Florida Blue

ValueScript Rx Medication Guide

January 2027

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

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

Contents

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

Preferred Medication List

Anti-Infective Drugs 1
Biologicals 10
Antineoplastic Agents 13
Endocrine and Metabolic Drugs 22
Cardiovascular Agents 33
Respiratory Agents 41
Gastrointestinal Agents 45
Genitourinary Agents 49
Central Nervous System Drugs 51
Analgesics and Anesthetics 61
Neuromuscular Drugs 68
Nutritional Products 73
Hematological Agents 75
Topical Products 80
Miscellaneous Products 90
Index 113

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**.

SimplyBlue myBlue

3022-P FL HIM © Prime Therapeutics LLC 01/2027

Introduction

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

The ValueScript Rx Formulary Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online at www.floridablue.com OR by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

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

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

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

Key Tips and Coverage Guidelines

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

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

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

Medication List

What you need to know about ValueScript Formulary Medications

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

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

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

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

Changes to the formulary

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

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

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

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

Going to www.floridablue.com.

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

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

Formulary addition request

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

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

Your Share of Expenses

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

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

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

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

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

DAW penalty waiver request form.

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

2027 Safe Harbor Guidelines for HIV/AIDS Drugs

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

Pharmacy Benefits

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

Tier 1 –Tier 1 Zero-cost: Medications at no cost, including preventive medications

Tier 2 –Lowest-cost: Medications at the lowest-cost share offering the best value compared to the other drugs that treat similar conditions including generic and brand name prescription drugs and supplies

Tier 3 – Low-cost: Medications at low-cost share offering good value compared to other drugs that treat similar conditions, including generic and brand name prescription drugs and supplies

Tier 4 – Mid-range-cost: Medications at mid-range-cost share, including generic and brand name prescription drugs and supplies

Tier 5 – High-cost: Medications at a high-cost-share, including high-cost generic, brand name and specialty prescription drugs and supplies

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

Tier 6 – Highest-cost: Medications at highest-cost-share, including high-cost generic, brand name and most specialty prescription drugs and supplies

Medications that are not covered

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

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

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

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

Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication maybe substituted for its brand name counterpart because it:

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

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

Oral Chemotherapy Drugs

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

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

Over-the-counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Only those OTC medications prescribed by your physician and designated on the formulary with "OTC" in parenthesis following the medication name are eligible for coverage.

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

Patient Protection and Affordable Care Act (ACA) Preventive Services

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

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

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

Contraceptives Tier Exception Request Form

HIV PrEP Tier Exception Request Form

Specialty Pharmacy Medications

Covered Specialty Medications as indicated in the Medication List. Since coverage for medication varies by the plan purchases by you or your employer, it's important that you refer to your plan documents for complete coverage details.

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

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

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

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

Specialty Medications are divided into two categories:

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

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

Medical Pharmacy Tier Program

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

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

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

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

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

Pharmacy Options

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

Participating Pharmacy

- Retail Pharmacy Network – Non-Specialty 'Generic' medications and 'Brand Name' medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.
    - For members associated with a Small Group SimplyBlue plan

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

Non-Participating Pharmacy

- Your plan doesn't offer out-of-network pharmacy coverage, you may have to pay the full cost of the medication.

Advocate+TM Pharmacy Match Specialty Pharmacy Network

Specialty pharmacies help you get and manage your self-administered specialty medication. These pharmacies will deliver your medication right to your home within all U.S. states and territories, and pharmacists are available 24 hours a day to answer your questions.

Advocate+ Pharmacy Match expands your plan's specialty pharmacy network and matches you with a highly qualified pharmacy to fill your specialty medication. **Important:** Any other pharmacy is considered out-of-network for specialty medications even if it is in-network for other non-specialty medications. Be sure to only use the specialty pharmacies in the **Advocate+TM Pharmacy Match Specialty Pharmacy Network** so your medication will be covered.

Getting Help:

- **Getting help for yourself** with your self-administered specialty medications: You can call Advocate+ Member Support at 1-833-950-3858.

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

- **Getting help for your provider**: Your provider should be aware of where to send your self-administered specialty prescription, which is indicated on your medication guide drug list with "SP." If they need guidance, they can call for support. Please give this contact information to provider's office staff:

  Advocate+ Prescriber

  Phone: 1-877-787-0520 (option 2 for pharmacies; option 3 for prescriber)

  Fax: 1-833-998-4435

  NCPDP: 6013914

  NPI: 1366292880

Special Circumstances

For the three medication types listed below, please use only the pharmacies listed here.

1. Specialty Self-Administered hemophilia medications will be listed on the drug list with "SP." Please use:

   CVS/Caremark Hemophilia Services

   Phone: 1-866-792-2731

   Fax: 1-866-811-7450

   CVS Caremark Specialty Hemophilia

2. Specialty Provider-Administered Medications. Please use:

   CVS/Caremark Specialty Pharmacy Services

   Phone: 1-866- 278-5108

   Fax: 1-800-323-2445

   CVS Caremark

   Specialty Provider-Administered medications administered by a health care professional may be ordered by your provider directly or they may send the prescription to CVS/Caremark Specialty or through a limited distribution pharmacy to bill your medical benefits. Since they're covered under your medical benefit, these medications are not listed on the drug list within your medication guide.

3. Specialty Provider-Administered long-acting mental health medications listed on the limited distribution drug list under your pharmacy benefit will be listed on the drug list with "SP". Please use:

   Genoa Healthcare

   Genoa Healthcare

NOTE: Specialty pharmacy medications are not covered when purchased through Amazon Pharmacy.

Home Delivery Pharmacy Network

Home delivery pharmacy is serviced by Amazon Pharmacy. Home delivery covers up to a 90-day supply for Generic drugs only and Brand drugs are limited to a 30-day supply. Prescriptions may not be transferred from a retail pharmacy to Amazon Pharmacy. A new prescription is needed to fill your prescription at Amazon Pharmacy.

Retail Pharmacy Network up to Three-month Supply

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

NOTE: Brand drug coverage is limited to a 30-day supply at a participating retail pharmacy.

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

Utilization Management Programs

Prior Authorization Program

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

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

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

Obtaining Prior Authorization

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

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

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

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

Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list. Florida Blue reserves the right to change the drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override.

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

Responsible Quantity Program Information

Responsible Quantity Authorization Form

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

Responsible Steps Program

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

A list of current drugs included in the Responsible Steps Program maybe found here: Responsible Steps Program Information and Authorization Forms

Responsible Steps Program for Medical Pharmacy

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

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

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

Responsible Steps for Medical Pharmacy

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

Coverage Protocol Exemption

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

Coverage Exception Process

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

Standard Exception Requests

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

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

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

Expedited Exception Requests

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

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

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

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

Coverage Exception Request Form

What if my exception request is denied?

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

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

Notice

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

How to use this Drug list

Column 1: Drug Name

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

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

Column 2: Drug Tier
Indicates the formulary tier level for each drug.

Column 3: Specialty (SP)
Indicates this is a self-administered specialty drug.

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

Column 4: Requirements/Limits

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

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

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

Abbreviation Key

aer ..... aerosol
cap ..... capsules
chew ..... chewable
conc ..... concentrate
cr ..... controlled release
dr ..... delayed release
ec ..... enteric coated
equiv ..... equivalent
er ..... extended release
gm ..... gram
inhal ..... inhaler
inj ..... injection
liqd ..... liquid
mg ..... milligram
ml ..... milliliter
nebu ..... nebulizer
odt ..... orally disintegrating tabs
oint ..... ointment
ophth ..... ophthalmic
osm ..... osmotic release
pack ..... packets
powd ..... powder
pttw ..... twice-weekly patch
sl ..... sublingual
soln ..... solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td ..... transdermal
w/ ..... with

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

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

Section 1557 Notification: Discrimination is Against the Law

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

We provide:

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

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program (FEP): 1-800-333-2227
- Medicare: 1-800-926-6565
- TTY 711

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

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

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

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

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

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

87768 0625R

Se encuentran a su disposición los servicios gratuitos de idiomas, de ayuda auxiliar y de formato alternativo. Llame al número 1-800-352-2583, a FEP al 1-800-333-2227, a Medicare al 1-800-926-6565, (TTY 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí, thiết bị hỗ trợ và các định dạng thay thế. Vui lòng gọi 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

Gen èd oksilyè pou ede w nan lòt lang ak sèvis nan lòt fòma ki disponib gratis. Rele nan 1-800-352-2583, FEP 1-800-333-2227, oswa rele Medicare nan 1-800-926-6565 (TTY 711).

Estão disponíveis, gratuitamente, serviços de tradução, assistência e formatos alternativos. Ligue para 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711).

免费语言服务、辅助援助及替代格式服务均已开放。欢迎致电以下号码 普通咨询1-800-352-2583 联邦雇员计划（FEP）1-800-333-2227 医疗保险（Medicare）1-800-926-6565 听障专线（TTY）711。

Des services linguistiques, d'aide auxiliaire et de supports alternatifs vous sont proposés gratuitement. Appelez le 1-800-352-2583, le FEP au 1-800-333-2227, le Medicare au 1-800-926-6565 (ATS 711).

May makukuhang mga libreng serbisyo sa wika, karagdagang tulong at mga alternatibong anyo. Tumawag sa 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

Предоставляются бесплатные языковые услуги, вспомогательные материалы и услуги в альтернативных форматах. Звоните 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (номер для текст-телефонных устройств (TTY) 711).

الخدمات المجانية للغة، والمساعدة الإضافية، وتنسيقات بديلة متاحة. يرجى الاتصال على:
1-800-352-2583 برنامج FEP: 1-800-333-2227 برنامج Medicare: 1-800-926-6565 (TTY: 711 لذوي الإعاقة السمعية)

Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Telefono: 1-800-352-2583, FEP: 1-800-333-2227, Medicare: 1-800-926-6565, (TTY 711).

Kostenloser Service für Sprachen, Hilfsmittel und alternative Formate verfügbar. Telefon 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711).

무료 언어, 보조 기구 및 대체 형식 서비스를 이용할 수 있습니다. 전화 1-800-352-2583, FEP 1-800-333-2227, 메디케어 1-800-926-6565, (TTY 711).

Bezpłatna pomoc językowa, pomoc dodatkowa oraz usługi różnego rodzaju są dostępne. Zadzwoń pod numer 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

મફત ભાષા, સહાયક મદદ અને વૈકલ્પિક ફૉર્મેટ સેવાઓ ઉપલબ્ધ છે.
1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711) પર કૉલ કરો.

มีบริการภาษา ความช่วยเหลือเพิ่มเติม และบริการในรูปแบบอื่น ๆ ฟรี โทร 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711)

無料の言語サービス、補助サービス、代替フォーマットサービスをご利用いただけます。1-800-352-2583、FEP 1-800-333-2227、メディケア 1-800-926-6565 (TTY 711) までお電話ください。

با 1-800- FEP خدمات رایگان زبانی، کمک‌های جانبی، و قالب‌های جایگزین در دسترس هستند. با شماره 1-800-352-2583 تماس بگیرید. برای تماس بگیرید (TTY: 711) با 1-800-926-6565 Medicare و برای 333-2227.

T’áá free yíníłta’go saad bee áká anilyeedígíí, ałk’ida’áníígíí, dóó t’áá ajiłii hane’ bee áká anilyeedígíí t’éiyá éí hołne’. 1-800-352-2583 bich’į’ náhodoonih, FEP bich’į’ 1-800-333-2227 bich’į’ náhodoonih, Medicare bich’į’ 1-800-926-6565 bich’į’ náhodoonih, (TTY 711).

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	5		
amoxicillin (trihydrate) cap 250 mg, 500 mg	3		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	3		
amoxicillin (trihydrate) tab 500 mg, 875 mg	3		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	3		
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	5		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	3		
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	5		
amoxicillin & k clavulanate tab 250-125 mg	5		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	3		
amoxicillin & k clavulanate tab 875-125 mg	3		
ampicillin cap 500 mg	3		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	5		
dicloxacillin sodium cap 250 mg, 500 mg	3		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	5		
penicillin v potassium tab 250 mg, 500 mg	3		
CEPHALOSPORINS			
CEFACLOR - cefaclor cap 250 mg, 500 mg	5		
cefadroxil cap 500 mg	3		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	3		
cefdinir cap 300 mg	3		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3		
CEFIXIME - cefixime for susp 100 mg/5ml	5		
cefixime cap 400 mg (Suprax)	5		
cefixime for susp 200 mg/5ml (Suprax)	5		
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	5		
cefpodoxime proxetil tab 100 mg, 200 mg	3		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	3		
cefprozil tab 250 mg, 500 mg	3		
cefuroxime axetil tab 250 mg, 500 mg	3		
cephalexin cap 250 mg, 500 mg	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
cephalexin for susp 125 mg/5ml, 250 mg/5ml	3		
cephalexin tab 250 mg, 500 mg	3		
MACROLIDES			
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	3		
azithromycin tab 250 mg, 500 mg (Zithromax)	3		
azithromycin tab 600 mg	3		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	5		
clarithromycin tab er 24hr 500 mg	5		
clarithromycin tab 250 mg, 500 mg	3		
DIFICID - fidaxomicin for susp 40 mg/ml	5		QL (272 mls/180 days)
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	5		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	5		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	5		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	5		
erythromycin tab 250 mg, 500 mg	5		
fidaxomicin tab 200 mg (Dificid)	5		QL (40 tablets/180 days)
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	5		
doxycycline hyclate cap 50 mg	3		
doxycycline hyclate cap 100 mg (Vibramycin)	3		
doxycycline hyclate tab 20 mg, 100 mg	3		
doxycycline monohydrate cap 50 mg, 100 mg	3		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	5		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3		
minocycline hcl cap 50 mg, 75 mg, 100 mg	3		
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	6	SP	PA, LD, QL (30 tablets/180 days)
tetracycline hcl cap 250 mg, 500 mg	5		
FLUOROQUINOLONES			
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	5		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	3		
ciprofloxacin hcl tab 750 mg (base equiv)	3		
levofloxacin oral soln 25 mg/ml	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
levofloxacin tab 250 mg, 500 mg, 750 mg	3		
moxifloxacin hcl tab 400 mg (base equiv)	3		
OFLOXACIN - ofloxacin tab 400 mg	5		
AMINOGLYCOSIDES			
HUMATIN - paromomycin sulfate cap 250 mg	5		LD
neomycin sulfate tab 500 mg	3		
TOBI PODHALER - tobramycin inhal cap 28 mg	6	SP	LD
tobramycin nebu soln 300 mg/5ml (Tobi)	6	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	6	SP	
SULFONAMIDES			
sulfadiazine tab 500 mg	5		
ANTIMYCOBACTERIAL AGENTS			
CYCLOSERINE - cycloserine cap 250 mg	5		
ethambutol hcl tab 100 mg	3		
ethambutol hcl tab 400 mg (Myambutol)	3		
isoniazid syrup 50 mg/5ml	5		
isoniazid tab 100 mg, 300 mg	3		
PRETOMANID - pretomanid tab 200 mg	5		LD, QL (182 tablets/365 days)
pyrazinamide tab 500 mg	5		
rifabutin cap 150 mg (Mycobutin)	5		
rifampin cap 150 mg, 300 mg	5		
rifapentine tab 150 mg (Priftin)	5		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	6	SP	PA, LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	6	SP	PA, LD, QL (188 tablets/365 days)
ANTIFUNGALS			
CRESEMBA - isavuconazonium sulfate cap 186 mg	6		PA
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	3		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	3		
flucytosine cap 250 mg, 500 mg (Ancobon)	5		
griseofulvin microsize susp 125 mg/5ml	5		
griseofulvin microsize tab 500 mg	5		
griseofulvin ultramicrosize tab 125 mg, 250 mg	5		
itraconazole cap 100 mg (Sporanox)	5		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	5		PA, QL (600 mls/30 days)
ketoconazole tab 200 mg	3		
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5		PA
nystatin tab 500000 unit	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
posaconazole susp 40 mg/ml (Noxafil)	5		PA
posaconazole tab delayed release 100 mg (Noxafil)	5		PA
terbinafine hcl tab 250 mg	3		QL (30 tablets/30 days)
voriconazole for susp 40 mg/ml (Vfend)	5		PA
voriconazole tab 50 mg, 200 mg (Vfend)	5		PA
ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	3		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	3		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	3		QL (30 tablets/30 days)
acyclovir cap 200 mg	3		
acyclovir susp 200 mg/5ml (Zovirax)	5		
acyclovir tab 400 mg, 800 mg	3		
adefovir dipivoxil tab 10 mg (Hepsera)	5		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	5		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	3		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	3		QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5		QL (630 mls/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	5		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	5		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5		QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	5		QL (180 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	3		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	5		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	5		QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	5		QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	5		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	5		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	5		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	5		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	5		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	6	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	6	SP	PA, QL (28 packets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	6	SP	PA, QL (56 packets/28 days)
EPIVIR - lamivudine oral soln 10 mg/ml	5		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	5		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	5		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	5		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	3		QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	6	SP	PA, QL (28 packets/28 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	6	SP	PA, QL (28 tablets/28 days)
INTELENCE - etravirine tab 25 mg	5		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	5		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	5		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5		QL (60 packets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	5		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	5		QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	3		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	5		QL (30 tablets/30 days)
lamivudine tab 150 mg (Epivir)	3		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	3		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	3		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	SP	PA, QL (28 tablets/28 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	5		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	5		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	5		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	5		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	6	SP	PA, QL (84 tablets/28 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	6	SP	PA, QL (140 packets/28 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	5		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg (Viramune xr)	3		QL (30 tablets/30 days)
nevirapine tab 200 mg	3		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	5		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	5		QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	3		QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	3		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	3		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	5		QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PIFELTRO - doravirine tab 100 mg	5		QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg	5		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	5		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	5		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	5		QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	6		PA, QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	5		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	5		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	5		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	5		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	5		
RIBAVIRIN - ribavirin tab 200 mg	5		
rilpivirine hcl tab 25 mg (base equivalent) (Edurant)	5		QL (30 tablets/30 days)
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	6		PA
ritonavir tab 100 mg (Norvir)	3		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 150 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	6	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	6	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	6	SP	PA, QL (28 packets/28 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	5		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5		LD, QL (5 tablets/365 days)
SUNLENCA - lenacapavir sodium tab 300 mg	5		LD, QL (4 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5		QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5		QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	5		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	3		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	5		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	5		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	5		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	5		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	5		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5		QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	6	SP	PA, QL (28 tablets/28 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	5		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	5		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	3		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	3		QL (1920 mls/30 days)
zidovudine tab 300 mg	3		QL (60 tablets/30 days)
ANTIMALARIALS			
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	5		
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	5		
chloroquine phosphate tab 500 mg	3		
COARTEM - artemether-lumefantrine tab 20-120 mg	6		PA
HYDROXYCHLOROQUINE SULFAT - hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	5		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	3		
mefloquine hcl tab 250 mg	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	3		
pyrimethamine tab 25 mg (Daraprim)	6	SP	PA, QL (90 tablets/30 days)
quinine sulfate cap 324 mg (Qualaquin)	5		QL (42 capsules/90 days)
ANTHELMINTICS			
albendazole tab 200 mg (Albenza)	5		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	5		LD
ivermectin tab 3 mg (Stromectol)	5		
praziquantel tab 600 mg (Biltricide)	5		
ANTI-INFECTIVE AGENTS - MISC.			
atovaquone susp 750 mg/5ml (Mepron)	5		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	6	SP	LD
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	3		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	5		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	5		
dapsone tab 25 mg	5		
dapsone tab 100 mg	3		
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	5		
IMPAVIDO - miltefosine cap 50 mg	6	SP	PA
LAMPIT - nifurtimox tab 30 mg	5		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	5		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	5		
linezolid tab 600 mg (Zyvox)	5		
methenamine hippurate tab 1 gm (Hiprex)	3		
metronidazole tab 250 mg	3		
metronidazole tab 500 mg (Flagyl)	3		
nitazoxanide tab 500 mg	5		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	5		
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrodantin)	3		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3		
nitrofurantoin susp 25 mg/5ml	5		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	5		
SIVEXTRO - tedizolid phosphate tab 200 mg	5		PA, QL (6 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	3		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	3		
tinidazole tab 250 mg	5		
tinidazole tab 500 mg	3		
trimethoprim tab 100 mg	3		
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	5		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	5		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	5		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	5		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 200 mg	6		PA, QL (9 tablets/180 days)
XIFAXAN - rifaximin tab 550 mg	5		PA, QL (126 tablets/365 days)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1		
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1		
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	1		QL (1 vaccine/90 days)
COMIRNATY 2026-27 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	1		
COMIRNATY/5-11Y/2026-27 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1		
FLUAD 2026-2027 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUARIX 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FLUBLOK 2026-2027 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX 2026-2027 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLULAVAL 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	1		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE 2026-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUZONE 2026-2027 - influenza virus vaccine split im susp	1		QL (1 vaccine/90 days)
FLUZONE 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1		
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	1		
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	1		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp	1		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1		
MFLUSIVA 2026-27 - influenza virus vac type a&b mrna susp pref syr 0.38 ml	1		QL (1 vaccine/90 days)
MNEXSPIKE COVID-19 VACCIN - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	1		
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1		
NUVAXOVID COVID-19 VACCIN - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	1		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1		
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1		
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	1		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	1		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1		
ROTARIX - rotavirus vaccine, live oral susp	1		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1		
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	1		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	1		
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	1		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1		
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml	1		
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1		
VAXCHORA - cholera vaccine live attenuated for oral susp	5		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	5		
TOXOIDS			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	1		
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1		
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1		
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	1		
PASSIVE IMMUNIZING AGENTS			
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	6	SP	PA
GAMMAGARD LIQUID ERC - immune globulin (human) iv or subcutaneous soln 5 gm/50ml, 10 gm/100ml	6	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	6	SP	PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	6	SP	PA
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	6	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	6	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous sol pref syr 10 gm/50ml	6	SP	PA, LD
ANTINEOPLASTIC AGENTS			
ANTINEOPLASTICS			
abiraterone acetate tab 250 mg (Zytiga)	6	SP	PA, QL (120 tablets/30 days)
abiraterone acetate tab 500 mg (Zytiga)	6	SP	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	6	SP	PA, LD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	6	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	6	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	6	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	6	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	6	SP	PA, LD, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	6	SP	PA, QL (240 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	6	SP	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	6	SP	PA, LD, QL (1 pack/28 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	6	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	6	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	6	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	6	SP	PA, LD, QL (30 tablets/30 days)
BEQALZI - sonrotoclax tab 1 mg, 5 mg	6	SP	PA, QL (11 tablets/28 days)
BEQALZI - sonrotoclax tab 20 mg	6	SP	PA, QL (14 tablets/28 days)
BEQALZI - sonrotoclax tab 80 mg	6	SP	PA, QL (120 tablets/30 days)
BEQALZI STARTER PACK - sonrotoclax tab therapy starter pack 1 & 5 & 20 & 80 mg	5		PA, QL (44 tablets/28 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	6	SP	PA, LD, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	6	SP	PA, LD, QL (2 pens/28 days)
bexarotene cap 75 mg (Targretin)	6	SP	PA
bicalutamide tab 50 mg (Casodex)	3		
BOSULIF - bosutinib cap 50 mg	6	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	6	SP	PA, LD, QL (150 capsules/30 days)
bosutinib tab 100 mg (Bosulif)	6	SP	PA, QL (120 tablets/30 days)
bosutinib tab 400 mg, 500 mg (Bosulif)	6	SP	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	6	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	6	SP	PA, LD, QL (120 capsules/30 days)
BRUKINSA - zanubrutinib tab 160 mg	6	SP	PA, LD, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	6	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	6	SP	PA, LD, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
capecitabine tab 150 mg, 500 mg (Xeloda)	6	SP	
CAPRELSA - vandetanib tab 100 mg	6	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	6	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	6	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	6	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	6	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	6	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	6	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	5		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	5		
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)	6	SP	PA, LD, QL (112 tablets/28 days)
dasatinib tab 20 mg (Sprycel)	6	SP	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	6	SP	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	6	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	6	SP	PA, LD, QL (30 tablets/30 days)
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent)	6	SP	PA, QL (30 capsules/30 days)
ENSACOVE - ensartinib hcl cap 100 mg (base equivalent)	6	SP	PA, QL (60 capsules/30 days)
ERIVEDGE - vismodegib cap 150 mg	6	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	6	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	6	SP	PA, LD, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	6	SP	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	6	SP	PA, QL (30 tablets/30 days)
ETCAMAH - camizestrant tab 75 mg	6	SP	PA
ETOPOSIDE - etoposide cap 50 mg	5		
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	6	SP	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	6	SP	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	6	SP	PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	6	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	6	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	6	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	6	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	6	SP	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	6	SP	PA, LD, QL (30 tablets/30 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	6	SP	PA, QL (168 tablets/28 days)
GOMEKLI - mirdametinib cap 1 mg	6	SP	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	6	SP	PA, QL (84 capsules/28 days)
HERNEXEOS - zongertinib tab 60 mg	6	SP	PA, LD, QL (180 tablets/60 days)
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	6	SP	PA
hydroxyurea cap 500 mg (Hydrea)	3		
HYRNUO - sevabertinib tab 10 mg	6	SP	PA, QL (120 tablets/30 days)
IBRANCE - palbociclib cap 125 mg	6	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	6	SP	PA, LD, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	6	SP	PA, LD, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	6	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	6	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	6	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	6	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	6	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg	6	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	6	SP	PA, LD, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	6	SP	PA, LD, QL (216 mls/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	6	SP	PA, QL (280 mls/28 days)
INLURIYO - imlunestrant tosylate tab 200 mg	6	SP	PA, LD, QL (56 tablets/28 days)
INLYTA - axitinib tab 1 mg	6	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	6	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	6	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	6	SP	PA, LD, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	6	SP	PA, QL (56 tablets/28 days)
ITOVEBI - inavolisib tab 9 mg	6	SP	PA, QL (28 tablets/28 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
IWILFIN - eflornithine hcl tab 192 mg	6	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	6	SP	PA, LD, QL (60 tablets/30 days)
JAKAFI XR - ruxolitinib phosphate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent), 33 mg (base equivalent), 44 mg (base equivalent), 55 mg (base equivalent)	6	SP	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	6	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	6	SP	PA, LD, QL (60 tablets/30 days)
JIDEYTRO - zidesamtinib tab 25 mg	6	SP	PA, QL (90 tablets/30 days)
JIDEYTRO - zidesamtinib tab 100 mg	6	SP	PA, QL (30 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	6	SP	PA, QL (63 tablets/28 days)
KOMZIFTI - ziftomenib cap 200 mg	6	SP	PA, LD, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 10 mg	6	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	6	SP	PA, LD, QL (120 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	6	SP	PA, LD, QL (420 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	6	SP	PA, LD, QL (240 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	6	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	6	SP	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	6	SP	PA, LD, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	6	SP	PA, LD, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	6	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	6	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	6	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	6	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	6	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	6	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	6	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	6	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
leucovorin calcium tab 5 mg	3		PA, QL (180 tablets/30 days)
leucovorin calcium tab 10 mg, 15 mg	5		PA, QL (180 tablets/30 days)
leucovorin calcium tab 25 mg	5		PA, QL (360 tablets/30 days)
LEUKERAN - chlorambucil tab 2 mg	5		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	6	SP	PA, QL (6 vials/30 days)
LIFYORLI - relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose)	6	SP	PA, LD, QL (18 capsules/28 days)
LIFYORLI - relacorilant cap pak 2 x 25 mg & 1 x 100 mg (150 mg dose)	6	SP	PA, LD, QL (27 capsules/28 days)
lomustine cap 10 mg, 40 mg, 100 mg (Gleostine)	6	SP	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	6	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	6	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	6	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	6	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	6	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg	6	SP	PA, LD, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	6	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	6	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	6	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	6	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	6	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	6	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	6	SP	LD
megestrol acetate susp 40 mg/ml	5		
megestrol acetate tab 20 mg, 40 mg	3		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	6	SP	PA, QL (1170 mls/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	6	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	6	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	6	SP	PA, LD, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	6	SP	
mercaptopurine tab 50 mg	5		
mesna tab 400 mg (Mesnex)	5		
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
methotrexate sodium for inj 1 gm	5		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	3		
methotrexate sodium tab 2.5 mg (base equiv)	3		
MIMRYLO - rusfertide acetate for subcutaneous soln 9.5 mg, 19 mg, 28 mg	6	SP	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 41 mg, 54 mg	6	SP	PA, QL (8 vials/28 days)
MODEYSO - dordaviprone hcl cap 125 mg	6	SP	PA, LD, QL (20 capsules/28 days)
MYLERAN - busulfan tab 2 mg	5		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	6	SP	PA, LD, QL (180 tablets/30 days)
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	6	SP	PA, QL (120 capsules/30 days)
NILUTAMIDE - nilutamide tab 150 mg	5		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	6	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	6	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	6	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	6	SP	PA, LD, QL (56 tablets/28 days)
OJEMDA - tovorafenib tab 100 mg	6	SP	PA, LD, QL (24 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	6	SP	PA, LD, QL (96 mls/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	6	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	6	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	6	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	6	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	6	SP	PA, LD, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	6	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	6	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	6	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	6	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	6	SP	PA, QL (1 pack/28 days)
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	6	SP	PA, QL (21 capsules/28 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
QINLOCK - ripretinib tab 50 mg	6	SP	PA, LD, QL (90 tablets/30 days)
RASONQUE - daraxonrasib tab 100 mg, 150 mg	6	SP	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	6	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	6	SP	PA, LD, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	6	SP	PA, LD, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	6	SP	PA, LD, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	6	SP	PA, LD, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg	6	SP	PA, LD, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	6	SP	PA, QL (8 capsules/28 days)
ROZLYTREK - entrectinib pellet pack 50 mg	6	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	6	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	6	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	6	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	6	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	6	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	6	SP	PA, LD, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	6	SP	PA, LD, QL (120 tablets/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	6	SP	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	6	SP	PA, LD, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	6	SP	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	6	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	6	SP	PA
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	6	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	6	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	6	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	6	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.25 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	6	SP	PA, LD, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
temozolomide cap 5 mg, 20 mg	6	SP	PA

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	6	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	6	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	6	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	5		
tretinoin cap 10 mg	6	SP	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	6	SP	PA, LD, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	6	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	6	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	6	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	6	SP	PA, LD, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	6	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	6	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	6	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	6	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	6	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	6	SP	PA, LD, QL (1 pack/180 days)
VEPPANU - vepdegestrant tab 100 mg, 200 mg	6	SP	PA, QL (30 tablets/30 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	6	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	6	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	6	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	6	SP	PA, LD, QL (60 capsules/30 days)
VONJO - pacritinib citrate cap 100 mg	6	SP	PA, LD, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	6	SP	PA, LD, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	6	SP	PA, LD, QL (30 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	6	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg	6	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	6	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	6	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	6	SP	PA, LD, QL (16 tablets/28 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	6	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)	6	SP	PA, LD, QL (4 tablets/28 days)
XPOVIO - selinexor tab therapy pack 80 mg (80 mg once weekly)	6	SP	PA, QL (4 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	6	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	6	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	6	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	6	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	6	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	6	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	6	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	6	SP	PA, LD, QL (240 tablets/30 days)
ZENBEXUS - iberdomide hydrochloride cap 0.75 mg, 1 mg	6	SP	PA, QL (21 capsules/28 days)
ZOLINZA - vorinostat cap 100 mg	6	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	6	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	6	SP	PA, LD, QL (90 tablets/30 days)
ENDOCRINE AND METABOLIC DRUGS			
CORTICOSTEROIDS			
budesonide delayed release particles cap 3 mg (Entocort ec)	5		
budesonide tab er 24hr 9 mg (Uceris)	5		
deflazacort susp 22.75 mg/ml (Emflaza)	6	SP	PA, LD
deflazacort tab 6 mg (Emflaza)	6	SP	PA, LD, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	6	SP	PA, LD, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	6	SP	PA, LD
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	5		
dexamethasone elixir 0.5 mg/5ml	3		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3		
fludrocortisone acetate tab 0.1 mg	3		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	3		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	3		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3		
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (Pediapred)	3		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3		
prednisolone soln 15 mg/5ml	3		
prednisolone tab 5 mg	5		
PREDNISONE - prednisone oral soln 5 mg/5ml	5		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	3		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	3		
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	5		PA
methyltestosterone cap 10 mg	5		PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	3		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	3		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	5		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	5		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	5		PA, QL (4 pump bottles/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	5		PA, QL (2 pump bottles/30 days)
testosterone td soln 30 mg/act	5		PA, QL (2 pump bottles/30 days)
ESTROGENS			
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg	6		PA
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	5		QL (4 patches/28 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	5		
estradiol & norethindrone acetate tab 0.5-0.1 mg	3		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	3		
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	5		QL (1 pump/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	3		
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	5		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	5		QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr (Climara)	3		QL (4 patches/28 days)
estradiol td patch weekly 0.075 mg/24hr (Climara)	5		QL (4 patches/28 days)
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg (Premarin)	5		
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	5		PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	5		
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3		
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	5		PA, QL (56 capsules/28 days)
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	5		
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	5		
CONTRACEPTIVES			
ARANELLE - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	5		
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	1		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)	1		PA
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	5		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1		
OPILL - norgestrel tab 0.075 mg	1		
VALTYA 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	5		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	5		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	3		
norethindrone acetate tab 5 mg (Aygestin)	3		
progesterone cap 100 mg, 200 mg (Prometrium)	3		
ANTIDIABETICS			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	2		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ dose	5		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/ dose	5		
dapagliflozin tab 5 mg, 10 mg (Farxiga)	2		QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg (Xigduo xr)	2		QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg (Xigduo xr)	2		QL (60 tablets/30 days)
diazoxide susp 50 mg/ml (Proglycem)	5		
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	2		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	2		
glipizide tab 5 mg, 10 mg	2		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	2		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	5		
glucagon for inj 1 mg	5		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	2		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	5		ST, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	5		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	5		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	5		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	5		
JARDIANCE - empagliflozin tab 10 mg, 25 mg	5		ST, QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	2		
metformin hcl tab 500 mg, 850 mg, 1000 mg	2		
mifepristone tab 300 mg (Korlym)	6	SP	PA, QL (120 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	5		PA, QL (4 pens/180 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	5		PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	2		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	5		PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg	5		PA, QL (30 tablets/180 days)
OZEMPIC - semaglutide tab 4 mg, 9 mg	5		PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	2		
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	2		
repaglinide tab 0.5 mg, 1 mg, 2 mg	2		
RYBELSUS - semaglutide tab 3 mg	5		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	5		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	2		ST, QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	2		ST, QL (60 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	2		ST, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Januvia)	2		ST, QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg (Janumet xr)	2		ST, QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg (Janumet xr)	2		ST, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg (Janumet)	2		ST, QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	5		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	5		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	5		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	5		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	5		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	5		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	5		ST, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	5		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	5		ST, QL (60 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	5		
Rapid-Acting Insulins			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro inj soln 100 unit/ml	2		
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2		
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2		
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
Short-Acting Insulins			
HUMULIN R - insulin regular (human) inj 100 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			
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2		
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2		
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2		
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2		
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		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 soln pen-injector 100 unit/ml	2		
LANTUS - insulin glargine inj 100 unit/ml	2		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		
TRESIBA - insulin degludec inj 100 unit/ml	2		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
THYROID AGENTS			
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	5		
EVEXITHROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain), 180 mg (3 grain)	5		
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	3		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	3		
methimazole tab 5 mg, 10 mg (Tapazole)	3		
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	5		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	5		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	5		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	5		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	5		
propylthiouracil tab 50 mg	3		
RENTHYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain)	5		
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	5		
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	5		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	5		QL (28 tablets/270 days)
ENDOCRINE and METABOLIC AGENTS - MISC.			
alendronate sodium tab 10 mg, 35 mg	2		
alendronate sodium tab 70 mg (Fosamax)	2		
betaine powder for oral solution (Cystadane)	6	SP	PA
cabergoline tab 0.5 mg	3		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	5		
calcitonin (salmon) nasal soln 200 unit/act	2		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	3		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	5		
carglumic acid soluble tab 200 mg (Carbaglu)	6	SP	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	5		PA
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	5		
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	5		
desmopressin acetate inj 4 mcg/ml (Ddavp)	5		
desmopressin acetate nasal spray soln 0.01% (refrigerated)	5		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	5		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	3		
DOXERCALCIFEROL - doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	5		
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	6	SP	PA

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	6	SP	PA
glycerol phenylbutyrate liquid 1.1 gm/ml (Ravicti)	6	SP	PA, QL (525 mls/30 days)
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	2		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	6	SP	PA, LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	6	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab 15 mg	6	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	6	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg	5		ST, QL (30 tablets/30 days)
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	5		
levocarnitine tab 330 mg (Carnitor)	5		
MIFEPREX - mifepristone tab 200 mg	5		
mifepristone tab 200 mg (Mifeprex)	3		
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	6	SP	PA, LD, QL (30 vials/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	6	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	6	SP	PA, LD
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml	6	SP	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	6	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	6	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	6	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	6	SP	PA, LD
ORFADIN - nitisinone susp 4 mg/ml	6	SP	PA, LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	5		PA, QL (60 tablets/30 days)
OSPHENA - ospemifene tab 60 mg	6		PA
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	5		
paricalcitol cap 4 mcg	5		
raloxifene hcl tab 60 mg (Evista)	1		
risedronate sodium tab delayed release 35 mg (Atelvia)	2		
risedronate sodium tab 30 mg	2		
risedronate sodium tab 35 mg, 150 mg (Actonel)	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	6	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	6	SP	PA, LD
sodium phenylbutyrate oral powder 3 gm/ teaspoonful (Buphenyl)	6	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	6	SP	PA, QL (1200 tablets/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	6	SP	PA, LD, QL (30 vials/30 days)
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	6	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	6	SP	
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	6	SP	PA
tolvaptan (hyponatremia) tab 15 mg (Samsca)	6	SP	QL (30 tablets/180 days)
tolvaptan (hyponatremia) tab 30 mg (Samsca)	6	SP	QL (60 tablets/180 days)
tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg (Jynarque)	6	SP	PA, QL (56 tablets/28 days)
tolvaptan tab 15 mg (Jynarque)	6	SP	PA, QL (60 tablets/30 days)
tolvaptan tab 30 mg (Jynarque)	6	SP	PA, QL (30 tablets/30 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	6	SP	PA, LD
VEOZAH - fezolinetant tab 45 mg	5		PA, LD, QL (30 tablets/30 days)
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
digoxin oral soln 0.05 mg/ml (Digoxin)	5		
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	5		
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	3		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg (Isordil titradose)	3		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	3		
isosorbide dinitrate tab 40 mg (Isordil titradose)	5		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	3		
isosorbide mononitrate tab 10 mg, 20 mg	3		
nitroglycerin oint 2%	5		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	3		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	5		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	3		
BETA BLOCKERS			
acebutolol hcl cap 200 mg, 400 mg	2		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	2		
betaxolol hcl tab 10 mg, 20 mg	2		
bisoprolol fumarate tab 5 mg, 10 mg	2		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	2		
labetalol hcl tab 100 mg, 200 mg, 300 mg	2		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	2		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	2		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	2		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	2		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	2		
pindolol tab 5 mg, 10 mg	2		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	2		
propranolol hcl oral soln 20 mg/5ml	2		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2		
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	3		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	3		
sotalol hcl tab 240 mg	3		
TIMOLOL MALEATE - timolol maleate tab 5 mg, 20 mg	5		
timolol maleate tab 10 mg	2		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	2		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	2		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	2		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	2		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	2		
diltiazem hcl tab 90 mg	2		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	2		
isradipine cap 2.5 mg, 5 mg	2		
nicardipine hcl cap 20 mg, 30 mg	2		
nifedipine cap 10 mg, 20 mg	2		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	2		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	2		
nimodipine cap 30 mg	5		
NISOLDIPINE ER - nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	5		
nisoldipine tab er 24hr 8.5 mg, 17 mg (Sular)	2		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	2		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	2		
verapamil hcl tab 40 mg, 80 mg, 120 mg	2		
ANTIARRHYTHMICS			
amiodarone hcl tab 100 mg, 400 mg	5		
amiodarone hcl tab 200 mg	3		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	5		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	5		
flecainide acetate tab 50 mg, 100 mg, 150 mg	3		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	5		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	6		PA
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	5		
propafenone hcl tab 150 mg, 225 mg, 300 mg	3		
quinidine gluconate tab er 324 mg	5		
ANTIHYPERTENSIVES			
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	2		

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	2		
guanfacine hcl tab 1 mg, 2 mg	2		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	2		
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	2		
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	2		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg (Zestril)	2		
lisinopril tab 20 mg (Prinivil)	2		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	2		
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	2		
METHYLDOPA - methyldopa tab 500 mg	5		
methyldopa tab 250 mg	2		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2		
minoxidil tab 2.5 mg, 10 mg	2		
moexipril hcl tab 7.5 mg, 15 mg	2		
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	2		
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	2		
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	2		
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	5		
perindopril erbumine tab 4 mg	2		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	2		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	2		
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	5		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	2		
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)	2		
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	5		
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	2		
trandolapril tab 1 mg, 2 mg, 4 mg	2		
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	2		
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	2		
VECAMYL - mecamylamine hcl tab 2.5 mg	6		PA, LD
DIURETICS			
acetazolamide cap er 12hr 500 mg	3		
acetazolamide tab 125 mg, 250 mg	3		
amiloride hcl tab 5 mg	2		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	5		
bumetanide tab 0.5 mg (Bumex)	2		
bumetanide tab 1 mg, 2 mg	2		
chlorthalidone tab 25 mg, 50 mg	2		
dichlorphenamide tab 50 mg (Keveyis)	6	SP	PA, QL (120 tablets/30 days)
ethacrynic acid tab 25 mg (Edecrin)	5		
FUROSEMIDE - furosemide oral soln 10 mg/ml	5		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	2		
hydrochlorothiazide cap 12.5 mg	2		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	2		
indapamide tab 1.25 mg, 2.5 mg	2		
methazolamide tab 25 mg, 50 mg	5		
metolazone tab 2.5 mg, 5 mg, 10 mg	2		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	2		
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	2		
triamterene & hydrochlorothiazide cap 37.5-25 mg	2		
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	2		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
triamterene cap 50 mg, 100 mg (Dyrenium)	2		
VASOPRESSORS			
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	5		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	5		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	5		
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	3		
ANTIHYPERLIPIDEMICS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	2		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	2		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	2		
cholestyramine light powder 4 gm/dose (Questran light)	2		
cholestyramine powder packets 4 gm (Questran)	2		
cholestyramine powder 4 gm/dose (Questran)	2		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	2		
colesevelam hcl packet for susp 3.75 gm (Welchol)	2		
colesevelam hcl tab 625 mg (Welchol)	2		
colestipol hcl granule packets 5 gm (Colestid flavored)	2		
colestipol hcl granules 5 gm (Colestid flavored)	2		
colestipol hcl tab 1 gm (Colestid)	2		
ezetimibe tab 10 mg (Zetia)	2		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	2		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	2		
fenofibrate tab 48 mg, 145 mg (Tricor)	2		
fenofibrate tab 54 mg, 160 mg	2		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	2		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
JUXTAPID - lomitapide mesylate cap 2 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	6	SP	PA, LD, QL (28 capsules/28 days)
lovastatin tab 10 mg	2		QL (60 tablets/30 days)
lovastatin tab 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	5		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	5		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	2		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	2		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	2		QL (45 tablets/30 days)
pitavastatin calcium tab 4 mg (Livalo)	2		QL (30 tablets/30 days)
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5		PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	2		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	2		QL (30 tablets/30 days)
simvastatin tab 5 mg	2		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	2		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	2		QL (60 tablets/30 days)
simvastatin tab 80 mg (Zocor)	2		QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	4		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	4		PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	6	SP	PA, LD, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	6	SP	PA, LD, QL (30 tablets/30 days)
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	6	SP	PA, LD, QL (112 tablets/28 days)
bosentan tab for oral susp 32 mg (Tracleer)	6	SP	PA, QL (120 tablets/30 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	6	SP	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	5		LD
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	5		QL (240 capsules/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	5		
macitentan tab 10 mg (Opsumit)	6	SP	PA, QL (30 tablets/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	6	SP	PA, LD
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	6	SP	PA, LD, QL (1 kit/180 days)
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg (Entresto)	5		QL (60 tablets/30 days)
sildenafil citrate tab 20 mg (Revatio)	3		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	6	SP	PA, QL (60 tablets/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)	6	SP	PA
UPTRAVI - selexipag tab 100 mcg	6	SP	PA, LD, QL (420 tablets/180 days)
UPTRAVI - selexipag tab 150 mcg	6	SP	PA, LD, QL (840 tablets/180 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	6	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	6	SP	PA, LD, QL (1 pack/180 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	5		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	6	SP	PA, QL (30 capsules/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	3		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTIHISTAMINES			
carbinoxamine maleate tab 4 mg	3		
cyproheptadine hcl syrup 2 mg/5ml	3		
cyproheptadine hcl tab 4 mg	3		
desloratadine tab 5 mg (Clarinex)	3		
levocetirizine dihydrochloride tab 5 mg	3		
loratadine oral soln 5 mg/5ml	3		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	3		
loratadine tab 10 mg	3		
promethazine hcl oral soln 6.25 mg/5ml	3		
promethazine hcl suppos 12.5 mg, 25 mg	5		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	3		
NASAL AGENTS - SYSTEMIC and TOPICAL			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
flunisolide nasal soln 25 mcg/act (0.025%)	3		
fluticasone propionate nasal susp 50 mcg/act	3		
ipratropium bromide nasal soln 0.03% (21 mcg/ spray), 0.06% (42 mcg/spray)	3		
olopatadine hcl nasal soln 0.6% (Patanase)	3		
COUGH/COLD/ALLERGY			
acetylcysteine inhal soln 10%, 20%	2		
benzonatate cap 100 mg (Tessalon perles)	3		
benzonatate cap 200 mg	3		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	3		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	3		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	5		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	3		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	3		
NEBUSAL - sodium chloride soln nebu 3%	5		
promethazine w/ codeine syrup 6.25-10 mg/5ml	3		
promethazine-dm syrup 6.25-15 mg/5ml	3		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3		
PULMOSAL - sodium chloride soln nebu 7%	5		
SODIUM CHLORIDE - sodium chloride soln nebu 3%, 7%, 10%	5		
ANTIASTHMATIC and BRONCHODILATOR AGENTS			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	5		QL (1 inhaler/30 days)
AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	5		QL (3 inhalers/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2		QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	2		
albuterol sulfate syrup 2 mg/5ml	2		
albuterol sulfate tab 2 mg, 4 mg	2		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	5		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	2		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	5		QL (30 blisters/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	5		QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	5		QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	5		QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	5		QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	5		QL (2 inhalers/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	5		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	5		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act	5		QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	2		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	2		PA, QL (3 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	5		QL (3 inhalers/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	6	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	5		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	5		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act	5		QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act	5		QL (2 inhalers/30 days)
fluticasone propionate hfa inhal aero 44 mcg/act	2		QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	5		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	2		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	5		QL (30 blisters/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ipratropium bromide hfa inhal aerosol 17 mcg/act (Atrovent hfa)	2		QL (2 inhalers/30 days)
ipratropium bromide inhal soln 0.02%	2		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	2		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	2		
montelukast sodium tab 10 mg (base equiv) (Singulair)	2		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	6	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	6	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	6	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	5		QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	5		QL (2 inhalers/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	2		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	5		QL (60 blisters/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	5		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	5		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	5		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	2		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	6	SP	PA, LD, QL (1 pen/28 days)
theophylline elixir 80 mg/15ml	2		
theophylline soln 80 mg/15ml	2		
theophylline tab er 12hr 300 mg, 450 mg	2		
theophylline tab er 24hr 400 mg, 600 mg	2		
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	5		QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	6	SP	PA, LD
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	6	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	2		
zileuton tab er 12hr 600 mg	5		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg	6	SP	PA, LD, QL (84 tablets/28 days)
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg	6	SP	PA, LD, QL (56 tablets/28 days)
KALYDECO - ivacaftor tab 150 mg	6	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	6	SP	PA, LD, QL (56 packets/28 days)
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent) (Ofev)	6	SP	PA, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	6	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	6	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	6	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	6	SP	PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	6	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	6	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	6	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	6	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	6	SP	PA, LD, QL (56 tablets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	6	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	6	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	6	SP	PA, LD, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	6	SP	PA, LD, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS			
LAXATIVES			
lactulose solution 10 gm/15ml	3		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	5		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	1		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	5		
ANTIDIARRHEALS			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	3		
MYTESI - crofelemer tab delayed release 125 mg	6		PA, LD
ULCER DRUGS			
cimetidine hcl soln 300 mg/5ml	5		
dicyclomine hcl cap 10 mg	3		
dicyclomine hcl oral soln 10 mg/5ml	3		
dicyclomine hcl tab 20 mg	3		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	3		QL (60 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)	5		QL (60 packets/30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	5		QL (60 packets/30 days)
famotidine for susp 40 mg/5ml	3		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	5		
glycopyrrolate tab 1 mg, 2 mg	3		
lansoprazole cap delayed release 30 mg (Prevacid)	3		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	5		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	3		
NIZATIDINE - nizatidine cap 300 mg	6		PA
nizatidine cap 150 mg	5		
omeprazole cap delayed release 10 mg, 40 mg	3		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	3		
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	3		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	5		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	3		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	3		
ANTIEMETICS			
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	5		QL (2 packs/30 days)
aprepitant capsule 40 mg	5		
aprepitant capsule 80 mg (Emend)	5		QL (4 capsules/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
aprepitant capsule 125 mg	5		QL (2 capsules/30 days)
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	5		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	5		
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	5		QL (6 packages/30 days)
granisetron hcl tab 1 mg	5		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	3		
ondansetron hcl oral soln 4 mg/5ml	3		
ondansetron hcl tab 4 mg (Zofran)	3		
ondansetron hcl tab 8 mg	3		
ondansetron orally disintegrating tab 4 mg, 8 mg	3		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	3		
trimethobenzamide hcl cap 300 mg	5		
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	6	SP	LD, QL (4 tablets/30 days)
DIGESTIVE AIDS			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	5		
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	5		
GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	5		PA, QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	5		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	5		
calcium acetate (phosphate binder) tab 667 mg	5		
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	6	SP	PA, QL (2 kits/28 days)
CIMZIA (1 SYRINGE) - certolizumab pegol prefilled syringe kit 200 mg/ml	6	SP	PA, QL (4 syringes/28 days)
CIMZIA (2 SYRINGE) - certolizumab pegol prefilled syringe kit 200 mg/ml	6	SP	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	6	SP	PA, QL (1 kit/180 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	5		
CTEXLI - chenodiol (basds) tab 250 mg	6	SP	PA, QL (90 tablets/30 days)
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	6	SP	PA, LD, QL (2 pens/28 days)
ferric citrate tab 1 gm (210 mg ferric iron) (Auryxia)	5		ST, QL (360 tablets/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	3		
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	5		QL (270 tablets/30 days)
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	5		QL (180 tablets/30 days)
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	5		QL (120 tablets/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	5		PA, QL (30 capsules/30 days)
lubiprostone cap 8 mcg (Amitiza)	5		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	5		PA, QL (60 capsules/30 days)
mesalamine cap er 24hr 0.375 gm (Apriso)	5		
MESALAMINE DR - mesalamine cap dr 400 mg	5		
mesalamine enema 4 gm	5		
mesalamine suppos 1000 mg (Canasa)	5		
mesalamine tab delayed release 800 mg	5		
mesalamine tab delayed release 1.2 gm (Lialda)	5		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	5		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	3		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 200 mg/2ml	6	SP	PA, LD, QL (1 pen/28 days)
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	6	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 200 mg/2ml	6	SP	PA, QL (1 syringe/28 days)
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	6	SP	PA, LD, QL (2 syringes/28 days)
sevelamer carbonate packet 0.8 gm (Renvela)	5		QL (510 packets/30 days)
sevelamer carbonate packet 2.4 gm (Renvela)	5		QL (150 packets/30 days)
sevelamer carbonate tab 800 mg (Renvela)	5		QL (510 tablets/30 days)
sevelamer hcl tab 400 mg	5		QL (960 tablets/30 days)
sevelamer hcl tab 800 mg (Renagel)	5		QL (480 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	6	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	3		
sulfasalazine tab 500 mg (Azulfidine)	3		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	6	SP	PA, QL (1 syringe/28 days)
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	6	SP	PA, QL (1 pen/28 days)
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	6	SP	PA, QL (3 packs/180 days)
TRULANCE - plecanatide tab 3 mg	5		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	5		
ursodiol tab 250 mg (Urso 250)	5		
ursodiol tab 500 mg (Urso forte)	5		
VIBERZI - eluxadoline tab 75 mg, 100 mg	5		PA, QL (60 tablets/30 days)
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg	3		
bethanechol chloride tab 50 mg	5		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	5		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	5		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	3		
mirabegron granules for oral extended release susp 8 mg/ml (Myrbetriq)	5		QL (300 mls/28 days)
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	5		QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	3		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	3		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	3		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	3		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	3		
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	3		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	3		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	3		QL (60 tablets/30 days)
trospium chloride cap er 24hr 60 mg	5		QL (30 capsules/30 days)
trospium chloride tab 20 mg	3		QL (60 tablets/30 days)
VAGINAL PRODUCTS			

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	5		
clindamycin phosphate vaginal cream 2% (Cleocin)	5		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	1		
estradiol vaginal cream 0.01% (Estrace)	3		
estradiol vaginal tab 10 mcg (Vagifem)	5		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	5		QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	6		PA
INTRAROSA - prasterone vaginal insert 6.5 mg	6		PA
metronidazole vaginal gel 0.75%	3		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	1		
PHEXX - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	1		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	5		
terconazole vaginal cream 0.4%, 0.8%	3		
terconazole vaginal suppos 80 mg	5		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	1		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	3		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	3		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	5		LD
dutasteride cap 0.5 mg (Avodart)	3		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	5		
ELMIRON - pentosan polysulfate sodium caps 100 mg	6		PA, QL (90 capsules/30 days)
finasteride tab 5 mg (Proscar)	3		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	5		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	3		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	3		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	3		
silodosin cap 4 mg, 8 mg (Rapaflo)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
sodium chloride irrigation soln 0.9%	3		
SODIUM CITRATE AND CITRIC - sodium citrate & citric acid soln 500-334 mg/5ml	5		
SODIUM CITRATE/CITRIC ACI - sodium citrate & citric acid soln 500-334 mg/5ml	5		
tamsulosin hcl cap 0.4 mg (Flomax)	3		
tiopronin tab delayed release 100 mg (Thiola ec)	6	SP	PA, LD, QL (600 tablets/30 days)
tiopronin tab delayed release 300 mg (Thiola ec)	6	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	6	SP	PA, LD, QL (600 tablets/30 days)
CENTRAL NERVOUS SYSTEM DRUGS			
ANTIANXIETY AGENTS			
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg	3		
alprazolam orally disintegrating tab 1 mg, 2 mg	5		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	3		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	3		
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	3		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	3		
clorazepate dipotassium tab 3.75 mg, 15 mg	5		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	5		
diazepam conc 5 mg/ml	3		
diazepam oral soln 1 mg/ml	3		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	3		
hydroxyzine hcl syrup 10 mg/5ml	3		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	3		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	3		
lorazepam conc 2 mg/ml	3		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	3		
meprobamate tab 200 mg, 400 mg	5		
oxazepam cap 10 mg, 15 mg	3		
oxazepam cap 30 mg	5		
ANTIDEPRESSANTS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	3		
amoxapine tab 25 mg, 50 mg	3		
amoxapine tab 100 mg, 150 mg	5		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	3		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
bupropion hcl tab 75 mg, 100 mg	3		
citalopram hydrobromide cap 30 mg (Citalopram hydrobrom)	5		
citalopram hydrobromide oral soln 10 mg/5ml	5		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	3		
clomipramine hcl cap 25 mg, 50 mg (Anafranil)	3		
clomipramine hcl cap 75 mg (Anafranil)	5		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	3		
desipramine hcl tab 50 mg	3		
desipramine hcl tab 75 mg, 100 mg, 150 mg	5		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv) (Pristiq)	3		QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	3		QL (120 tablets/30 days)
DOXEPIN HCL - doxepin hcl conc 10 mg/ml	5		
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	3		
DOXEPIN HYDROCHLORIDE - doxepin hcl cap 150 mg	5		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	3		
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	6		PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	5		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	3		
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	6		ST, QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	6		ST, QL (1 pack/180 days)
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	3		
fluoxetine hcl solution 20 mg/5ml	5		
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	3		
fluvoxamine maleate tab 25 mg, 50 mg	3		QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	3		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	3		
MARPLAN - isocarboxazid tab 10 mg	6		PA
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	3		QL (90 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg, 45 mg (Remeron soltab)	3		QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
mirtazapine tab 7.5 mg, 45 mg	3		QL (30 tablets/30 days)
mirtazapine tab 15 mg (Remeron)	3		QL (90 tablets/30 days)
mirtazapine tab 30 mg (Remeron)	3		QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	3		
nortriptyline hcl soln 10 mg/5ml	5		
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	3		
PAROXETINE HYDROCHLORIDE - paroxetine hcl oral susp 10 mg/5ml (base equiv)	5		ST
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	5		
protriptyline hcl tab 5 mg, 10 mg	5		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	3		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	3		
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	6	SP	PA, QL (4 packs/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	6	SP	PA, QL (4 packs/28 days)
tranylcypromine sulfate tab 10 mg (Parnate)	5		
trazodone hcl tab 50 mg, 100 mg, 150 mg	3		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	5		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	6		ST, QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	3		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	3		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	5		QL (30 tablets/30 days)
ANTIPSYCHOTICS			
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	6	SP	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	6	SP	
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	6	SP	
aripiprazole oral solution 1 mg/ml	5		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	5		QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	3		QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	6	SP	
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	6	SP	
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	5		QL (60 tablets/30 days)
chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	5		
chlorpromazine hcl tab 10 mg, 50 mg, 100 mg, 200 mg	5		
chlorpromazine hcl tab 25 mg	3		
clozapine orally disintegrating tab 12.5 mg, 25 mg, 100 mg, 150 mg, 200 mg	5		
clozapine tab 25 mg, 50 mg (Clozaril)	3		
clozapine tab 100 mg, 200 mg (Clozaril)	5		
ERZOFRI - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml, 351 mg/2.25ml	6	SP	
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	6		ST, QL (1 pack/180 days)
fluphenazine decanoate inj 25 mg/ml	6	SP	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	5		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	6	SP	
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	6	SP	
haloperidol decanoate im soln 50 mg/ml, 100 mg/ml	6	SP	
haloperidol lactate oral conc 2 mg/ml	3		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	3		
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	6	SP	
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	6	SP	
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	6	SP	
LITHIUM CARBONATE - lithium carbonate cap 600 mg	5		

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
risperidone soln 1 mg/ml (Risperdal)	3		QL (480 mls/30 days)
risperidone tab 0.25 mg	3		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	3		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	3		QL (120 tablets/30 days)
RYKINDO - risperidone for im extended release suspension 25 mg	6	SP	
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	3		
thiothixene cap 1 mg, 2 mg	3		
thiothixene cap 5 mg, 10 mg	5		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent)	3		
trifluoperazine hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	5		
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml, 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	6	SP	
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	5		QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	3		QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)	6	SP	
ZYPREXA - olanzapine for im inj 10 mg	6	SP	
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq), 300 mg (base eq), 405 mg (base eq)	6	SP	
HYPNOTICS			
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	5		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	3		
eszopiclone tab 1 mg (Lunesta)	3		QL (90 tablets/30 days)
eszopiclone tab 2 mg, 3 mg (Lunesta)	3		QL (30 tablets/30 days)
PHENOBARBITAL - phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	5		
PHENOBARBITAL - phenobarbital elixir 20 mg/5ml	5		
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	5		ST, QL (30 tablets/30 days)
ramelteon tab 8 mg (Rozerem)	3		QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	6	SP	PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 22.5 mg (Restoril)	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
temazepam cap 15 mg, 30 mg (Restoril)	3		
zaleplon cap 5 mg	3		QL (60 capsules/30 days)
zaleplon cap 10 mg	3		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg (Ambien cr)	3		QL (60 tablets/30 days)
zolpidem tartrate tab er 12.5 mg (Ambien cr)	3		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg (Ambien)	3		QL (60 tablets/30 days)
zolpidem tartrate tab 10 mg (Ambien)	3		QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	3		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 10 mg (Adderall)	3		QL (180 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg, 20 mg (Adderall)	3		QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg, 15 mg (Adderall)	3		QL (120 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg (Adderall)	3		QL (60 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	3		
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	3		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	3		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	5		QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	5		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	3		QL (120 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	5		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	3		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	5		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	5		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	5		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	3		QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
dextroamphetamine sulfate tab 10 mg	5		QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	3		QL (30 tablets/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	5		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	5		QL (30 tablets/30 days)
methamphetamine hcl tab 5 mg	5		QL (150 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	5		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	5		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	5		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	5		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	3		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	5		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	5		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	5		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	3		QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg (Ritalin)	3		QL (360 tablets/30 days)
methylphenidate hcl tab 10 mg (Ritalin)	3		QL (180 tablets/30 days)
methylphenidate hcl tab 20 mg (Ritalin)	3		QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	5		QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	5		QL (60 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	3		
QELBREE - viloxazine hcl cap er 24hr 100 mg	5		QL (30 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 150 mg	5		QL (60 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 200 mg	5		QL (90 capsules/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	6	SP	PA, LD, QL (60 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.			
acamprosate calcium tab delayed release 333 mg	5		
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	6	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	6		PA
cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs) (Mavenclad)	6	SP	PA, QL (8 tablets/301 days)
cladribine tab therapy pack 10 mg (5 tabs) (Mavenclad)	6	SP	PA, QL (10 tablets/301 days)
cladribine tab therapy pack 10 mg (6 tabs) (Mavenclad)	6	SP	PA, QL (12 tablets/301 days)
cladribine tab therapy pack 10 mg (7 tabs) (Mavenclad)	6	SP	PA, QL (14 tablets/301 days)
cladribine tab therapy pack 10 mg (9 tabs) (Mavenclad)	6	SP	PA, QL (9 tablets/301 days)
cladribine tab therapy pack 10 mg (10 tabs) (Mavenclad)	6	SP	PA, QL (20 tablets/301 days)
dalfampridine tab er 12hr 10 mg (Ampyra)	5		PA, QL (60 tablets/30 days)
dextromethorphan hbr-quinidine sulfate cap 20-10 mg (Nuedexta)	5		PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	5	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	5	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	5	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	5		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	3		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	3		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	6	SP	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	5		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	3		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	6	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	6	SP	QL (12 syringes/28 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	6	SP	PA, QL (1 pen/28 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	5		PA, QL (228 tablets/180 days)
memantine hcl oral solution 2 mg/ml	5		
memantine hcl tab 5 mg, 10 mg (Namenda)	3		
MEMANTINE HCL TITRATION P - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	5		
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak (Savella titration pa)	5		QL (1 pack/180 days)
milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg (Savella)	5		QL (60 tablets/30 days)
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/ spray)	1		
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	5		
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	6		PA
pimozide tab 1 mg, 2 mg	5		
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	6	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	6	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	6	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	6	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	6	SP	PA, LD, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	6	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	6	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	5		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	6		ST, QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	6		ST, QL (1 pack/180 days)
sodium oxybate oral solution 500 mg/ml (Xyrem)	6	SP	PA, LD, QL (540 mls/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	6	SP	PA, LD, QL (30 tablets/30 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	6	SP	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	6	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	6	SP	PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
ZEPOSIA - ozanimod hcl cap 0.92 mg	6	SP	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	6	SP	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	6	SP	PA, QL (7 capsules/180 days)
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	5		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	3		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	3		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	3		QL (180 capsules/30 days)
diflunisal tab 500 mg	5		
ANALGESICS - NARCOTIC			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	5		PA, QL (2700 mls/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base	5		PA, QL (60 films/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)			
BRIXADI - buprenorphine extended release soln pref syr 64 mg/0.18ml, 96 mg/0.27ml, 128 mg/0.36ml	6	SP	PA, LD, QL (1 syringe/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 8 mg/0.16ml, (weekly) 16 mg/0.32ml, (weekly) 24 mg/0.48ml, (weekly) 32 mg/0.64ml	6	SP	PA, LD, QL (4 syringes/28 days)
buprenorphine hcl sl tab 2 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	5		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	5		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	5		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	5		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	5		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	5		QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	5		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	5		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	5		PA, QL (2 bottles/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	5		PA, QL (180 tablets/30 days)
DISKETS - methadone hcl tab for oral susp 40 mg	5		PA, QL (90 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	5		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	6		PA, QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	5		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	3		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	5		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	5		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg (Dilaudid)	3		PA, QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg (Dilaudid)	5		PA, QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
levorphanol tartrate tab 2 mg	5		PA, QL (120 tablets/30 days)
methadone hcl conc 10 mg/ml (Methadose)	3		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	3		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	3		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	5		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	3		PA, QL (90 tablets/30 days)
morphine sulfate oral soln 10 mg/5ml	3		PA, QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	3		PA, QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	3		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	5		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	3		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	3		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA, QL (60 tablets/30 days)
oxycodone hcl cap 5 mg	3		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	5		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	3		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	3		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg (Roxicodone)	3		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	3		PA, QL (120 tablets/30 days)
oxycodone hcl tab 30 mg (Roxicodone)	5		PA, QL (120 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	3		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	3		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	3		PA, QL (180 tablets/30 days)
PENTAZOCINE/NALOXONE HCL - pentazocine w/ naloxone hcl tab 50-0.5 mg	5		PA, QL (360 tablets/30 days)
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	6	SP	PA, LD, QL (1 syringe/28 days)
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	6	SP	PA, LD, QL (2 syringe/180 days)
tapentadol hcl tab 50 mg, 75 mg, 100 mg (Nucynta)	5		PA, QL (180 tablets/30 days)
tramadol hcl tab er 24hr 100 mg	3		PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg, 300 mg	5		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	3		PA, QL (240 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	3		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	5		PA, QL (180 capsules/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	5		QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	5		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	5		QL (60 tablets/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	6	SP	PA, QL (1 kit/180 days)
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	6	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	6	SP	PA, QL (2 syringes/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml, 80 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	6	SP	PA, QL (2 syringes/28 days)
ARCALYST - rilonacept for inj 220 mg	6	SP	PA, LD, QL (4 vials/28 days)
AVTOZMA - tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9ml	6	SP	PA, QL (4 pens/28 days)
AVTOZMA - tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9ml	6	SP	PA, QL (4 syringes/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	3		
diclofenac potassium tab 50 mg	3		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	3		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	5		
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	5		
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	6	SP	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	6	SP	PA, QL (8 vials/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	6	SP	PA, QL (4 cartridges/28 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	6	SP	PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	3		
etodolac tab er 24hr 400 mg	3		
etodolac tab er 24hr 500 mg, 600 mg	5		
etodolac tab 400 mg (Lodine)	3		
etodolac tab 500 mg	3		
FLURBIPROFEN - flurbiprofen tab 100 mg	5		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	6	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	6	SP	PA, QL (2 syringes/28 days)
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml	6	SP	PA, QL (1 kit/180 days)
ibuprofen tab 400 mg, 600 mg, 800 mg	3		
indomethacin cap er 75 mg	3		
indomethacin cap 25 mg, 50 mg	3		
ketorolac tromethamine tab 10 mg	3		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	6	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	6	SP	PA, QL (2 syringes/28 days)
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	6	SP	PA, LD, QL (28 syringes/28 days)
leflunomide tab 10 mg, 20 mg (Arava)	3		
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	6		PA
meloxicam tab 7.5 mg, 15 mg (Mobic)	3		
nabumetone tab 500 mg, 750 mg	3		
naproxen sodium tab 275 mg, 550 mg	3		
naproxen tab 250 mg, 375 mg	3		
naproxen tab 500 mg (Naprosyn)	3		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	6	SP	PA, LD, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	6	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	6	SP	PA, QL (4 pens/28 days)
OTEZLA - apremilast tab 20 mg, 30 mg	6	SP	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	6	SP	PA, QL (1 kit/180 days)
OTEZLA XR - apremilast tab er 24hr 75 mg	6	SP	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY T - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	6	SP	PA, QL (1 kit/180 days)
oxaprozin tab 600 mg (Daypro)	5		
piroxicam cap 10 mg, 20 mg (Feldene)	3		
RASUVO - methotrexate soln pf auto-injector 7.5 mg/0.15ml, 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml	5		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	6	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	6	SP	PA, LD, QL (84 tablets/365 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	6	SP	PA, LD, QL (360 mls/30 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	6	SP	PA, QL (2 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	6	SP	PA, QL (2 pens/28 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	6	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	6	SP	PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	3		
tofacitinib citrate oral soln 1 mg/ml (base equivalent) (Xeljanz)	6	SP	PA, QL (240 mls/30 days)
tofacitinib citrate tab er 24hr 11 mg (base equivalent) (Xeljanz xr)	6	SP	PA, QL (30 tablets/30 days)
tofacitinib citrate tab er 24hr 22 mg (base equivalent) (Xeljanz xr)	6	SP	PA, QL (120 tablets/365 days)
tofacitinib citrate tab 5 mg (base equivalent) (Xeljanz)	6	SP	PA, QL (60 tablets/30 days)
tofacitinib citrate tab 10 mg (base equivalent) (Xeljanz)	6	SP	PA, QL (240 tablets/365 days)
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	6	SP	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	6	SP	PA, QL (4 syringes/28 days)
MIGRAINE PRODUCTS			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	5		PA, QL (1 pen/28 days)

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)	5		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	3		QL (12 tablets/30 days)
GOUT AGENTS			
allopurinol tab 100 mg, 300 mg (Zyloprim)	3		
colchicine tab 0.6 mg (Colcrys)	3		
colchicine w/ probenecid tab 0.5-500 mg	3		
febuxostat tab 40 mg, 80 mg (Uloric)	3		
probenecid tab 500 mg	3		
NEUROMUSCULAR DRUGS			
ANTICONVULSANTS			
brivaracetam iv soln 50 mg/5ml (Briviact)	5		
brivaracetam oral soln 10 mg/ml (Briviact)	5		
brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg (Briviact)	5		
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	6		PA
BRIVIACT - brivaracetam oral soln 10 mg/ml	6		PA
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	5		
carbamazepine chew tab 100 mg	3		
carbamazepine susp 100 mg/5ml (Tegretol)	5		
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	3		
carbamazepine tab er 12hr 200 mg, 400 mg (Tegretol-xr)	5		
carbamazepine tab 200 mg (Tegretol)	3		
clobazam suspension 2.5 mg/ml (Onfi)	5		
clobazam tab 10 mg, 20 mg (Onfi)	3		
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	3		
DIACOMIT - stiripentol cap 250 mg, 500 mg	6	SP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	6	SP	
diazepam rectal gel delivery system 2.5 mg	5		
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	5		
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	5		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	3		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	3		
EPIDIOLEX - cannabidiol soln 100 mg/ml	6	SP	PA, LD
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)	5		
ethosuximide cap 250 mg (Zarontin)	5		
ethosuximide soln 250 mg/5ml (Zarontin)	3		
felbamate susp 600 mg/5ml (Felbatol)	5		
felbamate tab 400 mg, 600 mg (Felbatol)	5		
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	3		
gabapentin oral soln 250 mg/5ml (Neurontin)	5		
gabapentin tab 600 mg, 800 mg (Neurontin)	3		
lacosamide oral solution 10 mg/ml (Vimpat)	5		
lacosamide tab 50 mg, 100 mg, 150 mg (Vimpat)	3		
lacosamide tab 200 mg (Vimpat)	5		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	5		
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	3		
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	5		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	5		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	5		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	5		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	5		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	3		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	5		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	5		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	5		
levetiracetam oral soln 100 mg/ml (Keppra)	3		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	3		
methsuximide cap 300 mg (Celontin)	5		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	5		QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	5		
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)	5		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	3		
perampanel susp 0.5 mg/ml (Fycompa)	5		
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	5		
phenytoin chew tab 50 mg (Dilantin infatabs)	3		
phenytoin sodium extended cap 100 mg (Dilantin)	3		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	5		
phenytoin susp 125 mg/5ml (Dilantin-125)	3		
pregabalin cap 25 mg (Lyrica)	3		QL (360 capsules/30 days)
pregabalin cap 50 mg (Lyrica)	3		QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg (Lyrica)	3		QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg (Lyrica)	3		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	3		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	5		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	3		
rufinamide susp 40 mg/ml (Banzel)	5		
rufinamide tab 200 mg, 400 mg (Banzel)	5		
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	5		
tiagabine hcl tab 2 mg, 4 mg (Gabitril)	5		
TIAGABINE HYDROCHLORIDE - tiagabine hcl tab 12 mg, 16 mg	5		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	5		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	5		PA, QL (60 capsules/30 days)
topiramate oral soln 25 mg/ml (Eprontia)	5		
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	5		
topiramate sprinkle cap 50 mg	5		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	3		
valproate sodium oral soln 250 mg/5ml (base equiv)	3		
valproic acid cap 250 mg	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	5		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	5		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	5		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	6	SP	LD
vigabatrin tab 500 mg (Sabril)	6	SP	LD
zonisamide cap 25 mg, 100 mg (Zonegran)	3		
zonisamide cap 50 mg	3		
ANTIPARKINSON AGENTS			
amantadine hcl cap 100 mg	3		
amantadine hcl soln 50 mg/5ml	3		
amantadine hcl tab 100 mg	3		
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	6	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	3		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	5		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	5		
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	5		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	3		
carbidopa & levodopa tab 25-250 mg	3		
carbidopa tab 25 mg (Lodosyn)	5		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	5		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	5		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	5		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	5		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	5		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	5		
entacapone tab 200 mg (Comtan)	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
INBRIJA - levodopa inhal powder cap 42 mg	6	SP	PA, LD
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	5		
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)	3		
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg	3		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	5		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	3		
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	5		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	3		
selegiline hcl cap 5 mg	5		
selegiline hcl tab 5 mg	5		
tolcapone tab 100 mg (Tasmar)	5		
trihexyphenidyl hcl oral soln 0.4 mg/ml	5		
trihexyphenidyl hcl tab 2 mg, 5 mg	3		
NEUROMUSCULAR AGENTS			
riluzole tab 50 mg (Rilutek)	5		
TEGLUTIK - riluzole susp 50 mg/10ml	6	SP	PA, QL (600 mls/30 days)
TIGLUTIK - riluzole susp 50 mg/10ml	6	SP	PA, LD, QL (600 mls/30 days)
MUSCULOSKELETAL THERAPY AGENTS			
baclofen susp 25 mg/5ml (Fleqsuvy)	5		
baclofen tab 10 mg, 20 mg	3		
carisoprodol tab 350 mg (Soma)	3		
chlorzoxazone tab 500 mg	3		
cyclobenzaprine hcl tab 5 mg, 10 mg	3		
dantrolene sodium cap 25 mg, 50 mg (Dantrium)	5		
dantrolene sodium cap 100 mg	5		
metaxalone tab 400 mg	5		
metaxalone tab 800 mg (Skelaxin)	5		
methocarbamol tab 500 mg, 750 mg	3		
orphenadrine citrate tab er 12hr 100 mg	3		
ORPHENADRINE/ASPIRIN/CAFF - orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	6		PA
tizanidine hcl tab 2 mg (base equivalent)	3		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTIMYASTHENIC AGENTS			
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	5		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	5		
pyridostigmine bromide tab 60 mg (Mestinon)	3		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	3		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	3		
phytonadione tab 5 mg (Mephyton)	5		
MULTIVITAMINS			
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	5		
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	5		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	5		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	5		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	5		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
MATRIAPRO - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PNV 27-CA/FE/FA - prenatal vit w/ fe fumarate-fa tab 60-1 mg	5		
PRENACHEW - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
PRENATABS FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	5		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	5		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	5		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	5		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	5		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	5		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	5		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	5		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
MINERALS and ELECTROLYTES			
FLUORIDE - 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		
PHOSPHA 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	5		
PHOSPHO-TRIN K500 - potassium phosphate monobasic tab 500 mg	5		
PHOSPHO-TRIN 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	5		
PHOSPHOROUS - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	5		
potassium chloride cap er 8 meq, 10 meq	3		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	3		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	5		
potassium chloride tab er 8 meq (600 mg)	3		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	3		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SODIUM FLUORIDE - sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1		
ZYCUBO - copper histidinate for subcutaneous soln 2.9 mg	6	SP	PA, QL (30 vials/30 days)
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	6	SP	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	6	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
cyanocobalamin inj 1000 mcg/ml	3		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	6	SP	PA, LD, QL (30 tablets/30 days)
DOPTELET SPRINKLE - avatrombopag maleate cap sprinkle 10 mg (base equiv)	6	SP	PA, LD, QL (60 capsules/30 days)
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	6	SP	PA, QL (30 packets/30 days)
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv) (Promacta)	6	SP	PA, QL (30 tablets/30 days)
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	6	SP	PA
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg	1		
folic acid tab 1 mg	3		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
glutamine (sickle cell) powd pack 5 gm (Endari)	6	SP	PA
miglustat cap 100 mg (Zavesca)	6	SP	PA, LD, QL (90 capsules/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	6	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	6	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	6	SP	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	6	SP	PA
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	6	SP	PA, QL (2 pens/28 days)
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	6	SP	PA
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	2		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	2		QL (120 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg	5		QL (74 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	5		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	5		QL (74 tablets/30 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	5		QL (5 boxes/28 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	5		QL (5 boxes/28 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	5		QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	5		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	5		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	5		
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	5		
rivaroxaban for susp 1 mg/ml (Xarelto)	2		QL (620 mls/30 days)
rivaroxaban tab 2.5 mg (Xarelto)	2		QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	2		
XARELTO - rivaroxaban for susp 1 mg/ml	5		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg	5		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	5		QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	5		QL (42 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	5		QL (51 tablets/180 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	5		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	5		
tranexamic acid tab 650 mg (Lysteda)	5		
HEMATOLOGICAL AGENTS - MISC.			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	6	SP	PA
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	6	SP	PA, LD
ALHEMO - concizumab-mtci soln pen-injector 60mg/1.5ml (40 mg/ml), 150mg/1.5ml (100 mg/ml), 300mg/3ml (100 mg/ml)	6	SP	PA
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	6	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	6	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA, LD
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA
anagrelide hcl cap 0.5 mg (Agrylin)	2		
anagrelide hcl cap 1 mg	2		
ANDEMBRY - garadacimab-gxii soln auto-injector 200 mg/1.2ml	6	SP	PA, QL (1 pen/30 days)
aspirin-dipyridamole cap er 12hr 25-200 mg	2		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
cilostazol tab 50 mg, 100 mg	2		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	6	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	2		
clopidogrel bisulfate tab 300 mg (base equiv)	2		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	6	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	6	SP	PA, LD
dipyridamole tab 25 mg, 50 mg, 75 mg	2		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	6	SP	PA
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	6	SP	PA
FIBRYGA - fibrinogen concentrate (human) for iv soln 1 gm, 2 gm	6	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	6	SP	PA, LD, QL (16 vials/30 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	6	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	6	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	6	SP	PA
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 75 mg/0.5ml, 150 mg/ml	6	SP	PA, QL (4 pens/28 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	6	SP	PA, LD, QL (12 syringes/30 days)
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	6	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 500 unit, 1000 unit, 1500 unit, 3000 unit	6	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	6	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	6	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	6	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	6	SP	PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	6	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	6	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	6	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	6	SP	PA, LD
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	6	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	6	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	6	SP	PA, LD, QL (30 capsules/30 days)
ORLADEYO - berotralstat hcl pellet pack 72 mg, 96 mg, 108 mg, 132 mg	6	SP	PA, LD, QL (28 packets/28 days)
pentoxifylline tab er 400 mg	3		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	2		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	6	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	6	SP	PA, LD, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	6	SP	PA, LD, QL (1 pack/365 days)
QFITLIA - fitusiran sodium subcutaneous soln auto-inj 50 mg/0.5ml	6	SP	PA, LD, QL (1 pen/28 days)
QFITLIA - fitusiran sodium subcutaneous soln 20 mg/0.2ml	6	SP	PA, LD, QL (1 vial/28 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	6	SP	PA, LD

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	6	SP	PA
RIASTAP - fibrinogen concentrate (human) for iv soln 1 gm	6	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	6	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	6	SP	PA, LD, QL (2 syringes/28 days)
ticagrelor tab 60 mg, 90 mg (Brilinta)	2		
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	6	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	6	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	6	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	6	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	6	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	6	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	6	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	6	SP	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	6		PA
TOPICAL PRODUCTS			
OPHTHALMIC AGENTS			
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	5		
atropine sulfate ophth soln 1% (Atropine sulfate)	3		
azelastine hcl ophth soln 0.05%	3		
BACITRACIN/POLYMYXIN B - bacitracin-polymyxin b ophth oint	5		
bepotastine besilate ophth soln 1.5% (Bepreve)	5		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	6		PA

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	6		PA
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	5		
bimatoprost ophth soln 0.01% (Lumigan)	5		QL (2.5 mls/30 days)
bimatoprost ophth soln 0.03%	3		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	5		
brimonidine tartrate ophth soln 0.2%	3		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	5		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	5		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	5		
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	5		PA, QL (60 vials/30 days)
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	3		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	5		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	5		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	3		
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	6		PA
diclofenac sodium ophth soln 0.1%	3		
difluprednate ophth emulsion 0.05% (Durezol)	5		
dorzolamide hcl ophth soln 2% (Trusopt)	3		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	3		
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	5		
epinastine hcl ophth soln 0.05%	5		
erythromycin ophth oint 5 mg/gm	3		
EYSUVIS - loteprednol etabonate ophth susp 0.25%	5		
fluorometholone ophth susp 0.1% (Fml liquifilm)	3		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	5		
gatifloxacin ophth soln 0.5% (Zymaxid)	3		
gentamicin sulfate ophth soln 0.3%	3		
ILEVRO - nepafenac ophth susp 0.3%	6		PA
KETOROLAC TROMETHAMINE - ketorolac tromethamine ophth soln 0.4%	5		
ketorolac tromethamine ophth soln 0.5% (Acular)	3		
latanoprost ophth soln 0.005% (Xalatan)	3		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
loteprednol etabonate ophth gel 0.5% (Lotemax)	5		
loteprednol etabonate ophth susp 0.2% (Alrex)	5		
loteprednol etabonate ophth susp 0.5% (Lotemax)	5		
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (Zylet)	5		
LUMIGAN - bimatoprost ophth soln 0.01%	5		QL (2.5 mls/30 days)
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	5		PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	3		
NATACYN - natamycin ophth susp 5%	5		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	3		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	3		
NEOMYCIN/POLYMYXIN/BACITR - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	5		
NEOMYCIN/POLYMYXIN/BACITR - bacitracin-polymyxin-neomycin-hc ophth oint 1%	5		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	5		
ofloxacin ophth soln 0.3% (Ocuflox)	3		
phenylephrine hcl ophth soln 2.5%, 10%	3		
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	6		PA, LD
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	3		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	3		
prednisolone acetate ophth susp 1% (Pred forte)	3		
proparacaine hcl ophth soln 0.5% (Alcaine)	3		
RESTASIS - cyclosporine (ophth) emulsion 0.05% (pf)	5		PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	6		PA, QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	5		
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth soln 10%	5		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	5		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	5		QL (30 containers/30 days)
TETRACAINE HCL - tetracaine hcl ophth soln 0.5%	5		
tetracaine hcl ophth soln 0.5%	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TETRACAINE HYDROCHLORIDE - tetracaine hcl ophth soln 0.5%	5		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	5		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	3		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	5		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	5		
timolol ophth soln 0.5% (Betimol)	5		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	5		
tobramycin ophth soln 0.3% (Tobrex)	3		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	3		
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	5		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	5		
tropicamide ophth soln 0.5%	5		
tropicamide ophth soln 1% (Mydriacyl)	3		
XIIDRA - lifitegrast ophth soln 5%	5		PA, QL (60 vials/30 days)
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	6		PA, QL (60 vials/30 days)
ZIRGAN - ganciclovir ophth gel 0.15%	6		PA
OTIC AGENTS			
acetic acid otic soln 2%	3		
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	5		
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	5		
ciprofloxacin-hydrocortisone otic susp 0.2-1% (Cipro hc)	5		
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	6		PA
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	3		
hydrocortisone w/ acetic acid otic soln 1-2%	5		
neomycin-polymyxin-hc otic soln 1%	3		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3		
ofloxacin otic soln 0.3%	3		
MOUTH/THROAT/DENTAL AGENTS			
cevimeline hcl cap 30 mg (Evoxac)	5		
chlorhexidine gluconate soln 0.12% (Peridex)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLINPRO 5000 - sodium fluoride paste 1.1%	1		
clotrimazole troche 10 mg	3		
DENTA 5000 PLUS - sodium fluoride cream 1.1%	1		
DENTAGEL - sodium fluoride gel 1.1% (0.5% f)	1		
EASYGEL - stannous fluoride gel 0.4%	1		
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%	1		
FLUORIDEX ENHANCED WHITEN - sodium fluoride paste 1.1%	1		
FLUORIMAX 5000 - sodium fluoride paste 1.1%	1		
JUST RIGHT 5000 - sodium fluoride paste 1.1%	1		
lidocaine hcl viscous soln 2%	3		
nystatin susp 100000 unit/ml	3		
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	6		PA
pilocarpine hcl tab 5 mg (Salagen)	3		
pilocarpine hcl tab 7.5 mg (Salagen)	5		
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	5		
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	5		
SF - sodium fluoride gel 1.1% (0.5% f)	1		
SF 5000 PLUS - sodium fluoride cream 1.1%	1		
SODIUM FLUORIDE - sodium fluoride rinse 0.2%	1		
SODIUM FLUORIDE - sodium fluoride cream 1.1%	1		
SODIUM FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	1		
SODIUM FLUORIDE 5000 PLUS - sodium fluoride cream 1.1%	1		
SODIUM FLUORIDE 5000 PPM - sodium fluoride gel 1.1% (0.5% f)	1		
SODIUM FLUORIDE 5000 PPM - sodium fluoride paste 1.1%	1		
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	5		
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	5		
triamcinolone acetonide dental paste 0.1%	3		
ANORECTAL AGENTS			
HYDROCORTISONE - hydrocortisone perianal cream 1%	5		
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
hydrocortisone enema 100 mg/60ml (Cortenema)	5		
hydrocortisone perianal cream 2.5% (Anusol-hc)	3		
nitroglycerin oint 0.4% (Rectiv)	5		
PROCTOCORT - hydrocortisone perianal cream 1%	5		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	5		
DERMATOLOGICALS			
acitretin cap 10 mg, 25 mg (Soriatane)	5		
acitretin cap 17.5 mg	5		
acyclovir oint 5% (Zovirax)	3		
adapalene gel 0.1%	3		
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	6	SP	PA, LD, QL (2 pens/28 days)
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	6	SP	PA, LD, QL (4 syringes/28 days)
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate cream 0.05%	5		
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	5		ST, QL (120 grams/30 days)
azelaic acid gel 15% (Finacea)	5		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	5		
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	3		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	5		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	5		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	3		QL (135 grams/30 days)
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	5		ST, QL (120 mls/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3		QL (135 grams/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	6	SP	PA
BRIMONIDINE TARTRATE - brimonidine tartrate gel 0.33% (base equivalent)	5		
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	5		QL (120 mls/30 days)
calcipotriene cream 0.005% (Dovonex)	5		QL (120 grams/30 days)

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
desonide cream 0.05% (Desowen)	3		
desonide oint 0.05%	3		QL (120 grams/30 days)
DESOXIMETASONE - desoximetasone gel 0.05%	5		ST, QL (120 grams/30 days)
desoximetasone cream 0.05% (Topicort)	5		
desoximetasone cream 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone oint 0.05% (Topicort)	5		
desoximetasone oint 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	5		
diclofenac sodium soln 1.5%	3		QL (150 mls/30 days)
doxepin hcl cream 5% (Prudoxin)	5		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	6	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	6	SP	PA, QL (2 syringes/28 days)
econazole nitrate cream 1%	3		QL (120 grams/30 days)
ERTACZO - sertaconazole nitrate cream 2%	6		PA
ERYTHROMYCIN - erythromycin gel 2%	5		
erythromycin soln 2%	3		
EXELDERM - sulconazole nitrate cream 1%	6		PA
fluocinolone acetonide cream 0.01%	5		QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	5		
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	3		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	3		
fluocinolone acetonide soln 0.01% (Synalar)	3		
fluocinonide cream 0.05%	3		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	5		QL (120 grams/30 days)
fluocinonide gel 0.05%	3		QL (120 grams/30 days)
fluocinonide oint 0.05%	3		QL (120 grams/30 days)
fluocinonide soln 0.05%	3		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	5		
fluorouracil cream 5% (Efudex)	5		QL (240 grams/84 days)
fluorouracil soln 5%	5		
fluticasone propionate cream 0.05%	3		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	3		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	3		
halcinonide cream 0.1% (Halog)	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
halcinonide soln 0.1% (Halog)	5		QL (120 mls/30 days)
halobetasol propionate cream 0.05%	3		QL (200 grams/28 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	5		ST, QL (118 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate oint 0.1%	5		ST, QL (135 grams/30 days)
hydrocortisone cream 2.5%	3		QL (454 grams/30 days)
hydrocortisone oint 2.5%	3		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	3		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	5		QL (120 grams/30 days)
imiquimod cream 5% (Aldara)	3		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	5		
ivermectin cream 1% (Soolantra)	5		
ketoconazole cream 2%	3		QL (120 grams/30 days)
ketoconazole shampoo 2%	3		
lidocaine hcl soln 4%	3		
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	3		
lidocaine oint 5%	3		QL (100 grams/30 days)
lidocaine patch 5% (Lidoderm)	5		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3		QL (60 grams/30 days)
malathion lotion 0.5% (Ovide)	5		
METHOXSALEN - methoxsalen rapid cap 10 mg	5		
metronidazole cream 0.75% (Metrocream)	3		
metronidazole gel 0.75%	3		
metronidazole gel 1% (Metrogel)	5		
metronidazole lotion 0.75% (Metrolotion)	5		
mometasone furoate cream 0.1%	3		QL (135 grams/30 days)
mometasone furoate oint 0.1%	3		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	3		QL (120 mls/30 days)
mupirocin oint 2%	3		
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	6		PA
nystatin cream 100000 unit/gm	3		
nystatin oint 100000 unit/gm	3		
nystatin topical powder 100000 unit/gm	3		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	3		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	3		
oxiconazole nitrate cream 1% (Oxistat)	5		PA
PANRETIN - alitretinoin gel 0.1%	6		PA

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
penciclovir cream 1% (Denavir)	5		
permethrin cream 5% (Elimite)	3		
pimecrolimus cream 1% (Elidel)	5		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	5		
podofilox gel 0.5% (Condylox)	5		
SANTYL - collagenase oint 250 unit/gm	6		PA, QL (90 grams/30 days)
SELENIUM SULFIDE - selenium sulfide lotion 2.5%	5		
silver sulfadiazine cream 1% (Silvadene)	3		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml, 150 mg/ml	6	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	6	SP	PA, QL (1 pen/84 days)
SOTYKTU - deucravacitinib tab 6 mg	6	SP	PA, QL (30 tablets/30 days)
SPINOSAD - spinosad susp 0.9%	6		PA
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	6	SP	PA, QL (1 syringe/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	6	SP	PA, QL (1 syringe/56 days)
sulfacetamide sodium lotion 10% (acne) (Klaron)	5		
SULFAMYLON - mafenide acetate cream 85 mg/gm	5		
tacrolimus oint 0.03%, 0.1% (Protopic)	5		ST, QL (100 grams/30 days)
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	6	SP	PA, LD, QL (1 pen/28 days)
TALTZ - ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml	6	SP	PA, LD, QL (1 syringe/28 days)
tazarotene cream 0.05%, 0.1% (Tazorac)	5		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	5		QL (100 grams/30 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	6	SP	PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	6	SP	PA, QL (1 pen/56 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	6	SP	PA, QL (1 pen/56 days)
tretinoin cream 0.025% (Retin-a)	3		
tretinoin cream 0.05%, 0.1% (Retin-a)	5		
tretinoin gel 0.01%, 0.025% (Retin-a)	5		
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide aerosol soln 0.147 mg/gm	5		ST, QL (126 grams/30 days)
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide lotion 0.025%	5		ST, QL (120 mls/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	3		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.1%	3		QL (120 mls/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
triamcinolone acetonide oint 0.025%, 0.1%	3		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	3		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	6	SP	LD
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	6	SP	PA, QL (1 vial/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	6	SP	PA, QL (1 syringe/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	6	SP	PA, QL (1 syringe/56 days)
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	5		
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	6	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	6	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	6	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	6	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	5		QL (4 bottles/30 days)
naloxone hcl inj 0.4 mg/ml	3		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	3		QL (1 vial/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	3		QL (4 syringes/30 days)
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	5		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	3		
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	5		QL (4 bottles/30 days)
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	5		QL (4 devices/30 days)
VIVITROL - naltrexone for im extended release susp 380 mg	6	SP	
ZURNAI - nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)	5		QL (4 pens/30 days)
DIAGNOSTIC PRODUCTS			
CHEMSTRIP-K - acetone (urine) test strip	2		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FREESTYLE INSULINX BLOOD - glucose blood test strip	2		QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
FREESTYLE PRECISION NEO B - glucose blood test strip	2		QL (204 strips/30 days)
FREESTYLE TEST STRIPS - glucose blood test strip	2		QL (204 strips/30 days)
KETONE - acetone (urine) test strip	2		
KETONE TEST STRIPS - acetone (urine) test strip	2		
KETOSTIX - acetone (urine) test strip	2		
OPTIUMEZ TEST STRIPS - glucose blood test strip	2		QL (204 strips/30 days)
PRECISION XTRA BLOOD GLUC - glucose blood test strip	2		QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	2		
MEDICAL DEVICES			
ACCU-CHEK FASTCLIX LANCET - lancets	2		
ACCU-CHEK FASTCLIX LANCET - lancets kit	2		
ACCU-CHEK SAFE-T-PRO LANC - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	2		
ACTI-LANCE LANCETS 28G - lancets	2		
ACTI-LANCE LITE SAFETY LA - lancets	2		
ACTI-LANCE SPECIAL SAFETY - lancets	2		
ACTI-LANCE UNIVERSAL SAFE - lancets	2		
ADJUSTABLE LANCING DEVICE - lancet devices	2		
ADVANCED MOBILE LANCET 30 - lancets	2		
ADVANTAGE SAFETY LANCETS - lancets	2		
ADVOCATE LANCETS - lancets	2		
ADVOCATE LANCETS 30G - lancets	2		
ADVOCATE LANCING DEVICE - lancet devices	2		
ADVOCATE RAPID-SAFE LANCI - lancet devices	2		
ADVOCATE SAFETY LANCETS 2 - lancets	2		
AGAMATRIX ULTRA-THIN LANC - lancets	2		
AIMSCO LUBRICATED - condoms latex lubricated	1		
AIMSCO TWIST LANCETS 32G - lancets	2		
AIMSCO TWIST LANCETS 33G - lancets	2		
ASSURE COMFORT LANCETS UL - lancets	2		
ASSURE LANCE LANCETS - lancets	2		
ASSURE LANCE LANCETS 21G - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ASSURE LANCE PLUS SAFETY - lancets	2		
ASSURE LANCE SAFETY LANCE - lancets	2		
AURORA LANCET SUPER THIN - lancets	2		
AURORA LANCET THIN 23G - lancets	2		
AUTO-LANCET - lancet devices	2		
AUTO-LANCET MINI - lancet devices	2		
AUTOLET IMPRESSION LANCIN - lancet devices	2		
AUTOLET LANCING DEVICE - lancet devices	2		
AUTOLET LITE LANCING DEVI - lancet devices	2		
AUTOLET MINI - lancet devices	2		
AUTOLET PLUS - lancet devices	2		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	5		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	5		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	5		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	5		
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	5		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	5		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	5		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1-1/2"	5		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	5		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	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		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD INSULIN SYRINGE 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	2		
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	5		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	5		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	5		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	5		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	5		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	5		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	5		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	5		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	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		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD 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 PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5		
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	5		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	5		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	5		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	5		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		
CARDIOCOM LANCING DEVICE - lancet devices	2		
CAREONE ADVANCED LANCING - lancet devices	2		
CAREONE LANCET SUPER THIN - lancets	2		
CAREONE LANCET THIN - lancets	2		
CAREONE LANCET ULTRA THIN - lancets	2		
CARESENS LANCETS - lancets	2		
CARETOUCH LANCING DEVICE - lancet devices	2		
CARETOUCH SAFETY LANCETS/ - lancets	2		
CARETOUCH TWIST LANCETS M - lancets	2		
CARETOUCH TWIST LANCETS 2 - lancets	2		
CARETOUCH TWIST LANCETS 3 - lancets	2		
CAYA - diaphragm arc-spring	1		
CHOSEN LANCETS 30G - lancets	2		
CHOSEN LANCING DEVICE - lancet devices	2		
CHOSEN SAFETY LANCETS 28G - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEANLET LANCETS 28G - lancets	2		
CLEVER CHEK LANCETS ULTRA - lancets	2		
CLEVER CHOICE COMFORT EZ - lancets	2		
COAGUCHEK LANCETS - lancets	2		
COMFORT ASSURED LANCETS M - lancets	2		
COMFORT ASSURED LANCETS S - lancets	2		
COMFORT LANCETS - lancets	2		
COMFORT TOUCH LANCETS ULT - lancets	2		
COMFORT TOUCH PLUS SAFETY - lancets	2		
COMFORT TOUCH TWIST LANCE - lancets	2		
CONDOMS - condoms - male	1		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit with device	2		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit with device	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit with device	2		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit with device	2		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit with device	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit without device, with device	2		
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit with device	2		
CVS LANCETS ORIGINAL - lancets	2		
CVS LANCETS THIN 26G - lancets	2		
CVS LANCING DEVICE - lancet devices	2		
CVS ULTRA THIN LANCETS - lancets	2		
DEXCOM G6 RECEIVER - continuous glucose system receiver	5		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	5		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	5		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	5		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous glucose system sensor	5		ST, QL (3 sensors/30 days)

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
DEXCOM G7 15 DAY SENSOR - continuous glucose system sensor	5		ST, QL (2 sensors/30 days)
DIATHRIVE LANCETS - lancets	2		
DIATHRIVE LANCETS ULTRA T - lancets	2		
DIATHRIVE LANCING DEVICE - lancet devices	2		
DROPLET GENTEEL LANCING D - lancet devices	2		
DROPLET INSULIN SYRINGE/U - 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		
DROPLET LANCETS ULTRA THI - lancets	2		
DROPLET LANCING DEVICE - lancet devices	2		
DROPLET MEDLANCE PLUS SAF - lancets	2		
DROPLET PERSONAL LANCETS - lancets	2		
DROPSAFE ACTI-LANCE SAFET - lancets	2		
DROPSAFE ERGOLANCE SAFETY - lancets	2		
DROPSAFE HAEMOLANCE PLUS - lancets	2		
DROPSAFE MEDISAFE SOLO SA - lancets	2		
DROPSAFE MEDLANCE PLUS SA - lancets	2		
DRUG MART ON-THE-GO LANCE - lancets	2		
DRUG MART UNILET LANCETS - lancets	2		
DRUG MART UNILET MICRO TH - lancets	2		
DUANE READE LANCET ALTERN - lancets	2		
DUANE READE LANCET SUPER - lancets	2		
DUANE READE LANCET ULTRA - lancets	2		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	1		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	1		
DUREX TROPICAL - condoms latex lubricated	1		
E-Z JECT LANCETS SUPER TH - lancets	2		
EASY COMFORT LANCETS 30G - lancets	2		
EASY COMFORT LANCETS 30G/ - lancets	2		
EASY MINI EJECT LANCING D - lancet devices	2		
EASY MINI LANCING DEVICE - lancet devices	2		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		
EASY TOUCH FLIPLOCK SAFET - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH INSULIN SYRING - insulin syringe (disp) u-100 1 ml	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TOUCH INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY TOUCH LANCETS 21G/PR - lancets	2		
EASY TOUCH LANCETS 23G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PU - lancets	2		
EASY TOUCH LANCETS 28G/PR - lancets	2		
EASY TOUCH LANCETS 28G/PU - lancets	2		
EASY TOUCH LANCETS 28G/TW - lancets	2		
EASY TOUCH LANCETS 30G/BU - lancets	2		
EASY TOUCH LANCETS 30G/PR - lancets	2		
EASY TOUCH LANCETS 30G/PU - lancets	2		
EASY TOUCH LANCETS 30G/TW - lancets	2		
EASY TOUCH LANCETS 32G/PR - lancets	2		
EASY TOUCH LANCETS 32G/PU - lancets	2		
EASY TOUCH LANCETS 32G/TW - lancets	2		
EASY TOUCH LANCETS 33G/TW - lancets	2		
EASY TOUCH LANCING DEVICE - lancet devices	2		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH SAFETY LANCETS - lancets	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TOUCH 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 TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	5		
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	5		
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 1/2 ml 29 x 1/2", 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/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		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBECTA SAFETY INSULIN SY - insulin syringe/ needle u-100 1/2 ml 31 x 15/64"	2		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		
EMBRACE PRESSURE ACTIVATE - lancets	2		
FANTASY LUBRICATED - condoms latex lubricated	1		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	1		
FC2 FEMALE CONDOM - condoms - female	1		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	1		
FIFTY50 SAFETY SEAL LANCE - lancets	2		
FIFTY50 UNILET LANCETS 33 - lancets	2		
FINGERSTIX LANCETS - lancets	2		
FONDCIRCLE LANCING DEVICE - lancet devices	2		
FONDCIRCLE SINGLE USE LAN - lancets	2		
FORA LANCETS - lancets	2		
FORA LANCING DEVICE - lancet devices	2		
FORA LANCING DEVICE/CLEAR - lancet devices	2		
FREESTYLE FREEDOM LITE - blood glucose monitoring kit with device	2		
FREESTYLE LANCETS - lancets	2		
FREESTYLE LIBRE 14 DAY/RE - continuous glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2 PLUS/SE - continuous glucose system sensor	5		ST, QL (2 sensors/30 days)
FREESTYLE LIBRE 2/READER/ - continuous glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3 PLUS/SE - continuous glucose system sensor	5		ST, QL (2 sensors/30 days)
FREESTYLE LIBRE 3/READER/ - continuous glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices	2		
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit with device	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
FREESTYLE PRECISION NEO B - blood glucose monitoring kit with device	2		
FREESTYLE UNISTICK II LAN - lancets	2		
GENTEEL BUTTERFLY TOUCH L - lancets	2		
GENTEEL PLUS LANCING DEVI - lancet devices	2		
GLOBAL INJECT EASE LANCET - lancets	2		
GLOBAL LANCING DEVICE - lancet devices	2		
GLUCOCOM LANCETS 28G - lancets	2		
GLUCOCOM LANCETS 30G - lancets	2		
GLUCOCOM LANCETS 33G - lancets	2		
GNP LANCING SYSTEM DEVICE - lancet devices	2		
GNP STERILE LANCETS 28G - lancets	2		
GNP STERILE LANCETS 30G - lancets	2		
GNP STERILE LANCETS 33G - lancets	2		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GOJJI LANCING DEVICE/CLEA - lancet devices	2		
GOJJI STERILE LANCETS 30G - lancets	2		
H-E-B INCONTROL ADVANCED - lancet devices	2		
H-E-B INCONTROL LANCETS M - lancets	2		
H-E-B INCONTROL LANCETS S - lancets	2		
H-E-B INCONTROL LANCETS U - lancets	2		
HAEMOLANCE - lancets	2		
HAEMOLANCE LOW FLOW LANCE - lancets	2		
HAEMOLANCE PLUS - lancets	2		
HAEMOLANCE PLUS HIGH FLOW - lancets	2		
HAEMOLANCE PLUS LOW FLOW - lancets	2		
HAEMOLANCE PLUS MAX FLOW - lancets	2		
HAEMOLANCE PLUS PEDIATRIC - lancets	2		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
HY-VEE LANCETS - lancets	2		
HY-VEE THIN LANCETS - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
IHEALTH LANCING DEVICE - lancet devices	2		
IN TOUCH LANCING DEVICE - lancet devices	2		
IN TOUCH STERILE LANCETS - lancets	2		
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSULIN SYRINGE/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		
KAMELEON LUBRICATED - condoms latex lubricated	1		
KIMONO COLORS - condoms latex lubricated	1		
KIMONO LUBRICATED - condoms latex lubricated	1		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	1		
KIMONO MICRO THIN - condoms latex non-lubricated	1		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	1		
KIMONO PS LUBRICATED - condoms latex lubricated	1		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	1		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
KIMONO SENSATION LUBRICAT - condoms latex lubricated	1		
KIMONO SENSATION PLUS SPE - condoms latex lubricated	1		
KIMONO SPECIAL - condoms latex lubricated	1		
KINNEY LANCETS - lancets	2		
KINNEY THIN LANCETS - lancets	2		
KROGER AUTOLET LANCING DE - lancet devices	2		
KROGER HEALTHPRO TWIST LA - lancets	2		
KROGER LANCETS - lancets	2		
KROGER LANCETS SUPER THIN - lancets	2		
KROGER LANCETS THIN - lancets	2		
LANCET DEVICE ADJUSTABLE - lancet devices	2		
LANCET DEVICE WITH EJECTO - lancet devices	2		
LANCETS - lancets	2		
LANCETS - BAYER ASCENCIA - lancets	2		
LANCETS MICRO THIN 33G - lancets	2		
LANCETS SUPER THIN 28G - lancets	2		
LANCETS THIN - lancets	2		
LANCETS ULTRA THIN 30G - lancets	2		
LANCETS 28G THIN - lancets	2		
LANCETS 30G - lancets	2		
LANCETS 30G TWIST TOP - lancets	2		
LANCETS 30G/TWIST TOP - lancets	2		
LANCETS 33G EXTRA FINE - lancets	2		
LANCETS 33G UNIVERSAL DES - lancets	2		
LANCING DEVICE - lancet devices	2		
LANZO - lancet devices	2		
LEADER ADVANCED LANCING D - lancet devices	2		
LEADER LANCETS COLORED - lancets	2		
LEADER THIN LANCETS - lancets	2		
LIBERTY MEDICAL LANCETS 3 - lancets	2		
LITE TOUCH LANCETS - lancets	2		
LITE TOUCH LANCING PEN - lancet devices	2		
LITETOUCH LANCETS MICRO T - lancets	2		
LIVE BETTER ADVANCED LANC - lancet devices	2		
LIVE BETTER LANCET SUPER - lancets	2		
LIVE BETTER LANCET ULTRA - lancets	2		
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
MAXX LUBRICATED - condoms latex lubricated	1		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	1		
MEDICHOICE PRE-SET SAFETY - lancets	2		
MEDICHOICE SAFETY LANCET - lancets	2		
MEDICINE SHOPPE LANCETS - lancets	2		
MEDICINE SHOPPE LANCETS T - lancets	2		
MEDLANCE PLUS EXTRA LANCE - lancets	2		
MEDLANCE PLUS LANCETS LIT - lancets	2		
MEDLANCE PLUS LITE LANCET - lancets	2		
MEDLANCE PLUS SPECIAL LAN - lancets	2		
MEDLANCE PLUS SUPERLITE 3 - lancets	2		
MEDLANCE PLUS UNIVERSAL L - lancets	2		
MEDLANCE PLUS/LITE 25G - lancets	2		
MEIJER COLOR LANCETS UNIV - lancets	2		
MEIJER LANCETS - lancets	2		
MEIJER LANCETS THIN - lancets	2		
MEIJER LANCETS UNIVERSAL - lancets	2		
MEIJER SUPER THIN LANCETS - lancets	2		
MICROLET LANCETS - lancets	2		
MICROLET NEXT - lancet devices	2		
MICROLET NEXT LANCETS - lancets	2		
MINI LANCING DEVICE - lancet devices	2		
MM LANCING DEVICE - lancet devices	2		
MM TWIST LANCETS - lancets	2		
MOBI CONNECT BLOOD GLUCOS - lancets	2		
MOBI CONNECT BLOOD GLUCOS - lancet devices	2		
MOBILE LANCETS 30G - lancets	2		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 28 x 1/2"	5		
MONOLET LANCETS - lancets	2		
MONOLET OPD LANCETS - lancets	2		
MONOLETTOR SAFETY LANCETS - lancets	2		
MULTI-LANCET DEVICE - lancet devices	2		
MYGLUCOHEALTH MGH SOFTLAN - lancets	2		
NOVA SAFETY LANCETS 23G - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVA SAFETY LANCETS 28G - lancets	2		
NOVA SUREFLEX LANCETS - lancets	2		
NOVA SUREFLEX LANCING DEV - lancet devices	2		
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
OMNIFLEX DIAPHRAGM - diaphragms	1		
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	5		QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	5		QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	5		QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	5		QL (30 pods/30 days)
OMNIPOD 5 LIBRE INTRO KIT - insulin infusion disposable pump kit	5		QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS - insulin infusion disposable pump reservoir	5		QL (30 pods/30 days)
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		
PERFECT LANCETS 30G - lancets	2		
PERFECT POINT SAFETY LANC - lancets	2		
PERFECT PRESSURE ACTIVATE - lancets	2		
PHARMACIST CHOICE SELECT - lancets	2		
PHARMACIST CHOICE ULTRA T - lancets	2		
PIP LANCETS/28G - lancets	2		
PIP LANCETS/30G - lancets	2		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
PRO COMFORT SAFETY LANCET - lancets	2		
PRODIGY LANCING DEVICE - lancet devices	2		
PRODIGY PRESSURE ACTIVATE - lancets	2		
PRODIGY SAFETY LANCETS - lancets	2		
PRODIGY TWIST TOP LANCETS - lancets	2		
PURE COMFORT PRESSURE ACT - lancets	2		
PX ADVANCED LANCING DEVIC - lancet devices	2		
PX LANCETS MICROTHIN 33G - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
PX LANCETS ULTRA THIN - lancets	2		
PX LANCETS ULTRA THIN 28G - lancets	2		
QC ADVANCED LANCING DEVIC - lancet devices	2		
QC LANCETS SUPER THIN - lancets	2		
QC LANCETS ULTRA THIN - lancets	2		
QC UNILET LANCETS 28G/ULT - lancets	2		
QC UNILET LANCETS 33G/MIC - lancets	2		
READYLANCE SAFETY LANCETS - lancets	2		
REALITY LANCETS - lancets	2		
REALITY LATEX CONDOMS/LUB - condoms latex lubricated	1		
REALITY LATEX/ULTRA TEXTU - condoms latex lubricated	1		
REALITY LATEX/ULTRA THIN - condoms latex lubricated	1		
REALITY TRIGGER LANCETS - lancets	2		
RELION LANCETS MICRO-THIN - lancets	2		
RELION LANCETS THIN 26G - lancets	2		
RELION LANCETS ULTRA-THIN - lancets	2		
RELION LANCING DEVICE - lancet devices	2		
RELION ULTRA THIN LANCETS - lancets	2		
RELION 2-IN-1 LANCET DEV - lancets	2		
RELION 2-IN-1 LANCING DEV - lancets	2		
RIGHTEST GD500 LANCING DE - lancet devices	2		
RIGHTEST GL300 LANCETS - lancets	2		
SAFETY LANCETS - lancets	2		
SAFETY LANCETS 21G - lancets	2		
SAFETY LANCETS 23G - lancets	2		
SAFETY LANCETS 28G - lancets	2		
SAFETY LANCETS/PRESSURE A - lancets	2		
SAPS HEALTH CARE TWIST TO - lancets	2		
SAPS HEALTH PLUS TWIST TO - lancets	2		
SAPS HEALTH TWIST TOP LAN - lancets	2		
SAPSCARE TWIST TOP LANCET - lancets	2		
SB LANCETS THIN - lancets	2		
SB LANCETS ULTRA THIN - lancets	2		
SELECT-LITE LANCING DEVIC - lancet devices	2		
SENSILANCE SAFETY LANCETS - lancets	2		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	2		
SINGLE-LET - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
SMART DIABETES VANTAGE LA - lancet devices	2		
SMARTEST LANCETS 28G - lancets	2		
SOLUS V2 LANCING DEVICE - lancet devices	2		
SOLUS V2 PRESSURE ACTIVAT - lancets	2		
SOLUS V2 TWIST LANCETS 30 - lancets	2		
STERILANCE TL - lancets	2		
SUPER THIN LANCETS - lancets	2		
SURE COMFORT LANCETS 18G - lancets	2		
SURE COMFORT LANCETS 21G - lancets	2		
SURE COMFORT LANCETS 23G - lancets	2		
SURE COMFORT LANCETS 28G - lancets	2		
SURE COMFORT LANCETS 30G - lancets	2		
SURE COMFORT LANCING PEN - lancet devices	2		
SURELITE LANCETS - lancets	2		
TECHLITE AST LANCETS - lancets	2		
TECHLITE LANCETS - lancets	2		
TECHLITE LANCETS 26G - lancets	2		
TGT ADVANCED LANCING DEVI - lancet devices	2		
TGT LANCET ALTERNATE SITE - lancets	2		
TGT LANCET SUPER THIN 30G - lancets	2		
TGT LANCET THIN 23G - lancets	2		
TGT LANCET ULTRA THIN 28G - lancets	2		
TGT LANCING DEVICE - lancet devices	2		
TODAYS HEALTH ADVANCED LA - lancet devices	2		
TODAYS HEALTH SUPER THIN - lancets	2		
TODAYS HEALTH ULTRA THIN - lancets	2		
TRAVEL LANCETS ADVANCED 2 - lancets	2		
TROJAN BARESKIN - condoms latex lubricated	1		
TROJAN ENZ - condoms latex non-lubricated	1		
TROJAN MAGNUM - condoms latex lubricated	1		
TROJAN ULTRA RIBBED/LUBRI - condoms latex lubricated	1		
TROJAN ULTRA THIN LUBRICA - condoms latex lubricated	1		
TROJAN ULTRA THIN/SPERMIC - condoms latex lubricated	1		
TROJAN-ENZ LUBRICATED - condoms latex lubricated	1		
TROJAN-ENZ W/SPERMICIDAL - condoms latex lubricated	1		
TRUE COMFORT SAFETY LANCE - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUE COMFORT TWIST TOP LA - lancets	2		
TRUE COVER - condoms latex lubricated	1		
TRUEDRAW LANCING DEVICE - lancet devices	2		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
TRUEPLUS LANCETS 26G - lancets	2		
TRUEPLUS LANCETS 28G - lancets	2		
TRUEPLUS LANCETS 28G SUPE - lancets	2		
TRUEPLUS LANCETS 30G - lancets	2		
TRUEPLUS LANCETS 30G ULTR - lancets	2		
TRUEPLUS LANCETS 33G - lancets	2		
TRUEPLUS LANCETS 33G MICR - lancets	2		
TRUEPLUS SAFETY LANCETS 2 - lancets	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	1		
TRUSTEX LUBRICATED - condoms latex lubricated	1		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	1		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	1		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	1		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	1		
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	1		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	1		

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	5		
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	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 ml 29 x 1/2"	2		
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	2		
ULTILET LANCETS - lancets	2		
ULTILET LANCETS 33G - lancets	2		
ULTILET SAFETY LANCETS 21 - lancets	2		
ULTILET SAFETY LANCETS 23 - lancets	2		
ULTRA THIN LANCETS 28G - lancets	2		
ULTRA THIN LANCETS 31G - lancets	2		
ULTRA-CARE SAFETY LANCETS - lancets	2		
ULTRA-THIN II AUTO LANCET - lancets	2		
ULTRA-THIN II LANCETS 28G - lancets	2		
ULTRA-THIN II LANCETS 30G - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
UNILET COMFORTOUCH LANCET - lancets	2		
UNILET EXCELITE - lancets	2		
UNILET EXCELITE II - lancets	2		
UNILET G.P. LANCET - lancets	2		
UNILET G.P. SUPERLITE LAN - lancets	2		
UNILET GP 28 ULTRA THIN - lancets	2		
UNILET LANCET - lancets	2		
UNILET LANCETS MICRO-THIN - lancets	2		
UNILET LANCETS SUPER-THIN - lancets	2		
UNILET LANCETS ULTRA-THIN - lancets	2		
UNILET SUPERLITE LANCET - lancets	2		
UNISTIK CZT COMFORT - lancets	2		
UNISTIK CZT NORMAL - lancets	2		
UNISTIK NORMAL - lancets	2		
UNISTIK PRO SAFETY LANCET - lancets	2		
UNISTIK SAFETY LANCETS 28 - lancets	2		
UNISTIK SAFETY LANCETS 30 - lancets	2		
UNISTIK TOUCH SAFETY LANC - lancets	2		
UNISTIK 1 - lancets	2		
UNISTIK 2 - lancets	2		
UNISTIK 2 COMFORT - lancets	2		
UNISTIK 2 EXTRA - lancets	2		
UNISTIK 2 NEONATAL - lancets	2		
UNISTIK 2 NORMAL - lancets	2		
UNISTIK 2 SUPER - lancets	2		
UNISTIK 3 - lancets	2		
UNISTIK 3 COMFORT - lancets	2		
UNISTIK 3 EXTRA - lancets	2		
UNISTIK 3 GENTLE - lancets	2		
UNISTIK 3 NEONATAL - lancets	2		
UNISTIK 3 NORMAL - lancets	2		
VALUMARK LANCET SUPER THI - lancets	2		
VALUMARK LANCET ULTRA THI - lancets	2		
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle 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 30 x 1/2"	2		
VERIFINE SAFETY LANCET MI - lancets	2		
VERIFINE UNIVERSAL LANCET - lancets	2		
VIVAGUARD LANCETS - lancets	2		
VIVAGUARD LANCETS 30G - lancets	2		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS - lancets	2		
VIVAGUARD SAFETY LANCETS/ - lancets	2		
WALGREENS LANCETS - lancets	2		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	1		
ZEVRX TWIST TOP LANCETS 3 - lancets	2		
ASSORTED CLASSES			
azathioprine tab 50 mg (Imuran)	3		
cyclosporine cap 25 mg, 100 mg (Sandimmune)	5		
cyclosporine modified cap 25 mg, 100 mg (Neoral)	5		
cyclosporine modified cap 50 mg	5		
cyclosporine modified oral soln 100 mg/ml (Neoral)	5		
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	5		
lactated ringer's for irrigation	5		
lenalidomide caps 2.5 mg (Revlimid)	6	SP	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	6	SP	PA, QL (30 capsules/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	5		
mycophenolate mofetil cap 250 mg (Cellcept)	3		
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	5		
mycophenolate mofetil tab 500 mg (Cellcept)	3		
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	5		
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5		
penicillamine tab 250 mg (Depen titratabs)	6	SP	PA
PHYSIOLYTE - irrigation solution, physiological	5		
sirolimus oral soln 1 mg/ml (Rapamune)	5		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	5		
sodium polystyrene sulfonate powder	3		
sodium polystyrene sulfonate susp 15 gm/60ml	5		
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	5		
tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg (Astagraf xl)	5		
tacrolimus cap 0.5 mg (Prograf)	3		

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
tacrolimus cap 1 mg, 5 mg (Prograf)	5		
THALOMID - thalidomide cap 50 mg	6	SP	PA, LD, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	6	SP	PA, LD, QL (120 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	6	SP	PA
water for irrigation, sterile irrigation soln	3		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	6	SP	PA, LD

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

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg..... 4
abacavir sulfate soln 20 mg/ml (base equiv)..... 4
abacavir sulfate tab 300 mg (base equiv)..... 4
ABILIFY ASIMTUFII..... 53
ABILIFY MAINTENA..... 53
abiraterone acetate tab 250 mg..... 13
abiraterone acetate tab 500 mg..... 13
ABRYSVO..... 10
acamprosate calcium tab delayed release 333 mg..... 58
acarbose tab 25 mg, 50 mg, 100 mg..... 26
ACCU-CHEK FASTCLIX LANCET..... 91
ACCU-CHEK SAFE-T-PRO LANC..... 91
ACCU-CHEK SOFTCLIX LANCET..... 91
acebutolol hcl cap 200 mg, 400 mg..... 34
ACETAMINOPHEN/CODEINE..... 61
acetaminophen w/ codeine tab 300-15 mg..... 61
acetaminophen w/ codeine tab 300-30 mg..... 61
acetaminophen w/ codeine tab 300-60 mg..... 61
acetazolamide cap er 12hr 500 mg..... 38
acetazolamide tab 125 mg, 250 mg..... 38
acetic acid irrigation soln 0.25%..... 50
acetic acid otic soln 2%..... 83
acetylcysteine inhal soln 10%, 20%..... 42
acitretin cap 17.5 mg..... 85
acitretin cap 10 mg, 25 mg..... 85
ACTHIB..... 10
ACTI-LANCE LANCETS 28G..... 91
ACTI-LANCE LITE SAFETY LA..... 91
ACTI-LANCE SPECIAL SAFETY..... 91
ACTI-LANCE UNIVERSAL SAFE..... 91
ACTIMMUNE..... 14
acyclovir cap 200 mg..... 4
acyclovir oint 5%..... 85
acyclovir susp 200 mg/5ml..... 4
acyclovir tab 400 mg, 800 mg..... 4
ADACEL..... 12
ADALIMUMAB-AATY CD/UC/HS..... 64
ADALIMUMAB-AATY 1-PEN KIT..... 64
ADALIMUMAB-AATY 2-PEN KIT..... 64
ADALIMUMAB-AATY 2-SYRINGE..... 64
ADALIMUMAB-ADAZ..... 64
adapalene gel 0.1%..... 85
ADBRY..... 85
adefovir dipivoxil tab 10 mg..... 4
ADEMPAS..... 40
ADJUSTABLE LANCING DEVICE..... 91
ADVAIR HFA..... 42
ADVANCED MOBILE LANCET 30..... 91
ADVANTAGE SAFETY LANCETS..... 91
ADVATE..... 77
ADVOCATE LANCETS..... 91
ADVOCATE LANCETS 30G..... 91
ADVOCATE LANCING DEVICE..... 91
ADVOCATE RAPID-SAFE LANCI..... 91
ADVOCATE SAFETY LANCETS 2..... 91
ADYNOVATE..... 77
AFSTYLA..... 77
AGAMATRIX ULTRA-THIN LANC..... 91
AIMOVIG..... 66
AIMSCO LUBRICATED..... 91
AIMSCO TWIST LANCETS 32G..... 91
AIMSCO TWIST LANCETS 33G..... 91
AIRSUPRA..... 42
AJOVY..... 67
AKEEGA..... 14
albendazole tab 200 mg..... 9
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)..... 42
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)..... 42
albuterol sulfate syrup 2 mg/5ml..... 42
albuterol sulfate tab 2 mg, 4 mg..... 42
ALCLOMETASONE DIPROPIONAT..... 85
ALECENSA..... 14
alendronate sodium tab 70 mg..... 31
alendronate sodium tab 10 mg, 35 mg..... 31
alfuzosin hcl tab er 24hr 10 mg..... 50
ALHEMO..... 77
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)..... 35
allopurinol tab 100 mg, 300 mg..... 68
almotriptan malate tab 6.25 mg, 12.5 mg..... 67
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)..... 47
ALPHANATE..... 77
ALPHANINE SD..... 77
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg..... 51
alprazolam orally disintegrating tab 1 mg, 2 mg..... 51
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg..... 51
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg..... 51
ALPROLIX..... 77
ALTUVIIIO..... 77
ALUNBRIG..... 14
ALYFTREK..... 45
amantadine hcl cap 100 mg..... 71
amantadine hcl soln 50 mg/5ml..... 71
amantadine hcl tab 100 mg..... 71
ambrisentan tab 5 mg, 10 mg..... 40
AMILORIDE/HYDROCHLOROTHIA..... 38

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

amiloride hcl tab 5 mg....38
aminocaproic acid oral soln 0.25 gm/ml....77
aminocaproic acid tab 500 mg, 1000 mg....77
amiodarone hcl tab 200 mg....35
amiodarone hcl tab 100 mg, 400 mg....35
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg....51
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg....36
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg....36
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg....36
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)....34
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg....36
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....36
amoxapine tab 25 mg, 50 mg....51
amoxapine tab 100 mg, 150 mg....51
AMOXICILLIN....1
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml....1
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml....1
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml....1
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg....1
amoxicillin & k clavulanate tab 250-125 mg....1
amoxicillin & k clavulanate tab 500-125 mg....1
amoxicillin & k clavulanate tab 875-125 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
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg....57
amphetamine-dextroamphetamine tab 30 mg....57
amphetamine-dextroamphetamine tab 5 mg, 10 mg....57
amphetamine-dextroamphetamine tab 7.5 mg, 20 mg....57
amphetamine-dextroamphetamine tab 12.5 mg, 15 mg....57
ampicillin cap 500 mg....1
anagrelide hcl cap 0.5 mg....77
anagrelide hcl cap 1 mg....77
anastrozole tab 1 mg....14
ANDEMBRY....77
ANORO ELLIPTA....42
apomorphine hcl soln cartridge 30 mg/3ml....71
APRACLONIDINE....80
aprepitant capsule 40 mg....46
aprepitant capsule 80 mg....46
aprepitant capsule 125 mg....47
aprepitant capsule therapy pack 80 & 125 mg....46
APTIVUS....4
ARANELLE....24
ARANESP ALBUMIN FREE....75
ARCALYST....64
AREXVY....10
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)....42
aripiprazole orally disintegrating tab 10 mg, 15 mg....53
aripiprazole oral solution 1 mg/ml....53
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg....54
ARISTADA....54
ARISTADA INITIO....54
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg....57
ARMOUR THYROID....30
ARNUITY ELLIPTA....42
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)....54
ASMANEX HFA....43
ASMANEX TWISTHALER 120 ME....43
ASMANEX TWISTHALER 30 MET....43
ASMANEX TWISTHALER 60 MET....43
aspirin chew tab 81 mg....61
aspirin-dipyridamole cap er 12hr 25-200 mg....77
aspirin tab delayed release 81 mg....61
ASSURE COMFORT LANCETS UL....91
ASSURE LANCE LANCETS....91
ASSURE LANCE LANCETS 21G....91
ASSURE LANCE PLUS SAFETY....92
ASSURE LANCE SAFETY LANCE....92
atazanavir sulfate cap 200 mg (base equiv)....4
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)....4
atenolol & chlorthalidone tab 50-25 mg....36
atenolol & chlorthalidone tab 100-25 mg....36
atenolol tab 25 mg, 50 mg, 100 mg....34
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)....57
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)....57
atorvastatin calcium tab 80 mg (base equivalent)....39
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)....39
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg....8
atovaquone susp 750 mg/5ml....9
atropine sulfate ophth soln 1%....80

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

ATROVENT HFA..... 43
ATTRUBY.....40
AUGMENTIN.....1
AUGTYRO..... 14
AURORA LANCET SUPER THIN..... 92
AURORA LANCET THIN 23G.....92
AUTO-LANCET.....92
AUTO-LANCET MINI.....92
AUTOLET IMPRESSION LANCIN.....92
AUTOLET LANCING DEVICE.....92
AUTOLET LITE LANCING DEVI..... 92
AUTOLET MINI.....92
AUTOLET PLUS.....92
AUVI-Q..... 39
AVMAPKI FAKZYNJA CO-PACK..... 14
AVONEX.....58
AVONEX PEN.....59
AVTOZMA..... 64
AYVAKIT.....14
azathioprine tab 50 mg.....111
azelaic acid gel 15%..... 85
azelastine hcl nasal spray 0.1% (137 mcg/spray).....41
azelastine hcl ophth soln 0.05%.....80
azithromycin for susp 100 mg/5ml, 200 mg/5ml.....2
azithromycin tab 600 mg.....2
azithromycin tab 250 mg, 500 mg.....2
AZSTARYS.....57

B

BACITRACIN/POLYMYXIN B..... 80
baclofen susp 25 mg/5ml.....72
baclofen tab 10 mg, 20 mg..... 72
balsalazide disodium cap 750 mg.....47
BALVERSA..... 14
BAQSIMI ONE PACK.....26
BAQSIMI TWO PACK..... 26
BARACLUDE..... 4
BD AUTOSHIELD DUO 30G X 5..... 92
BD DISPOSABLE NEEDLE 23GX..... 92
BD ECLIPSE 18G X 1-1/2".....92
BD ECLIPSE NEEDLE/25G X.....92
BD ECLIPSE NEEDLE 25G X 1.....92
BD ECLIPSE NEEDLE 25GX1".....92
BD HYPODERMIC NEEDLE REGU..... 92
BD HYPODERMIC NEEDLES 18G.....92
BD HYPODERMIC NEEDLES 21G.....92
BD HYPODERMIC NEEDLES 22G.....92
BD HYPODERMIC NEEDLES 26G.....92
BD INSULIN SYRINGE/0.3ML/.....93
BD INSULIN SYRINGE/0.5ML/.....93
BD INSULIN SYRINGE/1ML/27.....93
BD INSULIN SYRINGE/1ML/29.....93
BD INSULIN SYRINGE/U-100/.....93
BD INSULIN SYRINGE/U-500/.....93
BD INSULIN SYRINGE LUER-L.....92
B-D INSULIN SYRINGE MICRO..... 92
BD INSULIN SYRINGE MICROF..... 92
BD INSULIN SYRINGE SAFETY..... 93
B-D INSULIN SYRINGE ULTRA.....92
BD INSULIN SYRINGE ULTRA.....93
BD INSULIN SYRINGE ULTRA-.....93
BD INSULIN SYRINGE ULTRAF.....93
BD LO-DOSE INSULIN SYRIN..... 92
BD MICROTAINER LANCETS..... 93
BD 1ML ALLERGY SYRINGE SA.....94
BD 1ML SLIP TIP SYRINGE 2.....94
BD 1ML TUBERCULIN SYRINGE.....94
BD NEEDLE/18G 1-1/2"..... 93
BD NEEDLE/21G 1-1/2"..... 93
BD NEEDLE/22G X 1-1/2".....93
BD NEEDLE/25G X 5/8".....93
BD NEEDLE/25G X 7/8".....93
BD NEEDLE/27G X 1/2".....93
BD NEEDLE/30G X 1/2".....93
BD NEEDLE/20G X 1".....93
BD NEEDLE SAFETYGLIDE/27G.....93
BD PEN NEEDLE/MICRO/ULTRA.....93
BD PEN NEEDLE/MINI/ULTRA-.....93
BD PEN NEEDLE/NANO/ULTRA..... 93
BD PEN NEEDLE/NANO 2ND GE.....93
BD PEN NEEDLE/ORIGINAL/UL..... 94
BD PEN NEEDLE/SHORT/ULTRA.....94
BD PLASTIPAK SYRINGES ALL..... 94
BD PRECISIONGLIDE 23GX1-1.....94
BD SAFETYGLIDE 21G X 1"..... 94
BD SAFETYGLIDE HYPODERMIC.....94
BD SAFETY-GLIDE INSULIN S..... 94
BD SAFETYGLIDE INSULIN SY.....94
BD VEO INSULIN SYRINGE UL.....94
BELBUCA..... 61
benazepril & hydrochlorothiazide tab 5-6.25 mg.....36
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....36
benazepril hcl tab 5 mg.....36
benazepril hcl tab 10 mg, 20 mg, 40 mg..... 36
BENEFIX.....77
BENZNIDAZOLE..... 9
benzonatate cap 100 mg..... 42
benzonatate cap 200 mg..... 42
benzoyl peroxide-erythromycin gel 5-3%.....85
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....71
bepotastine besilate ophth soln 1.5%..... 80
BEQALZI..... 14
BEQALZI STARTER PACK.....14
BESIVANCE.....80
BESREMI..... 14

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

BESREMI PEN....14
BETADINE OPHTHALMIC PREP....81
betaine powder for oral solution....31
betamethasone dipropionate augmented cream 0.05%....85
betamethasone dipropionate augmented lotion 0.05%....85
betamethasone dipropionate augmented oint 0.05%....85
betamethasone dipropionate cream 0.05%....85
betamethasone dipropionate lotion 0.05%....85
betamethasone dipropionate oint 0.05%....85
BETAMETHASONE VALERATE....85
betamethasone valerate cream 0.1% (base equivalent)....85
betamethasone valerate oint 0.1% (base equivalent)....85
BETASERON....59
BETAXOLOL HCL....81
betaxolol hcl tab 10 mg, 20 mg....34
bethanechol chloride tab 50 mg....49
bethanechol chloride tab 5 mg, 10 mg, 25 mg....49
bexarotene cap 75 mg....14
bexarotene gel 1%....85
BEXSERO....10
bicalutamide tab 50 mg....14
BIJUVA....23
BIKTARVY....4
bimatoprost ophth soln 0.01%....81
bimatoprost ophth soln 0.03%....81
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg....36
bisoprolol fumarate tab 5 mg, 10 mg....34
BOOSTRIX....13
bosentan tab for oral susp 32 mg....40
bosentan tab 62.5 mg, 125 mg....40
BOSULIF....14
bosutinib tab 100 mg....14
bosutinib tab 400 mg, 500 mg....14
BRAFTOVI....14
BREO ELLIPTA....43
BREZTRI AEROSPHERE....43
BRIMONIDINE TARTRATE....85
brimonidine tartrate ophth soln 0.15%....81
brimonidine tartrate ophth soln 0.2%....81
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%....81
brivaracetam iv soln 50 mg/5ml....68
brivaracetam oral soln 10 mg/ml....68
brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg....68
BRIVIACT....68
BRIXADI....62
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)....81
bromocriptine mesylate cap 5 mg (base equivalent)....71
bromocriptine mesylate tab 2.5 mg (base equivalent)....71
BRUKINSA....14
budesonide delayed release particles cap 3 mg....22
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act....43
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml....43
budesonide tab er 24hr 9 mg....22
bumetanide tab 0.5 mg....38
bumetanide tab 1 mg, 2 mg....38
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)....62
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)....62
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv)....62
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)....62
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)....62
buprenorphine hcl sl tab 2 mg (base equiv)....62
buprenorphine hcl sl tab 8 mg (base equiv)....62
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr....62
bupropion hcl (smoking deterrent) tab er 12hr 150 mg....59
bupropion hcl tab er 24hr 150 mg, 300 mg....51
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg....51
bupropion hcl tab 75 mg, 100 mg....52
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg....51
butalbital-acetaminophen-caffeine tab 50-325-40 mg....61
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg....62
butalbital-acetaminophen cap 50-300 mg....61
butalbital-acetaminophen tab 50-325 mg....61
butalbital-aspirin-caffeine cap 50-325-40 mg....61
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg....62
butorphanol tartrate nasal soln 10 mg/ml....62

C

cabergoline tab 0.5 mg....31
CABOMETYX....14
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)....57
CALCIPOTRIENE....85

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

calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....86
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....86
calcipotriene cream 0.005%.....85
calcipotriene oint 0.005%.....86
calcitonin (salmon) inj 200 unit/ml.....31
calcitonin (salmon) nasal soln 200 unit/act.....31
CALCITRIOL.....86
calcitriol cap 0.25 mcg, 0.5 mcg.....31
calcitriol oral soln 1 mcg/ml.....31
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....47
calcium acetate (phosphate binder) tab 667 mg.....47
CALQUENCE.....14
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....36
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg.....36
capecitabine tab 150 mg, 500 mg.....15
CAPRELSA.....15
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....36
CAPVAXIVE.....10
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....68
carbamazepine chew tab 100 mg.....68
carbamazepine susp 100 mg/5ml.....68
carbamazepine tab er 12hr 100 mg.....68
carbamazepine tab er 12hr 200 mg, 400 mg.....68
carbamazepine tab 200 mg.....68
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg.....71
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....71
carbidopa & levodopa tab 25-250 mg.....71
carbidopa & levodopa tab 10-100 mg, 25-100 mg.....71
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....71
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....71
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....71
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....71
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....71
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....71
carbidopa tab 25 mg.....71
carbinoxamine maleate tab 4 mg.....41
carbonyl iron susp 15 mg/1.25ml (elemental iron).....75
CARDIOCOM LANCING DEVICE.....94
CAREONE ADVANCED LANCING.....94
CAREONE LANCET SUPER THIN.....94
CAREONE LANCET THIN.....94
CAREONE LANCET ULTRA THIN.....94
CARESENS LANCETS.....94
CARETOUCH LANCING DEVICE.....94
CARETOUCH SAFETY LANCETS/.....94
CARETOUCH TWIST LANCETS 2.....94
CARETOUCH TWIST LANCETS 3.....94
CARETOUCH TWIST LANCETS M.....94
carglumic acid soluble tab 200 mg.....31
carisoprodol tab 350 mg.....72
CARTEOLOL HCL.....81
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....34
CAYA.....94
CAYSTON.....9
CEFACLOR.....1
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.....1
cefixime cap 400 mg.....1
cefixime for susp 200 mg/5ml.....1
CEFPODOXIME PROXETIL.....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
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg.....64
cephalexin cap 250 mg, 500 mg.....1
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....2
cephalexin tab 250 mg, 500 mg.....2
CEQUA.....81
cevimeline hcl cap 30 mg.....83
CHEMET.....90
CHEMSTRIP-K.....90
CHLORDIAZEPOXIDE/AMITRIPT.....59
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....51
chlorhexidine gluconate soln 0.12%.....83
CHLOROQUINE PHOSPHATE.....8
chloroquine phosphate tab 500 mg.....8
chlorpromazine hcl conc 30 mg/ml, 100 mg/ml.....54
chlorpromazine hcl tab 25 mg.....54
chlorpromazine hcl tab 10 mg, 50 mg, 100 mg, 200 mg.....54
chlorthalidone tab 25 mg, 50 mg.....38
chlorzoxazone tab 500 mg.....72
cholecalciferol cap 1.25 mg (50000 unit).....73
cholestyramine light powder 4 gm/dose.....39
cholestyramine light powder packets 4 gm.....39
cholestyramine powder 4 gm/dose.....39
cholestyramine powder packets 4 gm.....39
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv).....39
CHOSEN LANCETS 30G.....94

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

CHOSEN LANCING DEVICE..... 94
CHOSEN SAFETY LANCETS 28G..... 94
ciclopirox gel 0.77%..... 86
ciclopirox olamine cream 0.77% (base equiv)..... 86
ciclopirox olamine susp 0.77% (base equiv)..... 86
ciclopirox shampoo 1%..... 86
ciclopirox solution 8%..... 86
cilostazol tab 50 mg, 100 mg..... 78
CIMDUO..... 4
cimetidine hcl soln 300 mg/5ml..... 46
CIMZIA..... 47
CIMZIA STARTER KIT..... 47
CIMZIA (1 SYRINGE)..... 47
CIMZIA (2 SYRINGE)..... 47
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)..... 31
CINRYZE..... 78
CIPRO..... 2
ciprofloxacin-dexamethasone otic susp 0.3-0.1%..... 83
ciprofloxacin hcl ophth soln 0.3% (base equivalent)..... 81
ciprofloxacin hcl otic soln 0.2% (base equivalent)..... 83
ciprofloxacin hcl tab 750 mg (base equiv)..... 2
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)..... 2
ciprofloxacin-hydrocortisone otic susp 0.2-1%..... 83
citalopram hydrobromide cap 30 mg..... 52
citalopram hydrobromide oral soln 10 mg/5ml..... 52
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)..... 52
cladribine tab therapy pack 10 mg (5 tabs)..... 59
cladribine tab therapy pack 10 mg (6 tabs)..... 59
cladribine tab therapy pack 10 mg (7 tabs)..... 59
cladribine tab therapy pack 10 mg (9 tabs)..... 59
cladribine tab therapy pack 10 mg (10 tabs)..... 59
cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)..... 59
CLARITHROMYCIN..... 2
clarithromycin tab er 24hr 500 mg..... 2
clarithromycin tab 250 mg, 500 mg..... 2
CLEANLET LANCETS 28G..... 95
CLEOCIN..... 50
CLEVER CHEK LANCETS ULTRA..... 95
CLEVER CHOICE COMFORT EZ..... 95
CLIMARA PRO..... 23
clindamycin hcl cap 75 mg, 150 mg, 300 mg..... 9
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)..... 9
clindamycin phosphate-benzoyl peroxide gel 1-5%..... 86
clindamycin phosphate gel 1% (twice-daily)..... 86
clindamycin phosphate lotion 1%..... 86
clindamycin phosphate soln 1%..... 86
clindamycin phosphate swab 1%..... 86
clindamycin phosphate vaginal cream 2%..... 50
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%..... 86
CLINPRO 5000..... 84
clobazam suspension 2.5 mg/ml..... 68
clobazam tab 10 mg, 20 mg..... 68
clobetasol propionate cream 0.05%..... 86
clobetasol propionate emollient base cream 0.05%..... 86
clobetasol propionate foam 0.05%..... 86
clobetasol propionate gel 0.05%..... 86
clobetasol propionate oint 0.05%..... 86
clobetasol propionate soln 0.05%..... 86
CLOCORTOLONE PIVALATE..... 86
clomipramine hcl cap 75 mg..... 52
clomipramine hcl cap 25 mg, 50 mg..... 52
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg..... 68
clonazepam tab 0.5 mg, 1 mg, 2 mg..... 68
clonidine hcl tab er 12hr 0.1 mg..... 57
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg..... 36
clonidine td patch weekly 0.1 mg/24hr..... 36
clonidine td patch weekly 0.2 mg/24hr..... 36
clonidine td patch weekly 0.3 mg/24hr..... 36
clopidogrel bisulfate tab 75 mg (base equiv)..... 78
clopidogrel bisulfate tab 300 mg (base equiv)..... 78
clorazepate dipotassium tab 7.5 mg..... 51
clorazepate dipotassium tab 3.75 mg, 15 mg..... 51
clotrimazole troche 10 mg..... 84
clotrimazole w/ betamethasone cream 1-0.05%..... 86
clozapine orally disintegrating tab 12.5 mg, 25 mg, 100 mg, 150 mg, 200 mg..... 54
clozapine tab 25 mg, 50 mg..... 54
clozapine tab 100 mg, 200 mg..... 54
COAGADEX..... 78
COAGUCHEK LANCETS..... 95
COARTEM..... 8
codeine sulfate tab 30 mg..... 62
colchicine tab 0.6 mg..... 68
colchicine w/ probenecid tab 0.5-500 mg..... 68
colesevelam hcl packet for susp 3.75 gm..... 39
colesevelam hcl tab 625 mg..... 39
colestipol hcl granule packets 5 gm..... 39
colestipol hcl granules 5 gm..... 39
colestipol hcl tab 1 gm..... 39
colistimethate sod for inj 150 mg (colistin base activity)..... 9
COMETRIQ..... 15
COMFORT ASSURED LANCETS M..... 95
COMFORT ASSURED LANCETS S..... 95
COMFORT LANCETS..... 95
COMFORT TOUCH LANCETS ULT..... 95
COMFORT TOUCH PLUS SAFETY..... 95
COMFORT TOUCH TWIST LANCE..... 95

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

COMIRNATY 2026-27....10
COMIRNATY/5-11Y/2026-27....10
COMPLERA....4
COMPLETE NATAL DHA....73
COMPLETENATE....73
CO-NATAL FA....73
CONCEPT DHA....73
CONCEPT OB....73
CONDOMS....95
CONTOUR BLOOD GLUCOSE MON....95
CONTOUR BLOOD GLUCOSE TES....90
CONTOUR NEXT BLOOD GLUCOS....90
CONTOUR NEXT EZ BLOOD GLU....95
CONTOUR NEXT GEN BLOOD GL....95
CONTOUR NEXT LINK BLOOD G....95
CONTOUR NEXT LINK WIRELES....95
CONTOUR NEXT ONE BLOOD GL....95
CONTOUR PLUS BLOOD GLUCOS....90
CONTOUR PLUS BLUE BLOOD G....95
COPIKTRA....15
CORDRAN....86
CORIFACT....78
CORLANOR....40
CORTISPORIN-TC....83
COSENTYX....86
COSENTYX SENSOREADY PEN....86
COSENTYX UNOREADY....86
COTELLIC....15
CREON....47
CRESEMBA....3
CROMOLYN SODIUM....81
cromolyn sodium oral conc 100 mg/5ml....48
cromolyn sodium soln nebu 20 mg/2ml....43
CROTAN....86
CTEXLI....48
CVS LANCETS ORIGINAL....95
CVS LANCETS THIN 26G....95
CVS LANCING DEVICE....95
CVS ULTRA THIN LANCETS....95
cyanocobalamin inj 1000 mcg/ml....75
cyclobenzaprine hcl tab 5 mg, 10 mg....72
CYCLOGYL....81
cyclopentolate hcl ophth soln 1%....81
CYCLOPHOSPHAMIDE....15
cyclophosphamide cap 25 mg, 50 mg....15
CYCLOSERINE....3
cyclosporine cap 25 mg, 100 mg....111
cyclosporine modified cap 50 mg....111
cyclosporine modified cap 25 mg, 100 mg....111
cyclosporine modified oral soln 100 mg/ml....111
cyproheptadine hcl syrup 2 mg/5ml....41
cyproheptadine hcl tab 4 mg....41
CYSTAGON....50

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq)....76
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)....76
dalfampridine tab er 12hr 10 mg....59
danazol cap 50 mg, 100 mg, 200 mg....23
dantrolene sodium cap 100 mg....72
dantrolene sodium cap 25 mg, 50 mg....72
DANZITEN....15
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg....26
dapagliflozin-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg....26
dapagliflozin tab 5 mg, 10 mg....26
dapsone tab 25 mg....9
dapsone tab 100 mg....9
DAPTACEL....13
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)....49
darunavir tab 600 mg....4
darunavir tab 800 mg....4
dasatinib tab 20 mg....15
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg....15
DAURISMO....15
deferasirox granules packet 90 mg, 180 mg, 360 mg....90
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg....90
deferasirox tab 90 mg, 180 mg, 360 mg....90
deferiprone tab 500 mg, 1000 mg....90
deflazacort susp 22.75 mg/ml....22
deflazacort tab 6 mg....22
deflazacort tab 18 mg....22
deflazacort tab 30 mg, 36 mg....22
DELSTRIGO....4
demeclocycline hcl tab 150 mg, 300 mg....2
DENTAGEL....84
DENTA 5000 PLUS....84
DESCOVY....4
desipramine hcl tab 50 mg....52
desipramine hcl tab 10 mg, 25 mg....52
desipramine hcl tab 75 mg, 100 mg, 150 mg....52
desloratadine tab 5 mg....41
DESMOPRESSIN ACETATE....31
desmopressin acetate inj 4 mcg/ml....31
desmopressin acetate nasal spray soln 0.01% (refrigerated)....31
desmopressin acetate preservative free (pf) inj 4 mcg/ml....31
desmopressin acetate tab 0.1 mg, 0.2 mg....31

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

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....24
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....24
desonide cream 0.05%....87
desonide oint 0.05%....87
DESOXIMETASONE....87
desoximetasone cream 0.05%....87
desoximetasone cream 0.25%....87
desoximetasone oint 0.05%....87
desoximetasone oint 0.25%....87
desoximetasone spray 0.25%....87
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)....52
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv)....52
DEXAMETHASONE....22
dexamethasone elixir 0.5 mg/5ml....22
DEXAMETHASONE SODIUM PHOS....81
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg....22
DEXCOM G7 15 DAY SENSOR....96
DEXCOM G6 RECEIVER....95
DEXCOM G7 RECEIVER....95
DEXCOM G6 SENSOR....95
DEXCOM G7 SENSOR....95
DEXCOM G6 TRANSMITTER....95
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg....57
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg....57
dextroamphetamine sulfate cap er 24hr 5 mg....57
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg....57
dextroamphetamine sulfate oral solution 5 mg/5ml....57
dextroamphetamine sulfate tab 5 mg....57
dextroamphetamine sulfate tab 10 mg....58
dextromethorphan hbr-quinidine sulfate cap 20-10 mg....59
DIACOMIT....68
DIATHRIVE LANCETS....96
DIATHRIVE LANCETS ULTRA T....96
DIATHRIVE LANCING DEVICE....96
diazepam conc 5 mg/ml....51
diazepam oral soln 1 mg/ml....51
diazepam rectal gel delivery system 2.5 mg....68
diazepam rectal gel delivery system 10 mg, 20 mg....68
diazepam tab 2 mg, 5 mg, 10 mg....51
diazoxide susp 50 mg/ml....26
dichlorphenamide tab 50 mg....38
diclofenac potassium tab 50 mg....64
diclofenac sodium ophth soln 0.1%....81
diclofenac sodium soln 1.5%....87
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg....64
diclofenac w/ misoprostol tab delayed release 50-0.2 mg....64
diclofenac w/ misoprostol tab delayed release 75-0.2 mg....64
dicloxacillin sodium cap 250 mg, 500 mg....1
dicyclomine hcl cap 10 mg....46
dicyclomine hcl oral soln 10 mg/5ml....46
dicyclomine hcl tab 20 mg....46
DIFICID....2
diflunisal tab 500 mg....61
difluprednate ophth emulsion 0.05%....81
digoxin oral soln 0.05 mg/ml....33
digoxin tab 62.5 mcg (0.0625 mg)....33
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)....33
dihydroergotamine mesylate inj 1 mg/ml....67
dihydroergotamine mesylate nasal spray 4 mg/ml....67
DILANTIN....68
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg....34
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg....34
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg....34
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg....35
diltiazem hcl tab er 24hr 420 mg....35
diltiazem hcl tab 90 mg....35
diltiazem hcl tab 30 mg, 60 mg, 120 mg....35
dimethyl fumarate capsule delayed release 120 mg....59
dimethyl fumarate capsule delayed release 240 mg....59
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg....59
diphenoxylate w/ atropine tab 2.5-0.025 mg....46
dipyridamole tab 25 mg, 50 mg, 75 mg....78
DISKETS....62
disopyramide phosphate cap 100 mg, 150 mg....35
disulfiram tab 250 mg, 500 mg....59
divalproex sodium cap delayed release sprinkle 125 mg....68
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg....69
divalproex sodium tab er 24 hr 250 mg, 500 mg....69
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)....35
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg....59
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg....59
DOPTELET....75
DOPTELET SPRINKLE....75
dorzolamide hcl ophth soln 2%....81
dorzolamide hcl-timolol maleate ophth soln 2-0.5%....81
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%....81

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

DOVATO....4
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg....36
DOXEPIN HCL....52
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg....52
doxepin hcl cream 5%....87
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)....56
DOXEPIN HYDROCHLORIDE....52
DOXERCALCIFEROL....31
doxycycline hyclate cap 50 mg....2
doxycycline hyclate cap 100 mg....2
doxycycline hyclate tab 20 mg, 100 mg....2
doxycycline monohydrate cap 50 mg, 100 mg....2
doxycycline monohydrate for susp 25 mg/5ml....2
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg....2
doxylamine-pyridoxine tab delayed release 10-10 mg....47
dronabinol cap 2.5 mg, 5 mg, 10 mg....47
DROPLET GENTEEL LANCING D....96
DROPLET INSULIN SYRINGE/U....96
DROPLET LANCETS ULTRA THI....96
DROPLET LANCING DEVICE....96
DROPLET MEDLANCE PLUS SAF....96
DROPLET PERSONAL LANCETS....96
DROPSAFE ACTI-LANCE SAFET....96
DROPSAFE ERGOLANCE SAFETY....96
DROPSAFE HAEMOLANCE PLUS....96
DROPSAFE MEDISAFE SOLO SA....96
DROPSAFE MEDLANCE PLUS SA....96
drospirenone-ethinyl estradiol tab 3-0.02 mg....24
drospirenone-ethinyl estradiol tab 3-0.03 mg....24
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg....24
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg....24
DRUG MART ON-THE-GO LANCE....96
DRUG MART UNILET LANCETS....96
DRUG MART UNILET MICRO TH....96
DUANE READE LANCET ALTERN....96
DUANE READE LANCET SUPER....96
DUANE READE LANCET ULTRA....96
DUAVEE....23
DULERA....43
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq)....52
DUPIXENT....87
DUREX EXTRA SENSITIVE THI....96
DUREX REALFEEL NON-LATEX....96
DUREX TROPICAL....96
dutasteride cap 0.5 mg....50
dutasteride-tamsulosin hcl cap 0.5-0.4 mg....50

E

EASY COMFORT LANCETS 30G....96
EASY COMFORT LANCETS 30G/....96
EASYGEL....84
EASY MINI EJECT LANCING D....96
EASY MINI LANCING DEVICE....96
EASY TOUCH ALLERGY TRAY S....96
EASY TOUCH FLIPLOCK SAFET....96
EASY TOUCH 32GX5MM....98
EASY TOUCH 32GX6MM....98
EASY TOUCH INSULIN SYRING....96
EASY TOUCH LANCETS 30G/BU....97
EASY TOUCH LANCETS 21G/PR....97
EASY TOUCH LANCETS 23G/PR....97
EASY TOUCH LANCETS 26G/PR....97
EASY TOUCH LANCETS 28G/PR....97
EASY TOUCH LANCETS 30G/PR....97
EASY TOUCH LANCETS 32G/PR....97
EASY TOUCH LANCETS 26G/PU....97
EASY TOUCH LANCETS 28G/PU....97
EASY TOUCH LANCETS 30G/PU....97
EASY TOUCH LANCETS 32G/PU....97
EASY TOUCH LANCETS 28G/TW....97
EASY TOUCH LANCETS 30G/TW....97
EASY TOUCH LANCETS 32G/TW....97
EASY TOUCH LANCETS 33G/TW....97
EASY TOUCH LANCING DEVICE....97
EASY TOUCH PEN NEEDLE 30....97
EASY TOUCH PEN NEEDLE/30....97
EASY TOUCH PEN NEEDLES 29....97
EASY TOUCH PEN NEEDLES 31....97
EASY TOUCH PEN NEEDLES 32....97
EASY TOUCH PEN NEEDLES/31....97
EASY TOUCH SAFETY LANCETS....97
EASY TOUCH SAFETY PEN NEE....97
EASY TOUCH SHEATHLOCK SAF....98
EASY TOUCH TUBERCULIN FLI....98
EASY TOUCH TUBERCULIN SHE....98
econazole nitrate cream 1%....87
EDURANT....4
EDURANT PED....4
E.E.S. 400....2
EFAVIRENZ/LAMIVUDINE/TENO....5
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg....4
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg....4
efavirenz tab 600 mg....4
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent)....67
ELIQUIS....76
ELIQUIS STARTER PACK....76

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

ELLA....24
ELMIRON....50
ELOCTATE....78
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)....75
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)....75
EMBECTA AUTOSHIELD DUO 30....98
EMBECTA INSULIN SYRINGE....98
EMBECTA INSULIN SYRINGE/....98
EMBECTA INSULIN SYRINGE/0....98
EMBECTA INSULIN SYRINGE/1....98
EMBECTA INSULIN SYRINGE/2....98
EMBECTA INSULIN SYRINGE/U....98
EMBECTA INSULIN SYRINGE U....98
EMBECTA PEN NEEDLE/NANO 2....98
EMBECTA PEN NEEDLE/NANO/3....98
EMBECTA PEN NEEDLE/ULTRA-....98
EMBECTA SAFETY INSULIN SY....99
EMBRACE LANCETS ULTRA THI....99
EMBRACE LANCING DEVICE WI....99
EMBRACE PRESSURE ACTIVATE....99
EMEND....47
EMGALITY....67
EMSAM....52
emtricitabine caps 200 mg....5
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg....5
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg....5
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg....5
EMTRIVA....5
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg....36
enalapril maleate & hydrochlorothiazide tab 10-25 mg....36
enalapril maleate oral soln 1 mg/ml....36
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg....36
ENBREL....64
ENBREL MINI....64
ENBREL SURECLICK....65
ENCARE....50
ENGERIX-B....10
enoxaparin sodium inj 300 mg/3ml....76
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....76
ENSACOVE....15
entacapone tab 200 mg....71
entecavir tab 0.5 mg, 1 mg....5
ENTRESTO....40
ENTYVIO PEN....48
EPCLUSA....5
EPIDIOLEX....69
epinastine hcl ophth soln 0.05%....81
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)....39
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)....39
EPIVIR....5
eplerenone tab 25 mg, 50 mg....36
EPOGEN....75
ergocalciferol cap 1.25 mg (50000 unit)....73
ERGOMAR....67
ERGOTAMINE TARTRATE/CAFFE....67
ERIVEDGE....15
ERLEADA....15
erlotinib hcl tab 25 mg (base equivalent)....15
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)....15
ERTACZO....87
ERYTHROMYCIN....87
erythromycin ethylsuccinate for susp 200 mg/5ml....2
erythromycin ethylsuccinate for susp 400 mg/5ml....2
erythromycin ophth oint 5 mg/gm....81
erythromycin soln 2%....87
erythromycin tab delayed release 250 mg, 333 mg, 500 mg....2
erythromycin tab 250 mg, 500 mg....2
ERZOFRI....54
escitalopram oxalate soln 5 mg/5ml (base equiv)....52
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)....52
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg....69
esomeprazole magnesium cap delayed release 40 mg (base eq)....46
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg....46
esomeprazole magnesium for delayed release susp pack 2.5 mg....46
ESPEROCT....78
estazolam tab 1 mg, 2 mg....56
estradiol & norethindrone acetate tab 0.5-0.1 mg....23
estradiol & norethindrone acetate tab 1-0.5 mg....23
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)....23
estradiol tab 0.5 mg, 1 mg, 2 mg....24
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%)....24
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....24

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

estradiol td patch weekly 0.075 mg/24hr.....24
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr.....24
estradiol vaginal cream 0.01%.....50
estradiol vaginal tab 10 mcg.....50
ESTRING.....50
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg.....24
eszopiclone tab 1 mg.....56
eszopiclone tab 2 mg, 3 mg.....56
ETCAMAH.....15
ethacrynic acid tab 25 mg.....38
ethambutol hcl tab 100 mg.....3
ethambutol hcl tab 400 mg.....3
ethosuximide cap 250 mg.....69
ethosuximide soln 250 mg/5ml.....69
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....24
etodolac cap 200 mg, 300 mg.....65
etodolac tab er 24hr 400 mg.....65
etodolac tab er 24hr 500 mg, 600 mg.....65
etodolac tab 400 mg.....65
etodolac tab 500 mg.....65
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....25
ETOPOSIDE.....15
etravirine tab 100 mg, 200 mg.....5
everolimus tab for oral susp 3 mg.....15
everolimus tab for oral susp 2 mg, 5 mg.....15
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....15
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....111
EVEXITHROID.....30
EVOTAZ.....5
EXELDERM.....87
exemestane tab 25 mg.....15
EYSUVIS.....81
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....39
ezetimibe tab 10 mg.....39
E-Z JECT LANCETS SUPER TH.....96

F

famciclovir tab 125 mg, 250 mg, 500 mg.....5
famotidine for susp 40 mg/5ml.....46
FANAPT.....54
FANAPT TITRATION PACK A.....54
FANTASY LUBRICATED.....99
FANTASY LUBRICATED/SPERMI.....99
FASENRA PEN.....43
FC2 FEMALE CONDOM.....99
febuxostat tab 40 mg, 80 mg.....68
FEIBA.....78
felbamate susp 600 mg/5ml.....69
felbamate tab 400 mg, 600 mg.....69
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....35
FEMCAP.....99
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....39
fenofibrate tab 48 mg, 145 mg.....39
fenofibrate tab 54 mg, 160 mg.....39
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....62
ferric citrate tab 1 gm (210 mg ferric iron).....48
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe).....75
fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....49
FETZIMA.....52
FETZIMA TITRATION PACK.....52
FIASP.....28
FIASP FLEXTOUCH.....28
FIASP PENFILL.....28
FIBRYGA.....78
fidaxomicin tab 200 mg.....2
FIFTY50 SAFETY SEAL LANCE.....99
FIFTY50 UNILET LANCETS 33.....99
finasteride tab 5 mg.....50
FINGERSTIX LANCETS.....99
fingolimod hcl cap 0.5 mg (base equiv).....59
flavoxate hcl tab 100 mg.....49
flecainide acetate tab 50 mg, 100 mg, 150 mg.....35
FLUAD 2026-2027.....10
FLUARIX 2026-2027.....10
FLUBLOK 2026-2027.....11
FLUCELVAX 2026-2027.....11
fluconazole for susp 10 mg/ml, 40 mg/ml.....3
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....3
flucytosine cap 250 mg, 500 mg.....3
fludrocortisone acetate tab 0.1 mg.....22
FLULAVAL 2026-2027.....11
FLUMIST NASAL VACCINE 202.....11
flunisolide nasal soln 25 mcg/act (0.025%).....42
fluocinolone acetonide cream 0.01%.....87
fluocinolone acetonide cream 0.025%.....87
fluocinolone acetonide oil 0.01% (body oil).....87
fluocinolone acetonide oil 0.01% (scalp oil).....87
fluocinolone acetonide oint 0.025%.....87
fluocinolone acetonide (otic) oil 0.01%.....83
fluocinolone acetonide soln 0.01%.....87
fluocinonide cream 0.05%.....87
fluocinonide emulsified base cream 0.05%.....87
fluocinonide gel 0.05%.....87
fluocinonide oint 0.05%.....87
fluocinonide soln 0.05%.....87
FLUORIDE.....74
FLUORIDEX DAILY DEFENSE.....84

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

FLUORIDEX ENHANCED WHITEN..... 84
FLUORIMAX 5000..... 84
fluorometholone ophth susp 0.1%..... 81
FLUOROURACIL..... 87
fluorouracil cream 5%..... 87
fluorouracil soln 5%..... 87
fluoxetine hcl cap 10 mg, 20 mg, 40 mg..... 52
fluoxetine hcl solution 20 mg/5ml..... 52
fluoxetine hcl tab 60 mg..... 52
fluphenazine decanoate inj 25 mg/ml..... 54
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg..... 54
FLUPHENAZINE HYDROCHLORID..... 54
FLURBIPROFEN..... 65
FLURBIPROFEN SODIUM..... 81
FLUTICASONE PROPIONATE/SA..... 43
fluticasone propionate cream 0.05%..... 87
FLUTICASONE PROPIONATE DI..... 43
FLUTICASONE PROPIONATE HF..... 43
fluticasone propionate hfa inhal aero 44 mcg/act..... 43
fluticasone propionate nasal susp 50 mcg/act..... 42
fluticasone propionate oint 0.005%..... 87
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act..... 43
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)..... 39
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)..... 39
fluvoxamine maleate tab 100 mg..... 52
fluvoxamine maleate tab 25 mg, 50 mg..... 52
FLUZONE 2026-2027..... 11
FLUZONE HIGH-DOSE 2026-20..... 11
folic acid tab 400 mcg, 800 mcg..... 75
folic acid tab 1 mg..... 75
FOLIVANE-OB..... 73
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml..... 76
FONDCIRCLE LANCING DEVICE..... 99
FONDCIRCLE SINGLE USE LAN..... 99
FORA LANCETS..... 99
FORA LANCING DEVICE..... 99
FORA LANCING DEVICE/CLEAR..... 99
fosamprenavir calcium tab 700 mg (base equiv)..... 5
fosfomycin tromethamine powd pack 3 gm (base equivalent)..... 9
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg..... 37
fosinopril sodium tab 10 mg, 20 mg, 40 mg..... 37
FOTIVDA..... 16
FREESTYLE FREEDOM LITE..... 99
FREESTYLE INSULINX BLOOD..... 91
FREESTYLE LANCETS..... 99
FREESTYLE LIBRE 2/READER/..... 99
FREESTYLE LIBRE 3/READER/..... 99
FREESTYLE LIBRE 2/SENSOR/..... 99
FREESTYLE LIBRE 3/SENSOR/..... 99
FREESTYLE LIBRE 14 DAY/RE..... 99
FREESTYLE LIBRE 14 DAY/SE..... 99
FREESTYLE LIBRE 2 PLUS/SE..... 99
FREESTYLE LIBRE 3 PLUS/SE..... 99
FREESTYLE LITE BLOOD GLUC..... 99
FREESTYLE LITE TEST STRIP..... 91
FREESTYLE PRECISION NEO B..... 91
FREESTYLE TEST STRIPS..... 91
FREESTYLE UNISTICK II LAN..... 100
frovatriptan succinate tab 2.5 mg (base equivalent)..... 67
FRUZAQLA..... 16
FULPHILA..... 75
FUROSEMIDE..... 38
furosemide tab 20 mg, 40 mg, 80 mg..... 38
FYLNETRA..... 75

G

gabapentin cap 100 mg, 300 mg, 400 mg..... 69
gabapentin oral soln 250 mg/5ml..... 69
gabapentin tab 600 mg, 800 mg..... 69
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg..... 59
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg..... 59
GAMMAGARD LIQUID..... 13
GAMMAGARD LIQUID ERC..... 13
GAMMAKED..... 13
GAMUNEX-C..... 13
GARDASIL 9..... 11
gatifloxacin ophth soln 0.5%..... 81
GAVRETO..... 16
gefitinib tab 250 mg..... 16
gemfibrozil tab 600 mg..... 39
GENOTROPIN..... 31
GENOTROPIN MINIQUICK..... 32
gentamicin sulfate cream 0.1%..... 87
gentamicin sulfate oint 0.1%..... 87
gentamicin sulfate ophth soln 0.3%..... 81
GENTEEL BUTTERFLY TOUCH L..... 100
GENTEEL PLUS LANCING DEVI..... 100
GENVOYA..... 5
GEODON..... 54
GILOTRIF..... 16
glatiramer acetate soln prefilled syringe 20 mg/ml..... 59
glatiramer acetate soln prefilled syringe 40 mg/ml..... 59
glimepiride tab 1 mg, 2 mg, 4 mg..... 26
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg..... 26
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg..... 26
glipizide tab 5 mg, 10 mg..... 26
GLOBAL INJECT EASE LANCET..... 100

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

GLOBAL LANCING DEVICE..... 100
GLUCAGON EMERGENCY KIT FO..... 26
glucagon for inj 1 mg..... 26
GLUCOCOM LANCETS 28G..... 100
GLUCOCOM LANCETS 30G..... 100
GLUCOCOM LANCETS 33G..... 100
glutamine (sickle cell) powd pack 5 gm.....75
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg..... 26
glyburide tab 1.25 mg, 2.5 mg, 5 mg..... 26
glycerol phenylbutyrate liquid 1.1 gm/ml.....32
glycopyrrolate oral soln 1 mg/5ml..... 46
glycopyrrolate tab 1 mg, 2 mg..... 46
GLYXAMBI..... 27
GNP LANCING SYSTEM DEVICE.....100
GNP STERILE LANCETS 28G.....100
GNP STERILE LANCETS 30G.....100
GNP STERILE LANCETS 33G.....100
GNP ULTICARE PEN NEEDLES..... 100
GNP ULTICARE PEN NEEDLES/..... 100
GNP ULTIGUARD SAFEPACK/MI.....100
GNP ULTIGUARD SAFEPACK/SH.....100
GOJJI LANCING DEVICE/CLEA.....100
GOJJI STERILE LANCETS 30G..... 100
GOMEKLI..... 16
granisetron hcl tab 1 mg.....47
griseofulvin microsize susp 125 mg/5ml..... 3
griseofulvin microsize tab 500 mg.....3
griseofulvin ultramicrosize tab 125 mg, 250 mg..... 3
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)..... 58
guanfacine hcl tab 1 mg, 2 mg.....37
GVOKE HYPOPEN 1-PACK.....27
GVOKE HYPOPEN 2-PACK.....27
GVOKE KIT..... 27
GVOKE PFS.....27
GYNAZOLE-1..... 50

H

HADLIMA..... 65
HADLIMA PUSHTOUCH.....65
HAEGARDA.....78
HAEMOLANCE.....100
HAEMOLANCE LOW FLOW LANCE.....100
HAEMOLANCE PLUS.....100
HAEMOLANCE PLUS HIGH FLOW.....100
HAEMOLANCE PLUS LOW FLOW..... 100
HAEMOLANCE PLUS MAX FLOW.....100
HAEMOLANCE PLUS PEDIATRIC..... 100
halcinonide cream 0.1%..... 87
halcinonide soln 0.1%.....88
halobetasol propionate cream 0.05%..... 88
haloperidol decanoate im soln 50 mg/ml, 100 mg/ml.....54
haloperidol lactate oral conc 2 mg/ml.....54
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg..... 54
HARVONI..... 5
HAVRIX..... 11
H-E-B INCONTROL ADVANCED..... 100
H-E-B INCONTROL LANCETS M..... 100
H-E-B INCONTROL LANCETS S.....100
H-E-B INCONTROL LANCETS U..... 100
HEMLIBRA.....78
HEMOFIL M.....78
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml.....76
HEPLISAV-B..... 11
HERNEXEOS.....16
HIBERIX..... 11
HIZENTRA..... 13
HM ULTICARE MINI PEN NEED..... 100
HUMALOG.....28
HUMALOG JUNIOR KWIKPEN.....28
HUMALOG KWIKPEN.....28
HUMALOG MIX 75/25.....29
HUMALOG MIX 50/50 KWIKPEN.....29
HUMALOG MIX 75/25 KWIKPEN.....29
HUMATE-P.....78
HUMATIN..... 3
HUMIRA..... 65
HUMIRA PEN..... 65
HUMIRA PEN-CD/UC/HS START..... 65
HUMULIN 70/30..... 29
HUMULIN 70/30 KWIKPEN.....29
HUMULIN N.....29
HUMULIN N KWIKPEN.....29
HUMULIN R.....29
HUMULIN R U-500 KWIKPEN..... 29
HYCAMTIN..... 16
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg..... 37
hydrochlorothiazide cap 12.5 mg.....38
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg..... 38
hydrocodone-acetaminophen soln 7.5-325 mg/15ml..... 62
hydrocodone-acetaminophen tab 5-325 mg..... 62
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg..... 62
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....42
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml..... 42
HYDROCODONE BITARTRATE ER..... 62
hydrocodone-ibuprofen tab 7.5-200 mg..... 62
HYDROCODONE POLISTIREX/CH.....42

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

HYDROCORTISONE..... 84
HYDROCORTISONE ACETATE/PR.....84
HYDROCORTISONE BUTYRATE.....88
hydrocortisone cream 2.5%.....88
hydrocortisone enema 100 mg/60ml..... 85
hydrocortisone oint 2.5%.....88
hydrocortisone perianal cream 2.5%.....85
hydrocortisone tab 5 mg, 10 mg, 20 mg..... 22
hydrocortisone valerate cream 0.2%.....88
hydrocortisone valerate oint 0.2%.....88
hydrocortisone w/ acetic acid otic soln 1-2%.....83
hydromorphone hcl liqd 1 mg/ml.....62
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg..... 62
hydromorphone hcl tab 8 mg.....62
hydromorphone hcl tab 2 mg, 4 mg.....62
HYDROXYCHLOROQUINE SULFAT..... 8
hydroxychloroquine sulfate tab 200 mg..... 8
hydroxyurea cap 500 mg.....16
hydroxyzine hcl syrup 10 mg/5ml.....51
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg..... 51
hydroxyzine pamoate cap 25 mg, 50 mg..... 51
HYMPAVZI..... 78
HYRNUO.....16
HY-VEE LANCETS.....100
HY-VEE THIN LANCETS.....100

I

ibandronate sodium tab 150 mg (base equivalent).....32
IBRANCE..... 16
IBTROZI..... 16
ibuprofen tab 400 mg, 600 mg, 800 mg.....65
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....78
ICLUSIG..... 16
IDELVION.....78
IDHIFA.....16
IHEALTH LANCING DEVICE.....101
ILEVRO..... 81
imatinib mesylate tab 100 mg (base equivalent).....16
imatinib mesylate tab 400 mg (base equivalent).....16
IMBRUVICA..... 16
imipramine hcl tab 10 mg, 25 mg, 50 mg.....52
imiquimod cream 5%.....88
IMKELDI..... 16
IMPAVIDO..... 9
INBRIJA.....72
INCONTROL ULTICARE MINI P..... 101
INCRELEX..... 32
INCRUSE ELLIPTA..... 43
indapamide tab 1.25 mg, 2.5 mg.....38
indomethacin cap er 75 mg.....65
indomethacin cap 25 mg, 50 mg.....65
INFANRIX.....13
INLURIYO..... 16
INLYTA..... 16
INQOVI.....16
INREBIC.....16
INSULIN GLARGINE-YFGN..... 30
INSULIN SYRINGE/0.3ML/30G.....101
INSULIN SYRINGE/0.3ML/31G.....101
INSULIN SYRINGE/0.5ML/28G.....101
INSULIN SYRINGE/0.5ML/30G.....101
INSULIN SYRINGE/0.5ML/31G.....101
INSULIN SYRINGE/1ML/29G X..... 101
INSULIN SYRINGE/1ML/30G X..... 101
INSULIN SYRINGE/U-100/0.3.....101
INSULIN SYRINGE/U-100/0.5.....101
INSULIN SYRINGE/U-100/1ML.....101
INTELENCE..... 5
IN TOUCH LANCING DEVICE.....101
IN TOUCH STERILE LANCETS.....101
INTRAROSA..... 50
INVEGA HAFYERA..... 54
INVEGA SUSTENNA..... 54
INVEGA TRINZA..... 54
IPOL INACTIVATED IPV..... 11
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....44
ipratropium bromide hfa inhal aerosol 17 mcg/act..... 44
ipratropium bromide inhal soln 0.02%..... 44
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray).....42
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg..... 37
irbesartan tab 75 mg, 150 mg, 300 mg..... 37
ISENTRESS..... 5
ISENTRESS HD..... 6
isoniazid syrup 50 mg/5ml..... 3
isoniazid tab 100 mg, 300 mg.....3
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....40
isosorbide dinitrate tab 5 mg..... 33
isosorbide dinitrate tab 40 mg..... 33
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg..... 33
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg..... 33
isosorbide mononitrate tab 10 mg, 20 mg..... 33
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....88
isradipine cap 2.5 mg, 5 mg..... 35
ITOVEBI..... 16
itraconazole cap 100 mg..... 3
itraconazole oral soln 10 mg/ml.....3
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv).....41
ivermectin cream 1%..... 88
ivermectin tab 3 mg..... 9
IWILFIN..... 17

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

IXINITY....78

J

JAKAFI....17
JAKAFI XR....17
JARDIANCE....27
JAYPIRCA....17
JIDEYTRO....17
JIVI....78
JULUCA....6
JUST RIGHT 5000....84
JUXTAPID....40
JYNARQUE....32
JYNNEOS....11

K

KALETRA....6
KALYDECO....45
KAMELEON LUBRICATED....101
KERENDIA....32
KESIMPTA....59
ketoconazole cream 2%....88
ketoconazole shampoo 2%....88
ketoconazole tab 200 mg....3
KETONE....91
KETONE TEST STRIPS....91
KETOROLAC TROMETHAMINE....81
ketorolac tromethamine ophth soln 0.5%....81
ketorolac tromethamine tab 10 mg....65
KETOSTIX....91
KEVZARA....65
KIMONO COLORS....101
KIMONO LUBRICATED....101
KIMONO MAXX/LARGE FLARE....101
KIMONO MICRO THIN....101
KIMONO MICRO THIN PLUS SP....101
KIMONO PLUS SPERMICIDE/LU....101
KIMONO PLUS SPERMICIDE LU....101
KIMONO PS LUBRICATED....101
KIMONO PS PLUS SPERMICIDE....101
KIMONO SENSATION LUBRICAT....102
KIMONO SENSATION PLUS SPE....102
KIMONO SPECIAL....102
KINERET....65
KINNEY LANCETS....102
KINNEY THIN LANCETS....102
KINRIX....13
KISQALI....17
KLOXXADO....90
KOATE....79
KOATE-DVI....79
KOMZIFTI....17
KOSELUGO....17
KOVALTRY....79
K-PHOS NO 2....50
KRAZATI....17
KROGER AUTOLET LANCING DE....102
KROGER HEALTHPRO TWIST LA....102
KROGER LANCETS....102
KROGER LANCETS SUPER THIN....102
KROGER LANCETS THIN....102

L

labetalol hcl tab 100 mg, 200 mg, 300 mg....34
lacosamide oral solution 10 mg/ml....69
lacosamide tab 200 mg....69
lacosamide tab 50 mg, 100 mg, 150 mg....69
lactated ringer's for irrigation....111
lactulose (encephalopathy) solution 10 gm/15ml....48
lactulose solution 10 gm/15ml....45
LAGEVRIO....6
lamivudine oral soln 10 mg/ml....6
lamivudine tab 150 mg....6
lamivudine tab 300 mg....6
lamivudine tab 100 mg (hbv)....6
lamivudine-zidovudine tab 150-300 mg....6
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg....69
lamotrigine tab chewable dispersible 5 mg....69
lamotrigine tab chewable dispersible 25 mg....69
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit....69
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit....69
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit....69
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg....69
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg....69
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit....69
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit....69
lamotrigine tab 35 x 25 mg starter kit....69
LAMPIT....9
LANCET DEVICE ADJUSTABLE....102
LANCET DEVICE WITH EJECTO....102
LANCETS....102
LANCETS - BAYER ASCENCIA....102
LANCETS 30G....102
LANCETS 30G/TWIST TOP....102
LANCETS 33G EXTRA FINE....102
LANCETS 28G THIN....102
LANCETS 30G TWIST TOP....102
LANCETS 33G UNIVERSAL DES....102
LANCETS MICRO THIN 33G....102
LANCETS SUPER THIN 28G....102

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

LANCETS THIN....102
LANCETS ULTRA THIN 30G....102
LANCING DEVICE....102
lansoprazole cap delayed release 30 mg....46
lanthanum carbonate chew tab 500 mg (elemental)....48
lanthanum carbonate chew tab 750 mg (elemental)....48
lanthanum carbonate chew tab 1000 mg (elemental)....48
LANTUS....30
LANTUS SOLOSTAR....30
LANZO....102
lapatinib ditosylate tab 250 mg (base equiv)....17
latanoprost ophth soln 0.005%....81
LAZCLUZE....17
LEADER ADVANCED LANCING D....102
LEADER LANCETS COLORED....102
LEADER THIN LANCETS....102
LEDIPASVIR/SOFOSBUVIR....6
leflunomide tab 10 mg, 20 mg....65
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg....111
lenalidomide caps 2.5 mg....111
LENVIMA 4 MG DAILY DOSE....17
LENVIMA 8 MG DAILY DOSE....17
LENVIMA 10 MG DAILY DOSE....17
LENVIMA 12MG DAILY DOSE....17
LENVIMA 14 MG DAILY DOSE....17
LENVIMA 18 MG DAILY DOSE....17
LENVIMA 20 MG DAILY DOSE....17
LENVIMA 24 MG DAILY DOSE....17
letrozole tab 2.5 mg....17
leucovorin calcium tab 5 mg....18
leucovorin calcium tab 25 mg....18
leucovorin calcium tab 10 mg, 15 mg....18
LEUKERAN....18
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)....18
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)....44
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)....44
levetiracetam oral soln 100 mg/ml....69
levetiracetam tab er 24hr 500 mg, 750 mg....69
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg....70
LEVOBUNOLOL HCL....81
levocarnitine oral soln 1 gm/10ml (10%)....32
levocarnitine tab 330 mg....32
levocetirizine dihydrochloride tab 5 mg....41
levofloxacin oral soln 25 mg/ml....2
levofloxacin tab 250 mg, 500 mg, 750 mg....3
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg....25
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....25
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg....25
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....25
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg....25
levonorgestrel tab 1.5 mg....25
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....25
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)....25
levorphanol tartrate tab 2 mg....63
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....30
LIBERTY MEDICAL LANCETS 3....102
lidocaine hcl soln 4%....88
lidocaine hcl urethral/mucosal gel prefilled syringe 2%....88
lidocaine hcl viscous soln 2%....84
lidocaine oint 5%....88
lidocaine patch 5%....88
lidocaine-prilocaine cream 2.5-2.5%....88
LIFYORLI....18
linezolid for susp 100 mg/5ml....9
linezolid tab 600 mg....9
LINZESS....48
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg....30
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg....58
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg....58
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg....37
lisinopril tab 20 mg....37
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg....37
LITE TOUCH LANCETS....102
LITETOUCH LANCETS MICRO T....102
LITE TOUCH LANCING PEN....102
LITHIUM CARBONATE....54
lithium carbonate cap 300 mg....55
lithium carbonate cap 150 mg, 600 mg....55
lithium carbonate tab er 300 mg....55
lithium carbonate tab er 450 mg....55
lithium carbonate tab 300 mg....55
lithium oral solution 8 meq/5ml....55
LIVE BETTER ADVANCED LANC....102
LIVE BETTER LANCET SUPER....102
LIVE BETTER LANCET ULTRA....102
lofexidine hcl tab 0.18 mg (base equivalent)....60
LOKELMA....111

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

LO LOESTRIN FE....25
lomustine cap 10 mg, 40 mg, 100 mg....18
LONSURF....18
lopinavir-ritonavir tab 100-25 mg....6
lopinavir-ritonavir tab 200-50 mg....6
loratadine & pseudoephedrine tab er 12hr 5-120 mg....42
loratadine & pseudoephedrine tab er 24hr 10-240 mg....42
loratadine oral soln 5 mg/5ml....41
loratadine rapidly-disintegrating tab 10 mg....41
loratadine tab 10 mg....41
lorazepam conc 2 mg/ml....51
lorazepam tab 0.5 mg, 1 mg, 2 mg....51
LORBRENA....18
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg....37
losartan potassium tab 25 mg, 50 mg, 100 mg....37
loteprednol etabonate ophth gel 0.5%....82
loteprednol etabonate ophth susp 0.2%....82
loteprednol etabonate ophth susp 0.5%....82
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%....82
lovastatin tab 10 mg....40
lovastatin tab 20 mg, 40 mg....40
loxapine succinate cap 50 mg....55
loxapine succinate cap 5 mg, 10 mg, 25 mg....55
lubiprostone cap 8 mcg....48
lubiprostone cap 24 mcg....48
LUMAKRAS....18
LUMIGAN....82
lurasidone hcl tab 80 mg....55
lurasidone hcl tab 120 mg....55
lurasidone hcl tab 20 mg, 40 mg, 60 mg....55
LYNPARZA....18
LYSODREN....18
LYTGOBI....18
LYUMJEV....28
LYUMJEV KWIKPEN....28

M

macitentan tab 10 mg....41
MAGELLAN TUBERCULIN SAFET....102
malathion lotion 0.5%....88
maraviroc tab 150 mg....6
maraviroc tab 300 mg....6
MARPLAN....52
MATRIAPRO....73
MATULANE....18
MAVYRET....6
MAXX LUBRICATED....103
MAXX PLUS SPERMICIDE LUBR....103
meclizine hcl tab 12.5 mg, 25 mg....47
MECLOFENAMATE SODIUM....65
MEDICHOICE PRE-SET SAFETY....103
MEDICHOICE SAFETY LANCET....103
MEDICINE SHOPPE LANCETS....103
MEDICINE SHOPPE LANCETS T....103
MEDLANCE PLUS/LITE 25G....103
MEDLANCE PLUS EXTRA LANCE....103
MEDLANCE PLUS LANCETS LIT....103
MEDLANCE PLUS LITE LANCET....103
MEDLANCE PLUS SPECIAL LAN....103
MEDLANCE PLUS SUPERLITE 3....103
MEDLANCE PLUS UNIVERSAL L....103
medroxyprogesterone acetate im susp 150 mg/ml....25
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....25
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg....26
mefloquine hcl tab 250 mg....8
megestrol acetate susp 40 mg/ml....18
megestrol acetate tab 20 mg, 40 mg....18
MEIJER COLOR LANCETS UNIV....103
MEIJER LANCETS....103
MEIJER LANCETS THIN....103
MEIJER LANCETS UNIVERSAL....103
MEIJER SUPER THIN LANCETS....103
MEKINIST....18
MEKTOVI....18
meloxicam tab 7.5 mg, 15 mg....65
memantine hcl oral solution 2 mg/ml....60
memantine hcl tab 5 mg, 10 mg....60
MEMANTINE HCL TITRATION P....60
MENQUADFI....11
MENVEO....11
meprobamate tab 200 mg, 400 mg....51
mercaptopurine susp 2000 mg/100ml (20 mg/ml)....18
mercaptopurine tab 50 mg....18
mesalamine cap er 24hr 0.375 gm....48
MESALAMINE DR....48
mesalamine enema 4 gm....48
mesalamine suppos 1000 mg....48
mesalamine tab delayed release 1.2 gm....48
mesalamine tab delayed release 800 mg....48
mesna tab 400 mg....18
metaxalone tab 400 mg....72
metaxalone tab 800 mg....72
metformin hcl tab er 24hr 500 mg, 750 mg....27
metformin hcl tab 500 mg, 850 mg, 1000 mg....27
methadone hcl conc 10 mg/ml....63
methadone hcl soln 5 mg/5ml....63
methadone hcl soln 10 mg/5ml....63
methadone hcl tab for oral susp 40 mg....63
methadone hcl tab 5 mg, 10 mg....63
methamphetamine hcl tab 5 mg....58

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

methazolamide tab 25 mg, 50 mg.....38
methenamine hippurate tab 1 gm.....9
methimazole tab 5 mg, 10 mg.....30
methocarbamol tab 500 mg, 750 mg.....72
METHOTREXATE SODIUM.....18
methotrexate sodium for inj 1 gm.....19
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....19
methotrexate sodium tab 2.5 mg (base equiv).....19
METHOXSALEN.....88
methscopolamine bromide tab 2.5 mg, 5 mg.....46
methsuximide cap 300 mg.....70
METHYLDOPA.....37
methyldopa tab 250 mg.....37
methylergonovine maleate tab 0.2 mg.....31
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....58
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....58
methylphenidate hcl chew tab 10 mg.....58
methylphenidate hcl chew tab 2.5 mg, 5 mg.....58
methylphenidate hcl soln 5 mg/5ml.....58
methylphenidate hcl soln 10 mg/5ml.....58
methylphenidate hcl tab er 10 mg, 20 mg.....58
methylphenidate hcl tab er osmotic release (osm) 36 mg.....58
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....58
methylphenidate hcl tab 5 mg.....58
methylphenidate hcl tab 10 mg.....58
methylphenidate hcl tab 20 mg.....58
METHYLPHENIDATE HYDROCHLO.....58
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....23
methylprednisolone tab therapy pack 4 mg (21).....22
methyltestosterone cap 10 mg.....23
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....48
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....48
metolazone tab 2.5 mg, 5 mg, 10 mg.....38
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....37
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....34
metoprolol tartrate tab 50 mg, 100 mg.....34
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....34
metronidazole cream 0.75%.....88
metronidazole gel 0.75%.....88
metronidazole gel 1%.....88
metronidazole lotion 0.75%.....88
metronidazole tab 250 mg.....9
metronidazole tab 500 mg.....9
metronidazole vaginal gel 0.75%.....50
mexiletine hcl cap 150 mg, 200 mg, 250 mg.....35
MFLUSIVA 2026-27.....11
MICROLET LANCETS.....103
MICROLET NEXT.....103
MICROLET NEXT LANCETS.....103
midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....39
MIEBO.....82
MIFEPREX.....32
mifepristone tab 200 mg.....32
mifepristone tab 300 mg.....27
miglustat cap 100 mg.....75
milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg.....60
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak.....60
MIMRYLO.....19
MINI LANCING DEVICE.....103
minocycline hcl cap 50 mg, 75 mg, 100 mg.....2
minoxidil tab 2.5 mg, 10 mg.....37
mirabegron granules for oral extended release susp 8 mg/ml.....49
mirabegron tab er 24 hr 25 mg, 50 mg.....49
mirtazapine orally disintegrating tab 15 mg.....52
mirtazapine orally disintegrating tab 30 mg, 45 mg.....52
mirtazapine tab 15 mg.....53
mirtazapine tab 30 mg.....53
mirtazapine tab 7.5 mg, 45 mg.....53
misoprostol tab 100 mcg, 200 mcg.....46
MM LANCING DEVICE.....103
M-M-R II.....11
MM TWIST LANCETS.....103
M-NATAL PLUS.....73
MNEXSPIKE COVID-19 VACCIN.....11
MOBI CONNECT BLOOD GLUCOS.....103
MOBILE LANCETS 30G.....103
modafinil tab 100 mg, 200 mg.....58
MODEYSO.....19
moexipril hcl tab 7.5 mg, 15 mg.....37
mometasone furoate cream 0.1%.....88
mometasone furoate oint 0.1%.....88
mometasone furoate solution 0.1% (lotion).....88
MONOJECT TB SYRINGE-NDL 1.....103
MONOJECT TUBERCULIN SAFET.....103
MONOJECT TUBERCULIN SYRIN.....103
MONOLET LANCETS.....103
MONOLET OPD LANCETS.....103
MONOLETTOR SAFETY LANCETS.....103
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....44
montelukast sodium tab 10 mg (base equiv).....44
morphine sulfate oral soln 10 mg/5ml.....63
morphine sulfate oral soln 20 mg/5ml.....63
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....63

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

morphine sulfate tab er 100 mg, 200 mg.....63
morphine sulfate tab er 15 mg, 30 mg, 60 mg.....63
morphine sulfate tab 15 mg.....63
morphine sulfate tab 30 mg.....63
MOUNJARO.....27
MOVANTIK.....48
moxifloxacin hcl ophth soln 0.5% (base equiv).....82
moxifloxacin hcl tab 400 mg (base equiv).....3
MRESVIA.....11
MULTAQ.....35
MULTI-LANCET DEVICE.....103
mupirocin oint 2%.....88
MYALEPT.....32
mycophenolate mofetil cap 250 mg.....111
mycophenolate mofetil for oral susp 200 mg/ml.....111
mycophenolate mofetil tab 500 mg.....111
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....111
MYFEMBREE.....24
MYGLUCOHEALTH MGH SOFTLAN.....103
MYHIBBIN.....111
MYLERAN.....19
MYTESI.....46

N

nabumetone tab 500 mg, 750 mg.....65
nadolol tab 20 mg, 40 mg, 80 mg.....34
naloxone hcl inj 0.4 mg/ml.....90
naloxone hcl inj 4 mg/10ml.....90
naloxone hcl soln prefilled syringe 2 mg/2ml.....90
NALOXONE HYDROCHLORIDE.....90
naltrexone hcl tab 50 mg.....90
naproxen sodium tab 275 mg, 550 mg.....65
naproxen tab 500 mg.....65
naproxen tab 250 mg, 375 mg.....65
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....67
NATACYN.....82
nateglinide tab 60 mg, 120 mg.....27
NAYZILAM.....70
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....34
NEBUSAL.....42
NEFAZODONE HYDROCHLORIDE.....53
NEOMYCIN/POLYMYXIN/BACITR.....82
NEOMYCIN/POLYMYXIN/GRAMIC.....82
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....82
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....82
neomycin-polymyxin-hc otic soln 1%.....83
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....83
neomycin sulfate tab 500 mg.....3
NEONATAL COMPLETE.....73
NEONATAL PLUS.....73
NEO-SYNALAR.....88
NERLYNX.....19
NEULASTA.....75
NEVIRAPINE.....6
nevirapine tab er 24hr 400 mg.....6
nevirapine tab 200 mg.....6
NEXLETOL.....40
NEXLIZET.....40
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....40
nicardipine hcl cap 20 mg, 30 mg.....35
nicotine polacrilex gum 2 mg, 4 mg.....60
nicotine polacrilex lozenge 2 mg, 4 mg.....60
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....60
NICOTROL NS.....60
nifedipine cap 10 mg, 20 mg.....35
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....35
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....35
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent).....19
NILUTAMIDE.....19
nimodipine cap 30 mg.....35
NINLARO.....19
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent).....45
NISOLDIPINE ER.....35
nisoldipine tab er 24hr 8.5 mg, 17 mg.....35
nitazoxanide tab 500 mg.....9
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....32
nitrofurantoin macrocrystalline cap 25 mg.....9
nitrofurantoin macrocrystalline cap 50 mg, 100 mg.....9
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....9
nitrofurantoin susp 25 mg/5ml.....9
nitroglycerin oint 0.4%.....85
nitroglycerin oint 2%.....33
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....33
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....33
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....34
NITYR.....32
NIVA THYROID.....30
NIVESTYM.....76
NIZATIDINE.....46
nizatidine cap 150 mg.....46

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

NORDITROPIN FLEXPRO..... 32
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr..... 25
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg..... 25
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....25
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....25
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....25
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)..... 25
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg..... 24
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg..... 24
norethindrone acetate tab 5 mg.....26
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....25
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg..... 25
norethindrone tab 0.35 mg.....25
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg..... 25
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..... 26
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg..... 26
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg..... 53
nortriptyline hcl soln 10 mg/5ml..... 53
NORVIR..... 6
NOVA SAFETY LANCETS 23G..... 103
NOVA SAFETY LANCETS 28G..... 104
NOVA SUREFLEX LANCETS..... 104
NOVA SUREFLEX LANCING DEV..... 104
NOVOEIGHT.....79
NOVOFINE PEN NEEDLE 32G X.....104
NOVOFINE PLUS PEN NEEDLE.....104
NOVOLIN 70/30..... 29
NOVOLIN 70/30 FLEXPEN..... 29
NOVOLIN 70/30 FLEXPEN REL..... 30
NOVOLIN 70/30 RELION..... 30
NOVOLIN N.....29
NOVOLIN N FLEXPEN.....29
NOVOLIN N FLEXPEN RELION.....29
NOVOLIN N RELION.....29
NOVOLIN R.....29
NOVOLIN R FLEXPEN.....29
NOVOLIN R FLEXPEN RELION.....29
NOVOLIN R RELION.....29
NOVOLOG.....28
NOVOLOG FLEXPEN.....28
NOVOLOG FLEXPEN RELION.....29
NOVOLOG MIX 70/30.....30
NOVOLOG MIX 70/30 PREFILL.....30
NOVOLOG MIX 70/30 RELION.....30
NOVOLOG PENFILL.....29
NOVOLOG RELION.....29
NOVOSEVEN RT..... 79
NOXAFIL..... 3
NP THYROID 15..... 30
NP THYROID 30..... 31
NP THYROID 60..... 31
NP THYROID 90..... 31
NP THYROID 120..... 30
NUBEQA..... 19
NUCALA.....44
NUCYNTA ER.....63
NURTEC..... 67
NUVARING..... 26
NUVAXOVID COVID-19 VACCIN..... 11
NUWIQ.....79
NUZYRA.....2
nystatin cream 100000 unit/gm..... 88
nystatin oint 100000 unit/gm..... 88
nystatin susp 100000 unit/ml.....84
nystatin tab 500000 unit..... 3
nystatin topical powder 100000 unit/gm..... 88
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....88
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....88
NYVEPRIA..... 76

O

OBIZUR.....79
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....32
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)..... 32
ODEFSEY..... 6
ODOMZO..... 19
OFLOXACIN..... 3
ofloxacin ophth soln 0.3%..... 82
ofloxacin otic soln 0.3%.....83
OGSIVEO.....19
OJEMDA..... 19
OJJAARA..... 19
olanzapine for im inj 10 mg..... 55
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....55
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg..... 55
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..... 37

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

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg....37
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg.... 37
olopatadine hcl nasal soln 0.6%.... 42
OLUMIANT....65
omega-3-acid ethyl esters cap 1 gm....40
omeprazole cap delayed release 20 mg....46
omeprazole cap delayed release 10 mg, 40 mg.... 46
OMNIFLEX DIAPHRAGM....104
OMNIPOD DASH INTRO KIT (G....104
OMNIPOD DASH PODS (GEN 4)....104
OMNIPOD 5 DEXCOM G7G6 INT....104
OMNIPOD 5 DEXCOM G7G6 POD....104
OMNIPOD 5 LIBRE INTRO KIT....104
OMNIPOD 5 LIBRE PODS....104
OMNITROPE....32
OMVOH....48
ondansetron hcl oral soln 4 mg/5ml....47
ondansetron hcl tab 4 mg....47
ondansetron hcl tab 8 mg....47
ondansetron orally disintegrating tab 4 mg, 8 mg....47
ONE VITE WOMENS PRENATAL....73
ONUREG....19
OPILL....26
OPTIONS GYNOL II VAGINAL....50
OPTIUMEZ TEST STRIPS....91
OPVEE....90
ORAVIG....84
ORENCIA....65
ORENCIA CLICKJECT....65
ORENITRAM....41
ORENITRAM TITRATION KIT M....41
ORFADIN....32
ORGOVYX....19
ORIAHNN....24
ORILISSA....32
ORKAMBI....45
ORLADEYO....79
ORPHENADRINE/ASPIRIN/CAFF....72
orphenadrine citrate tab er 12hr 100 mg....72
ORSERDU....19
oseltamivir phosphate cap 30 mg (base equiv)....6
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)....6
oseltamivir phosphate for susp 6 mg/ml (base equiv)....6
OSPHENA....32
OTEZLA....65
OTEZLA/OTEZLA XR 28 DAY T....66
OTEZLA XR....66
oxaprozin tab 600 mg....66
oxazepam cap 30 mg....51
oxazepam cap 10 mg, 15 mg....51
oxcarbazepine susp 300 mg/5ml (60 mg/ml)....70
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg....70
oxcarbazepine tab 150 mg, 300 mg, 600 mg....70
oxiconazole nitrate cream 1%....88
oxybutynin chloride solution 5 mg/5ml....49
oxybutynin chloride tab er 24hr 5 mg....49
oxybutynin chloride tab er 24hr 10 mg....49
oxybutynin chloride tab er 24hr 15 mg....49
oxybutynin chloride tab 5 mg....49
oxycodone hcl cap 5 mg....63
oxycodone hcl conc 100 mg/5ml (20 mg/ml)....63
oxycodone hcl soln 5 mg/5ml....63
oxycodone hcl tab 5 mg....63
oxycodone hcl tab 10 mg....63
oxycodone hcl tab 15 mg....63
oxycodone hcl tab 20 mg....63
oxycodone hcl tab 30 mg....63
oxycodone w/ acetaminophen tab 7.5-325 mg....63
oxycodone w/ acetaminophen tab 10-325 mg....63
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg....63
OZEMPIC....27

P

paliperidone tab er 24hr 6 mg....55
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg....55
PANRETIN....88
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv)....46
pantoprazole sodium for delayed release susp packet 40 mg....46
paricalcitol cap 4 mcg....32
paricalcitol cap 1 mcg, 2 mcg....32
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg....53
PAROXETINE HYDROCHLORIDE....53
paroxetine mesylate cap 7.5 mg (base equiv)....60
PAXLOVID....6
pazopanib hcl tab 200 mg (base equiv)....19
PEDIARIX....13
PEDVAXHIB....12
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm....45
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm....46
peg 3350-kcl-sod bicarb-nacl for soln 420 gm....46
PEMAZYRE....19
PENBRAYA....12
penciclovir cream 1%....89
penicillamine tab 250 mg....111
PENICILLIN V POTASSIUM....1
penicillin v potassium tab 250 mg, 500 mg....1
PENMENVY....12
PEN NEEDLE/5-BEVEL TIP/31....104

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

PEN NEEDLE/5-BEVEL TIP/32....104
PENTACEL.... 13
pentamidine isethionate for nebulization soln 300 mg.... 9
PENTAZOCINE/NALOXONE HCL....63
pentoxifylline tab er 400 mg.... 79
perampanel susp 0.5 mg/ml....70
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg.... 70
PERFECT LANCETS 30G....104
PERFECT POINT SAFETY LANC.... 104
PERFECT PRESSURE ACTIVATE.... 104
PERINDOPRIL ERBUMINE....37
perindopril erbumine tab 4 mg....37
permethrin cream 5%....89
PERPHENAZINE/AMITRIPTYLIN.... 60
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg....55
PERSERIS....55
PHARMACIST CHOICE SELECT.... 104
PHARMACIST CHOICE ULTRA T.... 104
PHENELZINE SULFATE....53
PHENOBARBITAL....56
phenoxybenzamine hcl cap 10 mg.... 37
phenylephrine hcl ophth soln 2.5%, 10%....82
phenytoin chew tab 50 mg....70
phenytoin sodium extended cap 100 mg....70
phenytoin sodium extended cap 200 mg, 300 mg....70
phenytoin susp 125 mg/5ml....70
PHEXX.... 50
PHOSPHA 250 NEUTRAL....74
PHOSPHOLINE IODIDE....82
PHOSPHOROUS....74
PHOSPHO-TRIN K500.... 74
PHOSPHO-TRIN 250 NEUTRAL....74
PHYSIOLYTE....111
phytonadione tab 5 mg.... 73
PIFELTRO....7
pilocarpine hcl ophth soln 1%, 2%, 4%....82
pilocarpine hcl tab 5 mg.... 84
pilocarpine hcl tab 7.5 mg.... 84
pimecrolimus cream 1%....89
pimozide tab 1 mg, 2 mg....60
pindolol tab 5 mg, 10 mg.... 34
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.... 27
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)....27
PIP LANCETS/28G.... 104
PIP LANCETS/30G.... 104
PIQRAY 200MG DAILY DOSE.... 19
PIQRAY 250MG DAILY DOSE.... 19
PIQRAY 300MG DAILY DOSE.... 19
PIRFENIDONE.... 45
pirfenidone cap 267 mg....45
pirfenidone tab 267 mg.... 45
pirfenidone tab 801 mg.... 45
piroxicam cap 10 mg, 20 mg.... 66
pitavastatin calcium tab 4 mg.... 40
pitavastatin calcium tab 1 mg, 2 mg....40
PLEGRIDY....60
PLEGRIDY STARTER PACK....60
PNEUMOVAX 23....12
PNV 27-CA/FE/FA....73
PODOFILOX....89
podofilox gel 0.5%....89
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%....82
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg....19
posaconazole susp 40 mg/ml....4
posaconazole tab delayed release 100 mg....4
potassium chloride cap er 8 meq, 10 meq....74
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq....74
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)....74
potassium chloride tab er 10 meq, 20 meq (1500 mg).... 74
potassium chloride tab er 8 meq (600 mg).... 74
potassium citrate tab er 5 meq (540 mg).... 50
potassium citrate tab er 10 meq (1080 mg).... 50
potassium citrate tab er 15 meq (1620 mg).... 50
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg.... 72
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg....72
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg.... 72
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)....79
pravastatin sodium tab 80 mg....40
pravastatin sodium tab 10 mg, 20 mg, 40 mg....40
praziquantel tab 600 mg....9
prazosin hcl cap 1 mg, 2 mg, 5 mg.... 37
PRECISION SURE-DOSE INSUL.... 104
PRECISION XTRA BLOOD GLUC....91
prednisolone acetate ophth susp 1%....82
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).... 23
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)....23
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)....23
prednisolone soln 15 mg/5ml....23
prednisolone tab 5 mg.... 23
PREDNISONE.... 23
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.... 23

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

prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48) 23
pregabalin cap 25 mg 70
pregabalin cap 50 mg 70
pregabalin cap 75 mg, 100 mg 70
pregabalin cap 150 mg, 200 mg 70
pregabalin cap 225 mg, 300 mg 70
pregabalin soln 20 mg/ml 70
PREMARIN 50
PREMPHASE 24
PREMPRO 24
PRENACHEW 73
PRENATABS FA 73
PRENATAL 73
PRENATAL 19 74
PRENATAL PLUS 74
PRENATAL-U 74
PRETOMANID 3
PREVIDENT 5000 ENAMEL PRO 84
PREVIDENT 5000 SENSITIVE 84
PREVNAR 20 12
PREZCOBIX 7
PREZISTA 7
primaquine phosphate tab 26.3 mg (15 mg base) 9
primidone tab 50 mg, 250 mg 70
PRIORIX 12
probenecid tab 500 mg 68
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent) 55
prochlorperazine suppos 25 mg 55
PRO COMFORT SAFETY LANCET 104
PROCRIT 76
PROCTOCORT 85
PROCTOFOAM HC 85
PRODIGY LANCING DEVICE 104
PRODIGY PRESSURE ACTIVATE 104
PRODIGY SAFETY LANCETS 104
PRODIGY TWIST TOP LANCETS 104
PROFILNINE 79
progesterone cap 100 mg, 200 mg 26
promethazine-dm syrup 6.25-15 mg/5ml 42
promethazine hcl oral soln 6.25 mg/5ml 41
promethazine hcl suppos 12.5 mg, 25 mg 41
promethazine hcl tab 12.5 mg, 25 mg, 50 mg 41
promethazine w/ codeine syrup 6.25-10 mg/5ml 42
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg 35
propafenone hcl tab 150 mg, 225 mg, 300 mg 35
proparacaine hcl ophth soln 0.5% 82
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg 34
propranolol hcl oral soln 20 mg/5ml 34
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg 34
propylthiouracil tab 50 mg 31
PROQUAD 12
protriptyline hcl tab 5 mg, 10 mg 53
PROVIDA OB 74
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 42
PULMOSAL 42
PULMOZYME 45
PURE COMFORT PRESSURE ACT 104
PX ADVANCED LANCING DEVIC 104
PX LANCETS MICROTHIN 33G 104
PX LANCETS ULTRA THIN 105
PX LANCETS ULTRA THIN 28G 105
pyrazinamide tab 500 mg 3
pyridostigmine bromide oral soln 60 mg/5ml 73
pyridostigmine bromide tab er 180 mg 73
pyridostigmine bromide tab 60 mg 73
pyrimethamine tab 25 mg 9
PYRUKYND 79
PYRUKYND TAPER PACK 79

Q

QC ADVANCED LANCING DEVIC 105
QC LANCETS SUPER THIN 105
QC LANCETS ULTRA THIN 105
QC UNILET LANCETS 33G/MIC 105
QC UNILET LANCETS 28G/ULT 105
QELBREE 58
QFITLIA 79
QINLOCK 20
QUADRACEL 13
quetiapine fumarate tab er 24hr 150 mg, 200 mg 55
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg 55
quetiapine fumarate tab 300 mg, 400 mg 55
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg 55
QUINAPRIL/HYDROCHLOROTHIA 37
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg 37
quinidine gluconate tab er 324 mg 35
quinine sulfate cap 324 mg 9
QULIPTA 67
QUVIVIQ 56
QVAR REDIHALER 44

R

rabeprazole sodium ec tab 20 mg 46
raloxifene hcl tab 60 mg 32
ramelteon tab 8 mg 56
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg 37
ranolazine tab er 12hr 500 mg, 1000 mg 34

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

rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)..... 72
RASONQUE..... 20
RASUVO..... 66
READYLANCE SAFETY LANCETS..... 105
REALITY LANCETS..... 105
REALITY LATEX/ULTRA TEXTU..... 105
REALITY LATEX/ULTRA THIN..... 105
REALITY LATEX CONDOMS/LUB..... 105
REALITY TRIGGER LANCETS..... 105
REBIF..... 60
REBIF REBIDOSE..... 60
REBIF REBIDOSE TITRATION..... 60
REBIF TITRATION PACK..... 60
REBINYN..... 79
RECOMBINATE..... 80
RECOMBIVAX HB..... 12
RELENZA DISKHALER..... 7
RELION 2-IN-1 LANCET DEV..... 105
RELION 2-IN-1 LANCING DEV..... 105
RELION KETONE TEST STRIPS..... 91
RELION LANCETS MICRO-THIN..... 105
RELION LANCETS THIN 26G..... 105
RELION LANCETS ULTRA-THIN..... 105
RELION LANCING DEVICE..... 105
RELION ULTRA THIN LANCETS..... 105
RENTHYROID..... 31
repaglinide tab 0.5 mg, 1 mg, 2 mg..... 27
REPATHA SURECLICK..... 40
RESTASIS..... 82
RETACRIT..... 76
RETEVMO..... 20
RETROVIR..... 7
REVUFORJ..... 20
REXTOVY..... 90
REXULTI..... 55
REYATAZ..... 7
REZLIDHIA..... 20
RHOPRESSA..... 82
RIASTAP..... 80
RIBAVIRIN..... 7
rifabutin cap 150 mg..... 3
rifampin cap 150 mg, 300 mg..... 3
rifapentine tab 150 mg..... 3
RIGHTEST GD500 LANCING DE..... 105
RIGHTEST GL300 LANCETS..... 105
rilpivirine hcl tab 25 mg (base equivalent)..... 7
riluzole tab 50 mg..... 72
RIMANTADINE HYDROCHLORIDE..... 7
RINVOQ..... 66
RINVOQ LQ..... 66
risedronate sodium tab delayed release 35 mg..... 32
risedronate sodium tab 30 mg..... 32
risedronate sodium tab 35 mg, 150 mg..... 32
RISPERDAL CONSTA..... 55
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg..... 55
risperidone orally disintegrating tab 0.5 mg..... 55
risperidone orally disintegrating tab 4 mg..... 55
risperidone orally disintegrating tab 1 mg, 2 mg, 3 mg..... 55
risperidone soln 1 mg/ml..... 56
risperidone tab 0.25 mg..... 56
risperidone tab 4 mg..... 56
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg..... 56
ritonavir tab 100 mg..... 7
rivaroxaban for susp 1 mg/ml..... 76
rivaroxaban tab 2.5 mg..... 76
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)..... 60
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr..... 61
RIXUBIS..... 80
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)..... 67
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)..... 67
rizatriptan benzoate tab 5 mg (base equivalent)..... 67
rizatriptan benzoate tab 10 mg (base equivalent)..... 67
roflumilast tab 250 mcg, 500 mcg..... 44
ROMVIMZA..... 20
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)..... 72
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)..... 72
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg..... 72
rosuvastatin calcium tab 40 mg..... 40
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg..... 40
ROTARIX..... 12
ROTATEQ..... 12
ROZLYTREK..... 20
RUBRACA..... 20
rufinamide susp 40 mg/ml..... 70
rufinamide tab 200 mg, 400 mg..... 70
RUKOBIA..... 7
RYBELSUS..... 27
RYDAPT..... 20
RYKINDO..... 56

S

sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg..... 41
SAFETY LANCETS..... 105

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

SAFETY LANCETS/PRESSURE A..... 105
SAFETY LANCETS 21G..... 105
SAFETY LANCETS 23G..... 105
SAFETY LANCETS 28G..... 105
SANTYL..... 89
sapropterin dihydrochloride powder packet 100 mg, 500 mg..... 33
sapropterin dihydrochloride tab 100 mg..... 33
SAPSCARE TWIST TOP LANCET..... 105
SAPS HEALTH CARE TWIST TO..... 105
SAPS HEALTH PLUS TWIST TO..... 105
SAPS HEALTH TWIST TOP LAN..... 105
SAVELLA..... 61
SAVELLA TITRATION PACK..... 61
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv)..... 27
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg..... 27
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg..... 27
SB LANCETS THIN..... 105
SB LANCETS ULTRA THIN..... 105
SCEMBLIX..... 20
scopolamine td patch 72hr 1 mg/3days..... 47
SELECT-LITE LANCING DEVIC..... 105
selegiline hcl cap 5 mg..... 72
selegiline hcl tab 5 mg..... 72
SELENIUM SULFIDE..... 89
SELZENTRY..... 7
SENSILANCE SAFETY LANCETS..... 105
SEREVENT DISKUS..... 44
sertraline hcl oral concentrate for solution 20 mg/ml..... 53
sertraline hcl tab 25 mg, 50 mg, 100 mg..... 53
sevelamer carbonate packet 0.8 gm..... 48
sevelamer carbonate packet 2.4 gm..... 48
sevelamer carbonate tab 800 mg..... 48
sevelamer hcl tab 400 mg..... 48
sevelamer hcl tab 800 mg..... 48
SEVENFACT..... 80
SF..... 84
SF 5000 PLUS..... 84
SHINGRIX..... 12
sildenafil citrate tab 20 mg..... 41
silodosin cap 4 mg, 8 mg..... 50
silver sulfadiazine cream 1%..... 89
SIMBRINZA..... 82
SIMLANDI..... 66
SIMLANDI 1-PEN KIT..... 66
SIMLANDI 2-PEN KIT..... 66
SIMPLE DIAGNOSTICS LANCIN..... 105
SIMPONI..... 66
simvastatin tab 5 mg..... 40
simvastatin tab 20 mg..... 40
simvastatin tab 80 mg..... 40
simvastatin tab 10 mg, 40 mg..... 40
SINGLE-LET..... 105
sirolimus oral soln 1 mg/ml..... 111
sirolimus tab 0.5 mg, 1 mg, 2 mg..... 111
SIRTURO..... 3
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg..... 27
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg..... 27
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg..... 28
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)..... 27
SIVEXTRO..... 9
SKYRIZI..... 49
SKYRIZI PEN..... 89
SMART DIABETES VANTAGE LA..... 106
SMARTEST LANCETS 28G..... 106
SODIUM CHLORIDE..... 42
sodium chloride irrigation soln 0.9%..... 51
SODIUM CITRATE/CITRIC ACI..... 51
SODIUM CITRATE AND CITRIC..... 51
SODIUM FLUORIDE..... 74
SODIUM FLUORIDE/POTASSIUM..... 84
SODIUM FLUORIDE 5000 PLUS..... 84
SODIUM FLUORIDE 5000 PPM..... 84
sodium oxybate oral solution 500 mg/ml..... 61
sodium phenylbutyrate oral powder 3 gm/ teaspoonful..... 33
sodium phenylbutyrate tab 500 mg..... 33
sodium polystyrene sulfonate powder..... 111
sodium polystyrene sulfonate susp 15 gm/60ml..... 111
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml..... 46
SOFOSBUVIR/VELPATASVIR..... 7
solifenacin succinate tab 5 mg, 10 mg..... 49
SOLIQUA 100/33..... 28
SOLUS V2 LANCING DEVICE..... 106
SOLUS V2 PRESSURE ACTIVAT..... 106
SOLUS V2 TWIST LANCETS 30..... 106
SOMAVERT..... 33
sorafenib tosylate tab 200 mg (base equivalent)..... 20
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg..... 34
sotalol hcl tab 240 mg..... 34
sotalol hcl tab 80 mg, 120 mg, 160 mg..... 34
SOTYKTU..... 89
SOVALDI..... 7
SPIKEVAX COVID-19 VACCINE..... 12
SPINOSAD..... 89
SPIRIVA RESPIMAT..... 44
spironolactone & hydrochlorothiazide tab 25-25 mg..... 38

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

spironolactone tab 25 mg, 50 mg, 100 mg....38
SPRAVATO 56MG DOSE....53
SPRAVATO 84MG DOSE....53
SPS....111
STEQEYMA....89
STERILANCE TL....106
STIOLTO RESPIMAT....44
STIVARGA....20
STRENSIQ....33
STRIBILD....7
STRIVERDI RESPIMAT....44
SUBLOCADE....63
sucralfate tab 1 gm....46
SULFACETAMIDE SODIUM....82
SULFACETAMIDE SODIUM/PRED....82
sulfacetamide sodium lotion 10% (acne)....89
sulfadiazine tab 500 mg....3
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml....10
sulfamethoxazole-trimethoprim tab 400-80 mg....10
sulfamethoxazole-trimethoprim tab 800-160 mg....10
SULFAMYLON....89
sulfasalazine tab delayed release 500 mg....49
sulfasalazine tab 500 mg....49
sulindac tab 150 mg, 200 mg....66
sumatriptan nasal spray 5 mg/act....67
sumatriptan nasal spray 20 mg/act....67
sumatriptan succinate inj 6 mg/0.5ml....67
sumatriptan succinate solution auto-injector 6 mg/0.5ml....67
sumatriptan succinate tab 25 mg....67
sumatriptan succinate tab 50 mg, 100 mg....67
sunitinib malate cap 12.5 mg (base equivalent)....20
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)....20
SUNLENCA....7
SUNOSI....58
SUPER THIN LANCETS....106
SURE COMFORT LANCETS 18G....106
SURE COMFORT LANCETS 21G....106
SURE COMFORT LANCETS 23G....106
SURE COMFORT LANCETS 28G....106
SURE COMFORT LANCETS 30G....106
SURE COMFORT LANCING PEN....106
SURELITE LANCETS....106
SYMBICORT....44
SYMDEKO....45
SYMFI....7
SYMPAZAN....70
SYMPROIC....49
SYMTUZA....7
SYNAREL....33
SYNJARDY....28
SYNJARDY XR....28
SYNTHROID....31

T

TABLOID....20
TABRECTA....20
tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg....111
tacrolimus cap 0.5 mg....111
tacrolimus cap 1 mg, 5 mg....112
tacrolimus oint 0.03%, 0.1%....89
tadalafil tab 2.5 mg, 5 mg....41
tadalafil tab 20 mg (pah)....41
TAFINLAR....20
tafluprost preservative free (pf) ophth soln 0.0015%....82
TAGRISSO....20
TAKHZYRO....80
TALTZ....89
TALZENNA....20
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)....20
tamsulosin hcl cap 0.4 mg....51
tapentadol hcl tab 50 mg, 75 mg, 100 mg....63
TARON-C DHA....74
TASCENSO ODT....61
tasimelteon capsule 20 mg....56
tazarotene cream 0.05%, 0.1%....89
tazarotene gel 0.05%, 0.1%....89
TECHLITE AST LANCETS....106
TECHLITE LANCETS....106
TECHLITE LANCETS 26G....106
TEGLUTIK....72
TELMISARTAN/AMLODIPINE....38
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg....38
telmisartan tab 20 mg, 40 mg, 80 mg....37
temazepam cap 7.5 mg, 22.5 mg....56
temazepam cap 15 mg, 30 mg....57
temozolomide cap 5 mg, 20 mg....20
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg....21
TENIVAC....13
tenofovir disoproxil fumarate tab 300 mg....7
TEPMETKO....21
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)....38
terbinafine hcl tab 250 mg....4
terbutaline sulfate tab 2.5 mg, 5 mg....44
terconazole vaginal cream 0.4%, 0.8%....50
terconazole vaginal suppos 80 mg....50
teriflunomide tab 7 mg, 14 mg....61
teriparatide soln pen-inj 560 mcg/2.24ml....33

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

testosterone cypionate im inj in oil 100 mg/ml..... 23
testosterone cypionate im inj in oil 200 mg/ml..... 23
TESTOSTERONE ENANTHATE..... 23
testosterone td gel 12.5 mg/act (1%)..... 23
testosterone td gel 20.25 mg/act (1.62%)..... 23
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)..... 23
testosterone td soln 30 mg/act..... 23
tetrabenazine tab 12.5 mg..... 61
tetrabenazine tab 25 mg..... 61
TETRACAINE HCL..... 82
tetracaine hcl ophth soln 0.5%..... 82
TETRACAINE HYDROCHLORIDE..... 83
tetracycline hcl cap 250 mg, 500 mg..... 2
TEZSPIRE..... 44
TGT ADVANCED LANCING DEVI..... 106
TGT LANCET ALTERNATE SITE..... 106
TGT LANCET SUPER THIN 30G..... 106
TGT LANCET THIN 23G..... 106
TGT LANCET ULTRA THIN 28G..... 106
TGT LANCING DEVICE..... 106
THALOMID..... 112
theophylline elixir 80 mg/15ml..... 44
theophylline soln 80 mg/15ml..... 44
theophylline tab er 12hr 300 mg, 450 mg..... 44
theophylline tab er 24hr 400 mg, 600 mg..... 44
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg..... 56
thiothixene cap 1 mg, 2 mg..... 56
thiothixene cap 5 mg, 10 mg..... 56
THRIVITE RX..... 74
THYROID..... 31
tiagabine hcl tab 2 mg, 4 mg..... 70
TIAGABINE HYDROCHLORIDE..... 70
TIBSOVO..... 21
ticagrelor tab 60 mg, 90 mg..... 80
TIGLUTIK..... 72
TIMOLOL MALEATE..... 34
timolol maleate ophth gel forming soln 0.25%, 0.5%..... 83
timolol maleate ophth soln 0.25%, 0.5%..... 83
timolol maleate ophth soln 0.5% (once-daily)..... 83
timolol maleate preservative free ophth soln 0.25%, 0.5%..... 83
timolol maleate tab 10 mg..... 34
timolol ophth soln 0.5%..... 83
tinidazole tab 250 mg..... 10
tinidazole tab 500 mg..... 10
tiopronin tab delayed release 100 mg..... 51
tiopronin tab delayed release 300 mg..... 51
tiopronin tab 100 mg..... 51
TIVICAY..... 7
TIVICAY PD..... 8
tizanidine hcl tab 2 mg (base equivalent)..... 72
tizanidine hcl tab 4 mg (base equivalent)..... 72
TOBI PODHALER..... 3
TOBRADEX..... 83
tobramycin-dexamethasone ophth susp 0.3-0.1%..... 83
tobramycin nebu soln 300 mg/5ml..... 3
tobramycin nebu soln 300 mg/4ml..... 3
tobramycin ophth soln 0.3%..... 83
TODAYS HEALTH ADVANCED LA..... 106
TODAYS HEALTH SUPER THIN..... 106
TODAYS HEALTH ULTRA THIN..... 106
TODAY SPONGE..... 50
tofacitinib citrate oral soln 1 mg/ml (base equivalent)..... 66
tofacitinib citrate tab er 24hr 11 mg (base equivalent)..... 66
tofacitinib citrate tab er 24hr 22 mg (base equivalent)..... 66
tofacitinib citrate tab 5 mg (base equivalent)..... 66
tofacitinib citrate tab 10 mg (base equivalent)..... 66
tolcapone tab 100 mg..... 72
tolterodine tartrate cap er 24hr 2 mg, 4 mg..... 49
tolterodine tartrate tab 1 mg, 2 mg..... 49
tolvaptan (hyponatremia) tab 15 mg..... 33
tolvaptan (hyponatremia) tab 30 mg..... 33
tolvaptan tab 15 mg..... 33
tolvaptan tab 30 mg..... 33
tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg..... 33
topiramate cap er 24hr sprinkle 200 mg..... 70
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg..... 70
topiramate oral soln 25 mg/ml..... 70
topiramate sprinkle cap 50 mg..... 70
topiramate sprinkle cap 15 mg, 25 mg..... 70
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg..... 70
toremifene citrate tab 60 mg (base equivalent)..... 21
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg..... 38
TOUJEO MAX SOLOSTAR..... 30
TOUJEO SOLOSTAR..... 30
tramadol-acetaminophen tab 37.5-325 mg..... 64
tramadol hcl tab er 24hr 100 mg..... 63
tramadol hcl tab er 24hr 200 mg, 300 mg..... 63
tramadol hcl tab 50 mg..... 63
trandolapril tab 1 mg, 2 mg, 4 mg..... 38
tranexamic acid tab 650 mg..... 77
tranylcypromine sulfate tab 10 mg..... 53
TRAVEL LANCETS ADVANCED 2..... 106
travoprost ophth soln 0.004% (benzalkonium free) (bak free)..... 83
trazodone hcl tab 50 mg, 100 mg, 150 mg..... 53
TRELEGY ELLIPTA..... 44
TREMFYA..... 49
TREMFYA INDUCTION PACK FO..... 49

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

TREMFYA PEN..... 89
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)..... 41
TRESIBA..... 30
TRESIBA FLEXTOUCH..... 30
tretinoin cap 10 mg..... 21
tretinoin cream 0.025%..... 89
tretinoin cream 0.05%, 0.1%..... 89
tretinoin gel 0.01%, 0.025%..... 89
TRETTEN..... 80
TRIAMCINOLONE ACETONIDE..... 89
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%..... 89
triamcinolone acetonide dental paste 0.1%..... 84
triamcinolone acetonide lotion 0.1%..... 89
triamcinolone acetonide oint 0.5%..... 90
triamcinolone acetonide oint 0.025%, 0.1%..... 90
triamterene & hydrochlorothiazide cap 37.5-25 mg..... 38
triamterene & hydrochlorothiazide tab 37.5-25 mg..... 38
triamterene & hydrochlorothiazide tab 75-50 mg..... 38
triamterene cap 50 mg, 100 mg..... 39
trientine hcl cap 250 mg..... 112
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent)..... 56
trifluoperazine hcl tab 5 mg (base equivalent), 10 mg (base equivalent)..... 56
TRIFLURIDINE..... 83
trihexyphenidyl hcl oral soln 0.4 mg/ml..... 72
trihexyphenidyl hcl tab 2 mg, 5 mg..... 72
TRIJARDY XR..... 28
TRIKAFTA..... 45
trimethobenzamide hcl cap 300 mg..... 47
trimethoprim tab 100 mg..... 10
trimipramine maleate cap 25 mg, 50 mg, 100 mg..... 53
TRINATAL RX 1..... 74
TRINATE..... 74
TRINTELLIX..... 53
TRIUMEQ..... 8
TRIUMEQ PD..... 8
TROJAN BARESKIN..... 106
TROJAN ENZ..... 106
TROJAN-ENZ LUBRICATED..... 106
TROJAN-ENZ W/SPERMICIDAL..... 106
TROJAN MAGNUM..... 106
TROJAN ULTRA RIBBED/LUBRI..... 106
TROJAN ULTRA THIN/SPERMIC..... 106
TROJAN ULTRA THIN LUBRICA..... 106
tropicamide ophth soln 0.5%..... 83
tropicamide ophth soln 1%..... 83
trospium chloride cap er 24hr 60 mg..... 49
trospium chloride tab 20 mg..... 49
TRUE COMFORT SAFETY LANCE..... 106
TRUE COMFORT TWIST TOP LA..... 107
TRUE COVER..... 107
TRUEDRAW LANCING DEVICE..... 107
TRUEPLUS 5-BEVEL PEN NEED..... 107
TRUEPLUS INSULIN SYRINGE..... 107
TRUEPLUS INSULIN SYRINGE/..... 107
TRUEPLUS LANCETS 26G..... 107
TRUEPLUS LANCETS 28G..... 107
TRUEPLUS LANCETS 30G..... 107
TRUEPLUS LANCETS 33G..... 107
TRUEPLUS LANCETS 33G MICR..... 107
TRUEPLUS LANCETS 28G SUPE..... 107
TRUEPLUS LANCETS 30G ULTR..... 107
TRUEPLUS SAFETY LANCETS 2..... 107
TRULANCE..... 49
TRULICITY..... 28
TRUMENBA..... 12
TRUQAP..... 21
TRUSTEX/RIA LUBRICATED..... 107
TRUSTEX/RIA LUBRICATED/SP..... 108
TRUSTEX/RIA LUBRICATED SP..... 108
TRUSTEX/RIA NON-LUBRICATE..... 108
TRUSTEX COLOR CONDOMS + L..... 107
TRUSTEX LUBRICATED..... 107
TRUSTEX LUBRICATED/RIBBED..... 107
TRUSTEX LUBRICATED/SPERMI..... 107
TRUSTEX LUBRICATED EXTRA..... 107
TRUSTEX NATURAL CONDOMS +..... 107
TRUSTEX NON-LUBRICATED..... 107
TRUSTEX WITH NONOXYNOL-9/..... 107
TRUVADA..... 8
TUKYSA..... 21
TURALIO..... 21
TWIIST REFILL KIT..... 108
TWIIST REFILL KIT/INFUSIO..... 108
TWIIST STARTER KIT..... 108
TWINRIX..... 12
TWIST TOP LANCETS 30G..... 108
TYENNE..... 66
TYMLOS..... 33

U

UBRELVY..... 67
UDENYCA..... 76
ULTICARE INSULIN SAFETY S..... 108
ULTICARE INSULIN SYRINGE..... 108
ULTICARE INSULIN SYRINGE/..... 108
ULTICARE MICRO PEN NEEDLE..... 108
ULTICARE MINI PEN NEEDLES..... 108
ULTICARE MINI SAFETY PEN..... 108
ULTICARE ORIGINAL PEN NEE..... 108
ULTICARE PEN NEEDLES/29G..... 108
ULTICARE PEN NEEDLES 31G..... 108
ULTICARE SHORT PEN NEEDLE..... 109

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

ULTICARE SHORT SAFETY PEN..... 109
ULTICARE TUBERCULIN SAFET..... 109
ULTICARE U-100 INSULIN SY..... 109
ULTIGUARD INSULIN SYRINGE..... 109
ULTIGUARD SAFEPACK/MICRO..... 109
ULTIGUARD SAFEPACK/MINI P..... 109
ULTIGUARD SAFEPACK/SHORT..... 109
ULTIGUARD SAFEPACK/SYRING..... 109
ULTIGUARD SAFEPACK/TINY P..... 109
ULTIGUARD SAFEPACK INSULI..... 109
ULTIGUARD SAFEPACK MINI P..... 109
ULTIGUARD SAFEPACK PEN NE..... 109
ULTI-LANCE AUTOMATIC/ CLE..... 108
ULTILET CLASSIC LANCETS..... 109
ULTILET LANCETS..... 109
ULTILET LANCETS 33G..... 109
ULTILET SAFETY LANCETS 21..... 109
ULTILET SAFETY LANCETS 23..... 109
ULTRA-CARE SAFETY LANCETS..... 109
ULTRA-THIN II AUTO LANCET..... 109
ULTRA-THIN II LANCETS 28G..... 109
ULTRA-THIN II LANCETS 30G..... 109
ULTRA THIN LANCETS 28G..... 109
ULTRA THIN LANCETS 31G..... 109
UNILET COMFORTOUCH LANCET..... 110
UNILET EXCELITE..... 110
UNILET EXCELITE II..... 110
UNILET G.P. LANCET..... 110
UNILET G.P. SUPERLITE LAN..... 110
UNILET GP 28 ULTRA THIN..... 110
UNILET LANCET..... 110
UNILET LANCETS MICRO-THIN..... 110
UNILET LANCETS SUPER-THIN..... 110
UNILET LANCETS ULTRA-THIN..... 110
UNILET SUPERLITE LANCET..... 110
UNISTIK 1..... 110
UNISTIK 2..... 110
UNISTIK 3..... 110
UNISTIK 2 COMFORT..... 110
UNISTIK 3 COMFORT..... 110
UNISTIK CZT COMFORT..... 110
UNISTIK CZT NORMAL..... 110
UNISTIK 2 EXTRA..... 110
UNISTIK 3 EXTRA..... 110
UNISTIK 3 GENTLE..... 110
UNISTIK 2 NEONATAL..... 110
UNISTIK 3 NEONATAL..... 110
UNISTIK NORMAL..... 110
UNISTIK 2 NORMAL..... 110
UNISTIK 3 NORMAL..... 110
UNISTIK PRO SAFETY LANCET..... 110
UNISTIK SAFETY LANCETS 28..... 110
UNISTIK SAFETY LANCETS 30..... 110
UNISTIK 2 SUPER..... 110
UNISTIK TOUCH SAFETY LANC..... 110
UPTRAVI..... 41
UPTRAVI TITRATION PACK..... 41
ursodiol cap 300 mg..... 49
ursodiol tab 250 mg..... 49
ursodiol tab 500 mg..... 49
UZEDY..... 56

V

valacyclovir hcl tab 500 mg, 1 gm..... 8
VALCHLOR..... 90
valganciclovir hcl for soln 50 mg/ml (base equiv)..... 8
valganciclovir hcl tab 450 mg (base equivalent)..... 8
valproate sodium oral soln 250 mg/5ml (base equiv)..... 70
valproic acid cap 250 mg..... 70
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg..... 38
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg..... 38
VALTOCO 5 MG DOSE..... 71
VALTOCO 10 MG DOSE..... 71
VALTOCO 15 MG DOSE..... 71
VALTOCO 20 MG DOSE..... 71
VALTYA 1/50..... 26
VALUMARK LANCET SUPER THI..... 110
VALUMARK LANCET ULTRA THI..... 110
vancomycin hcl cap 125 mg (base equivalent)..... 10
vancomycin hcl cap 250 mg (base equivalent)..... 10
vancomycin hcl for oral soln 25 mg/ml (base equivalent)..... 10
vancomycin hcl for oral soln 50 mg/ml (base equivalent)..... 10
VANFLYTA..... 21
VAQTA..... 12
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)..... 61
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack..... 61
VARIVAX..... 12
VARUBI..... 47
VASCEPA..... 40
VAXCHORA..... 12
VAXELIS..... 13
VAXNEUVANCE..... 12
VCF VAGINAL CONTRACEPTIVE..... 50
VECAMYL..... 38
VELIVET..... 26
VEMLIDY..... 8
VENCLEXTA..... 21
VENCLEXTA STARTING PACK..... 21

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

venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)..... 53
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)..... 53
VEOZAH..... 33
VEPPANU..... 21
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg..... 35
verapamil hcl tab er 120 mg, 180 mg, 240 mg..... 35
verapamil hcl tab 40 mg, 80 mg, 120 mg..... 35
VERIFINE INSULIN SYRINGE/..... 110
VERIFINE SAFETY LANCET MI..... 110
VERIFINE UNIVERSAL LANCET..... 110
VERQUVO..... 41
VERZENIO..... 21
VIBERZI..... 49
vigabatrin powd pack 500 mg..... 71
vigabatrin tab 500 mg..... 71
vilazodone hcl tab 10 mg, 20 mg, 40 mg..... 53
VIRACEPT..... 8
VIREAD..... 8
VITATHELY/GINGER..... 74
VITRAKVI..... 21
VIVAGUARD LANCETS..... 110
VIVAGUARD LANCETS 30G..... 110
VIVAGUARD LANCING DEVICE..... 111
VIVAGUARD SAFETY LANCETS..... 111
VIVAGUARD SAFETY LANCETS/..... 111
VIVITROL..... 90
VIVOTIF..... 12
VONJO..... 21
VONVENDI..... 80
VORANIGO..... 21
voriconazole for susp 40 mg/ml..... 4
voriconazole tab 50 mg, 200 mg..... 4
VOSEVI..... 8
VRAYLAR..... 56
VYNDAMAX..... 41

W

WAKIX..... 58
WALGREENS LANCETS..... 111
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg..... 77
water for irrigation, sterile irrigation soln..... 112
WESTAB PLUS..... 74
WIDE-SEAL SILICONE DIAPHR..... 111
WILATE..... 80

X

XALKORI..... 21
XARELTO..... 77
XARELTO STARTER PACK..... 77
XIFAXAN..... 10
XIGDUO XR..... 28
XIIDRA..... 83
XOFLUZA..... 8
XOLAIR..... 45
XOSPATA..... 21
XPOVIO..... 21
XPOVIO 60 MG TWICE WEEKLY..... 22
XPOVIO 80 MG TWICE WEEKLY..... 22
XTAMPZA ER..... 64
XTANDI..... 22
XULTOPHY 100/3.6..... 28
XYNTHA..... 80
XYNTHA SOLOFUSE..... 80

Y

YESINTEK..... 90
YONSA..... 22

Z

zafirlukast tab 10 mg, 20 mg..... 45
zaleplon cap 5 mg..... 57
zaleplon cap 10 mg..... 57
ZARXIO..... 76
ZEJULA..... 22
ZELBORAF..... 22
ZENBEXUS..... 22
ZENPEP..... 47
ZEPOSIA..... 61
ZEPOSIA 7-DAY STARTER PAC..... 61
ZEPOSIA STARTER KIT..... 61
ZERVIATE..... 83
ZEVRX TWIST TOP LANCETS 3..... 111
ZIAGEN..... 8
zidovudine cap 100 mg..... 8
zidovudine syrup 10 mg/ml..... 8
zidovudine tab 300 mg..... 8
ZIEXTENZO..... 76
zileuton tab er 12hr 600 mg..... 45
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg..... 56
ziprasidone mesylate for inj 20 mg (base equivalent)..... 56
ZIRGAN..... 83
ZOKINVY..... 112
ZOLINZA..... 22
zolmitriptan nasal spray 5 mg/spray unit..... 67
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg..... 68
zolmitriptan tab 2.5 mg, 5 mg..... 68
zolpidem tartrate tab er 6.25 mg..... 57
zolpidem tartrate tab er 12.5 mg..... 57
zolpidem tartrate tab 5 mg..... 57
zolpidem tartrate tab 10 mg..... 57

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

zonisamide cap 50 mg.....71
zonisamide cap 25 mg, 100 mg.....71
ZONTIVITY..... 80
ZUBSOLV.....64
ZURNAI.....90
ZYCUBO..... 75
ZYDELIG.....22
ZYKADIA.....22
ZYPREXA..... 56
ZYPREXA RELPREVV..... 56

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