Horizon Blue Cross Blue Shield of New Jersey
Drug Guide for the Health Insurance Marketplace

December 2022

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

This Drug Guide is updated monthly. For the most up-to-date Drug Guide, visit **HorizonBlue.com/formulary**.

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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**.

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THIS DRUG LIST (FORMULARY) APPLIES TO HORIZON BCBSNJ'S HEALTH INSURANCE MARKETPLACE INDIVIDUAL AND SMALL GROUP MEDICAL PRODUCTS. THE APPLICABLE PRODUCTS FOR THE INDIVIDUAL MARKET ARE: ADVANTAGE EPO BRONZE, ADVANTAGE EPO SILVER, OMNIA BRONZE, OMNIA SILVER, OMNIA SILVER VALUE, OMNIA SILVER H.S.A., OMNIA GOLD, AND ADVANTAGE EPO ESSENTIALS. THE APPLICABLE PRODUCTS FOR THE SMALL GROUP MARKET ARE: OMNIA BRONZE, OMNIA SILVER, OMNIA SILVER H.S.A., OMNIA GOLD, OMNIA PLATINUM, ADVANTAGE EPO 50, ADVANTAGE EPO SILVER 100/70, ADVANTAGE EPO GOLD 100/80, ADVANTAGE EPO GOLD 100 $25/$45 AND DIRECT ACCESS GOLD 100/80/60 BLUECARD.

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Introduction

Horizon Blue Cross Blue Shield of New Jersey is pleased to present the Drug Guide for the Health Insurance Marketplace. This Guide identifies the covered drug list (formulary) for your prescription drug plan. Horizon BCBSNJ is committed to giving our members access to safe and effective medicine. Please refer to this guide for information, and present the guide to your doctor if you require a prescription.

Please note: This drug list applies to Horizon BCBSNJ's Health Insurance Marketplace individual on-exchange, individual off-exchange, small group on-exchange and small group off-exchange products.

The applicable products for the individual market are:

ADVANTAGE EPO BRONZE, ADVANTAGE EPO SILVER, OMNIA BRONZE, OMNIA SILVER, OMNIA SILVER VALUE, OMNIA SILVER H.S.A., OMNIA GOLD, AND ADVANTAGE EPO ESSENTIALS

The applicable products for the small group market are:

OMNIA BRONZE, OMNIA SILVER, OMNIA SILVER H.S.A., OMNIA GOLD, OMNIA PLATINUM, ADVANTAGE EPO 50, ADVANTAGE EPO SILVER 100/70, ADVANTAGE EPO GOLD 100/80, ADVANTAGE EPO GOLD 100 $25/$45 AND DIRECT ACCESS GOLD 100/80/60 BLUECARD.

Drug selection

Each medicine chosen for the drug list was analyzed for its safety, efficacy and value by Horizon BCBSNJ's Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is made up of local, independent practicing doctors and pharmacists, and meets at least quarterly. Coverage decisions are based on safety, efficacy, uniqueness and cost. New medicines are considered Non-Preferred Brand (Tier 3) until reviewed and approved by the P&T Committee. Horizon BCBSNJ encourages doctors to prescribe Generic (Tier 1) and Preferred Brand (Tier 2) medicines. While coverage is provided for Non-Preferred Brand (Tier 3) medicines, you may pay higher copayments and out-of-out pocket costs if you choose to fill these medicines.

To find recent changes or the most current version of this Guide, and to search for medicines covered by your pharmacy plan as well as the applicable exclusions, sign in at **HorizonBlue.com**. You can also access the most current version of the Guide at **HorizonBlue.com/formulary**.

Member prescription benefit

The drug list is grouped into tiers. Your copayment or cost share is determined by the tier that the medicine is on: Generic (Tier 1), Preferred Brand (Tier 2) and Non-Preferred Brand (Tier 3).

Tier 1 – Lowest copayment/cost share – Generic drugs. Tier 1 includes most generic medicines, although not all generics are listed in this Guide.

Tier 2 – Middle copayment/cost share – Preferred brand drugs.

Tier 3 – Highest copayment/cost share – Non-Preferred brand drugs.

All available covered drugs are shown on this list. Drugs that are not shown are not covered. Certain drug classes are excluded from coverage (not covered) including investigational and cosmetic (such as Propecia for hair growth), anti-obesity (such as Belviq or Contrave) and erectile dysfunction (such as Viagra) drugs. Coverage, copayment, and additional restrictions and exclusions may vary depending on your pharmacy plan design. Please refer to the policy and benefit information you received from Horizon BCBSNJ.

Exception Process

You, your prescribing health care provider, or your authorized representative, can ask for a Drug List exception if your drug is not on (or is being removed from) the Drug List. To request this exception, you, your prescriber, or your authorized representative, can call the number on your ID card to ask for a review. Horizon will let you, your prescriber (or authorized representative) know the coverage decision within 72 hours after they receive your request. If the coverage request is denied, Horizon will let you and your prescriber (or authorized representative) know why it was denied and offer you a covered alternative drug (if applicable). If you have a health condition that may jeopardize your life, health or keep you from regaining function, or your current drug therapy uses a non-covered drug, you, your prescriber, or your authorized representative, may be able to ask for an expedited review process. Horizon will let you, your prescriber (or authorized representative) know the coverage decision within 24 hours after they receive your request for an expedited review. If the coverage request is denied, BCBS will let you and your prescriber (or authorized representative) know why it was denied and offer you a covered alternative drug (if applicable). Call the number on your ID card if you have any questions.

Generic drugs

We encourage the use of generics as a way to provide high-quality medicines at a lower cost. Generics are manufactured under the same strict requirements of the FDA's current Good Manufacturing Practice regulations required for brand name medicines in manufacturing, strength, purity and quality. Prescribing generic medications can have many benefits, including:

- Safe and effective profiles equivalent to their brand name drug counterparts, as required by the FDA.
- Costing anywhere from 30 to 80 percent less than their equivalent brand name drugs, and generally lower cost share when compared to a Preferred or a non-Preferred brand name medication.[1]
- Showing in clinical studies similar clinical outcomes and may improve patient adherence for those unable to afford the more costly brand name medicine.

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

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

To encourage use of generics, Tier 2 Preferred brands typically move to Tier 3 after an equivalent generic becomes available.

If your doctor writes a prescription that permits generic substitution and you choose to receive the brand name medicine instead, you will be responsible for the copayment plus the difference in cost between the brand and generic.

[1] The amount members save will be based on their benefit plans and the price of specific drugs. Source: Generic Pharmaceutical Association's website: **gphaonline.org/about/generic-medicines**.

Affordable Care Act (ACA)

The Affordable Care Act (ACA), also known as health care reform, requires coverage of certain medicines. These are indicated on the drug list in the column labelled “ACA”. Additionally, these medicines are covered for a $0 cost share, when the conditions (such as age or gender) are met as outlined under the ACA regulation. These are indicated with an “A” in the drug Tier column.

Examples of categories that may be subject to limited or $0 cost share include aspirin, some breast cancer preventive medicines, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, some tobacco cessation, vitamin D supplements, some bowel preparation medications, some statins, and some contraceptive (birth control) drugs and devices. If you do not find the medicine you are searching for, call Pharmacy Member Services, 24 hours a day, seven days a week, at **1-800-370-5088** to find out if the drug is available over-the-counter, or is covered under your medical benefit.

Utilization Management (UM)

Some medicines have special requirements for which your doctor must provide clinical information to Horizon BCBSNJ before the medicine will be approved and covered by the plan. This is called Utilization Management (UM). Medicines that require Prior Authorization (PA), Medical Necessity Review and Determination (MND), or that are subject to a Quantity Limit (QL) are noted on the drug list.

Prior Authorization/Medical Necessity Review and Determination

PA means that specific clinical criteria must be met to demonstrate the medical necessity of the medicine before coverage can be approved. Only medicines that are medically necessary are approved. This ensures safe and proper use of the medicine. If this drug list shows that you need a PA for a medicine, your doctor must send a PA request to Horizon BCBSNJ for review. You and your doctor will be notified in writing of the decision. If the PA request is approved, your medicine will be covered by your plan for a specific period of time.

If the PA request is not approved, there is an appeals process available, or you may choose to buy the medicine at your own expense.

Also, some medicines may be reviewed for medical necessity from time to time, even though they are not subject to our PA requirements. If so, your prescribing doctor may be asked for clinical information to support your use of the medicine. In instances where the Medical Necessity Review and? Determination (MND) results in an unfavorable decision, please remember such determinations may also be eligible for the appeals process or you may choose to buy the medicine at your own expense.

Quantity Limits

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

Specialty Medicines

Specialty medicines require education prior to use, patient monitoring for side effects and need to be handled or stored correctly. These specialty medicines also require your doctor to submit a PA request to Horizon BCBSNJ for review.

Horizon BCBSNJ has contracted with several specialty pharmacies that specialize in these therapies. Members who want to minimize their cost sharing are required to obtain the specialty medicines from one of the participating specialty pharmacies. You cannot get specialty medicines from a retail pharmacy or through home delivery. This Guide indicates which medicines are classified as specialty. To find out more information about our Specialty Prescription Program and to see the list and phone numbers of the participating specialty pharmacies, please refer to the following webpage: **HorizonBlue.com/specialtypharmacynetwork**.

Specialty medicines that are administered or infused by a doctor or health care professional are not covered through the pharmacy benefit. These are instead covered through a member's medical benefit.

Limited Distribution:

Medicines marked as "limited distribution" mean the drug manufacturer chooses, or the FDA requires only one, or a few pharmacies to be able to provide the medicine to members. This may include requiring use of a specialty pharmacy or other designated pharmacy to fill the prescription. The specialty pharmacies contracted with Horizon BCBSNJ's specialty pharmacy network can help members with obtaining limited distribution drugs.

How to use this list

The drug list is organized into broad categories (e.g. ANTINEOPLASTIC AGENTS AND RELATED DRUGS). The graphic below shows the information that is provided in each column of the drug list and is only an example. Please use the drug search function to find current information for drugs on the drug list.

1 Drug Name	2 Drug Tier	3 Prior Authorization	3 Quantity Limits	4 Specialty	5 ACA	6 Limited Distribution
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3					
BIOLOGICALS MISC						
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	3	•	•			
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	3	•	•			
ORALAIR - grass mixed pollen ext sl tab 300 ir (index of reactivity)	3	•	•			•
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	3	•	•			
ANTINEOPLASTIC AGENTS						
ANTINEOPLASTICS						
abiraterone acetate tab 250 mg (Zytiga)	1	•	•	•		•
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	•	•	•		•
AFINITOR - everolimus tab 2.5 mg	2	•	•	•		•
AFINITOR - everolimus tab 5 mg	2	•	•	•		•
AFINITOR - everolimus tab 7.5 mg	2	•	•	•		•
AFINITOR - everolimus tab 10 mg	2	•	•	•		•
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	2	•	•	•		•
AFINITOR DISPERZ - everolimus	2	•	•	•		•

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

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Abbreviation Key

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

This guide is subject to change.

This document contains prescription brand name drugs that are registered marks or trademarks of pharmaceutical manufacturers that are not affiliated with either Horizon Blue Cross Blue Shield of New Jersey, the Blue Cross and Blue Shield Association or Prime Therapeutics LLC.

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Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Horizon BCBSNJ provides free aids and services to people with disabilities (e.g. qualified sign language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services
Please call Member Services at **1-800-355-BLUE (2583) (TTY 711) or the phone number on the back of your member ID card**, if you need the free aids and services noted above and for **all other Member Services issues.**

Filing a Section 1557 Grievance
If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. **Horizon BCBSNJ's Civil Rights Coordinator** can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address: **Horizon BCBSNJ**
Civil Rights Coordinator
PO Box 820, Newark, NJ 07101.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, online at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201**or by phone at **1-800-368-1019** or **1-800-537-7697** (TDD). OCR Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

Language assistance
Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.
如果您讲英语以外的语言，可获取免费帮助。请拨打您的身份证背面的号码。
영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.
Se você fala um idioma diferente do inglês, a ajuda está disponível gratuitamente. Ligue para o número no verso do seu bilhete de identidade.
જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઇડી કાર્ડની પાછળ આપેલા નંબર પર કૉલ.
Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego.
Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identificaz ione.
Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.
Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.
Si ou pale on lòt lang ke Anglè, gen èd ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.
यदि आप अंग्रेज़ी से भिन्न कोई अन्य भाषा बोलते हैं, तो निःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर .
Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.
Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.
إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن المساعدة متاحة مجانًا. اتصل بالرقم الموجود على ظهر بطاقة الهوية
اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو مفت مدد دستیاب ہے۔ اپنے آئی ڈی کارڈ کی پشت پر درج نمبر پر کال کریں۔

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Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ANTI-INFECTIVE AGENTS						
PENICILLINS						
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	1					
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	1					
amoxicillin (trihydrate) cap 250 mg	1					
amoxicillin (trihydrate) cap 500 mg	1					
amoxicillin (trihydrate) for susp 125 mg/5ml	1					
amoxicillin (trihydrate) for susp 200 mg/5ml	1					
amoxicillin (trihydrate) for susp 250 mg/5ml	1					
amoxicillin (trihydrate) for susp 400 mg/5ml	1					
amoxicillin (trihydrate) tab 500 mg	1					
amoxicillin (trihydrate) tab 875 mg	1					
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1					
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	1					
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1					
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1					
amoxicillin & k clavulanate tab 250-125 mg	1					
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1					
amoxicillin & k clavulanate tab 875-125 mg	1					
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 200-28.5 mg	1					
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 400-57 mg	1					
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	•				
AMPICILLIN - ampicillin cap 500 mg	1					
AUGMENTIN - amoxicillin & k clavulanate tab 500-125 mg	3	•				
AUGMENTIN ES-600 - amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	•				
dicloxacillin sodium cap 250 mg	1					
dicloxacillin sodium cap 500 mg	1					
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	3					
penicillin v potassium tab 250 mg	1					
penicillin v potassium tab 500 mg	1					
CEPHALOSPORINS						
CEFACLOR - cefaclor cap 250 mg	1					
CEFACLOR - cefaclor cap 500 mg	1					
CEFACLOR - cefaclor for susp 125 mg/5ml	1					
CEFACLOR - cefaclor for susp 375 mg/5ml	1					
CEFACLOR ER - cefaclor monohydrate tab er 12hr 500 mg	1					
CEFADROXIL - cefadroxil tab 1 gm	1					
cefadroxil cap 500 mg	1					
cefadroxil for susp 250 mg/5ml	1					
cefadroxil for susp 500 mg/5ml	1					
cefdinir cap 300 mg	1					
cefdinir for susp 125 mg/5ml	1					
cefdinir for susp 250 mg/5ml	1					
cefixime cap 400 mg (Suprax)	1					
cefixime for susp 100 mg/5ml (Suprax)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
cefixime for susp 200 mg/5ml (Suprax)	1					
cefpodoxime proxetil for susp 50 mg/5ml	1					
cefpodoxime proxetil for susp 100 mg/5ml	1					
cefpodoxime proxetil tab 100 mg	1					
cefpodoxime proxetil tab 200 mg	1					
cefprozil for susp 125 mg/5ml	1					
cefprozil for susp 250 mg/5ml	1					
cefprozil tab 250 mg	1					
cefprozil tab 500 mg	1					
cefuroxime axetil tab 250 mg	1					
cefuroxime axetil tab 500 mg	1					
CEPHALEXIN - cephalexin cap 750 mg	1	•				
CEPHALEXIN - cephalexin tab 250 mg	1					
CEPHALEXIN - cephalexin tab 500 mg	1					
cephalexin cap 250 mg	1					
cephalexin cap 500 mg	1					
cephalexin for susp 125 mg/5ml	1					
cephalexin for susp 250 mg/5ml	1					
SUPRAX - cefixime cap 400 mg	3	•				
SUPRAX - cefixime chew tab 100 mg	3					
SUPRAX - cefixime chew tab 200 mg	3					
SUPRAX - cefixime for susp 200 mg/5ml	3	•				
SUPRAX - cefixime for susp 500 mg/5ml	3					
MACROLIDES						
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	1		•			
azithromycin for susp 100 mg/5ml (Zithromax)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
azithromycin for susp 200 mg/5ml (Zithromax)	1					
azithromycin tab 250 mg (Zithromax)	1		•			
azithromycin tab 500 mg (Zithromax)	1		•			
azithromycin tab 600 mg	1		•			
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	1					
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	1					
clarithromycin tab er 24hr 500 mg	1		•			
clarithromycin tab 250 mg	1		•			
clarithromycin tab 500 mg	1		•			
DIFICID - fidaxomicin for susp 40 mg/ml	3	•	•			
DIFICID - fidaxomicin tab 200 mg	3		•			
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	3	•				
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	3	•				
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	3	•				
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	3					
ERYTHROMYCIN - erythromycin w/ delayed release particles cap 250 mg	1					
ERYTHROMYCIN ETHYLSUCCINA - erythromycin ethylsuccinate tab 400 mg	1					
ERYTHROMYCIN ETHYLSUCCINA - erythromycin ethylsuccinate tab 400 mg	3					
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1					
erythromycin tab delayed release 250 mg	1					
erythromycin tab delayed release 333 mg	1					
erythromycin tab delayed release 500 mg	1					
erythromycin tab 250 mg	1					
erythromycin tab 500 mg	1					
ZITHROMAX - azithromycin for susp 100 mg/5ml	3	•				
ZITHROMAX - azithromycin for susp 200 mg/5ml	3	•				
ZITHROMAX - azithromycin powd pack for susp 1 gm	3		•			
ZITHROMAX - azithromycin tab 250 mg	3	•	•			
ZITHROMAX - azithromycin tab 500 mg	3	•	•			
ZITHROMAX TRI-PAK - azithromycin tab 500 mg	3	•	•			
ZITHROMAX Z-PAK - azithromycin tab 250 mg	3	•	•			
TETRACYCLINES						
ACTICLATE - doxycycline hyclate tab 75 mg	3	•	•			
ACTICLATE - doxycycline hyclate tab 150 mg	3	•	•			
demeclocycline hcl tab 150 mg	1	•				
demeclocycline hcl tab 300 mg	1	•				
DORYX - doxycycline hyclate tab delayed release 50 mg	3	•	•			
DORYX - doxycycline hyclate tab delayed release 80 mg	3	•	•			
DORYX - doxycycline hyclate tab delayed release 200 mg	3	•	•			
DORYX MPC - doxycycline hyclate tab delayed release 60 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DORYX MPC - doxycycline hyclate tab delayed release 120 mg	3	•	•			
doxycycline hyclate cap 50 mg	1					
doxycycline hyclate cap 100 mg (Vibramycin)	1		•			
DOXYCYCLINE HYCLATE DR - doxycycline hyclate tab delayed release 80 mg	3	•	•			
doxycycline hyclate tab delayed release 50 mg (Doryx)	1	•	•			
doxycycline hyclate tab delayed release 75 mg	1	•	•			
doxycycline hyclate tab delayed release 100 mg	1	•	•			
doxycycline hyclate tab delayed release 150 mg	1	•	•			
doxycycline hyclate tab delayed release 200 mg (Doryx)	1	•	•			
doxycycline hyclate tab 20 mg	1					
doxycycline hyclate tab 75 mg (Acticlate)	1		•			
doxycycline hyclate tab 100 mg	1					
doxycycline hyclate tab 150 mg (Acticlate)	1		•			
doxycycline monohydrate cap 50 mg	1					
doxycycline monohydrate cap 75 mg	1	•				
doxycycline monohydrate cap 100 mg	1					
doxycycline monohydrate cap 150 mg	1		•			
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1					
doxycycline monohydrate tab 50 mg	1		•			
doxycycline monohydrate tab 75 mg	1		•			
doxycycline monohydrate tab 100 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
doxycycline monohydrate tab 150 mg	1		•			
minocycline hcl cap 50 mg	1					
minocycline hcl cap 75 mg	1					
minocycline hcl cap 100 mg	1					
minocycline hcl tab er 24hr 45 mg	1	•	•			
minocycline hcl tab er 24hr 55 mg (Solodyn)	1	•	•			
minocycline hcl tab er 24hr 65 mg (Solodyn)	1	•	•			
minocycline hcl tab er 24hr 80 mg (Solodyn)	1	•	•			
minocycline hcl tab er 24hr 90 mg	1	•	•			
minocycline hcl tab er 24hr 105 mg (Solodyn)	1	•	•			
minocycline hcl tab er 24hr 115 mg (Solodyn)	1	•	•			
minocycline hcl tab er 24hr 135 mg	1	•	•			
minocycline hcl tab 50 mg	1					
minocycline hcl tab 75 mg	1					
minocycline hcl tab 100 mg	1					
MINOCYCLINE HYDROCHLORIDE - minocycline hcl cap er 24hr 45 mg (base equivalent)	3	•	•			
MINOCYCLINE HYDROCHLORIDE - minocycline hcl cap er 24hr 90 mg (base equivalent)	3	•	•			
MINOCYCLINE HYDROCHLORIDE - minocycline hcl cap er 24hr 135 mg (base equivalent)	3	•	•			
MINOLIRA - minocycline hcl tab er 24hr biphasic release 105 mg	3	•	•			
MINOLIRA - minocycline hcl tab er 24hr biphasic release 135 mg	3	•	•			
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	3	•	•			•
SEYSARA - sarecycline hcl tab 60 mg (base equivalent)	3	•	•			
SEYSARA - sarecycline hcl tab 100 mg (base equivalent)	3	•	•			
SEYSARA - sarecycline hcl tab 150 mg (base equivalent)	3	•	•			
SOLODYN - minocycline hcl tab er 24hr 55 mg	3	•	•			
SOLODYN - minocycline hcl tab er 24hr 65 mg	3	•	•			
SOLODYN - minocycline hcl tab er 24hr 80 mg	3	•	•			
SOLODYN - minocycline hcl tab er 24hr 105 mg	3	•	•			
SOLODYN - minocycline hcl tab er 24hr 115 mg	3	•	•			
tetracycline hcl cap 250 mg	1	•				
tetracycline hcl cap 500 mg	1	•				
VIBRAMYCIN - doxycycline calcium syrup 50 mg/5ml	3	•				
VIBRAMYCIN - doxycycline hyclate cap 100 mg	3	•	•			
VIBRAMYCIN - doxycycline monohydrate for susp 25 mg/5ml	3	•				
XIMINO - minocycline hcl cap er 24hr 45 mg (base equivalent)	3	•	•			
XIMINO - minocycline hcl cap er 24hr 90 mg (base equivalent)	3	•	•			
XIMINO - minocycline hcl cap er 24hr 135 mg (base equivalent)	3	•	•			
FLUOROQUINOLONES						
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	3		•			
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	3					
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	3					
CIPRO - ciprofloxacin hcl tab 250 mg (base equiv)	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CIPRO - ciprofloxacin hcl tab 500 mg (base equiv)	3	•				
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg (base equiv)	1					
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	1					
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	1					
ciprofloxacin hcl tab 750 mg (base equiv)	1					
levofloxacin oral soln 25 mg/ml	1					
levofloxacin tab 250 mg	1		•			
levofloxacin tab 500 mg	1		•			
levofloxacin tab 750 mg	1		•			
moxifloxacin hcl tab 400 mg (base equiv)	1		•			
OFLOXACIN - ofloxacin tab 300 mg	3					
ofloxacin tab 400 mg	1					
AMINOGLYCOSIDES						
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	3	•	•	•		•
BETHKIS - tobramycin nebu soln 300 mg/4ml	3	•	•	•		•
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	3	•	•	•		•
neomycin sulfate tab 500 mg	1					
paromomycin sulfate cap 250 mg (Humatin)	1					
TOBI PODHALER - tobramycin inhal cap 28 mg	2	•	•	•		•
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	3	•	•	•		•
tobramycin nebu soln 300 mg/5ml (Tobi)	1	•	•	•		•
tobramycin nebu soln 300 mg/4ml (Bethkis)	1	•	•	•		•
SULFONAMIDES						
SULFADIAZINE - sulfadiazine tab 500 mg	1					
ANTIMYCOBACTERIAL AGENTS						
CYCLOSERINE - cycloserine cap 250 mg	1					
ethambutol hcl tab 100 mg	1					
ethambutol hcl tab 400 mg (Myambutol)	1					
ISONIAZID - isoniazid syrup 50 mg/5ml	1					
ISONIAZID - isoniazid tab 100 mg	1					
isoniazid tab 300 mg	1					
MYAMBUTOL - ethambutol hcl tab 400 mg	3	•				
MYCOBUTIN - rifabutin cap 150 mg	3	•				
PASER - aminosalicylic acid er granules packet 4 gm	3					
PRETOMANID - pretomanid tab 200 mg	3		•			
PRIFTIN - rifapentine tab 150 mg	3		•			
pyrazinamide tab 500 mg	1					
rifabutin cap 150 mg (Mycobutin)	1					
rifampin cap 150 mg	1					
rifampin cap 300 mg	1					
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	3		•	•		•
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	3		•	•		•
TRECATOR - ethionamide tab 250 mg	3					
ANTIFUNGALS						
ANCOBON - flucytosine cap 250 mg	3	•				
ANCOBON - flucytosine cap 500 mg	3	•				
BREXAFEMME - ibrexafungerp citrate tab 150 mg	3	•				
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DIFLUCAN - fluconazole for susp 10 mg/ml	3	•				
DIFLUCAN - fluconazole for susp 40 mg/ml	3	•				
DIFLUCAN - fluconazole tab 50 mg	3	•				
DIFLUCAN - fluconazole tab 100 mg	3	•				
DIFLUCAN - fluconazole tab 150 mg	3	•				
DIFLUCAN - fluconazole tab 200 mg	3	•				
fluconazole for susp 10 mg/ml (Diflucan)	1					
fluconazole for susp 40 mg/ml (Diflucan)	1					
fluconazole tab 50 mg (Diflucan)	1					
fluconazole tab 100 mg (Diflucan)	1					
fluconazole tab 150 mg (Diflucan)	1					
fluconazole tab 200 mg (Diflucan)	1					
flucytosine cap 250 mg (Ancobon)	1					
flucytosine cap 500 mg (Ancobon)	1					
griseofulvin microsize susp 125 mg/5ml	1					
griseofulvin microsize tab 500 mg	1					
griseofulvin ultramicrosize tab 125 mg	1					
griseofulvin ultramicrosize tab 250 mg	1					
itraconazole cap 100 mg (Sporanox)	1	•	•			
itraconazole oral soln 10 mg/ml (Sporanox)	1	•	•			
ketoconazole tab 200 mg	1					
NOXAFIL - posaconazole susp 40 mg/ml	2	•	•			
NOXAFIL - posaconazole tab delayed release 100 mg	3	•	•			
nystatin tab 500000 unit	1					
posaconazole tab delayed release 100 mg (Noxafil)	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SPORANOX - itraconazole cap 100 mg	3	•	•			
SPORANOX - itraconazole oral soln 10 mg/ml	3	•	•			
terbinafine hcl tab 250 mg	1		•			
TOLSURA - itraconazole cap 65 mg	3	•	•			
VFEND - voriconazole for susp 40 mg/ml	3	•				
VFEND - voriconazole tab 50 mg	3	•				
VFEND - voriconazole tab 200 mg	3	•				
voriconazole for susp 40 mg/ml (Vfend)	1	•				
voriconazole tab 50 mg (Vfend)	1	•				
voriconazole tab 200 mg (Vfend)	1	•				
ANTIVIRALS						
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1		•			
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1		•			
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1		•			
acyclovir cap 200 mg	1					
acyclovir susp 200 mg/5ml (Zovirax)	1					
acyclovir tab 400 mg	1					
acyclovir tab 800 mg	1					
adefovir dipivoxil tab 10 mg (Hepsera)	1					
APTIVUS - tipranavir cap 250 mg	3		•			
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	1		•			
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1		•			
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1		•			
BARACLUDE - entecavir oral soln 0.05 mg/ml	2					
BARACLUDE - entecavir tab 0.5 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BARACLUDE - entecavir tab 1 mg	3	•				
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	2		•			
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	2		•			
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2		•			
COMBIVIR - lamivudine-zidovudine tab 150-300 mg	3	•	•			
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	3		•			
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2		•			
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	3	•	•			
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	3	•	•			
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2		•			
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	3		•			
efavirenz cap 50 mg (Sustiva)	1		•			
efavirenz cap 200 mg (Sustiva)	1		•			
efavirenz tab 600 mg (Sustiva)	1		•			
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	1		•			
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1		•			
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1		•			
emtricitabine caps 200 mg (Emtriva)	1		•			
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	1		•			
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	1		•			
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	1		•			
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1		•		•	
EMTRIVA - emtricitabine caps 200 mg	3		•			
EMTRIVA - emtricitabine soln 10 mg/ml	2		•			
entecavir tab 0.5 mg (Baraclude)	1					
entecavir tab 1 mg (Baraclude)	1					
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	•	•	•		•
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	2	•	•	•		•
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	2	•	•	•		•
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	2	•	•	•		•
EPIVIR - lamivudine tab 150 mg	3	•	•			
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	2					
EPIVIR HBV - lamivudine tab 100 mg (hbv)	3	•				
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	3	•	•			
etravirine tab 100 mg (Intelence)	1		•			
etravirine tab 200 mg (Intelence)	1		•			
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	3		•			
famciclovir tab 125 mg	1					
famciclovir tab 250 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
famciclovir tab 500 mg	1					
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1		•			
FUZEON - enfuvirtide for inj 90 mg	3		•	•		•
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2		•			
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	2	•	•	•		•
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg	2	•	•	•		•
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	2	•	•	•		•
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	2	•	•	•		•
INTELENCE - etravirine tab 25 mg	3		•			
INTELENCE - etravirine tab 100 mg	3	•	•			
INTELENCE - etravirine tab 200 mg	3	•	•			
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	2		•			
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	2		•			
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2		•			
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2		•			
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2		•			
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2		•			
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	3	•	•			
KALETRA - lopinavir-ritonavir tab 100-25 mg	3	•	•			
KALETRA - lopinavir-ritonavir tab 200-50 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
lamivudine oral soln 10 mg/ml (Epivir)	1		•			
lamivudine tab 100 mg (hbv) (Epivir hbv)	1					
lamivudine tab 150 mg (Epivir)	1		•			
lamivudine tab 300 mg (Epivir)	1		•			
lamivudine-zidovudine tab 150-300 mg (Combivir)	1		•			
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	3	•	•	•		•
LEXIVA - fosamprenavir calcium susp 50 mg/ml (base equiv)	3		•			
LEXIVA - fosamprenavir calcium tab 700 mg (base equiv)	3		•			
LIVTENCITY - maribavir tab 200 mg	3	•	•	•		•
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1		•			
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1		•			
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1		•			
maraviroc tab 150 mg (Selzentry)	1		•			
maraviroc tab 300 mg (Selzentry)	1		•			
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	2	•	•	•		•
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	2	•	•	•		•
NEVIRAPINE - nevirapine susp 50 mg/5ml	1		•			
NEVIRAPINE ER - nevirapine tab er 24hr 100 mg	1		•			
nevirapine tab er 24hr 400 mg (Viramune xr)	1		•			
nevirapine tab 200 mg	1		•			
NORVIR - ritonavir oral soln 80 mg/ml	2		•			
NORVIR - ritonavir powder packet 100 mg	3		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
NORVIR - ritonavir tab 100 mg	3	•	•			
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2		•			
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1		•			
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	1		•			
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	1		•			
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1		•			
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	2	•	•	•		•
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	•	•	•		•
PIFELTRO - doravirine tab 100 mg	2		•			
PREVYMIS - letermovir tab 240 mg	3		•			
PREVYMIS - letermovir tab 480 mg	3		•			
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2		•			
PREZISTA - darunavir oral susp 100 mg/ml	2		•			
PREZISTA - darunavir tab 75 mg	2		•			
PREZISTA - darunavir tab 150 mg	2		•			
PREZISTA - darunavir tab 600 mg	2		•			
PREZISTA - darunavir tab 800 mg	2		•			
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3		•			
RETROVIR - zidovudine cap 100 mg	3	•	•			
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	3		•			
ribavirin cap 200 mg	1		•	•		•
ribavirin for inhal soln 6 gm (Virazole)	1					
ribavirin tab 200 mg	1		•	•		•
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	1	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ritonavir tab 100 mg (Norvir)	1		•			
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	3		•			
SELZENTRY - maraviroc oral soln 20 mg/ml	3		•			
SELZENTRY - maraviroc tab 25 mg	3		•			
SELZENTRY - maraviroc tab 75 mg	3		•			
SELZENTRY - maraviroc tab 150 mg	3	•	•			
SELZENTRY - maraviroc tab 300 mg	3	•	•			
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	3	•	•	•		•
SOVALDI - sofosbuvir pellet pack 150 mg	2	•	•	•		•
SOVALDI - sofosbuvir pellet pack 200 mg	2	•	•	•		•
SOVALDI - sofosbuvir tab 200 mg	2	•	•	•		•
SOVALDI - sofosbuvir tab 400 mg	2	•	•	•		•
STAVUDINE - stavudine cap 15 mg	1	•	•			
STAVUDINE - stavudine cap 20 mg	1	•	•			
STAVUDINE - stavudine cap 30 mg	1	•	•			
STAVUDINE - stavudine cap 40 mg	1	•	•			
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2		•			
SUSTIVA - efavirenz cap 50 mg	3	•	•			
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	3		•			
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3		•			
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2		•			
TAMIFLU - oseltamivir phosphate cap 30 mg (base equiv)	3		•			
TAMIFLU - oseltamivir phosphate cap 45 mg (base equiv)	3		•			
TAMIFLU - oseltamivir phosphate cap 75 mg (base equiv)	3		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv)	3		•			
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		•			
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	2		•			
TIVICAY - dolutegravir sodium tab 25 mg (base equiv)	2		•			
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2		•			
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2		•			
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2		•			
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	3		•			
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	2		•			
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	•	•			
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	•	•			
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	•	•			
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	•	•			
TYBOST - cobicistat tab 150 mg	2		•			
valacyclovir hcl tab 500 mg (Valtrex)	1					
valacyclovir hcl tab 1 gm (Valtrex)	1					
VALCYTE - valganciclovir hcl for soln 50 mg/ml (base equiv)	3	•				
VALCYTE - valganciclovir hcl tab 450 mg (base equivalent)	3	•				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1					
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1					
VALTREX - valacyclovir hcl tab 500 mg	3	•				
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2					
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	3	•	•	•		•
VIRACEPT - nelfinavir mesylate tab 250 mg	3		•			
VIRACEPT - nelfinavir mesylate tab 625 mg	3		•			
VIRAZOLE - ribavirin for inhal soln 6 gm	3	•				
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2		•			
VIREAD - tenofovir disoproxil fumarate tab 150 mg	2		•			
VIREAD - tenofovir disoproxil fumarate tab 200 mg	2		•			
VIREAD - tenofovir disoproxil fumarate tab 250 mg	2		•			
VIREAD - tenofovir disoproxil fumarate tab 300 mg	3	•	•			
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	•	•	•		•
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	3		•			
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	3		•			
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	3	•	•	•		•
ZIAGEN - abacavir sulfate tab 300 mg (base equiv)	3	•	•			
zidovudine cap 100 mg (Retrovir)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
zidovudine syrup 10 mg/ml (Retrovir)	1		•			
zidovudine tab 300 mg	1		•			
ZOVIRAX - acyclovir susp 200 mg/5ml	3	•				
ANTIMALARIALS						
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	3		•			
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	1					
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	1					
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 500 mg	1					
chloroquine phosphate tab 250 mg	1					
COARTEM - artemether-lumefantrine tab 20-120 mg	2					
DARAPRIM - pyrimethamine tab 25 mg	3	•		•		•
HYDROXYCHLOROQUINE SULFAT - hydroxychloroquine sulfate tab 100 mg	3		•			
HYDROXYCHLOROQUINE SULFAT - hydroxychloroquine sulfate tab 300 mg	3		•			
HYDROXYCHLOROQUINE SULFAT - hydroxychloroquine sulfate tab 400 mg	3		•			
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1		•			
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	2		•			
MALARONE - atovaquone-proguanil hcl tab 62.5-25 mg	3	•				
MALARONE - atovaquone-proguanil hcl tab 250-100 mg	3	•				
mefloquine hcl tab 250 mg	1					
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	3	•	•			
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg (15 mg base)	3					
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1					
pyrimethamine tab 25 mg (Daraprim)	1			•		•
QUALAQUIN - quinine sulfate cap 324 mg	3	•				
quinine sulfate cap 324 mg (Qualaquin)	1					
ANTHELMINTICS						
albendazole tab 200 mg (Albenza)	1		•			
BENZNIDAZOLE - benznidazole tab 12.5 mg	2		•			
BENZNIDAZOLE - benznidazole tab 100 mg	2		•			
BILTRICIDE - praziquantel tab 600 mg	3	•				
EMVERM - mebendazole chew tab 100 mg	3		•			
ivermectin tab 3 mg (Stromectol)	1	•				
praziquantel tab 600 mg (Biltricide)	1					
STROMECTOL - ivermectin tab 3 mg	3	•				
ANTI-INFECTIVE AGENTS - MISC.						
AEMCOLO - rifamycin sodium tab delayed release 194 mg (base equiv)	3		•			
ALINIA - nitazoxanide for susp 100 mg/5ml	2		•			
ALINIA - nitazoxanide tab 500 mg	3	•	•			
atovaquone susp 750 mg/5ml (Mepron)	1		•			
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	3	•				
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	2	•	•	•		•
CLEOCIN - clindamycin hcl cap 75 mg	3	•				
CLEOCIN - clindamycin hcl cap 150 mg	3	•				
CLEOCIN - clindamycin hcl cap 300 mg	3	•				
CLEOCIN PEDIATRIC GRANULE - clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3	•				
clindamycin hcl cap 75 mg (Cleocin)	1					
clindamycin hcl cap 150 mg (Cleocin)	1					
clindamycin hcl cap 300 mg (Cleocin)	1					
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1					
dapsone tab 25 mg	1					
dapsone tab 100 mg	1					
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base equivalent)	2		•			
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	2		•			
FLAGYL - metronidazole cap 375 mg	3	•				
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	1					
HIPREX - methenamine hippurate tab 1 gm	3	•				
IMPAVIDO - miltefosine cap 50 mg	2					
LAMPIT - nifurtimox tab 30 mg	3		•			
LAMPIT - nifurtimox tab 120 mg	3		•			
linezolid tab 600 mg (Zyvox)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MACROBID - nitrofurantoin monohydrate macrocrystalline cap 100 mg	3	•				
MACRODANTIN - nitrofurantoin macrocrystalline cap 25 mg	3	•				
MACRODANTIN - nitrofurantoin macrocrystalline cap 50 mg	3	•				
MACRODANTIN - nitrofurantoin macrocrystalline cap 100 mg	3	•				
MEPRON - atovaquone susp 750 mg/5ml	3	•	•			
methenamine hippurate tab 1 gm (Hiprex)	1					
metronidazole cap 375 mg (Flagyl)	1					
metronidazole tab 250 mg	1					
metronidazole tab 500 mg (Flagyl)	1					
MONUROL - fosfomycin tromethamine powd pack 3 gm (base equivalent)	3					
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	3					
nitazoxanide tab 500 mg (Alinia)	1		•			
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	1					
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	1					
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	1					
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1					
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1					
SIVEXTRO - tedizolid phosphate tab 200 mg	3		•			
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1					
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1					
tinidazole tab 250 mg	1	•	•			
tinidazole tab 500 mg	1	•	•			
TRIMETHOPRIM - trimethoprim tab 100 mg	1					
VANCOCIN - vancomycin hcl cap 125 mg (base equivalent)	3	•				
VANCOCIN - vancomycin hcl cap 250 mg (base equivalent)	3	•				
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	1					
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	1					
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3		•			
XIFAXAN - rifaximin tab 200 mg	3	•	•			
XIFAXAN - rifaximin tab 550 mg	2	•	•			
ZYVOX - linezolid for susp 100 mg/5ml	3	•				
ZYVOX - linezolid tab 600 mg	3	•				
BIOLOGICALS						
VACCINES						
COMIRNATY - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	2					
JANSSEN COVID-19 VACCINE - covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml	2					
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-5y-moderna im susp 25 mcg/0.25ml	2					
MODERNA COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	2					
MODERNA COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml	2					
MODERNA COVID-19 VACCINE/ - covid-19 mrna bivalent vaccine-moderna im susp 50 mcg/0.5ml	2					
NOVAVAX COVID-19 VACCINE - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	2					
PFIZER-BIONTECH COVID-19 - covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3ml	2					
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	2					
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2ml	2					
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.2ml	2					
PFIZER-BIONTECH COVID-19 - covid-19 mrna bivalent vaccine-pfizer im susp 30 mcg/0.3ml	2					
PFIZER-BIONTECH COVID-19 - covid-19 mrna bivalent vac 5-11y-pfizer im susp 10 mcg/0.2ml	2					
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml	2					
VIVOTIF - typhoid vaccine cap delayed release	3					
BIOLOGICALS MISC						
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	3	•	•			
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	3	•	•			
ORALAIR - grass mixed pollen ext sl tab 300 ir (index of reactivity)	3	•	•			•
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ANTINEOPLASTIC AGENTS						
ANTINEOPLASTICS						
abiraterone acetate tab 250 mg (Zytiga)	1	•	•	•		•
abiraterone acetate tab 500 mg (Zytiga)	1	•	•	•		•
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	•	•	•		•
AFINITOR - everolimus tab 2.5 mg	3	•	•	•		•
AFINITOR - everolimus tab 5 mg	3	•	•	•		•
AFINITOR - everolimus tab 7.5 mg	3	•	•	•		•
AFINITOR - everolimus tab 10 mg	3	•	•	•		•
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	3	•	•	•		•
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	3	•	•	•		•
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	3	•	•	•		•
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	2	•	•	•		•
ALKERAN - melphalan tab 2 mg	3	•				
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	2	•	•	•		•
ALUNBRIG - brigatinib tab 30 mg	2	•	•	•		•
ALUNBRIG - brigatinib tab 90 mg	2	•	•	•		•
ALUNBRIG - brigatinib tab 180 mg	2	•	•	•		•
anastrozole tab 1 mg (Arimidex)	1	•	•		•	
ARIMIDEX - anastrozole tab 1 mg	3	•	•			
AROMASIN - exemestane tab 25 mg	3	•	•			
AYVAKIT - avapritinib tab 25 mg	2	•	•	•		•
AYVAKIT - avapritinib tab 50 mg	2	•	•	•		•
AYVAKIT - avapritinib tab 100 mg	2	•	•	•		•
AYVAKIT - avapritinib tab 200 mg	2	•	•	•		•
AYVAKIT - avapritinib tab 300 mg	2	•	•	•		•
BALVERSA - erdafitinib tab 3 mg	3	•	•	•		•
BALVERSA - erdafitinib tab 4 mg	3	•	•	•		•
BALVERSA - erdafitinib tab 5 mg	3	•	•	•		•
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	3	•	•	•		•
bexarotene cap 75 mg (Targretin)	1	•		•		•
bicalutamide tab 50 mg (Casodex)	1					
BOSULIF - bosutinib tab 100 mg	2	•	•	•		•
BOSULIF - bosutinib tab 400 mg	2	•	•	•		•
BOSULIF - bosutinib tab 500 mg	2	•	•	•		•
BRAFTOVI - encorafenib cap 75 mg	2	•	•	•		•
BRUKINSA - zanubrutinib cap 80 mg	2	•	•	•		•
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)	2	•	•	•		•
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)	2	•	•	•		•
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)	2	•	•	•		•
CALQUENCE - acalabrutinib cap 100 mg	2	•	•	•		•
capecitabine tab 150 mg (Xeloda)	1	•	•	•		•
capecitabine tab 500 mg (Xeloda)	1	•	•	•		•
CAPRELSA - vandetanib tab 100 mg	2	•	•	•		•
CAPRELSA - vandetanib tab 300 mg	2	•	•	•		•
CASODEX - bicalutamide tab 50 mg	3	•				
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	•	•	•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	•	•	•		•
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	•	•	•		•
COPIKTRA - duvelisib cap 15 mg	2	•	•	•		•
COPIKTRA - duvelisib cap 25 mg	2	•	•	•		•
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CYCLOPHOSPHAMIDE - cyclophosphamide cap 25 mg	1	•				
CYCLOPHOSPHAMIDE - cyclophosphamide cap 50 mg	1	•				
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	3					
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3					
cyclophosphamide cap 25 mg (Cyclophosphamide)	1					
cyclophosphamide cap 50 mg (Cyclophosphamide)	1					
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	2	•	•	•		•
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	2	•	•	•		•
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	3		•	•		•
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	3		•	•		•
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	3		•	•		•
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	3		•	•		•
EMCYT - estramustine phosphate sodium cap 140 mg	2					
ERIVEDGE - vismodegib cap 150 mg	2	•	•	•		•
ERLEADA - apalutamide tab 60 mg	2	•	•	•		•
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	1	•	•	•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	1	•	•	•		•
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	1	•	•	•		•
ETOPOSIDE - etoposide cap 50 mg	1	•		•		•
EULEXIN - flutamide cap 125 mg	3			•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
everolimus tab for oral susp 2 mg (Afinitor disperz)	1	•	•	•		•
everolimus tab for oral susp 3 mg (Afinitor disperz)	1	•	•	•		•
everolimus tab for oral susp 5 mg (Afinitor disperz)	1	•	•	•		•
everolimus tab 2.5 mg (Afinitor)	1	•	•	•		•
everolimus tab 5 mg (Afinitor)	1	•	•	•		•
everolimus tab 7.5 mg (Afinitor)	1	•	•	•		•
everolimus tab 10 mg (Afinitor)	1	•	•	•		•
exemestane tab 25 mg (Aromasin)	1	•	•			
EXKIVITY - mobocertinib succinate cap 40 mg	2	•	•	•		•
FARESTON - toremifene citrate tab 60 mg (base equivalent)	3					
FEMARA - letrozole tab 2.5 mg	3	•	•			
FLUTAMIDE - flutamide cap 125 mg	3			•		•
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent)	2	•	•	•		•
FOTIVDA - tivozanib hcl cap 1.34 mg (base equivalent)	2	•	•	•		•
GAVRETO - pralsetinib cap 100 mg	2	•	•	•		•
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)	2	•	•	•		•
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)	2	•	•	•		•
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)	2	•	•	•		•
GLEEVEC - imatinib mesylate tab 100 mg (base equivalent)	3	•	•	•		•
GLEOSTINE - lomustine cap 10 mg	3					
GLEOSTINE - lomustine cap 40 mg	3					
GLEOSTINE - lomustine cap 100 mg	3					
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv)	2	•		•		•
HYCAMTIN - topotecan hcl cap 1 mg (base equiv)	2	•		•		•
HYDREA - hydroxyurea cap 500 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
hydroxyurea cap 500 mg (Hydrea)	1					
IBRANCE - palbociclib cap 75 mg	2	•	•	•		•
IBRANCE - palbociclib cap 100 mg	2	•	•	•		•
IBRANCE - palbociclib cap 125 mg	2	•	•	•		•
IBRANCE - palbociclib tab 75 mg	2	•	•	•		•
IBRANCE - palbociclib tab 100 mg	2	•	•	•		•
IBRANCE - palbociclib tab 125 mg	2	•	•	•		•
ICLUSIG - ponatinib hcl tab 10 mg (base equiv)	2	•	•	•		•
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)	2	•	•	•		•
ICLUSIG - ponatinib hcl tab 30 mg (base equiv)	2	•	•	•		•
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)	2	•	•	•		•
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)	2	•	•	•		•
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)	2	•	•	•		•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	1		•	•		•
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	1		•	•		•
IMBRUVICA - ibrutinib cap 70 mg	2	•	•	•		•
IMBRUVICA - ibrutinib cap 140 mg	2	•	•	•		•
IMBRUVICA - ibrutinib oral susp 70 mg/ml	2	•	•	•		•
IMBRUVICA - ibrutinib tab 140 mg	2	•	•	•		•
IMBRUVICA - ibrutinib tab 280 mg	2	•	•	•		•
IMBRUVICA - ibrutinib tab 420 mg	2	•	•	•		•
IMBRUVICA - ibrutinib tab 560 mg	2	•	•	•		•
INLYTA - axitinib tab 1 mg	2	•	•	•		•
INLYTA - axitinib tab 5 mg	2	•	•	•		•
INQOVI - decitabine-cedazuridine tab 35-100 mg	3	•	•	•		•
INREBIC - fedratinib hcl cap 100 mg	2	•	•	•		•
INTRON A - interferon alfa-2b for inj 10000000 unit	2	•		•		•
INTRON A - interferon alfa-2b for inj 50000000 unit	2	•		•		•
IRESSA - gefitinib tab 250 mg	2	•	•	•		•
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)	2	•	•	•		•
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)	2	•	•	•		•
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)	2	•	•	•		•
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)	2	•	•	•		•
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)	2	•	•	•		•
KISQALI - ribociclib succinate tab pack 200 mg daily dose	2	•	•	•		•
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	•	•	•		•
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	•	•	•		•
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	•	•	•		•
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	•	•	•		•
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	•	•	•		•
KOSELUGO - selumetinib sulfate cap 10 mg	3	•	•	•		•
KOSELUGO - selumetinib sulfate cap 25 mg	3	•	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	•	•	•		•
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	•	•	•		•
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	•	•	•		•
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	•	•	•		•
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	•	•	•		•
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	•	•	•		•
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	•	•	•		•
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	•	•	•		•
letrozole tab 2.5 mg (Femara)	1	•	•			
leucovorin calcium tab 5 mg	1					
leucovorin calcium tab 10 mg	1					
leucovorin calcium tab 15 mg	1					
leucovorin calcium tab 25 mg	1					
LEUKERAN - chlorambucil tab 2 mg	2					
leuprolide acetate inj kit 5 mg/ml	1		•	•		•
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	2	•	•	•		•
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	2	•	•	•		•
LORBRENA - lorlatinib tab 25 mg	2	•	•	•		•
LORBRENA - lorlatinib tab 100 mg	2	•	•	•		•
LUMAKRAS - sotorasib tab 120 mg	2	•	•	•		•
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	2		•	•		•
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	2		•	•		•
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	2		•	•		•
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	2		•	•		•
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	2		•	•		•
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	2		•	•		•
LYNPARZA - olaparib tab 100 mg	2	•	•	•		•
LYNPARZA - olaparib tab 150 mg	2	•	•	•		•
LYSODREN - mitotane tab 500 mg	2	•		•		•
MATULANE - procarbazine hcl cap 50 mg	2	•		•		•
megestrol acetate susp 40 mg/ml	1					
megestrol acetate tab 20 mg	1					
megestrol acetate tab 40 mg	1					
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	•	•	•		•
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	•	•	•		•
MEKTOVI - binimetinib tab 15 mg	2	•	•	•		•
melphalan tab 2 mg (Alkeran)	1					
mercaptopurine tab 50 mg	1					
MESNEX - mesna tab 400 mg	2					
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1					
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1					
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1					
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1					
methotrexate sodium tab 2.5 mg (base equiv)	1					
MYLERAN - busulfan tab 2 mg	2					
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	2	•	•	•		•
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	3	•	•	•		•
NILANDRON - nilutamide tab 150 mg	3	•				
nilutamide tab 150 mg (Nilandron)	1					
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	2	•	•	•		•
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	2	•	•	•		•
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	2	•	•	•		•
NUBEQA - darolutamide tab 300 mg	2	•	•	•		•
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	2	•	•	•		•
ONUREG - azacitidine tab 200 mg	3	•	•	•		•
ONUREG - azacitidine tab 300 mg	3	•	•	•		•
ORGOVYX - relugolix tab 120 mg	2	•	•	•		•
PEMAZYRE - pemigatinib tab 4.5 mg	3	•	•	•		•
PEMAZYRE - pemigatinib tab 9 mg	3	•	•	•		•
PEMAZYRE - pemigatinib tab 13.5 mg	3	•	•	•		•
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	2	•	•	•		•
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	•	•	•		•
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	•	•	•		•
POMALYST - pomalidomide cap 1 mg	2	•	•	•		•
POMALYST - pomalidomide cap 2 mg	2	•	•	•		•
POMALYST - pomalidomide cap 3 mg	2	•	•	•		•
POMALYST - pomalidomide cap 4 mg	2	•	•	•		•
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	3					•
QINLOCK - ripretinib tab 50 mg	2	•	•	•		•
RETEVMO - selpercatinib cap 40 mg	2	•	•	•		•
RETEVMO - selpercatinib cap 80 mg	2	•	•	•		•
ROZLYTREK - entrectinib cap 100 mg	2	•	•	•		•
ROZLYTREK - entrectinib cap 200 mg	2	•	•	•		•
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)	2	•	•	•		•
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)	2	•	•	•		•
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)	2	•	•	•		•
RYDAPT - midostaurin cap 25 mg	2	•	•	•		•
SCEMBLIX - asciminib hcl tab 20 mg	3	•	•	•		•
SCEMBLIX - asciminib hcl tab 40 mg	3	•	•	•		•
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3	•				
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	•	•	•		•
SPRYCEL - dasatinib tab 20 mg	2	•	•	•		•
SPRYCEL - dasatinib tab 50 mg	2	•	•	•		•
SPRYCEL - dasatinib tab 70 mg	2	•	•	•		•
SPRYCEL - dasatinib tab 80 mg	2	•	•	•		•
SPRYCEL - dasatinib tab 100 mg	2	•	•	•		•
SPRYCEL - dasatinib tab 140 mg	2	•	•	•		•
STIVARGA - regorafenib tab 40 mg	2	•	•	•		•
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	1	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
sunitinib malate cap 25 mg (base equivalent) (Sutent)	1	•	•	•		•
sunitinib malate cap 37.5 mg (base equivalent) (Sutent)	1	•	•	•		•
sunitinib malate cap 50 mg (base equivalent) (Sutent)	1	•	•	•		•
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	3	•	•	•		•
SUTENT - sunitinib malate cap 25 mg (base equivalent)	3	•	•	•		•
SUTENT - sunitinib malate cap 37.5 mg (base equivalent)	3	•	•	•		•
SUTENT - sunitinib malate cap 50 mg (base equivalent)	3	•	•	•		•
TABLOID - thioguanine tab 40 mg	2					
TABRECTA - capmatinib hcl tab 150 mg	2	•	•	•		•
TABRECTA - capmatinib hcl tab 200 mg	2	•	•	•		•
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	2	•	•	•		•
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	2	•	•	•		•
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent)	2	•	•	•		•
TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent)	2	•	•	•		•
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	2	•	•	•		•
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent)	2	•	•	•		•
TALZENNA - talazoparib tosylate cap 0.75 mg (base equivalent)	2	•	•	•		•
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)	2	•	•	•		•
tamoxifen citrate tab 10 mg (base equivalent)	1				•	
tamoxifen citrate tab 20 mg (base equivalent)	1				•	

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TARCEVA - erlotinib hcl tab 25 mg (base equivalent)	3	•	•	•		•
TARCEVA - erlotinib hcl tab 100 mg (base equivalent)	3	•	•	•		•
TARCEVA - erlotinib hcl tab 150 mg (base equivalent)	3	•	•	•		•
TARGRETIN - bexarotene cap 75 mg	3	•		•		•
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)	2	•	•	•		•
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	2	•	•	•		•
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	2	•	•	•		•
TAZVERIK - tazemetostat hbr tab 200 mg	2	•	•	•		•
TEMODAR - temozolomide cap 250 mg	3	•	•	•		•
temozolomide cap 5 mg	1	•	•	•		•
temozolomide cap 20 mg	1	•	•	•		•
temozolomide cap 100 mg (Temodar)	1	•	•	•		•
temozolomide cap 140 mg (Temodar)	1	•	•	•		•
temozolomide cap 180 mg (Temodar)	1	•	•	•		•
temozolomide cap 250 mg (Temodar)	1	•	•	•		•
TEPMETKO - tepotinib hcl tab 225 mg	2	•	•	•		•
TIBSOVO - ivosidenib tab 250 mg	2	•	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1					
tretinoin cap 10 mg	1	•				
TREXALL - methotrexate sodium tab 5 mg (base equiv)	3	•				
TREXALL - methotrexate sodium tab 7.5 mg (base equiv)	3	•				
TREXALL - methotrexate sodium tab 10 mg (base equiv)	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TREXALL - methotrexate sodium tab 15 mg (base equiv)	3	•				
TRUSELTIQ - infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)	3	•	•	•		•
TRUSELTIQ - infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)	3	•	•	•		•
TRUSELTIQ - infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)	3	•	•	•		•
TRUSELTIQ - infigratinib phos cap ther pack 100 mg (100 mg daily dose)	3	•	•	•		•
TUKYSA - tucatinib tab 50 mg	2	•	•	•		•
TUKYSA - tucatinib tab 150 mg	2	•	•	•		•
TURALIO - pexidartinib hcl cap 200 mg (base equivalent)	2	•	•	•		•
TYKERB - lapatinib ditosylate tab 250 mg (base equiv)	3	•	•	•		•
VENCLEXTA - venetoclax tab 10 mg	2	•	•	•		•
VENCLEXTA - venetoclax tab 50 mg	2	•	•	•		•
VENCLEXTA - venetoclax tab 100 mg	2	•	•	•		•
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	•	•	•		•
VERZENIO - abemaciclib tab 50 mg	2	•	•	•		•
VERZENIO - abemaciclib tab 100 mg	2	•	•	•		•
VERZENIO - abemaciclib tab 150 mg	2	•	•	•		•
VERZENIO - abemaciclib tab 200 mg	2	•	•	•		•
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	2	•	•	•		•
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	2	•	•	•		•
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	•	•	•		•
VIZIMPRO - dacomitinib tab 15 mg	2	•	•	•		•
VIZIMPRO - dacomitinib tab 30 mg	2	•	•	•		•
VIZIMPRO - dacomitinib tab 45 mg	2	•	•	•		•
VONJO - pacritinib citrate cap 100 mg	3	•	•	•		•
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	2	•	•	•		•
WELIREG - belzutifan tab 40 mg	2	•	•	•		•
XALKORI - crizotinib cap 200 mg	2	•	•	•		•
XALKORI - crizotinib cap 250 mg	2	•	•	•		•
XATMEP - methotrexate oral soln 2.5 mg/ml	3	•				
XELODA - capecitabine tab 150 mg	3	•	•	•		•
XELODA - capecitabine tab 500 mg	3	•	•	•		•
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	2	•	•	•		•
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)	2	•	•	•		•
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)	2	•	•	•		•
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)	2	•	•	•		•
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)	2	•	•	•		•
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)	2	•	•	•		•
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	•	•	•		•
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	•	•	•		•
XTANDI - enzalutamide cap 40 mg	2	•	•	•		•
XTANDI - enzalutamide tab 40 mg	2	•	•	•		•
XTANDI - enzalutamide tab 80 mg	2	•	•	•		•
YONSA - abiraterone acetate tab 125 mg	3	•	•	•		•
ZEJULA - niraparib tosylate cap 100 mg (base equivalent)	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ZELBORAF - vemurafenib tab 240 mg	2	•	•	•		•
ZOLINZA - vorinostat cap 100 mg	2	•	•	•		•
ZYDELIG - idelalisib tab 100 mg	2	•	•	•		•
ZYDELIG - idelalisib tab 150 mg	2	•	•	•		•
ZYKADIA - ceritinib tab 150 mg	2	•	•	•		•
ZYTIGA - abiraterone acetate tab 250 mg	3	•	•	•		•
ENDOCRINE AND METABOLIC DRUGS						
CORTICOSTEROIDS						
ALKINDI SPRINKLE - hydrocortisone cap sprinkle 0.5 mg	3	•				•
ALKINDI SPRINKLE - hydrocortisone cap sprinkle 1 mg	3	•				•
ALKINDI SPRINKLE - hydrocortisone cap sprinkle 2 mg	3	•				•
ALKINDI SPRINKLE - hydrocortisone cap sprinkle 5 mg	3	•				•
budesonide delayed release particles cap 3 mg (Entocort ec)	1					
budesonide tab er 24hr 9 mg (Uceris)	1	•	•			
CORTEF - hydrocortisone tab 10 mg	3	•				
CORTEF - hydrocortisone tab 20 mg	3	•				
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	1					
DEXAMETHASONE - dexamethasone tab 0.5 mg	1					
DEXAMETHASONE - dexamethasone tab 0.75 mg	1					
DEXAMETHASONE - dexamethasone tab 1 mg	1					
dexamethasone elixir 0.5 mg/5ml	1					
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	1					
dexamethasone tab 1.5 mg	1					
dexamethasone tab 2 mg	1					
dexamethasone tab 4 mg	1					
dexamethasone tab 6 mg	1					
EMFLAZA - deflazacort susp 22.75 mg/ml	3	•		•		•
EMFLAZA - deflazacort tab 6 mg	3	•	•	•		•
EMFLAZA - deflazacort tab 18 mg	3	•	•	•		•
EMFLAZA - deflazacort tab 30 mg	3	•		•		•
EMFLAZA - deflazacort tab 36 mg	3	•		•		•
fludrocortisone acetate tab 0.1 mg	1					
hydrocortisone tab 5 mg (Cortef)	1					
hydrocortisone tab 10 mg (Cortef)	1					
hydrocortisone tab 20 mg (Cortef)	1					
MEDROL - methylprednisolone tab 2 mg	3					
MEDROL - methylprednisolone tab 4 mg	3	•				
MEDROL - methylprednisolone tab 8 mg	3	•				
MEDROL - methylprednisolone tab 16 mg	3	•				
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	3	•				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1					
methylprednisolone tab 4 mg (Medrol)	1					
methylprednisolone tab 8 mg (Medrol)	1					
methylprednisolone tab 16 mg (Medrol)	1					
methylprednisolone tab 32 mg (Medrol)	1					
ORAPRED ODT - prednisolone sod phos orally disintegr tab 10 mg (base eq)	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ORAPRED ODT - prednisolone sod phos orally disintegr tab 15 mg (base eq)	3	•				
ORAPRED ODT - prednisolone sod phos orally disintegr tab 30 mg (base eq)	3	•				
PEDIAPRED - prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	3	•				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1					
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1					
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1					
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1					
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	•				
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	•				
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	•				
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1					
prednisolone soln 15 mg/5ml	1					
PREDNISONE - prednisone oral soln 5 mg/5ml	1					
PREDNISONE INTENSOL - prednisone conc 5 mg/ml	1					
prednisone tab therapy pack 5 mg (21)	1					
prednisone tab therapy pack 5 mg (48)	1					
prednisone tab therapy pack 10 mg (21)	1					
prednisone tab therapy pack 10 mg (48)	1					
prednisone tab 1 mg	1					
prednisone tab 2.5 mg	1					
prednisone tab 5 mg	1					
prednisone tab 10 mg	1					
prednisone tab 20 mg	1					
prednisone tab 50 mg	1					
RAYOS - prednisone tab delayed release 1 mg	3	•				
RAYOS - prednisone tab delayed release 2 mg	3	•				
RAYOS - prednisone tab delayed release 5 mg	3	•				
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 100 mg	3					
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 250 mg	3					
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 500 mg	3					
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 1000 mg	3					
TARPEYO - budesonide delayed release cap 4 mg	3	•	•			•
ANDROGEN-ANABOLIC						
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	3	•	•			
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	3	•	•			
ANDROGEL - testosterone td gel 25 mg/2.5gm (1%)	3	•	•			
danazol cap 50 mg	1	•				
danazol cap 100 mg	1	•				
danazol cap 200 mg	1	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DEPO-TESTOSTERONE - testosterone cypionate im inj in oil 100 mg/ml	3	•	•			
FORTESTA - testosterone td gel 10mg/act (2%)	3	•	•			
METHITEST - methyltestosterone oral tab 10 mg	3	•	•			
methyltestosterone cap 10 mg	1		•			
NATESTO - testosterone nasal gel 5.5 mg/act	3	•	•			
oxandrolone tab 2.5 mg	1	•				
oxandrolone tab 10 mg	1	•				
TESTIM - testosterone td gel 50 mg/5gm (1%)	3	•	•			
TESTOSTERONE - testosterone td gel 50 mg/5gm (1%)	1	•	•			
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1	•	•			
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1	•	•			
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	1	•	•			
TESTOSTERONE PUMP - testosterone td gel 12.5 mg/act (1%)	1	•	•			
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	1	•	•			
testosterone td gel 50 mg/5gm (1%) (Androgel)	1	•	•			
testosterone td gel 12.5 mg/act (1%)	1	•	•			
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	1	•	•			
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	1	•	•			
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1	•	•			
testosterone td gel 10mg/act (2%) (Fortesta)	1	•	•			
testosterone td soln 30 mg/act	1	•	•			
TLANDO - testosterone undecanoate cap 112.5 mg	3	•	•			
VOGELXO - testosterone td gel 50 mg/5gm (1%)	3	•	•			
VOGELXO PUMP - testosterone td gel 12.5 mg/act (1%)	3	•	•			
XYOSTED - testosterone enanthate solution auto-injector 50 mg/0.5ml	3	•	•			
XYOSTED - testosterone enanthate solution auto-injector 75 mg/0.5ml	3	•	•			
XYOSTED - testosterone enanthate solution auto-injector 100 mg/0.5ml	3	•	•			
ESTROGENS						
ACTIVELLA - estradiol & norethindrone acetate tab 1-0.5 mg	3	•				
ALORA - estradiol td patch twice weekly 0.025 mg/24hr	3	•	•			
ALORA - estradiol td patch twice weekly 0.075 mg/24hr	3	•	•			
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg	3					
ANGELIQ - drospirenone-estradiol tab 0.5-1 mg	3					
BIJUVA - estradiol-progesterone cap 1-100 mg	3		•			
CLIMARA - estradiol td patch weekly 0.025 mg/24hr	3	•	•			
CLIMARA - estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	3	•	•			
CLIMARA - estradiol td patch weekly 0.05 mg/24hr	3	•	•			
CLIMARA - estradiol td patch weekly 0.06 mg/24hr	3	•	•			
CLIMARA - estradiol td patch weekly 0.075 mg/24hr	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CLIMARA - estradiol td patch weekly 0.1 mg/24hr	3	•	•			
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2		•			
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	3		•			
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	3		•			
DELESTROGEN - estradiol valerate im in oil 10 mg/ml	3					
DELESTROGEN - estradiol valerate im in oil 20 mg/ml	3	•				
DELESTROGEN - estradiol valerate im in oil 40 mg/ml	3					
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	3					
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)	3		•			
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)	3		•			
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)	3		•			
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)	3		•			
DIVIGEL - estradiol td gel 1.25 mg/1.25gm (0.1%)	3		•			
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	3					
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3		•			
ESTRACE - estradiol tab 0.5 mg	3	•				
ESTRACE - estradiol tab 1 mg	3	•				
ESTRACE - estradiol tab 2 mg	3	•				
estradiol & norethindrone acetate tab 0.5-0.1 mg	1					
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1					
estradiol tab 0.5 mg (Estrace)	1					
estradiol tab 1 mg (Estrace)	1					
estradiol tab 2 mg (Estrace)	1					
estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel)	1		•			
estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel)	1		•			
estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel)	1		•			
estradiol td gel 1 mg/gm (0.1%) (Divigel)	1		•			
estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel)	1		•			
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	1		•			
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	1		•			
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	1		•			
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	1		•			
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	1		•			
estradiol td patch weekly 0.025 mg/24hr (Climara)	1		•			
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	1		•			
estradiol td patch weekly 0.05 mg/24hr (Climara)	1		•			
estradiol td patch weekly 0.06 mg/24hr (Climara)	1		•			
estradiol td patch weekly 0.075 mg/24hr (Climara)	1		•			
estradiol td patch weekly 0.1 mg/24hr (Climara)	1		•			
estradiol valerate im in oil 20 mg/ml (Delestrogen)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
estradiol valerate im in oil 40 mg/ml (Delestrogen)	1					
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	3		•			
EVAMIST - estradiol transdermal spray 1.53 mg/spray	3		•			
MENEST - esterified estrogens tab 0.3 mg	3					
MENEST - esterified estrogens tab 0.625 mg	3					
MENEST - esterified estrogens tab 1.25 mg	3					
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	3		•			
MINIVELLE - estradiol td patch twice weekly 0.025 mg/24hr	3	•	•			
MINIVELLE - estradiol td patch twice weekly 0.0375 mg/24hr	3	•	•			
MINIVELLE - estradiol td patch twice weekly 0.075 mg/24hr	3	•	•			
MINIVELLE - estradiol td patch twice weekly 0.1 mg/24hr	3	•	•			
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	3	•	•			
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	1					
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1					
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2	•	•			
PREFEST - estradiol tab 1 mg(15)/estrad-norgestimate tab 1-0.09mg(15)	3					
PREMARIN - estrogens, conjugated tab 0.3 mg	2					
PREMARIN - estrogens, conjugated tab 0.45 mg	2					
PREMARIN - estrogens, conjugated tab 0.625 mg	2					
PREMARIN - estrogens, conjugated tab 0.9 mg	2					
PREMARIN - estrogens, conjugated tab 1.25 mg	2					
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	2					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	2					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	2					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	2					
VIVELLE-DOT - estradiol td patch twice weekly 0.025 mg/24hr	3	•	•			
VIVELLE-DOT - estradiol td patch twice weekly 0.0375 mg/24hr	3	•	•			
VIVELLE-DOT - estradiol td patch twice weekly 0.075 mg/24hr	3	•	•			
VIVELLE-DOT - estradiol td patch twice weekly 0.1 mg/24hr	3	•	•			
CONTRACEPTIVES						
ANNOVERA - segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	3					
BALCOLTRA - levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	3				•	
DEPO-PROVERA CONTRACEPTIV - medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DEPO-PROVERA CONTRACEPTIV - medroxyprogesterone acetate im susp 150 mg/ml	3					
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	A				•	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1				•	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1				•	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1				•	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1				•	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1				•	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1				•	
ELLA - ulipristal acetate tab 30 mg	2					
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1				•	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1				•	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	A	•			•	
GENERESS FE - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	3	•				
KYLEENA - levonorgestrel releasing iud 17.5 mcg/day (19.5 mg total)	A				•	•
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	A				•	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	A				•	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	A				•	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	A				•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1				•	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1				•	
levonorgestrel tab 1.5 mg	A				•	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1				•	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	A				•	
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	A				•	•
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2				•	
LOSEASONIQUE - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	•				
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	A				•	
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	A				•	
MIRCETTE - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	•				
MIRENA - levonorgestrel iud 20 mcg/day (initial) (52 mg total)	A				•	•
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3				•	
NEXPLANON - etonogestrel subdermal implant 68 mg	A				•	•
NEXTSTELLIS - drospirenone-estetrol tab 3-14.2 mg	3				•	

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	A				•	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	1				•	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	1				•	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	1				•	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1				•	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1				•	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1				•	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1				•	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1				•	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1				•	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1				•	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	1				•	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1				•	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1				•	
norethindrone tab 0.35 mg	1				•	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1				•	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	1				•	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1				•	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1				•	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1				•	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1				•	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	A				•	
PARAGARD INTRAUTERINE COP - copper iud	A				•	•
PLAN B ONE-STEP - levonorgestrel tab 1.5 mg	A	•			•	
QUARTETTE - levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	3	•				
SAFYRAL - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3	•				
SEASONIQUE - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3	•				
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	A				•	•
TWIRLA - levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	A				•	
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	1				•	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg	1				•	
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg	3	•				
PROGESTINS						
AYGESTIN - norethindrone acetate tab 5 mg	3	•				
medroxyprogesterone acetate tab 2.5 mg (Provera)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
medroxyprogesterone acetate tab 5 mg (Provera)	1					
medroxyprogesterone acetate tab 10 mg (Provera)	1					
megestrol acetate susp 625 mg/5ml	1					
norethindrone acetate tab 5 mg (Aygestin)	1					
progesterone cap 100 mg (Prometrium)	1					
progesterone cap 200 mg (Prometrium)	1					
progesterone im in oil 50 mg/ml	1					
PROMETRIUM - progesterone cap 100 mg	3	•				
PROMETRIUM - progesterone cap 200 mg	3	•				
PROVERA - medroxyprogesterone acetate tab 2.5 mg	3	•				
PROVERA - medroxyprogesterone acetate tab 5 mg	3	•				
PROVERA - medroxyprogesterone acetate tab 10 mg	3	•				
ANTIDIABETICS						
acarbose tab 25 mg (Precose)	1		•			
acarbose tab 50 mg (Precose)	1		•			
acarbose tab 100 mg (Precose)	1		•			
ACTOS - pioglitazone hcl tab 30 mg (base equiv)	3	•	•			
ADLYXIN - lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml)	3	•	•			
ADLYXIN STARTER PACK - lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml	3	•	•			
ALOGLIPTIN - alogliptin benzoate tab 6.25 mg (base equiv)	3	•	•			
ALOGLIPTIN - alogliptin benzoate tab 12.5 mg (base equiv)	3	•	•			
ALOGLIPTIN - alogliptin benzoate tab 25 mg (base equiv)	3	•	•			
ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-500 mg	3	•	•			
ALOGLIPTIN/METFORMIN HYDR - alogliptin-metformin hcl tab 12.5-1000 mg	3	•	•			
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-30 mg	3	•	•			
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-45 mg	3	•	•			
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-15 mg	3	•	•			
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-30 mg	3	•	•			
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-45 mg	3	•	•			
AMARYL - glimepiride tab 4 mg	3	•	•			
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2		•			
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2		•			
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	•	•			
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	3	•	•			
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	3	•	•			
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)	3		•			
diazoxide susp 50 mg/ml (Proglycem)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	2	•	•			
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	2	•	•			
glimepiride tab 1 mg (Amaryl)	1		•			
glimepiride tab 2 mg (Amaryl)	1		•			
glimepiride tab 4 mg (Amaryl)	1		•			
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1		•			
glipizide tab er 24hr 5 mg (Glucotrol xl)	1		•			
glipizide tab er 24hr 10 mg (Glucotrol xl)	1		•			
glipizide tab 5 mg	1		•			
glipizide tab 10 mg	1		•			
glipizide-metformin hcl tab 2.5-250 mg	1		•			
glipizide-metformin hcl tab 2.5-500 mg	1		•			
glipizide-metformin hcl tab 5-500 mg	1		•			
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	2					
glucagon (rdna) for inj kit 1 mg (Glucagon emergency k)	1					
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	3					
GLUMETZA - metformin hcl tab er 24hr modified release 1000 mg	3	•	•			
glyburide micronized tab 1.5 mg (Glynase)	1		•			
glyburide micronized tab 3 mg (Glynase)	1		•			
glyburide micronized tab 6 mg (Glynase)	1		•			
glyburide tab 1.25 mg	1		•			
glyburide tab 2.5 mg	1		•			
glyburide tab 5 mg	1		•			
glyburide-metformin tab 1.25-250 mg	1		•			
glyburide-metformin tab 2.5-500 mg	1		•			
glyburide-metformin tab 5-500 mg	1		•			
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	2	•	•			
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	2	•	•			
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2		•			
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2		•			
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2		•			
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2		•			
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2		•			
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	2		•			
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2		•			
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	•	•			
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3	•	•			
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3	•	•			
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3	•	•			
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg	3	•	•			
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg	3	•	•			
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg	3	•	•			
INVOKANA - canagliflozin tab 100 mg	3	•	•			
INVOKANA - canagliflozin tab 300 mg	3	•	•			
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	2	•	•			
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	2	•	•			
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	2	•	•			
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2	•	•			
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	2	•	•			
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)	2	•	•			
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)	2	•	•			
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)	2	•	•			
JARDIANCE - empagliflozin tab 10 mg	2	•	•			
JARDIANCE - empagliflozin tab 25 mg	2	•	•			
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	3	•	•			
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	3	•	•			
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	3	•	•			
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	•	•			
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	•	•			
KAZANO - alogliptin-metformin hcl tab 12.5-500 mg	3	•	•			
KAZANO - alogliptin-metformin hcl tab 12.5-1000 mg	3	•	•			
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	•	•			
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg	3	•	•			
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-1000 mg	3	•	•			
KORLYM - mifepristone tab 300 mg	2	•	•	•		•
metformin hcl tab er 24hr 500 mg	1		•			
metformin hcl tab er 24hr 750 mg	1		•			
metformin hcl tab er 24hr osmotic 500 mg (Fortamet)	1	•	•			
metformin hcl tab er 24hr osmotic 1000 mg (Fortamet)	1	•	•			
metformin hcl tab er 24hr modified release 500 mg (Glumetza)	1	•	•			
metformin hcl tab er 24hr modified release 1000 mg (Glumetza)	1	•	•			
metformin hcl tab 500 mg	1		•			
metformin hcl tab 850 mg	1		•			
metformin hcl tab 1000 mg	1		•			
METFORMIN HYDROCHLORIDE - metformin hcl tab 625 mg	3	•				
miglitol tab 25 mg	1		•			
miglitol tab 50 mg	1		•			
miglitol tab 100 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
nateglinide tab 60 mg	1		•			
nateglinide tab 120 mg	1		•			
NESINA - alogliptin benzoate tab 6.25 mg (base equiv)	3	•	•			
NESINA - alogliptin benzoate tab 12.5 mg (base equiv)	3	•	•			
NESINA - alogliptin benzoate tab 25 mg (base equiv)	3	•	•			
ONGLYZA - saxagliptin hcl tab 2.5 mg (base equiv)	3	•	•			
ONGLYZA - saxagliptin hcl tab 5 mg (base equiv)	3	•	•			
OSENI - alogliptin-pioglitazone tab 12.5-15 mg	3	•	•			
OSENI - alogliptin-pioglitazone tab 12.5-30 mg	3	•	•			
OSENI - alogliptin-pioglitazone tab 12.5-45 mg	3	•	•			
OSENI - alogliptin-pioglitazone tab 25-15 mg	3	•	•			
OSENI - alogliptin-pioglitazone tab 25-30 mg	3	•	•			
OSENI - alogliptin-pioglitazone tab 25-45 mg	3	•	•			
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	2	•	•			
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2	•	•			
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	2	•	•			
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1		•			
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1		•			
pioglitazone hcl tab 45 mg (base equiv) (Actos)	1		•			
pioglitazone hcl-glimepiride tab 30-2 mg (Duetact)	1		•			
pioglitazone hcl-glimepiride tab 30-4 mg (Duetact)	1		•			
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	1		•			
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1		•			
PROGLYCEM - diazoxide susp 50 mg/ml	3	•				
QTERN - dapagliflozin-saxagliptin tab 5-5 mg	3	•	•			
QTERN - dapagliflozin-saxagliptin tab 10-5 mg	3	•	•			
repaglinide tab 0.5 mg	1		•			
repaglinide tab 1 mg	1		•			
repaglinide tab 2 mg	1		•			
RIOMET - metformin hcl oral soln 500 mg/5ml	3	•	•			
RYBELSUS - semaglutide tab 3 mg	2	•	•			
RYBELSUS - semaglutide tab 7 mg	2	•	•			
RYBELSUS - semaglutide tab 14 mg	2	•	•			
SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-500 mg	3	•	•			
SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-1000 mg	3	•	•			
SEGLUROMET - ertugliflozin-metformin hcl tab 7.5-500 mg	3	•	•			
SEGLUROMET - ertugliflozin-metformin hcl tab 7.5-1000 mg	3	•	•			
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2	•	•			
STEGLATRO - ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv)	3	•	•			
STEGLATRO - ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv)	3	•	•			
STEGLUJAN - ertugliflozin-sitagliptin tab 5-100 mg	3	•	•			
STEGLUJAN - ertugliflozin-sitagliptin tab 15-100 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2		•			
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2		•			
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	2	•	•			
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	2	•	•			
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	2	•	•			
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	2	•	•			
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2	•	•			
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2	•	•			
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2	•	•			
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2	•	•			
TRADJENTA - linagliptin tab 5 mg	3	•	•			
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2	•	•			
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2	•	•			
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	2	•	•			
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	2	•	•			
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	2	•	•			
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	2	•	•			
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml	2	•	•			
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml	2	•	•			
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2	•	•			
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	2	•	•			
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-500 mg	2	•	•			
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	2	•	•			
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-500 mg	2	•	•			
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	2	•	•			
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2	•	•			
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	3		•			
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	3		•			
Rapid-Acting Insulins						
ADMELOG - insulin lispro inj soln 100 unit/ml	3	•	•			
ADMELOG SOLOSTAR - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	•	•			
APIDRA - insulin glulisine inj 100 unit/ml	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
APIDRA SOLOSTAR - insulin glulisine soln pen-injector inj 100 unit/ml	3	•	•			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		•			
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		•			
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		•			
HUMALOG - insulin lispro inj soln 100 unit/ml	3	•	•			
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	•	•			
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	•	•			
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	•	•			
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	•	•			
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	2		•			
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		•			
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	2		•			
INSULIN LISPRO - insulin lispro inj soln 100 unit/ml	1	•	•			
INSULIN LISPRO JUNIOR KWI - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	•	•			
INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	1	•	•			
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	•	•			
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	•	•			
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	•	•			
NOVOLOG - insulin aspart inj soln 100 unit/ml	1		•			
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1		•			
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1		•			
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1		•			
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1		•			
Short-Acting Insulins						
AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	3	•	•			
AFREZZA - insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart	3	•	•			
AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	3	•	•			
AFREZZA - insulin regular (human) inhalation powder 4 unit/cartridge	3	•	•			
AFREZZA - insulin regular (human) inhalation powder 8 unit/cartridge	3	•	•			
AFREZZA - insulin regular (human) inhalation powder 12 unit/cartridge	3	•	•			
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	•	•			
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		•			
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		•			

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
INSULIN GLARGINE - insulin glargine-yfgn soln pen-injector 100 unit/ml	3	•	•			
INSULIN GLARGINE SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	•	•			
LANTUS - insulin glargine inj 100 unit/ml	3	•	•			
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	•	•			
LEVEMIR - insulin detemir inj 100 unit/ml	2		•			
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	2		•			
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2		•			
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2		•			
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		•			
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		•			
TRESIBA - insulin degludec inj 100 unit/ml	2		•			
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	2		•			
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	2		•			
THYROID AGENTS						
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain)	3					
ARMOUR THYROID - thyroid tab 30 mg (1/2 grain)	3					
ARMOUR THYROID - thyroid tab 60 mg (1 grain)	3					
ARMOUR THYROID - thyroid tab 90 mg (1 1/2 grain)	3					
ARMOUR THYROID - thyroid tab 120 mg (2 grain)	3					
ARMOUR THYROID - thyroid tab 180 mg (3 grain)	2					
ARMOUR THYROID - thyroid tab 240 mg (4 grain)	2					
ARMOUR THYROID - thyroid tab 300 mg (5 grain)	2					
CYTOMEL - liothyronine sodium tab 5 mcg	3	•				
CYTOMEL - liothyronine sodium tab 25 mcg	3	•				
CYTOMEL - liothyronine sodium tab 50 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 13 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 25 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 50 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 75 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 88 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 100 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 112 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 125 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 137 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 150 mcg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 175 mcg	3	•				
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 200 mcg	3	•				
levothyroxine sodium tab 25 mcg (Synthroid)	1					
levothyroxine sodium tab 50 mcg (Synthroid)	1					
levothyroxine sodium tab 75 mcg (Synthroid)	1					
levothyroxine sodium tab 88 mcg (Synthroid)	1					
levothyroxine sodium tab 100 mcg (Synthroid)	1					
levothyroxine sodium tab 112 mcg (Synthroid)	1					
levothyroxine sodium tab 125 mcg (Synthroid)	1					
levothyroxine sodium tab 137 mcg (Synthroid)	1					
levothyroxine sodium tab 150 mcg (Synthroid)	1					
levothyroxine sodium tab 175 mcg (Synthroid)	1					
levothyroxine sodium tab 200 mcg (Synthroid)	1					
levothyroxine sodium tab 300 mcg (Synthroid)	1					
liothyronine sodium tab 5 mcg (Cytomel)	1					
liothyronine sodium tab 25 mcg (Cytomel)	1					
liothyronine sodium tab 50 mcg (Cytomel)	1					
methimazole tab 5 mg (Tapazole)	1					
methimazole tab 10 mg (Tapazole)	1					
propylthiouracil tab 50 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SYNTHROID - levothyroxine sodium tab 25 mcg	3					
SYNTHROID - levothyroxine sodium tab 50 mcg	3					
SYNTHROID - levothyroxine sodium tab 75 mcg	3					
SYNTHROID - levothyroxine sodium tab 88 mcg	3					
SYNTHROID - levothyroxine sodium tab 100 mcg	3					
SYNTHROID - levothyroxine sodium tab 112 mcg	3					
SYNTHROID - levothyroxine sodium tab 125 mcg	3					
SYNTHROID - levothyroxine sodium tab 137 mcg	3					
SYNTHROID - levothyroxine sodium tab 150 mcg	3					
SYNTHROID - levothyroxine sodium tab 175 mcg	3					
SYNTHROID - levothyroxine sodium tab 200 mcg	3					
SYNTHROID - levothyroxine sodium tab 300 mcg	3					
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	3	•				
TIROSINT - levothyroxine sodium cap 13 mcg	3	•				
TIROSINT - levothyroxine sodium cap 25 mcg	3	•				
TIROSINT - levothyroxine sodium cap 50 mcg	3	•				
TIROSINT - levothyroxine sodium cap 75 mcg	3	•				
TIROSINT - levothyroxine sodium cap 88 mcg	3	•				
TIROSINT - levothyroxine sodium cap 100 mcg	3	•				
TIROSINT - levothyroxine sodium cap 112 mcg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TIROSINT - levothyroxine sodium cap 125 mcg	3	•				
TIROSINT - levothyroxine sodium cap 137 mcg	3	•				
TIROSINT - levothyroxine sodium cap 150 mcg	3	•				
TIROSINT - levothyroxine sodium cap 175 mcg	3	•				
TIROSINT - levothyroxine sodium cap 200 mcg	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 25 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 37.5 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 44 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 50 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 62.5 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 75 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 88 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 100 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 112 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 125 mcg/ml	3					
TIROSINT-SOL - levothyroxine sodium oral solution 137 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 150 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 175 mcg/ml	3	•				
TIROSINT-SOL - levothyroxine sodium oral solution 200 mcg/ml	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
OXYTOCICS						
methylergonovine maleate tab 0.2 mg	1					
ENDOCRINE and METABOLIC AGENTS - MISC.						
ACTONEL - risedronate sodium tab 35 mg	3	•	•			
ACTONEL - risedronate sodium tab 150 mg	3	•	•			
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	1		•			
alendronate sodium tab 10 mg	1		•			
alendronate sodium tab 35 mg	1		•			
alendronate sodium tab 70 mg (Fosamax)	1		•			
betaine powder for oral solution (Cystadane)	1			•		•
BINOSTO - alendronate sodium effervescent tab 70 mg	3	•	•			
BUPHENYL - sodium phenylbutyrate oral powder 3 gm/teaspoonful	3	•	•	•		•
BUPHENYL - sodium phenylbutyrate tab 500 mg	3	•	•	•		•
cabergoline tab 0.5 mg	1					
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	1	•				
calcitonin (salmon) nasal soln 200 unit/act	1					
calcitriol cap 0.25 mcg (Rocaltrol)	1					
calcitriol cap 0.5 mcg (Rocaltrol)	1					
calcitriol oral soln 1 mcg/ml (Rocaltrol)	1					
CARBAGLU - carglumic acid soluble tab 200 mg	3	•		•		•
carglumic acid soluble tab 200 mg (Carbaglu)	1	•		•		•
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	3	•				
CARNITOR - levocarnitine tab 330 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	3	•				
cetrorelix acetate for inj kit 0.25 mg (Cetrotide)	1	•	•	•		•
CETROTIDE - cetrorelix acetate for inj kit 0.25 mg	3	•	•	•		•
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	1	•	•	•		•
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	1	•				
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	1	•				
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	1	•				
CLOMID - clomiphene citrate tab 50 mg	1		•	•		•
CLOMIPHENE CITRATE - clomiphene citrate tab 50 mg	1		•	•		•
CYSTADANE - betaine powder for oral solution	3	•		•		•
DDAVP - desmopressin acetate inj 4 mcg/ml	3	•				
DDAVP - desmopressin acetate preservative free (pf) inj 4 mcg/ml	3	•				
DDAVP - desmopressin acetate tab 0.1 mg	3	•				
DDAVP - desmopressin acetate tab 0.2 mg	3	•				
desmopressin acetate inj 4 mcg/ml (Ddavp)	1					
desmopressin acetate nasal spray soln 0.01%	1					
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1					
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1					
desmopressin acetate tab 0.1 mg (Ddavp)	1					
desmopressin acetate tab 0.2 mg (Ddavp)	1					
doxercalciferol cap 0.5 mcg	1					
doxercalciferol cap 1 mcg	1					
doxercalciferol cap 2.5 mcg	1					
EGRIFTA SV - tesamorelin acetate for inj 2 mg (base equiv)	3	•	•	•		•
EVISTA - raloxifene hcl tab 60 mg	3					
FOLLISTIM AQ - follitropin beta inj 300 unit/0.36ml	2	•	•	•		•
FOLLISTIM AQ - follitropin beta inj 600 unit/0.72ml	2	•	•	•		•
FOLLISTIM AQ - follitropin beta inj 900 unit/1.08ml	2	•	•	•		•
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	2	•	•	•		•
FOSAMAX - alendronate sodium tab 70 mg	3	•	•			
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-2800 mg-unit	3		•			
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-5600 mg-unit	3		•			
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	2	•	•	•		•
GANIRELIX ACETATE - ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	3	•	•	•		•
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	1	•	•	•		•
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg	3	•		•		•
GENOTROPIN - somatropin for subcutaneous inj cartridge 12 mg (36 unit)	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg	3	•		•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.4 mg	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.6 mg	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.8 mg	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1 mg	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.2 mg	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.4 mg	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.6 mg	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.8 mg	3	•		•		•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 2 mg	3	•		•		•
GONAL-F - follitropin alfa for inj 450 unit	3	•	•	•		•
GONAL-F - follitropin alfa for inj 1050 unit	3	•	•	•		•
GONAL-F RFF - follitropin alfa for subcutaneous inj 75 unit	3	•	•	•		•
GONAL-F RFF REDIJECT - follitropin alfa subcutaneous soln pen-inj 300 unit/0.5ml	3	•	•	•		•
GONAL-F RFF REDIJECT - follitropin alfa subcutaneous soln pen-inj 450 unit/0.75ml	3	•	•	•		•
GONAL-F RFF REDIJECT - follitropin alfa subcutaneous soln pen-inj 900 unit/1.5ml	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
HUMATROPE - somatropin for inj cartridge 6 mg (18 unit)	3	•		•		•
HUMATROPE - somatropin for inj cartridge 12 mg (36 unit)	3	•		•		•
HUMATROPE - somatropin for inj cartridge 24 mg	3	•		•		•
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1		•			
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	3	•		•		•
ISTURISA - osilodrostat phosphate tab 1 mg	3	•	•	•		•
ISTURISA - osilodrostat phosphate tab 5 mg	3	•	•	•		•
ISTURISA - osilodrostat phosphate tab 10 mg	3	•	•	•		•
JYNARQUE - tolvaptan tab therapy pack 15 mg	3	•	•	•		•
JYNARQUE - tolvaptan tab therapy pack 30 & 15 mg	3	•	•	•		•
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg	3	•	•	•		•
JYNARQUE - tolvaptan tab therapy pack 60 & 30 mg	3	•	•	•		•
JYNARQUE - tolvaptan tab therapy pack 90 & 30 mg	3	•	•	•		•
JYNARQUE - tolvaptan tab 15 mg	3	•	•	•		•
JYNARQUE - tolvaptan tab 30 mg	3	•	•	•		•
KERENDIA - finerenone tab 10 mg	3	•	•			
KERENDIA - finerenone tab 20 mg	3	•	•			
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1					
levocarnitine tab 330 mg (Carnitor)	1					
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg	2		•	•		•
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 11.25 mg	2		•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 15 mg	2		•	•		•
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	2		•	•		•
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 30 mg	2		•	•		•
MENOPUR - menotropins for subcutaneous inj 75 unit	2	•	•	•		•
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	3	•				
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	3	•	•	•		•
MYCAPSSA - octreotide acetate cap delayed release 20 mg	3	•	•	•		•
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg	2	•	•	•		•
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg	2	•	•	•		•
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg	2	•	•	•		•
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg	2	•	•	•		•
nitisinone cap 2 mg (Orfadin)	1	•		•		•
nitisinone cap 5 mg (Orfadin)	1	•		•		•
nitisinone cap 10 mg (Orfadin)	1	•		•		•
NITYR - nitisinone tab 2 mg	3	•		•		•
NITYR - nitisinone tab 5 mg	3	•		•		•
NITYR - nitisinone tab 10 mg	3	•		•		•
NOCDURNA - desmopressin acetate sublingual tab 27.7 mcg	3	•	•			
NOCDURNA - desmopressin acetate sublingual tab 55.3 mcg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml	2	•		•		•
NORDITROPIN FLEXPRO - somatropin solution pen-injector 10 mg/1.5ml	2	•		•		•
NORDITROPIN FLEXPRO - somatropin solution pen-injector 15 mg/1.5ml	2	•		•		•
NORDITROPIN FLEXPRO - somatropin solution pen-injector 30 mg/3ml	2	•		•		•
NOVAREL - chorionic gonadotropin for im inj 5000 unit	1	•	•	•		•
NOVAREL - chorionic gonadotropin for im inj 10000 unit	3	•	•	•		•
NUTROPIN AQ NUSPIN 10 - somatropin solution pen-injector 10 mg/2ml	3	•		•		•
NUTROPIN AQ NUSPIN 20 - somatropin solution pen-injector 20 mg/2ml	3	•		•		•
NUTROPIN AQ NUSPIN 5 - somatropin solution pen-injector 5 mg/2ml	3	•		•		•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml	1	•	•	•		•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 100 mcg/ml	1	•	•	•		•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 500 mcg/ml	1	•	•	•		•
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	1	•	•	•		•
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	1	•	•	•		•
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	•	•	•		•
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	•	•	•		•
OMNITROPE - somatropin for inj 5.8 mg	3	•		•		•
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	3	•		•		•
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	3	•		•		•
ORFADIN - nitisinone cap 2 mg	3	•		•		•
ORFADIN - nitisinone cap 5 mg	3	•		•		•
ORFADIN - nitisinone cap 10 mg	3	•		•		•
ORFADIN - nitisinone cap 20 mg	3	•		•		•
ORFADIN - nitisinone susp 4 mg/ml	3	•		•		•
ORILISSA - elagolix sodium tab 150 mg (base equiv)	2	•	•			
ORILISSA - elagolix sodium tab 200 mg (base equiv)	2	•	•			
OSPHENA - ospemifene tab 60 mg	3	•	•			
OVIDREL - choriogonadotropin alfa inj 250 mcg/0.5ml	3	•	•	•		•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	3	•	•	•		•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	3	•	•	•		•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	3	•	•	•		•
paricalcitol cap 1 mcg (Zemplar)	1					
paricalcitol cap 2 mcg (Zemplar)	1					
paricalcitol cap 4 mcg	1					
PREGNYL W/DILUENT BENZYL - chorionic gonadotropin for im inj 10000 unit	3	•	•	•		•
raloxifene hcl tab 60 mg (Evista)	1					
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
RAYALDEE - calcifediol cap er 30 mcg	3	•	•			
RECORLEV - levoketoconazole tab 150 mg	3	•	•	•		•
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	3	•		•		•
risedronate sodium tab delayed release 35 mg (Atelvia)	1		•			
risedronate sodium tab 5 mg	1		•			
risedronate sodium tab 30 mg	1		•			
risedronate sodium tab 35 mg (Actonel)	1		•			
risedronate sodium tab 150 mg (Actonel)	1		•			
ROCALTROL - calcitriol cap 0.25 mcg	3	•				
ROCALTROL - calcitriol cap 0.5 mcg	3	•				
ROCALTROL - calcitriol oral soln 1 mcg/ml	3	•				
SAIZEN - somatropin (non-refrigerated) for inj 5 mg	3	•		•		•
SAIZEN - somatropin (non-refrigerated) for inj 8.8 mg	3	•		•		•
SAIZENPREP RECONSTITUTION - somatropin (non-refrigerated) for inj 8.8 mg	3	•		•		•
SAMSCA - tolvaptan tab 15 mg	3	•	•	•		•
SAMSCA - tolvaptan tab 30 mg	3	•	•	•		•
SANDOSTATIN - octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	3	•	•	•		•
SANDOSTATIN - octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	3	•	•	•		•
SANDOSTATIN - octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	3	•	•	•		•
sapropterin dihydrochloride powder packet 100 mg (Kuvan)	1	•	•	•		•
sapropterin dihydrochloride powder packet 500 mg (Kuvan)	1	•	•	•		•
sapropterin dihydrochloride tab 100 mg (Kuvan)	1	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SENSIPAR - cinacalcet hcl tab 30 mg (base equiv)	3	•				
SENSIPAR - cinacalcet hcl tab 60 mg (base equiv)	3	•				
SENSIPAR - cinacalcet hcl tab 90 mg (base equiv)	3	•				
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg	2	•	•	•		•
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 5 mg	2	•	•	•		•
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 6 mg	2	•	•	•		•
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv)	3	•	•	•		•
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml (base equiv)	3	•	•	•		•
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml (base equiv)	3	•	•	•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3.6 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 4.3 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 5.2 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 6.3 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 7.6 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 9.1 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 11 mg	3	•		•		•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	3	•		•		•
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	1	•	•	•		•
sodium phenylbutyrate tab 500 mg (Buphenyl)	1	•	•	•		•
SOMAVERT - pegvisomant for inj 10 mg (as protein)	2	•	•	•		•
SOMAVERT - pegvisomant for inj 15 mg (as protein)	2	•	•	•		•
SOMAVERT - pegvisomant for inj 20 mg (as protein)	2	•	•	•		•
SOMAVERT - pegvisomant for inj 25 mg (as protein)	2	•	•	•		•
SOMAVERT - pegvisomant for inj 30 mg (as protein)	2	•	•	•		•
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml	2	•	•	•		•
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml	2	•	•	•		•
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml	2	•	•	•		•
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml	2	•	•	•		•
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2					
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	3	•	•	•		•
tolvaptan tab 15 mg (Samsca)	1	•	•	•		•
tolvaptan tab 30 mg (Samsca)	1	•	•	•		•
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg	3	•	•	•		•
VOXZOGO - vosoritide for subcutaneous inj 0.56 mg	3	•	•	•		•
VOXZOGO - vosoritide for subcutaneous inj 1.2 mg	3	•	•	•		•
XURIDEN - uridine triacetate oral granules packet 2 gm	3		•	•		•
ZOMACTON - somatropin for inj 10 mg	3	•		•		•
ZOMACTON - somatropin for subcutaneous inj 5 mg	3	•		•		•
ZORBTIVE - somatropin (non-refrigerated) for subcutaneous inj 8.8 mg	2	•	•	•		•
CARDIOVASCULAR AGENTS						
CARDIOTONICS						
DIGOXIN - digoxin oral soln 0.05 mg/ml	1	•				
digoxin oral soln 0.05 mg/ml (Digoxin)	1					
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	1	•				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	1					
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	1					
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg)	3	•				
LANOXIN - digoxin tab 125 mcg (0.125 mg)	3					
LANOXIN - digoxin tab 250 mcg (0.25 mg)	3					
ANTIANGINAL AGENTS						
ASPRUZYO SPRINKLE - ranolazine er granules packet 500 mg	3	•	•			
ASPRUZYO SPRINKLE - ranolazine er granules packet 1000 mg	3	•	•			
GONITRO - nitroglycerin sublingual powder packet 400 mcg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ISORDIL TITRADOSE - isosorbide dinitrate tab 5 mg	3	•				
ISORDIL TITRADOSE - isosorbide dinitrate tab 40 mg	3	•				
isosorbide dinitrate tab 5 mg (Isordil titradose)	1					
isosorbide dinitrate tab 10 mg	1					
isosorbide dinitrate tab 20 mg	1					
isosorbide dinitrate tab 30 mg	1					
isosorbide dinitrate tab 40 mg (Isordil titradose)	1	•				
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg	1					
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 20 mg	1					
isosorbide mononitrate tab er 24hr 30 mg	1					
isosorbide mononitrate tab er 24hr 60 mg	1					
isosorbide mononitrate tab er 24hr 120 mg	1					
NITRO-BID - nitroglycerin oint 2%	3					
NITRO-DUR - nitroglycerin td patch 24hr 0.1 mg/hr	3	•				
NITRO-DUR - nitroglycerin td patch 24hr 0.2 mg/hr	3	•				
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr	3					
NITRO-DUR - nitroglycerin td patch 24hr 0.4 mg/hr	3	•				
NITRO-DUR - nitroglycerin td patch 24hr 0.6 mg/hr	3	•				
NITRO-DUR - nitroglycerin td patch 24hr 0.8 mg/hr	3					
NITRO-TIME - nitroglycerin cap er 2.5 mg	1					
NITRO-TIME - nitroglycerin cap er 6.5 mg	1					
NITRO-TIME - nitroglycerin cap er 9 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
nitroglycerin sl tab 0.3 mg (Nitrostat)	1					
nitroglycerin sl tab 0.4 mg (Nitrostat)	1					
nitroglycerin sl tab 0.6 mg (Nitrostat)	1					
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	1					
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	1					
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	1					
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	1					
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1					
NITROLINGUAL PUMPSPRAY - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	3	•				
NITROMIST - nitroglycerin lingual aerosol 400 mcg/spray	3					
NITROSTAT - nitroglycerin sl tab 0.3 mg	3	•				
NITROSTAT - nitroglycerin sl tab 0.4 mg	3	•				
NITROSTAT - nitroglycerin sl tab 0.6 mg	3	•				
RANEXA - ranolazine tab er 12hr 1000 mg	3		•			
ranolazine tab er 12hr 500 mg (Ranexa)	1		•			
ranolazine tab er 12hr 1000 mg (Ranexa)	1		•			
BETA BLOCKERS						
acebutolol hcl cap 200 mg	1					
acebutolol hcl cap 400 mg	1					
atenolol tab 25 mg (Tenormin)	1					
atenolol tab 50 mg (Tenormin)	1					
atenolol tab 100 mg (Tenormin)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
betaxolol hcl tab 10 mg	1					
betaxolol hcl tab 20 mg	1					
bisoprolol fumarate tab 5 mg	1					
bisoprolol fumarate tab 10 mg	1					
BYSTOLIC - nebivolol hcl tab 2.5 mg (base equivalent)	3	•	•			
BYSTOLIC - nebivolol hcl tab 5 mg (base equivalent)	3	•	•			
BYSTOLIC - nebivolol hcl tab 10 mg (base equivalent)	3	•	•			
BYSTOLIC - nebivolol hcl tab 20 mg (base equivalent)	3	•	•			
carvedilol phosphate cap er 24hr 10 mg (Coreg cr)	1					
carvedilol phosphate cap er 24hr 20 mg (Coreg cr)	1					
carvedilol phosphate cap er 24hr 40 mg (Coreg cr)	1					
carvedilol phosphate cap er 24hr 80 mg (Coreg cr)	1					
carvedilol tab 3.125 mg (Coreg)	1					
carvedilol tab 6.25 mg (Coreg)	1					
carvedilol tab 12.5 mg (Coreg)	1					
carvedilol tab 25 mg (Coreg)	1					
COREG - carvedilol tab 3.125 mg	3	•				
COREG - carvedilol tab 6.25 mg	3	•				
COREG - carvedilol tab 12.5 mg	3	•				
COREG - carvedilol tab 25 mg	3	•				
CORGARD - nadolol tab 20 mg	3	•				
CORGARD - nadolol tab 40 mg	3	•				
CORGARD - nadolol tab 80 mg	3	•				
HEMANGEOL - propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv)	3					•
INDERAL LA - propranolol hcl cap er 24hr 120 mg	3	•				
INDERAL LA - propranolol hcl cap er 24hr 160 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 80 mg	3					
INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 120 mg	3					
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 80 mg	3					
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 120 mg	3					
KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv)	3					
KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 50 mg (tartrate equiv)	3					
KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 100 mg (tartrate equiv)	3					
KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 200 mg (tartrate equiv)	3					
labetalol hcl tab 100 mg	1					
labetalol hcl tab 200 mg	1					
labetalol hcl tab 300 mg	1					
LOPRESSOR - metoprolol tartrate tab 50 mg	3	•				
LOPRESSOR - metoprolol tartrate tab 100 mg	3	•				
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
metoprolol tartrate tab 25 mg	1					
metoprolol tartrate tab 37.5 mg	1					
metoprolol tartrate tab 50 mg (Lopressor)	1					
metoprolol tartrate tab 75 mg	1					
metoprolol tartrate tab 100 mg (Lopressor)	1					
nadolol tab 20 mg (Corgard)	1					
nadolol tab 40 mg (Corgard)	1					
nadolol tab 80 mg (Corgard)	1					
nebivolol hcl tab 2.5 mg (base equivalent) (Bystolic)	1					
nebivolol hcl tab 5 mg (base equivalent) (Bystolic)	1					
nebivolol hcl tab 10 mg (base equivalent) (Bystolic)	1					
nebivolol hcl tab 20 mg (base equivalent) (Bystolic)	1					
pindolol tab 5 mg	1					
pindolol tab 10 mg	1					
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	1	•				
propranolol hcl cap er 24hr 60 mg (Inderal la)	1					
propranolol hcl cap er 24hr 80 mg (Inderal la)	1					
propranolol hcl cap er 24hr 120 mg (Inderal la)	1					
propranolol hcl cap er 24hr 160 mg (Inderal la)	1					
propranolol hcl oral soln 20 mg/5ml	1					
propranolol hcl tab 10 mg	1					
propranolol hcl tab 20 mg	1					
propranolol hcl tab 40 mg	1					
propranolol hcl tab 60 mg	1					
propranolol hcl tab 80 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	1					
sotalol hcl (afib/afl) tab 120 mg (Betapace af)	1					
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	1					
sotalol hcl tab 80 mg (Betapace)	1					
sotalol hcl tab 120 mg (Betapace)	1					
sotalol hcl tab 160 mg (Betapace)	1					
sotalol hcl tab 240 mg	1					
SOTYLIZE - sotalol hcl oral solution 5 mg/ml	3	•				
TENORMIN - atenolol tab 25 mg	3	•				
TENORMIN - atenolol tab 100 mg	3	•				
timolol maleate tab 5 mg	1					
timolol maleate tab 10 mg	1					
timolol maleate tab 20 mg	1					
TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	3	•				
TOPROL XL - metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	3	•				
TOPROL XL - metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	3	•				
TOPROL XL - metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	3	•				
CALCIUM CHANNEL BLOCKERS						
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1					
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1					
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1					
CALAN SR - verapamil hcl tab er 120 mg	3	•				
CALAN SR - verapamil hcl tab er 180 mg	3	•				
CALAN SR - verapamil hcl tab er 240 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CARDIZEM - diltiazem hcl tab 30 mg	3	•				
CARDIZEM - diltiazem hcl tab 60 mg	3	•				
CARDIZEM - diltiazem hcl tab 120 mg	3	•				
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 120 mg	3	•				
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 180 mg	3	•				
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 240 mg	3	•				
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 300 mg	3	•				
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 360 mg	3	•				
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 120 mg	3					
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 180 mg	3	•				
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 240 mg	3	•				
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 300 mg	3	•				
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 360 mg	3	•				
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 420 mg	3	•				
diltiazem hcl cap er 12hr 60 mg	1					
diltiazem hcl cap er 12hr 90 mg	1					
diltiazem hcl cap er 12hr 120 mg	1					
diltiazem hcl cap er 24hr 120 mg	1					
diltiazem hcl cap er 24hr 180 mg	1					
diltiazem hcl cap er 24hr 240 mg	1					
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1					
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1					
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)	1					
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	1					
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	1					
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	1					
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	1					
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	1					
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	1					
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	1					
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	1					
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	1					
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	1					
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	1					
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	1					
diltiazem hcl tab 30 mg (Cardizem)	1					
diltiazem hcl tab 60 mg (Cardizem)	1					
diltiazem hcl tab 90 mg	1					
diltiazem hcl tab 120 mg (Cardizem)	1					
felodipine tab er 24hr 2.5 mg	1					
felodipine tab er 24hr 5 mg	1					
felodipine tab er 24hr 10 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
isradipine cap 2.5 mg	1					
isradipine cap 5 mg	1					
KATERZIA - amlodipine benzoate oral susp 1 mg/ml (base equivalent)	3	•				
nicardipine hcl cap 20 mg	1					
nicardipine hcl cap 30 mg	1					
nifedipine cap 10 mg	1					
nifedipine cap 20 mg	1					
nifedipine tab er 24hr 30 mg	1					
nifedipine tab er 24hr 60 mg	1					
nifedipine tab er 24hr 90 mg	1					
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1					
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	1					
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	1					
nimodipine cap 30 mg	1					
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg	1					
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	1					
NISOLDIPINE ER - nisoldipine tab er 24hr 30 mg	1					
NISOLDIPINE ER - nisoldipine tab er 24hr 40 mg	1					
nisoldipine tab er 24hr 8.5 mg (Sular)	1					
nisoldipine tab er 24hr 17 mg (Sular)	1					
nisoldipine tab er 24hr 34 mg (Sular)	1					
NORLIQVA - amlodipine besylate oral soln 1 mg/ml (base equivalent)	3	•	•			
NORVASC - amlodipine besylate tab 2.5 mg (base equivalent)	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
NORVASC - amlodipine besylate tab 10 mg (base equivalent)	3	•				
NYMALIZE - nimodipine oral soln 6 mg/ml	3	•				
PROCARDIA XL - nifedipine tab er 24hr osmotic release 30 mg	3	•				
PROCARDIA XL - nifedipine tab er 24hr osmotic release 60 mg	3	•				
PROCARDIA XL - nifedipine tab er 24hr osmotic release 90 mg	3	•				
SULAR - nisoldipine tab er 24hr 8.5 mg	3	•				
SULAR - nisoldipine tab er 24hr 17 mg	3	•				
SULAR - nisoldipine tab er 24hr 34 mg	3	•				
TIAZAC - diltiazem hcl extended release beads cap er 24hr 120 mg	3	•				
TIAZAC - diltiazem hcl extended release beads cap er 24hr 180 mg	3	•				
TIAZAC - diltiazem hcl extended release beads cap er 24hr 240 mg	3	•				
TIAZAC - diltiazem hcl extended release beads cap er 24hr 300 mg	3	•				
TIAZAC - diltiazem hcl extended release beads cap er 24hr 360 mg	3	•				
TIAZAC - diltiazem hcl extended release beads cap er 24hr 420 mg	3	•				
verapamil hcl cap er 24hr 120 mg (Verelan)	1					
verapamil hcl cap er 24hr 180 mg (Verelan)	1					
verapamil hcl cap er 24hr 240 mg (Verelan)	1					
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg	1					
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 300 mg	1					
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
verapamil hcl tab er 120 mg (Calan sr)	1					
verapamil hcl tab er 180 mg (Calan sr)	1					
verapamil hcl tab er 240 mg (Calan sr)	1					
verapamil hcl tab 40 mg	1					
verapamil hcl tab 80 mg	1					
verapamil hcl tab 120 mg	1					
VERAPAMIL HYDROCHLORIDE E - verapamil hcl cap er 24hr 200 mg	1					
VERELAN - verapamil hcl cap er 24hr 120 mg	3	•				
VERELAN - verapamil hcl cap er 24hr 180 mg	3	•				
VERELAN - verapamil hcl cap er 24hr 240 mg	3	•				
VERELAN - verapamil hcl cap er 24hr 360 mg	3					
VERELAN PM - verapamil hcl cap er 24hr 100 mg	3					
VERELAN PM - verapamil hcl cap er 24hr 200 mg	3					
VERELAN PM - verapamil hcl cap er 24hr 300 mg	3					
ANTIARRHYTHMICS						
amiodarone hcl tab 100 mg	1					
amiodarone hcl tab 200 mg	1					
amiodarone hcl tab 400 mg	1					
disopyramide phosphate cap 100 mg (Norpace)	1					
disopyramide phosphate cap 150 mg (Norpace)	1					
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	1					
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	1					
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
flecainide acetate tab 50 mg	1					
flecainide acetate tab 100 mg	1					
flecainide acetate tab 150 mg	1					
mexiletine hcl cap 150 mg	1					
mexiletine hcl cap 200 mg	1					
mexiletine hcl cap 250 mg	1					
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	2					
NORPACE - disopyramide phosphate cap 100 mg	3					
NORPACE - disopyramide phosphate cap 150 mg	3					
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg	3					
NORPACE CR - disopyramide phosphate cap er 12hr 150 mg	3					
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	1					
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	1					
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	1					
propafenone hcl tab 150 mg	1					
propafenone hcl tab 225 mg	1					
propafenone hcl tab 300 mg	1					
quinidine gluconate tab er 324 mg	1					
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	1					
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	1					
ANTIHYPERTENSIVES						
ACCUPRIL - quinapril hcl tab 5 mg	3	•				
ACCUPRIL - quinapril hcl tab 10 mg	3	•				
ACCUPRIL - quinapril hcl tab 20 mg	3	•				
ACCUPRIL - quinapril hcl tab 40 mg	3	•				
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg	3	•				
ACCURETIC - quinapril-hydrochlorothiazide tab 20-12.5 mg	3	•				
ACCURETIC - quinapril-hydrochlorothiazide tab 20-25 mg	3	•				
aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)	1		•			
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)	1		•			
ALTACE - ramipril cap 1.25 mg	3	•				
ALTACE - ramipril cap 2.5 mg	3	•				
ALTACE - ramipril cap 5 mg	3	•				
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1					
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 5-40 mg	1					
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1					
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	1		•			
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	1		•			
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	1		•			
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	1		•			
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	1		•			
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	1		•			
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	1		•			
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	1		•			
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	1		•			
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	1		•			
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	1		•			
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	1		•			
ATACAND - candesartan cilexetil tab 4 mg	3	•	•			
ATACAND - candesartan cilexetil tab 8 mg	3	•	•			
ATACAND - candesartan cilexetil tab 16 mg	3	•	•			
ATACAND - candesartan cilexetil tab 32 mg	3	•	•			
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	3	•	•			
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	3	•	•			
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	3	•	•			
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1					
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1					
AVALIDE - irbesartan-hydrochlorothiazide tab 150-12.5 mg	3	•	•			
AVALIDE - irbesartan-hydrochlorothiazide tab 300-12.5 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
AVAPRO - irbesartan tab 75 mg	3	•	•			
AVAPRO - irbesartan tab 150 mg	3	•	•			
AVAPRO - irbesartan tab 300 mg	3	•	•			
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-20 mg	3	•	•			
AZOR - amlodipine besylate-olmesartan medoxomil tab 10-20 mg	3	•	•			
benazepril & hydrochlorothiazide tab 5-6.25 mg	1					
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	1					
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	1					
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	1					
benazepril hcl tab 5 mg	1					
benazepril hcl tab 10 mg (Lotensin)	1					
benazepril hcl tab 20 mg (Lotensin)	1					
benazepril hcl tab 40 mg (Lotensin)	1					
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	1					
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	1					
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	1					
candesartan cilexetil tab 4 mg (Atacand)	1		•			
candesartan cilexetil tab 8 mg (Atacand)	1		•			
candesartan cilexetil tab 16 mg (Atacand)	1		•			
candesartan cilexetil tab 32 mg (Atacand)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	1		•			
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	1		•			
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	1		•			
captopril tab 12.5 mg	1					
captopril tab 25 mg	1					
captopril tab 50 mg	1					
captopril tab 100 mg	1					
CARDURA - doxazosin mesylate tab 1 mg	3	•	•			
CARDURA - doxazosin mesylate tab 2 mg	3	•	•			
CARDURA - doxazosin mesylate tab 4 mg	3	•	•			
CARDURA - doxazosin mesylate tab 8 mg	3	•	•			
CATAPRES-TTS-1 - clonidine td patch weekly 0.1 mg/24hr	3	•	•			
CATAPRES-TTS-2 - clonidine td patch weekly 0.2 mg/24hr	3	•	•			
CATAPRES-TTS-3 - clonidine td patch weekly 0.3 mg/24hr	3	•	•			
CLONIDINE ER - clonidine hcl tab er 24hr 0.17 mg (base equivalent)	3					
clonidine hcl tab 0.1 mg	1					
clonidine hcl tab 0.2 mg	1					
clonidine hcl tab 0.3 mg	1					
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1		•			
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1		•			
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1		•			
COZAAR - losartan potassium tab 50 mg	3	•	•			
COZAAR - losartan potassium tab 100 mg	3	•	•			
DIBENZYLINE - phenoxybenzamine hcl cap 10 mg	3	•				
DIOVAN - valsartan tab 40 mg	3	•	•			
DIOVAN HCT - valsartan-hydrochlorothiazide tab 80-12.5 mg	3	•	•			
DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-12.5 mg	3	•	•			
DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-25 mg	3	•	•			
doxazosin mesylate tab 1 mg (Cardura)	1		•			
doxazosin mesylate tab 2 mg (Cardura)	1		•			
doxazosin mesylate tab 4 mg (Cardura)	1		•			
doxazosin mesylate tab 8 mg (Cardura)	1		•			
EDARBI - azilsartan medoxomil tab 40 mg	3	•	•			
EDARBI - azilsartan medoxomil tab 80 mg	3	•	•			
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg	3	•	•			
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-25 mg	3	•	•			
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1					
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1					
enalapril maleate oral soln 1 mg/ml (Epaned)	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
enalapril maleate tab 2.5 mg (Vasotec)	1					
enalapril maleate tab 5 mg (Vasotec)	1					
enalapril maleate tab 10 mg (Vasotec)	1					
enalapril maleate tab 20 mg (Vasotec)	1					
EPANED - enalapril maleate oral soln 1 mg/ml	3	•	•			
eplerenone tab 25 mg (Inspra)	1					
eplerenone tab 50 mg (Inspra)	1					
EXFORGE - amlodipine besylate-valsartan tab 5-160 mg	3	•	•			
EXFORGE - amlodipine besylate-valsartan tab 5-320 mg	3	•	•			
EXFORGE - amlodipine besylate-valsartan tab 10-160 mg	3	•	•			
EXFORGE - amlodipine besylate-valsartan tab 10-320 mg	3	•	•			
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	3	•	•			
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	3	•	•			
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	3	•	•			
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	3	•	•			
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	3	•	•			
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1					
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
fosinopril sodium tab 10 mg	1					
fosinopril sodium tab 20 mg	1					
fosinopril sodium tab 40 mg	1					
guanfacine hcl tab 1 mg	1					
guanfacine hcl tab 2 mg	1					
hydralazine hcl tab 10 mg	1					
hydralazine hcl tab 25 mg	1					
hydralazine hcl tab 50 mg	1					
hydralazine hcl tab 100 mg	1					
HYZAAR - losartan potassium & hydrochlorothiazide tab 100-12.5 mg	3	•	•			
HYZAAR - losartan potassium & hydrochlorothiazide tab 100-25 mg	3	•	•			
INSPRA - eplerenone tab 25 mg	3	•				
INSPRA - eplerenone tab 50 mg	3	•				
irbesartan tab 75 mg (Avapro)	1		•			
irbesartan tab 150 mg (Avapro)	1		•			
irbesartan tab 300 mg (Avapro)	1		•			
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	1		•			
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	1		•			
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1					
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1					
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1					
lisinopril tab 2.5 mg (Zestril)	1					
lisinopril tab 5 mg (Zestril)	1					
lisinopril tab 10 mg (Zestril)	1					
lisinopril tab 20 mg (Prinivil)	1					
lisinopril tab 30 mg (Zestril)	1					
lisinopril tab 40 mg (Zestril)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	1		•			
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	1		•			
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	1		•			
losartan potassium tab 25 mg (Cozaar)	1		•			
losartan potassium tab 50 mg (Cozaar)	1		•			
losartan potassium tab 100 mg (Cozaar)	1		•			
LOTENSIN - benazepril hcl tab 10 mg	3	•				
LOTENSIN - benazepril hcl tab 20 mg	3	•				
LOTENSIN - benazepril hcl tab 40 mg	3	•				
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg	3	•				
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-12.5 mg	3	•				
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-25 mg	3	•				
LOTREL - amlodipine besylate-benazepril hcl cap 5-10 mg	3	•				
LOTREL - amlodipine besylate-benazepril hcl cap 5-20 mg	3	•				
LOTREL - amlodipine besylate-benazepril hcl cap 10-20 mg	3	•				
LOTREL - amlodipine besylate-benazepril hcl cap 10-40 mg	3	•				
metoprolol & hydrochlorothiazide tab 50-25 mg	1					
metoprolol & hydrochlorothiazide tab 100-25 mg	1					
metoprolol & hydrochlorothiazide tab 100-50 mg	1					
MICARDIS - telmisartan tab 20 mg	3	•	•			
MICARDIS - telmisartan tab 40 mg	3	•	•			
MICARDIS - telmisartan tab 80 mg	3	•	•			
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 40-12.5 mg	3	•	•			
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-12.5 mg	3	•	•			
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-25 mg	3	•	•			
MINIPRESS - prazosin hcl cap 1 mg	3	•				
MINIPRESS - prazosin hcl cap 2 mg	3	•				
MINIPRESS - prazosin hcl cap 5 mg	3	•				
minoxidil tab 2.5 mg	1					
minoxidil tab 10 mg	1					
moexipril hcl tab 7.5 mg	1					
moexipril hcl tab 15 mg	1					
NEXICLON XR - clonidine hcl tab er 24hr 0.17 mg (base equivalent)	3					
olmesartan medoxomil tab 5 mg (Benicar)	1		•			
olmesartan medoxomil tab 20 mg (Benicar)	1		•			
olmesartan medoxomil tab 40 mg (Benicar)	1		•			
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	1		•			
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	1		•			
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	1		•			
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	1		•			
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	1		•			
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	1		•			
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	1		•			
perindopril erbumine tab 2 mg	1					
perindopril erbumine tab 4 mg	1					
perindopril erbumine tab 8 mg	1					
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1					
prazosin hcl cap 1 mg (Minipress)	1					
prazosin hcl cap 2 mg (Minipress)	1					
prazosin hcl cap 5 mg (Minipress)	1					
PRESTALIA - perindopril arginine-amlodipine besylate tab 3.5-2.5 mg	3					
PRESTALIA - perindopril arginine-amlodipine besylate tab 7-5 mg	3					
PRESTALIA - perindopril arginine-amlodipine besylate tab 14-10 mg	3					
QBRELIS - lisinopril oral soln 1 mg/ml	3	•				
quinapril hcl tab 5 mg (Accupril)	1					
quinapril hcl tab 10 mg (Accupril)	1					
quinapril hcl tab 20 mg (Accupril)	1					
quinapril hcl tab 40 mg (Accupril)	1					
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	1					
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	1					
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ramipril cap 1.25 mg (Altace)	1					
ramipril cap 2.5 mg (Altace)	1					
ramipril cap 5 mg (Altace)	1					
ramipril cap 10 mg (Altace)	1					
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg	3	•	•			
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg	3	•	•			
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg	3	•	•			
telmisartan tab 20 mg (Micardis)	1		•			
telmisartan tab 40 mg (Micardis)	1		•			
telmisartan tab 80 mg (Micardis)	1		•			
telmisartan-amlodipine tab 40-5 mg (Twynsta)	1		•			
telmisartan-amlodipine tab 40-10 mg (Twynsta)	1		•			
telmisartan-amlodipine tab 80-5 mg (Twynsta)	1		•			
telmisartan-amlodipine tab 80-10 mg (Twynsta)	1		•			
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	1		•			
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	1		•			
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	1		•			
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	3	•				
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	3	•				
terazosin hcl cap 1 mg (base equivalent)	1		•			
terazosin hcl cap 2 mg (base equivalent)	1		•			
terazosin hcl cap 5 mg (base equivalent)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
terazosin hcl cap 10 mg (base equivalent)	1		•			
trandolapril tab 1 mg	1					
trandolapril tab 2 mg	1					
trandolapril tab 4 mg	1					
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 1-240 mg	1					
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 2-180 mg	1					
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 2-240 mg	1					
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 4-240 mg	1					
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	3	•	•			
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	3	•	•			
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	3	•	•			
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	3	•	•			
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	3	•	•			
VALSARTAN - valsartan oral soln 4 mg/ml	3	•	•			
valsartan tab 40 mg (Diovan)	1		•			
valsartan tab 80 mg (Diovan)	1		•			
valsartan tab 160 mg (Diovan)	1		•			
valsartan tab 320 mg (Diovan)	1		•			
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	1		•			
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	1		•			
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	1		•			
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	1		•			
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	1		•			
VASERETIC - enalapril maleate & hydrochlorothiazide tab 10-25 mg	3	•				
VASOTEC - enalapril maleate tab 2.5 mg	3	•				
VASOTEC - enalapril maleate tab 5 mg	3	•				
VASOTEC - enalapril maleate tab 10 mg	3	•				
VECAMYL - mecamylamine hcl tab 2.5 mg	3		•	•		•
ZESTORETIC - lisinopril & hydrochlorothiazide tab 10-12.5 mg	3	•				
ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-12.5 mg	3	•				
ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-25 mg	3	•				
ZESTRIL - lisinopril tab 2.5 mg	3	•				
ZESTRIL - lisinopril tab 5 mg	3	•				
ZESTRIL - lisinopril tab 20 mg	3	•				
ZESTRIL - lisinopril tab 30 mg	3	•				
ZESTRIL - lisinopril tab 40 mg	3	•				
ZIAC - bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	3	•				
ZIAC - bisoprolol & hydrochlorothiazide tab 5-6.25 mg	3	•				
ZIAC - bisoprolol & hydrochlorothiazide tab 10-6.25 mg	3	•				
DIURETICS						

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
acetazolamide cap er 12hr 500 mg	1					
acetazolamide tab 125 mg	1					
acetazolamide tab 250 mg	1					
ALDACTAZIDE - spironolactone & hydrochlorothiazide tab 25-25 mg	3	•				
ALDACTONE - spironolactone tab 25 mg	3	•				
ALDACTONE - spironolactone tab 50 mg	3	•				
amiloride & hydrochlorothiazide tab 5-50 mg	1					
amiloride hcl tab 5 mg	1					
bumetanide tab 0.5 mg (Bumex)	1					
bumetanide tab 1 mg	1					
bumetanide tab 2 mg	1					
BUMEX - bumetanide tab 0.5 mg	3	•				
CAROSPIR - spironolactone susp 25 mg/5ml	3	•	•			
chlorthalidone tab 25 mg	1					
chlorthalidone tab 50 mg	1					
DIURIL - chlorothiazide susp 250 mg/5ml	3	•				
DYRENIUM - triamterene cap 50 mg	3	•				
DYRENIUM - triamterene cap 100 mg	3	•				
EDECRIN - ethacrynic acid tab 25 mg	3	•				
ethacrynic acid tab 25 mg (Edecrin)	1					
FUROSEMIDE - furosemide oral soln 8 mg/ml	1	•				
furosemide oral soln 10 mg/ml	1					
furosemide tab 20 mg (Lasix)	1					
furosemide tab 40 mg (Lasix)	1					
furosemide tab 80 mg (Lasix)	1					
hydrochlorothiazide cap 12.5 mg	1					
hydrochlorothiazide tab 12.5 mg	1					
hydrochlorothiazide tab 25 mg	1					
hydrochlorothiazide tab 50 mg	1					
indapamide tab 1.25 mg	1					
indapamide tab 2.5 mg	1					
KEVEYIS - dichlorphenamide tab 50 mg	3	•	•	•		•
LASIX - furosemide tab 20 mg	3	•				
LASIX - furosemide tab 40 mg	3	•				
LASIX - furosemide tab 80 mg	3	•				
MAXZIDE - triamterene & hydrochlorothiazide tab 75-50 mg	3	•				
MAXZIDE-25 - triamterene & hydrochlorothiazide tab 37.5-25 mg	3	•				
methazolamide tab 25 mg	1					
methazolamide tab 50 mg	1					
metolazone tab 2.5 mg	1					
metolazone tab 5 mg	1					
metolazone tab 10 mg	1					
SOAANZ - torsemide tab 20 mg	3	•				
SOAANZ - torsemide tab 40 mg	3	•				
SOAANZ - torsemide tab 60 mg	3	•				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1					
spironolactone tab 25 mg (Aldactone)	1					
spironolactone tab 50 mg (Aldactone)	1					
spironolactone tab 100 mg (Aldactone)	1					
THALITONE - chlorthalidone tab 15 mg	3					
torsemide tab 5 mg	1					
torsemide tab 10 mg	1					
torsemide tab 20 mg	1					
torsemide tab 100 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
triamterene & hydrochlorothiazide cap 37.5-25 mg	1					
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1					
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1					
triamterene cap 50 mg (Dyrenium)	1					
triamterene cap 100 mg (Dyrenium)	1					
VASOPRESSORS						
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml	3	•	•			
AUVI-Q - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	•	•			
AUVI-Q - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	•	•			
droxidopa cap 100 mg (Northera)	1	•	•	•		•
droxidopa cap 200 mg (Northera)	1	•	•	•		•
droxidopa cap 300 mg (Northera)	1	•	•	•		•
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1		•			
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	•	•			
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	•	•			
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1		•			
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1		•			
EPIPEN 2-PAK - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	•	•			
EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	•	•			
midodrine hcl tab 2.5 mg	1					
midodrine hcl tab 5 mg	1					
midodrine hcl tab 10 mg	1					
NORTHERA - droxidopa cap 100 mg	3	•	•	•		•
NORTHERA - droxidopa cap 200 mg	3	•	•	•		•
NORTHERA - droxidopa cap 300 mg	3	•	•	•		•
SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	2		•			
SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	2		•			
ANTIHYPERLIPIDEMICS						
ALTOPREV - lovastatin tab er 24hr 20 mg	3	•	•			
ALTOPREV - lovastatin tab er 24hr 40 mg	3	•	•			
ALTOPREV - lovastatin tab er 24hr 60 mg	3	•	•			
ANTARA - fenofibrate micronized cap 30 mg	3	•	•			
ANTARA - fenofibrate micronized cap 90 mg	3	•	•			
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	1		•			
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	1		•			
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	1		•			
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1		•			
cholestyramine light powder packets 4 gm	1					
cholestyramine light powder 4 gm/dose (Questran light)	1					
cholestyramine powder packets 4 gm (Questran)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
cholestyramine powder 4 gm/ dose (Questran)	1					
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	1		•			
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	1		•			
colesevelam hcl packet for susp 3.75 gm (Welchol)	1					
colesevelam hcl tab 625 mg (Welchol)	1					
COLESTID - colestipol hcl granule packets 5 gm	3	•				
COLESTID - colestipol hcl granules 5 gm	3	•				
COLESTID - colestipol hcl tab 1 gm	3	•				
COLESTID FLAVORED - colestipol hcl granule packets 5 gm	3	•				
COLESTID FLAVORED - colestipol hcl granules 5 gm	3	•				
colestipol hcl granule packets 5 gm (Colestid flavored)	1					
colestipol hcl granules 5 gm (Colestid flavored)	1					
colestipol hcl tab 1 gm (Colestid)	1					
EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 5 mg (base equivalent)	3	•	•			
EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 10 mg (base equivalent)	3	•	•			
EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 20 mg (base equivalent)	3	•	•			
EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 40 mg (base equivalent)	3	•	•			
ezetimibe tab 10 mg (Zetia)	1					
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	1					
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	1					
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	1					
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	1					
EZETIMIBE/ROSUVASTATIN - ezetimibe-rosuvastatin calcium tab 10-5 mg	3	•	•			
EZETIMIBE/ROSUVASTATIN - ezetimibe-rosuvastatin calcium tab 10-10 mg	3	•	•			
EZETIMIBE/ROSUVASTATIN - ezetimibe-rosuvastatin calcium tab 10-20 mg	3	•	•			
EZETIMIBE/ROSUVASTATIN - ezetimibe-rosuvastatin calcium tab 10-40 mg	3	•	•			
FENOFIBRATE - fenofibrate cap 50 mg	1	•	•			
FENOFIBRATE - fenofibrate cap 150 mg	1	•	•			
FENOFIBRATE MICRONIZED - fenofibrate micronized cap 30 mg	3	•	•			
FENOFIBRATE MICRONIZED - fenofibrate micronized cap 90 mg	3	•	•			
fenofibrate micronized cap 43 mg	1		•			
fenofibrate micronized cap 67 mg	1		•			
fenofibrate micronized cap 130 mg	1	•	•			
fenofibrate micronized cap 134 mg	1		•			
fenofibrate micronized cap 200 mg	1		•			
fenofibrate tab 40 mg (Fenoglide)	1	•	•			
fenofibrate tab 48 mg (Tricor)	1		•			
fenofibrate tab 54 mg	1		•			
fenofibrate tab 120 mg (Fenoglide)	1	•	•			
fenofibrate tab 145 mg (Tricor)	1		•			
fenofibrate tab 160 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
FENOGLIDE - fenofibrate tab 40 mg	3	•	•			
FENOGLIDE - fenofibrate tab 120 mg	3	•	•			
FIBRICOR - fenofibric acid tab 105 mg	3	•	•			
FLOLIPID - simvastatin susp 20 mg/5ml (4 mg/ml)	3	•				
FLOLIPID - simvastatin susp 40 mg/5ml (8 mg/ml)	3	•				
fluvastatin sodium cap 20 mg (base equivalent)	1	•	•			
fluvastatin sodium cap 40 mg (base equivalent)	1	•	•			
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1	•	•			
gemfibrozil tab 600 mg (Lopid)	1		•			
icosapent ethyl cap 0.5 gm (Vascepa)	1	•	•			
icosapent ethyl cap 1 gm (Vascepa)	1	•	•			
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv)	2	•	•	•		•
JUXTAPID - lomitapide mesylate cap 10 mg (base equiv)	2	•	•	•		•
JUXTAPID - lomitapide mesylate cap 20 mg (base equiv)	2	•	•	•		•
JUXTAPID - lomitapide mesylate cap 30 mg (base equiv)	2	•	•	•		•
LESCOL XL - fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	3	•	•			
LIPITOR - atorvastatin calcium tab 80 mg (base equivalent)	3	•	•			
LIPOFEN - fenofibrate cap 50 mg	3	•	•			
LIPOFEN - fenofibrate cap 150 mg	3	•	•			
LIVALO - pitavastatin calcium tab 1 mg	3	•	•			
LIVALO - pitavastatin calcium tab 2 mg	3	•	•			
LIVALO - pitavastatin calcium tab 4 mg	3	•	•			
LOPID - gemfibrozil tab 600 mg	3	•	•			
lovastatin tab 10 mg	1		•			
lovastatin tab 20 mg	1		•		•	
lovastatin tab 40 mg	1		•		•	
NEXLETOL - bempedoic acid tab 180 mg	3	•	•			
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	•	•			
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	1					
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	1					
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1		•			
PRALUENT - alirocumab subcutaneous solution auto-injector 75 mg/ml	3	•	•			
PRALUENT - alirocumab subcutaneous solution auto-injector 150 mg/ml	3	•	•			
pravastatin sodium tab 10 mg	1		•		•	
pravastatin sodium tab 20 mg	1		•		•	
pravastatin sodium tab 40 mg	1		•		•	
pravastatin sodium tab 80 mg	1		•		•	
QUESTRAN - cholestyramine powder packets 4 gm	3	•				
QUESTRAN - cholestyramine powder 4 gm/dose	3	•				
QUESTRAN LIGHT - cholestyramine light powder 4 gm/dose	3	•				
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	•	•			
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/ infusor 420 mg/3.5ml	2	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2	•	•			
rosuvastatin calcium tab 5 mg (Crestor)	1		•			
rosuvastatin calcium tab 10 mg (Crestor)	1		•			
rosuvastatin calcium tab 20 mg (Crestor)	1		•			
rosuvastatin calcium tab 40 mg (Crestor)	1		•			
ROSZET - ezetimibe-rosuvastatin calcium tab 10-5 mg	3	•	•			
ROSZET - ezetimibe-rosuvastatin calcium tab 10-10 mg	3	•	•			
ROSZET - ezetimibe-rosuvastatin calcium tab 10-20 mg	3	•	•			
ROSZET - ezetimibe-rosuvastatin calcium tab 10-40 mg	3	•	•			
simvastatin tab 5 mg	1					
simvastatin tab 10 mg (Zocor)	1					
simvastatin tab 20 mg (Zocor)	1		•			
simvastatin tab 40 mg (Zocor)	1					
simvastatin tab 80 mg (Zocor)	1		•			
TRICOR - fenofibrate tab 48 mg	3	•	•			
TRICOR - fenofibrate tab 145 mg	3	•	•			
TRILIPIX - choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	3	•	•			
TRILIPIX - choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	3	•	•			
VASCEPA - icosapent ethyl cap 0.5 gm	3	•	•			
VASCEPA - icosapent ethyl cap 1 gm	3	•	•			
VYTORIN - ezetimibe-simvastatin tab 10-10 mg	3	•				
VYTORIN - ezetimibe-simvastatin tab 10-20 mg	3	•				
VYTORIN - ezetimibe-simvastatin tab 10-40 mg	3	•				
VYTORIN - ezetimibe-simvastatin tab 10-80 mg	3	•				
WELCHOL - colesevelam hcl packet for susp 3.75 gm	3	•				
ZOCOR - simvastatin tab 20 mg	3	•	•			
ZOCOR - simvastatin tab 40 mg	3	•				
ZYPITAMAG - pitavastatin magnesium tab 2 mg (base equiv)	3	•	•			
ZYPITAMAG - pitavastatin magnesium tab 4 mg (base equiv)	3	•	•			
CARDIOVASCULAR AGENTS - MISC.						
ADCIRCA - tadalafil tab 20 mg (pah)	3	•	•	•		•
ADEMPAS - riociguat tab 0.5 mg	3	•	•	•		•
ADEMPAS - riociguat tab 1 mg	3	•	•	•		•
ADEMPAS - riociguat tab 1.5 mg	3	•	•	•		•
ADEMPAS - riociguat tab 2 mg	3	•	•	•		•
ADEMPAS - riociguat tab 2.5 mg	3	•	•	•		•
ambrisentan tab 5 mg (Letairis)	1	•	•	•		•
ambrisentan tab 10 mg (Letairis)	1	•	•	•		•
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1					
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1					
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1					
amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet)	1					
amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet)	1					
amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet)	1					
amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet)	1					
amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet)	1					
amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet)	1					
amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet)	1					
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3	•				
bosentan tab 62.5 mg (Tracleer)	1	•	•	•		•
bosentan tab 125 mg (Tracleer)	1	•	•	•		•
CAMZYOS - mavacamten cap 2.5 mg	3	•	•	•		•
CAMZYOS - mavacamten cap 5 mg	3	•	•	•		•
CAMZYOS - mavacamten cap 10 mg	3	•	•	•		•
CAMZYOS - mavacamten cap 15 mg	3	•	•	•		•
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	3		•			
CORLANOR - ivabradine hcl tab 5 mg (base equiv)	3		•			
CORLANOR - ivabradine hcl tab 7.5 mg (base equiv)	3		•			
ENTRESTO - sacubitril-valsartan tab 24-26 mg	2		•			
ENTRESTO - sacubitril-valsartan tab 49-51 mg	2		•			
ENTRESTO - sacubitril-valsartan tab 97-103 mg	2		•			
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1					
LETAIRIS - ambrisentan tab 5 mg	3	•	•	•		•
LETAIRIS - ambrisentan tab 10 mg	3	•	•	•		•
OPSUMIT - macitentan tab 10 mg	2	•	•	•		•
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	3	•	•	•		•
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	3	•	•	•		•
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	3	•	•	•		•
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	3	•	•	•		•
ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv)	3	•	•	•		•
REVATIO - sildenafil citrate for suspension 10 mg/ml	3	•	•	•		•
REVATIO - sildenafil citrate tab 20 mg	3	•	•	•		•
sildenafil citrate for suspension 10 mg/ml (Revatio)	1	•	•	•		•
sildenafil citrate tab 20 mg (Revatio)	1	•	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	1	•	•	•		•
tadalafil tab 5 mg (Cialis)	1	•	•			
TRACLEER - bosentan tab for oral susp 32 mg	2	•	•	•		•
TRACLEER - bosentan tab 62.5 mg	3	•	•	•		•
TRACLEER - bosentan tab 125 mg	3	•	•	•		•
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 16 mcg/ cartridge	3	•	•	•		•
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 32 mcg/ cartridge	3	•	•	•		•
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 48 mcg/ cartridge	3	•	•	•		•
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 64 mcg/ cartridge	3	•	•	•		•
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 112 x 32mcg & 112 x 48mcg	3	•	•	•		•
TYVASO DPI TITRATION KIT - treprostinil inh powder 112 x 16mcg & 84 x 32mcg	3	•	•	•		•
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
UPTRAVI - selexipag tab 200 mcg	3	•	•	•		•
UPTRAVI - selexipag tab 400 mcg	3	•	•	•		•
UPTRAVI - selexipag tab 600 mcg	3	•	•	•		•
UPTRAVI - selexipag tab 800 mcg	3	•	•	•		•
UPTRAVI - selexipag tab 1000 mcg	3	•	•	•		•
UPTRAVI - selexipag tab 1200 mcg	3	•	•	•		•
UPTRAVI - selexipag tab 1400 mcg	3	•	•	•		•
UPTRAVI - selexipag tab 1600 mcg	3	•	•	•		•
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	3	•	•	•		•
VERQUVO - vericiguat tab 2.5 mg	3	•	•			
VERQUVO - vericiguat tab 5 mg	3	•	•			
VERQUVO - vericiguat tab 10 mg	3	•	•			
VYNDAMAX - tafamidis cap 61 mg	2	•	•	•		•
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	3	•	•	•		•
tadalafil tab 5 mg (Cialis)	1	•	•			
RESPIRATORY AGENTS						
ANTIHISTAMINES						
CARBINOXAMINE MALEATE - carbinoxamine maleate soln 4 mg/5ml	1					
CARBINOXAMINE MALEATE - carbinoxamine maleate tab 6 mg	3	•	•			
carbinoxamine maleate tab 4 mg	1					
CLEMASTINE FUMARATE - clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	3	•				
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	1					
cyproheptadine hcl syrup 2 mg/5ml	1					
cyproheptadine hcl tab 4 mg	1					
desloratadine tab 5 mg (Clarinex)	1					
KARBINAL ER - carbinoxamine maleate extended release susp 4 mg/5ml	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
promethazine hcl suppos 12.5 mg	1					
promethazine hcl suppos 25 mg	1					
promethazine hcl syrup 6.25 mg/5ml	1					
promethazine hcl tab 12.5 mg	1					
promethazine hcl tab 25 mg	1					
promethazine hcl tab 50 mg	1					
PROMETHEGAN - promethazine hcl suppos 50 mg	1					
RYCLORA - dexchlorpheniramine maleate oral soln 2 mg/5ml	3	•				
RYVENT - carbinoxamine maleate tab 6 mg	3	•				
NASAL AGENTS - SYSTEMIC and TOPICAL						
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1		•			
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1		•			
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista)	1		•			
BECONASE AQ - beclomethasone dipropionate monohyd nasal susp 42 mcg/spray	3	•	•			
flunisolide nasal soln 25 mcg/act (0.025%)	1		•			
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1		•			
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1		•			
mometasone furoate nasal susp 50 mcg/act (Nasonex)	1		•			
olopatadine hcl nasal soln 0.6% (Patanase)	1		•			
OMNARIS - ciclesonide nasal susp 50 mcg/act	3	•	•			
PATANASE - olopatadine hcl nasal soln 0.6%	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
QNASL - beclomethasone dipropionate nasal aerosol 80 mcg/act	3	•	•			
QNASL CHILDRENS - beclomethasone dipropionate nasal aerosol 40 mcg/act	3	•	•			
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	3	•	•			
ZETONNA - ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/ valve)	3	•	•			
COUGH/COLD/ALLERGY						
acetylcysteine inhal soln 10%	1					
acetylcysteine inhal soln 20%	1					
benzonatate cap 100 mg (Tessalon perles)	1					
benzonatate cap 150 mg	1	•				
benzonatate cap 200 mg	1					
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1					
promethazine w/ codeine syrup 6.25-10 mg/5ml	1					
promethazine-dm syrup 6.25-15 mg/5ml	1					
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1					
sodium chloride soln nebu 3%	1					
sodium chloride soln nebu 7% (Hypersal)	1					
TUXARIN ER - codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg	3					
ANTIASTHMATIC and BRONCHODILATOR AGENTS						
ACCOLATE - zafirlukast tab 10 mg	3	•	•			
ACCOLATE - zafirlukast tab 20 mg	3	•	•			
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act	1		•			
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/act	1		•			
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/act	1		•			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2		•			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2		•			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2		•			
AIRDUO RESPICLICK 113/14 - fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	•	•			
AIRDUO RESPICLICK 232/14 - fluticasone-salmeterol aer powder ba 232-14 mcg/act	3		•			
AIRDUO RESPICLICK 55/14 - fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	•	•			
ALBUTEROL SULFATE HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3		•			
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1		•			
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1					
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1					
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1					
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1					
albuterol sulfate syrup 2 mg/5ml	1					
albuterol sulfate tab 2 mg	1					
albuterol sulfate tab 4 mg	1					
ALVESCO - ciclesonide inhal aerosol 80 mcg/act	3		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ALVESCO - ciclesonide inhal aerosol 160 mcg/act	3		•			
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2		•			
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1		•			
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	2		•			
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	2		•			
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	2		•			
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	2		•			
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	2		•			
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	2		•			
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		•			
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated)	2		•			
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		•			
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		•			
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	3		•			
BEVESPI AEROSPHERE - glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	3		•			
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	2		•			
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	2		•			
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2	•	•			
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	3		•			
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	1		•			
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	1		•			
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1		•			
BUDESONIDE/FORMOTEROL FUM - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	•	•			
BUDESONIDE/FORMOTEROL FUM - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	•	•			
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2		•			
cromolyn sodium soln nebu 20 mg/2ml	1		•			
DALIRESP - roflumilast tab 250 mcg	3		•			
DALIRESP - roflumilast tab 500 mcg	3		•			
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	2		•			
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2		•			
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	2	•	•	•		•
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/act	2		•			
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/act	2		•			
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/act	2		•			
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	2		•			
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2		•			
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	2		•			
FLUTICASONE FUROATE/VILAN - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3		•			
FLUTICASONE FUROATE/VILAN - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3		•			
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3		•			
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3		•			
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3		•			
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act	1		•			
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act	1		•			
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 232-14 mcg/act	1		•			
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Advair diskus)	1	•	•			
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Advair diskus)	1	•	•			
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Advair diskus)	1	•	•			
formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)	1		•			
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2		•			
ipratropium bromide inhal soln 0.02%	1		•			
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1					
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1					
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	1					
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	1					
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	1					
LEVALBUTEROL TARTRATE HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1		•			
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	1		•			
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	1		•			
montelukast sodium tab 10 mg (base equiv) (Singulair)	1		•			
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	•	•	•		•
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	2	•	•	•		•
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	•	•	•		•
PERFOROMIST - formoterol fumarate soln nebu 20 mcg/2ml	3		•			
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	2		•			
PROVENTIL HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	•	•			
PULMICORT - budesonide inhalation susp 0.25 mg/2ml	3	•	•			
PULMICORT - budesonide inhalation susp 0.5 mg/2ml	3	•	•			
PULMICORT - budesonide inhalation susp 1 mg/2ml	3		•			
PULMICORT FLEXHALER - budesonide inhal aero powd 90 mcg/act (breath activated)	3		•			
PULMICORT FLEXHALER - budesonide inhal aero powd 180 mcg/act (breath activated)	3		•			
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2		•			
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
roflumilast tab 250 mcg (Daliresp)	1		•			
roflumilast tab 500 mcg (Daliresp)	1		•			
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2		•			
SINGULAIR - montelukast sodium chew tab 4 mg (base equiv)	3	•	•			
SINGULAIR - montelukast sodium chew tab 5 mg (base equiv)	3	•	•			
SINGULAIR - montelukast sodium oral granules packet 4 mg (base equiv)	3		•			
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2		•			
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2		•			
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2		•			
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2		•			
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	3		•			
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2		•			
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2		•			
terbutaline sulfate tab 2.5 mg	1					
terbutaline sulfate tab 5 mg	1					
THEO-24 - theophylline cap er 24hr 100 mg	2					
THEO-24 - theophylline cap er 24hr 200 mg	2					
THEO-24 - theophylline cap er 24hr 300 mg	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
THEO-24 - theophylline cap er 24hr 400 mg	2					
theophylline elixir 80 mg/15ml	1					
theophylline soln 80 mg/15ml	1					
theophylline tab er 12hr 300 mg	1					
theophylline tab er 12hr 450 mg	1					
theophylline tab er 24hr 400 mg	1					
theophylline tab er 24hr 600 mg	1					
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	2		•			
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	2		•			
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1		•			
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	•		•		•
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml	2	•		•		•
XOPENEX - levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	3	•				
XOPENEX - levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	3	•				
XOPENEX - levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	3	•				
XOPENEX CONCENTRATE - levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	3	•				
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	3		•			
zafirlukast tab 10 mg (Accolate)	1		•			
zafirlukast tab 20 mg (Accolate)	1		•			
zileuton tab er 12hr 600 mg	1		•			
RESPIRATORY AGENTS - MISC.						
BRONCHITOL - mannitol inhal cap 40 mg	3		•	•		•
BRONCHITOL TOLERANCE TEST - mannitol inhal cap 40 mg	3		•	•		•
ESBRIET - pirfenidone cap 267 mg	3	•	•	•		•
ESBRIET - pirfenidone tab 267 mg	3	•	•	•		•
ESBRIET - pirfenidone tab 801 mg	3	•	•	•		•
KALYDECO - ivacaftor packet 25 mg	2	•	•	•		•
KALYDECO - ivacaftor packet 50 mg	2	•	•	•		•
KALYDECO - ivacaftor packet 75 mg	2	•	•	•		•
KALYDECO - ivacaftor tab 150 mg	2	•	•	•		•
OFEV - nintedanib esylate cap 100 mg (base equivalent)	3	•	•	•		•
OFEV - nintedanib esylate cap 150 mg (base equivalent)	3	•	•	•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg	2	•	•	•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg	2	•	•	•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg	2	•	•	•		•
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg	2	•	•	•		•
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg	2	•	•	•		•
pirfenidone tab 267 mg (Esbriet)	1	•	•	•		•
pirfenidone tab 801 mg (Esbriet)	1	•	•	•		•
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2		•	•		•
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	•	•	•		•
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	•	•	•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	•	•	•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GASTROINTESTINAL AGENTS						
LAXATIVES						
CLENPIQ - sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/160ml	3	•				
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1					
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	3					
KRISTALOSE - lactulose oral crystal packet 10 gm	3					
KRISTALOSE - lactulose oral crystal packet 20 gm	3					
lactulose solution 10 gm/15ml	1					
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	3	•				
OSMOPREP - sod phos mono-sod phos di tabs 1.102-0.398 gm(1.5gm na phos)	3	•				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				•	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1					
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	1				•	
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	1					
PLENVU - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	3					
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1					
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3					
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3	•				
ANTIDIARRHEALS						
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1					
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1					
LOMOTIL - diphenoxylate w/ atropine tab 2.5-0.025 mg	3	•				
MYTESI - crofelemer tab delayed release 125 mg	3		•			•
ULCER DRUGS						
CARAFATE - sucralfate susp 1 gm/10ml	3	•				
CARAFATE - sucralfate tab 1 gm	3	•				
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax)	1					
cimetidine tab 300 mg	1					
cimetidine tab 400 mg	1					
CUVPOSA - glycopyrrolate oral soln 1 mg/5ml	3	•				
CYTOTEC - misoprostol tab 100 mcg	3	•				
CYTOTEC - misoprostol tab 200 mcg	3	•				
DARTISLA ODT - glycopyrrolate tab disintegrating 1.7 mg	3	•	•			
DEXILANT - dexlansoprazole cap delayed release 30 mg	3	•	•			
DEXILANT - dexlansoprazole cap delayed release 60 mg	3	•	•			
DEXLANSOPRAZOLE - dexlansoprazole cap delayed release 30 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DEXLANSOPRAZOLE - dexlansoprazole cap delayed release 60 mg	3	•	•			
dicyclomine hcl cap 10 mg	1					
dicyclomine hcl oral soln 10 mg/5ml	1					
dicyclomine hcl tab 20 mg	1					
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	1		•			
esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)	1		•			
esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)	1		•			
esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)	1		•			
famotidine tab 40 mg (Pepcid)	1					
GLYCATE - glycopyrrolate tab 1.5 mg	3	•	•			
GLYCOPYRROLATE - glycopyrrolate tab 1.5 mg	3	•	•			
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1	•				
glycopyrrolate tab 1 mg	1					
glycopyrrolate tab 2 mg	1					
lansoprazole cap delayed release 30 mg (Prevacid)	1		•			
lansoprazole tab delayed release orally disintegrating 15 mg (Prevacid solutab)	1		•			
lansoprazole tab delayed release orally disintegrating 30 mg (Prevacid solutab)	1		•			
LANSOPRAZOLE/AMOXICILLIN/ - amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	•	•			
LIBRAX - chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
methscopolamine bromide tab 2.5 mg	1					
methscopolamine bromide tab 5 mg	1					
misoprostol tab 100 mcg (Cytotec)	1					
misoprostol tab 200 mcg (Cytotec)	1					
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	3	•	•			
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg	3	•	•			
NEXIUM - esomeprazole magnesium for delayed release susp packet 20 mg	3	•	•			
NEXIUM - esomeprazole magnesium for delayed release susp packet 40 mg	3	•	•			
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	3	•	•			
NIZATIDINE - nizatidine cap 150 mg	1					
NIZATIDINE - nizatidine cap 300 mg	1					
omeprazole cap delayed release 10 mg	1		•			
omeprazole cap delayed release 40 mg	1		•			
omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)	1	•	•			
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)	1	•	•			
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)	1	•	•			
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1		•			
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	1		•			
PEPCID - famotidine tab 40 mg	3	•				
PREVACID SOLUTAB - lansoprazole tab delayed release orally disintegrating 15 mg	3	•	•			
PREVACID SOLUTAB - lansoprazole tab delayed release orally disintegrating 30 mg	3	•	•			
PROTONIX - pantoprazole sodium ec tab 20 mg (base equiv)	3	•	•			
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	3	•	•			
RABEPRAZOLE SODIUM DR SPR - rabeprazole sodium capsule sprinkle dr 10 mg	3	•	•			
rabeprazole sodium ec tab 20 mg (Aciphex)	1		•			
sucralfate susp 1 gm/10ml (Carafate)	1	•				
sucralfate tab 1 gm (Carafate)	1					
VOQUEZNA DUAL PAK - amoxicillin cap 500 mg & vonoprazan tab 20 mg therapy pack	3	•	•			
VOQUEZNA TRIPLE PAK - amoxicillin cap & clarithromycin tab & vonoprazan tab pack	3	•	•			
ANTIEMETICS						
AKYNZEO - netupitant-palonosetron cap 300-0.5 mg	3		•			
ANTIVERT - meclizine hcl tab 50 mg	3					
ANZEMET - dolasetron mesylate tab 50 mg	3		•			
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1		•			
aprepitant capsule 40 mg	1		•			
aprepitant capsule 80 mg (Emend)	1		•			
aprepitant capsule 125 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BONJESTA - doxylamine-pyridoxine tab er 20-20 mg	3	•	•			
DICLEGIS - doxylamine-pyridoxine tab delayed release 10-10 mg	3	•	•			
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	1	•	•			
dronabinol cap 2.5 mg (Marinol)	1					
dronabinol cap 5 mg (Marinol)	1					
dronabinol cap 10 mg (Marinol)	1					
EMEND - aprepitant capsule 80 mg	3		•			
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	2		•			
EMEND TRIPACK - aprepitant capsule therapy pack 80 & 125 mg	3		•			
granisetron hcl tab 1 mg	1		•			
MARINOL - dronabinol cap 2.5 mg	3	•				
meclizine hcl tab 25 mg	1					
ONDANSETRON HCL - ondansetron hcl tab 24 mg	1		•			
ondansetron hcl oral soln 4 mg/5ml	1		•			
ondansetron hcl tab 4 mg (Zofran)	1		•			
ondansetron hcl tab 8 mg	1		•			
ondansetron orally disintegrating tab 4 mg	1		•			
ondansetron orally disintegrating tab 8 mg	1		•			
SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	2	•	•			
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1		•			
SYNDROS - dronabinol soln 5 mg/ml	3	•				
TRANSDERM-SCOP - scopolamine td patch 72hr 1 mg/3days	3		•			
trimethobenzamide hcl cap 300 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	3		•			•
DIGESTIVE AIDS						
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	2					
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	2					
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	2					
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	2					
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	2					
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 2600-8800-15200 unit	3					
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit	3					
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit	3					
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit	3					
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit	3					
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 37000-97300-149900 unit	3					
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit	3					
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit	3					
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit	3					
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit	3					
SUCRAID - sacrosidase soln 8500 unit/ml	3	•	•	•		•
VIOKACE - pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	3					
VIOKACE - pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	2					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	2					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	2					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	2					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	2					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	2					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	2					
GASTROINTESTINAL AGENTS- MISC.						
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	1	•	•			
alosetron hcl tab 1 mg (base equiv) (Lotronex)	1	•	•			
AMITIZA - lubiprostone cap 8 mcg	3	•	•			
AMITIZA - lubiprostone cap 24 mcg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	3	•	•			
AZULFIDINE - sulfasalazine tab 500 mg	3	•	•			
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	3	•	•			
balsalazide disodium cap 750 mg (Colazal)	1		•			
BYLVAY - odevixibat cap 400 mcg	3	•		•		•
BYLVAY - odevixibat cap 1200 mcg	3	•		•		•
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	3	•		•		•
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	3	•		•		•
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1					
calcium acetate (phosphate binder) tab 667 mg	1					
CHENODAL - chenodiol tab 250 mg	3	•		•		•
CHOLBAM - cholic acid cap 50 mg	2	•	•	•		•
CHOLBAM - cholic acid cap 250 mg	2	•	•	•		•
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	3	•	•	•		•
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	3	•	•	•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1					
DIPENTUM - olsalazine sodium cap 250 mg	3		•			
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental)	2	•	•			
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental)	2	•	•			
GASTROCROM - cromolyn sodium oral conc 100 mg/5ml	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GATTEX - teduglutide (rdna) for inj kit 5 mg	3	•	•			•
IBSRELA - tenapanor hcl tab 50 mg	3	•	•			
lactulose (encephalopathy) solution 10 gm/15ml	1					
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	1	•	•			
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	1	•	•			
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	1	•	•			
LINZESS - linaclotide cap 72 mcg	3	•	•			
LINZESS - linaclotide cap 145 mcg	3	•	•			
LINZESS - linaclotide cap 290 mcg	3	•	•			
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	3	•		•		•
LUBIPROSTONE - lubiprostone cap 8 mcg	3	•	•			
LUBIPROSTONE - lubiprostone cap 24 mcg	3	•	•			
mesalamine cap dr 400 mg (Delzicol)	1		•			
mesalamine cap er 24hr 0.375 gm (Apriso)	1		•			
mesalamine cap er 500 mg (Pentasa)	1		•			
mesalamine enema 4 gm	1		•			
mesalamine suppos 1000 mg (Canasa)	1		•			
mesalamine tab delayed release 800 mg (Asacol hd)	1		•			
mesalamine tab delayed release 1.2 gm (Lialda)	1		•			
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1					
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	1					
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1					
MOTEGRITY - prucalopride succinate tab 1 mg (base equivalent)	3	•	•			
MOTEGRITY - prucalopride succinate tab 2 mg (base equivalent)	3	•	•			
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)	2	•	•			
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	2	•	•			
OCALIVA - obeticholic acid tab 5 mg	3	•	•	•		•
OCALIVA - obeticholic acid tab 10 mg	3	•	•	•		•
PENTASA - mesalamine cap er 250 mg	3		•			
PENTASA - mesalamine cap er 500 mg	3	•	•			
PHOSLYRA - calcium acetate (phosphate binder) oral soln 667 mg/5ml	2					
REGLAN - metoclopramide hcl tab 5 mg (base equivalent)	3	•				
REGLAN - metoclopramide hcl tab 10 mg (base equivalent)	3	•				
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	3	•	•			
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	3	•	•			
RELISTOR - methylnaltrexone bromide tab 150 mg	3	•	•			
RENVELA - sevelamer carbonate tab 800 mg	3	•	•			
sevelamer carbonate packet 0.8 gm (Renvela)	1		•			
sevelamer carbonate packet 2.4 gm (Renvela)	1		•			
sevelamer carbonate tab 800 mg (Renvela)	1		•			
sevelamer hcl tab 800 mg (Renagel)	1		•			
SEVELAMER HYDROCHLORIDE - sevelamer hcl tab 400 mg	3	•	•			
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	3		•			
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	2	•	•			
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1		•			
sulfasalazine tab 500 mg (Azulfidine)	1		•			
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2	•	•			
TRULANCE - plecanatide tab 3 mg	2	•	•			
URSO FORTE - ursodiol tab 500 mg	3	•				
URSO 250 - ursodiol tab 250 mg	3	•				
ursodiol cap 300 mg	1					
ursodiol tab 250 mg (Urso 250)	1					
ursodiol tab 500 mg (Urso forte)	1					
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	2	•	•			
VIBERZI - eluxadoline tab 75 mg	3	•	•			
VIBERZI - eluxadoline tab 100 mg	3	•	•			
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	3	•	•	•		•
GENITOURINARY AGENTS						
URINARY ANTISPASMODICS						
bethanechol chloride tab 5 mg	1					
bethanechol chloride tab 10 mg	1					
bethanechol chloride tab 25 mg	1					
bethanechol chloride tab 50 mg	1					
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1		•			
DETROL - tolterodine tartrate tab 1 mg	3	•	•			
DETROL - tolterodine tartrate tab 2 mg	3	•	•			
DETROL LA - tolterodine tartrate cap er 24hr 2 mg	3	•	•			
DETROL LA - tolterodine tartrate cap er 24hr 4 mg	3	•	•			
DITROPAN XL - oxybutynin chloride tab er 24hr 5 mg	3	•	•			
DITROPAN XL - oxybutynin chloride tab er 24hr 10 mg	3	•	•			
fesoterodine fumarate tab er 24hr 4 mg (Toviaz)	1		•			
fesoterodine fumarate tab er 24hr 8 mg (Toviaz)	1		•			
flavoxate hcl tab 100 mg	1		•			
GELNIQUE - oxybutynin chloride td gel 10%	3	•	•			
GEMTESA - vibegron tab 75 mg	3	•	•			
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	•	•			
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3	•	•			
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3	•	•			
oxybutynin chloride syrup 5 mg/5ml	1		•			
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1		•			
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1		•			
oxybutynin chloride tab er 24hr 15 mg	1		•			
oxybutynin chloride tab 5 mg	1		•			
solifenacin succinate tab 5 mg (Vesicare)	1		•			
solifenacin succinate tab 10 mg (Vesicare)	1		•			
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	1		•			
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	1		•			
tolterodine tartrate tab 1 mg (Detrol)	1		•			
tolterodine tartrate tab 2 mg (Detrol)	1		•			
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg	3	•	•			
TOVIAZ - fesoterodine fumarate tab er 24hr 8 mg	3	•	•			
trospium chloride cap er 24hr 60 mg	1		•			
trospium chloride tab 20 mg	1		•			
VESICARE - solifenacin succinate tab 5 mg	3	•	•			
VESICARE - solifenacin succinate tab 10 mg	3	•	•			
VESICARE LS - solifenacin succinate susp 5 mg/5ml (1 mg/ml)	3	•	•			
VAGINAL PRODUCTS						
CLEOCIN - clindamycin phosphate vaginal cream 2%	3	•				
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	3					
clindamycin phosphate vaginal cream 2% (Cleocin)	1					
CRINONE - progesterone vaginal gel 4%	3	•	•			
CRINONE - progesterone vaginal gel 8%	3	•	•			
ENCARE - nonoxynol-9 vaginal suppos 100 mg	A				•	
ENDOMETRIN - progesterone vaginal insert 100 mg	2	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ESTRACE - estradiol vaginal cream 0.1 mg/gm	3	•	•			
estradiol vaginal cream 0.1 mg/gm (Estrace)	1		•			
estradiol vaginal tab 10 mcg (Vagifem)	1					
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		•			
FEMRING - estradiol acetate vaginal ring 0.05 mg/24hr	3		•			
FEMRING - estradiol acetate vaginal ring 0.1 mg/24hr	3		•			
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3					
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 4 mcg	3	•	•			
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 10 mcg	3	•	•			
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 4 mcg	3	•	•			
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 10 mcg	3	•	•			
INTRAROSA - prasterone vaginal insert 6.5 mg	3	•	•			
metronidazole vaginal gel 0.75%	1					
NUVESSA - metronidazole vaginal gel 1.3%	3					
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	A				•	
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	A				•	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2					
SHUR-SEAL - nonoxynol-9 gel 2%	A				•	
terconazole vaginal cream 0.4%	1					
terconazole vaginal cream 0.8%	1					
terconazole vaginal suppos 80 mg	1					
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	A				•	
VAGIFEM - estradiol vaginal tab 10 mcg	3	•				
VANDAZOLE - metronidazole vaginal gel 0.75%	1	•				
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	A				•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	A				•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	A				•	
GENITOURINARY AGENTS - MISC.						
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1		•			
AVODART - dutasteride cap 0.5 mg	3	•	•			
CARDURA XL - doxazosin mesylate tab er 24 hr 4 mg (base equiv)	3		•			
CARDURA XL - doxazosin mesylate tab er 24 hr 8 mg (base equiv)	3		•			
CYSTAGON - cysteamine bitartrate cap 50 mg	3			•		•
CYSTAGON - cysteamine bitartrate cap 150 mg	3			•		•
dutasteride cap 0.5 mg (Avodart)	1		•			
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1		•			
ELMIRON - pentosan polysulfate sodium caps 100 mg	2	•	•			
ENTADFI - finasteride-tadalafil cap 5-5 mg	3	•	•			
finasteride tab 5 mg (Proscar)	1		•			
FLOMAX - tamsulosin hcl cap 0.4 mg	3	•	•			
JALYN - dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	•	•			
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LITHOSTAT - acetohydroxamic acid tab 250 mg	3					
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1					
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1					
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1					
PROCYSBI - cysteamine bitartrate cap delayed release 25 mg (base equiv)	3	•		•		•
PROCYSBI - cysteamine bitartrate cap delayed release 75 mg (base equiv)	3	•		•		•
PROCYSBI - cysteamine bitartrate delayed release granules packet 75 mg	3	•		•		•
PROCYSBI - cysteamine bitartrate delayed release granules packet 300 mg	3	•		•		•
RAPAFLO - silodosin cap 4 mg	3	•	•			
RAPAFLO - silodosin cap 8 mg	3	•	•			
silodosin cap 4 mg (Rapaflo)	1		•			
silodosin cap 8 mg (Rapaflo)	1		•			
sodium citrate & citric acid soln 500-334 mg/5ml	1					
tamsulosin hcl cap 0.4 mg (Flomax)	1		•			
THIOLA - tiopronin tab 100 mg	3	•				•
THIOLA EC - tiopronin tab delayed release 100 mg	3					•
THIOLA EC - tiopronin tab delayed release 300 mg	3					•
tiopronin tab 100 mg (Thiola)	1					
UROCIT-K 10 - potassium citrate tab er 10 meq (1080 mg)	3	•				
UROCIT-K 15 - potassium citrate tab er 15 meq (1620 mg)	3	•				
UROCIT-K 5 - potassium citrate tab er 5 meq (540 mg)	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CENTRAL NERVOUS SYSTEM DRUGS						
ANTIANXIETY AGENTS						
ALPRAZOLAM INTENSOL - alprazolam conc 1 mg/ml	2					
alprazolam orally disintegrating tab 0.25 mg	1					
alprazolam orally disintegrating tab 0.5 mg	1					
alprazolam orally disintegrating tab 1 mg	1					
alprazolam orally disintegrating tab 2 mg	1					
alprazolam tab er 24hr 0.5 mg (Xanax xr)	1					
alprazolam tab er 24hr 1 mg (Xanax xr)	1					
alprazolam tab er 24hr 2 mg (Xanax xr)	1					
alprazolam tab er 24hr 3 mg (Xanax xr)	1					
alprazolam tab 0.25 mg (Xanax)	1					
alprazolam tab 0.5 mg (Xanax)	1					
alprazolam tab 1 mg (Xanax)	1					
alprazolam tab 2 mg (Xanax)	1					
buspirone hcl tab 5 mg	1					
buspirone hcl tab 7.5 mg	1					
buspirone hcl tab 10 mg	1					
buspirone hcl tab 15 mg	1					
buspirone hcl tab 30 mg	1					
chlordiazepoxide hcl cap 5 mg	1					
chlordiazepoxide hcl cap 10 mg	1					
chlordiazepoxide hcl cap 25 mg	1					
clorazepate dipotassium tab 3.75 mg	1					
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1					
clorazepate dipotassium tab 15 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
diazepam conc 5 mg/ml	1					
diazepam oral soln 1 mg/ml	1					
diazepam tab 2 mg (Valium)	1					
diazepam tab 5 mg (Valium)	1					
diazepam tab 10 mg (Valium)	1					
hydroxyzine hcl syrup 10 mg/5ml	1					
hydroxyzine hcl tab 10 mg	1					
hydroxyzine hcl tab 25 mg	1					
hydroxyzine hcl tab 50 mg	1					
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	1					
hydroxyzine pamoate cap 25 mg (Vistaril)	1					
hydroxyzine pamoate cap 50 mg (Vistaril)	1					
lorazepam conc 2 mg/ml	1					
lorazepam tab 0.5 mg (Ativan)	1					
lorazepam tab 1 mg (Ativan)	1					
lorazepam tab 2 mg (Ativan)	1					
LOREEV XR - lorazepam cap er 24hr sprinkle 1 mg	3	•	•			
LOREEV XR - lorazepam cap er 24hr sprinkle 1.5 mg	3	•	•			
LOREEV XR - lorazepam cap er 24hr sprinkle 2 mg	3	•	•			
LOREEV XR - lorazepam cap er 24hr sprinkle 3 mg	3	•	•			
meprobamate tab 200 mg	1					
meprobamate tab 400 mg	1					
oxazepam cap 10 mg	1					
oxazepam cap 15 mg	1					
oxazepam cap 30 mg	1					
TRANXENE T - clorazepate dipotassium tab 7.5 mg	3	•				
VALIUM - diazepam tab 2 mg	3	•				
VALIUM - diazepam tab 5 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
VISTARIL - hydroxyzine pamoate cap 25 mg	3	•				
VISTARIL - hydroxyzine pamoate cap 50 mg	3	•				
XANAX - alprazolam tab 0.25 mg	3	•				
XANAX XR - alprazolam tab er 24hr 0.5 mg	3	•				
XANAX XR - alprazolam tab er 24hr 1 mg	3	•				
XANAX XR - alprazolam tab er 24hr 2 mg	3	•				
XANAX XR - alprazolam tab er 24hr 3 mg	3	•				
ANTIDEPRESSANTS						
amitriptyline hcl tab 10 mg	1					
amitriptyline hcl tab 25 mg	1					
amitriptyline hcl tab 50 mg	1					
amitriptyline hcl tab 75 mg	1					
amitriptyline hcl tab 100 mg	1					
amitriptyline hcl tab 150 mg	1					
AMOXAPINE - amoxapine tab 25 mg	1					
AMOXAPINE - amoxapine tab 50 mg	1					
AMOXAPINE - amoxapine tab 100 mg	1					
AMOXAPINE - amoxapine tab 150 mg	1					
ANAFRANIL - clomipramine hcl cap 25 mg	3	•				
ANAFRANIL - clomipramine hcl cap 50 mg	3	•				
ANAFRANIL - clomipramine hcl cap 75 mg	3	•				
APLENZIN - bupropion hbr tab er 24hr 174 mg	3	•				
APLENZIN - bupropion hbr tab er 24hr 348 mg	3	•				
APLENZIN - bupropion hbr tab er 24hr 522 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1					
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1					
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	1					
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1					
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1					
bupropion hcl tab 75 mg	1					
bupropion hcl tab 100 mg	1					
BUPROPION HYDROCHLORIDE E - bupropion hcl tab er 24hr 450 mg	3	•				
CELEXA - citalopram hydrobromide tab 10 mg (base equiv)	3	•				
CELEXA - citalopram hydrobromide tab 40 mg (base equiv)	3	•				
CITALOPRAM HYDROBROMIDE - citalopram hydrobromide cap 30 mg	3	•	•			
citalopram hydrobromide oral soln 10 mg/5ml	1					
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1					
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1					
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1					
clomipramine hcl cap 25 mg (Anafranil)	1					
clomipramine hcl cap 50 mg (Anafranil)	1					
clomipramine hcl cap 75 mg (Anafranil)	1					
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg (base eq)	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
desipramine hcl tab 10 mg (Norpramin)	1					
desipramine hcl tab 25 mg (Norpramin)	1					
desipramine hcl tab 50 mg	1					
desipramine hcl tab 75 mg	1					
desipramine hcl tab 100 mg	1					
desipramine hcl tab 150 mg	1					
DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 50 mg	1	•	•			
DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 100 mg	1	•	•			
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	1		•			
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	1		•			
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1		•			
doxepin hcl cap 10 mg	1					
doxepin hcl cap 25 mg	1					
doxepin hcl cap 50 mg	1					
doxepin hcl cap 75 mg	1					
doxepin hcl cap 100 mg	1					
doxepin hcl cap 150 mg	1					
doxepin hcl conc 10 mg/ml	1					
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq)	3	•	•			
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	3	•	•			
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg (base eq)	3	•	•			
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg (base eq)	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	1		•			
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1		•			
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1		•			
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	1		•			
EFFEXOR XR - venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	3	•	•			
EMSAM - selegiline td patch 24hr 6 mg/24hr	3					
EMSAM - selegiline td patch 24hr 9 mg/24hr	3					
EMSAM - selegiline td patch 24hr 12 mg/24hr	3					
escitalopram oxalate soln 5 mg/5ml (base equiv)	1					
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1					
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1					
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1					
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	3	•	•			
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	3	•	•			
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	3	•	•			
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	3	•	•			
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3	•	•			
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	1	•	•			
fluoxetine hcl cap 10 mg (Prozac)	1					
fluoxetine hcl cap 20 mg (Prozac)	1					
fluoxetine hcl cap 40 mg (Prozac)	1					
fluoxetine hcl solution 20 mg/5ml	1					
fluoxetine hcl tab 10 mg	1					
fluoxetine hcl tab 20 mg	1					
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	1	•				
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl tab 60 mg	1	•				
fluvoxamine maleate cap er 24hr 100 mg	1					
fluvoxamine maleate cap er 24hr 150 mg	1					
fluvoxamine maleate tab 25 mg	1					
fluvoxamine maleate tab 50 mg	1					
fluvoxamine maleate tab 100 mg	1					
FORFIVO XL - bupropion hcl tab er 24hr 450 mg	3	•				
imipramine hcl tab 10 mg	1					
imipramine hcl tab 25 mg	1					
imipramine hcl tab 50 mg	1					
imipramine pamoate cap 75 mg	1					
imipramine pamoate cap 100 mg	1					
imipramine pamoate cap 125 mg	1					
imipramine pamoate cap 150 mg	1					
LEXAPRO - escitalopram oxalate tab 5 mg (base equiv)	3	•				
MARPLAN - isocarboxazid tab 10 mg	3					
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	1					
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	1					
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	1					
mirtazapine tab 7.5 mg	1					
mirtazapine tab 15 mg (Remeron)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
mirtazapine tab 30 mg (Remeron)	1					
mirtazapine tab 45 mg	1					
NARDIL - phenelzine sulfate tab 15 mg	3	•				
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	1					
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	1					
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	1					
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	1					
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	1					
NORPRAMIN - desipramine hcl tab 10 mg	3	•				
NORPRAMIN - desipramine hcl tab 25 mg	3	•				
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml	1					
nortriptyline hcl cap 10 mg (Pamelor)	1					
nortriptyline hcl cap 25 mg (Pamelor)	1					
nortriptyline hcl cap 50 mg (Pamelor)	1					
nortriptyline hcl cap 75 mg (Pamelor)	1					
PAMELOR - nortriptyline hcl cap 10 mg	3	•				
PAMELOR - nortriptyline hcl cap 25 mg	3	•				
PAMELOR - nortriptyline hcl cap 50 mg	3	•				
PAMELOR - nortriptyline hcl cap 75 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PARNATE - tranylcypromine sulfate tab 10 mg	3	•				
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	1					
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	1					
paroxetine hcl tab er 24hr 25 mg (Paxil cr)	1					
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)	1					
paroxetine hcl tab 10 mg (Paxil)	1					
paroxetine hcl tab 20 mg (Paxil)	1					
paroxetine hcl tab 30 mg (Paxil)	1					
paroxetine hcl tab 40 mg (Paxil)	1					
PAXIL - paroxetine hcl oral susp 10 mg/5ml (base equiv)	3	•				
PAXIL - paroxetine hcl tab 10 mg	3	•				
PAXIL - paroxetine hcl tab 20 mg	3	•				
PAXIL - paroxetine hcl tab 30 mg	3	•				
PAXIL - paroxetine hcl tab 40 mg	3	•				
PAXIL CR - paroxetine hcl tab er 24hr 12.5 mg	3	•				
PAXIL CR - paroxetine hcl tab er 24hr 25 mg	3	•				
PAXIL CR - paroxetine hcl tab er 24hr 37.5 mg	3	•				
PEXEVA - paroxetine mesylate tab 10 mg (base equiv)	3	•				
PEXEVA - paroxetine mesylate tab 20 mg (base equiv)	3	•				
PEXEVA - paroxetine mesylate tab 30 mg (base equiv)	3	•				
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	1	•				
PRISTIQ - desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	3	•	•			
protriptyline hcl tab 5 mg	1					
protriptyline hcl tab 10 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PROZAC - fluoxetine hcl cap 10 mg	3	•				
REMERON - mirtazapine tab 15 mg	3	•				
REMERON - mirtazapine tab 30 mg	3	•				
REMERON SOLTAB - mirtazapine orally disintegrating tab 15 mg	3	•				
REMERON SOLTAB - mirtazapine orally disintegrating tab 30 mg	3	•				
REMERON SOLTAB - mirtazapine orally disintegrating tab 45 mg	3	•				
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1					
sertraline hcl tab 25 mg (Zoloft)	1					
sertraline hcl tab 50 mg (Zoloft)	1					
sertraline hcl tab 100 mg (Zoloft)	1					
SERTRALINE HYDROCHLORIDE - sertraline hcl cap 150 mg	3	•	•			
SERTRALINE HYDROCHLORIDE - sertraline hcl cap 200 mg	3	•	•			
tranylcypromine sulfate tab 10 mg (Parnate)	1					
trazodone hcl tab 50 mg	1					
trazodone hcl tab 100 mg	1					
trazodone hcl tab 150 mg	1					
trazodone hcl tab 300 mg	1					
trimipramine maleate cap 25 mg	1					
trimipramine maleate cap 50 mg	1					
trimipramine maleate cap 100 mg	1					
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	3	•	•			
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	3	•	•			
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	3	•	•			
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1		•			
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1		•			
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1		•			
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1		•			
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1		•			
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1		•			
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1		•			
venlafaxine hcl tab 25 mg (base equivalent)	1		•			
venlafaxine hcl tab 37.5 mg (base equivalent)	1		•			
venlafaxine hcl tab 50 mg (base equivalent)	1		•			
venlafaxine hcl tab 75 mg (base equivalent)	1		•			
venlafaxine hcl tab 100 mg (base equivalent)	1		•			
VIIBRYD - vilazodone hcl tab 10 mg	3	•				
VIIBRYD - vilazodone hcl tab 20 mg	3	•				
VIIBRYD - vilazodone hcl tab 40 mg	3	•				
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	3	•				
vilazodone hcl tab 10 mg (Viibryd)	1					
vilazodone hcl tab 20 mg (Viibryd)	1					
vilazodone hcl tab 40 mg (Viibryd)	1					
WELLBUTRIN SR - bupropion hcl tab er 12hr 100 mg	3	•				
WELLBUTRIN SR - bupropion hcl tab er 12hr 150 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
WELLBUTRIN SR - bupropion hcl tab er 12hr 200 mg	3	•				
WELLBUTRIN XL - bupropion hcl tab er 24hr 150 mg	3	•				
ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml	3	•				
ZOLOFT - sertraline hcl tab 25 mg	3	•				
ZOLOFT - sertraline hcl tab 50 mg	3	•				
ANTIPSYCHOTICS						
ABILIFY - aripiprazole tab 2 mg	3	•	•			
ABILIFY - aripiprazole tab 15 mg	3	•	•			
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	3	•	•			
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	3	•	•			
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	3	•	•			
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	3	•	•			
ABILIFY MYCITE MAINTENANC - aripiprazole tab 2 mg with sensor&strips (for pod) maint pak	3	•	•	•		•
ABILIFY MYCITE MAINTENANC - aripiprazole tab 5 mg with sensor&strips (for pod) maint pak	3	•	•	•		•
ABILIFY MYCITE MAINTENANC - aripiprazole tab 10 mg with sensor&strips(for pod) maint pak	3	•	•	•		•
ABILIFY MYCITE MAINTENANC - aripiprazole tab 15 mg with sensor&strips(for pod) maint pak	3	•	•	•		•
ABILIFY MYCITE MAINTENANC - aripiprazole tab 20 mg with sensor&strips(for pod) maint pak	3	•	•	•		•
ABILIFY MYCITE MAINTENANC - aripiprazole tab 30 mg with sensor&strips(for pod) maint pak	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ABILIFY MYCITE STARTER KI - aripiprazole tab 2 mg with sensor, strips & pod starter pak	3	•	•	•		•
ABILIFY MYCITE STARTER KI - aripiprazole tab 5 mg with sensor, strips & pod starter pak	3	•	•	•		•
ABILIFY MYCITE STARTER KI - aripiprazole tab 10 mg with sensor, strips & pod starter pak	3	•	•	•		•
ABILIFY MYCITE STARTER KI - aripiprazole tab 15 mg with sensor, strips & pod starter pak	3	•	•	•		•
ABILIFY MYCITE STARTER KI - aripiprazole tab 20 mg with sensor, strips & pod starter pak	3	•	•	•		•
ABILIFY MYCITE STARTER KI - aripiprazole tab 30 mg with sensor, strips & pod starter pak	3	•	•	•		•
aripiprazole oral solution 1 mg/ml	1		•			
aripiprazole orally disintegrating tab 10 mg	1		•			
aripiprazole orally disintegrating tab 15 mg	1		•			
aripiprazole tab 2 mg (Abilify)	1		•			
aripiprazole tab 5 mg (Abilify)	1		•			
aripiprazole tab 10 mg (Abilify)	1		•			
aripiprazole tab 15 mg (Abilify)	1		•			
aripiprazole tab 20 mg (Abilify)	1		•			
aripiprazole tab 30 mg (Abilify)	1		•			
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	3	•	•			
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	3	•	•			
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	3	•	•			
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	3	•	•			
asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	1		•			
asenapine maleate sl tab 5 mg (base equiv) (Saphris)	1		•			
asenapine maleate sl tab 10 mg (base equiv) (Saphris)	1		•			
CAPLYTA - lumateperone tosylate cap 10.5 mg	3	•	•			
CAPLYTA - lumateperone tosylate cap 21 mg	3	•	•			
CAPLYTA - lumateperone tosylate cap 42 mg	3	•	•			
chlorpromazine hcl tab 10 mg	1					
chlorpromazine hcl tab 25 mg	1					
chlorpromazine hcl tab 50 mg	1					
chlorpromazine hcl tab 100 mg	1					
chlorpromazine hcl tab 200 mg	1					
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	1	•	•			
CLOZAPINE ODT - clozapine orally disintegrating tab 150 mg	1	•	•			
CLOZAPINE ODT - clozapine orally disintegrating tab 200 mg	1	•	•			
clozapine orally disintegrating tab 25 mg	1		•			
clozapine orally disintegrating tab 100 mg	1		•			
clozapine tab 25 mg (Clozaril)	1		•			
clozapine tab 50 mg (Clozaril)	1		•			
clozapine tab 100 mg (Clozaril)	1		•			
clozapine tab 200 mg (Clozaril)	1		•			
CLOZARIL - clozapine tab 25 mg	3	•	•			
CLOZARIL - clozapine tab 50 mg	3	•	•			
CLOZARIL - clozapine tab 100 mg	3	•	•			
CLOZARIL - clozapine tab 200 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg	3					
EQUETRO - carbamazepine (mood) cap er 12hr 200 mg	3					
EQUETRO - carbamazepine (mood) cap er 12hr 300 mg	3					
FANAPT - iloperidone tab 1 mg	3	•	•			
FANAPT - iloperidone tab 2 mg	3	•	•			
FANAPT - iloperidone tab 4 mg	3	•	•			
FANAPT - iloperidone tab 6 mg	3	•	•			
FANAPT - iloperidone tab 8 mg	3	•	•			
FANAPT - iloperidone tab 10 mg	3	•	•			
FANAPT - iloperidone tab 12 mg	3	•	•			
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3	•	•			
fluphenazine decanoate inj 25 mg/ml	1					
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	1					
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	1					
fluphenazine hcl tab 1 mg	1					
fluphenazine hcl tab 2.5 mg	1					
fluphenazine hcl tab 5 mg	1					
fluphenazine hcl tab 10 mg	1					
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	1					
GEODON - ziprasidone hcl cap 20 mg	3	•	•			
GEODON - ziprasidone hcl cap 40 mg	3	•	•			
GEODON - ziprasidone hcl cap 60 mg	3	•	•			
GEODON - ziprasidone hcl cap 80 mg	3	•	•			
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	3	•				
HALDOL DECANOATE 50 - haloperidol decanoate im soln 50 mg/ml	3	•				
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	1					
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	1					
haloperidol lactate inj 5 mg/ml (Haldol)	1					
haloperidol lactate oral conc 2 mg/ml	1					
haloperidol tab 0.5 mg	1					
haloperidol tab 1 mg	1					
haloperidol tab 2 mg	1					
haloperidol tab 5 mg	1					
haloperidol tab 10 mg	1					
haloperidol tab 20 mg	1					
INVEGA - paliperidone tab er 24hr 1.5 mg	3	•	•			
INVEGA - paliperidone tab er 24hr 3 mg	3	•	•			
INVEGA - paliperidone tab er 24hr 6 mg	3	•	•			
INVEGA - paliperidone tab er 24hr 9 mg	3	•	•			
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	3	•	•			
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	3	•	•			
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	3	•	•			
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	3	•	•			
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	3	•	•			
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	3	•	•			
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	3	•	•			
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	3	•	•			
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	3	•	•			
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	3	•	•			
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	3	•	•			
LATUDA - lurasidone hcl tab 20 mg	3	•	•			
LATUDA - lurasidone hcl tab 40 mg	3	•	•			
LATUDA - lurasidone hcl tab 60 mg	3	•	•			
LATUDA - lurasidone hcl tab 80 mg	3	•	•			
LATUDA - lurasidone hcl tab 120 mg	3	•	•			
LITHIUM CARBONATE - lithium carbonate cap 150 mg	1					
LITHIUM CARBONATE - lithium carbonate cap 300 mg	1					
LITHIUM CARBONATE - lithium carbonate cap 600 mg	1					
lithium carbonate cap 150 mg (Lithium carbonate)	1					
lithium carbonate cap 300 mg	1					
lithium carbonate cap 600 mg (Lithium carbonate)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
lithium carbonate tab er 300 mg (Lithobid)	1					
lithium carbonate tab er 450 mg	1					
lithium carbonate tab 300 mg	1					
loxapine succinate cap 5 mg	1					
loxapine succinate cap 10 mg	1					
loxapine succinate cap 25 mg	1					
loxapine succinate cap 50 mg	1					
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	3					
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	3					
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	3					
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)	3	•	•	•		•
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)	3	•	•	•		•
olanzapine for im inj 10 mg (Zyprexa)	1		•			
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	1		•			
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	1		•			
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	1		•			
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	1		•			
olanzapine tab 2.5 mg (Zyprexa)	1		•			
olanzapine tab 5 mg (Zyprexa)	1		•			
olanzapine tab 7.5 mg (Zyprexa)	1		•			
olanzapine tab 10 mg (Zyprexa)	1		•			
olanzapine tab 15 mg (Zyprexa)	1		•			
olanzapine tab 20 mg (Zyprexa)	1		•			
paliperidone tab er 24hr 1.5 mg (Invega)	1		•			
paliperidone tab er 24hr 3 mg (Invega)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
paliperidone tab er 24hr 6 mg (Invega)	1		•			
paliperidone tab er 24hr 9 mg (Invega)	1		•			
perphenazine tab 2 mg	1					
perphenazine tab 4 mg	1					
perphenazine tab 8 mg	1					
perphenazine tab 16 mg	1					
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	3	•	•			
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	3	•	•			
prochlorperazine edisylate inj 10 mg/2ml	1					
prochlorperazine maleate tab 5 mg (base equivalent)	1					
prochlorperazine maleate tab 10 mg (base equivalent)	1					
prochlorperazine suppos 25 mg	1					
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	3	•	•			
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	1		•			
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	1		•			
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	1		•			
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	1		•			
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	1		•			
quetiapine fumarate tab 25 mg (Seroquel)	1		•			
quetiapine fumarate tab 50 mg (Seroquel)	1		•			
quetiapine fumarate tab 100 mg (Seroquel)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
quetiapine fumarate tab 200 mg (Seroquel)	1		•			
quetiapine fumarate tab 300 mg (Seroquel)	1		•			
quetiapine fumarate tab 400 mg (Seroquel)	1		•			
REXULTI - brexpiprazole tab 0.25 mg	3	•	•			
REXULTI - brexpiprazole tab 0.5 mg	3	•	•			
REXULTI - brexpiprazole tab 1 mg	3	•	•			
REXULTI - brexpiprazole tab 2 mg	3	•	•			
REXULTI - brexpiprazole tab 3 mg	3	•	•			
REXULTI - brexpiprazole tab 4 mg	3	•	•			
RISPERDAL - risperidone soln 1 mg/ml	3	•	•			
RISPERDAL - risperidone tab 0.5 mg	3	•	•			
RISPERDAL - risperidone tab 1 mg	3	•	•			
RISPERDAL - risperidone tab 2 mg	3	•	•			
RISPERDAL - risperidone tab 3 mg	3	•	•			
RISPERDAL - risperidone tab 4 mg	3	•	•			
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	3	•	•			
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg	3	•	•			
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg	3	•	•			
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	3	•	•			
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	1	•	•			
risperidone orally disintegrating tab 0.5 mg	1		•			
risperidone orally disintegrating tab 1 mg	1		•			
risperidone orally disintegrating tab 2 mg	1		•			
risperidone orally disintegrating tab 3 mg	1		•			
risperidone orally disintegrating tab 4 mg	1		•			
risperidone soln 1 mg/ml (Risperdal)	1		•			
risperidone tab 0.25 mg	1		•			
risperidone tab 0.5 mg (Risperdal)	1		•			
risperidone tab 1 mg (Risperdal)	1		•			
risperidone tab 2 mg (Risperdal)	1		•			
risperidone tab 3 mg (Risperdal)	1		•			
risperidone tab 4 mg (Risperdal)	1		•			
SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv)	3	•	•			
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	3	•	•			
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	3	•	•			
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	3	•	•			
SEROQUEL - quetiapine fumarate tab 25 mg	3	•	•			
SEROQUEL - quetiapine fumarate tab 50 mg	3	•	•			
SEROQUEL - quetiapine fumarate tab 100 mg	3	•	•			
SEROQUEL - quetiapine fumarate tab 300 mg	3	•	•			
SEROQUEL - quetiapine fumarate tab 400 mg	3	•	•			
SEROQUEL XR - quetiapine fumarate tab er 24hr 50 mg	3	•	•			
SEROQUEL XR - quetiapine fumarate tab er 24hr 150 mg	3	•	•			
SEROQUEL XR - quetiapine fumarate tab er 24hr 200 mg	3	•	•			
thioridazine hcl tab 10 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
thioridazine hcl tab 25 mg	1					
thioridazine hcl tab 50 mg	1					
thioridazine hcl tab 100 mg	1					
thiothixene cap 1 mg	1					
thiothixene cap 2 mg	1					
thiothixene cap 5 mg	1					
thiothixene cap 10 mg	1					
trifluoperazine hcl tab 1 mg (base equivalent)	1					
trifluoperazine hcl tab 2 mg (base equivalent)	1					
trifluoperazine hcl tab 5 mg (base equivalent)	1					
trifluoperazine hcl tab 10 mg (base equivalent)	1					
VERSACLOZ - clozapine susp 50 mg/ml	3	•	•			
VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	3	•	•			
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	3	•	•			
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	3	•	•			
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	3	•	•			
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	3	•	•			
ziprasidone hcl cap 20 mg (Geodon)	1		•			
ziprasidone hcl cap 40 mg (Geodon)	1		•			
ziprasidone hcl cap 60 mg (Geodon)	1		•			
ziprasidone hcl cap 80 mg (Geodon)	1		•			
ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ZYPREXA - olanzapine for im inj 10 mg	3	•	•			
ZYPREXA - olanzapine tab 2.5 mg	3	•	•			
ZYPREXA - olanzapine tab 5 mg	3	•	•			
ZYPREXA - olanzapine tab 7.5 mg	3	•	•			
ZYPREXA - olanzapine tab 10 mg	3	•	•			
ZYPREXA - olanzapine tab 15 mg	3	•	•			
ZYPREXA - olanzapine tab 20 mg	3	•	•			
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq)	3	•	•			
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg (base eq)	3	•	•			
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg (base eq)	3	•	•			
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg	3	•	•			
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 10 mg	3	•	•			
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 15 mg	3	•	•			
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 20 mg	3	•	•			
HYPNOTICS						
AMBIEN - zolpidem tartrate tab 5 mg	3	•	•			
AMBIEN - zolpidem tartrate tab 10 mg	3	•	•			
AMBIEN CR - zolpidem tartrate tab er 6.25 mg	3	•	•			
AMBIEN CR - zolpidem tartrate tab er 12.5 mg	3	•	•			
BELSOMRA - suvorexant tab 5 mg	3	•	•			
BELSOMRA - suvorexant tab 10 mg	3	•	•			
BELSOMRA - suvorexant tab 15 mg	3	•	•			
BELSOMRA - suvorexant tab 20 mg	3	•	•			
DAYVIGO - lemborexant tab 5 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DAYVIGO - lemborexant tab 10 mg	3	•	•			
DORAL - quazepam tab 15 mg	3					
doxepin hcl (sleep) tab 3 mg (base equiv) (Silenor)	1	•	•			
doxepin hcl (sleep) tab 6 mg (base equiv) (Silenor)	1	•	•			
EDLUAR - zolpidem tartrate sl tab 5 mg	3	•	•			
EDLUAR - zolpidem tartrate sl tab 10 mg	3	•	•			
estazolam tab 1 mg	1					
estazolam tab 2 mg	1					
eszopiclone tab 1 mg (Lunesta)	1		•			
eszopiclone tab 2 mg (Lunesta)	1		•			
eszopiclone tab 3 mg (Lunesta)	1		•			
FLURAZEPAM HCL - flurazepam hcl cap 15 mg	1					
FLURAZEPAM HCL - flurazepam hcl cap 30 mg	1					
HALCION - triazolam tab 0.25 mg	3	•				
HETLIOZ - tasimelteon capsule 20 mg	3	•	•	•		•
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	3	•	•	•		•
LUNESTA - eszopiclone tab 1 mg	3	•	•			
LUNESTA - eszopiclone tab 2 mg	3	•	•			
phenobarbital elixir 20 mg/5ml	1					
phenobarbital tab 15 mg	1					
phenobarbital tab 16.2 mg	1					
phenobarbital tab 30 mg	1					
phenobarbital tab 32.4 mg	1					
phenobarbital tab 60 mg	1					
phenobarbital tab 64.8 mg	1					
phenobarbital tab 97.2 mg	1					
phenobarbital tab 100 mg	1					
QUAZEPAM - quazepam tab 15 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
QUVIVIQ - daridorexant hcl tab 25 mg	3	•	•			
QUVIVIQ - daridorexant hcl tab 50 mg	3	•	•			
ramelteon tab 8 mg (Rozerem)	1	•	•			
RESTORIL - temazepam cap 7.5 mg	3	•				
RESTORIL - temazepam cap 15 mg	3	•				
RESTORIL - temazepam cap 22.5 mg	3	•				
RESTORIL - temazepam cap 30 mg	3	•				
ROZEREM - ramelteon tab 8 mg	3	•	•			
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv)	3	•	•			
temazepam cap 7.5 mg (Restoril)	1					
temazepam cap 15 mg (Restoril)	1					
temazepam cap 22.5 mg (Restoril)	1					
temazepam cap 30 mg (Restoril)	1					
triazolam tab 0.125 mg	1					
triazolam tab 0.25 mg (Halcion)	1					
zaleplon cap 5 mg	1		•			
zaleplon cap 10 mg	1		•			
ZOLPIDEM TARTRATE - zolpidem tartrate sl tab 1.75 mg	1	•	•			
ZOLPIDEM TARTRATE - zolpidem tartrate sl tab 3.5 mg	1	•	•			
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1		•			
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1		•			
zolpidem tartrate tab 5 mg (Ambien)	1		•			
zolpidem tartrate tab 10 mg (Ambien)	1		•			
ZOLPIMIST - zolpidem tartrate oral spray 5 mg/act	3	•	•			
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS						

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ADDERALL - amphetamine-dextroamphetamine tab 5 mg	3	•	•			
ADDERALL - amphetamine-dextroamphetamine tab 7.5 mg	3	•	•			
ADDERALL - amphetamine-dextroamphetamine tab 10 mg	3	•	•			
ADDERALL - amphetamine-dextroamphetamine tab 12.5 mg	3	•	•			
ADDERALL - amphetamine-dextroamphetamine tab 15 mg	3	•	•			
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg	3	•	•			
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 10 mg	3	•	•			
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 15 mg	3	•	•			
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg	3	•	•			
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 25 mg	3	•	•			
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 30 mg	3	•	•			
ADHANSIA XR - methylphenidate hcl cap er 24hr 25 mg	3	•	•			
ADHANSIA XR - methylphenidate hcl cap er 24hr 35 mg	3	•	•			
ADHANSIA XR - methylphenidate hcl cap er 24hr 45 mg	3	•	•			
ADHANSIA XR - methylphenidate hcl cap er 24hr 55 mg	3	•	•			
ADHANSIA XR - methylphenidate hcl cap er 24hr 70 mg	3	•	•			
ADHANSIA XR - methylphenidate hcl cap er 24hr 85 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 3.1 mg	3	•	•			
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 6.3 mg	3	•	•			
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 9.4 mg	3	•	•			
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 12.5 mg	3	•	•			
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 15.7 mg	3	•	•			
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 18.8 mg	3	•	•			
amphetamine sulfate tab 5 mg (Evekeo)	1		•			
amphetamine sulfate tab 10 mg (Evekeo)	1		•			
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	1		•			
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	1		•			
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	1		•			
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	1		•			
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	1		•			
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1		•			
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	1		•			
amphetamine-dextroamphetamine tab 10 mg (Adderall)	1		•			
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	1		•			
amphetamine-dextroamphetamine tab 15 mg (Adderall)	1		•			
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1		•			
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1		•			
APTENSIO XR - methylphenidate hcl cap er 24hr 10 mg (xr)	3	•	•			
APTENSIO XR - methylphenidate hcl cap er 24hr 15 mg (xr)	3	•	•			
APTENSIO XR - methylphenidate hcl cap er 24hr 20 mg (xr)	3	•	•			
APTENSIO XR - methylphenidate hcl cap er 24hr 30 mg (xr)	3	•	•			
APTENSIO XR - methylphenidate hcl cap er 24hr 40 mg (xr)	3	•	•			
APTENSIO XR - methylphenidate hcl cap er 24hr 50 mg (xr)	3	•	•			
APTENSIO XR - methylphenidate hcl cap er 24hr 60 mg (xr)	3	•	•			
armodafinil tab 50 mg (Nuvigil)	1		•			
armodafinil tab 150 mg (Nuvigil)	1		•			
armodafinil tab 200 mg (Nuvigil)	1		•			
armodafinil tab 250 mg (Nuvigil)	1		•			
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	1		•			
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	1		•			
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	1		•			
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	1		•			
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	1		•			
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	1		•			
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	1		•			
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg	3	•	•			
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 39.2-7.8 mg	3	•	•			
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 52.3-10.4 mg	3	•	•			
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1					
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1		•			
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg	3	•	•			
COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 8.6 mg	3	•	•			
COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 17.3 mg	3	•	•			
COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 25.9 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DAYTRANA - methylphenidate td patch 10 mg/9hr	3	•	•			
DAYTRANA - methylphenidate td patch 15 mg/9hr	3	•	•			
DAYTRANA - methylphenidate td patch 20 mg/9hr	3	•	•			
DAYTRANA - methylphenidate td patch 30 mg/9hr	3	•	•			
DESOXYN - methamphetamine hcl tab 5 mg	3	•	•			
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 10 mg	3	•	•			
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 15 mg	3	•	•			
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	1		•			
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	1		•			
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	1		•			
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	1		•			
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	1		•			
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	1		•			
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	1		•			
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	1		•			
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1		•			
dexmethylphenidate hcl tab 5 mg (Focalin)	1		•			
dexmethylphenidate hcl tab 10 mg (Focalin)	1		•			
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	1		•			
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	1		•			
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	1		•			
dextroamphetamine sulfate oral solution 5 mg/5ml	1		•			
dextroamphetamine sulfate tab 5 mg	1		•			
dextroamphetamine sulfate tab 10 mg	1		•			
dextroamphetamine sulfate tab 15 mg	1		•			
dextroamphetamine sulfate tab 20 mg	1		•			
dextroamphetamine sulfate tab 30 mg	1		•			
DYANAVEL XR - amphetamine chew tab extended release 5 mg	3	•	•			
DYANAVEL XR - amphetamine chew tab extended release 10 mg	3	•	•			
DYANAVEL XR - amphetamine chew tab extended release 15 mg	3	•	•			
DYANAVEL XR - amphetamine chew tab extended release 20 mg	3	•	•			
DYANAVEL XR - amphetamine extended release susp 2.5 mg/ml	3	•	•			
EVEKEO - amphetamine sulfate tab 5 mg	3	•	•			
EVEKEO - amphetamine sulfate tab 10 mg	3	•	•			
EVEKEO ODT - amphetamine sulfate orally disintegrating tab 5 mg	3	•	•			
EVEKEO ODT - amphetamine sulfate orally disintegrating tab 10 mg	3	•	•			
EVEKEO ODT - amphetamine sulfate orally disintegrating tab 15 mg	3	•	•			
EVEKEO ODT - amphetamine sulfate orally disintegrating tab 20 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
FOCALIN - dexmethylphenidate hcl tab 2.5 mg	3	•	•			
FOCALIN - dexmethylphenidate hcl tab 5 mg	3	•	•			
FOCALIN - dexmethylphenidate hcl tab 10 mg	3	•	•			
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 5 mg	3	•	•			
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 10 mg	3	•	•			
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 25 mg	3	•	•			
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 30 mg	3	•	•			
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 35 mg	3	•	•			
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	1		•			
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1		•			
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1		•			
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	1		•			
INTUNIV - guanfacine hcl tab er 24hr 1 mg (base equiv)	3	•	•			
INTUNIV - guanfacine hcl tab er 24hr 2 mg (base equiv)	3	•	•			
INTUNIV - guanfacine hcl tab er 24hr 4 mg (base equiv)	3	•	•			
JORNAY PM - methylphenidate hcl cap delayed er 24hr 20 mg (pm)	3	•	•			
JORNAY PM - methylphenidate hcl cap delayed er 24hr 40 mg (pm)	3	•	•			
JORNAY PM - methylphenidate hcl cap delayed er 24hr 60 mg (pm)	3	•	•			
JORNAY PM - methylphenidate hcl cap delayed er 24hr 80 mg (pm)	3	•	•			
JORNAY PM - methylphenidate hcl cap delayed er 24hr 100 mg (pm)	3	•	•			
KAPVAY - clonidine hcl tab er 12hr 0.1 mg	3	•	•			
methamphetamine hcl tab 5 mg (Desoxyn)	1		•			
METHYLIN - methylphenidate hcl soln 5 mg/5ml	3	•	•			
METHYLIN - methylphenidate hcl soln 10 mg/5ml	3	•	•			
methylphenidate hcl cap er 10 mg (cd)	1		•			
methylphenidate hcl cap er 20 mg (cd)	1		•			
methylphenidate hcl cap er 30 mg (cd)	1		•			
methylphenidate hcl cap er 40 mg (cd)	1		•			
methylphenidate hcl cap er 50 mg (cd)	1		•			
methylphenidate hcl cap er 60 mg (cd)	1		•			
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	1		•			
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	1		•			
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	1		•			
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	1		•			
methylphenidate hcl cap er 24hr 60 mg (la)	1		•			
methylphenidate hcl cap er 24hr 10 mg (xr) (Aptensio xr)	1		•			
methylphenidate hcl cap er 24hr 15 mg (xr) (Aptensio xr)	1		•			
methylphenidate hcl cap er 24hr 20 mg (xr) (Aptensio xr)	1		•			
methylphenidate hcl cap er 24hr 30 mg (xr) (Aptensio xr)	1		•			
methylphenidate hcl cap er 24hr 40 mg (xr) (Aptensio xr)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
methylphenidate hcl cap er 24hr 50 mg (xr) (Aptensio xr)	1		•			
methylphenidate hcl cap er 24hr 60 mg (xr) (Aptensio xr)	1		•			
methylphenidate hcl chew tab 2.5 mg	1		•			
methylphenidate hcl chew tab 5 mg	1		•			
methylphenidate hcl chew tab 10 mg	1		•			
methylphenidate hcl soln 5 mg/5ml (Methylin)	1		•			
methylphenidate hcl soln 10 mg/5ml (Methylin)	1		•			
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	1		•			
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	1		•			
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1		•			
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	1		•			
methylphenidate hcl tab er 10 mg	1		•			
methylphenidate hcl tab er 20 mg	1		•			
methylphenidate hcl tab er 24hr 27 mg	1		•			
methylphenidate hcl tab er 24hr 36 mg	1		•			
methylphenidate hcl tab er 24hr 54 mg	1		•			
methylphenidate hcl tab 5 mg (Ritalin)	1		•			
methylphenidate hcl tab 10 mg (Ritalin)	1		•			
methylphenidate hcl tab 20 mg (Ritalin)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er osmotic release (osm) 72 mg	1	•	•			
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg	1	•	•			
methylphenidate td patch 10 mg/9hr (Daytrana)	1		•			
methylphenidate td patch 15 mg/9hr (Daytrana)	1		•			
methylphenidate td patch 20 mg/9hr (Daytrana)	1		•			
methylphenidate td patch 30 mg/9hr (Daytrana)	1		•			
modafinil tab 100 mg (Provigil)	1		•			
modafinil tab 200 mg (Provigil)	1		•			
MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	3	•	•			
MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	3	•	•			
MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	3	•	•			
MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	3	•	•			
NUVIGIL - armodafinil tab 50 mg	3	•	•			
NUVIGIL - armodafinil tab 150 mg	3	•	•			
NUVIGIL - armodafinil tab 200 mg	3	•	•			
PROVIGIL - modafinil tab 100 mg	3	•	•			
PROVIGIL - modafinil tab 200 mg	3	•	•			
QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg	3	•	•			
QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
QUILLICHEW ER - methylphenidate hcl chew tab extended release 40 mg	3	•	•			
QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	3	•	•			
RELEXXII - methylphenidate hcl tab er osmotic release (osm) 72 mg	1	•	•			
RITALIN - methylphenidate hcl tab 5 mg	3	•	•			
RITALIN - methylphenidate hcl tab 10 mg	3	•	•			
RITALIN - methylphenidate hcl tab 20 mg	3	•	•			
RITALIN LA - methylphenidate hcl cap er 24hr 10 mg (la)	3	•	•			
RITALIN LA - methylphenidate hcl cap er 24hr 20 mg (la)	3	•	•			
RITALIN LA - methylphenidate hcl cap er 24hr 30 mg (la)	3	•	•			
RITALIN LA - methylphenidate hcl cap er 24hr 40 mg (la)	3	•	•			
STRATTERA - atomoxetine hcl cap 10 mg (base equiv)	3	•	•			
STRATTERA - atomoxetine hcl cap 18 mg (base equiv)	3	•	•			
STRATTERA - atomoxetine hcl cap 40 mg (base equiv)	3	•	•			
STRATTERA - atomoxetine hcl cap 60 mg (base equiv)	3	•	•			
STRATTERA - atomoxetine hcl cap 80 mg (base equiv)	3	•	•			
SUNOSI - solriamfetol hcl tab 75 mg (base equiv)	3	•	•			
SUNOSI - solriamfetol hcl tab 150 mg (base equiv)	3	•	•			
VYVANSE - lisdexamfetamine dimesylate cap 10 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate cap 20 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate cap 30 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate cap 40 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate cap 50 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate cap 60 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate cap 70 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate chew tab 20 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate chew tab 30 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate chew tab 40 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate chew tab 50 mg	3	•	•			
VYVANSE - lisdexamfetamine dimesylate chew tab 60 mg	3	•	•			
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent)	3	•	•	•		•
WAKIX - pitolisant hcl tab 17.8 mg (base equivalent)	3	•	•	•		•
ZENZEDI - dextroamphetamine sulfate tab 2.5 mg	3	•	•			
ZENZEDI - dextroamphetamine sulfate tab 7.5 mg	3	•	•			
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.						
acamprosate calcium tab delayed release 333 mg	1					
ADLARITY - donepezil hydrochloride td patch weekly 5 mg/day	3	•	•			
ADLARITY - donepezil hydrochloride td patch weekly 10 mg/day	3	•	•			
AMPYRA - dalfampridine tab er 12hr 10 mg	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ARICEPT - donepezil hydrochloride tab 5 mg	3	•	•			
ARICEPT - donepezil hydrochloride tab 10 mg	3	•	•			
ARICEPT - donepezil hydrochloride tab 23 mg	3	•	•			
AUBAGIO - teriflunomide tab 7 mg	2	•	•	•		•
AUBAGIO - teriflunomide tab 14 mg	2	•	•	•		•
AUSTEDO - deutetrabenazine tab 6 mg	3	•	•	•		•
AUSTEDO - deutetrabenazine tab 9 mg	3	•	•	•		•
AUSTEDO - deutetrabenazine tab 12 mg	3	•	•	•		•
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	•	•	•		•
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	•	•	•		•
BAFIERTAM - monomethyl fumarate capsule delayed release 95 mg	3	•	•	•		•
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	•	•	•		•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	A				•	
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg	1					
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 10-25 mg	1					
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	3	•	•	•		•
dalfampridine tab er 12hr 10 mg (Ampyra)	1	•	•	•		•
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1		•	•		•
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1		•	•		•
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1		•	•		•
disulfiram tab 250 mg	1					
disulfiram tab 500 mg	1					
donepezil hydrochloride orally disintegrating tab 5 mg	1		•			
donepezil hydrochloride orally disintegrating tab 10 mg	1		•			
donepezil hydrochloride tab 5 mg (Aricept)	1		•			
donepezil hydrochloride tab 10 mg (Aricept)	1		•			
donepezil hydrochloride tab 23 mg (Aricept)	1		•			
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	1					
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr	3	•	•			
EXELON - rivastigmine td patch 24hr 9.5 mg/24hr	3	•	•			
EXELON - rivastigmine td patch 24hr 13.3 mg/24hr	3	•	•			
EXTAVIA - interferon beta-1b for inj kit 0.3 mg	3	•	•	•		•
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl (pmdd) tab 10 mg	1					
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl (pmdd) tab 20 mg	1					
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	1		•			
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	1		•			
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	1		•			
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	1		•			
galantamine hydrobromide tab 4 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
galantamine hydrobromide tab 8 mg	1		•			
galantamine hydrobromide tab 12 mg	1		•			
GILENYA - fingolimod hcl cap 0.5 mg (base equiv)	2	•	•	•		•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	1	•	•	•		•
glatiramer acetate soln prefilled syringe 20 mg/ml- glatopa (Copaxone)	3	•	•	•		•
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	1	•	•	•		•
glatiramer acetate soln prefilled syringe 40 mg/ml- glatopa (Copaxone)	3	•	•	•		•
GRALISE - gabapentin (once-daily) tab 300 mg	3	•	•			
GRALISE - gabapentin (once-daily) tab 600 mg	3	•	•			
HORIZANT - gabapentin enacarbil tab er 300 mg	3	•	•			
HORIZANT - gabapentin enacarbil tab er 600 mg	3	•	•			
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	•	•	•		•
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	3	•	•	•		•
INGREZZA - valbenazine tosylate cap 60 mg (base equiv)	3	•	•	•		•
INGREZZA - valbenazine tosylate cap 80 mg (base equiv)	3	•	•	•		•
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	2	•	•	•		•
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	3		•			
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	3	•	•			
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	3	•	•			
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	3	•	•			
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	3	•	•			
LYRICA CR - pregabalin tab er 24hr 82.5 mg	3	•	•			
LYRICA CR - pregabalin tab er 24hr 165 mg	3	•	•			
LYRICA CR - pregabalin tab er 24hr 330 mg	3	•	•			
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs)	2	•	•	•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	2	•	•	•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	2	•	•	•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	2	•	•	•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (8 tabs)	2	•	•	•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	2	•	•	•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	2	•	•	•		•
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	3	•	•	•		•
MAYZENT - siponimod fumarate tab 1 mg (base equiv)	3	•	•	•		•
MAYZENT - siponimod fumarate tab 2 mg (base equiv)	3	•	•	•		•
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	3	•	•	•		•
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	3	•	•	•		•
memantine hcl cap er 24hr 7 mg (Namenda xr)	1	•	•			
memantine hcl cap er 24hr 14 mg (Namenda xr)	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
memantine hcl cap er 24hr 21 mg (Namenda xr)	1	•	•			
memantine hcl cap er 24hr 28 mg (Namenda xr)	1	•	•			
memantine hcl tab 5 mg (Namenda)	1		•			
memantine hcl tab 10 mg (Namenda)	1		•			
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1		•			
NAMENDA - memantine hcl tab 5 mg	3		•			
NAMENDA - memantine hcl tab 10 mg	3		•			
NAMENDA TITRATION PAK - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	3		•			
NAMENDA XR - memantine hcl cap er 24hr 7 mg	3	•	•			
NAMENDA XR - memantine hcl cap er 24hr 14 mg	3	•	•			
NAMENDA XR - memantine hcl cap er 24hr 21 mg	3	•	•			
NAMENDA XR - memantine hcl cap er 24hr 28 mg	3	•	•			
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 7-10 mg	3	•	•			
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 14-10 mg	3	•	•			
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 21-10 mg	3	•	•			
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 28-10 mg	3	•	•			
nicotine polacrilex gum 2 mg	A				•	
nicotine polacrilex gum 4 mg	A				•	
nicotine polacrilex lozenge 2 mg	A				•	

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
nicotine polacrilex lozenge 4 mg	A				•	
nicotine td patch 24hr 7 mg/24hr	A				•	
nicotine td patch 24hr 14 mg/24hr	A				•	
nicotine td patch 24hr 21 mg/24hr	A				•	
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	A				•	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	A				•	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	A				•	
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	2		•			
olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)	1					
olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)	1					
olanzapine-fluoxetine hcl cap 6-50 mg	1					
olanzapine-fluoxetine hcl cap 12-25 mg	1					
olanzapine-fluoxetine hcl cap 12-50 mg	1					
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	1					
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg	1					
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-25 mg	1					
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 4-10 mg	1					
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 4-25 mg	1					
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 4-50 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PIMOZIDE - pimozide tab 1 mg	1					
PIMOZIDE - pimozide tab 2 mg	1					
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	2	•	•	•		•
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	•	•	•		•
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	•	•	•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	2	•	•	•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	•	•	•		•
pregabalin tab er 24hr 82.5 mg (Lyrica cr)	1	•	•			
pregabalin tab er 24hr 165 mg (Lyrica cr)	1	•	•			
pregabalin tab er 24hr 330 mg (Lyrica cr)	1	•	•			
RAZADYNE ER - galantamine hydrobromide cap er 24hr 8 mg	3	•	•			
RAZADYNE ER - galantamine hydrobromide cap er 24hr 16 mg	3	•	•			
RAZADYNE ER - galantamine hydrobromide cap er 24hr 24 mg	3	•	•			
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml	2	•	•	•		•
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml	2	•	•	•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml	2	•	•	•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml	2	•	•	•		•
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•	•	•		•
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•	•	•		•
rivastigmine tartrate cap 1.5 mg (base equivalent)	1		•			
rivastigmine tartrate cap 3 mg (base equivalent)	1		•			
rivastigmine tartrate cap 4.5 mg (base equivalent)	1		•			
rivastigmine tartrate cap 6 mg (base equivalent)	1		•			
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	1		•			
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	1		•			
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	1		•			
SAVELLA - milnacipran hcl tab 12.5 mg	3		•			
SAVELLA - milnacipran hcl tab 25 mg	3		•			
SAVELLA - milnacipran hcl tab 50 mg	3		•			
SAVELLA - milnacipran hcl tab 100 mg	3		•			
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3		•			
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	3	•	•	•		•
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	3	•	•	•		•
TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	3	•	•	•		•
tetrabenazine tab 12.5 mg (Xenazine)	1	•	•	•		•
tetrabenazine tab 25 mg (Xenazine)	1	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
VARENICLINE STARTING MONT - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	A				•	
VARENICLINE TARTRATE - varenicline tartrate tab 0.5 mg (base equiv)	A				•	
VARENICLINE TARTRATE - varenicline tartrate tab 1 mg (base equiv)	A				•	
VUMERITY - diroximel fumarate capsule delayed release 231 mg	3	•	•	•		•
XENAZINE - tetrabenazine tab 12.5 mg	3	•	•	•		•
XENAZINE - tetrabenazine tab 25 mg	3	•	•	•		•
XYREM - sodium oxybate oral solution 500 mg/ml	3	•	•	•		•
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	3	•	•	•		•
ZEPOSIA - ozanimod hcl cap 0.92 mg	2	•	•	•		•
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg	2	•	•	•		•
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	•	•	•		•
ANALGESICS AND ANESTHETICS						
ANALGESICS - NON-NARCOTIC						
aspirin chew tab 81 mg	A				•	
aspirin tab delayed release 81 mg	A				•	
butalbital-acetaminophen tab 50-325 mg	1		•			
butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)	1	•	•			
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1		•			
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1		•			
butalbital-aspirin-caffeine cap 50-325-40 mg	1		•			
diflunisal tab 500 mg	1					
ESGIC - butalbital-acetaminophen-caffeine tab 50-325-40 mg	3		•			
TENCON - butalbital-acetaminophen tab 50-325 mg	3		•			
ANALGESICS - NARCOTIC						
acetaminophen w/ codeine soln 120-12 mg/5ml	1		•			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1		•			
acetaminophen w/ codeine tab 300-30 mg	1		•			
acetaminophen w/ codeine tab 300-60 mg	1		•			
ACETAMINOPHEN/CAFFEINE/DI - acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1		•			
ACTIQ - fentanyl citrate lozenge on a handle 200 mcg	3	•	•			
ACTIQ - fentanyl citrate lozenge on a handle 400 mcg	3	•	•			
ACTIQ - fentanyl citrate lozenge on a handle 600 mcg	3	•	•			
ACTIQ - fentanyl citrate lozenge on a handle 800 mcg	3	•	•			
ACTIQ - fentanyl citrate lozenge on a handle 1200 mcg	3	•	•			
ACTIQ - fentanyl citrate lozenge on a handle 1600 mcg	3	•	•			
APADAZ - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		•			
APADAZ - benzhydrocodone hcl-acetaminophen tab 6.12-325 mg	3		•			
APADAZ - benzhydrocodone hcl-acetaminophen tab 8.16-325 mg	3		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent)	3	•	•			
BELBUCA - buprenorphine hcl buccal film 150 mcg (base equivalent)	3	•	•			
BELBUCA - buprenorphine hcl buccal film 300 mcg (base equivalent)	3	•	•			
BELBUCA - buprenorphine hcl buccal film 450 mcg (base equivalent)	3	•	•			
BELBUCA - buprenorphine hcl buccal film 600 mcg (base equivalent)	3	•	•			
BELBUCA - buprenorphine hcl buccal film 750 mcg (base equivalent)	3	•	•			
BELBUCA - buprenorphine hcl buccal film 900 mcg (base equivalent)	3	•	•			
BENZHYDROCODONE/ ACETAMINO - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		•			
BENZHYDROCODONE/ ACETAMINO - benzhydrocodone hcl-acetaminophen tab 6.12-325 mg	3		•			
BENZHYDROCODONE/ ACETAMINO - benzhydrocodone hcl-acetaminophen tab 8.16-325 mg	3		•			
buprenorphine hcl sl tab 2 mg (base equiv)	1		•			
buprenorphine hcl sl tab 8 mg (base equiv)	1		•			
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1		•			
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	1		•			
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1		•			
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	1		•			
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1		•			
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1		•			
buprenorphine td patch weekly 5 mcg/hr (Butrans)	1	•	•			
buprenorphine td patch weekly 7.5 mcg/hr (Butrans)	1	•	•			
buprenorphine td patch weekly 10 mcg/hr (Butrans)	1	•	•			
buprenorphine td patch weekly 15 mcg/hr (Butrans)	1	•	•			
buprenorphine td patch weekly 20 mcg/hr (Butrans)	1	•	•			
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine)	1		•			
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		•			
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1		•			
butorphanol tartrate nasal soln 10 mg/ml	1		•			
BUTRANS - buprenorphine td patch weekly 5 mcg/hr	3	•	•			
BUTRANS - buprenorphine td patch weekly 15 mcg/hr	3	•	•			
CODEINE SULFATE - codeine sulfate tab 15 mg	1		•			
CODEINE SULFATE - codeine sulfate tab 30 mg	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CODEINE SULFATE - codeine sulfate tab 60 mg	1		•			
codeine sulfate tab 30 mg (Codeine sulfate)	1		•			
CONZIP - tramadol hcl cap er 24hr biphasic release 100 mg	3	•	•			
CONZIP - tramadol hcl cap er 24hr biphasic release 200 mg	3	•	•			
CONZIP - tramadol hcl cap er 24hr biphasic release 300 mg	3	•	•			
DILAUDID - hydromorphone hcl liqd 1 mg/ml	3		•			
DILAUDID - hydromorphone hcl tab 2 mg	3		•			
DILAUDID - hydromorphone hcl tab 4 mg	3		•			
DILAUDID - hydromorphone hcl tab 8 mg	3		•			
FENTANYL CITRATE - fentanyl citrate buccal tab 200 mcg (base equiv)	3	•	•			
FENTANYL CITRATE - fentanyl citrate buccal tab 400 mcg (base equiv)	3	•	•			
FENTANYL CITRATE - fentanyl citrate buccal tab 600 mcg (base equiv)	3	•	•			
FENTANYL CITRATE - fentanyl citrate buccal tab 800 mcg (base equiv)	3	•	•			
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	1	•	•			
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	1	•	•			
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	1	•	•			
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	1	•	•			
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	1	•	•			
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	1	•	•			
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	1	•	•			
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	1	•	•			
fentanyl td patch 72hr 37.5 mcg/hr	1	•	•			
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	1	•	•			
fentanyl td patch 72hr 62.5 mcg/hr	1	•	•			
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	1	•	•			
fentanyl td patch 72hr 87.5 mcg/hr	1	•	•			
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	1	•	•			
FENTORA - fentanyl citrate buccal tab 100 mcg (base equiv)	3	•	•			
FENTORA - fentanyl citrate buccal tab 200 mcg (base equiv)	3	•	•			
FENTORA - fentanyl citrate buccal tab 400 mcg (base equiv)	3	•	•			
FENTORA - fentanyl citrate buccal tab 600 mcg (base equiv)	3	•	•			
FENTORA - fentanyl citrate buccal tab 800 mcg (base equiv)	3	•	•			
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg	1	•	•			
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 15 mg	1	•	•			
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 20 mg	1	•	•			
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 30 mg	1	•	•			
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 40 mg	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 50 mg	1	•	•			
hydrocodone bitartrate tab er 24hr deter 20 mg (Hysingla er)	1	•	•			
hydrocodone bitartrate tab er 24hr deter 30 mg (Hysingla er)	1	•	•			
hydrocodone bitartrate tab er 24hr deter 40 mg (Hysingla er)	1	•	•			
hydrocodone bitartrate tab er 24hr deter 60 mg (Hysingla er)	1	•	•			
hydrocodone bitartrate tab er 24hr deter 80 mg (Hysingla er)	1	•	•			
hydrocodone bitartrate tab er 24hr deter 100 mg (Hysingla er)	1	•	•			
hydrocodone bitartrate tab er 24hr deter 120 mg (Hysingla er)	1	•	•			
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1		•			
hydrocodone-acetaminophen tab 10-325 mg	1		•			
hydrocodone-acetaminophen tab 5-300 mg	1		•			
hydrocodone-acetaminophen tab 7.5-300 mg	1		•			
hydrocodone-acetaminophen tab 5-325 mg	1		•			
hydrocodone-acetaminophen tab 7.5-325 mg	1		•			
hydrocodone-acetaminophen tab 10-300 mg	1		•			
hydrocodone-ibuprofen tab 7.5-200 mg	1		•			
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	1		•			
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 10-200 mg	1		•			
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		•			
hydromorphone hcl tab er 24hr 8 mg	1	•	•			
hydromorphone hcl tab er 24hr 12 mg	1	•	•			
hydromorphone hcl tab er 24hr 16 mg	1	•	•			
hydromorphone hcl tab er 24hr 32 mg	1	•	•			
hydromorphone hcl tab 2 mg (Dilaudid)	1		•			
hydromorphone hcl tab 4 mg (Dilaudid)	1		•			
hydromorphone hcl tab 8 mg (Dilaudid)	1		•			
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 20 mg	3	•	•			
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 30 mg	3	•	•			
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 40 mg	3	•	•			
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 60 mg	3	•	•			
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 80 mg	3	•	•			
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 100 mg	3	•	•			
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 120 mg	3	•	•			
LAZANDA - fentanyl citrate nasal spray 100 mcg/act (base equiv)	3	•	•			
LAZANDA - fentanyl citrate nasal spray 400 mcg/act (base equiv)	3	•	•			
LORTAB - hydrocodone-acetaminophen soln 10-300 mg/15ml	3		•			
METHADONE HCL - methadone hcl soln 5 mg/5ml	1		•			
METHADONE HCL - methadone hcl soln 10 mg/5ml	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
methadone hcl conc 10 mg/ml (Methadose)	1		•			
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		•			
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		•			
methadone hcl tab for oral susp 40 mg	1		•			
methadone hcl tab 5 mg	1		•			
methadone hcl tab 10 mg	1		•			
METHADOSE - methadone hcl conc 10 mg/ml	3		•			
METHADOSE SUGAR-FREE - methadone hcl conc 10 mg/ml	3		•			
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5ml	1		•			
MORPHINE SULFATE - morphine sulfate tab 15 mg	1		•			
MORPHINE SULFATE - morphine sulfate tab 30 mg	1		•			
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 30 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 45 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 60 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 75 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 90 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 120 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 10 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 20 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 30 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 50 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 60 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 80 mg	1	•	•			
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 100 mg	1	•	•			
morphine sulfate oral soln 10 mg/5ml	1		•			
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		•			
morphine sulfate tab er 15 mg (Ms contin)	1	•	•			
morphine sulfate tab er 30 mg (Ms contin)	1	•	•			
morphine sulfate tab er 60 mg (Ms contin)	1	•	•			
morphine sulfate tab er 100 mg (Ms contin)	1	•	•			
morphine sulfate tab er 200 mg (Ms contin)	1	•	•			
morphine sulfate tab 15 mg (Morphine sulfate)	1		•			
morphine sulfate tab 30 mg (Morphine sulfate)	1		•			
MS CONTIN - morphine sulfate tab er 15 mg	3	•	•			
MS CONTIN - morphine sulfate tab er 30 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MS CONTIN - morphine sulfate tab er 60 mg	3	•	•			
MS CONTIN - morphine sulfate tab er 100 mg	3	•	•			
MS CONTIN - morphine sulfate tab er 200 mg	3	•	•			
NALOCET - oxycodone w/ acetaminophen tab 2.5-300 mg	1		•			
NUCYNTA - tapentadol hcl tab 50 mg	3		•			
NUCYNTA - tapentadol hcl tab 75 mg	3		•			
NUCYNTA - tapentadol hcl tab 100 mg	3		•			
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	3	•	•			
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg	3	•	•			
NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg	3	•	•			
NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg	3	•	•			
NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg	3	•	•			
OXAYDO - oxycodone hcl tab 5 mg	3		•			
OXAYDO - oxycodone hcl tab 7.5 mg	3		•			
OXYCODONE AND ACETAMINOPH - oxycodone w/ acetaminophen tab 7.5-300 mg	3		•			
oxycodone hcl cap 5 mg	1		•			
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		•			
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 10 mg	3	•	•			
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 20 mg	3	•	•			
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 40 mg	3	•	•			
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 80 mg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
oxycodone hcl soln 5 mg/5ml	1		•			
oxycodone hcl tab 5 mg (Roxicodone)	1		•			
oxycodone hcl tab 10 mg	1		•			
oxycodone hcl tab 15 mg (Roxicodone)	1		•			
oxycodone hcl tab 20 mg	1		•			
oxycodone hcl tab 30 mg (Roxicodone)	1		•			
OXYCODONE HYDROCHLORIDE E - oxycodone hcl tab er 12hr deter 10 mg	3	•	•			
OXYCODONE HYDROCHLORIDE E - oxycodone hcl tab er 12hr deter 20 mg	3	•	•			
OXYCODONE HYDROCHLORIDE E - oxycodone hcl tab er 12hr deter 40 mg	3	•	•			
OXYCODONE HYDROCHLORIDE E - oxycodone hcl tab er 12hr deter 80 mg	3	•	•			
OXYCODONE HYDROCHLORIDE/ A - oxycodone w/ acetaminophen soln 5-325 mg/5ml	3		•			
OXYCODONE HYDROCHLORIDE/ A - oxycodone w/ acetaminophen soln 10-300 mg/5ml	3	•	•			
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	1		•			
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1		•			
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		•			
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		•			
OXYCODONE/ACETAMINOPHEN - oxycodone w/ acetaminophen tab 2.5-300 mg	1		•			
OXYCODONE/ACETAMINOPHEN - oxycodone w/ acetaminophen tab 5-300 mg	3		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg	3	•	•			
OXYCONTIN - oxycodone hcl tab er 12hr deter 15 mg	3	•	•			
OXYCONTIN - oxycodone hcl tab er 12hr deter 20 mg	3	•	•			
OXYCONTIN - oxycodone hcl tab er 12hr deter 30 mg	3	•	•			
OXYCONTIN - oxycodone hcl tab er 12hr deter 40 mg	3	•	•			
OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg	3	•	•			
OXYCONTIN - oxycodone hcl tab er 12hr deter 80 mg	3	•	•			
oxymorphone hcl tab 5 mg	1		•			
oxymorphone hcl tab 10 mg	1		•			
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg	1	•	•			
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 7.5 mg	1	•	•			
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 10 mg	1	•	•			
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 15 mg	1	•	•			
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 20 mg	1	•	•			
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 30 mg	1	•	•			
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 40 mg	1	•	•			
PROLATE - oxycodone w/ acetaminophen soln 10-300 mg/5ml	3	•	•			
PROLATE - oxycodone w/ acetaminophen tab 5-300 mg	3		•			
PROLATE - oxycodone w/ acetaminophen tab 7.5-300 mg	3		•			
PROLATE - oxycodone w/ acetaminophen tab 10-300 mg	1		•			
QDOLO - tramadol hcl oral soln 5 mg/ml	3	•	•			
ROXICODONE - oxycodone hcl tab 15 mg	3		•			
ROXYBOND - oxycodone hcl tab abuse deter 5 mg	3		•			
ROXYBOND - oxycodone hcl tab abuse deter 15 mg	3		•			
ROXYBOND - oxycodone hcl tab abuse deter 30 mg	3		•			
SEGLENTIS - celecoxib-tramadol hcl tab 56-44 mg	3	•	•			
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	3		•			
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	3		•			
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	3		•			
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	3		•			
SUBSYS - fentanyl sublingual spray 100 mcg	3	•	•			
SUBSYS - fentanyl sublingual spray 200 mcg	3	•	•			
SUBSYS - fentanyl sublingual spray 400 mcg	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SUBSYS - fentanyl sublingual spray 600 mcg	3	•	•			
SUBSYS - fentanyl sublingual spray 800 mcg	3	•	•			
SUBSYS - fentanyl sublingual spray 1200 mcg (600 mcg x 2)	3	•	•			
SUBSYS - fentanyl sublingual spray 1600 mcg (800 mcg x 2)	3	•	•			
TRAMADOL HCL ER - tramadol hcl cap er 24hr biphasic release 100 mg	1	•	•			
TRAMADOL HCL ER - tramadol hcl cap er 24hr biphasic release 200 mg	1	•	•			
TRAMADOL HCL ER - tramadol hcl cap er 24hr biphasic release 300 mg	1	•	•			
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 100 mg	1	•	•			
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 200 mg	1	•	•			
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 300 mg	1	•	•			
tramadol hcl tab er 24hr 100 mg	1	•	•			
tramadol hcl tab er 24hr 200 mg	1	•	•			
tramadol hcl tab er 24hr 300 mg	1	•	•			
tramadol hcl tab 50 mg (Ultram)	1		•			
tramadol hcl tab 100 mg	1		•			
TRAMADOL HYDROCHLORIDE - tramadol hcl oral soln 5 mg/ml	3	•	•			
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		•			
TREZIX - acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3		•			
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg	2	•	•			
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 13.5 mg	2	•	•			
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 18 mg	2	•	•			
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 27 mg	2	•	•			
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	2	•	•			
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	3		•			
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	3		•			
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	3		•			
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	3		•			
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	3		•			
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	3		•			
ANALGESICS - ANTI-INFLAMMATORY						
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	2	•	•	•		•
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	2	•	•	•		•
ARAVA - leflunomide tab 10 mg	3	•				
ARAVA - leflunomide tab 20 mg	3	•				
ARCALYST - rilonacept for inj 220 mg	2	•	•	•		•
ARTHROTEC 50 - diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ARTHROTEC 75 - diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3	•				
CELEBREX - celecoxib cap 50 mg	3	•	•			
CELEBREX - celecoxib cap 100 mg	3	•	•			
CELEBREX - celecoxib cap 400 mg	3	•	•			
celecoxib cap 50 mg (Celebrex)	1		•			
celecoxib cap 100 mg (Celebrex)	1		•			
celecoxib cap 200 mg (Celebrex)	1		•			
celecoxib cap 400 mg (Celebrex)	1		•			
DAYPRO - oxaprozin tab 600 mg	3	•				
DICLOFENAC - diclofenac cap 35 mg	3	•				
diclofenac potassium cap 25 mg (Zipsor)	1					
diclofenac potassium tab 25 mg	1	•				
diclofenac potassium tab 50 mg	1					
diclofenac sodium tab delayed release 25 mg	1					
diclofenac sodium tab delayed release 50 mg	1					
diclofenac sodium tab delayed release 75 mg	1					
diclofenac sodium tab er 24hr 100 mg	1					
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1					
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1					
DUEXIS - ibuprofen-famotidine tab 800-26.6 mg	3	•	•			
EC-NAPROSYN - naproxen tab ec 375 mg	3	•				
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	2	•	•	•		•
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	•	•	•		•
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	•	•	•		•
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	2	•	•	•		•
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	2	•	•	•		•
etodolac cap 200 mg	1					
etodolac cap 300 mg	1					
etodolac tab er 24hr 400 mg	1					
etodolac tab er 24hr 500 mg	1					
etodolac tab er 24hr 600 mg	1	•				
etodolac tab 400 mg (Lodine)	1					
etodolac tab 500 mg	1					
FELDENE - piroxicam cap 10 mg	3	•				
FELDENE - piroxicam cap 20 mg	3	•				
FENOPROFEN CALCIUM - fenoprofen calcium cap 200 mg	3	•				
fenoprofen calcium cap 400 mg (Nalfon)	1	•				
fenoprofen calcium tab 600 mg (Nalfon)	1	•				
FLURBIPROFEN - flurbiprofen tab 50 mg	1	•				
flurbiprofen tab 100 mg	1					
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	2	•	•	•		•
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	2	•	•	•		•
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	2	•	•	•		•
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	2	•	•	•		•
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	2	•	•	•		•
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	2	•	•	•		•
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	2	•	•	•		•
HUMIRA PEN - adalimumab pen-injector kit 80 mg/0.8ml	2	•	•	•		•
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml	2	•	•	•		•
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 80 mg/0.8ml	2	•	•	•		•
HUMIRA PEN-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	2	•	•	•		•
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	2	•	•	•		•
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	•	•	•		•
ibuprofen tab 400 mg	1					
ibuprofen tab 600 mg	1					
ibuprofen tab 800 mg	1					
ibuprofen-famotidine tab 800-26.6 mg (Duexis)	1	•	•			
INDOCIN - indomethacin suppos 50 mg	3	•	•			
INDOCIN - indomethacin susp 25 mg/5ml	3	•				
INDOMETHACIN - indomethacin cap 20 mg	3	•				
indomethacin cap er 75 mg	1					
indomethacin cap 25 mg	1					
indomethacin cap 50 mg	1					
KETOPROFEN - ketoprofen cap 25 mg	3	•				
KETOPROFEN - ketoprofen cap 50 mg	3	•				
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	3	•				
ketorolac tromethamine tab 10 mg	1		•			
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	3	•	•	•		•
KEVZARA - sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	3	•	•	•		•
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	3	•	•	•		•
KEVZARA - sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	3	•	•	•		•
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	3	•	•	•		•
leflunomide tab 10 mg (Arava)	1					
leflunomide tab 20 mg (Arava)	1					
LODINE - etodolac tab 400 mg	3	•				
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg	1	•				
MECLOFENAMATE SODIUM - meclofenamate sodium cap 100 mg	1	•				
mefenamic acid cap 250 mg	1					
MELOXICAM - meloxicam susp 7.5 mg/5ml	3	•	•			
meloxicam cap 5 mg (Vivlodex)	1	•	•			
meloxicam cap 10 mg (Vivlodex)	1	•	•			
meloxicam tab 7.5 mg (Mobic)	1		•			
meloxicam tab 15 mg (Mobic)	1		•			
nabumetone tab 500 mg	1					
nabumetone tab 750 mg	1					
NALFON - fenoprofen calcium cap 400 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
NALFON - fenoprofen calcium tab 600 mg	3	•				
NAPRELAN - naproxen sodium tab er 24hr 375 mg (base equiv)	3	•				
NAPRELAN - naproxen sodium tab er 24hr 500 mg (base equiv)	3	•				
NAPRELAN - naproxen sodium tab er 24hr 750 mg (base equiv)	3	•				
NAPROSYN - naproxen susp 125 mg/5ml	3	•				
NAPROSYN - naproxen tab 500 mg	3	•				
naproxen sodium tab er 24hr 375 mg (base equiv) (Naprelan)	1	•				
naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan)	1	•				
naproxen sodium tab er 24hr 750 mg (base equiv) (Naprelan)	3					
naproxen sodium tab 275 mg	1					
naproxen sodium tab 550 mg	1					
naproxen susp 125 mg/5ml (Naprosyn)	1					
naproxen tab ec 375 mg (Ec-naprosyn)	1					
naproxen tab ec 500 mg (Ec-naprosyn)	1					
naproxen tab 250 mg	1					
naproxen tab 375 mg	1					
naproxen tab 500 mg (Naprosyn)	1					
naproxen-esomeprazole magnesium tab dr 375-20 mg (Vimovo)	1	•	•			
naproxen-esomeprazole magnesium tab dr 500-20 mg (Vimovo)	1	•	•			
OLUMIANT - baricitinib tab 1 mg	3	•	•	•		•
OLUMIANT - baricitinib tab 2 mg	3	•	•	•		•
OLUMIANT - baricitinib tab 4 mg	3	•	•	•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	3	•	•	•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	3	•	•	•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	3	•	•	•		•
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	3	•	•	•		•
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	2	•	•	•		•
OTEZLA - apremilast tab 30 mg	2	•	•	•		•
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml	2	•	•			
OTREXUP - methotrexate soln pf auto-injector 12.5 mg/0.4ml	2	•	•			
OTREXUP - methotrexate soln pf auto-injector 15 mg/0.4ml	2	•	•			
OTREXUP - methotrexate soln pf auto-injector 17.5 mg/0.4ml	2	•	•			
OTREXUP - methotrexate soln pf auto-injector 20 mg/0.4ml	2	•	•			
OTREXUP - methotrexate soln pf auto-injector 22.5 mg/0.4ml	2	•	•			
OTREXUP - methotrexate soln pf auto-injector 25 mg/0.4ml	2	•	•			
oxaprozin tab 600 mg (Daypro)	1					
piroxicam cap 10 mg (Feldene)	1					
piroxicam cap 20 mg (Feldene)	1					
RASUVO - methotrexate soln pf auto-injector 7.5 mg/0.15ml	3	•	•			
RASUVO - methotrexate soln pf auto-injector 10 mg/0.2ml	3	•	•			
RASUVO - methotrexate soln pf auto-injector 12.5 mg/0.25ml	3	•	•			
RASUVO - methotrexate soln pf auto-injector 15 mg/0.3ml	3	•	•			
RASUVO - methotrexate soln pf auto-injector 17.5 mg/0.35ml	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
RASUVO - methotrexate soln pf auto-injector 20 mg/0.4ml	3	•	•			
RASUVO - methotrexate soln pf auto-injector 22.5 mg/0.45ml	3	•	•			
RASUVO - methotrexate soln pf auto-injector 25 mg/0.5ml	3	•	•			
RASUVO - methotrexate soln pf auto-injector 30 mg/0.6ml	3	•	•			
REDITREX - methotrexate soln prefilled syringe 7.5 mg/0.3ml	3	•	•			
REDITREX - methotrexate soln prefilled syringe 10 mg/0.4ml	3	•	•			
REDITREX - methotrexate soln prefilled syringe 12.5 mg/0.5ml	3	•	•			
REDITREX - methotrexate soln prefilled syringe 15 mg/0.6ml	3	•	•			
REDITREX - methotrexate soln prefilled syringe 17.5 mg/0.7ml	3	•	•			
REDITREX - methotrexate soln prefilled syringe 20 mg/0.8ml	3	•	•			
REDITREX - methotrexate soln prefilled syringe 22.5 mg/0.9ml	3	•	•			
REDITREX - methotrexate soln prefilled syringe 25 mg/ml	3	•	•			
RELAFEN DS - nabumetone tab 1000 mg	3	•	•			
RIDAURA - auranofin cap 3 mg	2					
RINVOQ - upadacitinib tab er 24hr 15 mg	2	•	•	•		•
RINVOQ - upadacitinib tab er 24hr 30 mg	2	•	•	•		•
RINVOQ - upadacitinib tab er 24hr 45 mg	2	•	•	•		•
SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml	2	•	•	•		•
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	2	•	•	•		•
SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	2	•	•	•		•
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	•	•	•		•
sulindac tab 150 mg	1					
sulindac tab 200 mg	1					
VIMOVO - naproxen-esomeprazole magnesium tab dr 375-20 mg	3	•	•			
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	•	•	•		•
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	2	•	•	•		•
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	2	•	•	•		•
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	•	•	•		•
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	•	•	•		•
ZIPSOR - diclofenac potassium cap 25 mg	3	•				
ZORVOLEX - diclofenac cap 18 mg	3	•				
ZORVOLEX - diclofenac cap 35 mg	3	•				
MIGRAINE PRODUCTS						
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2	•	•			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2	•	•			
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2	•	•			
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2	•	•			
almotriptan malate tab 6.25 mg	1	•	•			
almotriptan malate tab 12.5 mg	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CAFERGOT - ergotamine w/ caffeine tab 1-100 mg	3	•	•			
CAMBIA - diclofenac potassium (migraine) packet 50 mg	3	•	•			
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1	•	•			
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	1	•	•			
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1	•	•			
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1	•	•			
ELYXYB - celecoxib oral soln 120 mg/4.8ml (25 mg/ml)	3	•	•			
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	•	•			
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2	•	•			
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2	•	•			
ERGOMAR - ergotamine tartrate sl tab 2 mg	2	•	•			
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	1	•	•			
FROVA - frovatriptan succinate tab 2.5 mg (base equivalent)	3	•	•			
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1	•	•			
IMITREX - sumatriptan nasal spray 5 mg/act	3	•	•			
IMITREX - sumatriptan nasal spray 20 mg/act	3	•	•			
IMITREX - sumatriptan succinate tab 25 mg	3	•	•			
IMITREX - sumatriptan succinate tab 100 mg	3	•	•			
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml	3	•	•			
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 6 mg/0.5ml	3	•	•			
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	3	•	•			
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 6 mg/0.5ml	3	•	•			
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	3	•	•			
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	3	•	•			
naratriptan hcl tab 1 mg (base equiv) (Amerge)	1		•			
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	1		•			
NURTEC - rimegepant sulfate tab disint 75 mg	3	•	•			
ONZETRA XSAIL - sumatriptan succinate exhaler powder 11 mg/ nosepiece	3	•	•			
QULIPTA - atogepant tab 10 mg	3	•	•			
QULIPTA - atogepant tab 30 mg	3	•	•			
QULIPTA - atogepant tab 60 mg	3	•	•			
RELPAX - eletriptan hydrobromide tab 20 mg (base equivalent)	3	•	•			
REYVOW - lasmiditan succinate tab 50 mg	3	•	•			
REYVOW - lasmiditan succinate tab 100 mg	3	•	•			
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1		•			
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
rizatriptan benzoate tab 5 mg (base equivalent)	1		•			
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1		•			
sumatriptan nasal spray 5 mg/act (Imitrex)	1		•			
sumatriptan nasal spray 20 mg/act (Imitrex)	1		•			
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	1		•			
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml	1	•	•			
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 6 mg/0.5ml	1	•	•			
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	1		•			
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1		•			
sumatriptan succinate tab 25 mg (Imitrex)	1		•			
sumatriptan succinate tab 50 mg (Imitrex)	1		•			
sumatriptan succinate tab 100 mg (Imitrex)	1		•			
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	1	•	•			
TOSYMRA - sumatriptan nasal spray 10 mg/act	3	•	•			
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	3	•	•			
UBRELVY - ubrogepant tab 50 mg	3	•	•			
UBRELVY - ubrogepant tab 100 mg	3	•	•			
ZEMBRACE SYMTOUCH - sumatriptan succinate solution auto-injector 3 mg/0.5ml	3	•	•			
ZOLMITRIPTAN - zolmitriptan nasal spray 2.5 mg/spray unit	3	•	•			
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	1	•	•			
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	1	•	•			
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	1	•	•			
zolmitriptan tab 2.5 mg (Zomig)	1	•	•			
zolmitriptan tab 5 mg (Zomig)	1	•	•			
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit	3	•	•			
ZOMIG - zolmitriptan nasal spray 5 mg/spray unit	3	•	•			
ZOMIG - zolmitriptan tab 2.5 mg	3	•	•			
GOUT AGENTS						
allopurinol tab 100 mg (Zyloprim)	1					
allopurinol tab 300 mg (Zyloprim)	1					
COLCHICINE - colchicine cap 0.6 mg	1	•	•			
colchicine tab 0.6 mg (Colcrys)	1		•			
colchicine w/ probenecid tab 0.5-500 mg	1					
COLCRYS - colchicine tab 0.6 mg	3	•	•			
febuxostat tab 40 mg (Uloric)	1		•			
febuxostat tab 80 mg (Uloric)	1		•			
MITIGARE - colchicine cap 0.6 mg	3	•	•			
probenecid tab 500 mg	1					
ULORIC - febuxostat tab 80 mg	3	•	•			
ZYLOPRIM - allopurinol tab 100 mg	3	•				
ZYLOPRIM - allopurinol tab 300 mg	3	•				
NEUROMUSCULAR DRUGS						
ANTICONVULSANTS						
APTIOM - eslicarbazepine acetate tab 200 mg	3		•			
APTIOM - eslicarbazepine acetate tab 400 mg	3		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
APTIOM - eslicarbazepine acetate tab 600 mg	3		•			
APTIOM - eslicarbazepine acetate tab 800 mg	3		•			
BANZEL - rufinamide susp 40 mg/ml	3	•	•			
BRIVIACT - brivaracetam oral soln 10 mg/ml	3	•	•			
BRIVIACT - brivaracetam tab 10 mg	3					
BRIVIACT - brivaracetam tab 25 mg	3		•			
BRIVIACT - brivaracetam tab 50 mg	3		•			
BRIVIACT - brivaracetam tab 75 mg	3		•			
BRIVIACT - brivaracetam tab 100 mg	3		•			
carbamazepine cap er 12hr 100 mg (Carbatrol)	1					
carbamazepine cap er 12hr 200 mg (Carbatrol)	1					
carbamazepine cap er 12hr 300 mg (Carbatrol)	1					
carbamazepine chew tab 100 mg	1					
carbamazepine susp 100 mg/5ml (Tegretol)	1					
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	1					
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	1					
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	1					
carbamazepine tab 200 mg (Tegretol)	1					
CARBATROL - carbamazepine cap er 12hr 100 mg	3	•				
CARBATROL - carbamazepine cap er 12hr 200 mg	3	•				
CARBATROL - carbamazepine cap er 12hr 300 mg	3	•				
CELONTIN - methsuximide cap 300 mg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
clobazam suspension 2.5 mg/ml (Onfi)	1					
clobazam tab 10 mg (Onfi)	1					
clobazam tab 20 mg (Onfi)	1					
clonazepam orally disintegrating tab 0.125 mg	1					
clonazepam orally disintegrating tab 0.25 mg	1					
clonazepam orally disintegrating tab 0.5 mg	1					
clonazepam orally disintegrating tab 1 mg	1					
clonazepam orally disintegrating tab 2 mg	1					
clonazepam tab 0.5 mg (Klonopin)	1					
clonazepam tab 1 mg (Klonopin)	1					
clonazepam tab 2 mg (Klonopin)	1					
DEPAKOTE - divalproex sodium tab delayed release 125 mg	3	•				
DEPAKOTE - divalproex sodium tab delayed release 250 mg	3	•				
DEPAKOTE - divalproex sodium tab delayed release 500 mg	3	•				
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg	3	•				
DEPAKOTE ER - divalproex sodium tab er 24 hr 500 mg	3	•				
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	3	•				
DIACOMIT - stiripentol cap 250 mg	2			•		•
DIACOMIT - stiripentol cap 500 mg	2			•		•
DIACOMIT - stiripentol packet 250 mg	2			•		•
DIACOMIT - stiripentol packet 500 mg	2		•	•		•
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	3					
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	2					
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	1					
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg	1					
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg	1					
DILANTIN - phenytoin sodium extended cap 30 mg	3					
DILANTIN - phenytoin sodium extended cap 100 mg	3					
DILANTIN INFATABS - phenytoin chew tab 50 mg	3					
DILANTIN-125 - phenytoin susp 125 mg/5ml	3					
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1					
divalproex sodium tab delayed release 125 mg (Depakote)	1					
divalproex sodium tab delayed release 250 mg (Depakote)	1					
divalproex sodium tab delayed release 500 mg (Depakote)	1					
divalproex sodium tab er 24 hr 250 mg (Depakote er)	1					
divalproex sodium tab er 24 hr 500 mg (Depakote er)	1					
ELEPSIA XR - levetiracetam tab er 24hr 1000 mg	3	•	•			
ELEPSIA XR - levetiracetam tab er 24hr 1500 mg	3	•	•			
EPIDIOLEX - cannabidiol soln 100 mg/ml	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EPRONTIA - topiramate oral soln 25 mg/ml	3	•	•			
ethosuximide cap 250 mg (Zarontin)	1					
ethosuximide soln 250 mg/5ml (Zarontin)	1					
felbamate susp 600 mg/5ml (Felbatol)	1					
felbamate tab 400 mg (Felbatol)	1					
felbamate tab 600 mg (Felbatol)	1					
FELBATOL - felbamate susp 600 mg/5ml	3	•				
FELBATOL - felbamate tab 400 mg	3	•				
FELBATOL - felbamate tab 600 mg	3	•				
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	3	•	•	•		•
FYCOMPA - perampanel susp 0.5 mg/ml	3	•	•			
FYCOMPA - perampanel tab 2 mg	3		•			
FYCOMPA - perampanel tab 4 mg	3		•			
FYCOMPA - perampanel tab 6 mg	3		•			
FYCOMPA - perampanel tab 8 mg	3		•			
FYCOMPA - perampanel tab 10 mg	3		•			
FYCOMPA - perampanel tab 12 mg	3		•			
gabapentin cap 100 mg (Neurontin)	1		•			
gabapentin cap 300 mg (Neurontin)	1		•			
gabapentin cap 400 mg (Neurontin)	1		•			
gabapentin oral soln 250 mg/5ml (Neurontin)	1		•			
gabapentin tab 600 mg (Neurontin)	1		•			
gabapentin tab 800 mg (Neurontin)	1		•			
GABITRIL - tiagabine hcl tab 2 mg	3	•				
GABITRIL - tiagabine hcl tab 4 mg	3	•				
GABITRIL - tiagabine hcl tab 12 mg	3	•				
GABITRIL - tiagabine hcl tab 16 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
KEPPRA - levetiracetam oral soln 100 mg/ml	3	•				
KEPPRA - levetiracetam tab 250 mg	3	•				
KEPPRA - levetiracetam tab 500 mg	3	•				
KEPPRA - levetiracetam tab 750 mg	3	•				
KEPPRA - levetiracetam tab 1000 mg	3	•				
KEPPRA XR - levetiracetam tab er 24hr 500 mg	3	•				
KEPPRA XR - levetiracetam tab er 24hr 750 mg	3	•				
KLONOPIN - clonazepam tab 0.5 mg	3	•				
lacosamide oral solution 10 mg/ml (Vimpat)	1	•	•			
lacosamide tab 50 mg (Vimpat)	1		•			
lacosamide tab 100 mg (Vimpat)	1		•			
lacosamide tab 150 mg (Vimpat)	1		•			
lacosamide tab 200 mg (Vimpat)	1		•			
LAMICTAL - lamotrigine tab 25 mg	3	•				
LAMICTAL - lamotrigine tab 100 mg	3	•				
LAMICTAL CHEWABLE DISPERS - lamotrigine tab chewable dispersible 5 mg	3	•				
LAMICTAL CHEWABLE DISPERS - lamotrigine tab chewable dispersible 25 mg	3	•				
LAMICTAL ODT - lamotrigine orally disintegrating tab 50 mg	3	•				
LAMICTAL ODT - lamotrigine orally disintegrating tab 100 mg	3	•				
LAMICTAL ODT - lamotrigine orally disintegrating tab 200 mg	3	•				
LAMICTAL ODT - lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	3					
LAMICTAL ODT - lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	3					
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	3	•				
LAMICTAL STARTER/NOT TAKI - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	3	•				
LAMICTAL STARTER/TAKING C - lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	3	•				
LAMICTAL STARTER/TAKING V - lamotrigine tab 35 x 25 mg starter kit	3	•				
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	3					
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	3					
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	3					
LAMICTAL XR - lamotrigine tab er 24hr 25 mg	3	•				
LAMICTAL XR - lamotrigine tab er 24hr 100 mg	3	•				
lamotrigine orally disintegrating tab 25 mg (Lamictal odt)	1					
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	1					
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	1					
lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	1					
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	1					
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	1					
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
lamotrigine tab er 24hr 25 mg (Lamictal xr)	1					
lamotrigine tab er 24hr 50 mg (Lamictal xr)	1					
lamotrigine tab er 24hr 100 mg (Lamictal xr)	1					
lamotrigine tab er 24hr 200 mg (Lamictal xr)	1					
lamotrigine tab er 24hr 250 mg (Lamictal xr)	1					
lamotrigine tab er 24hr 300 mg (Lamictal xr)	1					
lamotrigine tab 25 mg (Lamictal)	1					
lamotrigine tab 100 mg (Lamictal)	1					
lamotrigine tab 150 mg (Lamictal)	1					
lamotrigine tab 200 mg (Lamictal)	1					
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1					
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1					
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1					
levetiracetam oral soln 100 mg/ml (Keppra)	1					
levetiracetam tab er 24hr 500 mg (Keppra xr)	1					
levetiracetam tab er 24hr 750 mg (Keppra xr)	1					
levetiracetam tab 250 mg (Keppra)	1					
levetiracetam tab 500 mg (Keppra)	1					
levetiracetam tab 750 mg (Keppra)	1					
levetiracetam tab 1000 mg (Keppra)	1					
LYRICA - pregabalin cap 25 mg	3	•	•			
LYRICA - pregabalin cap 50 mg	3	•	•			
LYRICA - pregabalin cap 200 mg	3	•	•			
LYRICA - pregabalin cap 225 mg	3	•	•			
LYRICA - pregabalin cap 300 mg	3	•	•			
LYRICA - pregabalin soln 20 mg/ml	3		•			
MYSOLINE - primidone tab 50 mg	3	•				
MYSOLINE - primidone tab 250 mg	3	•				
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	2	•	•			
NEURONTIN - gabapentin cap 100 mg	3	•	•			
NEURONTIN - gabapentin cap 300 mg	3	•	•			
NEURONTIN - gabapentin oral soln 250 mg/5ml	3	•	•			
NEURONTIN - gabapentin tab 800 mg	3	•	•			
ONFI - clobazam suspension 2.5 mg/ml	3	•				
ONFI - clobazam tab 10 mg	3	•				
ONFI - clobazam tab 20 mg	3	•				
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1					
oxcarbazepine tab 150 mg (Trileptal)	1					
oxcarbazepine tab 300 mg (Trileptal)	1					
oxcarbazepine tab 600 mg (Trileptal)	1					
OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg	3		•			
OXTELLAR XR - oxcarbazepine tab er 24hr 300 mg	3		•			
OXTELLAR XR - oxcarbazepine tab er 24hr 600 mg	3		•			
PHENYTEK - phenytoin sodium extended cap 200 mg	3					
PHENYTEK - phenytoin sodium extended cap 300 mg	3					
phenytoin chew tab 50 mg (Dilantin infatabs)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
phenytoin sodium extended cap 100 mg (Dilantin)	1					
phenytoin sodium extended cap 200 mg (Phenytek)	1					
phenytoin sodium extended cap 300 mg (Phenytek)	1					
phenytoin susp 125 mg/5ml (Dilantin-125)	1					
pregabalin cap 25 mg (Lyrica)	1		•			
pregabalin cap 50 mg (Lyrica)	1		•			
pregabalin cap 75 mg (Lyrica)	1		•			
pregabalin cap 100 mg (Lyrica)	1		•			
pregabalin cap 150 mg (Lyrica)	1		•			
pregabalin cap 200 mg (Lyrica)	1		•			
pregabalin cap 225 mg (Lyrica)	1		•			
pregabalin cap 300 mg (Lyrica)	1		•			
primidone tab 50 mg (Mysoline)	1					
primidone tab 250 mg (Mysoline)	1					
QUDEXY XR - topiramate cap er 24hr sprinkle 25 mg	3	•	•			
QUDEXY XR - topiramate cap er 24hr sprinkle 50 mg	3	•	•			
QUDEXY XR - topiramate cap er 24hr sprinkle 100 mg	3	•	•			
QUDEXY XR - topiramate cap er 24hr sprinkle 150 mg	3	•	•			
QUDEXY XR - topiramate cap er 24hr sprinkle 200 mg	3	•	•			
rufinamide susp 40 mg/ml (Banzel)	1	•	•			
rufinamide tab 200 mg (Banzel)	1		•			
rufinamide tab 400 mg (Banzel)	1		•			
SABRIL - vigabatrin powd pack 500 mg	3	•	•	•		•
SABRIL - vigabatrin tab 500 mg	3	•	•	•		•
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	3					
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	3					
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	3					
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	3					
SYMPAZAN - clobazam oral film 5 mg	3					
SYMPAZAN - clobazam oral film 10 mg	3					
SYMPAZAN - clobazam oral film 20 mg	3					
TEGRETOL - carbamazepine susp 100 mg/5ml	3					
TEGRETOL - carbamazepine tab 200 mg	3					
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg	3					
TEGRETOL-XR - carbamazepine tab er 12hr 200 mg	3					
TEGRETOL-XR - carbamazepine tab er 12hr 400 mg	3					
tiagabine hcl tab 2 mg (Gabitril)	1					
tiagabine hcl tab 4 mg (Gabitril)	1					
tiagabine hcl tab 12 mg (Gabitril)	1					
tiagabine hcl tab 16 mg (Gabitril)	1					
TOPAMAX - topiramate tab 25 mg	3	•				
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg	3	•				
TOPAMAX SPRINKLE - topiramate sprinkle cap 25 mg	3	•				
topiramate cap er 24hr sprinkle 25 mg (Qudexy xr)	1	•	•			
topiramate cap er 24hr sprinkle 50 mg (Qudexy xr)	1	•	•			
topiramate cap er 24hr sprinkle 100 mg (Qudexy xr)	1	•	•			
topiramate cap er 24hr sprinkle 150 mg (Qudexy xr)	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	1	•	•			
topiramate sprinkle cap 15 mg (Topamax sprinkle)	1					
topiramate sprinkle cap 25 mg (Topamax sprinkle)	1					
topiramate tab 25 mg (Topamax)	1					
topiramate tab 50 mg (Topamax)	1					
topiramate tab 100 mg (Topamax)	1					
topiramate tab 200 mg (Topamax)	1					
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	3	•				
TRILEPTAL - oxcarbazepine tab 150 mg	3	•				
TRILEPTAL - oxcarbazepine tab 300 mg	3	•				
TRILEPTAL - oxcarbazepine tab 600 mg	3	•				
TROKENDI XR - topiramate cap er 24hr 25 mg	3	•	•			
TROKENDI XR - topiramate cap er 24hr 50 mg	3	•	•			
TROKENDI XR - topiramate cap er 24hr 100 mg	3	•	•			
TROKENDI XR - topiramate cap er 24hr 200 mg	3	•	•			
valproate sodium oral soln 250 mg/5ml (base equiv)	1					
valproic acid cap 250 mg	1					
VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	2	•	•			
VALTOCO - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	2	•	•			
VALTOCO - diazepam nasal spray 5 mg/0.1 ml	2	•	•			
VALTOCO - diazepam nasal spray 10 mg/0.1 ml	2	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
vigabatrin powd pack 500 mg (Sabril)	1		•	•		•
vigabatrin tab 500 mg (Sabril)	1		•	•		•
VIMPAT - lacosamide oral solution 10 mg/ml	3	•	•			
VIMPAT - lacosamide tab 50 mg	3	•	•			
VIMPAT - lacosamide tab 100 mg	3	•	•			
VIMPAT - lacosamide tab 150 mg	3	•	•			
VIMPAT - lacosamide tab 200 mg	3	•	•			
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3	•	•			
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3		•			
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	3		•			
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	3		•			
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	3		•			
XCOPRI - cenobamate tab 50 mg	3		•			
XCOPRI - cenobamate tab 100 mg	3		•			
XCOPRI - cenobamate tab 150 mg	3		•			
XCOPRI - cenobamate tab 200 mg	3		•			
ZARONTIN - ethosuximide cap 250 mg	3					
ZARONTIN - ethosuximide soln 250 mg/5ml	3					
ZONEGRAN - zonisamide cap 25 mg	3	•				
zonisamide cap 25 mg (Zonegran)	1					
zonisamide cap 50 mg	1					
zonisamide cap 100 mg (Zonegran)	1					
ZTALMY - ganaxolone susp 50 mg/ml	3	•	•	•		•
ANTIPARKINSON AGENTS						

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
amantadine hcl cap 100 mg	1					
amantadine hcl soln 50 mg/5ml	1					
amantadine hcl tab 100 mg	1					
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	3	•	•	•		•
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1	•	•	•		•
AZILECT - rasagiline mesylate tab 0.5 mg (base equiv)	3	•				
AZILECT - rasagiline mesylate tab 1 mg (base equiv)	3	•				
benztropine mesylate tab 0.5 mg	1					
benztropine mesylate tab 1 mg	1					
benztropine mesylate tab 2 mg	1					
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1					
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1					
carbidopa & levodopa tab er 25-100 mg	1					
carbidopa & levodopa tab er 50-200 mg	1					
carbidopa & levodopa tab 10-100 mg (Sinemet)	1					
carbidopa & levodopa tab 25-100 mg (Sinemet)	1		•			
carbidopa & levodopa tab 25-250 mg	1					
carbidopa tab 25 mg (Lodosyn)	1					
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1					
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1					
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1					
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1					
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1					
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg	1					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 25-100 mg	1					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 25-250 mg	1					
COMTAN - entacapone tab 200 mg	3	•				
DHIVY - carbidopa & levodopa tab 25-100 mg	3	•	•			
entacapone tab 200 mg (Comtan)	1					
GOCOVRI - amantadine hcl cap er 24hr 68.5 mg (base equivalent)	3	•	•	•		•
GOCOVRI - amantadine hcl cap er 24hr 137 mg (base equivalent)	3	•	•	•		•
INBRIJA - levodopa inhal powder cap 42 mg	3	•	•	•		•
KYNMOBI - apomorphine hydrochloride film 10 mg	2	•	•			
KYNMOBI - apomorphine hydrochloride film 15 mg	2	•	•			
KYNMOBI - apomorphine hydrochloride film 20 mg	2	•	•			
KYNMOBI - apomorphine hydrochloride film 25 mg	2	•	•			
KYNMOBI - apomorphine hydrochloride film 30 mg	2	•	•			
LODOSYN - carbidopa tab 25 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 0.375 mg	3	•				
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 0.75 mg	3	•				
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 1.5 mg	3	•				
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 2.25 mg	3	•				
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 3 mg	3	•				
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 3.75 mg	3	•				
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 4.5 mg	3	•				
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	2					
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	2					
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	2					
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	2					
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	2					
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	2					
NOURIANZ - istradefylline tab 20 mg	3	•	•	•		•
NOURIANZ - istradefylline tab 40 mg	3	•	•	•		•
ONGENTYS - opicapone cap 25 mg	3	•	•			
ONGENTYS - opicapone cap 50 mg	3	•	•			
OSMOLEX ER - amantadine hcl tab er 24hr 129 mg (base equivalent)	3	•	•			
OSMOLEX ER - amantadine hcl tab er 24hr 193 mg (base equivalent)	3	•	•			
PARLODEL - bromocriptine mesylate cap 5 mg (base equivalent)	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PARLODEL - bromocriptine mesylate tab 2.5 mg (base equivalent)	3	•				
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	1					
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	1					
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	1					
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	1					
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	1					
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	1					
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	1					
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	1					
pramipexole dihydrochloride tab 0.25 mg	1					
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	1					
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	1					
pramipexole dihydrochloride tab 1 mg (Mirapex)	1					
pramipexole dihydrochloride tab 1.5 mg	1					
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	1					
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	1					
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1					
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1					
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1					
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1					
ropinirole hydrochloride tab 0.25 mg	1					
ropinirole hydrochloride tab 0.5 mg	1					
ropinirole hydrochloride tab 1 mg	1					
ropinirole hydrochloride tab 2 mg	1					
ropinirole hydrochloride tab 3 mg	1					
ropinirole hydrochloride tab 4 mg	1					
ropinirole hydrochloride tab 5 mg	1					
RYTARY - carbidopa & levodopa cap er 23.75-95 mg	3	•				
RYTARY - carbidopa & levodopa cap er 36.25-145 mg	3	•				
RYTARY - carbidopa & levodopa cap er 48.75-195 mg	3	•				
RYTARY - carbidopa & levodopa cap er 61.25-245 mg	3	•				
selegiline hcl cap 5 mg	1					
selegiline hcl tab 5 mg	1					
SINEMET - carbidopa & levodopa tab 10-100 mg	3	•				
SINEMET - carbidopa & levodopa tab 25-100 mg	3	•	•			
STALEVO 100 - carbidopa-levodopa-entacapone tabs 25-100-200 mg	3					
STALEVO 125 - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3					
STALEVO 150 - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3					
STALEVO 200 - carbidopa-levodopa-entacapone tabs 50-200-200 mg	3					
STALEVO 50 - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3					
STALEVO 75 - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3					
TASMAR - tolcapone tab 100 mg	3	•				
tolcapone tab 100 mg (Tasmar)	1					
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	1					
trihexyphenidyl hcl tab 2 mg	1					
trihexyphenidyl hcl tab 5 mg	1					
XADAGO - safinamide mesylate tab 50 mg (base equiv)	3	•	•			
XADAGO - safinamide mesylate tab 100 mg (base equiv)	3	•	•			
ZELAPAR - selegiline hcl orally disintegrating tab 1.25 mg	3					
NEUROMUSCULAR AGENTS						
EVRYSDI - risdiplam for soln 0.75 mg/ml	3	•	•	•		•
EXSERVAN - riluzole oral film 50 mg	3	•	•	•		•
RADICAVA ORS - edaravone oral susp 105 mg/5ml	3	•	•	•		•
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	3	•	•	•		•
RILUTEK - riluzole tab 50 mg	3	•		•		•
riluzole tab 50 mg (Rilutek)	1			•		•
TIGLUTIK - riluzole susp 50 mg/10ml	3	•		•		•
MUSCULOSKELETAL THERAPY AGENTS						
AMRIX - cyclobenzaprine hcl cap er 24hr 15 mg	3	•	•			
AMRIX - cyclobenzaprine hcl cap er 24hr 30 mg	3	•	•			
BACLOFEN - baclofen oral soln 5 mg/5ml	3	•	•			
baclofen tab 5 mg	1	•				
baclofen tab 10 mg	1					
baclofen tab 20 mg	1					
carisoprodol tab 250 mg (Soma)	1	•	•			
carisoprodol tab 350 mg (Soma)	1		•			
cyclobenzaprine hcl cap er 24hr 15 mg (Amrix)	1	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
cyclobenzaprine hcl cap er 24hr 30 mg (Amrix)	1	•	•			
cyclobenzaprine hcl tab 5 mg	1		•			
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	1	•	•			
cyclobenzaprine hcl tab 10 mg	1		•			
DANTRIUM - dantrolene sodium cap 25 mg	3	•				
dantrolene sodium cap 25 mg (Dantrium)	1					
dantrolene sodium cap 50 mg (Dantrium)	1					
dantrolene sodium cap 100 mg	1					
FLEQSUVY - baclofen susp 25 mg/5ml	3	•	•			
LYVISPAH - baclofen granules packet 5 mg	3	•	•			
LYVISPAH - baclofen granules packet 10 mg	3	•	•			
LYVISPAH - baclofen granules packet 20 mg	3	•	•			
metaxalone tab 400 mg	1	•	•			
metaxalone tab 800 mg (Skelaxin)	1	•	•			
methocarbamol tab 500 mg	1					
methocarbamol tab 750 mg	1					
NORGESIC FORTE - orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	3	•	•			
orphenadrine citrate tab er 12hr 100 mg	1					
OZOBAX - baclofen oral soln 5 mg/5ml	3	•	•			
tizanidine hcl cap 2 mg (base equivalent) (Zanaflex)	1					
tizanidine hcl cap 4 mg (base equivalent) (Zanaflex)	1					
tizanidine hcl cap 6 mg (base equivalent) (Zanaflex)	1	•	•			
tizanidine hcl tab 2 mg (base equivalent)	1					
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1					
ANTIMYASTHENIC AGENTS						
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	3	•	•	•		•
MESTINON - pyridostigmine bromide oral soln 60 mg/5ml	3					
MESTINON - pyridostigmine bromide tab 60 mg	3	•				
MESTINON TIMESPAN - pyridostigmine bromide tab er 180 mg	3	•				
PYRIDOSTIGMINE BROMIDE - pyridostigmine bromide tab 30 mg	3					
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1					
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1					
pyridostigmine bromide tab 60 mg (Mestinon)	1					
NUTRITIONAL PRODUCTS						
VITAMINS						
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	3	•				
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1					
MEPHYTON - phytonadione tab 5 mg	3	•				
phytonadione tab 5 mg (Mephyton)	1					
MULTIVITAMINS						
ATABEX EC - prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg	3					
ATABEX OB - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
C-NATE DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3					
CITRANATAL ASSURE - prenat w/o a w/fecbn-fegl-dss-fa tab & dha cap 300 mg pack	3					
CITRANATAL B-CALM - prenat w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak	3					
CITRANATAL BLOOM - prenatal vit w/ dss-fe cbn-fe gluc-fa tab 90-1 mg	3					
CITRANATAL DHA - prenat w/o a w/ fecbn-fegl-dss-fa tab & dha cap 250 mg pack	3					
CITRANATAL HARMONY - prenat w/o a w/fe fum-fe cbn-dss-fa-dha cap 27-1-260 mg	3					
CITRANATAL 90 DHA - prenat w/o a w/fecbn-fegl-dss-fa tab 90 &dha cap 300mg pak	3					
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	3					
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3					
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	3					
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	3					
DUET DHA BALANCED - prenat w/fe poly-na fered-fa tab 25-1 & omega cap 267 mg	3					
DUET DHA 400 - prenat w/fe poly-na fered-fa tab 25-1 & omega cap 400 mg	3					
ELITE-OB - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3					
ENBRACE HR - prenatal vit w/ fe gly cys-fa-omega 3 fatty acids cap	3					
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	3					
INATAL GT - prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	3					
JENLIVA PRENATAL/POSTNATA - prenatal multivitamins & minerals w/ iron & fa cap 1 mg	3					
KOSHER PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 30-1 mg	3					
NATACHEW - prenatal vit w/ fe fum-fe bisglycin-fa chew tab 28-1 mg	3					
NATALVIT - prenatal vit w/ fe fumarate-fa tab 75-1 mg	3					
NEEVO DHA - prenat w/o a w/fefum-methylfol-omegas cap 27-1.13 mg	3					
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3					
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 29-1 mg	3					
NEONATAL FE - prenatal vitamin w/ iron-folic acid tab 90-1 mg	3					
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3					
NEONATAL 19 - prenatal vitamin-folic acid tab 1 mg	3					
NEONATAL/DHA - prenatal mv w/fe fum-fa tab 29-1 mg & dha cap 200 mg pack	3					
NESTABS - prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	3					
NESTABS DHA - prenat w/o a w/ fe bisglyc-fa tab 32-1 mg & omega cap pack	3					
NESTABS ONE - prenat w/o a w/fecbn-bisg-methylf-dha cap 38-1-225 mg	3					
OB COMPLETE - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3					
OB COMPLETE/DHA - prenat w/ iron cbn-fe asp glyc-fa-omega cap 30-10-1-200 mg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
OBSTETRIX ONE - prenat w/o a w/ fecbn-bisg-methylf-dss-dha cap 38-1-225 mg	3					
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3					
PNV-DHA - prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	3					
PNV-DHA+DOCUSATE - prenatal w/ o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	3					
PNV-OMEGA - prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	3					
PNV-SELECT - prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	3					
PREMESISRX - prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg	3					
PRENA 1 TRUE - prenat w/o a w/fe chel-fa tab 30-1.4 mg & dha cap 300mg pk	3					
PRENAISSANCE - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	3					
PRENAISSANCE PLUS - prenatal w/o a w/fe cbn-dss-fa-dha cap 28-1-250 mg	3					
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3					
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3					
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3					
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3					
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3					
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	3					
PRENATE - prenat mv & min w/ l-methylfolate-fa chew tab 0.6-0.4 mg	3					
PRENATE AM - prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg	3					
PRENATE ELITE - prenatal w/ fe asp gly-l methylfol-fa tab 20-0.6-0.4 mg	3					
PRENATE ENHANCE - prenat w/ o a w/fefum-methfol-fa-dha cap 28-0.6-0.4-400 mg	3					
PRENATE ESSENTIAL - prenat w/ o a w/feaspg-methfol-fa-dha cap 18-0.6-0.4-300 mg	3					
PRENATE RESTORE - prenat w/ o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-400 mg	3					
PRENATVITE COMPLETE - prenatal multivitamins & minerals w/ iron & fa tab 1 mg	3					
PRENATVITE PLUS - prenatal multivitamins & minerals w/ iron & fa tab 1 mg	3					
PRENATVITE RX - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	3					
PRENA1 CHEW - prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg	3					
PRENA1 PEARL - prenat w/oa w/ fefum-na fered-fa-dha cap er 30-1.4-200 mg	3					
PRIMACARE - prenat w/o a w/ feasp-methlf-fa-omeg cap 30-0.75-0.25-470mg	3					
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	3					
RELNATE DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3					
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3					
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SELECT-OB - prenat w/ fepolycmplx-methylfol-fa chew tab 29-0.6-0.4 mg	3					
SELECT-OB - prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	3					
SELECT-OB+DHA - prenatal mv w/ fe poly-fa chw 29-1 mg & dha cap 250 mg pak	3					
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	3					
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3					
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	3					
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	3					
TRISTART FREE - prenat w/o a w/ dha & fecbn-methylf-fa cap 33-1 mg	3					
TRISTART ONE - prenat w/o a w/ fecbn-methylf-fa-dha cap 35-1-215 mg	3					
VINATE DHA RF - prenat w/o a w/fefum-methylfol-omegas cap 27-1.13 mg	3					
VINATE II - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3					
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	3					
VIRT-NATE DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3					
VIRT-PN DHA - prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	3					
VITAFOL FE+ - prenat w/fe poly-methylfol-fa-dha cap 90-0.6-0.4-200 mg	2					
VITAFOL GUMMIES - prenat vit w/ fe phos-fa-omega chew tab 3.33-0.333-34.8 mg	2					
VITAFOL STRIPS - prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg	2					
VITAFOL ULTRA - prenat w/ fe poly-methylfol-fa-dha cap 29-0.6-0.4-200 mg	2					
VITAFOL-NANO - prenatal w/o a w/ fefum-l methylfol-fa tab 18-0.6-0.4 mg	2					
VITAFOL-OB - prenatal vit w/ fe fumarate-fa tab 65-1 mg	2					
VITAFOL-OB+DHA - prenatal mv w/ fe fum-fa tab 65-1 mg & dha cap 250 mg pack	2					
VITAFOL-ONE - prenatal mv w/ fe polysac cmplx-fa-dha cap 29-1-200 mg	2					
VITAMEDMD REDICHEW RX - prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg	3					
VITAPEARL - prenat w/oa w/fefum-na fered-fa-dha cap er 30-1.4-200 mg	3					
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3					
VITATRUE - prenat w/o a w/fe chel-fa tab 30-1.4 mg & dha cap 300mg pk	3					
VIVA DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3					
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	3					
WESCAP-PN DHA - prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	3					
WESNATE DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3					
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
WESTGEL DHA - prenat w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg	3					
ZATEAN-PN DHA - prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	3					
MINERALS and ELECTROLYTES						
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3				•	
GALZIN - zinc acetate cap 25 mg (elemental zinc)	3					
GALZIN - zinc acetate cap 50 mg (elemental zinc)	3					
K-PHOS - potassium phosphate monobasic tab 500 mg	3	•				
K-PHOS NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	3	•				
K-TAB - potassium chloride tab er 10 meq	3	•				
K-TAB - potassium chloride tab er 20 meq (1500 mg)	3	•				
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1					
potassium chloride cap er 8 meq	1					
potassium chloride cap er 10 meq	1					
POTASSIUM CHLORIDE ER - potassium chloride tab er 8 meq (600 mg)	1					
potassium chloride microencapsulated crys er tab 10 meq	1					
potassium chloride microencapsulated crys er tab 15 meq	1					
potassium chloride microencapsulated crys er tab 20 meq	1					
potassium chloride oral soln 10% (20 meq/15ml)	1					
potassium chloride oral soln 20% (40 meq/15ml)	1					
potassium chloride powder packet 20 meq	1					
potassium chloride tab er 8 meq (600 mg)	1					
potassium chloride tab er 10 meq (K-tab)	1					
potassium chloride tab er 20 meq (1500 mg) (K-tab)	1					
potassium phosphate monobasic tab 500 mg (K-phos)	1					
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1				•	
SODIUM FLUORIDE - sodium fluoride tab 1 mg f (from 2.2 mg naf)	1				•	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1				•	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1				•	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1				•	
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	1				•	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	A				•	
NUTRIENTS						
DOJOLVI - triheptanoin oral liquid 100%	3	•		•		•
HEMATOLOGICAL AGENTS						
HEMATOPOIETIC AGENTS						
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	2	•	•	•		•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	2	•	•	•		•
carbonyl iron susp 15 mg/1.25ml (elemental iron)	A				•	
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	2	•	•	•		•
cyanocobalamin inj 1000 mcg/ml	1					
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	3	•	•	•		•
DROXIA - hydroxyurea cap 200 mg	2	•		•		•
DROXIA - hydroxyurea cap 300 mg	2	•		•		•
DROXIA - hydroxyurea cap 400 mg	2	•		•		•
ENDARI - glutamine (sickle cell) powd pack 5 gm	3	•	•	•		•
EPOGEN - epoetin alfa inj 2000 unit/ml	3	•	•	•		•
EPOGEN - epoetin alfa inj 3000 unit/ml	3	•	•	•		•
EPOGEN - epoetin alfa inj 4000 unit/ml	3	•	•	•		•
EPOGEN - epoetin alfa inj 10000 unit/ml	3	•	•	•		•
EPOGEN - epoetin alfa inj 20000 unit/ml	3	•	•	•		•
FER-IN-SOL - ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	A				•	
FERROUS SULFATE - ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe)	A				•	
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	A				•	
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	A				•	
ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)	A				•	
folic acid cap 0.8 mg	A				•	
folic acid tab 400 mcg	A				•	
folic acid tab 800 mcg	A				•	
folic acid tab 1 mg	1					
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	3	•	•	•		•
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	2	•	•	•		•
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	2	•	•	•		•
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	2	•	•	•		•
ICAR PEDIATRIC - carbonyl iron susp 15 mg/1.25ml (elemental iron)	A				•	
LEUKINE - sargramostim lyophilized for inj 250 mcg	3	•	•	•		•
miglustat cap 100 mg (Zavesca)	1	•	•	•		•
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	3	•	•	•		•
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	3	•	•	•		•
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	3	•	•	•		•
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	3	•	•	•		•
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	3	•	•	•		•
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	3	•	•	•		•
MULPLETA - lusutrombopag tab 3 mg	2	•	•	•		•
NASCOBAL - cyanocobalamin nasal spray 500 mcg/0.1ml	3	•	•			
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	3	•	•	•		•
NEUPOGEN - filgrastim inj 300 mcg/ml	3	•	•	•		•
NEUPOGEN - filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	3	•	•	•		•
NEUPOGEN - filgrastim soln prefilled syringe 300 mcg/0.5ml	3	•	•	•		•
NEUPOGEN - filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	3	•	•	•		•
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	3	•	•	•		•
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	3	•	•	•		•
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	•	•	•		•
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	3	•	•	•		•
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	3	•	•	•		•
OXBRYTA - voxelotor tab for oral susp 300 mg	3	•	•	•		•
OXBRYTA - voxelotor tab 500 mg	3	•	•	•		•
PROCRIT - epoetin alfa inj 2000 unit/ml	3	•	•	•		•
PROCRIT - epoetin alfa inj 3000 unit/ml	3	•	•	•		•
PROCRIT - epoetin alfa inj 4000 unit/ml	3	•	•	•		•
PROCRIT - epoetin alfa inj 10000 unit/ml	3	•	•	•		•
PROCRIT - epoetin alfa inj 20000 unit/ml	3	•	•	•		•
PROCRIT - epoetin alfa inj 40000 unit/ml	3	•	•	•		•
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv)	3	•	•	•		•
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg (base eq)	3	•	•	•		•
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv)	3	•	•	•		•
PROMACTA - eltrombopag olamine tab 25 mg (base equiv)	3	•	•	•		•
PROMACTA - eltrombopag olamine tab 50 mg (base equiv)	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PROMACTA - eltrombopag olamine tab 75 mg (base equiv)	3	•	•	•		•
RELEUKO - filgrastim-ayow inj soln 300 mcg/ml	3	•	•			
RELEUKO - filgrastim-ayow inj soln 480 mcg/1.6ml (300 mcg/ml)	3	•	•			
RELEUKO - filgrastim-ayow soln prefilled syringe 300 mcg/0.5ml	3	•	•			
RELEUKO - filgrastim-ayow soln prefilled syringe 480 mcg/0.8ml	3	•	•			
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	2	•	•	•		•
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	2	•	•	•		•
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	2	•	•	•		•
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	2	•	•	•		•
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	2	•	•	•		•
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	2	•	•	•		•
SIKLOS - hydroxyurea tab 100 mg	3	•		•		•
SIKLOS - hydroxyurea tab 1000 mg	3	•		•		•
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	3	•	•	•		•
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	2	•	•	•		•
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	2	•	•	•		•
ZAVESCA - miglustat cap 100 mg	3	•	•	•		•
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	3	•	•	•		•
ANTICOAGULANTS						
ARIXTRA - fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	3	•	•			
ARIXTRA - fondaparinux sodium subcutaneous inj 5 mg/0.4ml	3	•	•			
ARIXTRA - fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	3	•	•			
ARIXTRA - fondaparinux sodium subcutaneous inj 10 mg/0.8ml	3	•	•			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)	1		•			
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (Pradaxa)	1		•			
ELIQUIS - apixaban tab 2.5 mg	2		•			
ELIQUIS - apixaban tab 5 mg	2		•			
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2		•			
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)	1		•			
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)	1		•			
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)	1		•			
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)	1		•			
enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)	1		•			
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)	1		•			
enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)	1		•			
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1		•			
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	1		•			
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	1		•			
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	1		•			
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	1		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
FRAGMIN - dalteparin sodium inj 95000 unit/3.8ml	3		•			
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml	3		•			
FRAGMIN - dalteparin sodium soln prefilled syr 5000 unit/0.2ml	3		•			
FRAGMIN - dalteparin sodium soln prefilled syr 7500 unit/0.3ml	3		•			
FRAGMIN - dalteparin sodium soln prefilled syr 10000 unit/ml	3		•			
FRAGMIN - dalteparin sodium soln prefilled syr 12500 unit/0.5ml	3		•			
FRAGMIN - dalteparin sodium soln prefilled syr 15000 unit/0.6ml	3		•			
FRAGMIN - dalteparin sodium soln prefilled syr 18000 unit/0.72ml	3		•			
HEPARIN SODIUM - heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	3					
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3					
heparin sodium (porcine) inj 1000 unit/ml	1					
heparin sodium (porcine) inj 5000 unit/ml	1					
heparin sodium (porcine) inj 10000 unit/ml	1					
heparin sodium (porcine) inj 20000 unit/ml	1					
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1					
LOVENOX - enoxaparin sodium inj soln pref syr 30 mg/0.3ml	3	•	•			
LOVENOX - enoxaparin sodium inj soln pref syr 40 mg/0.4ml	3	•	•			
LOVENOX - enoxaparin sodium inj soln pref syr 60 mg/0.6ml	3	•	•			
LOVENOX - enoxaparin sodium inj soln pref syr 80 mg/0.8ml	3	•	•			
LOVENOX - enoxaparin sodium inj soln pref syr 100 mg/ml	3	•	•			
LOVENOX - enoxaparin sodium inj soln pref syr 120 mg/0.8ml	3	•	•			
LOVENOX - enoxaparin sodium inj soln pref syr 150 mg/ml	3	•	•			
LOVENOX - enoxaparin sodium inj 300 mg/3ml	3	•	•			
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	3	•	•			
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3		•			
PRADAXA - dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	3		•			
SAVAYSA - edoxaban tosylate tab 15 mg (base equivalent)	3		•			
SAVAYSA - edoxaban tosylate tab 30 mg (base equivalent)	3		•			
SAVAYSA - edoxaban tosylate tab 60 mg (base equivalent)	3		•			
warfarin sodium tab 1 mg	1					
warfarin sodium tab 2 mg	1					
warfarin sodium tab 2.5 mg	1					
warfarin sodium tab 3 mg	1					
warfarin sodium tab 4 mg	1					
warfarin sodium tab 5 mg	1					
warfarin sodium tab 6 mg	1					
warfarin sodium tab 7.5 mg	1					
warfarin sodium tab 10 mg	1					
XARELTO - rivaroxaban for susp 1 mg/ml	2		•			
XARELTO - rivaroxaban tab 2.5 mg	2		•			
XARELTO - rivaroxaban tab 10 mg	2		•			
XARELTO - rivaroxaban tab 15 mg	2		•			
XARELTO - rivaroxaban tab 20 mg	2		•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2		•			
HEMOSTATICS						
AMICAR - aminocaproic acid tab 1000 mg	3	•				
aminocaproic acid tab 1000 mg (Amicar)	1					
LYSTEDA - tranexamic acid tab 650 mg	3	•				
tranexamic acid tab 650 mg (Lysteda)	1					
HEMATOLOGICAL AGENTS - MISC.						
AGRYLIN - anagrelide hcl cap 0.5 mg	3	•	•			
anagrelide hcl cap 0.5 mg (Agrylin)	1		•			
anagrelide hcl cap 1 mg	1		•			
aspirin-dipyridamole cap er 12hr 25-200 mg	1		•			
BRILINTA - ticagrelor tab 60 mg	2		•			
BRILINTA - ticagrelor tab 90 mg	2		•			
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	3	•	•	•		•
cilostazol tab 50 mg	1		•			
cilostazol tab 100 mg	1		•			
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1		•			
clopidogrel bisulfate tab 300 mg (base equiv)	1		•			
dipyridamole tab 25 mg	1		•			
dipyridamole tab 50 mg	1		•			
dipyridamole tab 75 mg	1		•			
DURLAZA - aspirin capsule er 24hr 162.5 mg	3					
EFFIENT - prasugrel hcl tab 5 mg (base equiv)	3	•	•			
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	3	•	•	•		•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	2	•	•	•		•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	2	•	•	•		•
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	1	•	•	•		•
ORLADEYO - berotralstat hcl cap 110 mg	3	•	•	•		•
ORLADEYO - berotralstat hcl cap 150 mg	3	•	•	•		•
pentoxifylline tab er 400 mg	1					
PLAVIX - clopidogrel bisulfate tab 75 mg (base equiv)	3	•	•			
prasugrel hcl tab 5 mg (base equiv) (Effient)	1		•			
prasugrel hcl tab 10 mg (base equiv) (Effient)	1		•			
PYRUKYND - mitapivat sulfate tab 5 mg	3	•	•	•		•
PYRUKYND - mitapivat sulfate tab 20 mg	3	•	•	•		•
PYRUKYND - mitapivat sulfate tab 50 mg	3	•	•	•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg	3	•	•	•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg	3	•	•	•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg	3	•	•	•		•
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	•	•	•		•
TAKHZYRO - lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	2	•	•	•		•
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent)	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TAVALISSE - fostamatinib disodium tab 150 mg (base equivalent)	3	•	•	•		•
TAVNEOS - avacopan cap 10 mg	3	•	•	•		•
YOSPRALA - aspirin-omeprazole tab delayed release 81-40 mg	3	•	•			
YOSPRALA - aspirin-omeprazole tab delayed release 325-40 mg	3	•	•			
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3		•			
TOPICAL PRODUCTS						
OPHTHALMIC AGENTS						
ACULAR - ketorolac tromethamine ophth soln 0.5%	3	•				
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	3	•				
ACUVAIL - ketorolac tromethamine (pf) ophth soln 0.45%	3		•			
ALOCRIL - nedocromil sodium ophth soln 2%	2	•				
ALOMIDE - lodoxamide tromethamine ophth soln 0.1%	3					
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	2					
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	3	•				
ALREX - loteprednol etabonate ophth susp 0.2%	3					
apraclonidine hcl ophth soln 0.5% (base equivalent)	1					
ATROPINE SULFATE - atropine sulfate ophth soln 1%	1					
atropine sulfate ophth soln 1% (Atropine sulfate)	1					
AZASITE - azithromycin ophth soln 1%	3					
azelastine hcl ophth soln 0.05%	1		•			
AZOPT - brinzolamide ophth susp 1%	3	•				
BACITRACIN - bacitracin ophth oint 500 unit/gm	1					
bacitracin-polymyxin b ophth oint	1					
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1					
bepotastine besilate ophth soln 1.5% (Bepreve)	1		•			
BEPREVE - bepotastine besilate ophth soln 1.5%	3	•	•			
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3					
betaxolol hcl ophth soln 0.5%	1					
BETIMOL - timolol ophth soln 0.25%	3					
BETIMOL - timolol ophth soln 0.5%	3					
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	2					
bimatoprost ophth soln 0.03%	1	•	•			
BLEPHAMIDE S.O.P. - sulfacetamide sodium-prednisolone ophth oint 10-0.2%	2					
brimonidine tartrate ophth soln 0.15% (Alphagan p)	1					
brimonidine tartrate ophth soln 0.2%	1					
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1		•			
brinzolamide ophth susp 1% (Azopt)	1					
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1					
BROMSITE - bromfenac sodium ophth soln 0.075% (base equivalent)	3					
CARTEOLOL HCL - carteolol hcl ophth soln 1%	1					
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	3	•	•			
CILOXAN - ciprofloxacin hcl ophth oint 0.3%	3					
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	•	•			
COSOPT - dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	3	•	•			
COSOPT PF - dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	3	•	•			
cromolyn sodium ophth soln 4%	1					
cyclosporine (ophth) emulsion 0.05% (Restasis multidose)	1		•			
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	3	•	•	•		•
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	3	•	•			•
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	1					
diclofenac sodium ophth soln 0.1%	1					
difluprednate ophth emulsion 0.05% (Durezol)	1					
dorzolamide hcl ophth soln 2% (Trusopt)	1					
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	1		•			
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	1		•			
DUREZOL - difluprednate ophth emulsion 0.05%	3	•				
epinastine hcl ophth soln 0.05%	1		•			
erythromycin ophth oint 5 mg/gm	1					
FLAREX - fluorometholone acetate ophth susp 0.1%	3					
fluorometholone ophth susp 0.1% (Fml liquifilm)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	1					
FML - fluorometholone ophth oint 0.1%	2					
FML FORTE - fluorometholone ophth susp 0.25%	3					
FML LIQUIFILM - fluorometholone ophth susp 0.1%	3	•				
gatifloxacin ophth soln 0.5% (Zymaxid)	1					
GENTAK - gentamicin sulfate ophth oint 0.3%	3					
gentamicin sulfate ophth soln 0.3%	1					
ILEVRO - nepafenac ophth susp 0.3%	3					
INVELTYS - loteprednol etabonate ophth susp 1%	3					
IOPIDINE - apraclonidine hcl ophth soln 1% (base equivalent)	2					
ISOPTO ATROPINE - atropine sulfate ophth soln 1%	1					
ISTALOL - timolol maleate ophth soln 0.5% (once-daily)	3	•	•			
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1					
ketorolac tromethamine ophth soln 0.5% (Acular)	1					
latanoprost ophth soln 0.005% (Xalatan)	1		•			
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	1	•				
levofloxacin ophth soln 0.5%	1					
LOTEMAX - loteprednol etabonate ophth oint 0.5%	2					
LOTEMAX - loteprednol etabonate ophth susp 0.5%	3	•				
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
loteprednol etabonate ophth gel 0.5% (Lotemax)	1					
loteprednol etabonate ophth susp 0.5% (Lotemax)	1					
LUMIGAN - bimatoprost ophth soln 0.01%	2	•	•			
MAXIDEX - dexamethasone ophth susp 0.1%	2					
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	3	•				
MAXITROL - neomycin-polymyxin-dexamethasone ophth susp 0.1%	3	•				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1					
MOXIFLOXACIN HYDROCHLORID - moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	•				
NATACYN - natamycin ophth susp 5%	2					
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1					
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1					
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1					
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	•				
NEOMYCIN/POLYMYXIN/HYDROC - neomycin-polymyxin-hc ophth susp	1					
NEVANAC - nepafenac ophth susp 0.1%	2					
OCUFLOX - ofloxacin ophth soln 0.3%	3	•				
ofloxacin ophth soln 0.3% (Ocuflox)	1					
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	3	•	•	•		•
phenylephrine hcl ophth soln 2.5%	1					
phenylephrine hcl ophth soln 10%	1					
pilocarpine hcl ophth soln 1% (Isopto carpine)	1					
pilocarpine hcl ophth soln 2% (Isopto carpine)	1					
pilocarpine hcl ophth soln 4% (Isopto carpine)	1					
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1					
POLYTRIM - polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	3	•				
PRED MILD - prednisolone acetate ophth susp 0.12%	3					
PRED-G - gentamicin-prednisolone ace ophth susp 0.3-1%	3					
PRED-G S.O.P. - gentamicin-prednisolone ace ophth oint 0.3-0.6%	3					
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	1	•				
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	1					
PROLENSA - bromfenac sodium ophth soln 0.07% (base equivalent)	3					
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	•	•			
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	•	•			
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	•	•			
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2		•			
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	1					
sulfacetamide sodium ophth soln 10% (Bleph-10)	1					
SULFACETAMIDE SODIUM/ PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1					
timolol maleate ophth gel forming soln 0.25% (Timoptic-xe)	1					
timolol maleate ophth gel forming soln 0.5% (Timoptic-xe)	1					
timolol maleate ophth soln 0.25% (Timoptic)	1					
timolol maleate ophth soln 0.5% (Timoptic)	1					
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1		•			
timolol maleate preservative free ophth soln 0.25% (Timoptic ocudose)	1					
timolol maleate preservative free ophth soln 0.5% (Timoptic ocudose)	1					
TIMOPTIC - timolol maleate ophth soln 0.25%	3	•				
TIMOPTIC - timolol maleate ophth soln 0.5%	3	•				
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.25%	3					
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3					
TOBRADEX - tobramycin-dexamethasone ophth susp 0.3-0.1%	3	•				
TOBRADEX ST - tobramycin-dexamethasone ophth susp 0.3-0.05%	3					
tobramycin ophth soln 0.3% (Tobrex)	1					
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1					
TOBREX - tobramycin ophth oint 0.3%	3					
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	•	•			
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1	•	•			
TRIFLURIDINE - trifluridine ophth soln 1%	1	•				
TRUSOPT - dorzolamide hcl ophth soln 2%	3	•				
TYRVAYA - varenicline tartrate nasal soln 0.03 mg/act	3	•	•			
UPNEEQ - oxymetazoline hcl ophth soln 0.1%	3		•			
VERKAZIA - cyclosporine (ophth) emulsion 0.1%	3	•	•			
VIGAMOX - moxifloxacin hcl ophth soln 0.5% (base equiv)	3	•				
VUITY - pilocarpine hcl ophth soln 1.25%	3	•	•			
VYZULTA - latanoprostene bunod ophth soln 0.024%	3	•	•			
XELPROS - latanoprost ophth emulsion 0.005%	3	•	•			
XIIDRA - lifitegrast ophth soln 5%	2	•	•			
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	3	•	•			
ZIOPTAN - tafluprost preservative free (pf) ophth soln 0.0015%	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ZIRGAN - ganciclovir ophth gel 0.15%	3					
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3					
ZYMAXID - gatifloxacin ophth soln 0.5%	3	•				
OTIC AGENTS						
acetic acid otic soln 2%	1					
CETRAXAL - ciprofloxacin hcl otic soln 0.2% (base equivalent)	3					
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	3					
CIPROFLOXACIN - ciprofloxacin hcl otic soln 0.2% (base equivalent)	1					
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1					
CIPROFLOXACIN/FLUOCINOLON - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3					
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	3					
DERMOTIC - fluocinolone acetonide (otic) oil 0.01%	3	•				
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1					
hydrocortisone w/ acetic acid otic soln 1-2%	1					
neomycin-polymyxin-hc otic soln 1%	1					
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1					
ofloxacin otic soln 0.3%	1					
OTOVEL - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3					
MOUTH/THROAT/DENTAL AGENTS						
cevimeline hcl cap 30 mg (Evoxac)	1					
chlorhexidine gluconate soln 0.12% (Peridex)	1					
clotrimazole troche 10 mg	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CREST COMPLETE - sodium fluoride paste 0.243%	A				•	
EQL TRAVEL TOOTHBRUSH/TOO - sodium monofluorophosphate paste 0.15%	A				•	
EVOXAC - cevimeline hcl cap 30 mg	3	•				
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate paste 1.1-5%	3	•			•	
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate paste 1.1-5%	3	•			•	
lidocaine hcl viscous soln 2%	1					
LISTERINE ESSENTIAL CARE - sod monofluorophosph-eucal-men-methyl sal-thymol gel 0.76%	A				•	
LISTERINE TOTAL CARE - sodium fluoride rinse 0.0221% (0.01% f)	A				•	
LISTERINE TOTAL CARE ZERO - sodium fluoride rinse 0.02%	A				•	
NAFRINSE DAILY/ACIDULATED - sodium fluoride-phosphoric acid for soln 1 mg/5ml (f equiv)	3				•	
NAFRINSE DAILY/NEUTRAL - sodium fluoride for soln rinse 0.05%	3				•	
NAFRINSE WEEKLY - sodium fluoride for soln rinse 0.2%	3				•	
nystatin susp 100000 unit/ml	1					
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	3					
PARODONTAX - stannous fluoride paste 0.454%	A				•	
PERIDEX - chlorhexidine gluconate soln 0.12%	3	•				
pilocarpine hcl tab 5 mg (Salagen)	1					
pilocarpine hcl tab 7.5 mg (Salagen)	1					
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PREVIDENT RINSE - sodium fluoride rinse 0.2%	1					
PREVIDENT 5000 BOOSTER PL - sodium fluoride paste 1.1%	3					
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	3					
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	3	•				
PREVIDENT 5000 ORTHO DEFE - sodium fluoride paste 1.1%	3					
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	3					
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	•				
SALAGEN - pilocarpine hcl tab 5 mg	3	•				
SALAGEN - pilocarpine hcl tab 7.5 mg	3	•				
SENSODYNE COMPLETE PROTEC - stannous fluoride paste 0.454%	A				•	
SENSODYNE RAPID RELIEF - stannous fluoride paste 0.454%	A				•	
SENSODYNE REPAIR & PROTEC - stannous fluoride paste 0.454%	A				•	
sodium fluoride cream 1.1% (Prevident 5000 plus)	1				•	
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1				•	
sodium fluoride paste 1.1% (Prevident 5000 boost)	1				•	
sodium fluoride rinse 0.02%	A				•	
sodium fluoride rinse 0.0221% (0.01% f)	A				•	
sodium fluoride rinse 0.05%	A				•	
sodium fluoride rinse 0.2% (Prevident rinse)	1				•	
sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi)	1				•	
stannous fluoride conc 0.63%	A				•	
stannous fluoride gel 0.4%	A				•	
triamcinolone acetonide dental paste 0.1%	1					
ANORECTAL AGENTS						
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	2					
ANUSOL-HC - hydrocortisone perianal cream 2.5%	3	•				
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	2					
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (Analpram-hc)	1					
hydrocortisone enema 100 mg/60ml (Cortenema)	1					
hydrocortisone perianal cream 1% (Proctocort)	1					
hydrocortisone perianal cream 2.5% (Anusol-hc)	1					
PROCTOCORT - hydrocortisone perianal cream 1%	3	•				
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2					
RECTIV - nitroglycerin oint 0.4%	3		•			
UCERIS - budesonide rectal foam 2 mg/act	3					
DERMATOLOGICALS						
ABSORICA - isotretinoin cap 10 mg	3	•				
ABSORICA - isotretinoin cap 20 mg	3	•				
ABSORICA - isotretinoin cap 25 mg	3	•				
ABSORICA - isotretinoin cap 30 mg	3	•				
ABSORICA - isotretinoin cap 35 mg	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ABSORICA - isotretinoin cap 40 mg	3	•				
ACANYA - clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	3	•				
acitretin cap 10 mg (Soriatane)	1					
acitretin cap 17.5 mg	1					
acitretin cap 25 mg (Soriatane)	1					
acyclovir cream 5% (Zovirax)	1	•				
acyclovir oint 5% (Zovirax)	1					
ACZONE - dapsone gel 5%	3	•				
ADAPALENE - adapalene pads 0.1%	3	•				
ADAPALENE - adapalene soln 0.1%	3	•				
adapalene gel 0.3% (Differin)	1	•				
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	1	•				
adapalene-benzoyl peroxide gel 0.3-2.5% (Epiduo forte)	1	•				
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	•	•	•		•
ALA-SCALP - hydrocortisone lotion 2%	3	•				
alclometasone dipropionate cream 0.05%	1					
alclometasone dipropionate oint 0.05%	1					
ALTABAX - retapamulin oint 1%	3					
ALTRENO - tretinoin lotion 0.05%	3	•				
AMCINONIDE - amcinonide lotion 0.1%	1	•				
AMCINONIDE - amcinonide oint 0.1%	1	•				
APEXICON E - diflorasone diacetate emollient base cream 0.05%	3	•				
ARAZLO - tazarotene (acne) lotion 0.045%	3	•				
ATRALIN - tretinoin gel 0.05%	3	•				
azelaic acid gel 15% (Finacea)	1					
AZELEX - azelaic acid cream 20%	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	3	•				
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1					
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	1	•				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1					
betamethasone dipropionate augmented lotion 0.05%	1					
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1					
betamethasone dipropionate cream 0.05%	1					
betamethasone dipropionate lotion 0.05%	1					
betamethasone dipropionate oint 0.05%	1					
betamethasone valerate aerosol foam 0.12% (Luxiq)	1	•				
betamethasone valerate cream 0.1% (base equivalent)	1					
betamethasone valerate lotion 0.1% (base equivalent)	1					
betamethasone valerate oint 0.1% (base equivalent)	1					
bexarotene gel 1% (Targretin)	1	•				
BRYHALI - halobetasol propionate lotion 0.01%	3	•				
CALCIPOTRIENE - calcipotriene foam 0.005%	3	•				
calcipotriene cream 0.005% (Dovonex)	1					
calcipotriene oint 0.005%	1					
calcipotriene soln 0.005% (50 mcg/ml)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	1	•				
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	1	•				
CALCITRIOL - calcitriol oint 3 mcg/gm	1					
CAPEX - fluocinolone acetonide shampoo 0.01%	3	•				
CARAC - fluorouracil cream 0.5%	3	•	•			
CENTANY - mupirocin oint 2%	3					
CIBINQO - abrocitinib tab 50 mg	3	•	•	•		•
CIBINQO - abrocitinib tab 100 mg	3	•	•	•		•
CIBINQO - abrocitinib tab 200 mg	3	•	•	•		•
ciclopirox gel 0.77%	1					
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1					
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1					
ciclopirox shampoo 1% (Loprox shampoo)	1					
ciclopirox solution 8% (Penlac Nail Lacquer)	1		•			
CLEOCIN-T - clindamycin phosphate lotion 1%	3	•				
CLINDAGEL - clindamycin phosphate gel 1%	3	•				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1					
clindamycin phosphate foam 1% (Evoclin)	1					
clindamycin phosphate gel 1%	1					
clindamycin phosphate lotion 1% (Cleocin-t)	1					
clindamycin phosphate soln 1%	1					
clindamycin phosphate swab 1%	1					
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya)	1					
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	1	•				
clobetasol propionate cream 0.05% (Temovate)	1					
clobetasol propionate emollient base cream 0.05%	1					
clobetasol propionate emulsion foam 0.05% (Olux-e)	1	•				
clobetasol propionate foam 0.05% (Olux)	1	•				
clobetasol propionate gel 0.05%	1					
clobetasol propionate lotion 0.05% (Clobex)	1	•				
clobetasol propionate oint 0.05% (Temovate)	1					
clobetasol propionate shampoo 0.05% (Clobex)	1	•				
clobetasol propionate soln 0.05%	1					
clobetasol propionate spray 0.05% (Clobex)	1	•				
CLOBEX - clobetasol propionate lotion 0.05%	3	•				
CLOBEX - clobetasol propionate shampoo 0.05%	3	•				
CLOBEX - clobetasol propionate spray 0.05%	3	•				
clocortolone pivalate cream 0.1% (Cloderm)	1	•				
CLODERM - clocortolone pivalate cream 0.1%	3	•				
clotrimazole w/ betamethasone cream 1-0.05%	1					
clotrimazole w/ betamethasone lotion 1-0.05%	1					
CORDRAN - flurandrenolide cream 0.025%	3	•				
CORDRAN - flurandrenolide cream 0.05%	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CORDRAN - flurandrenolide lotion 0.05%	3	•				
CORDRAN - flurandrenolide oint 0.05%	3	•				
CORDRAN - flurandrenolide tape 4 mcg/sqcm	2	•				
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	•	•	•		•
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	•	•	•		•
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	2	•	•	•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	•	•	•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	2	•	•	•		•
CROTAN - crotamiton lotion 10%	1					
dapsone gel 5% (Aczone)	1					
dapsone gel 7.5% (Aczone)	1					
DENAVIR - penciclovir cream 1%	2					
DERMA-SMOOTHE/FS BODY - fluocinolone acetonide oil 0.01% (body oil)	3	•				
DERMA-SMOOTHE/FS SCALP - fluocinolone acetonide oil 0.01% (scalp oil)	3	•				
desonide cream 0.05% (Desowen)	1					
desonide gel 0.05% (Desonate)	1	•				
desonide lotion 0.05%	1	•				
desonide oint 0.05%	1					
DESOWEN - desonide cream 0.05%	3	•				
desoximetasone cream 0.05% (Topicort)	1	•				
desoximetasone cream 0.25% (Topicort)	1					
desoximetasone gel 0.05% (Topicort)	1	•				
desoximetasone oint 0.05% (Topicort)	1	•				
desoximetasone oint 0.25% (Topicort)	1					
desoximetasone spray 0.25% (Topicort)	1	•				
DICLOFENAC EPOLAMINE - diclofenac epolamine patch 1.3%	3	•	•			
diclofenac sodium (actinic keratoses) gel 3%	1	•	•			
diclofenac sodium soln 1.5%	1		•			
diclofenac sodium soln 2% (Pennsaid)	1	•				
DIFFERIN - adapalene gel 0.3%	3	•				
DIFLORASONE DIACETATE - diflorasone diacetate cream 0.05%	1	•				
DIFLORASONE DIACETATE - diflorasone diacetate cream 0.05%	3	•				
diflorasone diacetate oint 0.05%	1	•				
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	3	•				
DOVONEX - calcipotriene cream 0.005%	3	•				
DOXEPIN HYDROCHLORIDE - doxepin hcl cream 5%	3	•	•			
DOXYCYCLINE - doxycycline (rosacea) cap delayed release 40 mg	1	•	•			
DUOBRII - halobetasol propionate-tazarotene lotion 0.01-0.045%	3	•				
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	2	•	•	•		•
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	2	•	•	•		•
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	2	•	•	•		•
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	2	•	•	•		•
econazole nitrate cream 1%	1					
ECOZA - econazole nitrate foam 1%	3	•				
EFUDEX - fluorouracil cream 5%	3	•	•			
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	3	•				
EPIDUO FORTE - adapalene-benzoyl peroxide gel 0.3-2.5%	3	•				
EPSOLAY - benzoyl peroxide cream 5%	3	•				
ERTACZO - sertaconazole nitrate cream 2%	3	•				
ERY - erythromycin pads 2%	1	•				
ERYGEL - erythromycin gel 2%	3	•				
erythromycin gel 2% (Erygel)	1					
erythromycin soln 2%	1					
EUCRISA - crisaborole oint 2%	3	•				
EVOCLIN - clindamycin phosphate foam 1%	3	•				
EXELDERM - sulconazole nitrate cream 1%	3	•				
EXELDERM - sulconazole nitrate solution 1%	3	•				
FABIOR - tazarotene (acne) foam 0.1%	3	•				
FINACEA - azelaic acid foam 15%	3	•				
FINACEA - azelaic acid gel 15%	3	•				
FLECTOR - diclofenac epolamine patch 1.3%	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
fluocinolone acetonide cream 0.01%	1					
fluocinolone acetonide cream 0.025% (Synalar)	1					
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1					
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1					
fluocinolone acetonide oint 0.025% (Synalar)	1					
fluocinolone acetonide soln 0.01% (Synalar)	1					
fluocinonide cream 0.05%	1					
fluocinonide cream 0.1% (Vanos)	1					
fluocinonide emulsified base cream 0.05%	1					
fluocinonide gel 0.05%	1					
fluocinonide oint 0.05%	1					
fluocinonide soln 0.05%	1					
FLUOROURACIL - fluorouracil cream 0.5%	3	•	•			
FLUOROURACIL - fluorouracil soln 2%	1					
FLUOROURACIL - fluorouracil soln 5%	1					
fluorouracil cream 5% (Efudex)	1	•	•			
flurandrenolide cream 0.05% (Cordran)	1	•				
flurandrenolide lotion 0.05% (Cordran)	1	•				
fluticasone propionate cream 0.05%	1					
fluticasone propionate lotion 0.05% (Cutivate)	1	•				
fluticasone propionate oint 0.005%	1					
gentamicin sulfate cream 0.1%	1					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
gentamicin sulfate oint 0.1%	1					
halcinonide cream 0.1% (Halog)	1	•				
HALOBETASOL PROPIONATE - halobetasol propionate foam 0.05%	3	•				
halobetasol propionate cream 0.05%	1					
halobetasol propionate oint 0.05%	1	•				
HALOG - halcinonide cream 0.1%	3	•				
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate cream 0.1%	1	•				
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate soln 0.1%	1	•				
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (Locoid lipocream)	1					
hydrocortisone butyrate lotion 0.1% (Locoid)	1	•				
hydrocortisone butyrate oint 0.1%	1	•				
hydrocortisone cream 2.5%	1					
hydrocortisone lotion 2.5%	1					
hydrocortisone oint 2.5%	1					
hydrocortisone valerate cream 0.2%	1					
hydrocortisone valerate oint 0.2%	1					
HYFTOR - sirolimus gel 0.2%	3					
imiquimod cream 3.75% (Zyclara)	1	•	•			
imiquimod cream 5% (Aldara)	1		•			
IMPEKLO - clobetasol propionate lotion 0.15 mg/act (0.05%)	3	•				
IMPOYZ - clobetasol propionate cream 0.025%	3	•				
isotretinoin cap 10 mg (Absorica)	1	•				
isotretinoin cap 20 mg (Absorica)	1	•				
isotretinoin cap 25 mg (Absorica)	1	•				
isotretinoin cap 30 mg (Absorica)	1	•				
isotretinoin cap 35 mg (Absorica)	1	•				
isotretinoin cap 40 mg (Absorica)	1	•				
ivermectin cream 1% (Soolantra)	1	•				
JUBLIA - efinaconazole soln 10%	3	•	•			
KENALOG - triamcinolone acetonide aerosol soln 0.147 mg/gm	3	•				
KERYDIN - tavaborole soln 5%	3	•	•			
ketoconazole cream 2%	1					
ketoconazole foam 2% (Extina)	1	•				
ketoconazole shampoo 2%	1					
KLARON - sulfacetamide sodium lotion 10% (acne)	3	•				
KLISYRI - tirbanibulin ointment 1%	3	•	•			
lactic acid (ammonium lactate) lotion 12%	1					
LEXETTE - halobetasol propionate foam 0.05%	3	•				
LICART - diclofenac epolamine patch 24hr 1.3%	3	•	•			
LIDOCAINE HCL JELLY - lidocaine hcl urethral/mucosal gel 2%	1	•	•			
lidocaine hcl soln 4%	1	•	•			
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	•	•			
lidocaine oint 5%	1	•	•			
lidocaine patch 5% (Lidoderm)	1	•	•			
lidocaine-prilocaine cream 2.5-2.5%	1	•	•			
LINDANE - lindane shampoo 1%	1					
LOCOID - hydrocortisone butyrate lotion 0.1%	3	•				
LOCOID LIPOCREAM - hydrocortisone butyrate hydrophilic lipo base cream 0.1%	3	•				
LOPROX - ciclopirox olamine cream 0.77% (base equiv)	3	•				
LOPROX - ciclopirox olamine susp 0.77% (base equiv)	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LOPROX SHAMPOO - ciclopirox shampoo 1%	3	•				
LULICONAZOLE - luliconazole cream 1%	3	•				
LUXIQ - betamethasone valerate aerosol foam 0.12%	3	•				
LUZU - luliconazole cream 1%	3	•				
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	1					
malathion lotion 0.5% (Ovide)	1					
METHOXSALEN - methoxsalen rapid cap 10 mg	1	•				
METROCREAM - metronidazole cream 0.75%	3	•				
METROGEL - metronidazole gel 1%	3	•				
METROLOTION - metronidazole lotion 0.75%	3	•				
metronidazole cream 0.75% (Metrocream)	1					
metronidazole gel 0.75%	1					
metronidazole gel 1% (Metrogel)	1					
metronidazole lotion 0.75% (Metrolotion)	1					
MICONAZOLE NITRATE/ZINC O - miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	3	•				
mometasone furoate cream 0.1%	1					
mometasone furoate oint 0.1%	1					
mometasone furoate solution 0.1% (lotion)	1					
mupirocin calcium cream 2%	1	•				
mupirocin oint 2%	1					
NAFTIFINE HCL - naftifine hcl cream 1%	1	•				
naftifine hcl cream 2% (Naftifine hydrochlor)	1	•				
NAFTIN - naftifine hcl gel 1%	3	•				
NAFTIN - naftifine hcl gel 2%	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
NATROBA - spinosad susp 0.9%	3					
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3					
NORITATE - metronidazole cream 1%	3	•				
nystatin cream 100000 unit/gm	1					
nystatin oint 100000 unit/gm	1					
nystatin topical powder 100000 unit/gm	1					
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1					
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1					
OLUX - clobetasol propionate foam 0.05%	3	•				
OLUX-E - clobetasol propionate emulsion foam 0.05%	3	•				
ONEXTON - clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	3	•				
OPZELURA - ruxolitinib phosphate cream 1.5%	3	•	•			
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	3	•	•			
OVIDE - malathion lotion 0.5%	3	•				
oxiconazole nitrate cream 1% (Oxistat)	1	•				
OXISTAT - oxiconazole nitrate cream 1%	3	•				
OXISTAT - oxiconazole nitrate lotion 1%	3	•				
PANDEL - hydrocortisone probutate cream 0.1%	3	•				
PANRETIN - alitretinoin gel 0.1%	3					
PENNSAID - diclofenac sodium soln 2%	3	•	•			
permethrin cream 5% (Elimite)	1					
pimecrolimus cream 1% (Elidel)	1	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PLIAGLIS - lidocaine-tetracaine cream 7-7%	3	•	•			
podofilox soln 0.5%	1					
PREDNICARBATE - prednicarbate oint 0.1%	1	•				
PROTOPIC - tacrolimus oint 0.03%	3	•				
PROTOPIC - tacrolimus oint 0.1%	3	•				
PRUDOXIN - doxepin hcl cream 5%	3	•	•			
QBREXZA - glycopyrronium tosylate pad 2.4% (base equivalent)	3	•	•			
REGRANEX - becaplermin gel 0.01%	2	•	•			
RETIN-A - tretinoin cream 0.025%	3	•				
RETIN-A - tretinoin cream 0.05%	3	•				
RETIN-A - tretinoin cream 0.1%	3	•				
RETIN-A - tretinoin gel 0.01%	3	•				
RETIN-A - tretinoin gel 0.025%	3	•				
RETIN-A MICRO - tretinoin microsphere gel 0.04%	3	•				
RETIN-A MICRO - tretinoin microsphere gel 0.06%	3	•				
RETIN-A MICRO - tretinoin microsphere gel 0.1%	3	•				
RETIN-A MICRO PUMP - tretinoin microsphere gel 0.04%	3	•				
RETIN-A MICRO PUMP - tretinoin microsphere gel 0.08%	3	•				
RETIN-A MICRO PUMP - tretinoin microsphere gel 0.1%	3	•				
SANTYL - collagenase oint 250 unit/gm	2					
selenium sulfide lotion 2.5%	1					
SERNIVO - betamethasone dipropionate spray emulsion 0.05% (base equiv)	3	•				
SILIQ - brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	3	•	•	•		•
SILVADENE - silver sulfadiazine cream 1%	3	•				
silver sulfadiazine cream 1% (Silvadene)	1					
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	2	•	•	•		•
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	•	•	•		•
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	2	•	•	•		•
SOOLANTRA - ivermectin cream 1%	3	•				
SPINOSAD - spinosad susp 0.9%	1					
STELARA - ustekinumab inj 45 mg/0.5ml	2	•	•	•		•
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	2	•	•	•		•
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	2	•	•	•		•
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	3	•				
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	3	•				
sulfacetamide sodium lotion 10% (acne) (Klaron)	1					
SULFAMYLON - mafenide acetate cream 85 mg/gm	3					
SULFAMYLON - mafenide acetate packet for topical soln 5% (50 gm)	3	•				
SYNALAR - fluocinolone acetonide cream 0.025%	3	•				
SYNALAR - fluocinolone acetonide oint 0.025%	3	•				
SYNALAR - fluocinolone acetonide soln 0.01%	3	•				
SYNERA - lidocaine-tetracaine topical patch 70-70 mg	3	•	•			
tacrolimus oint 0.03% (Protopic)	1	•				
tacrolimus oint 0.1% (Protopic)	1	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	3	•	•	•		•
TALTZ - ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	3	•	•	•		•
TARGRETIN - bexarotene gel 1%	3	•				
tavaborole soln 5% (Kerydin)	1	•	•			
TAZAROTENE - tazarotene (acne) foam 0.1%	3	•				
tazarotene cream 0.1% (Tazorac)	1	•				
tazarotene gel 0.05% (Tazorac)	1	•				
tazarotene gel 0.1% (Tazorac)	1	•				
TAZORAC - tazarotene cream 0.05%	2	•				
TAZORAC - tazarotene cream 0.1%	3	•				
TAZORAC - tazarotene gel 0.05%	3	•				
TAZORAC - tazarotene gel 0.1%	3	•				
TEXACORT - hydrocortisone soln 2.5%	3	•				
TOPICORT - desoximetasone cream 0.05%	3	•				
TOPICORT - desoximetasone cream 0.25%	3	•				
TOPICORT - desoximetasone gel 0.05%	3	•				
TOPICORT - desoximetasone oint 0.05%	3	•				
TOPICORT - desoximetasone oint 0.25%	3	•				
TOPICORT - desoximetasone spray 0.25%	3	•				
TREMFYA - guselkumab soln pen-injector 100 mg/ml	2	•	•	•		•
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	2	•	•	•		•
tretinoin cream 0.025% (Retin-a)	1	•				
tretinoin cream 0.05% (Retin-a)	1	•				
tretinoin cream 0.1% (Retin-a)	1	•				
tretinoin gel 0.01% (Retin-a)	1	•				
tretinoin gel 0.025% (Retin-a)	1	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
tretinoin gel 0.05% (Atralin)	1	•				
tretinoin microsphere gel 0.04% (Retin-a micro)	1	•				
tretinoin microsphere gel 0.1% (Retin-a micro)	1	•				
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	1	•				
triamcinolone acetonide cream 0.025%	1					
triamcinolone acetonide cream 0.1%	1					
triamcinolone acetonide cream 0.5%	1					
triamcinolone acetonide lotion 0.025%	1					
triamcinolone acetonide lotion 0.1%	1					
triamcinolone acetonide oint 0.025%	1					
triamcinolone acetonide oint 0.1%	1					
triamcinolone acetonide oint 0.5%	1					
TRIDESILON - desonide cream 0.05%	1	•				
TWYNEO - tretinoin-benzoyl peroxide cream 0.1-3%	3	•				
ULTRAVATE - halobetasol propionate lotion 0.05%	3	•				
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	2			•		•
VANOS - fluocinonide cream 0.1%	3	•				
VECTICAL - calcitriol oint 3 mcg/gm	3					
VERDESO - desonide foam 0.05%	3	•				
VTAMA - tapinarof cream 1%	3	•				
VUSION - miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	3	•				
WINLEVI - clascoterone cream 1%	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
WYNZORA - calcipotriene-betamethasone dipropionate cream 0.005-0.064%	3	•				
XOLEGEL - ketoconazole gel 2%	3	•				
ZIANA - clindamycin phosphate-tretinoin gel 1.2-0.025%	3	•				
ZILXI - minocycline hcl micronized foam 1.5%	3	•				
ZONALON - doxepin hcl cream 5%	3	•	•			
ZORYVE - roflumilast cream 0.3%	3					
ZTLIDO - lidocaine patch 1.8% (36 mg)	3	•	•			
ZYCLARA PUMP - imiquimod cream 2.5%	3	•	•			
MISCELLANEOUS PRODUCTS						
ANTIDOTES						
CHEMET - succimer cap 100 mg	2					
deferasirox granules packet 90 mg (Jadenu sprinkle)	1	•	•	•		•
deferasirox granules packet 180 mg (Jadenu sprinkle)	1	•	•	•		•
deferasirox granules packet 360 mg (Jadenu sprinkle)	1	•	•	•		•
deferasirox tab for oral susp 125 mg (Exjade)	1	•	•	•		•
deferasirox tab for oral susp 250 mg (Exjade)	1	•	•	•		•
deferasirox tab for oral susp 500 mg (Exjade)	1	•	•	•		•
deferasirox tab 90 mg (Jadenu)	1	•	•	•		•
deferasirox tab 180 mg (Jadenu)	1	•	•	•		•
deferasirox tab 360 mg (Jadenu)	1	•	•	•		•
deferiprone tab 500 mg (Ferriprox)	1	•	•	•		•
deferiprone tab 1000 mg (Ferriprox)	1	•	•	•		•
EXJADE - deferasirox tab for oral susp 125 mg	3	•	•	•		•
EXJADE - deferasirox tab for oral susp 250 mg	3	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EXJADE - deferasirox tab for oral susp 500 mg	3	•	•	•		•
FERRIPROX - deferiprone oral soln 100 mg/ml	3	•	•	•		•
FERRIPROX - deferiprone tab 1000 mg	3	•	•	•		•
FERRIPROX TWICE-A-DAY - deferiprone (twice daily) tab 1000 mg	3	•	•	•		•
JADENU - deferasirox tab 90 mg	3	•	•	•		•
JADENU - deferasirox tab 180 mg	3	•	•	•		•
JADENU - deferasirox tab 360 mg	3	•	•	•		•
JADENU SPRINKLE - deferasirox granules packet 90 mg	3	•	•	•		•
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2		•			
naloxone hcl inj 4 mg/10ml	1					
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1		•			
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	3					
naltrexone hcl tab 50 mg	1					
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	2		•			
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	3		•			
DIAGNOSTIC PRODUCTS						
ACCU-CHEK AVIVA PLUS - glucose blood test strip	3	•	•			
ACCU-CHEK COMPACT STRIPS - glucose blood test strip	3	•	•			
ACCU-CHEK COMPACT TEST DR - glucose blood test strip	3	•	•			
ACCU-CHEK GUIDE - glucose blood test strip	3	•	•			
ACCU-CHEK SMARTVIEW STRIP - glucose blood test strip	3	•	•			
ACCUTREND GLUCOSE - glucose blood test strip	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ADVANCE INTUITION TEST ST - glucose blood test strip	3	•	•			
ADVANCE MICRO-DRAW TEST S - glucose blood test strip	3	•	•			
ADVOCATE REDI-CODE - glucose blood test strip	3	•	•			
ADVOCATE REDI-CODE+ TEST - glucose blood test strip	3	•	•			
ADVOCATE TEST STRIPS - glucose blood test strip	3	•	•			
AGAMATRIX AMP NO CODE TES - glucose blood test strip	3	•	•			
AGAMATRIX JAZZ TEST STRIP - glucose blood test strip	3	•	•			
AGAMATRIX KEYNOTE TEST ST - glucose blood test strip	3	•	•			
AGAMATRIX PRESTO TEST STR - glucose blood test strip	3	•	•			
ASSURE II - glucose blood test strip	3	•	•			
ASSURE II CHECK STRIP - glucose blood test strip	3	•	•			
ASSURE II TEST STRIPS - glucose blood test strip	3	•	•			
ASSURE PLATINUM TEST STRI - glucose blood test strip	3	•	•			
ASSURE PRISM MULTI TEST S - glucose blood test strip	3	•	•			
ASSURE PRO TEST STRIPS - glucose blood test strip	3	•	•			
ASSURE 3 TEST STRIPS - glucose blood test strip	3	•	•			
ASSURE 4 TEST STRIPS - glucose blood test strip	3	•	•			
AT LAST TEST STRIPS - glucose blood test strip	3	•	•			
BINAXNOW COVID-19 AG CARD - covid-19 at home antigen test kit	3					
BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	3	•	•			
BLULINK GLUCOSE TEST STRI - glucose blood test strip	3	•	•			
CAREONE BLOOD GLUCOSE TES - glucose blood test strip	3	•	•			
CARESENS N BLOOD GLUCOSE - glucose blood test strip	3	•	•			
CARESTART COVID-19 ANTIGE - covid-19 at home antigen test kit	3					
CARETOUCH BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
CELLTRION DIATRUST COVID- - covid-19 at home antigen test kit	3					
CLEARDETECT COVID-19 ANTI - covid-19 at home antigen test kit	3					
CLEVER CHEK AUTO-CODE TES - glucose blood test strip	3	•	•			
CLEVER CHEK AUTO-CODE VOI - glucose blood test strip	3	•	•			
CLEVER CHEK TEST STRIPS - glucose blood test strip	3	•	•			
CLEVER CHOICE AUTO-CODE P - glucose blood test strip	3	•	•			
CLEVER CHOICE MICRO TEST - glucose blood test strip	3	•	•			
CLEVER CHOICE NO CODING T - glucose blood test strip	3	•	•			
CLEVER CHOICE TALK NO COD - glucose blood test strip	3	•	•			
CLINITEST RAPID COVID-19 - covid-19 at home antigen test kit	3					
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		•			
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		•			
COOL BLOOD GLUCOSE TEST S - glucose blood test strip	3	•	•			
COVID-19 AT-HOME TEST KIT - covid-19 at home antigen test kit	3					
CVS ADVANCED GLUCOSE METE - glucose blood test strip	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CVS GLUCOSE METER TEST ST - glucose blood test strip	3	•	•			
DIATHRIVE BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
DIATHRIVE+ BLOOD GLUCOSE - glucose blood test strip	3	•	•			
DIATRUE PLUS BLOOD GLUCOS - glucose blood test strip	3	•	•			
DUO-CARE TEST STRIPS - glucose blood test strip	3	•	•			
EASY PLUS II BLOOD GLUCOS - glucose blood test strip	3	•	•			
EASY STEP TEST STRIPS - glucose blood test strip	3	•	•			
EASY TALK BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
EASY TALK PLUS II BLOOD G - glucose blood test strip	3	•	•			
EASY TOUCH GLUCOSE TEST S - glucose blood test strip	3	•	•			
EASY TOUCH HEALTHPRO GLUC - glucose blood test strip	3	•	•			
EASY TRAK BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
EASY TRAK II BLOOD GLUCOS - glucose blood test strip	3	•	•			
EASYGLUCO - glucose blood test strip	3	•	•			
EASYMAX TEST STRIPS - glucose blood test strip	3	•	•			
EASYMAX 15 TEST STRIPS - glucose blood test strip	3	•	•			
EASYPRO BLOOD GLUCOSE TES - glucose blood test strip	3	•	•			
EASYPRO PLUS - glucose blood test strip	3	•	•			
ELEMENT COMPACT TEST STRI - glucose blood test strip	3	•	•			
ELEMENT TEST STRIPS - glucose blood test strip	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ELLUME COVID-19 HOME TEST - covid-19 at home antigen test kit	3					
EMBRACE BLOOD GLUCOSE TES - glucose blood test strip	3	•	•			
EMBRACE EVO BLOOD GLUCOSE - glucose blood test strip	3	•	•			
EMBRACE PRO BLOOD GLUCOSE - glucose blood test strip	3	•	•			
EMBRACE TALK BLOOD GLUCOS - glucose blood test strip	3	•	•			
EQ BLOOD GLUCOSE TEST STR - glucose blood test strip	3	•	•			
EVENCARE BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
EVOLUTION AUTOCODE - glucose blood test strip	3	•	•			
FIFTY50 GLUCOSE TEST STRI - glucose blood test strip	3	•	•			
FLOWFLEX COVID-19 ANTIGEN - covid-19 at home antigen test kit	3					
FORA BLOOD GLUCOSE TEST S - glucose blood test strip	3	•	•			
FORA D15G BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
FORA D20 BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
FORA D40/G31 BLOOD GLUCOS - glucose blood test strip	3	•	•			
FORA GD20 TEST STRIPS - glucose blood test strip	3	•	•			
FORA GD50 BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
FORA GTEL BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
FORA G20 BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
FORA G30/PREMIUM V10 BLOO - glucose blood test strip	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
FORA TN'G ADVANCE PRO BLO - glucose blood test strip	3	•	•			
FORA TN'G/TN'G VOICE BLOO - glucose blood test strip	3	•	•			
FORA V10 BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
FORA V12 BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
FORA V20 BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
FORA V30A BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
FORA 6 CONNECT - glucose blood test strip	3	•	•			
FORACARE GD40 - glucose blood test strip	3	•	•			
FORACARE PREMIUM V10 TEST - glucose blood test strip	3	•	•			
FORACARE TEST N GO TEST S - glucose blood test strip	3	•	•			
FORTISCARE BLOOD GLUCOSE - glucose blood test strip	3	•	•			
FORTISCARE G1 BLOOD GLUCO - glucose blood test strip	3	•	•			
FREESTYLE INSULINX BLOOD - glucose blood test strip	3	•	•			
FREESTYLE LITE TEST STRIP - glucose blood test strip	3	•	•			
FREESTYLE PRECISION NEO B - glucose blood test strip	3	•	•			
FREESTYLE TEST STRIPS - glucose blood test strip	3	•	•			
GENABIO COVID-19 RAPID SE - covid-19 at home antigen test kit	3					
GENULTIMATE TEST STRIPS - glucose blood test strip	3	•	•			
GE100 BLOOD GLUCOSE TEST - glucose blood test strip	3	•	•			
GHT TEST STRIPS - glucose blood test strip	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GLUCAGEN DIAGNOSTIC - glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	2					
GLUCO PERFECT 3 TEST STRI - glucose blood test strip	3	•	•			
GLUCOCARD EXPRESSION BLOO - glucose blood test strip	3	•	•			
GLUCOCARD SHINE TEST STRI - glucose blood test strip	3	•	•			
GLUCOCARD VITAL TEST STRI - glucose blood test strip	3	•	•			
GLUCOCARD X-SENSOR - glucose blood test strip	3	•	•			
GLUCOCARD 01 SENSOR PLUS - glucose blood test strip	3	•	•			
GLUCOCOM TEST STRIPS - glucose blood test strip	3	•	•			
GLUCONAVII BLOOD GLUCOSE - glucose blood test strip	3	•	•			
GLUCOSE METER TEST STRIPS - glucose blood test strip	3	•	•			
GNP EASY TOUCH GLUCOSE TE - glucose blood test strip	3	•	•			
GNP TRUE METRIX SELF MONI - glucose blood test strip	3	•	•			
GNP TRUETRACK BLOOD GLUCO - glucose blood test strip	3	•	•			
GNP TRUETRACK SMART SYSTE - glucose blood test strip	3	•	•			
GOJJI BLOOD GLUCOSE TEST - glucose blood test strip	3	•	•			
GOODSENSE PREMIUM BLOOD G - glucose blood test strip	3	•	•			
HW EMBRACE PRO BLOOD GLUC - glucose blood test strip	3	•	•			
HW EMBRACE TALK BLOOD GLU - glucose blood test strip	3	•	•			
IGLUCOSE BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
IHEALTH COVID-19 ANTIGEN - covid-19 at home antigen test kit	3					
IN TOUCH BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
INDICAID COVID-19 RAPID A - covid-19 at home antigen test kit	3					
INFINITY BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
INFINITY VOICE - glucose blood test strip	3	•	•			
INTELISWAB COVID-19 RAPID - covid-19 at home antigen test kit	3					
KROGER BLOOD GLUCOSE TEST - glucose blood test strip	3	•	•			
KROGER HEALTHPRO GLUCOSE - glucose blood test strip	3	•	•			
KROGER PREMIUM BLOOD GLUC - glucose blood test strip	3	•	•			
LIBERTY NEXT GENERATION B - glucose blood test strip	3	•	•			
LIBERTY TEST STRIPS - glucose blood test strip	3	•	•			
MEIJER BLOOD GLUCOSE TEST - glucose blood test strip	3	•	•			
MEIJER ESSENTIAL BLOOD GL - glucose blood test strip	3	•	•			
MEIJER TRUETEST BLOOD GLU - glucose blood test strip	3	•	•			
MEIJER TRUETRACK BLOOD GL - glucose blood test strip	3	•	•			
MICRODOT TEST STRIPS - glucose blood test strip	3	•	•			
MICRODOT XTRA TEST STRIPS - glucose blood test strip	3	•	•			
MM EASY TOUCH GLUCOSE TES - glucose blood test strip	3	•	•			
MYGLUCOHEALTH BLOOD GLUCO - glucose blood test strip	3	•	•			
NEUTEK 2TEK TEST STRIPS - glucose blood test strip	3	•	•			
NOVA MAX GLUCOSE TEST STR - glucose blood test strip	3	•	•			
ON/GO COVID-19 ANTIGEN SE - covid-19 at home antigen test kit	3					
ON/GO ONE COVID-19 ANTIGE - covid-19 at home antigen test kit	3					
ONE DROP BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
ONETOUCH ULTRA - glucose blood test strip	2		•			
ONETOUCH ULTRA BLUE - glucose blood test strip	2		•			
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	2		•			
ONETOUCH VERIO TEST STRIP - glucose blood test strip	2		•			
OPTIUMEZ TEST STRIPS - glucose blood test strip	3	•	•			
PHARMACIST CHOICE AUTOCOD - glucose blood test strip	3	•	•			
PHARMACIST CHOICE NO CODI - glucose blood test strip	3	•	•			
PILOT COVID-19 AT-HOME TE - covid-19 at home antigen test kit	3					
POCKETCHEM EZ BLOOD GLUCO - glucose blood test strip	3	•	•			
POGO AUTOMATIC TEST CARTR - glucose blood test automatic cartridge	3	•	•			
PRECISION SOF-TACT TEST S - glucose blood test strip	3	•	•			
PRECISION XTRA BLOOD GLUC - glucose blood test strip	3	•	•			
PREMIUM BLOOD GLUCOSE TES - glucose blood test strip	3	•	•			
PRESTIGE TEST STRIPS - glucose blood test strip	3	•	•			
PRO VOICE V8/V9 BLOOD GLU - glucose blood test strip	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PRODIGY NO CODING BLOOD G - glucose blood test strip	3	•	•			
PTS PANELS EGLU - glucose blood test strip	3	•	•			
QUICKTEK TEST STRIPS - glucose blood test strip	3	•	•			
QUICKVUE AT-HOME COVID-19 - covid-19 at home antigen test kit	3					
QUINTET AC BLOOD GLUCOSE - glucose blood test strip	3	•	•			
QUINTET BLOOD GLUCOSE TES - glucose blood test strip	3	•	•			
REFUAH PLUS BLOOD GLUCOSE - glucose blood test strip	3	•	•			
RELION CONFIRM/MICRO TEST - glucose blood test strip	3	•	•			
RELION PREMIER BLOOD GLUC - glucose blood test strip	3	•	•			
RELION PRIME BLOOD GLUCOS - glucose blood test strip	3	•	•			
RELION TRUE METRIX BLOOD - glucose blood test strip	3	•	•			
RELION ULTIMA BLOOD GLUCO - glucose blood test strip	3	•	•			
REXALL BLOOD GLUCOSE TEST - glucose blood test strip	3	•	•			
RIGHTEST GS100 BLOOD GLUC - glucose blood test strip	3	•	•			
RIGHTEST GS300 BLOOD GLUC - glucose blood test strip	3	•	•			
RIGHTEST GS333 BLOOD GLUC - glucose blood test strip	3	•	•			
RIGHTEST GS550 BLOOD GLUC - glucose blood test strip	3	•	•			
SMART SENSE PREMIUM BLOOD - glucose blood test strip	3	•	•			
SMART SENSE VALUE BLOOD G - glucose blood test strip	3	•	•			
SMARTEST BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
SOLUS V2 AUDIBLE TEST - glucose blood test strip	3	•	•			
SUPREME TEST STRIPS - glucose blood test strip	3	•	•			
TGT BLOOD GLUCOSE TEST ST - glucose blood test strip	3	•	•			
TRUE FOCUS SELF MONITORIN - glucose blood test strip	3	•	•			
TRUE METRIX BLOOD GLUCOSE - glucose blood test strip	3	•	•			
TRUE METRIX SELF MONITORI - glucose blood test strip	3	•	•			
TRUETEST STRIPS - glucose blood test strip	3	•	•			
TRUETRACK BLOOD GLUCOSE T - glucose blood test strip	3	•	•			
TRUETRACK TEST - glucose blood test strip	3	•	•			
UNISTRIP1 GENERIC - glucose blood test strip	3	•	•			
VERASENS BLOOD GLUCOSE TE - glucose blood test strip	3	•	•			
VIVAGUARD INO BLOOD GLUCO - glucose blood test strip	3	•	•			
MEDICAL DEVICES						
ABOUTTIME PEN NEEDLE 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ABOUTTIME PEN NEEDLES 30G - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
ABOUTTIME PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ABOUTTIME PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ACCU-CHEK FASTCLIX LANCET - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ACCU-CHEK SAFE-T-PRO LANC - lancets	3					
ACCU-CHEK SOFTCLIX LANCET - lancets	3					
ACTI-LANCE LANCETS 28G - lancets	3					
ACTI-LANCE LITE SAFETY LA - lancets	3					
ACTI-LANCE SPECIAL SAFETY - lancets	3					
ACTI-LANCE UNIVERSAL SAFE - lancets	3					
ADJUSTABLE LANCING DEVICE - lancet devices	1					
ADVANCED MOBILE LANCET 30 - lancets	3					
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2					
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ADVOCATE LANCETS - lancets	3					
ADVOCATE LANCETS 30G - lancets	3					
ADVOCATE LANCING DEVICE - lancet devices	3					
ADVOCATE RAPID-SAFE LANCI - lancet devices	3					
ADVOCATE SAFETY LANCETS - lancets	3					
ADVOCATE SAFETY LANCETS 2 - lancets	3					
AEROCHAMBER MV - spacer/ aerosol-holding chambers - device	3					
AEROCHAMBER PLUS FLOW-VU - spacer/aerosol-holding chambers - device	3					
AEROCHAMBER PLUS FLOW-VU/ - spacer/aerosol-holding chambers - device	3					
AF LANCETS SUPER THIN - lancets	3					
AGAMATRIX ULTRA-THIN LANC - lancets	3					
AIMSCO TWIST LANCETS 32G - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
AIMSCO TWIST LANCETS 33G - lancets	3					
AQUALANCE LANCETS UL - lancets	3					
ASSURE COMFORT LANCETS UL - lancets	3					
ASSURE HAEMOLANCE PLUS HI - lancets	3					
ASSURE HAEMOLANCE PLUS LO - lancets	3					
ASSURE HAEMOLANCE PLUS MI - lancets	3					
ASSURE HAEMOLANCE PLUS NO - lancets	3					
ASSURE HAEMOLANCE PLUS PE - lancets	3					
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
ASSURE LANCE LANCETS - lancets	3					
ASSURE LANCE LANCETS 21G - lancets	3					
ASSURE LANCE PLUS SAFETY - lancets	3					
ASSURE LANCE SAFETY LANCE - lancets	3					
AT LAST LANCETS - lancets	3					
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2					
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
AURORA LANCET SUPER THIN - lancets	3					
AURORA LANCET THIN 23G - lancets	3					
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2					
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
AURORA UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
AURORA UNIFINE PENTIPS/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
AUTO-LANCET - lancet devices	3					
AUTO-LANCET MINI - lancet devices	3					
AUTOLET IMPRESSION LANCIN - lancet devices	3					
AUTOLET LANCING DEVICE - lancet devices	3					
AUTOLET MINI - lancet devices	3					
AUTOLET PLUS - lancet devices	3					
AUTOPEN - injection device for insulin	1					
AUTOPEN - injection device for insulin	3					
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle 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 AUTOSHIELD 29G X 3/16" - insulin pen needle 29 g x 5 mm (1/5" or 3/16")	2					
BD AUTOSHIELD 29G X 5/16" - insulin pen needle 29 g x 8 mm (1/3" or 5/16")	2					
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	2					
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2"	2					
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 1 ml 27 x 5/8"	2					
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD INSULIN SYRINGE SLIP T - insulin syringe (disp) u-100 1 ml	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"	2					
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 1/2 ml 30 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 1 ml 31 x 5/16"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
BD INSULIN SYRINGE/DETACH - insulin syringe/needle u-100 1 ml 25 x 5/8"	2					
BD INSULIN SYRINGE/DETACH - insulin syringe/needle u-100 1 ml 25 x 1"	2					
BD INSULIN SYRINGE/DETACH - insulin syringe/needle u-100 1 ml 26 x 1/2"	2					
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle 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 LANCET ULTRAFINE 30G - lancets	3					
BD LANCET ULTRAFINE 33G - lancets	3					
BD MICROTAINER LANCETS - lancets	3					
BD PEN - injection device for insulin	3					
BD PEN MINI - injection device for insulin	3					
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
BD SAFETY-LOK INSULIN SYR - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
CARDIOCOM LANCING DEVICE - lancet devices	3					
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2					
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
CAREONE ADVANCED LANCING - lancet devices	3					
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CAREONE LANCET SUPER THIN - lancets	3					
CAREONE LANCET THIN - lancets	3					
CAREONE LANCET ULTRA THIN - lancets	3					
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	2					
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
CAREONE UNIFINE PENTIPS 2 - insulin pen needle 29 g x 12 mm (1/2")	2					
CAREONE UNIFINE PENTIPS 3 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CAREONE UNIFINE PENTIPS 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CAREONE UNIFINE PENTIPS 3 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
CARESENS LANCETS - lancets	3					
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 28 x 5/16"	2					
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 5/16"	2					
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
CARETOUCH LANCING DEVICE - lancet devices	3					
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	2					
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
CARETOUCH SAFETY LANCETS/ - lancets	3					
CARETOUCH TWIST LANCETS M - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CARETOUCH TWIST LANCETS 2 - lancets	3					
CARETOUCH TWIST LANCETS 3 - lancets	3					
CAYA - diaphragm arc-spring	A				•	
CEQUR SIMPLICITY INSERTER - injection device for insulin - accessories	3					
CEQUR SIMPLICITY 2U - injection device for insulin	3					
CLEANLET LANCETS 28G - lancets	3					
CLEVER CHEK LANCETS ULTRA - lancets	3					
CLEVER CHOICE ANTI-STATIC - spacer/aerosol-holding chambers - device	3					
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
COMFORT TOUCH PLUS SAFETY - lancets	3					
COMPACT SPACE CHAMBER/ ANT - spacer/aerosol-holding chambers - device	3					
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2	•				
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring kit w/ device	2	•				
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	2					
CONTOUR LOW CONTROL - blood glucose calibration - liquid - low	2					
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	2	•				
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - low	2					
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal	2					
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	2	•				
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	2	•				
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	2	•				
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	2	•				
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	2	•				
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	2	•				
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	2					
CVS LANCETS MICRO THIN 33 - lancets	3					
CVS LANCETS MICRO-THIN 33 - lancets	3					
CVS LANCETS ORIGINAL - lancets	3					
CVS LANCETS THIN 26G - lancets	3					
CVS LANCETS ULTRA THIN 30 - lancets	3					
CVS LANCETS ULTRA-THIN 30 - lancets	3					
CVS LANCETS 21G - lancets	3					
CVS LANCING DEVICE - lancet devices	3					
CVS ULTRA THIN LANCETS - lancets	3					
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	2	•	•			
DEXCOM G6 SENSOR - continuous blood glucose system sensor	2	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	2	•	•			
DIATHRIVE LANCETS - lancets	3					
DIATHRIVE LANCETS ULTRA T - lancets	3					
DIATHRIVE LANCING DEVICE - lancet devices	3					
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DROPLET GENTEEL LANCING D - lancet devices	3					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 15/64"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.5 ml 30 x 15/64"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 30 x 15/64"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
DRUG MART ADJUSTABLE LANC - lancet devices	3					
DRUG MART LANCETS THIN - lancets	3					
DRUG MART LANCETS ULTRA T - lancets	3					
DRUG MART ON-THE-GO LANCE - lancets	3					
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2					
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DRUG MART UNILET LANCETS - lancets	3					
DRUG MART UNILET MICRO TH - lancets	3					
DUANE READE LANCET ALTERN - lancets	3					
DUANE READE LANCET SUPER - lancets	3					
DUANE READE LANCET ULTRA - lancets	3					
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	2					
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
E-Z JECT LANCETS - lancets	3					
E-Z JECT LANCETS COLOR - lancets	3					
E-Z JECT LANCETS SUPER TH - lancets	3					
E-Z JECT LANCETS THIN 26G - lancets	3					
E-Z JECT LANCETS 21G - lancets	3					
E-ZJECT LANCETS MICRO-THI - lancets	3					
EASIVENT - spacer/aerosol-holding chambers - device	3					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.5 ml 32 x 5/16"	2					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 32 x 5/16"	2					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
EASY COMFORT LANCETS - lancets	3					

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

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
EMBRACE LANCETS ULTRA THI - lancets	3					
EMBRACE LANCING DEVICE WI - lancet devices	3					
EMBRACE PRESSURE ACTIVATE - lancets	3					
EQL COLOR LANCETS MICRO T - lancets	3					
EQL COLOR LANCETS 21G - lancets	3					
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
EQL SUPER THIN LANCETS 30 - lancets	3					
EQL THIN LANCETS 26G - lancets	3					
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
EXCEL COMFORT POINT INSUL - insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2					
EXEL COMFORT POINT INSULI - insulin pen needle 29 g x 12 mm (1/2")	2					
EXEL COMFORT POINT INSULI - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
EXEL COMFORT POINT INSULI - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
EZ-LETS LANCETS 21G - lancets	3					
EZ-LETS LANCETS 26G SUPER - lancets	3					
EZ-LETS LANCETS 28G ULTRA - lancets	3					
EZ-LETS LANCETS 30G - lancets	3					
FC2 FEMALE CONDOM - condoms - female	A				•	
FEMCAP - cervical cap 22 mm	A				•	
FEMCAP - cervical cap 26 mm	A				•	
FEMCAP - cervical cap 30 mm	A				•	
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
FIFTY50 SAFETY SEAL LANCE - lancets	3					
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
FIFTY50 UNILET LANCETS 33 - lancets	3					
FINE 30 - lancets	3					
FINGERSTIX LANCETS - lancets	2					
FORA LANCETS - lancets	3					
FORA LANCING DEVICE - lancet devices	3					
FORA LANCING DEVICE/CLEAR - lancet devices	3					
FREDS PHARMACY AUTOLET LA - lancet devices	3					
FREDS PHARMACY UNIFINE PE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
FREDS PHARMACY UNIFINE PE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
FREDS PHARMACY UNIFINE PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
FREDS PHARMACY UNILET LAN - lancets	3					
FREESTYLE LANCETS - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
FREESTYLE UNISTICK II LAN - lancets	3					
GENTEEL BUTTERFLY TOUCH L - lancets	3					
GENTEEL PLUS LANCING DEVI - lancet devices	3					
GENTLE-LET GP LANCETS - lancets	3					
GENTLE-LET LANCETS GENERA - lancets	3					
GENTLE-LET LANCETS SAFETY - lancets	3					
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	2					
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GLOBAL INJECT EASE LANCET - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GLOBAL LANCING DEVICE - lancet devices	3					
GLUCOCOM LANCETS 28G - lancets	3					
GLUCOCOM LANCETS 30G - lancets	3					
GLUCOCOM LANCETS 33G - lancets	3					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GNP LANCETS THIN 26G - lancets	3					
GNP LANCETS 21G - lancets	3					
GNP LANCING SYSTEM DEVICE - lancet devices	3					
GNP STERILE LANCETS 28G - lancets	3					
GNP STERILE LANCETS 30G - lancets	3					
GNP STERILE LANCETS 33G - lancets	3					
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g 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")	2					
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g 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")	2					
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GOJJI LANCING DEVICE/CLEA - lancet devices	3					
GOJJI STERILE LANCETS 30G - lancets	3					
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GOODSENSE COLOR LANCETS M - lancets	3					
GOODSENSE LANCETS MICRO-T - lancets	3					
GOODSENSE LANCETS ULTRA-T - lancets	3					
GOODSENSE LANCING DEVICE - lancet devices	3					
GOODSENSE PEN NEEDLE/ PENF - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GOODSENSE PEN NEEDLE/ PENF - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GOODSENSE PEN NEEDLE/ PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GOODSENSE PEN NEEDLE/ PENF - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
H-E-B INCONTROL ADVANCED - lancet devices	3					
H-E-B INCONTROL LANCETS M - lancets	3					
H-E-B INCONTROL LANCETS S - lancets	3					
H-E-B INCONTROL LANCETS U - lancets	3					
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2					
HAEMOLANCE - lancets	3					
HAEMOLANCE LOW FLOW LANCE - lancets	3					
HAEMOLANCE PLUS - lancets	3					
HAEMOLANCE PLUS HIGH FLOW - lancets	3					
HAEMOLANCE PLUS LOW FLOW - lancets	3					
HAEMOLANCE PLUS MAX FLOW - lancets	3					
HAEMOLANCE PLUS PEDIATRIC - lancets	3					
HEALTH CARE LANCING DEVIC - lancet devices	3					
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2					
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
HEALTHWISE UNIFINE PENTIP - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
HEALTHY ACCENTS AUTOLET I - lancet devices	3					
HEALTHY ACCENTS UNIFINE P - insulin pen needle 29 g x 12 mm (1/2")	2					
HEALTHY ACCENTS UNIFINE P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
HEALTHY ACCENTS UNIFINE P - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
HEALTHY ACCENTS UNIFINE P - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
HEALTHY ACCENTS UNIFINE P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
HEALTHY ACCENTS UNILET LA - lancets	3					
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
HY-VEE LANCETS - lancets	3					
HY-VEE THIN LANCETS - lancets	3					
IN TOUCH LANCING DEVICE - lancet devices	3					
IN TOUCH STERILE LANCETS - lancets	3					
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
INCONTROL ULTICARE MINI P - insulin pen needle 31 g 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					
INPEN 100/BLUE/LILLY/HUMA - injection device for insulin	3					
INPEN 100/BLUE/NOVOLOG/FI - injection device for insulin	3					
INPEN 100/GREY/LILLY/HUMA - injection device for insulin	3					
INPEN 100/GREY/NOVOLOG/FI - injection device for insulin	3					
INPEN 100/PINK/LILLY/HUMA - injection device for insulin	3					
INPEN 100/PINK/NOVOLOG/FI - injection device for insulin	3					
INSPIRACHAMBER/ANTI-STATI - spacer/aerosol-holding chambers - device	3					
INSPIRACHAMBER/LARGE - spacer/aerosol-holding chambers - device	3					
INSPIRACHAMBER/ SOOTHERMAS - spacer/aerosol-holding chambers - device	3					
INSULIN SYRINGE 1ML/31G X - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2					
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					

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INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 0.3 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/27G - insulin syringe/needle u-100 1/2 ml 27 x 1/2"	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/28G X - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
INSULIN SYRINGES 0.3ML/31 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2					
INSULIN SYRINGES 0.5ML/31 - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2					
INSULIN SYRINGES/0.5ML/27 - insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2					
INSULIN SYRINGES/0.5ML/28 - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
INSULIN SYRINGES/0.5ML/29 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
INSULIN SYRINGES/0.5ML/30 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
INSULIN SYRINGES/0.5ML/31 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
INSULIN SYRINGES/1ML/27GX - insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
INSULIN SYRINGES/1ML/28GX - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
INSULIN SYRINGES/1ML/29GX - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INSULIN SYRINGES/1ML/30GX - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
INSULIN SYRINGES/1ML/31GX - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
INSUPEN PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
INSUPEN SENSITIVE 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
INSUPEN SENSITIVE 32GX8MM - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
INSUPEN ULTRAFIN 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
INSUPEN ULTRAFIN 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
INSUPEN ULTRAFIN 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
KINNEY LANCETS - lancets	3					
KINNEY THIN LANCETS - lancets	3					
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml	2					
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 1/2 ml	2					
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 1 ml	2					
KROGER AUTOLET LANCING DE - lancet devices	3					
KROGER HEALTHPRO TWIST LA - lancets	3					
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
KROGER LANCETS - lancets	3					
KROGER LANCETS MICRO THIN - lancets	3					
KROGER LANCETS SUPER THIN - lancets	3					
KROGER LANCETS THIN - lancets	3					
KROGER LANCETS THIN 26G - lancets	3					
KROGER LANCETS ULTRATHIN - lancets	3					
KROGER LANCETS 21G - lancets	3					
KROGER LANCING DEVICE - lancet devices	3					
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2					
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
LANCET DEVICE ADJUSTABLE - lancet devices	1					
LANCET DEVICE WITH EJECTO - lancet devices	3					
LANCETS - lancets	1					
LANCETS - BAYER ASCENCIA - lancets	3					
LANCETS MICRO THIN 33G - lancets	3					
LANCETS SUPER THIN 28G - lancets	3					
LANCETS THIN - lancets	1					
LANCETS THIN - lancets	3					
LANCETS ULTRA THIN - lancets	3					
LANCETS ULTRA THIN 30G - lancets	3					
LANCETS 30G - lancets	1					
LANCETS 30G - lancets	3					
LANCETS 30G TWIST TOP - lancets	1					
LANCETS 30G TWIST TOP - lancets	3					
LANCETS 30G/TWIST TOP - lancets	1					
LANCETS 33G EXTRA FINE - lancets	3					
LANCETS 33G UNIVERSAL DES - lancets	1					
LANCING DEVICE - lancet devices	1					
LANCING DEVICE - lancet devices	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LANZO - lancet devices	3					
LEADER ADVANCED LANCING D - lancet devices	3					
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
LEADER LANCETS COLORED - lancets	3					
LEADER SUPER THIN LANCET - lancets	3					
LEADER THIN LANCETS - lancets	3					
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LIBERTY MEDICAL LANCETS 3 - lancets	3					
LIBERTY MINI LANCING DEVI - lancet devices	3					
LIFESCAN UNISTIK II LANCE - lancets	2					
LIFESCAN UNISTIK 2 DEEP P - lancets	2					
LITE TOUCH LANCETS - lancets	3					
LITE TOUCH LANCING PEN - lancet devices	3					
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
LITETOUCH LANCETS MICRO T - lancets	3					
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	2					
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LIVE BETTER ADVANCED LANC - lancet devices	3					
LIVE BETTER LANCET SUPER - lancets	3					
LIVE BETTER LANCET ULTRA - lancets	3					
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	2					
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
LONGS LANCETS STANDARD - lancets	3					
LONGS LANCETS THIN - lancets	3					
LONGS LANCETS ULTRA THIN - lancets	3					
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MEIJER LANCETS UNIVERSAL - lancets	3					
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2					
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
MEIJER SUPER THIN LANCETS - lancets	3					
MICROCHAMBER - spacer/aerosol-holding chambers - device	3					
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
MICROLET LANCETS - lancets	2					
MICROLET NEXT - lancet devices	2					
MICROSPACER - spacer/aerosol-holding chambers - device	3					
MINI LANCING DEVICE - lancet devices	3					
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
MM LANCING DEVICE - lancet devices	3					
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
MM TWIST LANCETS - lancets	3					
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 25 x 5/8"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
MONOLET LANCETS - lancets	3					
MONOLET OPD LANCETS - lancets	3					
MONOLETTOR SAFETY LANCETS - lancets	3					
MPD SAFETY LANCET 21G/1.8 - lancets	3					
MPD SAFETY LANCET 28G/1.8 - lancets	3					
MPD SAFETY LANCET 30G/1.8 - lancets	3					
MPD SAFETY LANCETS 23G/1. - lancets	3					
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
MULTI-LANCET DEVICE - lancet devices	1					
MYGLUCOHEALTH MGH SOFTLAN - lancets	3					
NORDIPEN 5 INJECTION DEVI - injection device - misc	3					
NOVA SAFETY LANCETS 23G - lancets	3					
NOVA SAFETY LANCETS 28G - lancets	3					
NOVA SUREFLEX LANCETS - lancets	3					
NOVA SUREFLEX LANCING DEV - lancet devices	3					
NOVOFINE AUTOCOVER PEN NE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	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					
NOVOPEN ECHO - injection device for insulin	2					
OMNIFLEX DIAPHRAGM - diaphragms	A				•	
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	3	•	•			
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump supplies	3	•	•			
OMNIPOD 5 G6 INTRO KIT (G - insulin infusion disposable pump kit	3	•	•			
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump supplies	3	•	•			
OMNITROPE PEN 5 INJECTION - injection device - misc	3					
ONETOUCH CLUB LANCETS FIN - lancets	2					
ONETOUCH DELICA LANCETS E - lancets	2					
ONETOUCH DELICA LANCETS F - lancets	2					
ONETOUCH DELICA LANCING D - lancet devices	2					
ONETOUCH DELICA PLUS LANC - lancet devices	2					
ONETOUCH DELICA PLUS LANC - lancets	2					
ONETOUCH DELICA SAFETY LA - lancet devices	2					
ONETOUCH FINEPOINT LANCET - lancets	2					
ONETOUCH LANCETS - lancets	2					
ONETOUCH ULTRA CONTROL - blood glucose calibration - liquid	2					
ONETOUCH ULTRA MINI - blood glucose monitoring kit w/ device	2	•				
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	2	•				
ONETOUCH ULTRASOFT LANCET - lancets	2					
ONETOUCH VERIO - blood glucose monitoring kit w/ device	2	•				
ONETOUCH VERIO CONTROL SO - blood glucose calibration - liquid - high	2					
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	2	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	2	•				
ONETOUCH VERIO MID CONTRO - blood glucose calibration - liquid	2					
ONETOUCH VERIO REFLECT - blood glucose monitoring kit w/ device	2	•				
OPTICHAMBER - spacer/aerosol-holding chambers - device	3					
OPTICHAMBER DIAMOND - spacer/ aerosol-holding chambers - device	3					
OPTICHAMBER DIAMOND/ LARGE - spacer/aerosol-holding chambers - device	3					
OPTICHAMBER DIAMOND/MEDIU - spacer/aerosol-holding chambers - device	3					
OPTICHAMBER DIAMOND/SMALL - spacer/aerosol-holding chambers - device	3					
PC LANCETS SUPER THIN 30G - lancets	3					
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	2					
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	2					
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
PERFECT LANCETS 30G - lancets	3					
PERFECT PRESSURE ACTIVATE - lancets	3					
PHARMACIST CHOICE SELECT - lancets	3					
PHARMACIST CHOICE ULTRA T - lancets	3					
PHARMACY COUNTER LANCETS - lancets	3					
PIP LANCETS/28G - lancets	3					
PIP LANCETS/30G - lancets	3					
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
PRECISION THINS GP LANCET - lancets	3					
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
PREFERRED PLUS LANCETS CO - lancets	3					

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
PSS SELECT GP LANCETS - lancets	3					
PSS SELECT SAFETY LANCETS - lancets	3					
PURE COMFORT LANCETS 30G - lancets	3					
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
PX ADVANCED LANCING DEVIC - lancet devices	3					
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
PX LANCET AUTO INJECTOR - lancet devices	3					
PX LANCETS MICROTHIN 33G - lancets	3					
PX LANCETS ULTRA THIN - lancets	3					
PX LANCETS ULTRA THIN 28G - lancets	3					
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PX SHORTLENGTH PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
QC ADVANCED LANCING DEVIC - lancet devices	3					
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
QC LANCETS SUPER THIN - lancets	3					
QC LANCETS ULTRA THIN - lancets	3					
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2					
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
QC UNILET LANCETS 28G/ULT - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
QC UNILET LANCETS 33G/MIC - lancets	3					
RA E-ZJECT LANCETS THIN 2 - lancets	3					
RA E-ZJECT LANCETS ULTRA - lancets	3					
RA E-ZJECT LANCETS 28G - lancets	3					
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RAYA SURE PEN NEEDLE 29G - insulin pen needle 29 g x 12 mm (1/2")	2					
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2					
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
READYLANCE SAFETY LANCETS - lancets	3					
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
REALITY LANCETS - lancets	3					
REALITY TRIGGER LANCETS - lancets	3					
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
RELION LANCETS - lancets	3					
RELION LANCETS MICRO-THIN - lancets	3					
RELION LANCETS THIN 26G - lancets	3					
RELION LANCETS ULTRA-THIN - lancets	3					
RELION LANCING DEVICE - lancet devices	3					
RELION MINI PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2					
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION PEN NEEDLES 31GX6M - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
RELION PEN NEEDLES 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
RELION PEN NEEDLES 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
RELION PEN NEEDLES/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
RELION SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION THIN LANCETS - lancets	3					
RELION ULTRA THIN LANCETS - lancets	3					
RELION ULTRA THIN PLUS LA - lancets	3					
RELION 2-IN-1 LANCET DEV - lancet devices	3					
RELION 2-IN-1 LANCING DEV - lancet devices	3					
REXALL LANCETS ULTRA THIN - lancets	3					
RIGHTEST GD500 LANCING DE - lancet devices	3					
RIGHTEST GL300 LANCETS - lancets	3					
SAFE-T-LANCE LOW FLOW 25G - lancets	3					
SAFE-T-LANCE NORMAL FLOW - lancets	3					
SAFE-T-LANCE PLUS SAFETY - lancets	3					
SAFETY LANCET 30G/PRESSUR - lancets	3					
SAFETY LANCETS - lancets	3					
SAFETY LANCETS 21G - lancets	3					
SAFETY LANCETS 28G - lancets	1					
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
SAPS HEALTH CARE TWIST TO - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SAPS HEALTH TWIST TOP LAN - lancets	3					
SAPSCARE TWIST TOP LANCET - lancets	3					
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
SB LANCETS THIN - lancets	3					
SB LANCETS ULTRA THIN - lancets	3					
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
SECURESAFE SAFETY INSULIN - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SECURESAFE SAFETY INSULIN - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
SELECT-LITE LANCING DEVIC - lancet devices	3					
SHOPKO AUTOLET LANCING DE - lancet devices	3					
SHOPKO ON-THE-GO COMFORT - lancets	3					
SHOPKO UNIFINE PENTIPS PE - insulin pen needle 29 g x 12 mm (1/2")	2					
SHOPKO UNIFINE PENTIPS PE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
SHOPKO UNIFINE PENTIPS PE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
SHOPKO UNIFINE PENTIPS PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
SHOPKO UNIFINE PENTIPS PL - insulin pen needle 29 g x 12 mm (1/2")	2					
SHOPKO UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
SHOPKO UNIFINE PENTIPS PL - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
SHOPKO UNIFINE PENTIPS PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
SHOPKO UNILET LANCETS SUP - lancets	3					
SHOPKO UNILET LANCETS ULT - lancets	3					
SIMPLE DIAGNOSTICS LANCIN - lancet devices	3					
SINGLE-LET - lancets	2					
SM MICRO THIN LANCETS 33G - lancets	3					
SM TRUEDRAW LANCING DEVIC - lancet devices	3					
SMART DIABETES VANTAGE LA - lancet devices	3					
SMART SENSE COLOR LANCETS - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SMART SENSE STANDARD LANC - lancets	3					
SMART SENSE SUPER THIN LA - lancets	3					
SMART SENSE THIN LANCETS - lancets	3					
SMARTEST LANCETS 28G - lancets	3					
SOLUS V2 LANCING DEVICE - lancet devices	3					
SOLUS V2 PRESSURE ACTIVAT - lancets	3					
SOLUS V2 TWIST LANCETS 30 - lancets	3					
STERILANCE TL - lancets	3					
SUPER THIN LANCETS - lancets	3					
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
SURE COMFORT LANCETS 18G - lancets	3					
SURE COMFORT LANCETS 21G - lancets	3					
SURE COMFORT LANCETS 23G - lancets	3					
SURE COMFORT LANCETS 28G - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
SURE COMFORT LANCETS 30G - lancets	3					
SURE COMFORT LANCING PEN - lancet devices	3					
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2					
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
SURELITE LANCETS - lancets	3					
TECHLITE AST LANCETS - lancets	3					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
TECHLITE LANCETS - lancets	3					
TECHLITE LANCETS 30G - lancets	3					
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 10 mm	2					
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 12 mm (1/2")	2					
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
TGT ADVANCED LANCING DEVI - lancet devices	3					
TGT LANCET ALTERNATE SITE - lancets	3					
TGT LANCET MICRO THIN 33G - lancets	3					
TGT LANCET SUPER THIN 30G - lancets	3					
TGT LANCET THIN 23G - lancets	3					
TGT LANCET THIN 26G - lancets	3					
TGT LANCET ULTRA THIN 28G - lancets	3					
TGT LANCET ULTRA THIN 30G - lancets	3					
TGT LANCING DEVICE - lancet devices	3					
THINLETS GP LANCETS - lancets	3					
TODAYS HEALTH ADVANCED LA - lancet devices	3					
TODAYS HEALTH MINI PEN NE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	2					
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TODAYS HEALTH SUPER THIN - lancets	3					
TODAYS HEALTH ULTRA THIN - lancets	3					
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TOPCARE LANCETS MICRO-THI - lancets	3					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
TRAVEL LANCETS ADVANCED 2 - lancets	3					
TRAVEL LANCETS 30G - lancets	3					
TRUE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TRUE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 0.5 ml 32 x 5/16"	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1 ml 32 x 5/16"	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT TWIST TOP LA - lancets	3					
TRUEDRAW LANCING DEVICE - lancet devices	3					
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
TRUEPLUS LANCETS 26G - lancets	3					
TRUEPLUS LANCETS 28G - lancets	3					
TRUEPLUS LANCETS 28G SUPE - lancets	3					
TRUEPLUS LANCETS 30G - lancets	3					
TRUEPLUS LANCETS 30G ULTR - lancets	3					
TRUEPLUS LANCETS 33G - lancets	3					
TRUEPLUS LANCETS 33G MICR - lancets	3					
TRUEPLUS PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2					
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TRUEPLUS PEN NEEDLES 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TRUEPLUS SAFETY LANCETS 2 - lancets	3					
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2					
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g 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					
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	3					
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTICARE INSULIN SYRINGE - insulin syringe/needle 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"	2					

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ULTIGUARD SAFEPACK INSULI - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
ULTIGUARD SAFEPACK INSULI - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
ULTIGUARD SAFEPACK INSULI - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
ULTIGUARD SAFEPACK INSULI - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTIGUARD SAFEPACK INSULI - insulin syringe/needle 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")	2					
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 31 g 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					
ULTILET CLASSIC LANCETS - lancets	3					
ULTILET LANCETS - lancets	3					
ULTILET LANCETS 33G - lancets	3					
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTILET SAFETY LANCETS 21 - lancets	3					
ULTILET SAFETY LANCETS 23 - lancets	3					
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTRA COMFORT INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ULTRA-THIN II LANCETS 28G - lancets	3					
ULTRA-THIN II LANCETS 30G - lancets	3					
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
UNIFINE PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	2					
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
UNISTIK SAFETY LANCETS 28 - lancets	3					
UNISTIK SAFETY LANCETS 30 - lancets	3					
UNISTIK TOUCH SAFETY LANC - lancets	3					
UNISTIK 3 GENTLE - lancets	3					
UNIVERSAL 1 LANCETS THIN - lancets	3					
UNIVERSAL 1 LANCETS ULTRA - lancets	3					
UNIVERSAL 1 LANCETS/33G/M - lancets	3					
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
VALUE PLUS LANCETS STANDA - lancets	3					
VALUE PLUS LANCETS SUPER - lancets	3					
VALUE PLUS LANCETS THIN 2 - lancets	3					
VALUE PLUS LANCING DEVICE - lancet devices	3					
VALUMARK LANCET SUPER THI - lancets	3					
VALUMARK LANCET ULTRA THI - lancets	3					
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2					
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 3/16" (5 mm)	2					
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 0.5 ml 30 x 3/16" (5 mm)	2					
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 29 x 5/16"	2					
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
VIDA MIA AUTOLET LANCING - lancet devices	3					
VIDA MIA UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2					
VIDA MIA UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
VIDA MIA UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
VIDA MIA UNILET LANCETS S - lancets	3					
VIDA MIA UNILET LANCETS U - lancets	3					
VIDA MIA UNIPFINE PENTIPS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
VIVAGUARD LANCETS - lancets	3					
VIVAGUARD LANCING DEVICE - lancet devices	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
VIVAGUARD SAFETY LANCETS/ - lancets	3					
VORTEX HOLDING CHAMBER/ MA - respiratory therapy supplies - devices	3					
VORTEX VALVED HOLDING CHA - spacer/aerosol-holding chambers - device	3					
VP INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
WALGREENS ADVANCED TRAVEL - lancets	3					
WALGREENS COMFORT ASSURED - lancets	3					
WALGREENS LANCETS - lancets	3					
WALGREENS THIN LANCETS - lancets	3					
WALGREENS ULTRA THIN LANC - lancets	3					
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 65 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 70 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 75 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 80 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 85 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 90 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 95 mm	A				•	
ZEVRX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ZEVRX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
ZEVRX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ZEVRX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ZEVRX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ZEVRX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ZEVRX TWIST TOP LANCETS 3 - lancets	3					
1ST CHOICE LANCETS SUPER - lancets	3					
1ST CHOICE LANCETS THIN - lancets	3					
1ST CHOICE LANCETS ULTRA - lancets	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2					
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
1ST TIER UNILET COMFORTOU - lancets	3					
ASSORTED CLASSES						
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg	3					
ASTAGRAF XL - tacrolimus cap er 24hr 1 mg	3					
ASTAGRAF XL - tacrolimus cap er 24hr 5 mg	3					
azathioprine tab 50 mg (Imuran)	1					
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	2	•	•	•		•
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	2	•	•	•		•
CELLCEPT - mycophenolate mofetil cap 250 mg	3	•				
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	3	•				

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
CELLCEPT - mycophenolate mofetil tab 500 mg	3	•				
cyclosporine cap 25 mg (Sandimmune)	1					
cyclosporine cap 100 mg (Sandimmune)	1					
cyclosporine modified cap 25 mg (Neoral)	1					
cyclosporine modified cap 50 mg	1					
cyclosporine modified cap 100 mg (Neoral)	1					
cyclosporine modified oral soln 100 mg/ml (Neoral)	1					
DEPEN TITRATABS - penicillamine tab 250 mg	3					
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	3	•	•	•		•
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg	3					
ENVARSUS XR - tacrolimus tab er 24hr 1 mg	3					
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	3					
everolimus tab 0.25 mg (Zortress)	1					
everolimus tab 0.5 mg (Zortress)	1					
everolimus tab 0.75 mg (Zortress)	1					
everolimus tab 1 mg (Zortress)	1					
IMURAN - azathioprine tab 50 mg	3	•				
lenalidomide caps 2.5 mg (Revlimid)	1	•	•	•		•
lenalidomide cap 5 mg (Revlimid)	1	•	•	•		•
lenalidomide cap 10 mg (Revlimid)	1	•	•	•		•
lenalidomide cap 15 mg (Revlimid)	1	•	•	•		•
lenalidomide cap 20 mg (Revlimid)	1	•	•	•		•
lenalidomide cap 25 mg (Revlimid)	1	•	•	•		•
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	3	•	•			

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	3	•	•			
LUPKYNIS - voclosporin cap 7.9 mg	3	•	•	•		•
mycophenolate mofetil cap 250 mg (Cellcept)	1					
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1					
mycophenolate mofetil tab 500 mg (Cellcept)	1					
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	1					
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	1					
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3	•				
MYFORTIC - mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3	•				
NEORAL - cyclosporine modified cap 25 mg	3					
NEORAL - cyclosporine modified cap 100 mg	3					
NEORAL - cyclosporine modified oral soln 100 mg/ml	3					
penicillamine cap 250 mg (Cuprimine)	1	•	•			
penicillamine tab 250 mg (Depen titratabs)	1					
PROGRAF - tacrolimus cap 0.5 mg	3					
PROGRAF - tacrolimus cap 1 mg	3					
PROGRAF - tacrolimus cap 5 mg	3					
PROGRAF - tacrolimus packet for susp 0.2 mg	3					
PROGRAF - tacrolimus packet for susp 1 mg	3					

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
RAPAMUNE - sirolimus oral soln 1 mg/ml	3					
RAPAMUNE - sirolimus tab 0.5 mg	3	•				
RAPAMUNE - sirolimus tab 1 mg	3	•				
RAPAMUNE - sirolimus tab 2 mg	3	•				
REVLIMID - lenalidomide caps 2.5 mg	2	•	•	•		•
REVLIMID - lenalidomide cap 5 mg	2	•	•	•		•
REVLIMID - lenalidomide cap 10 mg	2	•	•	•		•
REVLIMID - lenalidomide cap 15 mg	2	•	•	•		•
REVLIMID - lenalidomide cap 20 mg	2	•	•	•		•
REVLIMID - lenalidomide cap 25 mg	2	•	•	•		•
REZUROCK - belumosudil mesylate tab 200 mg	2	•	•	•		•
SANDIMMUNE - cyclosporine cap 25 mg	3					
SANDIMMUNE - cyclosporine cap 100 mg	3					
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	3					
sirolimus oral soln 1 mg/ml (Rapamune)	1					
sirolimus tab 0.5 mg (Rapamune)	1					
sirolimus tab 1 mg (Rapamune)	1					
sirolimus tab 2 mg (Rapamune)	1					
sodium polystyrene sulfonate powder	1					
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	1					
SYPRINE - trientine hcl cap 250 mg	3	•	•	•		•
tacrolimus cap 0.5 mg (Prograf)	1					
tacrolimus cap 1 mg (Prograf)	1					
tacrolimus cap 5 mg (Prograf)	1					
THALOMID - thalidomide cap 50 mg	2	•	•	•		•
THALOMID - thalidomide cap 100 mg	2	•	•	•		•
THALOMID - thalidomide cap 150 mg	2	•	•	•		•

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution
THALOMID - thalidomide cap 200 mg	2	•	•	•		•
trientine hcl cap 250 mg (Syprine)	1	•	•	•		•
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm (base eq)	3	•	•			
VELTASSA - patiromer sorbitex calcium for susp packet 16.8 gm (base eq)	3	•	•			
VELTASSA - patiromer sorbitex calcium for susp packet 25.2 gm (base eq)	3	•	•			
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	3	•	•	•		•
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose	3	•	•	•		•
VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily dose	3	•	•	•		•
ZOKINVY - lonafarnib cap 50 mg	3	•	•	•		•
ZOKINVY - lonafarnib cap 75 mg	3	•	•	•		•
ZORTRESS - everolimus tab 0.25 mg	3					
ZORTRESS - everolimus tab 0.5 mg	3					
ZORTRESS - everolimus tab 0.75 mg	3					
ZORTRESS - everolimus tab 1 mg	3					

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VIREAD -tenofovir disoproxil fumarate oral powder 40 mg/gm....10
VIREAD -tenofovir disoproxil fumarate tab 150 mg....10
VIREAD -tenofovir disoproxil fumarate tab 200 mg....10
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VIRT-PN DHA -prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg....125
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VITAFOL GUMMIES -prenat vit w/ fe phos-fa-omega chew tab 3.33-0.333-34.8 mg....125
VITAFOL-NANO -prenatal w/o a w/ fefum-l methylfol-fa tab 18-0.6-0.4 mg....125
VITAFOL-OB+DHA -prenatal mv w/fe fum-fa tab 65-1 mg & dha cap 250 mg pack....125
VITAFOL-OB -prenatal vit w/ fe fumarate-fa tab 65-1 mg....125
VITAFOL-ONE -prenatal mv w/ fe polysac cmplx-fa-dha cap 29-1-200 mg....125
VITAFOL STRIPS -prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg....125
VITAFOL ULTRA -prenat w/fe poly-methylfol-fa-dha cap 29-0.6-0.4-200 mg....125
VITAMEDMD REDICHEW RX -prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg....125
VITAPEARL -prenat w/oa w/fefum-na fered-fa-dha cap er 30-1.4-200 mg....125
VITATHELY/GINGER -prenatal vit w/ fe fumarate-fa tab 27-1 mg....125
VITATRUE -prenat w/o a w/fe chel-fa tab 30-1.4 mg & dha cap 300mg pk....125
VITRAKVI -larotrectinib sulfate cap 25 mg (base equivalent)....20
VITRAKVI -larotrectinib sulfate cap 100 mg (base equivalent)....20
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VIVELLE-DOT -estradiol td patch twice weekly 0.075 mg/24hr....25
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VOGELXO -testosterone td gel 50 mg/5gm (1%)....23
VONJO -pacritinib citrate cap 100 mg....20
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WEGMANS UNIFINE PENTIPS P -insulin pen needle 31 g x 6 mm (1/4" or 15/64")....200
WEGMANS UNIFINE PENTIPS P -insulin pen needle 31 g x 8 mm (1/3" or 5/16")....200
WEGMANS UNIFINE PENTIPS P -insulin pen needle 32 g x 4 mm (1/6" or 5/32")....200
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WELLBUTRIN SR -bupropion hcl tab er 12hr 100 mg....81
WELLBUTRIN SR -bupropion hcl tab er 12hr 150 mg....81
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WESNATE DHA -prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg....125
WESTAB PLUS -prenatal vit w/ fe fumarate-fa tab 27-1 mg....125
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WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 65 mm....200
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WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 95 mm....200
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