab 100 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin)	1					
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	1		•			
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Vancomycin hydrochlo)	1		•			
XIFAXAN - rifaximin tab 200 mg	3	•	•			
XIFAXAN - rifaximin tab 550 mg	2	•	•			
BIOLOGICALS						
VACCINES						
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	2					
ACAM2000 - smallpox vaccine for percutaneous inj	3					
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2					
AFLURIA 2025-2026 - influenza virus vaccine split im susp	2					
AFLURIA 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2					
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	2					
BCG VACCINE - bcg vaccine for inj soln 50 mg	3					
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2					
BIOTHRAX - anthrax vaccine adsorbed inj	3					
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	3					
COMIRNATY 2025-26 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	2					
COMIRNATY/5-11Y/2025-26 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	2					
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3					
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	2					
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	2					
ERVEBO - ebola zaire virus vaccine live im susp	3					
FLUAD 2025-2026 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	2					
FLUARIX 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2					
FLUBLOK 2025-2026 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	2					
FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit im susp	2					
FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	2					
FLULAVAL 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2					
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	2					
FLUZONE HIGH-DOSE 2025-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	2					
FLUZONE 2025-2026 - influenza virus vaccine split im susp	2					
FLUZONE 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	2					
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2					
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	2					
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	2					
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	2					
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2					
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	2					
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	2					
IXCHIQ - chikungunya virus vaccine live for im solution	3					
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3					
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3					
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2					
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	2					
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2					
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	2					
MNEXSPIKE COVID-19 VACCIN - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	2					
MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	2					
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3					
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	2					
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2					
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	3					
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	2					
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	2					
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	2					
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	2					
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	2					
RABAVERT - rabies vaccine, pcec for inj	2					
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	2					
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	2					
ROTARIX - rotavirus vaccine, live oral susp	2					
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	2					
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2					
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	3					
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	2					
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	2					
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3					
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	3					
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	2					
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	2					
VAXCHORA - cholera vaccine live attenuated for oral susp	3					
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	2					
VIVOTIF - typhoid vaccine cap delayed release	3					
YF-VAX - yellow fever vaccine subcutaneous inj	3					
TOXOIDS						
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	2					
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	2					
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	2					
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	2					
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	2					
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	2					
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	2					
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	2					
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	2					
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	2					
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	2					
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	2					
BIOLOGICALS MISC						
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	3	•	•			
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	3	•	•			
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	3	•	•			
ANTINEOPLASTIC AGENTS						
ANTINEOPLASTICS						
abiraterone acetate tab 250 mg, 500 mg (Zytiga)	1	•	•	•		•
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	•	•	•		•
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	2	•	•	•		•
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	2	•	•	•		•
ALUNBRIG - brigatinib tab 30 mg, 90 mg, 180 mg	2	•	•	•		•
anastrozole tab 1 mg (Arimidex)	1	•	•		•	
AUGTYRO - repotrectinib cap 40 mg	2	•	•	•		•
AUGTYRO - repotrectinib cap 160 mg	2		•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	•	•	•		•
BALVERSA - erdafitinib tab 3 mg, 4 mg, 5 mg	3	•	•	•		•
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	3	•	•	•		•
bexarotene cap 75 mg (Targretin)	1	•		•		•
bicalutamide tab 50 mg (Casodex)	1					
BOSULIF - bosutinib tab 100 mg, 400 mg, 500 mg	2	•	•	•		•
BRAFTOVI - encorafenib cap 75 mg	2	•	•	•		•
BRUKINSA - zanubrutinib cap 80 mg	2	•	•	•		•
BRUKINSA - zanubrutinib tab 160 mg	2		•			
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	2	•	•	•		•
CALQUENCE - acalabrutinib maleate tab 100 mg	2	•	•	•		•
capecitabine tab 150 mg, 500 mg (Xeloda)	1	•	•	•		•
CAPRELSA - vandetanib tab 100 mg, 300 mg	2	•	•	•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	•	•	•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	•	•	•		•
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	•	•	•		•
COPIKTRA - duvelisib cap 15 mg, 25 mg	2	•	•	•		•
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	2	•	•	•		•
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3					
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1					
dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	1	•	•	•		•
DAURISMO - glasdegib maleate tab 25 mg (base equivalent), 100 mg (base equivalent)	2	•	•	•		•
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	3		•	•		•
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	3		•	•		•
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	3		•	•		•
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	3		•	•		•
ERIVEDGE - vismodegib cap 150 mg	2	•	•	•		•
ERLEADA - apalutamide tab 60 mg, 240 mg	2	•	•	•		•
erlotinib hcl tab 25 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	1	•	•	•		•
ETOPOSIDE - etoposide cap 50 mg	1	•		•		•
ETOPOSIDE - etoposide cap 50 mg	3	•		•		•
everolimus tab for oral susp 2 mg, 3 mg, 5 mg (Afinitor disperz)	1	•	•	•		•
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	1	•	•	•		•
exemestane tab 25 mg (Aromasin)	1	•	•			
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	2	•	•	•		•
GAVRETO - pralsetinib cap 100 mg	2	•	•	•		•
gefitinib tab 250 mg (Iressa)	1	•	•	•		•
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	3					
GOMEKLI - mirdametinib cap 1 mg, 2 mg	3	•	•	•		•
GOMEKLI - mirdametinib tab for oral susp 1 mg	3	•	•	•		•
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	2	•		•		•
hydroxyurea cap 500 mg (Hydrea)	1					
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	2	•	•	•		•
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	2	•	•	•		•
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	2	•	•	•		•
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	2	•	•	•		•
imatinib mesylate tab 100 mg (base equivalent), 400 mg (base equivalent) (Gleevec)	1		•	•		•
IMBRUVICA - ibrutinib cap 70 mg, 140 mg	2	•	•	•		•
IMBRUVICA - ibrutinib oral susp 70 mg/ml	2	•	•	•		•
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	2	•	•	•		•
INLYTA - axitinib tab 1 mg, 5 mg	2	•	•	•		•
INQOVI - decitabine-cedazuridine tab 35-100 mg	3	•	•	•		•
INREBIC - fedratinib hcl cap 100 mg	2	•	•	•		•
ITOVEBI - inavolisib tab 3 mg, 9 mg	2	•	•	•		•
IWILFIN - eflornithine hcl tab 192 mg	3	•	•	•		•
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	2	•	•	•		•
JAYPIRCA - pirtobrutinib tab 50 mg, 100 mg	3	•	•	•		•
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	2	•	•	•		•
KOSELUGO - selumetinib sulfate cap 10 mg, 25 mg	3	•	•	•		•
KRAZATI - adagrasib tab 200 mg	2	•	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	•	•	•		•
LAZCLUZE - lazertinib mesylate tab 80 mg, 240 mg	3	•	•	•		•
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	•	•	•		•
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	•	•	•		•
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	•	•	•		•
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	•	•	•		•
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	•	•	•		•
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	•	•	•		•
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	•	•	•		•
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	•	•	•		•
letrozole tab 2.5 mg (Femara)	1	•	•			
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	1					
LEUKERAN - chlorambucil tab 2 mg	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	•	•	•		•
LONSURF - trifluridine-tipiracil tab 15-6.14 mg, 20-8.19 mg	2	•	•	•		•
LORBRENA - lorlatinib tab 25 mg, 100 mg	2	•	•	•		•
LUMAKRAS - sotorasib tab 120 mg, 320 mg	2	•	•	•		•
LUMAKRAS - sotorasib tab 240 mg	2		•	•		•
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	2		•	•		•
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	2		•	•		•
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	2		•	•		•
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	2		•	•		•
LYNPARZA - olaparib tab 100 mg, 150 mg	2	•	•	•		•
LYSODREN - mitotane tab 500 mg	2	•		•		•
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose), 4 mg (16 mg daily dose), 4 mg (20 mg daily dose)	3	•	•	•		•
MATULANE - procarbazine hcl cap 50 mg	2	•		•		•
megestrol acetate susp 40 mg/ml	1					
megestrol acetate tab 20 mg, 40 mg	1					
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	•	•	•		•
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent), 2 mg (base equivalent)	2	•	•	•		•
MEKTOVI - binimetinib tab 15 mg	2	•	•	•		•
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	1					
mercaptopurine tab 50 mg	1					
mesna tab 400 mg (Mesnex)	1					
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3					
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1					
methotrexate sodium tab 2.5 mg (base equiv)	1					
MYLERAN - busulfan tab 2 mg	2					
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	2	•	•	•		•
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	3	•	•	•		•
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	1	•	•	•		•
nilutamide tab 150 mg (Nilandron)	1					
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	2	•	•	•		•
NUBEQA - darolutamide tab 300 mg	2	•	•	•		•
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	2	•	•	•		•
OGSIVEO - nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg	3	•	•	•		•
ONUREG - azacitidine tab 200 mg, 300 mg	3	•	•	•		•
ORGOVYX - relugolix tab 120 mg	2	•	•	•		•
ORSERDU - elacestrant hydrochloride tab 86 mg, 345 mg	3	•	•	•		•
pazopanib hcl tab 200 mg (base equiv) (Votrient)	1	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	3	•	•	•		•
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	2	•	•	•		•
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	•	•	•		•
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	•	•	•		•
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	2	•	•	•		•
QINLOCK - ripretinib tab 50 mg	2	•	•	•		•
RETEVMO - selpercatinib tab 40 mg, 80 mg, 120 mg, 160 mg	2	•	•	•		•
REVUFORJ - revumenib citrate tab 25 mg, 110 mg, 160 mg	3	•	•	•		•
REZLIDHIA - olutasidenib cap 150 mg	2	•	•	•		•
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	2	•	•	•		•
ROZLYTREK - entrectinib cap 100 mg, 200 mg	2	•	•	•		•
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	2	•	•	•		•
RYDAPT - midostaurin cap 25 mg	2	•	•	•		•
SCEMBLIX - asciminib hcl tab 20 mg, 40 mg, 100 mg	3	•	•	•		•
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3	•				
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	•	•	•		•
STIVARGA - regorafenib tab 40 mg	2	•	•	•		•
sunitinib malate cap 12.5 mg (base equivalent), 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	1	•	•	•		•
TABLOID - thioguanine tab 40 mg	2					
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	2	•	•	•		•
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	2	•	•	•		•
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	•	•	•		•
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	2	•	•	•		•
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.25 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	2	•	•	•		•
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1				•	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	2	•	•	•		•
TAZVERIK - tazemetostat hbr tab 200 mg	2	•	•	•		•
temozolomide cap 5 mg, 20 mg	1	•	•	•		•
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	1	•	•	•		•
TEPMETKO - tepotinib hcl tab 225 mg	2	•	•	•		•
TIBSOVO - ivosidenib tab 250 mg	2	•	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1					
tretinoin cap 10 mg	1	•				
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	3	•	•	•		•
TRUQAP - capivasertib tab 200 mg	3	•	•	•		•
TUKYSA - tucatinib tab 50 mg, 150 mg	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	2	•	•	•		•
VENCLEXTA - venetoclax tab 10 mg, 50 mg, 100 mg	2	•	•	•		•
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	•	•	•		•
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	2	•	•	•		•
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent), 100 mg (base equivalent)	2	•	•	•		•
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	•	•	•		•
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	2	•	•	•		•
VONJO - pacritinib citrate cap 100 mg	3	•	•	•		•
VORANIGO - vorasidenib tab 10 mg, 40 mg	2	•	•	•		•
WELIREG - belzutifan tab 40 mg	2	•	•	•		•
XALKORI - crizotinib cap 200 mg, 250 mg	2	•	•	•		•
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	2	•	•	•		•
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)	2	•	•	•		•
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	•	•	•		•
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	•	•	•		•
XTANDI - enzalutamide cap 40 mg	2	•	•	•		•
XTANDI - enzalutamide tab 40 mg, 80 mg	2	•	•	•		•
YONSA - abiraterone acetate micronized tab 125 mg	3	•	•	•		•
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	2	•	•	•		•
ZELBORAF - vemurafenib tab 240 mg	2	•	•	•		•
ZOLINZA - vorinostat cap 100 mg	2	•	•	•		•
ZYDELIG - idelalisib tab 100 mg, 150 mg	2	•	•	•		•
ZYKADIA - ceritinib tab 150 mg	2	•	•	•		•
ENDOCRINE AND METABOLIC DRUGS						
CORTICOSTEROIDS						
budesonide delayed release particles cap 3 mg	1					
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	1					
dexamethasone elixir 0.5 mg/5ml	1					
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	1					
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1					
fludrocortisone acetate tab 0.1 mg	1					
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1					
MEDROL - methylprednisolone tab 2 mg	3					
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1					
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	1					
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1					
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (Pediapred)	1					
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1					
prednisolone soln 15 mg/5ml	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PREDNISONE - prednisone oral soln 5 mg/5ml	1	•	•			
PREDNISONE INTENSOL - prednisone conc 5 mg/ml	1					
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1					
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1					
ANDROGEN-ANABOLIC						
danazol cap 50 mg, 100 mg, 200 mg	1	•				
METHITEST - methyltestosterone oral tab 10 mg	3	•	•			
TESTOSTERONE - testosterone td gel 20.25 mg/1.25gm (1.62%)	1	•	•			
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone)	1	•	•			
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	•	•			
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	1	•	•			
testosterone td gel 12.5 mg/act (1%), 40.5 mg/2.5gm (1.62%)	1	•	•			
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1	•	•			
testosterone td soln 30 mg/act	1	•	•			
ESTROGENS						
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	•	•			
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	3					
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2		•			
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	3		•			
DELESTROGEN - estradiol valerate im in oil 10 mg/ml	3	•				
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	3					
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	3					
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3		•			
estradiol & norethindrone acetate tab 0.5-0.1 mg	1					
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1					
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	1		•			
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1					
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1		•			
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	1		•			
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1		•			
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	1					
EVAMIST - estradiol transdermal spray 1.53 mg/spray	3		•			
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	3					
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	3		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	3	•	•			
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1					
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2	•	•			
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2					
PREMPHASE - conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	2					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2					
CONTRACEPTIVES						
ANNOVERA - segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	3					
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	A				•	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1				•	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1				•	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1				•	
drospirenone-ethinyl estrad-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	A				•	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1				•	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)	A	•			•	
KYLEENA - levonorgestrel releasing iud 17.5 mcg/day (19.5 mg total)	A				•	•
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	A				•	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	A				•	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	A				•	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	A				•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1				•	
levonorgestrel tab 1.5 mg	A				•	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1				•	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	A				•	
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	A				•	•
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2				•	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	A				•	
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	A				•	
MIRENA - levonorgestrel iud 20 mcg/day (initial) (52 mg total)	A				•	•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3				•	
NEXPLANON - etonogestrel subdermal implant 68 mg	A		•		•	•
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	A				•	
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 0.4 mg-35 mcg	1				•	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1				•	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1				•	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1				•	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1				•	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	1				•	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	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				•	
OPILL - norgestrel tab 0.075 mg	3					
PARAGARD INTRAUTERINE COP - copper iud	A		•		•	•
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	A				•	•
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3				•	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg	1				•	
PROGESTINS						
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1					
norethindrone acetate tab 5 mg (Aygestin)	1					
progesterone cap 100 mg, 200 mg (Prometrium)	1					
progesterone im in oil 50 mg/ml	1					
ANTIDIABETICS						
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	1		•			
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2		•			
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2		•			
diazoxide susp 50 mg/ml (Proglycem)	1					
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2	•	•			
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1		•			
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1		•			
glipizide tab 5 mg, 10 mg	1		•			
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1		•			
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	3					
glucagon for inj 1 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	1	•	•			
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1		•			
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1		•			
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2	•	•			
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		•			
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		•			
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2		•			
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2		•			
JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	2	•	•			
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 100-1000 mg	2	•	•			
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2	•	•			
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2	•	•			
metformin hcl tab er 24hr 500 mg, 750 mg	1		•			
metformin hcl tab 500 mg, 850 mg, 1000 mg	1		•			
METFORMIN HYDROCHLORIDE - metformin hcl tab 625 mg	3	•				
mifepristone tab 300 mg (Korlym)	1	•	•	•		•
MOUNJARO - tirzepatide soln auto-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	2	•	•			
nateglinide tab 60 mg, 120 mg	1		•			
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2	•	•			
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1		•			
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	1		•			
repaglinide tab 0.5 mg, 1 mg, 2 mg	1		•			
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	2	•	•			
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2	•	•			
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2	•	•			
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg	2	•	•			
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2	•	•			
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg, 10-5-1000 mg, 25-5-1000 mg	2	•	•			
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2	•	•			
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000	2	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
mg, 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg						
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2	•	•			
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	3		•			
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	3		•			
Rapid-Acting Insulins						
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		•			
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		•			
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		•			
HUMALOG - insulin lispro inj soln 100 unit/ml	2		•			
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2	•	•			
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2		•			
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2		•			
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	2		•			
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	2		•			
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		•			
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	2		•			
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2		•			
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2		•			
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2		•			
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	2		•			
NOVOLOG - insulin aspart inj soln 100 unit/ml	1		•			
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1		•			
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1		•			
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1		•			
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1		•			
Short-Acting Insulins						
HUMULIN R - insulin regular (human) inj 100 unit/ml	2		•			
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		•			
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		•			
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		•			
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		•			
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2		•			
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2		•			
Intermediate-Acting Insulins						

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2	•	•			
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2	•	•			
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2	•	•			
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		•			
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		•			
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		•			
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		•			
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		•			
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		•			
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		•			
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		•			
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		•			
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2		•			
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		•			
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		•			
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		•			
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		•			
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		•			
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		•			
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		•			
Basal Insulins						
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	2		•			
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	2		•			
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2		•			
SEMGLEE - insulin glargine-yfgn 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						
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)	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ARMOUR THYROID - thyroid tab 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	2					
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1					
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1					
methimazole tab 5 mg, 10 mg	1					
propylthiouracil tab 50 mg	1					
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	3					
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	3	•				
TIROSINT - levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	3	•				
OXYTOCICS						
methylergonovine maleate tab 0.2 mg	1					
ENDOCRINE and METABOLIC AGENTS - MISC.						
ACTHAR - corticotropin inj gel 80 unit/ml	3	•				•
alendronate sodium oral soln 70 mg/75ml	1	•	•			
alendronate sodium tab 10 mg, 35 mg	1		•			
alendronate sodium tab 70 mg (Fosamax)	1		•			
betaine powder for oral solution (Cystadane)	1			•		•
cabergoline tab 0.5 mg	1					
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	1	•				
calcitonin (salmon) nasal soln 200 unit/act	1					
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1					
carglumic acid soluble tab 200 mg (Carbaglu)	1	•		•		•
cetrorelix acetate for inj kit 0.25 mg (Cetrotide)	1	•	•	•		•
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1	•				
clomiphene citrate tab 50 mg	1		•	•		•
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	1					
desmopressin acetate inj 4 mcg/ml (Ddavp)	1					
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1					
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1					
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1					
FOLLISTIM AQ - follitropin beta inj 300 unit/0.36ml, 600 unit/0.72ml, 900 unit/1.08ml	2	•	•	•		•
FORTEO - teriparatide soln pen-inj 560 mcg/2.24ml	2	•	•	•		•
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	2	•	•	•		•
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	1	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	2	•		•		•
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	2	•		•		•
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1		•			
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	3	•		•		•
ISTURISA - osilodrostat phosphate tab 1 mg, 5 mg	3	•	•	•		•
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1					
levocarnitine tab 330 mg (Carnitor)	1					
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	2		•	•		•
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	2		•	•		•
LUPRON DEPOT-PED (6-MONTH - leuprolide acet (6 month) for im inj pediatric kit 45 mg	2			•		•
MENOPUR - menotropins for subcutaneous inj 75 unit	2	•	•	•		•
MIFEPREX - mifepristone tab 200 mg	3	•				
mifepristone tab 200 mg (Mifeprex)	1					
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	3	•	•	•		•
MYCAPSSA - octreotide acetate cap delayed release 20 mg	3	•	•	•		•
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	1	•		•		•
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	2	•		•		•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	3	•	•	•		•
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	•	•	•		•
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	1	•	•	•		•
ORILISSA - elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv)	2	•	•			
OVIDREL - choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml	2	•	•	•		•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	3	•	•	•		•
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	3	•	•	•		•
PREGNYL - chorionic gonadotropin for im inj 10000 unit	2	•	•	•		•
raloxifene hcl tab 60 mg (Evista)	1					
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	3	•		•		•
risedronate sodium tab 5 mg, 30 mg	1		•			
risedronate sodium tab 35 mg, 150 mg (Actonel)	1		•			
SAMSCA - tolvaptan tab 15 mg	3	•	•	•		•
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	1	•	•	•		•
sapropterin dihydrochloride tab 100 mg (Kuvan)	1	•	•	•		•
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	3	•		•		•
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	1	•	•	•		•
sodium phenylbutyrate tab 500 mg (Buphenyl)	1	•	•	•		•
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	2	•	•	•		•
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	2	•	•	•		•
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2					
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	1	•	•	•		•
tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg (Jynarque)	1	•		•		•
tolvaptan tab 15 mg, 30 mg (Jynarque)	1	•	•	•		•
tolvaptan tab 15 mg, 30 mg (Samsca)	1	•	•	•		•
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	•	•	•		•
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	3	•	•	•		•
CARDIOVASCULAR AGENTS						
CARDIOTONICS						
digoxin oral soln 0.05 mg/ml (Digoxin)	1					
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	1	•				
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1					
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg)	3	•				
LANOXIN - digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	3					
ANTIANGINAL AGENTS						
isosorbide dinitrate tab 5 mg (Isordil titradose)	1					
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1					
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1					
NITRO-BID - nitroglycerin oint 2%	3					
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	3					
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	1					
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1					
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1					
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1					
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	1		•			
BETA BLOCKERS						
acebutolol hcl cap 200 mg, 400 mg	1					
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1					
betaxolol hcl tab 10 mg, 20 mg	1					
bisoprolol fumarate tab 5 mg, 10 mg	1					
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
labetalol hcl tab 100 mg, 200 mg, 300 mg	1					
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1					
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1					
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1					
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	1					
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1		•			
pindolol tab 5 mg, 10 mg	1					
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	3	•				
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1					
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1					
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	1	•				
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1					
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1					
sotalol hcl tab 240 mg	1					
CALCIUM CHANNEL BLOCKERS						
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1					
CARDIZEM LA - diltiazem hcl tab er 24hr 120 mg	3	•				
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1					
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1					
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	1					
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1					
diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem la)	1					
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1					
diltiazem hcl tab 90 mg	1					
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1					
nifedipine cap 10 mg, 20 mg	1					
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1					
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1					
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	3	•				
nimodipine cap 30 mg	1					
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1					
verapamil hcl tab 40 mg, 80 mg, 120 mg	1					
ANTIARRHYTHMICS						
amiodarone hcl tab 100 mg	1	•				
amiodarone hcl tab 200 mg, 400 mg	1					
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1					
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
flecainide acetate tab 50 mg, 100 mg, 150 mg	1					
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1					
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	2					
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	3					
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	3					
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1					
propafenone hcl tab 150 mg, 225 mg, 300 mg	1					
quinidine gluconate tab er 324 mg	1					
ANTIHYPERTENSIVES						
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1					
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1					
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	1		•			
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1		•			
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	1		•			
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1					
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1					
benazepril & hydrochlorothiazide tab 5-6.25 mg	1					
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1					
benazepril hcl tab 5 mg	1					
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1					
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1					
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	1		•			
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1		•			
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1					
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1					
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1		•			
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1		•			
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1		•			
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1		•			
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1					
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1					
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1					
eplerenone tab 25 mg, 50 mg (Inspra)	1					
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1					
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
guanfacine hcl tab 1 mg, 2 mg	1					
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1					
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1		•			
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1		•			
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1					
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1					
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1		•			
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1		•			
METHYLDOPA - methyldopa tab 500 mg	3					
methyldopa tab 250 mg	1					
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1					
minoxidil tab 2.5 mg, 10 mg	1					
moexipril hcl tab 7.5 mg, 15 mg	1					
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1		•			
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1		•			
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	1		•			
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	1					
perindopril erbumine tab 4 mg	1					
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1					
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1					
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1					
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	1					
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1					
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1		•			
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)	1		•			
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		•			
trandolapril tab 1 mg, 2 mg, 4 mg	1					
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	1		•			
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1		•			
VECAMYL - mecamylamine hcl tab 2.5 mg	3		•	•		•
DIURETICS						
acetazolamide cap er 12hr 500 mg	1					
acetazolamide tab 125 mg, 250 mg	1					
amiloride hcl tab 5 mg	1					
bumetanide tab 0.5 mg (Bumex)	1					
bumetanide tab 1 mg, 2 mg	1					
chlorthalidone tab 25 mg, 50 mg	1					
dichlorphenamide tab 50 mg (Keveyis)	1	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DIURIL - chlorothiazide susp 250 mg/5ml	3	•				
furosemide oral soln 10 mg/ml	1					
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1					
hydrochlorothiazide cap 12.5 mg	1					
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1					
indapamide tab 1.25 mg, 2.5 mg	1					
methazolamide tab 25 mg, 50 mg	1					
metolazone tab 2.5 mg, 5 mg, 10 mg	1					
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1					
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1					
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1					
triamterene & hydrochlorothiazide cap 37.5-25 mg	1					
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1					
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1					
triamterene cap 50 mg, 100 mg (Dyrenium)	1					
VASOPRESSORS						
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	2		•			
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3		•			
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	•	•			
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1		•			
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1		•			
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1					
ANTIHYPERLIPIDEMICS						
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	1		•			
cholestyramine light powder packets 4 gm	1					
cholestyramine light powder 4 gm/dose (Questran light)	1					
cholestyramine powder packets 4 gm (Questran)	1					
cholestyramine powder 4 gm/ dose (Questran)	1					
colesevelam hcl tab 625 mg (Welchol)	1					
colestipol hcl granule packets 5 gm (Colestid flavored)	1					
colestipol hcl granules 5 gm (Colestid flavored)	1					
colestipol hcl tab 1 gm (Colestid)	1					
ezetimibe tab 10 mg (Zetia)	1					
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1					
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	1		•			
fenofibrate tab 48 mg, 145 mg (Tricor)	1					
fenofibrate tab 54 mg, 160 mg	1		•			
gemfibrozil tab 600 mg (Lopid)	1					
icosapent ethyl cap 0.5 gm, 1 gm (Vascepa)	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	2	•	•	•		•
lovastatin tab 10 mg	1		•			
lovastatin tab 20 mg, 40 mg	1		•		•	
NEXLETOL - bempedoic acid tab 180 mg	3	•	•			
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	•	•			
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	1					
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1		•			
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1		•		•	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	•	•			
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2	•	•			
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	1		•			
simvastatin tab 5 mg	1					
simvastatin tab 10 mg, 40 mg (Zocor)	1					
simvastatin tab 20 mg (Zocor)	1		•			
simvastatin tab 80 mg	1		•			
CARDIOVASCULAR AGENTS - MISC.						
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	3	•	•	•		•
ambrisentan tab 5 mg, 10 mg (Letairis)	1	•	•	•		•
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3	•				
bosentan tab for oral susp 32 mg (Tracleer)	1	•	•			
bosentan tab 62.5 mg, 125 mg (Tracleer)	1	•	•	•		•
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	3		•			•
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1					
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	1	•	•			
OPSUMIT - macitentan tab 10 mg	2	•	•	•		•
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)	3	•	•	•		•
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&	3	•	•	•		•
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg (Entresto)	1		•			
sildenafil citrate tab 20 mg (Revatio)	1	•	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	1	•	•	•		•
tadalafil tab 5 mg (Cialis)	1	•	•			
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	3	•	•	•		•
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	3	•	•	•		•
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	•	•			
VYNDAMAX - tafamidis cap 61 mg	3	•	•	•		•
RESPIRATORY AGENTS						
ANTIHISTAMINES						
carbinoxamine maleate tab 4 mg	1					
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	3					
cyproheptadine hcl syrup 2 mg/5ml	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
cyproheptadine hcl tab 4 mg	1					
promethazine hcl oral soln 6.25 mg/5ml	1					
promethazine hcl suppos 12.5 mg, 25 mg	1					
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1					
PROMETHEGAN - promethazine hcl suppos 50 mg	1					
NASAL AGENTS - SYSTEMIC and TOPICAL						
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1		•			
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	1		•			
COUGH/COLD/ALLERGY						
acetylcysteine inhal soln 10%, 20%	1					
benzonatate cap 100 mg, 200 mg	1					
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1					
promethazine w/ codeine syrup 6.25-10 mg/5ml	1					
promethazine-dm syrup 6.25-15 mg/5ml	1					
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1					
sodium chloride soln nebu 3%	1					
sodium chloride soln nebu 7% (Hypersal)	1					
ANTIASTHMATIC and BRONCHODILATOR AGENTS						
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2		•			
ALBUTEROL SULFATE HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1		•			
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1		•			
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)	1					
albuterol sulfate syrup 2 mg/5ml	1					
albuterol sulfate tab 2 mg, 4 mg	1					
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2		•			
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1		•			
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2		•			
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2		•			
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		•			
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2		•			
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		•			
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2		•			
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2		•			
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2	•	•			
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	1		•			
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2		•			
cromolyn sodium soln nebu 20 mg/2ml	1		•			
DALIRESP - roflumilast tab 250 mcg, 500 mcg	3	•	•			
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2		•			
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	2	•	•	•		•
FLUTICASONE FUROATE ELLIP - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2		•			
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	1	•	•			
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	1		•			
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1		•			
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2		•			
ipratropium bromide inhal soln 0.02%	1		•			
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1					
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1					
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	1					
LEVALBUTEROL TARTRATE HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	3		•			
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1		•			
montelukast sodium tab 10 mg (base equiv) (Singulair)	1		•			
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	•	•	•		•
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml, 100 mg/ml	2	•	•	•		•
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act, 80 mcg/act	2		•			
roflumilast tab 250 mcg, 500 mcg (Daliresp)	1		•			
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2		•			
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2		•			
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2		•			
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	3		•			
terbutaline sulfate tab 2.5 mg, 5 mg	1					
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	2	•	•	•		•
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
theophylline elixir 80 mg/15ml	1					
theophylline soln 80 mg/15ml	1					
theophylline tab er 12hr 300 mg, 450 mg	1					
theophylline tab er 24hr 400 mg, 600 mg	1					
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	1		•			
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2		•			
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1		•			
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	•		•		•
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	•		•		•
zafirlukast tab 10 mg, 20 mg (Accolate)	1		•			
RESPIRATORY AGENTS - MISC.						
ESBRIET - pirfenidone cap 267 mg	3	•	•	•		•
ESBRIET - pirfenidone tab 267 mg, 801 mg	3	•	•	•		•
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	2	•	•	•		•
KALYDECO - ivacaftor tab 150 mg	2	•	•	•		•
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	3	•	•	•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	2	•	•	•		•
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	2	•	•	•		•
PIRFENIDONE - pirfenidone tab 534 mg	3	•	•	•		•
pirfenidone cap 267 mg (Esbriet)	1	•	•	•		•
pirfenidone tab 267 mg, 801 mg (Esbriet)	1	•	•	•		•
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2		•	•		•
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	•	•	•		•
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	•	•	•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	•	•	•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	•	•	•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	•	•	•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	2	•	•	•		•
GASTROINTESTINAL AGENTS						
LAXATIVES						
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1					
lactulose solution 10 gm/15ml	1					
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				•	
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	3					
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1					
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ANTIDIARRHEALS						
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1					
ULCER DRUGS						
dexlansoprazole cap delayed release 60 mg (Dexilant)	1		•			
dicyclomine hcl cap 10 mg	1					
dicyclomine hcl oral soln 10 mg/5ml	1					
dicyclomine hcl tab 20 mg	1					
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	1		•			
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)	1		•			
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	1		•			
famotidine tab 40 mg (Pepcid)	1					
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1	•				
glycopyrrolate tab 1 mg (Robinul)	1					
glycopyrrolate tab 2 mg (Robinul forte)	1					
lansoprazole cap delayed release 30 mg (Prevacid)	1		•			
methscopolamine bromide tab 2.5 mg, 5 mg	1					
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1					
omeprazole cap delayed release 10 mg, 40 mg	1		•			
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1		•			
rabeprazole sodium ec tab 20 mg (Aciphex)	1		•			
sucralfate tab 1 gm (Carafate)	1					
ANTIEMETICS						
ANZEMET - dolasetron mesylate tab 50 mg	3		•			
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1		•			
aprepitant capsule 40 mg, 125 mg	1		•			
aprepitant capsule 80 mg (Emend)	1		•			
dronabinol cap 2.5 mg (Marinol)	1					
dronabinol cap 5 mg, 10 mg	1					
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	2		•			
granisetron hcl tab 1 mg	1		•			
meclizine hcl tab 25 mg	1					
ondansetron hcl oral soln 4 mg/5ml	1		•			
ondansetron hcl tab 4 mg, 8 mg	1		•			
ondansetron orally disintegrating tab 4 mg, 8 mg	1		•			
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1		•			
trimethobenzamide hcl cap 300 mg	1					
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	3		•			•
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	2	•				
SUCRAID - sacrosidase soln 8500 unit/ml	3	•	•	•		•
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	2	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GASTROINTESTINAL AGENTS- MISC.						
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	3	•	•			
balsalazide disodium cap 750 mg (Colazal)	1		•			
BYLVAY - odevixibat cap 400 mcg, 1200 mcg	3	•		•		•
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg, 600 mcg	3	•		•		•
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1					
calcium acetate (phosphate binder) tab 667 mg	1					
CHENODAL - chenodiol tab 250 mg	1	•		•		•
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	3	•	•	•		•
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	3	•	•	•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1					
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	3	•	•	•		•
FERRIC CITRATE - ferric citrate tab 1 gm (210 mg ferric iron)	2	•	•			
lactulose (encephalopathy) solution 10 gm/15ml	1					
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1	•	•			
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	3	•		•		•
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg	3	•		•		•
LIVMARLI - maralixibat chloride tab 30 mg	3			•		•
lubiprostone cap 8 mcg, 24 mcg (Amitiza)	1	•	•			
mesalamine cap dr 400 mg (Delzicol)	1		•			
mesalamine cap er 24hr 0.375 gm (Apriso)	1		•			
mesalamine enema 4 gm	1		•			
mesalamine suppos 1000 mg (Canasa)	1		•			
mesalamine tab delayed release 800 mg	1		•			
mesalamine tab delayed release 1.2 gm (Lialda)	1		•			
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1					
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1					
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq)	3					
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2	•	•			
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1		•			
sevelamer carbonate tab 800 mg (Renvela)	1		•			
sevelamer hcl tab 400 mg	1		•			
sevelamer hcl tab 800 mg (Renagel)	1		•			
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	•	•	•		•
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1		•			
sulfasalazine tab 500 mg (Azulfidine)	1		•			
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2	•	•			
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	2	•	•	•		•
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	2	•	•	•		•
TRULANCE - plecanatide tab 3 mg	2	•	•			
ursodiol cap 300 mg	1					
ursodiol tab 250 mg (Urso 250)	1					
ursodiol tab 500 mg (Urso forte)	1					
VIBERZI - eluxadoline tab 75 mg, 100 mg	3	•	•			
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	3	•	•	•		•
GENITOURINARY AGENTS						
URINARY ANTISPASMODICS						
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1					
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	1		•			
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	1		•			
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	•	•			
oxybutynin chloride solution 5 mg/5ml	1		•			
oxybutynin chloride tab er 24hr 5 mg, 10 mg (Ditropan xl)	1		•			
oxybutynin chloride tab er 24hr 15 mg	1		•			
oxybutynin chloride tab 5 mg	1		•			
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1		•			
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1		•			
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1		•			
trospium chloride cap er 24hr 60 mg	1		•			
trospium chloride tab 20 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
VAGINAL PRODUCTS						
clindamycin phosphate vaginal cream 2% (Cleocin)	1					
ENCARE - nonoxynol-9 vaginal suppos 100 mg	A				•	
ENDOMETRIN - progesterone vaginal insert 100 mg	2	•	•			
estradiol vaginal cream 0.1 mg/gm (Estrace)	1		•			
estradiol vaginal tab 10 mcg (Vagifem)	1					
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		•			
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3					
metronidazole vaginal gel 0.75%	1					
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	A				•	
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	A		•		•	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2					
terconazole vaginal cream 0.4%, 0.8%	1					
terconazole vaginal suppos 80 mg	1					
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	A				•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	A				•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	A				•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	A				•	
GENITOURINARY AGENTS - MISC.						
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1		•			
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	3			•		•
dutasteride cap 0.5 mg (Avodart)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1		•			
ELMIRON - pentosan polysulfate sodium caps 100 mg	2	•	•			
FILSPARI - sparsentan tab 200 mg, 400 mg	3	•	•	•		•
finasteride tab 5 mg (Proscar)	1		•			
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	3					
LITHOSTAT - acetohydroxamic acid tab 250 mg	3					
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1					
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1					
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1					
sodium citrate & citric acid soln 500-334 mg/5ml	1					
tamsulosin hcl cap 0.4 mg (Flomax)	1		•			
tiopronin tab delayed release 100 mg, 300 mg (Thiola ec)	1			•		•
tiopronin tab 100 mg (Thiola)	1			•		•
CENTRAL NERVOUS SYSTEM DRUGS						
ANTIANXIETY AGENTS						
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	1					
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1					
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1					
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	1					
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1					
clorazepate dipotassium tab 3.75 mg, 15 mg	1					
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1					
diazepam conc 5 mg/ml	1					
diazepam oral soln 1 mg/ml	1					
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1					
hydroxyzine hcl syrup 10 mg/5ml	1					
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1					
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	1					
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1					
lorazepam conc 2 mg/ml	1					
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1					
oxazepam cap 10 mg, 15 mg, 30 mg	1					
ANTIDEPRESSANTS						
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1					
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1					
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1					
bupropion hcl tab 75 mg, 100 mg	1					
citalopram hydrobromide oral soln 10 mg/5ml	1					
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1					
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1					
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1					
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1					
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1					
doxepin hcl conc 10 mg/ml	1					
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1		•			
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	3					
escitalopram oxalate soln 5 mg/5ml (base equiv)	1					
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1					
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	3	•	•			
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3	•	•			
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	1	•	•			
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1					
fluoxetine hcl solution 20 mg/5ml	1					
fluoxetine hcl tab 10 mg, 20 mg	1					
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	1	•				
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl tab 60 mg	3	•				
fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	1					
imipramine hcl tab 10 mg, 25 mg, 50 mg	1					
MARPLAN - isocarboxazid tab 10 mg	3					
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	1					
mirtazapine tab 7.5 mg, 45 mg	1					
mirtazapine tab 15 mg, 30 mg (Remeron)	1					
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1					
nortriptyline hcl soln 10 mg/5ml	1					
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1					
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	1					
protriptyline hcl tab 5 mg, 10 mg	1					
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1					
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1					
tranylcypromine sulfate tab 10 mg (Parnate)	1					
trazodone hcl tab 50 mg, 100 mg, 150 mg	1					
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1					
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	3	•	•			
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1		•			
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1		•			
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1		•			
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1					
ANTIPSYCHOTICS						
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	3	•	•			
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	3	•	•			
aripiprazole oral solution 1 mg/ml	1		•			
aripiprazole orally disintegrating tab 10 mg, 15 mg	1		•			
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1		•			
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	3	•	•			
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	3	•	•			
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1		•			
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1					
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	1	•	•			
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	1		•			
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	1		•			
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	3					
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3	•	•			
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3	•	•			
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	3	•	•			
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	3	•	•			
fluphenazine decanoate inj 25 mg/ml	1					
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3					
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1					
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	3					
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	3					
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	1					
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	1					
haloperidol lactate inj 5 mg/ml	1					
haloperidol lactate oral conc 2 mg/ml	1					
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1					
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	3	•	•			
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	3	•	•			
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	3	•	•			
LITHIUM CARBONATE - lithium carbonate cap 300 mg	3					
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
lithium carbonate tab er 300 mg (Lithobid)	1					
lithium carbonate tab er 450 mg	1					
lithium carbonate tab 300 mg	1					
lithium oral solution 8 meq/5ml	1					
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1					
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg (Latuda)	1		•			
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	3					
olanzapine for im inj 10 mg (Zyprexa)	1		•			
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	1		•			
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1		•			
paliperidone tab er 24hr 1.5 mg, 3 mg, 6 mg, 9 mg (Invega)	1		•			
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1					
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	3	•	•			
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1					
prochlorperazine suppos 25 mg	1					
quetiapine fumarate tab er 24hr 50 mg, 150 mg, 200 mg, 300 mg, 400 mg (Seroquel xr)	1		•			
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg (Seroquel)	1		•			
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	3	•	•			
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	•	•			
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)	1	•	•			
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	1	•	•			
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1		•			
risperidone soln 1 mg/ml (Risperdal)	1		•			
risperidone tab 0.25 mg	1		•			
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1		•			
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	3	•	•			
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1					
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1					
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml, 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	3	•	•			
VERSACLOZ - clozapine susp 50 mg/ml	3	•	•			
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3	•	•			
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1		•			
ZYPREXA - olanzapine for im inj 10 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq), 300 mg (base eq), 405 mg (base eq)	3	•	•			
HYPNOTICS						
estazolam tab 1 mg, 2 mg	1					
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1		•			
HETLIOZ - tasimelteon capsule 20 mg	3	•	•	•		•
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	3	•	•	•		•
phenobarbital elixir 20 mg/5ml	1					
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1					
tasimelteon capsule 20 mg (Hetlioz)	1	•	•	•		•
temazepam cap 15 mg, 30 mg (Restoril)	1					
zaleplon cap 5 mg, 10 mg	1		•			
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1		•			
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1		•			
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS Anti-Obesity/Anorexiants - coverage of drugs in this class is based on your benefit						
ADIPEX-P - phentermine hcl tab 37.5 mg	3	•	•			
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	1		•			
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg (Adderall)	1		•			
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1		•			
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1		•			
benzphetamine hcl tab 50 mg	1	•	•			
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1					
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1		•			
CONTRAVE - naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg	3	•	•			
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1		•			
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1		•			
dextroamphetamine sulfate cap er 24hr 5 mg	1		•			
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1		•			
dextroamphetamine sulfate oral solution 5 mg/5ml	1		•			
dextroamphetamine sulfate tab 5 mg, 10 mg	1		•			
DIETHYLPROPION HCL ER - diethylpropion hcl tab er 24hr 75 mg	1	•	•			
diethylpropion hcl tab 25 mg	1	•	•			
DIETHYLPROPION HYDROCHLOR - diethylpropion hcl tab er 24hr 75 mg	1	•	•			
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1		•			
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) (Saxenda)	1					
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1		•			
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1		•			
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1		•			
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1		•			
methylphenidate hcl chew tab 2.5 mg, 5 mg, 10 mg	1		•			
methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml (Methylin)	1		•			
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg (Concerta)	1		•			
methylphenidate hcl tab er 10 mg, 20 mg	1		•			
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1		•			
modafinil tab 100 mg, 200 mg (Provigil)	1		•			
ORLISTAT - orlistat cap 120 mg	3	•	•			
PHENDIMETRAZINE TARTRATE - phendimetrazine tartrate cap er 24hr 105 mg	3	•	•			
phendimetrazine tartrate tab 35 mg	1	•	•			
phentermine hcl cap 15 mg, 30 mg, 37.5 mg	1	•	•			
phentermine hcl tab 8 mg	3					
phentermine hcl tab 37.5 mg (Adipex-p)	1	•	•			
phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg (Qsymia)	1	•	•			
SAXENDA - liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	3	•	•			
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	3	•	•			
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	•	•			
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml, 1.7 mg/0.75ml, 2.4 mg/0.75ml	3	•	•			
XENICAL - orlistat cap 120 mg	3	•	•			
ZEPBOUND - tirzepatide (weight mngmt) soln auto-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	3	•	•			
ZEPBOUND - tirzepatide (weight mngmt) soln 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	3	•	•			
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.						
acamprosate calcium tab delayed release 333 mg	1					
AUSTEDO - deutetrabenazine tab 6 mg, 9 mg, 12 mg	3	•	•	•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 18 mg, 24 mg, 30 mg, 36 mg, 42 mg, 48 mg	3	•	•	•		•
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	•	•	•		•
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	•	•	•		•
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	•	•	•		•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	A				•	
dalfampridine tab er 12hr 10 mg (Ampyra)	1	•	•	•		•
dimethyl fumarate capsule delayed release 120 mg, 240 mg (Tecfidera)	1		•	•		•
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1		•	•		•
disulfiram tab 250 mg, 500 mg	1					
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1		•			
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1		•			
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1		•	•		•
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl (pmdd) tab 10 mg, 20 mg	3					
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	1		•			
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1		•			
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	3	•	•	•		•
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	1		•	•		•
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	•	•	•		•
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	3	•	•	•		•
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	3	•	•	•		•
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	2	•	•	•		•
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	1		•			
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	3		•			
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs)	2	•	•	•		•
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv), 1 mg (base equiv), 2 mg (base equiv)	3	•	•	•		•
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	3	•	•	•		•
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	3	•	•	•		•
memantine hcl tab 5 mg, 10 mg (Namenda)	1		•			
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1		•			
nicotine polacrilex gum 2 mg, 4 mg	A				•	
nicotine polacrilex lozenge 2 mg, 4 mg	A				•	
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	A				•	
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	A				•	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	A				•	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	A				•	

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1					
PIMOZIDE - pimozide tab 1 mg, 2 mg	1					
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	2	•	•	•		•
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	•	•	•		•
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	•	•	•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	2	•	•	•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	•	•	•		•
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	2	•	•	•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	2	•	•	•		•
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•	•	•		•
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•	•	•		•
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1		•			
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1		•			
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	3	•	•			
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3	•	•			
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	3	•	•	•		•
teriflunomide tab 7 mg, 14 mg (Aubagio)	1		•	•		•
tetrabenazine tab 12.5 mg, 25 mg (Xenazine)	1	•	•	•		•
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	A				•	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	A				•	
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	3	•	•	•		•
ZEPOSIA - ozanimod hcl cap 0.92 mg	2	•	•	•		•
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	2	•	•	•		•
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	•	•	•		•
ANALGESICS AND ANESTHETICS						
ANALGESICS - NON-NARCOTIC						
aspirin chew tab 81 mg	A				•	
aspirin tab delayed release 81 mg	A				•	
butalbital-acetaminophen tab 50-325 mg	1		•			
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1		•			
butalbital-aspirin-caffeine cap 50-325-40 mg	1		•			
diflunisal tab 500 mg	1		•			
ANALGESICS - NARCOTIC						
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1		•			
acetaminophen w/ codeine tab 300-30 mg, 300-60 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
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)	3	•	•			
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1		•			
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1		•			
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	1		•			
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	1	•	•			
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		•			
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1		•			
butorphanol tartrate nasal soln 10 mg/ml	1		•			
CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg	1		•			
codeine sulfate tab 30 mg (Codeine sulfate)	1		•			
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	•	•			
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	2		•			
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1		•			
hydrocodone-acetaminophen tab 10-325 mg, 5-300 mg, 7.5-300 mg, 5-325 mg, 7.5-325 mg, 10-300 mg	1		•			
hydrocodone-ibuprofen tab 7.5-200 mg	1		•			
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	3		•			
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 10-200 mg	1		•			
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		•			
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1		•			
methadone hcl conc 10 mg/ml (Methadose)	1		•			
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl)	1		•			
methadone hcl tab for oral susp 40 mg	1		•			
methadone hcl tab 5 mg, 10 mg	1		•			
METHADOSE - methadone hcl conc 10 mg/ml	3		•			
METHADOSE SUGAR-FREE - methadone hcl conc 10 mg/ml	3		•			
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	1	•	•			
morphine sulfate oral soln 10 mg/5ml, 100 mg/5ml (20 mg/ml)	1		•			
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	1		•			
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)	1	•	•			
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	1		•			
NUCYNTA - tapentadol hcl tab 50 mg, 75 mg, 100 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3	•	•			
oxycodone hcl cap 5 mg	1		•			
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		•			
oxycodone hcl soln 5 mg/5ml	1		•			
oxycodone hcl tab 5 mg, 15 mg, 30 mg (Roxicodone)	1		•			
oxycodone hcl tab 10 mg, 20 mg	1		•			
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	1		•			
oxymorphone hcl tab 5 mg, 10 mg	1		•			
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)	3		•			
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1	•	•			
tramadol hcl tab 50 mg (Ultram)	1		•			
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		•			
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2	•	•			
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 1.4-0.36 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 8.6-2.1 mg (base eq), 11.4-2.9 mg (base eq)	3		•			
ANALGESICS - ANTI-INFLAMMATORY						
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	2	•	•	•		•
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	2	•	•	•		•
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	2	•	•	•		•
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	2	•	•	•		•
ARCALYST - rilonacept for inj 220 mg	2	•	•	•		•
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1		•			
diclofenac potassium tab 50 mg	1					
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1					
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1					
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1					
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	2	•	•	•		•
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	2	•	•	•		•
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	2	•	•	•		•
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	2	•	•	•		•
etodolac cap 200 mg, 300 mg	1					
etodolac tab er 24hr 400 mg, 500 mg	1					
etodolac tab er 24hr 600 mg	1	•				
etodolac tab 400 mg (Lodine)	1					
etodolac tab 500 mg	1					
FLURBIPROFEN - flurbiprofen tab 50 mg	3	•				
FLURBIPROFEN - flurbiprofen tab 100 mg	1	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	2	•	•	•		•
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	2	•	•	•		•
ibuprofen tab 400 mg, 600 mg, 800 mg	1					
indomethacin cap er 75 mg	1					
indomethacin cap 25 mg, 50 mg	1					
ketorolac tromethamine tab 10 mg	1		•			
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	3	•	•	•		•
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	3	•	•	•		•
leflunomide tab 10 mg, 20 mg (Arava)	1					
meloxicam tab 7.5 mg, 15 mg	1		•			
nabumetone tab 500 mg, 750 mg	1					
naproxen sodium tab er 24hr 750 mg (base equiv) (Naprelan)	1	•				
naproxen sodium tab 275 mg	1					
naproxen sodium tab 550 mg (Anaprox ds)	1					
naproxen tab 250 mg, 375 mg	1					
naproxen tab 500 mg (Naprosyn)	1					
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	3	•	•	•		•
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	3	•	•	•		•
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	2	•	•	•		•
OTEZLA - apremilast tab 20 mg, 30 mg	2	•	•	•		•
oxaprozin tab 600 mg (Daypro)	1					
piroxicam cap 10 mg, 20 mg (Feldene)	1					
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	2	•	•	•		•
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	2	•	•	•		•
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	2	•	•	•		•
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	•	•	•		•
sulindac tab 150 mg, 200 mg	1					
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	2	•	•	•		•
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	•	•	•		•
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	•	•	•		•
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent)	2	•	•	•		•
MIGRAINE PRODUCTS						
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2	•	•			
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2	•	•			
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2	•	•			
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1	•	•			
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	1	•	•			
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml, 120 mg/ml	2	•	•			
ERGOMAR - ergotamine tartrate sl tab 2 mg	2	•	•			
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	1		•			
NURTEC - rimegepant sulfate tab disint 75 mg	2	•	•			
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2	•	•			
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	3	•	•			
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1		•			
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1		•			
rizatriptan benzoate tab 5 mg (base equivalent)	1		•			
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1		•			
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	1		•			
sumatriptan succinate inj 6 mg/0.5ml	1		•			
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	1		•			
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	1		•			
UBRELVY - ubrogepant tab 50 mg, 100 mg	2	•	•			
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	1	•	•			
GOUT AGENTS						
allopurinol tab 100 mg, 300 mg (Zyloprim)	1					
colchicine tab 0.6 mg (Colcrys)	1		•			
colchicine w/ probenecid tab 0.5-500 mg	1					
probenecid tab 500 mg	1					
NEUROMUSCULAR DRUGS						
ANTICONVULSANTS						
BRIVIACT - brivaracetam oral soln 10 mg/ml	3	•	•			
BRIVIACT - brivaracetam tab 10 mg	3					
BRIVIACT - brivaracetam tab 25 mg, 50 mg, 75 mg, 100 mg	3		•			
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1					
carbamazepine chew tab 100 mg	1					
carbamazepine susp 100 mg/5ml (Tegretol)	1					
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1					
carbamazepine tab 200 mg (Tegretol)	1					
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	3	•				
CELONTIN - methsuximide cap 300 mg	3	•				
clobazam suspension 2.5 mg/ml (Onfi)	1					
clobazam tab 10 mg, 20 mg (Onfi)	1					
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1					
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1					
DIACOMIT - stiripentol cap 250 mg, 500 mg	2			•		•
DIACOMIT - stiripentol packet 250 mg	2			•		•
DIACOMIT - stiripentol packet 500 mg	2		•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	3					
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1					
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	3					
DILANTIN INFATABS - phenytoin chew tab 50 mg	3					
DILANTIN-125 - phenytoin susp 125 mg/5ml	3					
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1					
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1					
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1					
EPIDIOLEX - cannabidiol soln 100 mg/ml	3	•	•	•		•
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)	1	•	•			
ethosuximide cap 250 mg (Zarontin)	1					
ethosuximide soln 250 mg/5ml (Zarontin)	1					
felbamate susp 600 mg/5ml (Felbatol)	1					
felbamate tab 400 mg, 600 mg (Felbatol)	1					
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	3	•	•	•		•
FYCOMPA - perampanel susp 0.5 mg/ml	3	•	•			
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1		•			
gabapentin oral soln 250 mg/5ml (Neurontin)	1		•			
gabapentin tab 600 mg, 800 mg (Neurontin)	1		•			
lacosamide oral solution 10 mg/ml (Vimpat)	1	•	•			
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1		•			
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1					
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1					
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1					
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1					
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1					
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1					
levetiracetam oral soln 100 mg/ml (Keppra)	1					
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1					
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1					
methsuximide cap 300 mg (Celontin)	1					
MYSOLINE - primidone tab 50 mg, 250 mg	3	•				
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	2	•	•			
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1					
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1					
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	1		•			
phenytoin chew tab 50 mg (Dilantin infatabs)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
phenytoin sodium extended cap 100 mg (Dilantin)	1					
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	1					
phenytoin susp 125 mg/5ml (Dilantin-125)	1					
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	1		•			
primidone tab 50 mg, 250 mg (Mysoline)	1					
rufinamide susp 40 mg/ml (Banzel)	1	•	•			
rufinamide tab 200 mg, 400 mg (Banzel)	1		•			
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg	3	•	•			
TEGRETOL - carbamazepine susp 100 mg/5ml	3					
TEGRETOL - carbamazepine tab 200 mg	3					
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	3					
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	1					
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (Qudexy xr)	1	•	•			
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1					
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1					
valproate sodium oral soln 250 mg/5ml (base equiv)	1					
valproic acid cap 250 mg	1					
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	2	•	•			
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	2	•	•			
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	2	•	•			
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	2	•	•			
vigabatrin powd pack 500 mg (Sabril)	1		•	•		•
vigabatrin tab 500 mg (Sabril)	1		•	•		•
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3	•	•			
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3		•			
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	3		•			
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	3		•			
ZARONTIN - ethosuximide cap 250 mg	3					
ZARONTIN - ethosuximide soln 250 mg/5ml	3					
zonisamide cap 25 mg, 100 mg (Zonegran)	1					
zonisamide cap 50 mg	1					
ANTIPARKINSON AGENTS						
amantadine hcl cap 100 mg	1					
amantadine hcl soln 50 mg/5ml	1					
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1	•	•	•		•
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1					
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1					
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1					
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
carbidopa & levodopa tab 10-100 mg (Sinemet)	1					
carbidopa & levodopa tab 25-100 mg (Sinemet)	1		•			
carbidopa & levodopa tab 25-250 mg	1					
carbidopa tab 25 mg (Lodosyn)	1					
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1					
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1					
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1					
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1					
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1					
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	3					
entacapone tab 200 mg (Comtan)	1					
INBRIJA - levodopa inhal powder cap 42 mg	3	•	•	•		•
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	2					
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1					
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1					
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1					
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	3	•				
selegiline hcl cap 5 mg	1					
selegiline hcl tab 5 mg	1					
tolcapone tab 100 mg (Tasmar)	1					
trihexyphenidyl hcl tab 2 mg, 5 mg	1					
NEUROMUSCULAR AGENTS						
EVRYSDI - risdiplam for soln 0.75 mg/ml	3	•	•	•		•
EVRYSDI - risdiplam tab 5 mg	3		•	•		•
riluzole tab 50 mg (Rilutek)	1			•		•
MUSCULOSKELETAL THERAPY AGENTS						
baclofen tab 10 mg, 20 mg	1					
chlorzoxazone tab 500 mg	1		•			
cyclobenzaprine hcl tab 5 mg, 10 mg	1		•			
dantrolene sodium cap 25 mg (Dantrium)	1					
dantrolene sodium cap 50 mg, 100 mg	1					
methocarbamol tab 500 mg, 750 mg	1					
orphenadrine citrate tab er 12hr 100 mg	1					
tizanidine hcl tab 2 mg (base equivalent)	1					
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1					
ANTIMYASTHENIC AGENTS						
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	3	•	•	•		•
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1					
pyridostigmine bromide tab 60 mg (Mestinon)	1					
NUTRITIONAL PRODUCTS						
VITAMINS						
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1					
phytonadione tab 5 mg (Mephyton)	1					
MULTIVITAMINS						
pediatric multiple vitamin chew tab	1					
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	1					
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	3					
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3					
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3					
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	1					
MINERALS and ELECTROLYTES						
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3				•	
K-PHOS - potassium phosphate monobasic tab 500 mg	3	•				
KLOR-CON 10 - potassium chloride tab er 10 meq	1	•				
KLOR-CON 8 - potassium chloride tab er 8 meq (600 mg)	1					
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1					
potassium chloride cap er 8 meq, 10 meq	1					
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1					
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1					
potassium chloride powder packet 20 meq	1					
potassium chloride tab er 8 meq (600 mg)	1					
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1					
potassium phosphate monobasic tab 500 mg (K-phos)	1					
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1				•	
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	3				•	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1				•	
HEMATOLOGICAL AGENTS						
HEMATOPOIETIC AGENTS						
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	2	•	•	•		•
carbonyl iron susp 15 mg/1.25ml (elemental iron)	A				•	
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	2	•	•	•		•
cyanocobalamin inj 1000 mcg/ml	1					
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	2			•		•
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	1	•	•	•		•
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv) (Promacta)	1	•	•	•		•
ENDARI - glutamine (sickle cell) powd pack 5 gm	3	•	•	•		•
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	2	•	•	•		•
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe)	A				•	
folic acid cap 0.8 mg	A				•	
folic acid tab 400 mcg, 800 mcg	A				•	
folic acid tab 1 mg	1					
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	3	•	•	•		•
glutamine (sickle cell) powd pack 5 gm (Endari)	1	•	•	•		•
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	•	•	•		•
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	2	•	•	•		•
LEUKINE - sargramostim lyophilized for inj 250 mcg	3	•	•	•		•
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	3	•	•	•		•
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	3	•	•	•		•
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	•	•	•		•
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	•	•	•		•
SIKLOS - hydroxyurea tab 100 mg, 1000 mg	3			•		•
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	3	•	•	•		•
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	3	•	•	•		•
XROMI - hydroxyurea oral soln 100 mg/ml	3	•		•		•
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	•	•	•		•
ANTICOAGULANTS						
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 110 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1		•			
ELIQUIS - apixaban tab 2.5 mg, 5 mg	2		•			
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2		•			
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	1		•			
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1		•			
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	1		•			
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000	3		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml						
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	3		•			
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3					
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	1					
heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml	1					
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 110 mg (etexilate base eq), 150 mg (etexilate base eq)	3	•	•			
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, 150 mg	3	•	•			
rivaroxaban for susp 1 mg/ml (Xarelto)	1		•			
rivaroxaban tab 2.5 mg (Xarelto)	1		•			
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1					
XARELTO - rivaroxaban for susp 1 mg/ml	2		•			
XARELTO - rivaroxaban tab 2.5 mg, 10 mg, 15 mg, 20 mg	2		•			
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2		•			
HEMOSTATICS						
tranexamic acid tab 650 mg (Lysteda)	1					
HEMATOLOGICAL AGENTS - MISC.						
anagrelide hcl cap 0.5 mg (Agrylin)	1		•			
anagrelide hcl cap 1 mg	1		•			
aspirin-dipyridamole cap er 12hr 25-200 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	3	•	•			•
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	3	•	•	•		•
cilostazol tab 50 mg, 100 mg	1		•			
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1		•			
clopidogrel bisulfate tab 300 mg (base equiv)	1		•			
dipyridamole tab 25 mg, 50 mg, 75 mg	1		•			
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	3	•	•	•		•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	2	•	•	•		•
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	•	•	•		•
pentoxifylline tab er 400 mg	1					
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1		•			
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	2	•	•	•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	2	•	•	•		•
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	3	•	•			•
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	•	•	•		•
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	2	•	•	•		•
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	3	•	•	•		•
ticagrelor tab 60 mg, 90 mg (Brilinta)	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3		•			
TOPICAL PRODUCTS						
OPHTHALMIC AGENTS						
ALREX - loteprednol etabonate ophth susp 0.2%	3	•				
ATROPINE SULFATE - atropine sulfate ophth soln 1%	3					
atropine sulfate ophth soln 1% (Atropine sulfate)	1					
azelastine hcl ophth soln 0.05%	1		•			
BACITRACIN - bacitracin ophth oint 500 unit/gm	3					
bacitracin-polymyxin b ophth oint	1					
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1					
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	1					
brimonidine tartrate ophth soln 0.2%	1					
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1					
CARTEOLOL HCL - carteolol hcl ophth soln 1%	1					
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1					
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	1					
cyclosporine (ophth) emulsion 0.05% (Restasis multidose)	1		•			
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	3	•	•	•		•
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	3	•	•	•		•
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	1					
diclofenac sodium ophth soln 0.1%	1					
dorzolamide hcl ophth soln 2% (Trusopt)	1					
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1		•			
erythromycin ophth oint 5 mg/gm	1					
FLAREX - fluorometholone acetate ophth susp 0.1%	3					
fluorometholone ophth susp 0.1% (Fml liquifilm)	1					
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	1					
gatifloxacin ophth soln 0.5% (Zymaxid)	1					
gentamicin sulfate ophth soln 0.3%	1					
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1					
ketorolac tromethamine ophth soln 0.5% (Acular)	1					
latanoprost ophth soln 0.005% (Xalatan)	1		•			
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	1					
LEVOFLOXACIN - levofloxacin ophth soln 1.5%	3					
LOTEMAX - loteprednol etabonate ophth oint 0.5%	2					
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	3					
loteprednol etabonate ophth gel 0.5% (Lotemax)	1					
loteprednol etabonate ophth susp 0.2% (Alrex)	1					
loteprednol etabonate ophth susp 0.5% (Lotemax)	1					
MAXIDEX - dexamethasone ophth susp 0.1%	2					
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
NATACYN - natamycin ophth susp 5%	2					
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1					
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1					
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1					
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1					
ofloxacin ophth soln 0.3% (Ocuflox)	1					
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	3	•	•	•		•
phenylephrine hcl ophth soln 2.5%, 10%	1					
pilocarpine hcl ophth soln 1% (Isopto carpine)	1					
pilocarpine hcl ophth soln 2%, 4%	1					
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1					
prednisolone acetate ophth susp 1% (Pred forte)	1					
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	3					
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2		•			
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	3					
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth soln 10%	1	•				
SULFACETAMIDE SODIUM/ PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1					
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1	•	•			
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1					
timolol maleate preservative free ophth soln 0.25% (Timoptic ocudose)	1					
tobramycin ophth soln 0.3%	1					
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1					
TRIFLURIDINE - trifluridine ophth soln 1%	1					
XIIDRA - lifitegrast ophth soln 5%	2	•	•			
OTIC AGENTS						
acetic acid otic soln 2%	1					
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	1					
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1					
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1					
hydrocortisone w/ acetic acid otic soln 1-2%	1					
neomycin-polymyxin-hc otic soln 1%	1					
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1					
ofloxacin otic soln 0.3%	1					
MOUTH/THROAT/DENTAL AGENTS						
cevimeline hcl cap 30 mg (Evoxac)	1					
chlorhexidine gluconate soln 0.12% (Peridex)	1					
clotrimazole troche 10 mg	1					
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	3	•			•	
lidocaine hcl viscous soln 2%	1					
nystatin susp 100000 unit/ml	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	3					
PARODONTAX - stannous fluoride paste 0.454%	A				•	
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1					
SENSODYNE COMPLETE PROTEC - stannous fluoride paste 0.454%	A				•	
SENSODYNE RAPID RELIEF - stannous fluoride paste 0.454%	A				•	
SENSODYNE REPAIR & PROTEC - stannous fluoride paste 0.454%	A				•	
sodium fluoride cream 1.1% (Prevident 5000 plus)	1				•	
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1				•	
sodium fluoride paste 1.1% (Prevident 5000 boost)	1				•	
sodium fluoride rinse 0.2% (Prevident rinse)	1	•			•	
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	1	•			•	
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	1	•			•	
stannous fluoride conc 0.63%	A				•	
stannous fluoride gel 0.4%	A				•	
triamcinolone acetonide dental paste 0.1%	1					
ANORECTAL AGENTS						
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	2					
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	2					
HYDROCORTISONE - hydrocortisone perianal cream 1%	1	•				
hydrocortisone enema 100 mg/60ml (Cortenema)	1					
hydrocortisone perianal cream 2.5% (Anusol-hc)	1					
nitroglycerin oint 0.4% (Rectiv)	1		•			
PROCTOCORT - hydrocortisone perianal cream 1%	1	•				
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2					
RECTIV - nitroglycerin oint 0.4%	3	•	•			
DERMATOLOGICALS						
acitretin cap 10 mg, 17.5 mg, 25 mg	1					
acyclovir oint 5% (Zovirax)	1					
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	2	•	•	•		•
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	•	•	•		•
alclometasone dipropionate cream 0.05%	1					
azelaic acid gel 15% (Finacea)	1					
betamethasone dipropionate augmented cream 0.05%	1					
betamethasone dipropionate augmented lotion 0.05%	1					
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1					
betamethasone dipropionate cream 0.05%	1					
betamethasone dipropionate lotion 0.05%	1					
betamethasone dipropionate oint 0.05%	1					
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	1	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
betamethasone valerate cream 0.1% (base equivalent)	1					
betamethasone valerate oint 0.1% (base equivalent)	1					
calcipotriene cream 0.005% (Dovonex)	1					
ciclopirox gel 0.77%	1					
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1					
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1					
ciclopirox shampoo 1% (Loprox shampoo)	1					
ciclopirox solution 8% (Penlac Nail Lacquer)	1		•			
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1					
clindamycin phosphate gel 1% (twice-daily)	1					
clindamycin phosphate lotion 1% (Cleocin-t)	1					
clindamycin phosphate soln 1%	1					
clindamycin phosphate swab 1%	1					
clobetasol propionate cream 0.05% (Temovate)	1					
clobetasol propionate emollient base cream 0.05%	1					
clobetasol propionate gel 0.05%	1					
clobetasol propionate oint 0.05% (Temovate)	1					
clobetasol propionate soln 0.05%	1					
clotrimazole w/ betamethasone cream 1-0.05%	1					
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	•	•	•		•
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	2	•	•	•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	•	•	•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	2	•	•	•		•
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•	•		•
desonide cream 0.05% (Desowen)	1					
desonide oint 0.05%	1					
desoximetasone cream 0.25% (Topicort)	1					
desoximetasone oint 0.25% (Topicort)	1					
diclofenac sodium soln 1.5%	1		•			
DRYSOL - aluminum chloride soln 20%	3					
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	2	•	•	•		•
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	2	•	•	•		•
econazole nitrate cream 1%	1					
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	3	•				
ERY - erythromycin pads 2%	1	•				
erythromycin gel 2% (Erygel)	1					
erythromycin soln 2%	1					
fluocinolone acetonide cream 0.01%	1					
fluocinolone acetonide cream 0.025% (Synalar)	1					
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1					
fluocinolone acetonide oint 0.025% (Synalar)	1					
fluocinolone acetonide soln 0.01% (Synalar)	1					
fluocinonide cream 0.05%	1					
fluocinonide cream 0.1% (Vanos)	1					
fluocinonide gel 0.05%	1					
fluocinonide oint 0.05%	1					
fluocinonide soln 0.05%	1					
FLUOROURACIL - fluorouracil soln 2%	1					
fluorouracil cream 5% (Efudex)	1	•	•			
fluorouracil soln 5%	1					
fluticasone propionate cream 0.05%	1					
fluticasone propionate oint 0.005%	1					
gentamicin sulfate cream 0.1%	1					
halobetasol propionate cream 0.05%	1					
hydrocortisone cream 2.5%	1					
hydrocortisone oint 2.5%	1					
HYFTOR - sirolimus gel 0.2%	3	•	•			•
imiquimod cream 5%	1		•			
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1	•				
ivermectin cream 1% (Soolantra)	1	•				
ketoconazole cream 2%	1					
ketoconazole shampoo 2%	1					
lidocaine hcl soln 4%	1	•	•			
lidocaine patch 5% (Lidoderm)	1	•	•			
lidocaine-prilocaine cream 2.5-2.5%	1		•			
malathion lotion 0.5% (Ovide)	1					
METHOXSALEN - methoxsalen rapid cap 10 mg	3					
metronidazole cream 0.75% (Metrocream)	1					
metronidazole gel 0.75%	1					
metronidazole gel 1% (Metrogel)	1					
metronidazole lotion 0.75% (Metrolotion)	1					
mometasone furoate cream 0.1%	1					
mometasone furoate oint 0.1%	1					
mometasone furoate solution 0.1% (lotion)	1					
mupirocin oint 2%	1					
NATROBA - spinosad susp 0.9%	3					
nystatin cream 100000 unit/gm	1					
nystatin oint 100000 unit/gm	1					
nystatin topical powder 100000 unit/gm	1					
penciclovir cream 1% (Denavir)	1					
permethrin cream 5%	1					
SANTYL - collagenase oint 250 unit/gm	2					
selenium sulfide lotion 2.5%	1					
silver sulfadiazine cream 1% (Silvadene)	1					
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	•	•	•		•
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	2	•	•	•		•
SPINOSAD - spinosad susp 0.9%	3					
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	2	•	•			
sulfacetamide sodium lotion 10% (acne) (Klaron)	1					
SULFAMYLON - mafenide acetate cream 85 mg/gm	3					
tacrolimus oint 0.03%, 0.1% (Protopic)	1	•				
tazarotene cream 0.05%, 0.1% (Tazorac)	1	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
tazarotene gel 0.05%, 0.1% (Tazorac)	1	•				
TAZORAC - tazarotene cream 0.05%	2	•				
TAZORAC - tazarotene gel 0.05%, 0.1%	3	•				
TREMFYA - guselkumab soln auto-injector 100 mg/ml	2	•	•	•		•
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	2	•	•	•		•
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	2	•	•	•		•
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	1	•				
tretinoin gel 0.01%, 0.025% (Retin-a)	1	•				
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1					
triamcinolone acetonide lotion 0.025%, 0.1%	1					
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1					
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	2			•		•
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	2	•	•	•		•
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	2	•	•	•		•
MISCELLANEOUS PRODUCTS						
ANTIDOTES						
CHEMET - succimer cap 100 mg	2					
deferiprone tab 500 mg, 1000 mg (Ferriprox)	1	•	•	•		•
FERRIPROX - deferiprone oral soln 100 mg/ml	3	•	•	•		•
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2		•			
naloxone hcl inj 4 mg/10ml	1					
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1		•			
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	3					
naltrexone hcl tab 50 mg	1					
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	2		•			
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	3		•			
DIAGNOSTIC PRODUCTS						
CHEMSTRIP-K - acetone (urine) test strip	2					
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		•			
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		•			
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	2		•			
FORA GTEL BLOOD KETONE TE - ketone blood test strip	2					
FORA TEST N' GO ADVANCE/V - ketone blood test strip	2					
FREESTYLE INSULINX BLOOD - glucose blood test strip	2		•			
FREESTYLE LITE TEST STRIP - glucose blood test strip	2		•			
FREESTYLE PRECISION NEO B - glucose blood test strip	2		•			
FREESTYLE TEST STRIPS - glucose blood test strip	2		•			
GOJJI BLOOD KETONE TEST S - ketone blood test strip	2					
KETOCARE - acetone (urine) test strip	2					
KETONE - acetone (urine) test strip	2					
KETONE TEST STRIPS - acetone (urine) test strip	2					
KETOSTIX - acetone (urine) test strip	2					
NOVA MAX PLUS KETONE TEST - ketone blood test strip	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
RELION KETONE TEST STRIPS - acetone (urine) test strip	2					
MEDICAL DEVICES						
ACTI-LANCE LANCETS 28G - lancets	3					
ACTI-LANCE LITE SAFETY LA - lancets	3					
ACTI-LANCE SPECIAL SAFETY - lancets	3					
ACTI-LANCE UNIVERSAL SAFE - lancets	3					
ADJUSTABLE LANCING DEVICE - lancet devices	3					
ADVANCED MOBILE LANCET 30 - lancets	3					
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2					
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
ADVOCATE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
ADVOCATE LANCETS - lancets	3					
ADVOCATE LANCETS 30G - lancets	3					
ADVOCATE LANCING DEVICE - lancet devices	3					
ADVOCATE RAPID-SAFE LANCI - lancet devices	3					
ADVOCATE SAFETY LANCETS - lancets	3					
ADVOCATE SAFETY LANCETS 2 - lancets	3					
AF LANCETS SUPER THIN - lancets	3					
AGAMATRIX ULTRA-THIN LANC - lancets	3					
AIMSCO TWIST LANCETS 32G - lancets	3					
AIMSCO TWIST LANCETS 33G - lancets	3					
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
AQUALANCE LANCETS UL - lancets	3					
ASSURE COMFORT LANCETS UL - lancets	3					
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ASSURE LANCE LANCETS - lancets	3					
ASSURE LANCE LANCETS 21G - lancets	3					
ASSURE LANCE PLUS SAFETY - lancets	3					
ASSURE LANCE SAFETY LANCE - lancets	3					
AT LAST LANCETS - lancets	3					
AUM INSULIN SAFETY PEN NE - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2					
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2					
AURORA LANCET SUPER THIN - lancets	3					
AURORA LANCET THIN 23G - lancets	3					
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2					
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
AUTO-LANCET - lancet devices	3					
AUTO-LANCET MINI - lancet devices	3					
AUTOLET IMPRESSION LANCIN - lancet devices	3					
AUTOLET LANCING DEVICE - lancet devices	3					
AUTOLET LITE LANCING DEVI - lancet devices	3					
AUTOLET MINI - lancet devices	3					
AUTOLET PLUS - lancet devices	3					
AUTOPEN - injection device for insulin	3					
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2					
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	2					
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	2					
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	2					
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2					
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD MICROTAINER LANCETS - lancets	3					
BD PEN - injection device for insulin	3					
BD PEN MINI - injection device for insulin	3					
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	2					
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2					
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2					
CARDIOCOM LANCING DEVICE - lancet devices	3					
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2					
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
CAREONE ADVANCED LANCING - lancet devices	3					
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
CAREONE LANCET SUPER THIN - lancets	3					
CAREONE LANCET THIN - lancets	3					
CAREONE LANCET ULTRA THIN - lancets	3					
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	2					
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
CARESENS LANCETS - lancets	3					
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
CARETOUCH LANCING DEVICE - lancet devices	3					
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	2					
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2					
CARETOUCH SAFETY LANCETS/ - lancets	3					
CARETOUCH TWIST LANCETS M - lancets	3					
CARETOUCH TWIST LANCETS 2 - lancets	3					
CARETOUCH TWIST LANCETS 3 - lancets	3					
CAYA - diaphragm arc-spring	A				•	
CEQUR SIMPLICITY INSERTER - injection device for insulin - accessories	3					
CEQUR SIMPLICITY 2U - injection device for insulin	3					
CHOSEN LANCETS 30G - lancets	3					
CHOSEN LANCING DEVICE - lancet devices	3					
CHOSEN SAFETY LANCETS 28G - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CLEANLET LANCETS 28G - lancets	3					
CLEVER CHEK LANCETS ULTRA - lancets	3					
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2					
CLEVER CHOICE COMFORT EZ - lancets	3					
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
COAGUCHEK LANCETS - lancets	3					
COMFORT ASSURED LANCETS M - lancets	3					
COMFORT ASSURED LANCETS S - lancets	3					
COMFORT EZ INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2					
COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
COMFORT EZ PRO SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
COMFORT EZ PRO SAFETY PEN - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2					
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
COMFORT LANCETS - lancets	3					
COMFORT TOUCH LANCETS ULT - lancets	3					
COMFORT TOUCH PEN NEEDLES - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
COMFORT TOUCH PLUS SAFETY - lancets	3					
COMFORT TOUCH TWIST LANCE - lancets	3					
CONDOMS - MALE - VARIOUS	A				•	
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2	•				
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	2					
CONTOUR LOW CONTROL - blood glucose calibration - liquid - low	2					
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	2					
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low	2					
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	2					
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	2	•				
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	2					
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	2					
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	2					
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	2	•				
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	2					
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	2					
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device	2					
CVS LANCETS ORIGINAL - lancets	3					
CVS LANCETS THIN 26G - lancets	3					
CVS LANCETS ULTRA THIN 30 - lancets	3					
CVS LANCETS 21G - lancets	3					
CVS LANCING DEVICE - lancet devices	3					
CVS ULTRA THIN LANCETS - lancets	3					
DEXCOM G6 RECEIVER - continuous glucose system receiver	2	•	•			
DEXCOM G6 SENSOR - continuous glucose system sensor	2	•	•			
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	2	•	•			
DEXCOM G7 RECEIVER - continuous glucose system receiver	2	•	•			
DEXCOM G7 SENSOR - continuous glucose system sensor	2	•	•			
DEXCOM G7 15 DAY SENSOR - continuous glucose system sensor	2	•	•			
DIATHRIVE LANCETS - lancets	3					
DIATHRIVE LANCETS ULTRA T - lancets	3					
DIATHRIVE LANCING DEVICE - lancet devices	3					
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DROPLET GENTEEL LANCING D - lancet devices	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 30 x 15/64", u-100 0.5 ml 30 x 15/64", u-100 1 ml 30 x 15/64", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2					
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm)	2					
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2					
DROPLET INSULIN SYRINGE/0 - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
DROPLET LANCETS ULTRA THI - lancets	3					
DROPLET LANCING DEVICE - lancet devices	3					
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	2					
DROPLET PEN NEEDLE/MICRON - insulin pen needle 34 g x 3.5 mm (9/64")	2					
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2					
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2					
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
DROPLET PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
DROPLET PERSONAL LANCETS - lancets	3					
DROPSAFE ACTI-LANCE SAFTE - lancets	3					
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"	2					
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")	2					
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
DRUG MART LANCETS THIN - lancets	3					
DRUG MART LANCETS ULTRA T - lancets	3					
DRUG MART ON-THE-GO LANCE - lancets	3					
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2					
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")	2					
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DRUG MART UNILET LANCETS - lancets	3					
DRUG MART UNILET MICRO TH - lancets	3					
DUANE READE LANCET ALTERN - lancets	3					
DUANE READE LANCET SUPER - lancets	3					
DUANE READE LANCET ULTRA - lancets	3					
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	2					
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")	2					
E-Z JECT LANCETS - lancets	3					
E-Z JECT LANCETS COLOR - lancets	3					
E-Z JECT LANCETS SUPER TH - lancets	3					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
EASY COMFORT LANCETS - lancets	3					
EASY COMFORT LANCETS TWIS - lancets	3					
EASY COMFORT LANCETS 30G/ - lancets	3					
EASY COMFORT PEN NEEDLES - insulin pen needle 29 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2					
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
EASY COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
EASY MINI EJECT LANCING D - lancet devices	3					
EASY MINI LANCING DEVICE - lancet devices	3					
EASY TOUCH FLIPLOCK SAFET - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2					
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
EASY TOUCH LANCETS 21G/PR - lancets	3					
EASY TOUCH LANCETS 23G/PR - lancets	3					
EASY TOUCH LANCETS 26G/PR - lancets	3					
EASY TOUCH LANCETS 26G/PU - lancets	3					
EASY TOUCH LANCETS 28G/PR - lancets	3					
EASY TOUCH LANCETS 28G/PU - lancets	3					
EASY TOUCH LANCETS 28G/TW - lancets	3					
EASY TOUCH LANCETS 30G/BU - lancets	3					
EASY TOUCH LANCETS 30G/PR - lancets	3					
EASY TOUCH LANCETS 30G/PU - lancets	3					
EASY TOUCH LANCETS 30G/TW - lancets	3					
EASY TOUCH LANCETS 32G/PR - lancets	3					
EASY TOUCH LANCETS 32G/PU - lancets	3					
EASY TOUCH LANCETS 32G/TW - lancets	3					
EASY TOUCH LANCETS 33G/TW - lancets	3					
EASY TOUCH LANCING DEVICE - lancet devices	3					
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2					
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH SAFETY LANCETS - lancets	3					
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2					
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
EMBECTA AUTOSHIELD DUO 30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
EMBECTA INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2					
EMBECTA INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
EMBECTA INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
EMBECTA INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1 ml 27 x 5/8", u-100 1 ml 30 x 1/2", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64", u-500 0.5 ml 31g x 6mm (15/64")	2					
EMBECTA INSULIN SYRINGE/0 - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
EMBECTA INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
EMBECTA INSULIN SYRINGE/2 - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
EMBECTA PEN NEEDLE/NANO 2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
EMBECTA PEN NEEDLE/NANO/2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
EMBECTA PEN NEEDLE/NANO/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 29 g x 12.7 mm (1/2")	2					
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
EMBRACE LANCETS ULTRA THI - lancets	3					
EMBRACE LANCING DEVICE WI - lancet devices	3					
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	2					
EMBRACE PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EMBRACE PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
EMBRACE PRESSURE ACTIVATE - lancets	3					
EQL COLOR LANCETS 21G - lancets	3					
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
EQL SUPER THIN LANCETS 30 - lancets	3					
EQL THIN LANCETS 26G - lancets	3					
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
EZ-LETS LANCETS 21G - lancets	3					
EZ-LETS LANCETS 26G SUPER - lancets	3					
EZ-LETS LANCETS 28G ULTRA - lancets	3					
EZ-LETS LANCETS 30G - lancets	3					
FC2 FEMALE CONDOM - condoms - female	A				•	
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	A				•	
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
FIFTY50 SAFETY SEAL LANCE - lancets	3					
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
FIFTY50 UNILET LANCETS 33 - lancets	3					
FINGERSTIX LANCETS - lancets	2					
FORA LANCETS - lancets	3					
FORA LANCING DEVICE - lancet devices	3					
FORA LANCING DEVICE/CLEAR - lancet devices	3					
FREESTYLE FREEDOM LITE - blood glucose monitoring kit w/ device	2					
FREESTYLE LANCETS - lancets	2					
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices	2	•				
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit w/ device	2					
FREESTYLE PRECISION NEO B - blood glucose monitoring kit w/ device	2	•				
FREESTYLE UNISTICK II LAN - lancets	2					
GENTEEL BUTTERFLY TOUCH L - lancets	3					
GENTEEL PLUS LANCING DEVI - lancet devices	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GENTLE-LET LANCETS GENERA - lancets	3					
GENTLE-LET LANCETS SAFETY - lancets	3					
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	2					
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2					
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
GLOBAL INJECT EASE LANCET - lancets	3					
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GLOBAL LANCING DEVICE - lancet devices	3					
GLUCOCOM LANCETS 28G - lancets	3					
GLUCOCOM LANCETS 30G - lancets	3					
GLUCOCOM LANCETS 33G - lancets	3					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2					
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GNP LANCING SYSTEM DEVICE - lancet devices	3					
GNP PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GNP PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GNP PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GNP PEN NEEDLES 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
GNP SIMPLI MICRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GNP STERILE LANCETS 28G - lancets	3					
GNP STERILE LANCETS 30G - lancets	3					
GNP STERILE LANCETS 33G - lancets	3					
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2					
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2					
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GOJJI LANCING DEVICE/CLEA - lancet devices	3					
GOJJI STERILE LANCETS 30G - lancets	3					
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
H-E-B INCONTROL ADVANCED - lancet devices	3					
H-E-B INCONTROL LANCETS M - lancets	3					
H-E-B INCONTROL LANCETS S - lancets	3					
H-E-B INCONTROL LANCETS U - lancets	3					
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2					
HAEMOLANCE - lancets	3					
HAEMOLANCE LOW FLOW LANCE - lancets	3					
HAEMOLANCE PLUS - lancets	3					
HAEMOLANCE PLUS HIGH FLOW - lancets	3					
HAEMOLANCE PLUS LOW FLOW - lancets	3					
HAEMOLANCE PLUS MAX FLOW - lancets	3					
HAEMOLANCE PLUS PEDIATRIC - lancets	3					
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",	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
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"						
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2					
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2					
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
HY-VEE LANCETS - lancets	3					
HY-VEE THIN LANCETS - lancets	3					
IHEALTH LANCING DEVICE - lancet devices	3					
IN TOUCH LANCING DEVICE - lancet devices	3					
IN TOUCH STERILE LANCETS - lancets	3					
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2					
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2					
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2					
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
INSUPEN32G EXTR3ME/32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
KINNEY LANCETS - lancets	3					
KINNEY THIN LANCETS - lancets	3					
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
KROGER AUTOLET LANCING DE - lancet devices	3					
KROGER HEALTHPRO TWIST LA - lancets	3					
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
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"	2					
KROGER LANCETS - lancets	3					
KROGER LANCETS MICRO THIN - lancets	3					
KROGER LANCETS SUPER THIN - lancets	3					
KROGER LANCETS THIN - lancets	3					
KROGER LANCETS ULTRATHIN - lancets	3					
KROGER LANCETS 21G - lancets	3					
KROGER LANCING DEVICE - lancet devices	3					
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2					
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
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")	2					
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
LANCET DEVICE ADJUSTABLE - lancet devices	3					
LANCET DEVICE WITH EJECTO - lancet devices	3					
LANCETS - lancets	3					
LANCETS MICRO THIN 33G - lancets	3					
LANCETS SUPER THIN 28G - lancets	3					
LANCETS THIN - lancets	3					
LANCETS ULTRA THIN 30G - lancets	3					
LANCETS 28G THIN - lancets	3					
LANCETS 30G - lancets	3					
LANCETS 30G TWIST TOP - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LANCETS 30G/TWIST TOP - lancets	3					
LANCETS 33G EXTRA FINE - lancets	3					
LANCETS 33G UNIVERSAL DES - lancets	3					
LANCING DEVICE - lancet devices	3					
LANZO - lancet devices	3					
LEADER ADVANCED LANCING D - lancet devices	3					
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 31 x 5/16"	2					
LEADER LANCETS COLORED - lancets	3					
LEADER SUPER THIN LANCET - lancets	3					
LEADER THIN LANCETS - lancets	3					
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LIBERTY MEDICAL LANCETS 3 - lancets	3					
LITE TOUCH LANCETS - lancets	3					
LITE TOUCH LANCING PEN - lancet devices	3					
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
LITETOUCH LANCETS MICRO T - lancets	3					
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	2					
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
LIVE BETTER ADVANCED LANC - lancet devices	3					
LIVE BETTER LANCET SUPER - lancets	3					
LIVE BETTER LANCET ULTRA - lancets	3					
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	2					
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
LONGS LANCETS STANDARD - lancets	3					
LONGS LANCETS THIN - lancets	3					
LONGS LANCETS ULTRA THIN - lancets	3					
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2					
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2					
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	2					
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MAXICOMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	2					
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MEDICHOICE PRE-SET SAFETY - lancets	3					
MEDICHOICE SAFETY LANCET - lancets	3					
MEDICINE SHOPPE LANCETS - lancets	3					
MEDICINE SHOPPE LANCETS T - lancets	3					
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2					
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
MEDLANCE PLUS EXTRA LANCE - lancets	3					
MEDLANCE PLUS LANCETS LIT - lancets	3					
MEDLANCE PLUS LITE LANCET - lancets	3					
MEDLANCE PLUS SPECIAL LAN - lancets	3					
MEDLANCE PLUS SUPERLITE 3 - lancets	3					
MEDLANCE PLUS UNIVERSAL L - lancets	3					
MEDLANCE PLUS/LITE 25G - lancets	3					
MEIJER COLOR LANCETS UNIV - lancets	3					
MEIJER LANCETS - lancets	3					
MEIJER LANCETS THIN - lancets	3					
MEIJER LANCETS UNIVERSAL - lancets	3					
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2					
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MEIJER SUPER THIN LANCETS - lancets	3					
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
MICROLET LANCETS - lancets	2					
MICROLET NEXT - lancet devices	2					
MINI LANCING DEVICE - lancet devices	3					
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
MM LANCING DEVICE - lancet devices	3					
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
MM TWIST LANCETS - lancets	3					
MOBILE LANCETS 30G - lancets	3					
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	1					
MONOLET LANCETS - lancets	3					
MONOLET OPD LANCETS - lancets	3					
MONOLETTOR SAFETY LANCETS - lancets	3					
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2					
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MULTI-LANCET DEVICE - lancet devices	3					
MYGLUCOHEALTH MGH SOFTLAN - lancets	3					
NORDIPEN 5 INJECTION DEVI - injection device - misc	3					
NOVA SAFETY LANCETS 23G - lancets	3					
NOVA SAFETY LANCETS 28G - lancets	3					
NOVA SUREFLEX LANCETS - lancets	3					
NOVA SUREFLEX LANCING DEV - lancet devices	3					
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
NOVOPEN ECHO - injection device for insulin	2					
OMNIFLEX DIAPHRAGM - diaphragms	A				•	
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	3	•	•			
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	•	•			
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	2	•	•			
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	2	•	•			
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	2	•	•			
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	2	•	•			
ONETOUCH ULTRA CONTROL - blood glucose calibration - liquid	2					
ONETOUCH ULTRA CONTROL SO - blood glucose calibration - liquid	2					
ONETOUCH VERIO LEVEL 3 CO - blood glucose calibration - liquid	2					
ONETOUCH VERIO LEVEL 4 CO - blood glucose calibration - liquid - high	2					
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	2					
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")	2					
PEN NEEDLE/5-BEVEL TIP/31 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLE/5-BEVEL TIP/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	2					
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PENTIPS GENERIC PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2					
PENTIPS GENERIC PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
PENTIPS GENERIC PEN NEEDL - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2					
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PERFECT LANCETS 30G - lancets	3					
PERFECT POINT SAFETY LANC - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PERFECT PRESSURE ACTIVATE - lancets	3					
PHARMACIST CHOICE SELECT - lancets	3					
PHARMACIST CHOICE ULTRA T - lancets	3					
PIP LANCETS/28G - lancets	3					
PIP LANCETS/30G - lancets	3					
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
PREFERRED PLUS LANCETS CO - lancets	3					
PREFERRED PLUS LANCETS SU - lancets	3					
PREFERRED PLUS LANCETS TH - lancets	3					
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	2					
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2					
PRO COMFORT LANCETS 30G - lancets	3					
PRO COMFORT LANCETS 31G - lancets	3					
PRO COMFORT PEN NEEDLE/32 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
PRO COMFORT SAFETY LANCET - lancets	3					
PRODIGY INSULIN SYRING/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	2					
PRODIGY LANCING DEVICE - lancet devices	3					
PRODIGY PRESSURE ACTIVATE - lancets	3					
PRODIGY SAFETY LANCETS - lancets	3					
PRODIGY TWIST TOP LANCETS - lancets	3					
PURE COMFORT LANCETS 30G - lancets	3					
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2					
PURE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PURE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PX ADVANCED LANCING DEVIC - lancet devices	3					
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
PX LANCETS MICROTHIN 33G - lancets	3					
PX LANCETS ULTRA THIN - lancets	3					
PX LANCETS ULTRA THIN 28G - lancets	3					
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
QC ADVANCED LANCING DEVIC - lancet devices	3					
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"	2					
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
QC LANCETS SUPER THIN - lancets	3					
QC LANCETS ULTRA THIN - lancets	3					
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
QC UNILET LANCETS 28G/ULT - lancets	3					
QC UNILET LANCETS 33G/MIC - lancets	3					
QUICK TOUCH INSULIN PEN N - insulin pen needle 29 g x 12.7 mm (1/2")	2					
QUICK TOUCH INSULIN PEN N - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
QUICK TOUCH INSULIN PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
QUICK TOUCH INSULIN PEN N - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
RA E-ZJECT LANCETS THIN 2 - lancets	3					
RA E-ZJECT LANCETS ULTRA - lancets	3					
RA E-ZJECT LANCETS 28G - lancets	3					
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ml 30 x 5/16", u-100 1 ml 30 x 5/16"						
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RAYA SURE PEN NEEDLE 29G - insulin pen needle 29 g x 12 mm (1/2")	2					
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
READYLANCE SAFETY LANCETS - lancets	3					
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"	2					
REALITY LANCETS - lancets	3					
REALITY TRIGGER LANCETS - lancets	3					
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
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"	2					
RELION LANCETS - lancets	3					
RELION LANCETS MICRO-THIN - lancets	3					
RELION LANCETS THIN 26G - lancets	3					
RELION LANCETS ULTRA-THIN - lancets	3					
RELION LANCING DEVICE - lancet devices	3					
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2					
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
RELION THIN LANCETS - lancets	3					
RELION ULTRA THIN LANCETS - lancets	3					
RELION 2-IN-1 LANCET DEV - lancets	3					
RELION 2-IN-1 LANCING DEV - lancets	3					
RIGHTEST GD500 LANCING DE - lancet devices	3					
RIGHTEST GL300 LANCETS - lancets	3					
SAFETY LANCET 30G/PRESSUR - lancets	3					
SAFETY LANCETS - lancets	3					
SAFETY LANCETS 21G - lancets	3					
SAFETY LANCETS 23G - lancets	3					
SAFETY LANCETS 28G - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SAFETY LANCETS/PRESSURE A - lancets	3					
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
SAPS HEALTH CARE TWIST TO - lancets	3					
SAPS HEALTH PLUS TWIST TO - lancets	3					
SAPS HEALTH TWIST TOP LAN - lancets	3					
SAPSCARE TWIST TOP LANCET - lancets	3					
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2					
SB LANCETS THIN - lancets	3					
SB LANCETS ULTRA THIN - lancets	3					
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2					
SECURESAFE SAFETY INSULIN - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2					
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
SELECT-LITE LANCING DEVIC - lancet devices	3					
SIMPLE DIAGNOSTICS LANCIN - lancet devices	3					
SINGLE-LET - lancets	2					
SMART DIABETES VANTAGE LA - lancet devices	3					
SMARTEST LANCETS 28G - lancets	3					
SOLUS V2 LANCING DEVICE - lancet devices	3					
SOLUS V2 PRESSURE ACTIVAT - lancets	3					
SOLUS V2 TWIST LANCETS 30 - lancets	3					
STERILANCE TL - lancets	3					
SUPER THIN LANCETS - lancets	3					
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
SURE COMFORT LANCETS 18G - lancets	3					
SURE COMFORT LANCETS 21G - lancets	3					
SURE COMFORT LANCETS 23G - lancets	3					
SURE COMFORT LANCETS 28G - lancets	3					
SURE COMFORT LANCETS 30G - lancets	3					
SURE COMFORT LANCING PEN - lancet devices	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2					
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2					
SURELITE LANCETS - lancets	3					
TECHLITE AST LANCETS - lancets	3					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2					
TECHLITE LANCETS - lancets	3					
TECHLITE LANCETS 26G - lancets	3					
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 12 mm (1/2")	2					
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TECHLITE PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
TECHLITE PLUS PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TGT ADVANCED LANCING DEVI - lancet devices	3					
TGT LANCET ALTERNATE SITE - lancets	3					
TGT LANCET SUPER THIN 30G - lancets	3					
TGT LANCET THIN 23G - lancets	3					
TGT LANCET ULTRA THIN 28G - lancets	3					
TGT LANCING DEVICE - lancet devices	3					
TODAYS HEALTH ADVANCED LA - lancet devices	3					
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	2					
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TODAYS HEALTH SUPER THIN - lancets	3					
TODAYS HEALTH ULTRA THIN - lancets	3					
TRAVEL LANCETS ADVANCED 2 - lancets	3					
TRUE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2					
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"						
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT SAFETY INSUL - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2					
TRUE COMFORT SAFETY LANCE - lancets	3					
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TRUE COMFORT TWIST TOP LA - lancets	3					
TRUEDRAW LANCING DEVICE - lancet devices	3					
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
TRUEPLUS LANCETS 26G - lancets	3					
TRUEPLUS LANCETS 28G - lancets	3					
TRUEPLUS LANCETS 28G SUPE - lancets	3					
TRUEPLUS LANCETS 30G - lancets	3					
TRUEPLUS LANCETS 30G ULTR - lancets	3					
TRUEPLUS LANCETS 33G - lancets	3					
TRUEPLUS LANCETS 33G MICR - lancets	3					
TRUEPLUS SAFETY LANCETS 2 - lancets	3					
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2					
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TWIST TOP LANCETS 30G - lancets	3					
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	3					
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2					
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"						
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	2					
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"						
ULTIGUARD SAFEPACK INSULI - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
ULTIGUARD SAFEPACK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTIGUARD SAFEPACK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTIGUARD SAFEPACK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2					
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
ULTIGUARD SAFEPACK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTIGUARD SAFEPACK/SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ULTIGUARD SAFEPACK/TINY P - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2					
ULTILET CLASSIC LANCETS - lancets	3					
ULTILET LANCETS - lancets	3					
ULTILET LANCETS 33G - lancets	3					
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm (1/2")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTILET SAFETY LANCETS 21 - lancets	3					
ULTILET SAFETY LANCETS 23 - lancets	3					
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
ULTRA COMFORT INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ULTRA FLO INSULIN PEN NEE - insulin pen needle 29 g x 12 mm (1/2")	2					
ULTRA FLO INSULIN PEN NEE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
ULTRA FLO INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTRA FLO INSULIN PEN NEE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ULTRA FLO INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 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"	2					
ULTRA INSULIN SYRINGE/U-1 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ULTRA THIN LANCETS 28G - lancets	3					
ULTRA THIN LANCETS 31G - lancets	3					
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTRA-CARE LANCETS 30G - lancets	3					
ULTRA-THIN II AUTO LANCET - lancets	3					
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
ULTRA-THIN II LANCETS 28G - lancets	3					
ULTRA-THIN II LANCETS 30G - lancets	3					
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
UNIFINE SAFECONTROL PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
UNILET COMFORTOUCH LANCET - lancets	3					
UNILET EXCELITE - lancets	3					
UNILET EXCELITE II - lancets	3					
UNILET G.P. LANCET - lancets	3					
UNILET G.P. SUPERLITE LAN - lancets	3					
UNILET GP 28 ULTRA THIN - lancets	3					
UNILET LANCET - lancets	3					
UNILET LANCETS MICRO-THIN - lancets	3					
UNILET LANCETS SUPER-THIN - lancets	3					
UNILET LANCETS ULTRA-THIN - lancets	3					
UNILET SUPERLITE LANCET - lancets	3					
UNISTIK CZT COMFORT - lancets	3					
UNISTIK CZT NORMAL - lancets	3					
UNISTIK NORMAL - lancets	3					
UNISTIK PRO SAFETY LANCET - lancets	3					
UNISTIK SAFETY LANCETS 28 - lancets	3					
UNISTIK SAFETY LANCETS 30 - lancets	3					
UNISTIK TOUCH SAFETY LANC - lancets	3					
UNISTIK 1 - lancets	3					
UNISTIK 2 - lancets	3					
UNISTIK 2 COMFORT - lancets	3					
UNISTIK 2 EXTRA - lancets	3					
UNISTIK 2 NEONATAL - lancets	3					
UNISTIK 2 NORMAL - lancets	3					
UNISTIK 2 SUPER - lancets	3					
UNISTIK 3 - lancets	3					
UNISTIK 3 COMFORT - lancets	3					
UNISTIK 3 EXTRA - lancets	3					
UNISTIK 3 GENTLE - lancets	3					
UNISTIK 3 NEONATAL - lancets	3					
UNISTIK 3 NORMAL - lancets	3					
VALUE PLUS LANCETS STANDA - lancets	3					
VALUMARK LANCET SUPER THI - lancets	3					
VALUMARK LANCET ULTRA THI - lancets	3					
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2					
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	2					
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	2					
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2					
VERIFINE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2					
VERIFINE PLUS INSULIN PEN - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2					
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
VERIFINE SAFETY LANCET MI - lancets	3					
VERIFINE UNIVERSAL LANCET - lancets	3					
VIVAGUARD LANCETS - lancets	3					
VIVAGUARD LANCETS 30G - lancets	3					
VIVAGUARD LANCING DEVICE - lancet devices	3					
VIVAGUARD SAFETY LANCETS - lancets	3					
VIVAGUARD SAFETY LANCETS/ - lancets	3					
WALGREENS LANCETS - lancets	3					
WALGREENS THIN LANCETS - lancets	3					
WALGREENS ULTRA THIN LANC - lancets	3					
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	A				•	
ZEVRX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"	2					
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	2					
ZEVRX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ZEVRX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ZEVRX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ZEVRX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ZEVRX TWIST TOP LANCETS 3 - lancets	3					
1ST CHOICE LANCETS SUPER - lancets	3					
1ST CHOICE LANCETS THIN - lancets	3					
1ST CHOICE LANCETS ULTRA - lancets	3					
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2					
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2					
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ASSORTED CLASSES						
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	3					
azathioprine tab 50 mg (Imuran)	1					
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	2	•	•	•		•
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	2	•	•	•		•
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1					
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1					
cyclosporine modified cap 50 mg	1					
cyclosporine modified oral soln 100 mg/ml (Neoral)	1					
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	3	•	•	•		•
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	3					
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1					
lenalidomide caps 2.5 mg (Revlimid)	1	•	•	•		•
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	1	•	•	•		•
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	3	•	•			
LUPKYNIS - voclosporin cap 7.9 mg	3	•	•	•		•
mycophenolate mofetil cap 250 mg (Cellcept)	1					
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1	•	•			
mycophenolate mofetil tab 500 mg (Cellcept)	1					
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1					
NEORAL - cyclosporine modified cap 25 mg, 100 mg	3					
NEORAL - cyclosporine modified oral soln 100 mg/ml	3					
penicillamine tab 250 mg (Depen titratabs)	1					
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	3					
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	3					
REVLIMID - lenalidomide caps 2.5 mg	2	•	•	•		•
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	2	•	•	•		•
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	3					
sirolimus oral soln 1 mg/ml (Rapamune)	1					
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1					
sodium polystyrene sulfonate powder	1					
sodium polystyrene sulfonate susp 15 gm/60ml	1					
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	1					
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1					
THALOMID - thalidomide cap 50 mg, 100 mg	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
trientine hcl cap 250 mg (Syprine)	1	•	•	•		•
VELTASSA - patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	3	•	•			
VIJOICE - alpelisib (pros) oral granules packet 50 mg	3	•	•	•		•
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	3	•	•	•		•
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	3	•	•	•		•
ZOKINVY - lonafarnib cap 50 mg, 75 mg	3	•	•	•		•
ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3					

INDEX

A

E

O

P

W

X

Y

Z