

# Medication Guide

## *Truli Rx Basic*



**January 2023**

# Contents

<b>Contents</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>3</b>
Welcome to your Truli Rx Basic Drug List!.....	3
How to find the most current information .....	3
Language Access Services.....	3
<b>How to save money on prescription drugs</b> .....	<b>4</b>
Be mindful of your drug’s tier. ....	4
Retail Drugs .....	4
Specialty Drugs .....	4
Calculate your cost share. ....	4
<b>Where to get your prescription drugs</b> .....	<b>5</b>
Use a Truli Preferred Retail Pharmacy .....	5
Specialty Pharmacy Network .....	5
Home Delivery .....	5
Non-Participating Pharmacy .....	5
Need your drugs while traveling? You’re covered.....	5
<b>Commonly referenced drug information</b> .....	<b>6</b>
Drugs we do not cover .....	6
Immunizations .....	6
Women’s preventive drugs and devices.....	6
Provider-administered specialty drugs.....	6
Oral chemotherapy drugs.....	6
New-to-market drugs .....	6
HIV drugs.....	6
<b>Prescription drug list frequently asked questions</b> .....	<b>7</b>
Who develops the drug list? .....	7
Why do you make changes to the drug list? .....	7
Does my plan cover over-the-counter (OTC) drugs?.....	7
<b>Protocol Exemption Request for Members</b> .....	<b>8</b>
<b>How to use this Drug list</b> .....	<b>9</b>
Abbreviation/Acronym key .....	11
How do I search for a drug name in this list? .....	11

## Introduction

### Welcome to your Truli Rx Basic Medication Guide!

The Truli Rx Basic Medication Guide contains information about the drugs we cover for your plan. This guide gives you helpful tips on how to make the most of your pharmacy benefits. It includes a list of the generic, brand-name, and specialty prescription drugs that your plan covers.

This Medication Guide does not extend, vary, alter, replace or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in your plan documents. These documents are your Benefit Booklet and Schedule of Benefits. Check your plan documents to find your complete coverage details.

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

### How to find the most current information

For the latest guide updates:



Visit [truliforhealth.com](https://truliforhealth.com) > Resources > **Medication Guide**



Hearing impaired? Call Florida TTY Relay Service 7-1-1

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 855-308-7854.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-308-7854.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 855-308-7854.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 855-308-7854.

## How to save money on prescription drugs

### Be mindful of your drug's tier

Truli for Health organizes covered drugs into levels called “tiers.” Typically, the lower the tier, the more cost savings you can expect, especially when you use a Truli Preferred pharmacy.

#### Retail Drugs

Retail drugs are drugs your doctor prescribes that you can fill at a local pharmacy.

Tier	What's included
1	<p>Drugs covered under the US Preventive Services Task Force (USPSTF) A/B List</p> <p>We cover certain preventive care drugs for no cost share when you fill them at a Truli Preferred pharmacy to help you manage your health and well-being</p> <p><a href="#">USPSTF Preventive Drugs List</a></p>
2	<p>Truli for Me programs</p> <p>We designed the Truli for Me programs to help manage the cost of drugs used to treat certain conditions. When you take part in Truli for Me programs, you pay a lower cost share for drugs listed on this tier</p> <p><a href="#">Truli for Me Drug List</a></p>
3	Generic prescription drugs and supplies

#### Specialty Drugs

Specialty drugs generally need a provider to closely monitor you during your therapy. They are high- cost injectable, infused, oral or inhaled drugs.

Tier	What's included
4	Only generic and brand-name specialty drugs listed

### Calculate your cost share

Truli encourages you to use generic drugs whenever possible. Generic drugs must have the same active ingredients and work the same as their brand-name equals to obtain FDA approval. This is an easy way to get high-quality drugs at reduced costs.

Share this drug list with your doctor to ensure your doctor knows what drugs we include in your plan. Then, decide together if choosing a generic drug is right for you.

Log in to your [Truli for Me](#) portal to compare drug costs and find your cost share for a drug.

## Where to get your prescription drugs

### Use a Truli Preferred Retail Pharmacy

You have options when you need to fill a prescription. Having your drugs filled at one of our Truli Preferred pharmacies offers the best value.

When you fill your prescriptions at one of our Truli Preferred pharmacies, you pay less for your drugs than you would at other pharmacies. Log into your Truli for Me portal to find a Truli Preferred pharmacy near you.

### **A three-month supply saves you time and money.**

To save you money and trips to the pharmacy, ask your doctor for a prescription for a three-month supply of your drug.

### Specialty Pharmacy Network

You must fill your specialty drugs at one of the following pharmacies:

#### CVS Specialty Pharmacy

All Specialty Products  
Phone: 866-278-5108  
Fax: 800-323-2445

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

#### CAN Community Health Pharmacy

Specialty HIV and Hepatitis C Products  
Phone: 844-370-6204

Only these pharmacies are in-network for specialty drugs. A pharmacy can be in-network for retail or home delivery drugs and still not be in-network for specialty drugs.

Most specialty drugs are limited to a 30-day supply per fill.

### Home Delivery

Home delivery provides an affordable way for you to get your maintenance medications – prescription drugs you take regularly to treat ongoing conditions.

With [home delivery](#), you can order up to 90-days' worth of maintenance medicine through the mail. It's a convenient way to fill your prescriptions and using home delivery may help you save money.

To see how home delivery is covered on your plan or to access helpful resources about home delivery, log in to your [Truli for Me](#) portal.

### **Getting started with home delivery**

If you have a 90-day supply prescription from your doctor and are ready to start a home delivery order, visit [myprime.com](#) to create your account and manage your prescriptions online.

You can also call the pharmacy at 855-206-2634 to speak to a member of the pharmacy team. Representatives are available weekdays from 8 a.m. to 10 p.m., Eastern time (ET), and weekends from 10 a.m. to 8 p.m., ET.

### Non-Participating Pharmacy

Your plan only covers out-of-network pharmacies for Urgent or Emergency Care. You may have to pay the full cost of the drug if you go to a non-participating pharmacy.

### Need your drugs while traveling? You're covered.

We understand that there may be times when you're traveling and need your drugs or have a provider give them to you.

### **Retail Drugs**

If you have a written prescription, simply fill these prescriptions at one of our preferred pharmacies. Many of our preferred pharmacies have national locations.

### **Provider-administered**

If you need provider-administered drugs while you're traveling, ask your prescribing doctor to coordinate with a participating provider in that area before you travel.

## Commonly referenced drug information

This section includes information about drugs our members reference most often.

### Drugs we do not cover

Truli Rx Basic only covers drugs that are in the drug list.

### Immunizations

We cover certain vaccines for no cost share under your plan's preventive benefits.

You can get vaccinations from your doctor or a certified pharmacist.

### [Preventive Vaccines List](#)

### Women's preventive drugs and devices

We cover certain contraceptive drugs or devices at no cost share to you when:

- a doctor or other health care provider (not a pharmacist) prescribes them
- you purchase them from a Truli Preferred pharmacy

**Examples:** oral contraceptives, emergency contraceptives and diaphragms

### [Women's Preventive Services List](#)

### Provider-administered specialty drugs

Your doctor's office may order and give you certain drugs. Your plan covers these drugs as part of a necessary medical visit, rather than through your pharmacy, prescription drug benefits. The cost for provider-administered drugs can be found under the Medical Pharmacy benefit in your Schedule of Benefits.

### [Provider-Administered Specialty Drugs List](#)

### Oral chemotherapy drugs

Doctors prescribe oral chemotherapy drugs (cancer fighting drugs you take by mouth) to kill or slow the growth of cancerous cells.

### [Oral Chemotherapy Drug List](#)

### New-to-market drugs

We may not cover newly marketed drugs until the Pharmacy & Therapeutics Committee has reviewed them. It is always a good idea to reference this list when a new drug is introduced in the market.

### [New to Market Drug List](#)

### HIV drugs

Drugs to treat HIV are included in the specialty pharmacy program and must be filled at an in-network specialty pharmacy.

HIV drugs are covered for up to a 90-day supply per fill.

For information on specific drugs, refer to this medication guide or log in to your [Truli for Me](#) portal.

## Prescription drug list frequently asked questions

### Who develops the drug list?

Truli for Health and Prime Therapeutics' National Pharmacy & Therapeutics Committee decide the drugs we include in the drug list. We review this list quarterly (every three months). Truli uses current safety, effectiveness, and therapy usage information to decide if we need to make changes to the list.

We reserve the right to add or remove a drug or change a drug's tier at any time. For example, we might only include the following in the drug list:

- One manufacturer's product when a drug with the same active ingredients, supply or equipment is made by two or more different manufacturers.
- One dosage or form of a drug when a drug with the same active ingredient is available in different dosages or forms from the same or different manufacturers.

### Why do you make changes to the drug list?

Some reasons we make changes to the drug list include:

- Our Pharmacy & Therapeutics Committee approves new drugs.
- Our Pharmacy & Therapeutics Committee removes drugs for safety reasons.
- Manufacturers remove drugs from the market.
- Generic drugs of brand-name drugs become available. Usually, this puts the brand-name drug in a higher tier because the generic drug is less costly.

### Does my plan cover over-the-counter (OTC) drugs?

Your plan covers a limited selection of OTC drugs. Your doctor must prescribe it for us to cover it.

The drug list changes throughout the year. Check your Truli for Me portal from time to time to see if we've added your OTC drugs to the list.

## Protocol Exemption Request for Members

Your doctor may want to prescribe a medication, medical procedure or course of treatment for a condition that is different from the step-therapy protocol developed by Truli for Health.

If this is the case, either you or your doctor can request an exemption by submitting a Protocol Exemption Request.

How to submit a Protocol Exemption Request for medical procedures, treatments, or medications **under a medical benefit**:

- Members: Use the Member Protocol Exemption Request form
- Complete the entire Protocol Exemption Request form along with the request for authorization services and medications your doctor wants to use to treat your medical condition. Fax the request and all necessary documents to us at **1-877-219-9448**. Please be sure to provide **all necessary medical records and documentation** required for us to determine an exemption.

How to submit a Protocol Exemption Request for medications **under a pharmacy benefit**:<sup>1</sup>

- You will use either the Step Therapy form or the Prior Authorization form. Submit with the step-therapy protocol to Prime Therapeutics either by fax at **1-855-212-8110** or [CoverMyMeds](#). Please be sure to provide **all necessary medical records and documentation** required for us to determine an exemption. Members, if you're not sure which form to use, call the number on the back of your member ID card.
  - [Step Therapy forms](#)
  - [Prior Authorizations forms](#)

Important information for **all Protocol Exemption Requests**:

- **Please don't use the Protocol Exemption Request if your Pre-Service Request was denied.** If your doctor submitted a Pre-Service Request and that was denied, please follow the standard appeal process.

Truli for Health will review and determine approval or denial of your Protocol Exemption Request within 72 hours for an urgent request or 15 calendar days for a non-urgent request. We'll notify you and your doctor with the result by letter.

If the protocol exemption request is denied, you or your doctor can appeal. To do so, submit a completed appeal form based on your benefit. Please allow 30 days for appeals to be reviewed.

To find the appeals form, log in to your member account. Select My Claims at the top and then under the Appeals section, click Submit an Appeal. Download and complete the form and mail it in as instructed on the form.

Have questions? We're here to help. Call us at the number on the back of your member ID card. Health care providers can call us at **1-833-238-8144** with questions.

<sup>1</sup>Truli for Health's pharmacy policies under these Utilization programs are in compliance with Florida law 627.42393.



## How to use this Drug list

1	2	3	4
Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>ANTI-INFECTIVE AGENTS</b>			
<b>PENICILLINS</b>			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	6		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	5		
<b>amoxicillin (trihydrate) cap 250 mg, 500 mg</b>	3		
<b>ANTINEOPLASTIC AGENTS</b>			
<b>ANTINEOPLASTICS</b>			
<b>abiraterone acetate tab 250 mg (Zytiga)</b>	7	SP	PA, QL (120 tablets/30 days)
<b>abiraterone acetate tab 500 mg (Zytiga)</b>	7	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	8	SP	PA, LD
AFINITOR - everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	9	SP	PA, LD, QL (30 tablets/30 days)

### 1. Drug Name

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

### 2. Drug Tier

Indicates the formulary tier level for each drug.

### 3. Specialty (SP)

Indicates this is a self-administered specialty drug.

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

### 4. Requirements/Limits

- **Prior Authorization (PA)**- Some drugs require prior authorization to ensure appropriate use and prescribing before a drug will be covered. Coverage may be approved after certain criteria are met. Approval is required for claims to process at network pharmacies. If the PA indicator is present, then the PA program noted is possibly applied to your benefit.  
[Prior Authorization Program Information and Request Forms](#)
- **Step Therapy (ST)**- Requires members to try another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. If the ST indicator is present, then the ST program noted is possibly applied to your benefit.  
[Step Therapy Program Information and Authorization Forms](#)

- Limited Distribution (LD)- Drug manufacturers will choose one or limited number of specialty pharmacies to dispense drugs. Additional information about limited distribution drugs can be found in this document under Participating Pharmacy.
- Quantity Limits (QL)- Certain drugs have quantity limits to encourage safe and appropriate use. The quantity limit is the maximum quantity that can be dispensed over a given period of time. If the QL indicator is present, then the QL program noted is possibly applied to your benefit.  
[Quantity Limit Program Information and Exception Request Form](#)

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

## Abbreviation/Acronym key

**caps** = capsules

**chew tabs** = chewable tablets

**conc** = concentrate

**crm** = cream

**ext-release** = extended-release

**inhal** = inhalation

**inj** = injection

**lotn** = lotion

**NP** = non-preferred

**odt/ODT** = orally disintegrating tablets

**oint** = ointment

**OTC** = over-the-counter

**sl/SL** = sublingual

**SP** = specialty pharmacy

**soln** = solution

**supp** = suppositories

**susp** = suspension

**tabs** = tablets

## How do I search for a drug name in this list?

1. Do one of the following:
  - press the **Control** and **F** keys on your keyboard, or
  - go to **Edit > Find**.  
The Find dialog box opens.
2. Type the word or phrase you are looking for and press **Enter** on your keyboard. Adobe Reader takes you to the first instance of the word.
3. Click **Next** or **Previous** to move to the next or former incidence.

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>ANTI-INFECTIVE AGENTS</b>			
<b>PENICILLINS</b>			
amoxicillin (trihydrate) cap 250 mg, 500 mg	3		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	3		
amoxicillin (trihydrate) tab 500 mg, 875 mg	3		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	3		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	3		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	3		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	3		
dicloxacillin sodium cap 250 mg, 500 mg	3		
penicillin v potassium tab 250 mg, 500 mg	3		
<b>CEPHALOSPORINS</b>			
cefadroxil cap 500 mg	3		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	3		
cefdinir cap 300 mg	3		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3		
cefixime cap 400 mg (Suprax)	3		
cefixime for susp 100 mg/5ml	3		
cefixime for susp 200 mg/5ml (Suprax)	3		
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	3		
cefpodoxime proxetil tab 100 mg, 200 mg	3		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	3		
cefprozil tab 250 mg, 500 mg	3		
cefuroxime axetil tab 250 mg, 500 mg	3		
cephalexin cap 250 mg, 500 mg	3		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	3		
<b>MACROLIDES</b>			
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	3		
azithromycin tab 250 mg, 500 mg (Zithromax)	3		
azithromycin tab 600 mg	3		
clarithromycin tab er 24hr 500 mg	3		
clarithromycin tab 250 mg, 500 mg	3		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	3		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	3		
erythromycin tab 250 mg, 500 mg	3		
<b>TETRACYCLINES</b>			
demeclocycline hcl tab 150 mg, 300 mg	3		
doxycycline hyclate cap 50 mg	3		
doxycycline hyclate cap 100 mg (Vibramycin)	3		
doxycycline hyclate tab 20 mg, 50 mg, 100 mg	3		
doxycycline monohydrate cap 50 mg, 100 mg	3		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	3		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3		
minocycline hcl cap 50 mg, 75 mg, 100 mg	3		
tetracycline hcl cap 250 mg, 500 mg	3		
<b>FLUOROQUINOLONES</b>			
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	3		
ciprofloxacin hcl tab 750 mg (base equiv)	3		
levofloxacin oral soln 25 mg/ml	3		
levofloxacin tab 250 mg, 500 mg, 750 mg	3		
moxifloxacin hcl tab 400 mg (base equiv)	3		
ofloxacin tab 400 mg	3		
<b>AMINOGLYCOSIDES</b>			
neomycin sulfate tab 500 mg	3		
paromomycin sulfate cap 250 mg (Humatin)	3		
tobramycin nebu soln 300 mg/5ml (Tobi)	4	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	4	SP	
<b>ANTIMYCOBACTERIAL AGENTS</b>			
ethambutol hcl tab 100 mg	3		
ethambutol hcl tab 400 mg (Myambutol)	3		
isoniazid tab 300 mg	3		
pyrazinamide tab 500 mg	3		
rifabutin cap 150 mg (Mycobutin)	3		
rifampin cap 150 mg, 300 mg	3		
<b>ANTIFUNGALS</b>			
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	3		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
flucytosine cap 250 mg, 500 mg (Ancobon)	3		
griseofulvin microsize susp 125 mg/5ml	3		
griseofulvin microsize tab 500 mg	3		
griseofulvin ultramicrosize tab 125 mg, 250 mg	3		
itraconazole cap 100 mg (Sporanox)	3		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	3		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	3		
nystatin tab 500000 unit	3		
posaconazole tab delayed release 100 mg (Noxafil)	3		PA
terbinafine hcl tab 250 mg	3		QL (30 tablets/30 days)
voriconazole for susp 40 mg/ml (Vfend)	3		PA
voriconazole tab 50 mg, 200 mg (Vfend)	3		PA
<b>ANTIVIRALS</b>			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	4	SP	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	4	SP	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	4	SP	QL (30 tablets/30 days)
acyclovir cap 200 mg	3		
acyclovir susp 200 mg/5ml (Zovirax)	3		
acyclovir tab 400 mg, 800 mg	3		
adefovir dipivoxil tab 10 mg (Hepsera)	3		QL (30 tablets/30 days)
atazanavir sulfate cap 150 mg (base equiv)	4	SP	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	4	SP	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	4	SP	QL (30 capsules/30 days)
efavirenz cap 50 mg (Sustiva)	4	SP	QL (90 capsules/30 days)
efavirenz cap 200 mg (Sustiva)	4	SP	QL (60 capsules/30 days)
efavirenz tab 600 mg (Sustiva)	4	SP	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	SP	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	4	SP	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	4	SP	QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	4	SP	QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	4	SP	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1	SP	QL (30 tablets/30 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	3		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	4	SP	QL (60 tablets/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>famciclovir tab 125 mg, 250 mg, 500 mg</b>	3		
<b>fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)</b>	4	SP	QL (120 tablets/30 days)
<b>LAGEVRIO - molnupiravir cap 200 mg</b>	1		QL (40 capsules/30 days)
<b>lamivudine oral soln 10 mg/ml (Epivir)</b>	4	SP	QL (960 mls/30 days)
<b>lamivudine tab 100 mg (hbv) (Epivir hbv)</b>	3		QL (30 tablets/30 days)
<b>lamivudine tab 150 mg (Epivir)</b>	4	SP	QL (60 tablets/30 days)
<b>lamivudine tab 300 mg (Epivir)</b>	4	SP	QL (30 tablets/30 days)
<b>lamivudine-zidovudine tab 150-300 mg (Combivir)</b>	4	SP	QL (60 tablets/30 days)
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)</b>	4	SP	QL (480 mls/30 days)
<b>lopinavir-ritonavir tab 100-25 mg (Kaletra)</b>	4	SP	QL (180 tablets/30 days)
<b>lopinavir-ritonavir tab 200-50 mg (Kaletra)</b>	4	SP	QL (120 tablets/30 days)
<b>maraviroc tab 150 mg (Selzentry)</b>	4	SP	QL (60 tablets/30 days)
<b>maraviroc tab 300 mg (Selzentry)</b>	4	SP	QL (120 tablets/30 days)
<b>nevirapine tab er 24hr 400 mg</b>	4	SP	QL (30 tablets/30 days)
<b>nevirapine tab 200 mg</b>	4	SP	QL (60 tablets/30 days)
<b>oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)</b>	3		QL (40 capsules/120 days)
<b>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)</b>	3		QL (20 capsules/120 days)
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)</b>	3		QL (300 mls/120 days)
<b>PAXLOVID - nirmatrelvir tab 10 x 150 mg &amp; ritonavir tab 10 x 100 mg pak</b>	1		QL (20 tablets/30 days)
<b>PAXLOVID - nirmatrelvir tab 20 x 150 mg &amp; ritonavir tab 10 x 100 mg pak</b>	1		QL (30 tablets/30 days)
<b>ribavirin cap 200 mg</b>	3		
<b>ribavirin tab 200 mg</b>	3		
<b>ritonavir tab 100 mg (Norvir)</b>	4	SP	QL (360 tablets/30 days)
<b>tenofovir disoproxil fumarate tab 300 mg (Viread)</b>	4	SP	QL (30 tablets/30 days)
<b>valacyclovir hcl tab 500 mg, 1 gm (Valtrex)</b>	3		
<b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</b>	3		
<b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</b>	3		
<b>zidovudine cap 100 mg (Retrovir)</b>	4	SP	QL (180 capsules/30 days)
<b>zidovudine syrup 10 mg/ml (Retrovir)</b>	4	SP	QL (1920 mls/30 days)
<b>zidovudine tab 300 mg</b>	4	SP	QL (60 tablets/30 days)

**ANTIMALARIALS**

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	3		
chloroquine phosphate tab 250 mg	3		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	3		
mefloquine hcl tab 250 mg	3		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	3		
pyrimethamine tab 25 mg (Daraprim)	4	SP	PA, QL (90 tablets/30 days)
quinine sulfate cap 324 mg (Qualaquin)	3		QL (42 capsules/90 days)
<b>ANTHELMINTICS</b>			
albendazole tab 200 mg	3		PA, QL (120 tablets/30 days)
ivermectin tab 3 mg (Stromectol)	3		PA
praziquantel tab 600 mg (Biltricide)	3		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>			
atovaquone susp 750 mg/5ml (Mepron)	3		
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	3		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	3		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	3		
dapsone tab 25 mg, 100 mg	3		
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	3		
linezolid for susp 100 mg/5ml (Zyvox)	3		
linezolid tab 600 mg (Zyvox)	3		
methenamine hippurate tab 1 gm (Hiprex)	3		
metronidazole cap 375 mg (Flagyl)	3		
metronidazole tab 250 mg, 500 mg	3		
nitazoxanide tab 500 mg (Alinia)	3		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin)	3		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3		
nitrofurantoin susp 25 mg/5ml	3		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	3		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	3		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
tinidazole tab 250 mg, 500 mg	3		
trimethoprim tab 100 mg	3		
vancomycin hcl cap 125 mg (base equivalent) (Vancocin)	3		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	3		QL (240 capsules/30 days)
<b>BIOLOGICALS</b>			
<b>VACCINES</b>			
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1		
AFLURIA QUADRIVALENT 2022 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		
AFLURIA QUADRIVALENT 2022 - influenza virus vaccine split quadrivalent im inj	1		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1		
COMIRNATY - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	1		QL (4 vaccines/365 days)
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1		
FLUAD QUADRIVALENT 2022-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	1		
FLUARIX QUADRIVALENT 2022 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		
FLUBLOK QUADRIVALENT 2022 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	1		
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	1		
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	1		
FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		
FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	1		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE PF 2022 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	1		
FLUZONE QUADRIVALENT 2022 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		
FLUZONE QUADRIVALENT 2022 - influenza virus vaccine split quadrivalent im inj	1		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
FLUZONE QUADRIVALENT 2022 - influenza virus vaccine split quadrivalent inj 0.5 ml	1		
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	1		
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	1		
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	1		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1		
JANSSEN COVID-19 VACCINE - covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml	1		QL (4 vaccines/365 days)
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1		
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	1		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1		
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-5y-moderna im susp 25 mcg/0.25ml	1		QL (4 vaccines/365 days)
MODERNA COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml, 100 mcg/0.5ml	1		QL (4 vaccines/365 days)
MODERNA COVID-19 VACCINE/ - covid-19 mrna bivalent vaccine-moderna im susp 50 mcg/0.5ml	1		QL (4 vaccines/365 days)
NOVAVAX COVID-19 VACCINE - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	1		QL (4 vaccines/365 days)
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1		
PFIZER-BIONTECH COVID-19 - covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3ml	1		QL (4 vaccines/365 days)
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	1		QL (4 vaccines/365 days)
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2ml	1		QL (4 vaccines/365 days)

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris- s 6mo-4y-pfizer im susp 3 mcg/0.2ml	1		QL (4 vaccines/365 days)
PFIZER-BIONTECH COVID-19 - covid-19 mrna bivalent vaccine-pfizer im susp 30 mcg/0.3ml	1		QL (4 vaccines/365 days)
PFIZER-BIONTECH COVID-19 - covid-19 mrna bivalent vac 5-11y-pfizer im susp 10 mcg/0.2ml	1		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	1		
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	1		
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	1		
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	1		
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	1		
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1		
ROTARIX - rotavirus vaccine, live for oral susp	1		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 (sars- cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml	1		QL (4 vaccines/365 days)
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1		
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	1		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	1		
<b>TOXOIDS</b>			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf- mcg/0.5ml	1		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1		
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1		
DIPHTHERIA/TETANUS TOXOID - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	1		
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1		
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1		
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp	1		

## ANTINEOPLASTIC AGENTS

### ANTINEOPLASTICS

<b>abiraterone acetate tab 250 mg (Zytiga)</b>	4	SP	PA, QL (120 tablets/30 days)
<b>abiraterone acetate tab 500 mg (Zytiga)</b>	4	SP	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	4	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	4	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	4	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	4	SP	PA, LD, QL (30 tablets/30 days)
<b>anastrozole tab 1 mg (Arimidex)</b>	1		
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	4	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	4	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	4	SP	PA, LD, QL (30 tablets/30 days)
<b>bexarotene cap 75 mg (Targretin)</b>	4	SP	PA

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>bicalutamide tab 50 mg (Casodex)</b>	3		
BOSULIF - bosutinib tab 100 mg	4	SP	PA, LD, QL (90 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	4	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	4	SP	PA, LD, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg	4	SP	PA, LD, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
<b>capecitabine tab 150 mg (Xeloda)</b>	4	SP	PA, QL (240 tablets/30 days)
<b>capecitabine tab 500 mg (Xeloda)</b>	4	SP	PA, QL (420 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	4	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	4	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	4	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	4		
<b>cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)</b>	4		
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	4	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	4		
ERIVEDGE - vismodegib cap 150 mg	4	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	4	SP	PA, LD, QL (120 tablets/30 days)
<b>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</b>	4	SP	PA, QL (60 tablets/30 days)
<b>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)</b>	4	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	4		
EULEXIN - flutamide cap 125 mg	4		LD
<b>everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)</b>	4	SP	PA, QL (60 tablets/30 days)
<b>everolimus tab for oral susp 3 mg (Afinitor disperz)</b>	4	SP	PA, QL (90 tablets/30 days)

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)</b>	4	SP	PA, QL (30 tablets/30 days)
<b>exemestane tab 25 mg (Aromasin)</b>	4		
EXKIVITY - mobocertinib succinate cap 40 mg	4	SP	PA, LD, QL (120 capsules/30 days)
FLUTAMIDE - flutamide cap 125 mg	4		
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	4	SP	PA, LD, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	4	SP	
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	4	SP	PA
<b>hydroxyurea cap 500 mg (Hydrea)</b>	3		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	4	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	4	SP	PA, LD, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	4	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
<b>imatinib mesylate tab 100 mg (base equivalent) (Gleevec)</b>	4	SP	PA, QL (90 tablets/30 days)
<b>imatinib mesylate tab 400 mg (base equivalent) (Gleevec)</b>	4	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg, 560 mg	4	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	4	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	4	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	4	SP	PA, LD, QL (90 capsules/30 days)
INLYTA - axitinib tab 1 mg	4	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	4	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	4	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg	4	SP	PA, LD, QL (30 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	4	SP	PA, LD, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	4	SP	PA, QL (63 tablets/28 days)

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	4	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	4	SP	PA, LD, QL (120 capsules/30 days)
<b>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)</b>	4	SP	PA, QL (180 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
<b>letrozole tab 2.5 mg (Femara)</b>	3		
<b>leucovorin calcium tab 5 mg</b>	3		
<b>leucovorin calcium tab 10 mg, 15 mg, 25 mg</b>	4		
LEUKERAN - chlorambucil tab 2 mg	4		
<b>leuprolide acetate inj kit 5 mg/ml</b>	4	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	4	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	4	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	4	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	4	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	4	SP	PA, LD, QL (240 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	4	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	4	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose), 4 mg (16 mg daily dose), 4 mg (20 mg daily dose)	4		LD
MATULANE - procarbazine hcl cap 50 mg	4	SP	LD
<b>megestrol acetate susp 40 mg/ml</b>	3		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>megestrol acetate tab 20 mg, 40 mg</b>	3		
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	4	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	4	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	4	SP	PA, LD, QL (180 tablets/30 days)
<b>melfhalan tab 2 mg (Alkeran)</b>	4		
<b>mercaptopurine tab 50 mg</b>	4		
MESNEX - mesna tab 400 mg	4		
<b>methotrexate sodium for inj 1 gm</b>	3		
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</b>	3		
<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b>	3		
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	3		
MYLERAN - busulfan tab 2 mg	4		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	4	SP	PA, LD, QL (180 tablets/30 days)
<b>nilutamide tab 150 mg (Nilandron)</b>	4		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	4	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	4	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	4	SP	PA, LD, QL (30 capsules/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	4	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	4	SP	PA, LD, QL (30 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	4	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	4	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	SP	LD
QINLOCK - ripretinib tab 50 mg	4	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	4	SP	PA, LD, QL (240 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	4	SP	PA, LD, QL (120 capsules/30 days)
ROZLYTREK - entrectinib cap 100 mg	4	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	4	SP	PA, LD, QL (90 capsules/30 days)

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	4	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	4	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	4	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	4	SP	PA, LD, QL (300 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	4		
<b>sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)</b>	4	SP	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	4	SP	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	4	SP	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	4	SP	PA, LD, QL (84 tablets/28 days)
<b>sunitinib malate cap 12.5 mg (base equivalent) (Sutent)</b>	4	SP	PA, QL (90 capsules/30 days)
<b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)</b>	4	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	4		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	4	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	4	SP	PA, QL (120 capsules/30 days)
TAGRISSE - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	4	SP	PA, LD, QL (90 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	4	SP	PA, LD, QL (30 capsules/30 days)
<b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</b>	1		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	4	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	4	SP	PA, LD, QL (240 tablets/30 days)
<b>temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg</b>	4	SP	PA
<b>temozolomide cap 250 mg (Temodar)</b>	4	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	4	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	4	SP	PA, LD, QL (60 tablets/30 days)
<b>toremifene citrate tab 60 mg (base equivalent) (Fareston)</b>	4		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>tretinoin cap 10 mg</b>	4	SP	PA
TRUSELTIQ - ifigritinib phos cap ther pack 2 x 25 mg (50 mg daily dose)	4	SP	PA, LD, QL (42 capsules/28 days)
TRUSELTIQ - ifigritinib phos cap ther pack 3 x 25 mg (75 mg daily dose)	4	SP	PA, LD, QL (63 capsules/28 days)
TRUSELTIQ - ifigritinib phos cap ther pack 100 mg (100 mg daily dose)	4	SP	PA, LD, QL (21 capsules/28 days)
TRUSELTIQ - ifigritinib phos cap pack 100 & 25 mg (125 mg daily dose)	4	SP	PA, LD, QL (42 capsules/28 days)
TUKYSA - tucatinib tab 50 mg	4	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	4	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 200 mg (base equivalent)	4	SP	PA, LD, QL (120 capsules/30 days)
VENCLEXTA - venetoclax tab 10 mg	4	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	4	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	4	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	4	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	4	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	4	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	4	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	4	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	4	SP	PA, QL (120 tablets/30 days)
WELIREG - belzutifan tab 40 mg	4	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	4	SP	PA, LD, QL (60 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	4	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	4	SP	PA, LD, QL (4 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	4	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	SP	PA, LD, QL (32 tablets/28 days)

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
XTANDI - enzalutamide cap 40 mg	4	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	4	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	4	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate tab 125 mg	4	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate cap 100 mg (base equivalent)	4	SP	PA, LD, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg	4	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	4	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	4	SP	PA, LD, QL (90 tablets/30 days)

## ENDOCRINE AND METABOLIC DRUGS

### CORTICOSTEROIDS

budesonide delayed release particles cap 3 mg	3		
budesonide tab er 24hr 9 mg (Uceris)	3		
dexamethasone elixir 0.5 mg/5ml	3		
dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg	3		
fludrocortisone acetate tab 0.1 mg	3		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	3		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	3		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	3		
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	3		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3		
prednisolone soln 15 mg/5ml	3		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	3		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	3		

### ANDROGEN-ANABOLIC

danazol cap 50 mg, 100 mg, 200 mg	3		PA
methyltestosterone cap 10 mg	3		PA, QL (600 capsules/30 days)
oxandrolone tab 2.5 mg, 10 mg	3		PA
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	3		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	3		QL (10 vials/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	3		PA, QL (60 packets/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
testosterone td gel 12.5 mg/act (1%)	3		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	3		PA, QL (2 pumps/30 days)
testosterone td gel 10mg/act (2%) (Fortesta)	3		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	3		PA, QL (2 pumps/30 days)
<b>ESTROGENS</b>			
estradiol & norethindrone acetate tab 0.5-0.1 mg	3		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	3		
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	3		
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	3		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	3		QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	3		QL (4 patches/28 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	3		
<b>CONTRACEPTIVES</b>			
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
ELLA - ulipristal acetate tab 30 mg	1		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	1		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg- mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1		
<b>PROGESTINS</b>			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	3		
norethindrone acetate tab 5 mg (Aygestin)	3		
progesterone cap 100 mg, 200 mg (Prometrium)	3		

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

ST = Step Therapy  
QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>ANTIDIABETICS</b>			
<i>Antidiabetics</i>			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	2		
diazoxide susp 50 mg/ml (Proglycem)	3		
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	2		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	2		
glipizide tab 5 mg, 10 mg	2		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	2		
glucagon (rdna) for inj kit 1 mg (Glucagon emergency k)	2		
glyburide micronized tab 1.5 mg, 3 mg, 6 mg (Glynase)	2		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	2		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	2		
metformin hcl tab er 24hr 500 mg, 750 mg	2		
metformin hcl tab 500 mg, 850 mg, 1000 mg	2		
miglitol tab 25 mg, 50 mg, 100 mg	2		
nateglinide tab 60 mg, 120 mg	2		
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	2		
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	2		
repaglinide tab 0.5 mg, 1 mg, 2 mg	2		
<i>Rapid-Acting Insulins</i>			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	2		
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
<b>Short-Acting Insulins</b>			
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2		
RELION R - insulin regular (human) inj 100 unit/ml	2		
<b>Intermediate-Acting Insulins</b>			
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
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		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>Basal Insulins</b>			
INSULIN GLARGINE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2		
INSULIN GLARGINE - insulin glargine-yfgn inj 100 unit/ml	2		
LEVEMIR - insulin detemir inj 100 unit/ml	2		
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	2		
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2		
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		
TRESIBA - insulin degludec inj 100 unit/ml	2		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
<b>THYROID AGENTS</b>			
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	3		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	3		
methimazole tab 5 mg, 10 mg	3		
propylthiouracil tab 50 mg	3		
<b>OXYTOCICS</b>			
methylergonovine maleate tab 0.2 mg	3		QL (28 tablets/270 days)
<b>ENDOCRINE and METABOLIC AGENTS - MISC.</b>			
alendronate sodium tab 10 mg, 35 mg	3		
alendronate sodium tab 70 mg (Fosamax)	3		
betaine powder for oral solution (Cystadane)	4	SP	PA, LD
cabergoline tab 0.5 mg	3		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	3		
calcitonin (salmon) nasal soln 200 unit/act	3		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	3		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	3		
carglumic acid soluble tab 200 mg (Carbaglu)	4	SP	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	3		PA
desmopressin acetate inj 4 mcg/ml (Ddavn)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	3		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddvp)	3		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddvp)	3		
doxercaliferol cap 0.5 mcg, 1 mcg, 2.5 mcg	3		
ibandronate sodium tab 150 mg (base equivalent)	3		
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	3		
levocarnitine tab 330 mg (Carnitor)	3		
mifepristone tab 200 mg (Mifeprex)	3		QL (1 tablet/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg (Orfadin)	4	SP	PA, LD
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	4	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	4	SP	
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	3		
paricalcitol cap 4 mcg	3		
raloxifene hcl tab 60 mg (Evista)	1		
risedronate sodium tab delayed release 35 mg (Atelvia)	3		
risedronate sodium tab 5 mg, 30 mg	3		
risedronate sodium tab 35 mg, 150 mg (Actonel)	3		
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	4	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	4	SP	PA, LD
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	4	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	4	SP	PA, QL (1200 tablets/30 days)
tolvaptan tab 15 mg (Samsca)	4	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	4	SP	QL (60 tablets/365 days)
<b>CARDIOVASCULAR AGENTS</b>			
<b>CARDIOTONICS</b>			
digoxin oral soln 0.05 mg/ml (Digoxin)	3		
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	3		
<b>ANTIANGINAL AGENTS</b>			
isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)	3		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	3		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	3		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	3		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	3		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	3		
<b>BETA BLOCKERS</b>			
acebutolol hcl cap 200 mg, 400 mg	2		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	2		
betaxolol hcl tab 10 mg, 20 mg	2		
bisoprolol fumarate tab 5 mg, 10 mg	2		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	2		
labetalol hcl tab 100 mg, 200 mg, 300 mg	2		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	2		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	2		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	2		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	2		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	2		
pindolol tab 5 mg, 10 mg	2		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	2		
propranolol hcl oral soln 20 mg/5ml	2		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2		
sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg (Betapace af)	3		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	3		
sotalol hcl tab 240 mg	3		
timolol maleate tab 5 mg, 10 mg, 20 mg	2		
<b>CALCIUM CHANNEL BLOCKERS</b>			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	2		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	2		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	2		
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	2		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	2		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	2		
diltiazem hcl tab 90 mg	2		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	2		
isradipine cap 2.5 mg, 5 mg	2		
nicardipine hcl cap 20 mg, 30 mg	2		
nifedipine cap 10 mg, 20 mg	2		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	2		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	2		
nimodipine cap 30 mg	3		QL (252 capsules/180 days)
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	2		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	2		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	2		
verapamil hcl tab 40 mg, 80 mg, 120 mg	2		
<b>ANTIARRHYTHMICS</b>			
amiodarone hcl tab 100 mg, 200 mg, 400 mg	3		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	3		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	3		
flecainide acetate tab 50 mg, 100 mg, 150 mg	3		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	3		
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	3		
propafenone hcl tab 150 mg, 225 mg, 300 mg	3		
quinidine gluconate tab er 324 mg	3		
<b>ANTIHYPERTENSIVES</b>			
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	2		QL (30 tablets/30 days)
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	2		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	2		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	2		QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	2		QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	2		QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	2		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2		
benazepril & hydrochlorothiazide tab 5-6.25 mg	2		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	2		
benazepril hcl tab 5 mg	2		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	2		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	2		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	2		QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg (Atacand)	2		QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	2		QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	2		
clonidine td patch weekly 0.1 mg/24hr (Catapres- tts-1)	2		
clonidine td patch weekly 0.2 mg/24hr (Catapres- tts-2)	2		
clonidine td patch weekly 0.3 mg/24hr (Catapres- tts-3)	2		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	2		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	2		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	2		
enalapril maleate oral soln 1 mg/ml (Epaned)	2		QL (300 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	2		
eplerenone tab 25 mg, 50 mg (Inspra)	2		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	2		

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

ST = Step Therapy  
QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
guanfacine hcl tab 1 mg, 2 mg	2		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	2		QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	2		QL (30 tablets/30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	2		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	2		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	2		QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg (Cozaar)	2		QL (60 tablets/30 days)
losartan potassium tab 100 mg (Cozaar)	2		QL (30 tablets/30 days)
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2		
minoxidil tab 2.5 mg, 10 mg	2		
moexipril hcl tab 7.5 mg, 15 mg	2		
olmesartan medoxomil tab 5 mg (Benicar)	2		QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg (Benicar)	2		QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	2		QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	2		QL (30 tablets/30 days)
perindopril erbumine tab 2 mg, 4 mg, 8 mg	2		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	2		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	2		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	2		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	2		
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	2		QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	2		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)	2		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	2		QL (60 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	2		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
trandolapril tab 1 mg, 2 mg, 4 mg	2		
valsartan tab 40 mg, 80 mg, 160 mg (Diovan)	2		QL (60 tablets/30 days)
valsartan tab 320 mg (Diovan)	2		QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	2		QL (30 tablets/30 days)
<b>DIURETICS</b>			
acetazolamide cap er 12hr 500 mg	3		
acetazolamide tab 125 mg, 250 mg	3		
amiloride & hydrochlorothiazide tab 5-50 mg	2		
amiloride hcl tab 5 mg	2		
bumetanide tab 0.5 mg (Bumex)	2		
bumetanide tab 1 mg, 2 mg	2		
chlorthalidone tab 25 mg, 50 mg	2		
ethacrynic acid tab 25 mg (Edecrin)	3		
furosemide oral soln 10 mg/ml	2		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	2		
hydrochlorothiazide cap 12.5 mg	2		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	2		
indapamide tab 1.25 mg, 2.5 mg	2		
methazolamide tab 25 mg, 50 mg	3		
metolazone tab 2.5 mg, 5 mg, 10 mg	2		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	2		
toremide tab 5 mg, 10 mg, 20 mg, 100 mg	2		
triamterene & hydrochlorothiazide cap 37.5-25 mg	2		
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	2		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	2		
triamterene cap 50 mg, 100 mg (Dyrenium)	2		
<b>VASOPRESSORS</b>			
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	3		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	3		
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	3		
<b>ANTIHYPERLIPIDEMICS</b>			

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	2		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	2		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	2		
cholestyramine light powder 4 gm/dose (Questran light)	2		
cholestyramine powder packets 4 gm (Questran)	2		
cholestyramine powder 4 gm/dose (Questran)	2		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	2		QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	2		QL (30 capsules/30 days)
colesevelam hcl packet for susp 3.75 gm (Welchol)	2		
colesevelam hcl tab 625 mg (Welchol)	2		
colestipol hcl granule packets 5 gm (Colestid flavored)	2		
colestipol hcl granules 5 gm (Colestid flavored)	2		
colestipol hcl tab 1 gm (Colestid)	2		
ezetimibe tab 10 mg (Zetia)	2		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	2		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg	2		QL (60 capsules/30 days)
fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg	2		QL (30 capsules/30 days)
fenofibrate tab 48 mg (Tricor)	2		QL (60 tablets/30 days)
fenofibrate tab 54 mg	2		QL (60 tablets/30 days)
fenofibrate tab 145 mg (Tricor)	2		QL (30 tablets/30 days)
fenofibrate tab 160 mg	2		QL (30 tablets/30 days)
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	2		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	2		QL (60 tablets/30 days)
icosapent ethyl cap 0.5 gm (Vascepa)	2		PA, QL (240 capsules/30 days)
icosapent ethyl cap 1 gm (Vascepa)	2		PA, QL (120 capsules/30 days)
lovastatin tab 10 mg	2		QL (60 tablets/30 days)
lovastatin tab 20 mg, 40 mg	1		QL (60 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic)	2		
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	2		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
omega-3-acid ethyl esters cap 1 gm (Lovaza)	2		
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	2		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	2		QL (30 tablets/30 days)
simvastatin tab 5 mg	2		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	2		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	2		QL (60 tablets/30 days)
simvastatin tab 80 mg	2		QL (30 tablets/30 days)
<b>CARDIOVASCULAR AGENTS - MISC.</b>			
ambrisentan tab 5 mg, 10 mg (Letairis)	4	SP	PA, LD, QL (30 tablets/30 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	4	SP	PA, QL (60 tablets/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2		
sildenafil citrate for suspension 10 mg/ml (Revatio)	3		PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	3		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	4	SP	PA, QL (60 tablets/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)	4	SP	PA
<b>ERECTILE DYSFUNCTION</b>			
tadalafil tab 2.5 mg, 5 mg (Cialis)	3		QL (30 tablets/30 days)
<b>RESPIRATORY AGENTS</b>			
<b>ANTIHISTAMINES</b>			
carbinoxamine maleate tab 4 mg	3		
cyproheptadine hcl syrup 2 mg/5ml	3		
cyproheptadine hcl tab 4 mg	3		
desloratadine tab 5 mg (Clarinex)	3		
levocetirizine dihydrochloride tab 5 mg	3		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	3		
loratadine syrup 5 mg/5ml	3		
loratadine tab 10 mg	3		
promethazine hcl suppos 12.5 mg, 25 mg	3		
promethazine hcl syrup 6.25 mg/5ml	3		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	3		
<b>NASAL AGENTS - SYSTEMIC and TOPICAL</b>			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3		QL (2 bottles/30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	3		QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	3		QL (1 bottle/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	3		QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	3		QL (3 bottles/30 days)
olopatadine hcl nasal soln 0.6% (Patanase)	3		QL (1 bottle/30 days)
<b>COUGH/COLD/ALLERGY</b>			
acetylcysteine inhal soln 10%, 20%	2		
benzonatate cap 100 mg, 200 mg	3		
hydrocodone polst-chlorphen polst er susp 10-8 mg/5ml	3		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	3		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	3		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	3		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	3		
promethazine & phenylephrine syrup 6.25-5 mg/5ml	3		
promethazine w/ codeine syrup 6.25-10 mg/5ml	3		
promethazine-dm syrup 6.25-15 mg/5ml	3		
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	3		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3		
sodium chloride soln nebu 3%, 10%	3		
sodium chloride soln nebu 7% (Hypersal)	3		
<b>ANTIASTHMATIC and BRONCHODILATOR AGENTS</b>			
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2		QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	2		
albuterol sulfate syrup 2 mg/5ml	2		
albuterol sulfate tab 2 mg, 4 mg	2		
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	2		
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	2		
cromolyn sodium soln nebu 20 mg/2ml	2		
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	2		QL (60 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	2		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	2		
montelukast sodium tab 10 mg (base equiv) (Singulair)	2		
roflumilast tab 250 mcg, 500 mcg (Daliresp)	2		
terbutaline sulfate tab 2.5 mg, 5 mg	2		
theophylline elixir 80 mg/15ml	2		
theophylline soln 80 mg/15ml	2		
theophylline tab er 12hr 300 mg, 450 mg	2		
theophylline tab er 24hr 400 mg, 600 mg	2		
zafirlukast tab 10 mg, 20 mg (Accolate)	2		
zileuton tab er 12hr 600 mg	3		PA, QL (120 tablets/30 days)
<b>RESPIRATORY AGENTS - MISC.</b>			
pirfenidone tab 267 mg (Esbriet)	4	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	4	SP	PA, QL (90 tablets/30 days)
<b>GASTROINTESTINAL AGENTS</b>			
<b>LAXATIVES</b>			
lactulose solution 10 gm/15ml	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)	3		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	3		
<b>ANTIDIARRHEALS</b>			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	3		
<b>ULCER DRUGS</b>			
cimetidine hcl soln 300 mg/5ml	3		
dicyclomine hcl cap 10 mg	3		
dicyclomine hcl oral soln 10 mg/5ml	3		
dicyclomine hcl tab 20 mg	3		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	3		QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	3		QL (30 packets/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
famotidine for susp 40 mg/5ml	3		
famotidine tab 20 mg, 40 mg (Pepcid)	3		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	3		
glycopyrrolate tab 1 mg (Robinul)	3		
glycopyrrolate tab 2 mg (Robinul forte)	3		
lansoprazole cap delayed release 30 mg (Prevacid)	3		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	3		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	3		
omeprazole cap delayed release 10 mg, 40 mg	3		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	3		QL (120 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	3		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	3		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	3		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	3		
<b>ANTIEMETICS</b>			
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	3		QL (2 packs/30 days)
aprepitant capsule 40 mg	3		
aprepitant capsule 80 mg (Emend)	3		QL (4 capsules/30 days)
aprepitant capsule 125 mg	3		QL (2 capsules/30 days)
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	3		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg (Marinol)	3		
dronabinol cap 5 mg, 10 mg	3		
granisetron hcl tab 1 mg	3		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	3		
ondansetron hcl oral soln 4 mg/5ml	3		
ondansetron hcl tab 4 mg, 8 mg	3		
ondansetron orally disintegrating tab 4 mg, 8 mg	3		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	3		
trimethobenzamide hcl cap 300 mg	3		
<b>GASTROINTESTINAL AGENTS- MISC.</b>			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	3		PA, QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	3		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
calcium acetate (phosphate binder) tab 667 mg	3		
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	3		
lactulose (encephalopathy) solution 10 gm/15ml	3		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	3		ST
mesalamine cap dr 400 mg (Delzicol)	3		
mesalamine cap er 24hr 0.375 gm (Apriso)	3		
mesalamine enema 4 gm	3		
mesalamine suppos 1000 mg (Canasa)	3		
mesalamine tab delayed release 800 mg (Asacol hd)	3		
mesalamine tab delayed release 1.2 gm (Lialda)	3		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	3		
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	3		
sevelamer carbonate tab 800 mg (Renvela)	3		
sevelamer hcl tab 800 mg (Renagel)	3		
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	3		
sulfasalazine tab 500 mg (Azulfidine)	3		
ursodiol cap 300 mg	3		
ursodiol tab 250 mg (Urso 250)	3		
ursodiol tab 500 mg (Urso forte)	3		
<b>GENITOURINARY AGENTS</b>			
<b>URINARY ANTISPASMODICS</b>			
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	3		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	3		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	3		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	3		
oxybutynin chloride syrup 5 mg/5ml	3		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	3		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	3		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	3		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	3		QL (120 tablets/30 days)
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	3		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	3		QL (30 capsules/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>tolterodine tartrate tab 1 mg, 2 mg (Detrol)</b>	3		QL (60 tablets/30 days)
<b>tropium chloride cap er 24hr 60 mg</b>	3		QL (30 capsules/30 days)
<b>tropium chloride tab 20 mg</b>	3		QL (60 tablets/30 days)
<b>VAGINAL PRODUCTS</b>			
<b>clindamycin phosphate vaginal cream 2% (Cleocin)</b>	3		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	1		
<b>estradiol vaginal cream 0.1 mg/gm (Estrace)</b>	3		QL (255 grams/365 days)
<b>estradiol vaginal tab 10 mcg (Vagifem)</b>	3		
<b>metronidazole vaginal gel 0.75%</b>	3		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	1		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	1		
SHUR-SEAL - nonoxynol-9 gel 2%	1		
<b>terconazole vaginal cream 0.4%, 0.8%</b>	3		
<b>terconazole vaginal suppos 80 mg</b>	3		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	1		
<b>GENITOURINARY AGENTS - MISC.</b>			
<b>acetic acid irrigation soln 0.25%</b>	3		
<b>alfuzosin hcl tab er 24hr 10 mg (Uroxatral)</b>	3		
<b>dutasteride cap 0.5 mg (Avodart)</b>	3		
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)</b>	3		
<b>finasteride tab 5 mg (Proscar)</b>	3		
<b>potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)</b>	3		
<b>potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)</b>	3		
<b>potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)</b>	3		
<b>silodosin cap 4 mg, 8 mg (Rapaflo)</b>	3		
<b>sodium chloride irrigation soln 0.9%</b>	3		
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b>	3		
<b>tamsulosin hcl cap 0.4 mg (Flomax)</b>	3		
<b>tiopronin tab 100 mg (Thiola)</b>	4	SP	PA, QL (600 tablets/30 days)
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
<b>ANTI-ANXIETY AGENTS</b>			

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	3		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	3		
bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	3		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	3		
clorazepate dipotassium tab 3.75 mg, 15 mg	3		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	3		
diazepam conc 5 mg/ml	3		
diazepam oral soln 1 mg/ml	3		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	3		
hydroxyzine hcl syrup 10 mg/5ml	3		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	3		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	3		
lorazepam conc 2 mg/ml	3		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	3		
meprobamate tab 200 mg	3		QL (120 tablets/30 days)
meprobamate tab 400 mg	3		QL (180 tablets/30 days)
oxazepam cap 10 mg, 15 mg, 30 mg	3		
<b>ANTIDEPRESSANTS</b>			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	3		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	3		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	3		
bupropion hcl tab 75 mg, 100 mg	3		
citalopram hydrobromide oral soln 10 mg/5ml	3		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	3		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	3		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	3		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	3		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	3		QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	3		
doxepin hcl conc 10 mg/ml	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)</b>	3		
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>	3		
<b>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)</b>	3		
<b>fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)</b>	3		
<b>fluoxetine hcl solution 20 mg/5ml</b>	3		
<b>fluvoxamine maleate tab 25 mg, 50 mg</b>	3		QL (30 tablets/30 days)
<b>fluvoxamine maleate tab 100 mg</b>	3		QL (90 tablets/30 days)
<b>imipramine hcl tab 10 mg, 25 mg, 50 mg</b>	3		
<b>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)</b>	3		QL (30 tablets/30 days)
<b>mirtazapine tab 7.5 mg, 45 mg</b>	3		QL (30 tablets/30 days)
<b>mirtazapine tab 15 mg, 30 mg (Remeron)</b>	3		QL (30 tablets/30 days)
<b>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</b>	3		
<b>paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)</b>	3		
<b>paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)</b>	3		
<b>protriptyline hcl tab 5 mg, 10 mg</b>	3		
<b>sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)</b>	3		
<b>sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)</b>	3		
<b>tranylcypromine sulfate tab 10 mg (Parnate)</b>	3		
<b>trazodone hcl tab 50 mg, 100 mg, 150 mg</b>	3		
<b>trimipramine maleate cap 25 mg, 50 mg, 100 mg</b>	3		
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)</b>	3		
<b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</b>	3		
<b>vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)</b>	3		QL (30 tablets/30 days)
<b>ANTIPSYCHOTICS</b>			
<b>aripiprazole oral solution 1 mg/ml</b>	3		QL (750 mls/30 days)
<b>aripiprazole orally disintegrating tab 10 mg, 15 mg</b>	3		QL (60 tablets/30 days)
<b>aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)</b>	3		QL (30 tablets/30 days)
<b>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)</b>	3		QL (60 tablets/30 days)

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	3		
clozapine orally disintegrating tab 25 mg, 100 mg	3		
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	3		
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	3		
haloperidol lactate oral conc 2 mg/ml	3		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	3		
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	3		
lithium carbonate tab er 300 mg (Lithobid)	3		
lithium carbonate tab er 450 mg	3		
lithium carbonate tab 300 mg	3		
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	3		
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	3		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	3		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	3		
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	3		
prochlorperazine suppos 25 mg	3		
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	3		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	3		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	3		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	3		QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	3		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	3		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	3		QL (480 mls/30 days)
risperidone tab 0.25 mg	3		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	3		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	3		QL (120 tablets/30 days)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	3		
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	3		
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	3		QL (60 capsules/30 days)
<b>HYPNOTICS</b>			
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	3		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	3		
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	3		QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml	3		
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	3		
ramelteon tab 8 mg (Rozerem)	3		QL (30 tablets/30 days)
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)	3		
zaleplon cap 5 mg, 10 mg	3		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	3		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	3		QL (30 tablets/30 days)
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>			
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	3		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	3		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	3		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	3		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	3		QL (30 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	3		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	3		QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	3		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	3		QL (120 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	3		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	3		QL (60 tablets/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b>	3		QL (90 capsules/30 days)
<b>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)</b>	3		QL (120 capsules/30 days)
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b>	3		QL (1800 mls/30 days)
<b>dextroamphetamine sulfate tab 5 mg</b>	3		QL (90 tablets/30 days)
<b>dextroamphetamine sulfate tab 10 mg</b>	3		QL (180 tablets/30 days)
<b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)</b>	3		QL (30 tablets/30 days)
<b>methamphetamine hcl tab 5 mg (Desoxyn)</b>	3		QL (150 tablets/30 days)
<b>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</b>	3		QL (30 capsules/30 days)
<b>methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)</b>	3		QL (30 capsules/30 days)
<b>methylphenidate hcl chew tab 2.5 mg, 5 mg</b>	3		QL (90 tablets/30 days)
<b>methylphenidate hcl chew tab 10 mg</b>	3		QL (180 tablets/30 days)
<b>methylphenidate hcl soln 5 mg/5ml (Methylin)</b>	3		QL (450 mls/30 days)
<b>methylphenidate hcl soln 10 mg/5ml (Methylin)</b>	3		QL (900 mls/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)</b>	3		QL (30 tablets/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)</b>	3		QL (60 tablets/30 days)
<b>methylphenidate hcl tab er 10 mg, 20 mg</b>	3		QL (90 tablets/30 days)
<b>methylphenidate hcl tab er 24hr 27 mg, 54 mg</b>	3		QL (30 tablets/30 days)
<b>methylphenidate hcl tab er 24hr 36 mg</b>	3		QL (60 tablets/30 days)
<b>methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)</b>	3		QL (90 tablets/30 days)
<b>modafinil tab 100 mg, 200 mg (Provigil)</b>	3		QL (30 tablets/30 days)
<b>PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.</b>			
<b>acamprosate calcium tab delayed release 333 mg</b>	3		
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	1		
<b>dalfampridine tab er 12hr 10 mg (Ampyra)</b>	3		PA, QL (60 tablets/30 days)
<b>dimethyl fumarate capsule delayed release 120 mg (Tecfidera)</b>	4	SP	QL (14 capsules/180 days)
<b>dimethyl fumarate capsule delayed release 240 mg (Tecfidera)</b>	4	SP	QL (60 capsules/30 days)
<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg (Tecfidera starter pa)</b>	4	SP	QL (1 pack/180 days)
<b>disulfiram tab 250 mg, 500 mg</b>	3		
<b>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</b>	3		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	3		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	4	SP	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	3		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	3		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	4	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	4	SP	QL (12 syringes/28 days)
memantine hcl oral solution 2 mg/ml	3		
memantine hcl tab 5 mg, 10 mg (Namenda)	3		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	3		
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	1		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	1		
paroxetine mesylate cap 7.5 mg (base equiv)	3		
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	3		
tetrabenazine tab 12.5 mg (Xenazine)	4	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	4	SP	PA, QL (120 tablets/30 days)
VARENICLINE STARTING MONT - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
VARENICLINE TARTRATE - varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
<b>ANALGESICS AND ANESTHETICS</b>			
<b>ANALGESICS - NON-NARCOTIC</b>			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	3		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	3		QL (180 tablets/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	3		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	3		QL (180 capsules/30 days)
diflunisal tab 500 mg	3		
<b>ANALGESICS - NARCOTIC</b>			
acetaminophen w/ codeine soln 120-12 mg/5ml	3		PA, QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3		PA, QL (180 tablets/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	3		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	3		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	3		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	3		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	3		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	3		PA, QL (2 bottles/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	3		PA, QL (180 tablets/30 days)
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	3		PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	3		PA, QL (15 patches/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	3		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	3		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	3		PA, QL (1440 mls/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	3		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	3		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	3		PA, QL (120 tablets/30 days)
methadone hcl conc 10 mg/ml (Methadose)	3		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	3		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	3		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	3		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	3		PA, QL (90 tablets/30 days)
morphine sulfate oral soln 10 mg/5ml	3		PA, QL (2700 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	3		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	3		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	3		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	3		PA, QL (180 tablets/30 days)
oxycodone hcl cap 5 mg	3		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	3		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	3		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	3		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	3		PA, QL (120 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	3		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	3		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	3		PA, QL (180 tablets/30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	3		PA, QL (360 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	3		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	3		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	3		PA, QL (240 tablets/30 days)
<b>ANALGESICS - ANTI-INFLAMMATORY</b>			
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	3		
diclofenac potassium tab 50 mg	3		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	3		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	3		
etodolac cap 200 mg, 300 mg	3		
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	3		
etodolac tab 400 mg (Lodine)	3		
etodolac tab 500 mg	3		
fenoprofen calcium tab 600 mg (Nalfon)	3		
flurbiprofen tab 100 mg	3		
ibuprofen tab 400 mg, 600 mg, 800 mg	3		
indomethacin cap er 75 mg	3		
indomethacin cap 25 mg, 50 mg	3		
ketorolac tromethamine tab 10 mg	3		QL (20 tablets/5 days)
leflunomide tab 10 mg, 20 mg (Arava)	3		
meloxicam tab 7.5 mg, 15 mg	3		
nabumetone tab 500 mg, 750 mg	3		
naproxen sodium tab 275 mg	3		
naproxen sodium tab 550 mg (Anaprox ds)	3		
naproxen tab 250 mg, 375 mg	3		
naproxen tab 500 mg (Naprosyn)	3		
oxaprozin tab 600 mg (Daypro)	3		
piroxicam cap 10 mg, 20 mg (Feldene)	3		
sulindac tab 150 mg, 200 mg	3		
<b>MIGRAINE PRODUCTS</b>			
almotriptan malate tab 6.25 mg, 12.5 mg	3		PA, QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml	3		PA, QL (24 ampules/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	3		PA, QL (8 vials/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	3		QL (12 tablets/30 days)
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	3		QL (6 tablets/30 days)
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	3		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	3		PA, QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	3		QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	3		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	3		QL (12 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3		QL (24 tablets/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	3		QL (12 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	3		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	3		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml	3		QL (8 vials/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	3		QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	3		QL (8 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	3		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg (Imitrex)	3		QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg (Imitrex)	3		QL (9 tablets/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	3		QL (12 units/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	3		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	3		QL (12 tablets/30 days)
<b>GOUT AGENTS</b>			
allopurinol tab 100 mg, 300 mg (Zyloprim)	3		
colchicine tab 0.6 mg (Colcrys)	3		
colchicine w/ probenecid tab 0.5-500 mg	3		
febuxostat tab 40 mg, 80 mg (Uloric)	3		QL (30 tablets/30 days)
probenecid tab 500 mg	3		
<b>NEUROMUSCULAR DRUGS</b>			
<b>ANTICONVULSANTS</b>			
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	3		
carbamazepine chew tab 100 mg	3		
carbamazepine susp 100 mg/5ml (Tegretol)	3		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	3		
carbamazepine tab 200 mg (Tegretol)	3		
clobazam suspension 2.5 mg/ml (Onfi)	3		
clobazam tab 10 mg, 20 mg (Onfi)	3		
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	3		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	3		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	3		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
ethosuximide cap 250 mg (Zarontin)	3		
ethosuximide soln 250 mg/5ml (Zarontin)	3		
felbamate susp 600 mg/5ml (Felbatol)	3		
felbamate tab 400 mg, 600 mg (Felbatol)	3		
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	3		
gabapentin oral soln 250 mg/5ml (Neurontin)	3		
gabapentin tab 600 mg, 800 mg (Neurontin)	3		
lacosamide oral solution 10 mg/ml (Vimpat)	3		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	3		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	3		
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	3		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	3		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	3		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	3		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	3		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	3		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	3		
levetiracetam oral soln 100 mg/ml (Keppra)	3		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	3		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	3		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	3		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	3		
phenytoin chew tab 50 mg (Dilantin infatabs)	3		
phenytoin sodium extended cap 100 mg (Dilantin)	3		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	3		
phenytoin susp 125 mg/5ml (Dilantin-125)	3		
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)	3		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	3		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	3		QL (900 mls/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
primidone tab 50 mg, 250 mg (Mysoline)	3		
rufinamide susp 40 mg/ml (Banzel)	3		
rufinamide tab 200 mg, 400 mg (Banzel)	3		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	3		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	3		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	3		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	3		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	3		
valproate sodium oral soln 250 mg/5ml (base equiv)	3		
valproic acid cap 250 mg	3		
vigabatrin powd pack 500 mg (Sabril)	4	SP	LD
vigabatrin tab 500 mg (Sabril)	4	SP	LD
zonisamide cap 25 mg, 100 mg (Zonegran)	3		
zonisamide cap 50 mg	3		
<b>ANTIPARKINSON AGENTS</b>			
amantadine hcl cap 100 mg	3		
amantadine hcl soln 50 mg/5ml	3		
amantadine hcl tab 100 mg	3		
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	4	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	3		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	3		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	3		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	3		
carbidopa & levodopa tab 25-250 mg	3		
carbidopa tab 25 mg (Lodosyn)	3		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	3		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	3		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	3		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	3		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	3		
entacapone tab 200 mg (Comtan)	3		
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	3		
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	3		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	3		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	3		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	3		
selegiline hcl cap 5 mg	3		
selegiline hcl tab 5 mg	3		
tolcapone tab 100 mg (Tasmar)	3		
trihexyphenidyl hcl tab 2 mg, 5 mg	3		
<b>NEUROMUSCULAR AGENTS</b>			
riluzole tab 50 mg (Rilutek)	3		
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			
baclofen tab 10 mg, 20 mg	3		
carisoprodol tab 350 mg (Soma)	3		
chlorzoxazone tab 500 mg	3		
cyclobenzaprine hcl tab 5 mg, 10 mg	3		
dantrolene sodium cap 25 mg (Dantrium)	3		
dantrolene sodium cap 50 mg, 100 mg	3		
metaxalone tab 400 mg, 800 mg	3		
methocarbamol tab 500 mg, 750 mg	3		
orphenadrine citrate tab er 12hr 100 mg	3		
tizanidine hcl tab 2 mg (base equivalent)	3		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	3		
<b>ANTIMYASTHENIC AGENTS</b>			
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	3		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
pyridostigmine bromide tab 60 mg (Mestinon)	3		
<b>NUTRITIONAL PRODUCTS</b>			
<b>VITAMINS</b>			
cholecalciferol cap 1.25 mg (50000 unit)	3		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	3		
phytonadione tab 5 mg (Mephyton)	3		QL (2 tablets/30 days)
<b>MINERALS and ELECTROLYTES</b>			
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	3		
potassium chloride cap er 8 meq, 10 meq	3		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	3		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	3		
potassium chloride tab er 8 meq (600 mg)	3		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	3		
potassium phosphate monobasic tab 500 mg (K-phos)	3		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf), 0.5 mg/ml f (from 1.1 mg/ml naf)	1		
<b>HEMATOLOGICAL AGENTS</b>			
<b>HEMATOPOIETIC AGENTS</b>			
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
cyanocobalamin inj 1000 mcg/ml	3		
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	4		
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	1		
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg	1		
folic acid tab 1 mg	3		
miglustat cap 100 mg (Zavesca)	4	SP	PA, QL (90 capsules/30 days)
<b>ANTICOAGULANTS</b>			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	3		QL (60 capsules/30 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	3		QL (30 syringes/90 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
enoxaparin sodium inj 300 mg/3ml (Lovenox)	3		QL (10 vials/90 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	3		QL (30 syringes/90 days)
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	3		
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	3		
<b>HEMOSTATICS</b>			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	3		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	3		
tranexamic acid tab 650 mg (Lysteda)	3		
<b>HEMATOLOGICAL AGENTS - MISC.</b>			
anagrelide hcl cap 0.5 mg (Agrylin)	3		
anagrelide hcl cap 1 mg	3		
aspirin-dipyridamole cap er 12hr 25-200 mg	3		
cilostazol tab 50 mg, 100 mg	3		
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	3		
clopidogrel bisulfate tab 300 mg (base equiv)	3		
dipyridamole tab 25 mg, 50 mg, 75 mg	3		
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	4	SP	PA, LD, QL (12 syringes/30 days)
pentoxifylline tab er 400 mg	3		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	3		
<b>TOPICAL PRODUCTS</b>			
<b>OPHTHALMIC AGENTS</b>			
apraclonidine hcl ophth soln 0.5% (base equivalent)	3		
atropine sulfate ophth soln 1% (Atropine sulfate)	3		
azelastine hcl ophth soln 0.05%	3		
bacitracin-polymyxin b ophth oint	3		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3		
bepotastine besilate ophth soln 1.5% (Bepreve)	3		
betaxolol hcl ophth soln 0.5%	3		
bimatoprost ophth soln 0.03%	3		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	3		
brimonidine tartrate ophth soln 0.2%	3		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	3		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b>	3		
<b>cromolyn sodium ophth soln 4%</b>	3		
<b>cyclopentolate hcl ophth soln 0.5%, 1%, 2% (Cyclogyl)</b>	3		
<b>cyclosporine (ophth) emulsion 0.05% (Restasis multidose)</b>	3		PA, QL (60 vials/30 days)
<b>diclofenac sodium ophth soln 0.1%</b>	3		
<b>difluprednate ophth emulsion 0.05% (Durezol)</b>	3		
<b>dorzolamide hcl ophth soln 2% (Trusopt)</b>	3		
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)</b>	3		
<b>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)</b>	3		
<b>epinastine hcl ophth soln 0.05%</b>	3		
<b>erythromycin ophth oint 5 mg/gm</b>	3		
<b>fluorometholone ophth susp 0.1% (Fml liquifilm)</b>	3		
<b>gatifloxacin ophth soln 0.5% (Zymaxid)</b>	3		
<b>gentamicin sulfate ophth soln 0.3%</b>	3		
<b>ketorolac tromethamine ophth soln 0.4% (Acular Is)</b>	3		
<b>ketorolac tromethamine ophth soln 0.5% (Acular)</b>	3		
<b>latanoprost ophth soln 0.005% (Xalatan)</b>	3		QL (2.5 mls/30 days)
<b>levofloxacin ophth soln 0.5%</b>	3		
<b>loteprednol etabonate ophth gel 0.5% (Lotemax)</b>	3		
<b>loteprednol etabonate ophth susp 0.5% (Lotemax)</b>	3		
<b>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</b>	3		
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>	3		
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</b>	3		
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</b>	3		
<b>ofloxacin ophth soln 0.3% (Ocuflox)</b>	3		
<b>phenylephrine hcl ophth soln 2.5%, 10%</b>	3		
<b>pilocarpine hcl ophth soln 1%, 2%, 4%</b>	3		
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</b>	3		
<b>proparacaine hcl ophth soln 0.5% (Alcaine)</b>	3		
<b>sulfacetamide sodium ophth soln 10%</b>	3		
<b>tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)</b>	3		QL (30 containers/30 days)

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
tetracaine hcl ophth soln 0.5%	3		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	3		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	3		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	3		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	3		
tobramycin ophth soln 0.3%	3		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	3		
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	3		QL (2.5 mls/30 days)
tropicamide ophth soln 0.5%	3		
tropicamide ophth soln 1% (Mydracyl)	3		
<b>OTIC AGENTS</b>			
acetic acid otic soln 2%	3		
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	3		
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	3		
hydrocortisone w/ acetic acid otic soln 1-2%	3		
neomycin-polymyxin-hc otic soln 1%	3		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3		
ofloxacin otic soln 0.3%	3		
<b>MOUTH/THROAT/DENTAL AGENTS</b>			
cevimeline hcl cap 30 mg (Evoxac)	3		
chlorhexidine gluconate soln 0.12% (Peridex)	3		
clotrimazole troche 10 mg	3		
lidocaine hcl viscous soln 2%	3		
nystatin susp 100000 unit/ml	3		
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	3		
sodium fluoride cream 1.1% (Prevident 5000 plus)	1		
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1		
sodium fluoride paste 1.1% (Prevident 5000 boost)	1		
sodium fluoride rinse 0.2% (Prevident rinse)	1		
sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi)	1		
stannous fluoride gel 0.4%	1		
triamcinolone acetonide dental paste 0.1%	3		
<b>ANORECTAL AGENTS</b>			

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (Analpram-hc)	3		
hydrocortisone enema 100 mg/60ml (Cortenema)	3		
hydrocortisone perianal cream 1% (Proctocort)	3		
hydrocortisone perianal cream 2.5% (Anusol-hc)	3		
<b>DERMATOLOGICALS</b>			
acitretin cap 10 mg, 17.5 mg, 25 mg	3		
acyclovir oint 5% (Zovirax)	3		
adapalene gel 0.1%	3		
alclometasone dipropionate cream 0.05%	3		QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	3		QL (120 grams/30 days)
azelaic acid gel 15% (Finacea)	3		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	3		
betamethasone dipropionate augmented cream 0.05%	3		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	3		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	3		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	3		QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3		QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3		QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	4	SP	PA
calcipotriene cream 0.005% (Dovonex)	3		QL (120 grams/30 days)
calcipotriene oint 0.005%	3		QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3		QL (120 mls/30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	3		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	3		QL (120 grams/30 days)
ciclopirox gel 0.77%	3		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	3		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	3		
ciclopirox shampoo 1% (Loprox shampoo)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>ciclopirox solution 8% (Penlac Nail Lacquer)</b>	3		QL (6.6 mls/30 days)
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	3		
<b>clindamycin phosphate gel 1% (Clindagel)</b>	3		
<b>clindamycin phosphate lotion 1% (Cleocin-t)</b>	3		
<b>clindamycin phosphate soln 1%</b>	3		QL (120 grams/30 days)
<b>clindamycin phosphate swab 1%</b>	3		
<b>clindamycin phosphate-benzoyl peroxide gel 1-5%</b>	3		
<b>clobetasol propionate cream 0.05%</b>	3		QL (210 grams/28 days)
<b>clobetasol propionate emollient base cream 0.05%</b>	3		QL (210 grams/28 days)
<b>clobetasol propionate gel 0.05%</b>	3		QL (210 grams/28 days)
<b>clobetasol propionate oint 0.05%</b>	3		QL (210 grams/28 days)
<b>clobetasol propionate soln 0.05%</b>	3		QL (200 mls/28 days)
<b>clocortolone pivalate cream 0.1% (Cloderm)</b>	3		QL (135 grams/30 days)
<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	3		
<b>desonide cream 0.05% (Desowen)</b>	3		QL (120 grams/30 days)
<b>desonide oint 0.05%</b>	3		QL (120 grams/30 days)
<b>desoximetasone cream 0.05%, 0.25% (Topicort)</b>	3		QL (120 grams/30 days)
<b>desoximetasone gel 0.05% (Topicort)</b>	3		QL (120 grams/30 days)
<b>desoximetasone oint 0.05%, 0.25% (Topicort)</b>	3		QL (120 grams/30 days)
<b>desoximetasone spray 0.25% (Topicort)</b>	3		QL (100 mls/30 days)
<b>diclofenac sodium soln 1.5%</b>	3		QL (150 mls/30 days)
<b>econazole nitrate cream 1%</b>	3		QL (120 grams/30 days)
<b>erythromycin gel 2% (Erygel)</b>	3		
<b>erythromycin soln 2%</b>	3		
<b>fluocinolone acetonide cream 0.01%</b>	3		QL (120 grams/30 days)
<b>fluocinolone acetonide cream 0.025% (Synalar)</b>	3		QL (120 grams/30 days)
<b>fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)</b>	3		QL (118.28 mls/30 days)
<b>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)</b>	3		QL (118.28 mls/30 days)
<b>fluocinolone acetonide oint 0.025% (Synalar)</b>	3		QL (120 grams/30 days)
<b>fluocinolone acetonide soln 0.01% (Synalar)</b>	3		QL (120 mls/30 days)
<b>fluocinonide cream 0.05%</b>	3		QL (120 grams/30 days)
<b>fluocinonide emulsified base cream 0.05%</b>	3		QL (120 grams/30 days)
<b>fluocinonide gel 0.05%</b>	3		QL (120 grams/30 days)
<b>fluocinonide oint 0.05%</b>	3		QL (120 grams/30 days)
<b>fluocinonide soln 0.05%</b>	3		QL (120 mls/30 days)
<b>fluorouracil cream 5% (Efudex)</b>	3		PA, QL (240 grams/84 days)
<b>fluticasone propionate cream 0.05%</b>	3		QL (120 grams/30 days)

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
fluticasone propionate oint 0.005%	3		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	3		
halcinonide cream 0.1% (Halog)	3		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	3		QL (200 grams/28 days)
hydrocortisone butyrate oint 0.1%	3		QL (135 grams/30 days)
hydrocortisone cream 2.5%	3		QL (454 grams/30 days)
hydrocortisone lotion 2.5%	3		QL (118 mls/30 days)
hydrocortisone oint 2.5%	3		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	3		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	3		QL (120 grams/30 days)
imiquimod cream 5%	3		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	3		
ivermectin cream 1% (Soolantra)	3		PA
ketoconazole cream 2%	3		QL (120 grams/30 days)
ketoconazole shampoo 2%	3		
lidocaine hcl soln 4%	3		QL (150 mls/30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	3		
lidocaine patch 5% (Lidoderm)	3		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3		QL (60 grams/30 days)
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	3		
malathion lotion 0.5% (Ovide)	3		
metronidazole cream 0.75% (Metrocream)	3		
metronidazole gel 0.75%	3		
metronidazole gel 1% (Metrogel)	3		
metronidazole lotion 0.75% (Metrolotion)	3		
mometasone furoate cream 0.1%	3		QL (135 grams/30 days)
mometasone furoate oint 0.1%	3		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	3		QL (120 mls/30 days)
mupirocin oint 2%	3		
nystatin cream 100000 unit/gm	3		
nystatin oint 100000 unit/gm	3		
nystatin topical powder 100000 unit/gm	3		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	3		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	3		
oxiconazole nitrate cream 1% (Oxistat)	3		PA
penciclovir cream 1% (Denavir)	3		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
permethrin cream 5%	3		
pimecrolimus cream 1% (Elidel)	3		ST, QL (100 grams/30 days)
podofilox soln 0.5%	3		
selenium sulfide lotion 2.5%	3		
silver sulfadiazine cream 1% (Silvadene)	3		
sulfacetamide sodium lotion 10% (acne) (Klaron)	3		
tacrolimus oint 0.03%, 0.1% (Protopic)	3		ST, QL (100 grams/30 days)
tazarotene cream 0.1% (Tazorac)	3		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	3		QL (100 grams/30 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	3		
tretinoin gel 0.01%, 0.025% (Retin-a)	3		
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	3		QL (126 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	3		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	3		QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	3		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	3		QL (120 grams/30 days)
<b>MISCELLANEOUS PRODUCTS</b>			
<b>ANTIDOTES</b>			
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	4	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	4	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	4	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	4	SP	
naloxone hcl inj 0.4 mg/ml	3		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	3		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	3		QL (4 bottles/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	3		QL (4 vials/30 days)
naltrexone hcl tab 50 mg	3		
<b>DIAGNOSTIC PRODUCTS</b>			
BINAXNOW COVID-19 AG CARD - covid-19 at home antigen test kit	1		
CARESTART COVID-19 ANTIGE - covid-19 at home antigen test kit	1		
CELLTRION DIATRUST COVID- - covid-19 at home antigen test kit	1		
CHEMSTRIP-K - acetone (urine) test strip	2		
CLEARDETECT COVID-19 ANTI - covid-19 at home antigen test kit	1		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLINITEST RAPID COVID-19 - covid-19 at home antigen test kit	1		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
COVID-19 AT-HOME TEST KIT - covid-19 at home antigen test kit	1		
ELLUME COVID-19 HOME TEST - covid-19 at home antigen test kit	1		
FLOWFLEX COVID-19 ANTIGEN - covid-19 at home antigen test kit	1		
GENABIO COVID-19 RAPID SE - covid-19 at home antigen test kit	1		
IHEALTH COVID-19 ANTIGEN - covid-19 at home antigen test kit	1		
INDICAID COVID-19 RAPID A - covid-19 at home antigen test kit	1		
INTELISWAB COVID-19 RAPID - covid-19 at home antigen test kit	1		
KETOCARE - acetone (urine) test strip	2		
KETONE - acetone (urine) test strip	2		
KETONE TEST STRIPS - acetone (urine) test strip	2		
KETOSTIX - acetone (urine) test strip	2		
ON/GO COVID-19 ANTIGEN SE - covid-19 at home antigen test kit	1		
ON/GO ONE COVID-19 ANTIGE - covid-19 at home antigen test kit	1		
PILOT COVID-19 AT-HOME TE - covid-19 at home antigen test kit	1		
QUICKVUE AT-HOME COVID-19 - covid-19 at home antigen test kit	1		
RELION KETONE TEST STRIPS - acetone (urine) test strip	2		
<b>MEDICAL DEVICES</b>			
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"), x 8 mm (1/3" or 5/16")	2		
ACCU-CHEK FASTCLIX LANCET - lancets	2		
ACCU-CHEK FASTCLIX LANCET - lancets kit	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
ACCU-CHEK SAFE-T-PRO LANC - lancets	2		
ACCU-CHEK SAFE-T-PRO PLUS - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	2		
ACTI-LANCE LANCETS 28G - lancets	2		
ACTI-LANCE LITE SAFETY LA - lancets	2		
ACTI-LANCE SPECIAL SAFETY - lancets	2		
ACTI-LANCE UNIVERSAL SAFE - lancets	2		
ADJUSTABLE LANCING DEVICE - lancet devices	2		
ADVANCED MOBILE LANCET 30 - lancets	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ADVOCATE LANCETS - lancets	2		
ADVOCATE LANCETS 30G - lancets	2		
ADVOCATE LANCING DEVICE - lancet devices	2		
ADVOCATE RAPID-SAFE LANCI - lancet devices	2		
ADVOCATE SAFETY LANCETS 2 - lancets	2		
AF LANCETS SUPER THIN - lancets	2		
AGAMATRIX ULTRA-THIN LANC - lancets	2		
AIMSCO LUBRICATED - condoms latex lubricated	1		
AIMSCO TWIST LANCETS 32G - lancets	2		
AIMSCO TWIST LANCETS 33G - lancets	2		
ASSURE COMFORT LANCETS UL - lancets	2		
ASSURE HAEMOLANCE PLUS HI - lancets	2		
ASSURE HAEMOLANCE PLUS LO - lancets	2		
ASSURE HAEMOLANCE PLUS MI - lancets	2		
ASSURE HAEMOLANCE PLUS NO - lancets	2		
ASSURE HAEMOLANCE PLUS PE - lancets	2		
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1/2 ml 31 x 15/64", 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		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

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

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
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", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	2		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD INSULIN SYRINGE 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", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", 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", u-100 1 ml 25 x 1", 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", 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	2		
BD LANCET ULTRAFINE 33G - lancets	2		
BD MICROTAINER LANCETS - lancets	2		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	2		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD 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", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
CARDIOCOM LANCING DEVICE - lancet devices	2		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
CAREONE ADVANCED LANCING - lancet devices	2		
CAREONE INSULIN SYRINGES/ - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CAREONE LANCET SUPER THIN - lancets	2		
CAREONE LANCET THIN - lancets	2		
CAREONE LANCET ULTRA THIN - lancets	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	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"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CARESENS LANCETS - lancets	2		
CARETOUCH INSULIN SYRINGE - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CARETOUCH LANCING DEVICE - lancet devices	2		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
CARETOUCH SAFETY LANCETS/ - lancets	2		
CARETOUCH TWIST LANCETS M - lancets	2		
CARETOUCH TWIST LANCETS 2 - lancets	2		
CARETOUCH TWIST LANCETS 3 - lancets	2		
CAYA - diaphragm arc-spring	1		
CLEANLET LANCETS 28G - lancets	2		
CLEVER CHEK LANCETS ULTRA - lancets	2		
CLEVER CHOICE COMFORT EZ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - lancets	2		
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
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"), x 6 mm (1/4" or 15/64"), 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	2		
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
COMFORT ASSURED LANCETS M - lancets	2		
COMFORT ASSURED LANCETS S - lancets	2		
COMFORT EZ INSULIN SYRING - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2		
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	2		
COMFORT TOUCH LANCETS ULT - lancets	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
COMFORT TOUCH PLUS SAFETY - lancets	2		
CONDOMS - condoms - male	1		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring 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		
CVS LANCETS MICRO THIN 33 - lancets	2		
CVS LANCETS MICRO-THIN 33 - lancets	2		
CVS LANCETS ORIGINAL - lancets	2		
CVS LANCETS THIN 26G - lancets	2		
CVS LANCETS ULTRA THIN 30 - lancets	2		
CVS LANCETS ULTRA-THIN 30 - lancets	2		
CVS LANCETS 21G - lancets	2		
CVS LANCING DEVICE - lancet devices	2		
CVS ULTRA THIN LANCETS - lancets	2		
DIATHRIVE LANCETS - lancets	2		
DIATHRIVE LANCETS ULTRA T - lancets	2		
DIATHRIVE LANCING DEVICE - lancet devices	2		
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

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

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
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	2		
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
DRUG MART ADJUSTABLE LANC - lancet devices	2		
DRUG MART LANCETS THIN - lancets	2		
DRUG MART LANCETS ULTRA T - lancets	2		
DRUG MART ON-THE-GO LANCE - lancets	2		
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"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DRUG MART UNILET LANCETS - lancets	2		
DRUG MART UNILET MICRO TH - lancets	2		
DUANE READE LANCET ALTERN - lancets	2		
DUANE READE LANCET SUPER - lancets	2		
DUANE READE LANCET ULTRA - lancets	2		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	2		
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	1		
E-Z JECT LANCETS - lancets	2		
E-Z JECT LANCETS COLOR - lancets	2		
E-Z JECT LANCETS SUPER TH - lancets	2		
E-Z JECT LANCETS THIN 26G - lancets	2		
E-Z JECT LANCETS 21G - lancets	2		
E-ZJECT LANCETS MICRO-THI - lancets	2		
EASY COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

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

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH SAFETY LANCETS - lancets	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SHEATHLOCK SAF - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		
EMBRACE PRESSURE ACTIVATE - lancets	2		
EQL COLOR LANCETS MICRO T - lancets	2		
EQL COLOR LANCETS 21G - lancets	2		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", 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", u-100 1/2 ml 29 x 1/2", 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", 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	2		
EQL THIN LANCETS 26G - lancets	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
EXCEL COMFORT POINT INSUL - insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2		
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	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"), x 8 mm (1/3" or 5/16")	2		
EZ-LETS LANCETS 21G - lancets	2		
EZ-LETS LANCETS 26G SUPER - lancets	2		
EZ-LETS LANCETS 28G ULTRA - lancets	2		
EZ-LETS LANCETS 30G - lancets	2		
FANTASY LUBRICATED - condoms latex lubricated	1		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	1		
FC2 FEMALE CONDOM - condoms - female	1		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	1		
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
FIFTY50 SAFETY SEAL LANCE - lancets	2		
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
FIFTY50 UNILET LANCETS 33 - lancets	2		
FINE 30 - lancets	2		
FINGERSTIX LANCETS - lancets	2		
FORA LANCETS - lancets	2		
FORA LANCING DEVICE - lancet devices	2		
FORA LANCING DEVICE/CLEAR - lancet devices	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
FREDS PHARMACY AUTOLET LA - lancet devices	2		
FREDS PHARMACY UNIFINE PE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), 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	2		
FREESTYLE LANCETS - lancets	2		
FREESTYLE UNISTICK II LAN - lancets	2		
GENTEEL BUTTERFLY TOUCH L - lancets	2		
GENTEEL PLUS LANCING DEVI - lancet devices	2		
GENTLE-LET GP LANCETS - lancets	2		
GENTLE-LET LANCETS GENERA - lancets	2		
GENTLE-LET LANCETS SAFETY - lancets	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GLOBAL INJECT EASE LANCET - lancets	2		
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2		
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GLOBAL LANCING DEVICE - lancet devices	2		
GLUCOCOM LANCETS 28G - lancets	2		
GLUCOCOM LANCETS 30G - lancets	2		
GLUCOCOM LANCETS 33G - lancets	2		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2",	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	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", u-100 1 ml 31 x 5/16"	2		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
GNP LANCETS THIN 26G - lancets	2		
GNP LANCETS 21G - lancets	2		
GNP LANCING SYSTEM DEVICE - lancet devices	2		
GNP STERILE LANCETS 28G - lancets	2		
GNP STERILE LANCETS 30G - lancets	2		
GNP STERILE LANCETS 33G - lancets	2		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
GOJJI LANCING DEVICE/CLEA - lancet devices	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
GOJJI STERILE LANCETS 30G - lancets	2		
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GOODSENSE COLOR LANCETS M - lancets	2		
GOODSENSE LANCETS MICRO-T - lancets	2		
GOODSENSE LANCETS ULTRA-T - lancets	2		
GOODSENSE LANCING DEVICE - lancet devices	2		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
H-E-B INCONTROL ADVANCED - lancet devices	2		
H-E-B INCONTROL LANCETS M - lancets	2		
H-E-B INCONTROL LANCETS S - lancets	2		
H-E-B INCONTROL LANCETS U - lancets	2		
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
HAEMOLANCE - lancets	2		
HAEMOLANCE LOW FLOW LANCE - lancets	2		
HAEMOLANCE PLUS - lancets	2		
HAEMOLANCE PLUS HIGH FLOW - lancets	2		
HAEMOLANCE PLUS LOW FLOW - lancets	2		
HAEMOLANCE PLUS MAX FLOW - lancets	2		
HAEMOLANCE PLUS PEDIATRIC - lancets	2		
HEALTH CARE LANCING DEVIC - lancet devices	2		
HEALTHWISE INSULIN SYRINGE - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
HEALTHWISE UNIFINE PENTIP - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
HEALTHY ACCENTS AUTOLET I - lancet devices	2		
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"), x 6 mm (1/4" or 15/64"), 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	2		
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
HY-VEE LANCETS - lancets	2		
HY-VEE THIN LANCETS - lancets	2		
IN TOUCH LANCING DEVICE - lancet devices	2		
IN TOUCH STERILE LANCETS - lancets	2		
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSULIN SYRINGE 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", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", 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		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
K-Y ME & YOU EXTRA LUBRIC - condoms latex lubricated	1		
K-Y ME & YOU INTENSE - condoms latex lubricated	1		
KAMELEON LUBRICATED - condoms latex lubricated	1		
KIMONO COLORS - condoms latex lubricated	1		
KIMONO LUBRICATED - condoms latex lubricated	1		
KIMONO MICRO THIN - condoms latex non-lubricated	1		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	1		
KIMONO PS LUBRICATED - condoms latex lubricated	1		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	1		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	1		
KIMONO SENSATION PLUS SPE - condoms latex lubricated	1		
KIMONO SPECIAL - condoms latex lubricated	1		
KINNEY LANCETS - lancets	2		
KINNEY THIN LANCETS - lancets	2		
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	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, u-100 1/2 ml, u-100 1 ml	2		
KROGER AUTOLET LANCING DE - lancet devices	2		
KROGER HEALTHPRO TWIST LA - lancets	2		
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2		
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
KROGER LANCETS - lancets	2		
KROGER LANCETS MICRO THIN - lancets	2		
KROGER LANCETS SUPER THIN - lancets	2		
KROGER LANCETS THIN - lancets	2		
KROGER LANCETS THIN 26G - lancets	2		
KROGER LANCETS ULTRATHIN - lancets	2		
KROGER LANCETS 21G - lancets	2		
KROGER LANCING DEVICE - lancet devices	2		
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		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
LANCET DEVICE ADJUSTABLE - lancet devices	2		
LANCET DEVICE WITH EJECTO - lancet devices	2		
LANCETS - lancets	2		
LANCETS MICRO THIN 33G - lancets	2		
LANCETS SUPER THIN 28G - lancets	2		
LANCETS THIN - lancets	2		
LANCETS ULTRA THIN - lancets	2		
LANCETS ULTRA THIN 30G - lancets	2		
LANCETS 30G - lancets	2		
LANCETS 30G TWIST TOP - lancets	2		
LANCETS 30G/TWIST TOP - lancets	2		
LANCETS 33G EXTRA FINE - lancets	2		
LANCETS 33G UNIVERSAL DES - lancets	2		
LANCING DEVICE - lancet devices	2		
LANZO - lancet devices	2		
LEADER ADVANCED LANCING D - lancet devices	2		
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
LEADER LANCETS COLORED - lancets	2		
LEADER SUPER THIN LANCET - lancets	2		
LEADER THIN LANCETS - lancets	2		
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
LIBERTY MEDICAL LANCETS 3 - lancets	2		
LIBERTY MINI LANCING DEVI - lancet devices	2		
LIFESCAN UNISTIK II LANCE - lancets	2		
LIFESCAN UNISTIK 2 DEEP P - lancets	2		
LITE TOUCH LANCETS - lancets	2		
LITE TOUCH LANCING PEN - lancet devices	2		
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LITETOUCH LANCETS MICRO T - lancets	2		
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	2		
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
LIVE BETTER ADVANCED LANC - lancet devices	2		
LIVE BETTER LANCET SUPER - lancets	2		
LIVE BETTER LANCET ULTRA - lancets	2		
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	2		
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
LONGS LANCETS STANDARD - lancets	2		
LONGS LANCETS THIN - lancets	2		
LONGS LANCETS ULTRA THIN - lancets	2		
MAGELLAN INSULIN SAFETY S - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)



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

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
MEIJER SUPER THIN LANCETS - lancets	2		
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
MICROLET LANCETS - lancets	2		
MICROLET NEXT - lancet devices	2		
MINI LANCING DEVICE - lancet devices	2		
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MM LANCING DEVICE - lancet devices	2		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MM TWIST LANCETS - lancets	2		
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
MONOJECT ULTRA COMFORT IN - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
MONOLET LANCETS - lancets	2		
MONOLET OPD LANCETS - lancets	2		
MONOLETTOR SAFETY LANCETS - lancets	2		
MPD SAFETY LANCET 21G/1.8 - lancets	2		
MPD SAFETY LANCET 28G/1.8 - lancets	2		
MPD SAFETY LANCET 30G/1.8 - lancets	2		
MPD SAFETY LANCETS 23G/1. - lancets	2		
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
MULTI-LANCET DEVICE - lancet devices	2		
MYGLUCOHEALTH MGH SOFTLAN - lancets	2		
NOVA SAFETY LANCETS 23G - lancets	2		
NOVA SAFETY LANCETS 28G - lancets	2		
NOVA SUREFLEX LANCETS - lancets	2		
NOVA SUREFLEX LANCING DEV - lancet devices	2		
NOVOFINE 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		
OMNIFLEX DIAPHRAGM - diaphragms	1		
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 - lancets	2		
ONETOUCH DELICA PLUS LANC - lancet devices	2		
ONETOUCH DELICA SAFETY LA - lancet devices	2		
ONETOUCH FINEPOINT LANCET - lancets	2		
ONETOUCH LANCETS - lancets	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
ONETOUCH SURESOFT LANCING - lancets misc.	2		
ONETOUCH ULTRASOFT LANCET - lancets	2		
PC LANCETS SUPER THIN 30G - lancets	2		
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PEN 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		
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
PENLET II REPLACEMENT CAP - lancets misc.	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	2		
PERFECT PRESSURE ACTIVATE - lancets	2		
PHARMACIST CHOICE SELECT - lancets	2		
PHARMACIST CHOICE ULTRA T - lancets	2		
PHARMACY COUNTER LANCETS - lancets	2		
PIP LANCETS/28G - lancets	2		
PIP LANCETS/30G - lancets	2		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
PRECISION THINS GP LANCET - lancets	2		
PREFERRED PLUS INSULIN SY - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
PREFERRED PLUS LANCETS CO - lancets	2		
PREFERRED PLUS LANCETS SU - lancets	2		
PREFERRED PLUS LANCETS TH - lancets	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), 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"), x 8 mm (1/3" or 5/16")	2		
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PRO COMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
PRODIGY INSULIN SYRING/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	2		
PRODIGY LANCING DEVICE - lancet devices	2		
PRODIGY PRESSURE ACTIVATE - lancets	2		
PRODIGY SAFETY LANCETS - lancets	2		
PRODIGY TWIST TOP LANCETS - lancets	2		
PSS SELECT GP LANCETS - lancets	2		
PSS SELECT SAFETY LANCETS - lancets	2		
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

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

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
RA E-ZJECT LANCETS 28G - lancets	2		
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"	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"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
READYLANCER SAFETY LANCETS - lancets	2		
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2"	2		
REALITY LANCETS - lancets	2		
REALITY LATEX CONDOMS/LUB - condoms latex lubricated	1		
REALITY LATEX/ULTRA TEXTU - condoms latex lubricated	1		
REALITY LATEX/ULTRA THIN - condoms latex lubricated	1		
REALITY TRIGGER LANCETS - lancets	2		
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2		
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	2		
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2		
RELION LANCETS - lancets	2		
RELION LANCETS MICRO-THIN - lancets	2		
RELION LANCETS THIN 26G - lancets	2		
RELION LANCETS ULTRA-THIN - lancets	2		
RELION LANCING DEVICE - lancet devices	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
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"), 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	2		
RELION ULTRA THIN LANCETS - lancets	2		
RELION ULTRA THIN PLUS LA - lancets	2		
RELION 2-IN-1 LANCET DEV - lancet devices	2		
RELION 2-IN-1 LANCING DEV - lancet devices	2		
REXALL LANCETS ULTRA THIN - lancets	2		
RIGHTEST GD500 LANCING DE - lancet devices	2		
RIGHTEST GL300 LANCETS - lancets	2		
SAFE-T-LANCE LOW FLOW 25G - lancets	2		
SAFE-T-LANCE NORMAL FLOW - lancets	2		
SAFE-T-LANCE PLUS SAFETY - lancets	2		
SAFETY LANCETS - lancets	2		
SAFETY LANCETS 21G - lancets	2		
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
SAPS HEALTH CARE TWIST TO - lancets	2		
SAPS HEALTH PLUS TWIST TO - lancets	2		
SAPS HEALTH TWIST TOP LAN - lancets	2		
SAPSCARE TWIST TOP LANCET - lancets	2		
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"			
SB LANCETS THIN - lancets	2		
SB LANCETS ULTRA THIN - lancets	2		
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
SECURESAFE SAFETY INSULIN - insulin syringe/ needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SELECT-LITE LANCING DEVIC - lancet devices	2		
SHOPKO AUTOLET LANCING DE - lancet devices	2		
SHOPKO ON-THE-GO COMFORT - lancets	2		
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"), 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"), 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	2		
SHOPKO UNILET LANCETS ULT - lancets	2		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	2		
SINGLE-LET - lancets	2		
SM MICRO THIN LANCETS 33G - lancets	2		
SM TRUEDRAW LANCING DEVIC - lancet devices	2		
SMART DIABETES VANTAGE LA - lancet devices	2		
SMART SENSE COLOR LANCETS - lancets	2		
SMART SENSE STANDARD LANC - lancets	2		
SMART SENSE SUPER THIN LA - lancets	2		
SMART SENSE THIN LANCETS - lancets	2		
SMARTEST LANCETS 28G - lancets	2		
SOLUS V2 LANCING DEVICE - lancet devices	2		
SOLUS V2 PRESSURE ACTIVAT - lancets	2		
SOLUS V2 TWIST LANCETS 30 - lancets	2		
STERILANCE TL - lancets	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
SUPER THIN LANCETS - lancets	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
SURE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
SURE COMFORT LANCETS 18G - lancets	2		
SURE COMFORT LANCETS 21G - lancets	2		
SURE COMFORT LANCETS 23G - lancets	2		
SURE COMFORT LANCETS 28G - lancets	2		
SURE COMFORT LANCETS 30G - lancets	2		
SURE COMFORT LANCING PEN - lancet devices	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
SURELITE LANCETS - lancets	2		
TECHLITE AST LANCETS - lancets	2		
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
TECHLITE LANCETS - lancets	2		
TECHLITE LANCETS 30G - lancets	2		
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

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

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT TWIST TOP LA - lancets	2		
TRUEDRAW LANCING DEVICE - lancet devices	2		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
TRUEPLUS LANCETS 26G - lancets	2		
TRUEPLUS LANCETS 28G - lancets	2		
TRUEPLUS LANCETS 28G SUPE - lancets	2		
TRUEPLUS LANCETS 30G - lancets	2		
TRUEPLUS LANCETS 30G ULTR - lancets	2		
TRUEPLUS LANCETS 33G - lancets	2		
TRUEPLUS LANCETS 33G MICR - lancets	2		
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"), x 6 mm (1/4" or 15/64"), 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	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	1		
TRUSTEX LUBRICATED - condoms latex lubricated	1		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	1		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	1		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	1		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	1		
TRUSTEX NON-LUBRICATED - condoms latex non- lubricated	1		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	1		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	1		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non- lubricated	1		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	2		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

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

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

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

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)



Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTRA-THIN II LANCETS 28G - lancets	2		
ULTRA-THIN II LANCETS 30G - lancets	2		
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTRACARE INSULIN SYRINGE - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE 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"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
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"), 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"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNILET COMFORTOUCH LANCET - lancets	2		
UNILET EXCELITE - lancets	2		
UNILET EXCELITE II - lancets	2		
UNILET G.P. LANCET - lancets	2		
UNILET G.P. SUPERLITE LAN - lancets	2		
UNILET GP 28 ULTRA THIN - lancets	2		
UNILET LANCET - lancets	2		
UNILET LANCETS MICRO-THIN - lancets	2		
UNILET LANCETS SUPER-THIN - lancets	2		
UNILET LANCETS ULTRA-THIN - lancets	2		
UNILET SUPERLITE LANCET - lancets	2		
UNISTIK PRO SAFETY LANCET - lancets	2		
UNISTIK SAFETY LANCETS 28 - lancets	2		
UNISTIK SAFETY LANCETS 30 - lancets	2		
UNISTIK TOUCH SAFETY LANC - lancets	2		
UNISTIK 3 GENTLE - lancets	2		
UNIVERSAL 1 LANCETS THIN - lancets	2		
UNIVERSAL 1 LANCETS ULTRA - lancets	2		
UNIVERSAL 1 LANCETS/33G/M - lancets	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
VALUE PLUS LANCETS STANDA - lancets	2		
VALUE PLUS LANCETS SUPER - lancets	2		
VALUE PLUS LANCETS THIN 2 - lancets	2		
VALUE PLUS LANCING DEVICE - lancet devices	2		
VALUMARK LANCET SUPER THI - lancets	2		
VALUMARK LANCET ULTRA THI - lancets	2		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	2		
VIDA MIA AUTOLET LANCING - lancet devices	2		
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	2		
VIDA MIA UNILET LANCETS U - lancets	2		
VIDA MIA UNIPFINE PENTIPS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
VIVAGUARD LANCETS - lancets	2		
VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS/ - lancets	2		
VP INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
WALGREENS ADVANCED TRAVEL - lancets	2		
WALGREENS COMFORT ASSURED - lancets	2		
WALGREENS LANCETS - lancets	2		
WALGREENS THIN LANCETS - lancets	2		
WALGREENS ULTRA THIN LANC - lancets	2		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	1		
ZEVXR INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"	2		
ZEVXR INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	2		
ZEVXR PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ZEVXR PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ZEVXR PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ZEVXR PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ZEVXR TWIST TOP LANCETS 3 - lancets	2		
1ST CHOICE LANCETS SUPER - lancets	2		
1ST CHOICE LANCETS THIN - lancets	2		
1ST CHOICE LANCETS ULTRA - lancets	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
1ST TIER UNILET COMFORTOU - lancets	2		
<b>ASSORTED CLASSES</b>			
<b>azathioprine tab 50 mg (Imuran)</b>	3		
<b>cyclosporine cap 25 mg, 100 mg (Sandimmune)</b>	3		
<b>cyclosporine modified cap 25 mg, 100 mg (Neoral)</b>	3		
<b>cyclosporine modified cap 50 mg</b>	3		
<b>cyclosporine modified oral soln 100 mg/ml (Neoral)</b>	3		
<b>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)</b>	3		
<b>irrigation solution, physiological</b>	3		
<b>lactated ringer's for irrigation</b>	3		
<b>lenalidomide caps 2.5 mg (Revlimid)</b>	4	SP	PA, QL (30 capsules/30 days)

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

Drug Name	Drug Tier	Specialty	Requirements/Limits
<b>lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)</b>	4	SP	PA, QL (30 capsules/30 days)
<b>mycophenolate mofetil cap 250 mg (Cellcept)</b>	3		
<b>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</b>	3		
<b>mycophenolate mofetil tab 500 mg (Cellcept)</b>	3		
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)</b>	3		
<b>penicillamine tab 250 mg (Depen titratabs)</b>	4	SP	PA
REVLIMID - lenalidomide caps 2.5 mg	4	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	4	SP	PA, LD, QL (30 capsules/30 days)
<b>ringer's solution for irrigation</b>	3		
<b>sirolimus oral soln 1 mg/ml (Rapamune)</b>	3		
<b>sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)</b>	3		
<b>sodium polystyrene sulfonate powder</b>	3		
<b>tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)</b>	3		
THALOMID - thalidomide cap 50 mg, 100 mg	4	SP	PA, LD, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	4	SP	PA, LD, QL (60 capsules/30 days)
<b>trientine hcl cap 250 mg (Syprine)</b>	4	SP	PA
<b>water for irrigation, sterile irrigation soln</b>	3		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

## INDEX

## A

abacavir sulfate-lamivudine tab 600-300 mg.....	3
abacavir sulfate soln 20 mg/ml (base equiv).....	3
abacavir sulfate tab 300 mg (base equiv).....	3
abiraterone acetate tab 250 mg.....	9
abiraterone acetate tab 500 mg.....	9
ABOUTTIME PEN NEEDLE 32G.....	56
ABOUTTIME PEN NEEDLES 30G.....	56
ABOUTTIME PEN NEEDLES 31G.....	56
acamprosate calcium tab delayed release 333 mg.....	39
acarbose tab 25 mg, 50 mg, 100 mg.....	19
ACCU-CHEK FASTCLIX LANCET.....	56
ACCU-CHEK SAFE-T-PRO LANC.....	57
ACCU-CHEK SAFE-T-PRO PLUS.....	57
ACCU-CHEK SOFTCLIX LANCET.....	57
acebutolol hcl cap 200 mg, 400 mg.....	23
acetaminophen w/ codeine soln 120-12 mg/5ml.....	41
acetaminophen w/ codeine tab 300-15 mg.....	41
acetaminophen w/ codeine tab 300-30 mg.....	41
acetaminophen w/ codeine tab 300-60 mg.....	41
acetazolamide cap er 12hr 500 mg.....	27
acetazolamide tab 125 mg, 250 mg.....	27
acetic acid irrigation soln 0.25%.....	34
acetic acid otic soln 2%.....	51
acetylcysteine inhal soln 10%, 20%.....	30
acitretin cap 10 mg, 17.5 mg, 25 mg.....	52
ACTHIB.....	6
ACTI-LANCE LANCETS 28G.....	57
ACTI-LANCE LITE SAFETY LA.....	57
ACTI-LANCE SPECIAL SAFETY.....	57
ACTI-LANCE UNIVERSAL SAFE.....	57
acyclovir cap 200 mg.....	3
acyclovir oint 5%.....	52
acyclovir susp 200 mg/5ml.....	3
acyclovir tab 400 mg, 800 mg.....	3
ADACEL.....	8
adapalene gel 0.1%.....	52
adefovir dipivoxil tab 10 mg.....	3
ADJUSTABLE LANCING DEVICE.....	57
ADVANCED MOBILE LANCET 30.....	57
ADVOCATE INSULIN PEN NEED.....	57
ADVOCATE INSULIN SYRINGE/.....	57
ADVOCATE LANCETS.....	57
ADVOCATE LANCETS 30G.....	57
ADVOCATE LANCING DEVICE.....	57
ADVOCATE RAPID-SAFE LANCI.....	57
ADVOCATE SAFETY LANCETS 2.....	57
AF LANCETS SUPER THIN.....	57
AFLURIA QUADRIVALENT 2022.....	6
AGAMATRIX ULTRA-THIN LANC.....	57
AIMSCO LUBRICATED.....	57
AIMSCO TWIST LANCETS 32G.....	57
AIMSCO TWIST LANCETS 33G.....	57
albendazole tab 200 mg.....	5
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	30
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	30
albuterol sulfate syrup 2 mg/5ml.....	30
albuterol sulfate tab 2 mg, 4 mg.....	30
alclometasone dipropionate cream 0.05%.....	52
alclometasone dipropionate oint 0.05%.....	52
ALECENSA.....	9
alendronate sodium tab 70 mg.....	21
alendronate sodium tab 10 mg, 35 mg.....	21
alfuzosin hcl tab er 24hr 10 mg.....	34
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent).....	24
allopurinol tab 100 mg, 300 mg.....	44
almotriptan malate tab 6.25 mg, 12.5 mg.....	43
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv).....	32
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	35
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg.....	35
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	35
ALUNBRIG.....	9
amantadine hcl cap 100 mg.....	46
amantadine hcl soln 50 mg/5ml.....	46
amantadine hcl tab 100 mg.....	46
ambrisentan tab 5 mg, 10 mg.....	29
amiloride & hydrochlorothiazide tab 5-50 mg.....	27
amiloride hcl tab 5 mg.....	27
aminocaproic acid oral soln 0.25 gm/ml.....	49
aminocaproic acid tab 500 mg, 1000 mg.....	49
amiodarone hcl tab 100 mg, 200 mg, 400 mg.....	24
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	35
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg.....	24
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg.....	24
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....	25
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	23
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....	25
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg.....	25

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	1	atazanavir sulfate cap 200 mg (base equiv).....	3
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml.....	1	atazanavir sulfate cap 300 mg (base equiv).....	3
amoxicillin & k clavulanate tab 500-125 mg.....	1	atenolol & chlorthalidone tab 50-25 mg.....	25
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg.....	1	atenolol & chlorthalidone tab 100-25 mg.....	25
amoxicillin (trihydrate) cap 250 mg, 500 mg.....	1	atenolol tab 25 mg, 50 mg, 100 mg.....	23
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....	1	AT LAST LANCETS.....	58
amoxicillin (trihydrate) tab 500 mg, 875 mg.....	1	atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv).....	38
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg.....	38	atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv).....	38
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg.....	38	atorvastatin calcium tab 80 mg (base equivalent).....	28
amphetamine-dextroamphetamine tab 20 mg.....	38	atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent).....	28
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....	38	atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg.....	5
anagrelide hcl cap 0.5 mg.....	49	atovaquone susp 750 mg/5ml.....	5
anagrelide hcl cap 1 mg.....	49	atropine sulfate ophth soln 1%.....	49
anastrozole tab 1 mg.....	9	AUM MINI INSULIN PEN NEED.....	58
apomorphine hcl soln cartridge 30 mg/3ml.....	46	AUM READYGARD DUO SAFETY.....	58
apraclonidine hcl ophth soln 0.5% (base equivalent).....	49	AUM SAFETY PEN NEEDLE/31.....	58
aprepitant capsule 40 mg.....	32	AURORA LANCET SUPER THIN.....	58
aprepitant capsule 80 mg.....	32	AURORA LANCET THIN 23G.....	58
aprepitant capsule 125 mg.....	32	AURORA PEN NEEDLES 29GX12.....	58
aprepitant capsule therapy pack 80 & 125 mg.....	32	AURORA PEN NEEDLES 31G X.....	58
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	30	AURORA UNIFINE PENTIPS/32.....	58
aripiprazole orally disintegrating tab 10 mg, 15 mg.....	36	AURORA UNIFINE PENTIPS/MI.....	58
aripiprazole oral solution 1 mg/ml.....	36	AUTO-LANCET.....	58
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg.....	36	AUTO-LANCET MINI.....	58
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....	38	AUTOLET IMPRESSION LANCIN.....	58
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv).....	36	AUTOLET LANCING DEVICE.....	58
aspirin chew tab 81 mg.....	40	AUTOLET MINI.....	58
aspirin-dipyridamole cap er 12hr 25-200 mg.....	49	AUTOLET PLUS.....	58
aspirin tab delayed release 81 mg.....	40	AYVAKIT.....	9
ASSURE COMFORT LANCETS UL.....	57	azathioprine tab 50 mg.....	97
ASSURE HAEMOLANCE PLUS HI.....	57	azelaic acid gel 15%.....	52
ASSURE HAEMOLANCE PLUS LO.....	57	azelastine hcl nasal spray 0.1% (137 mcg/spray).....	29
ASSURE HAEMOLANCE PLUS MI.....	57	azelastine hcl ophth soln 0.05%.....	49
ASSURE HAEMOLANCE PLUS NO.....	57	azithromycin for susp 100 mg/5ml, 200 mg/5ml.....	1
ASSURE HAEMOLANCE PLUS PE.....	57	azithromycin tab 600 mg.....	1
ASSURE ID INSULIN SAFETY.....	57	azithromycin tab 250 mg, 500 mg.....	1
ASSURE ID SAFETY PEN NEED.....	57		
ASSURE LANCE LANCETS.....	58	<b>B</b>	
ASSURE LANCE LANCETS 21G.....	58	bacitracin-polymyxin b ophth oint.....	49
ASSURE LANCE PLUS SAFETY.....	58	bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	49
ASSURE LANCE SAFETY LANCE.....	58	baclofen tab 10 mg, 20 mg.....	47
atazanavir sulfate cap 150 mg (base equiv).....	3	balsalazide disodium cap 750 mg.....	32
		BALVERSA.....	9
		BD AUTOSHIELD DUO 30G X 5.....	58
		BD AUTOSHIELD 29G X 3/16".....	58
		BD AUTOSHIELD 29G X 5/16".....	59
		BD INSULIN SYRINGE/DETACH.....	59
		BD INSULIN SYRINGE/0.3ML/.....	59
		BD INSULIN SYRINGE/0.5ML/.....	59

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

BD INSULIN SYRINGE/1ML/27.....	59	betaxolol hcl tab 10 mg, 20 mg.....	23
BD INSULIN SYRINGE/1ML/29.....	59	bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50	
BD INSULIN SYRINGE/U-100/.....	59	mg.....	33
BD INSULIN SYRINGE/U-500/.....	59	bexarotene cap 75 mg.....	9
BD INSULIN SYRINGE LUER-L.....	59	bexarotene gel 1%.....	52
B-D INSULIN SYRINGE MICRO.....	58	BEXSERO.....	6
BD INSULIN SYRINGE MICROF.....	59	bicalutamide tab 50 mg.....	10
BD INSULIN SYRINGE SAFETY.....	59	bimatoprost ophth soln 0.03%.....	49
BD INSULIN SYRINGE SLIP T.....	59	BINAXNOW COVID-19 AG CARD.....	55
B-D INSULIN SYRINGE ULTRA.....	58	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,	
BD INSULIN SYRINGE ULTRA.....	59	5-6.25 mg, 10-6.25 mg.....	25
BD INSULIN SYRINGE ULTRA.....	59	bisoprolol fumarate tab 5 mg, 10 mg.....	23
BD INSULIN SYRINGE ULTRAF.....	59	BOOSTRIX.....	9
BD LANCET ULTRAFINE 30G.....	59	bosentan tab 62.5 mg, 125 mg.....	29
BD LANCET ULTRAFINE 33G.....	59	BOSULIF.....	10
BD LO-DOSE INSULIN SYRIN.....	58	BRAFTOVI.....	10
BD MICROTAINER LANCETS.....	59	brimonidine tartrate ophth soln 0.15%.....	49
BD PEN NEEDLE/MICRO/ULTRA.....	59	brimonidine tartrate ophth soln 0.2%.....	49
BD PEN NEEDLE/MINI/ULTRA.....	59	brimonidine tartrate-timolol maleate ophth soln	
BD PEN NEEDLE/NANO/ULTRA.....	60	0.2-0.5%.....	49
BD PEN NEEDLE/NANO 2ND GE.....	60	bromfenac sodium ophth soln 0.09% (base equiv)	
BD PEN NEEDLE/ORIGINAL/UL.....	60	(once-daily).....	49
BD PEN NEEDLE/SHORT/ULTRA.....	60	bromocriptine mesylate cap 5 mg (base	
BD SAFETY-GLIDE INSULIN S.....	60	equivalent).....	46
BD SAFETYGLIDE INSULIN SY.....	60	bromocriptine mesylate tab 2.5 mg (base	
BD SAFETY-LOK INSULIN SYR.....	60	equivalent).....	46
BD VEO INSULIN SYRINGE UL.....	60	BRUKINSA.....	10
benazepril & hydrochlorothiazide tab 5-6.25 mg.....	25	budesonide delayed release particles cap 3 mg.....	16
benazepril & hydrochlorothiazide tab 10-12.5 mg,		budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1	
20-12.5 mg, 20-25 mg.....	25	mg/2ml.....	30
benazepril hcl tab 5 mg.....	25	budesonide tab er 24hr 9 mg.....	16
benazepril hcl tab 10 mg, 20 mg, 40 mg.....	25	bumetanide tab 0.5 mg.....	27
benzonatate cap 100 mg, 200 mg.....	30	bumetanide tab 1 mg, 2 mg.....	27
benzoyl peroxide-erythromycin gel 5-3%.....	52	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....	46	equiv).....	41
bepotastine besilate ophth soln 1.5%.....	49	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base	
betaine powder for oral solution.....	21	equiv).....	41
betamethasone dipropionate augmented cream		buprenorphine hcl-naloxone hcl sl film 4-1 mg (base	
0.05%.....	52	equiv), 12-3 mg (base equiv).....	41
betamethasone dipropionate augmented lotion		buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base	
0.05%.....	52	equiv).....	41
betamethasone dipropionate augmented oint		buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base	
0.05%.....	52	equiv).....	41
betamethasone dipropionate cream 0.05%.....	52	buprenorphine hcl sl tab 2 mg (base equiv), 8 mg	
betamethasone dipropionate lotion 0.05%.....	52	(base equiv).....	41
betamethasone dipropionate oint 0.05%.....	52	buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr,	
betamethasone valerate cream 0.1% (base		10 mcg/hr, 15 mcg/hr, 20 mcg/hr.....	41
equivalent).....	52	bupropion hcl (smoking deterrent) tab er 12hr 150	
betamethasone valerate lotion 0.1% (base		mg.....	39
equivalent).....	52	bupropion hcl tab er 24hr 150 mg, 300 mg.....	35
betamethasone valerate oint 0.1% (base		bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg.....	35
equivalent).....	52	bupropion hcl tab 75 mg, 100 mg.....	35
betaxolol hcl ophth soln 0.5%.....	49		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)



bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	35	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	46
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	41	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	46
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	41	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	47
butalbital-acetaminophen cap 50-300 mg.....	40	carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	46
butalbital-acetaminophen tab 50-325 mg.....	40	carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	47
butalbital-aspirin-caffeine cap 50-325-40 mg.....	41	carbidopa tab 25 mg.....	46
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	41	carbinoxamine maleate tab 4 mg.....	29
butorphanol tartrate nasal soln 10 mg/ml.....	41	carbonyl iron susp 15 mg/1.25ml (elemental iron).....	48
<b>C</b>		CARDIOCOM LANCING DEVICE.....	60
cabergoline tab 0.5 mg.....	21	CAREFINE PEN NEEDLE 32GX4.....	60
CABOMETYX.....	10	CAREFINE PEN NEEDLES 29GX.....	60
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	38	CAREFINE PEN NEEDLES 30GX.....	60
calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....	52	CAREFINE PEN NEEDLES 31GX.....	60
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....	52	CAREFINE PEN NEEDLES 32GX.....	60
calcipotriene cream 0.005%.....	52	CAREONE ADVANCED LANCING.....	60
calcipotriene oint 0.005%.....	52	CAREONE INSULIN SYRINGES/.....	60
calcipotriene soln 0.005% (50 mcg/ml).....	52	CAREONE LANCET SUPER THIN.....	60
calcitonin (salmon) inj 200 unit/ml.....	21	CAREONE LANCET THIN.....	60
calcitonin (salmon) nasal soln 200 unit/act.....	21	CAREONE LANCET ULTRA THIN.....	60
calcitriol cap 0.25 mcg, 0.5 mcg.....	21	CAREONE UNIFINE PENTIPS 2.....	61
calcitriol oral soln 1 mcg/ml.....	21	CAREONE UNIFINE PENTIPS 3.....	61
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	32	CAREONE UNIFINE PENTIPS P.....	60
calcium acetate (phosphate binder) tab 667 mg.....	33	CARESENS LANCETS.....	61
CALQUENCE.....	10	CARESTART COVID-19 ANTIGE.....	55
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	25	CARETOUCH INSULIN SYRINGE.....	61
candesartan cilexetil tab 32 mg.....	25	CARETOUCH LANCING DEVICE.....	61
candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....	25	CARETOUCH PEN NEEDLE 29GX.....	61
capecitabine tab 150 mg.....	10	CARETOUCH PEN NEEDLE 33GX.....	61
capecitabine tab 500 mg.....	10	CARETOUCH PEN NEEDLES 31.....	61
CAPRELSA.....	10	CARETOUCH PEN NEEDLES 31G.....	61
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	25	CARETOUCH PEN NEEDLES 32G.....	61
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	44	CARETOUCH SAFETY LANCETS/.....	61
carbamazepine chew tab 100 mg.....	44	CARETOUCH TWIST LANCETS 2.....	61
carbamazepine susp 100 mg/5ml.....	44	CARETOUCH TWIST LANCETS 3.....	61
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	44	CARETOUCH TWIST LANCETS M.....	61
carbamazepine tab 200 mg.....	44	carglumic acid soluble tab 200 mg.....	21
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	46	carisoprodol tab 350 mg.....	47
carbidopa & levodopa tab 25-250 mg.....	46	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	23
carbidopa & levodopa tab 10-100 mg, 25-100 mg.....	46	CAYA.....	61
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	46	cefadroxil cap 500 mg.....	1
		cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1
		cefdinir cap 300 mg.....	1
		cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	1
		cefixime cap 400 mg.....	1
		cefixime for susp 100 mg/5ml.....	1
		cefixime for susp 200 mg/5ml.....	1
		cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	1

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

cefpodoxime proxetil tab 100 mg, 200 mg.....	1	CLICKFINE PEN NEEDLE UNIV.....	62
cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	1	CLICKFINE UNIVERSAL PEN N.....	62
cefprozil tab 250 mg, 500 mg.....	1	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	5
cefuroxime axetil tab 250 mg, 500 mg.....	1	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	5
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg.....	42	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	53
CELLTRION DIATRUST COVID-.....	55	clindamycin phosphate gel 1%.....	53
cephalexin cap 250 mg, 500 mg.....	1	clindamycin phosphate lotion 1%.....	53
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	1	clindamycin phosphate soln 1%.....	53
cevimeline hcl cap 30 mg.....	51	clindamycin phosphate swab 1%.....	53
CHEMSTRIP-K.....	55	clindamycin phosphate vaginal cream 2%.....	34
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	35	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	53
chlorhexidine gluconate soln 0.12%.....	51	CLINITEST RAPID COVID-19.....	56
chloroquine phosphate tab 250 mg.....	5	clobazam suspension 2.5 mg/ml.....	44
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	37	clobazam tab 10 mg, 20 mg.....	44
chlorthalidone tab 25 mg, 50 mg.....	27	clobetasol propionate cream 0.05%.....	53
chlorzoxazone tab 500 mg.....	47	clobetasol propionate emollient base cream 0.05%.....	53
cholecalciferol cap 1.25 mg (50000 unit).....	48	clobetasol propionate gel 0.05%.....	53
cholestyramine light powder 4 gm/dose.....	28	clobetasol propionate oint 0.05%.....	53
cholestyramine light powder packets 4 gm.....	28	clobetasol propionate soln 0.05%.....	53
cholestyramine powder 4 gm/dose.....	28	clocortolone pivalate cream 0.1%.....	53
cholestyramine powder packets 4 gm.....	28	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	35
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	28	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	44
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	28	clonazepam tab 0.5 mg, 1 mg, 2 mg.....	44
ciclopirox gel 0.77%.....	52	clonidine hcl tab er 12hr 0.1 mg.....	38
ciclopirox olamine cream 0.77% (base equiv).....	52	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	25
ciclopirox olamine susp 0.77% (base equiv).....	52	clonidine td patch weekly 0.1 mg/24hr.....	25
ciclopirox shampoo 1%.....	52	clonidine td patch weekly 0.2 mg/24hr.....	25
ciclopirox solution 8%.....	53	clonidine td patch weekly 0.3 mg/24hr.....	25
cilostazol tab 50 mg, 100 mg.....	49	clopidogrel bisulfate tab 75 mg (base equiv).....	49
cimetidine hcl soln 300 mg/5ml.....	31	clopidogrel bisulfate tab 300 mg (base equiv).....	49
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....	21	clorazepate dipotassium tab 7.5 mg.....	35
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	51	clorazepate dipotassium tab 3.75 mg, 15 mg.....	35
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	50	clotrimazole troche 10 mg.....	51
ciprofloxacin hcl tab 750 mg (base equiv).....	2	clotrimazole w/ betamethasone cream 1-0.05%.....	53
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....	2	clozapine orally disintegrating tab 25 mg, 100 mg.....	37
citalopram hydrobromide oral soln 10 mg/5ml.....	35	clozapine tab 25 mg, 50 mg, 100 mg, 200 mg.....	37
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....	35	COAGUCHEK LANCETS.....	62
clarithromycin tab er 24hr 500 mg.....	1	codeine sulfate tab 30 mg.....	41
clarithromycin tab 250 mg, 500 mg.....	1	colchicine tab 0.6 mg.....	44
CLEANLET LANCETS 28G.....	61	colchicine w/ probenecid tab 0.5-500 mg.....	44
CLEARDETECT COVID-19 ANTI.....	55	colesevelam hcl packet for susp 3.75 gm.....	28
CLEVER CHEK LANCETS ULTRA.....	61	colesevelam hcl tab 625 mg.....	28
CLEVER CHOICE COMFORT EZ.....	61	colestipol hcl granule packets 5 gm.....	28
CLICKFINE PEN NEEDLE 32GX.....	62	colestipol hcl granules 5 gm.....	28
CLICKFINE PEN NEEDLES 31G.....	62	colestipol hcl tab 1 gm.....	28
CLICKFINE PEN NEEDLES 32G.....	62	colistimethate sod for inj 150 mg (colistin base activity).....	5
		COMETRIQ.....	10
		COMFORT ASSIST INSULIN SY.....	62
		COMFORT ASSURED LANCETS M.....	62

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

COMFORT ASSURED LANCETS S.....	62	dantrolene sodium cap 25 mg.....	47
COMFORT EZ/31G X 5MM.....	62	dantrolene sodium cap 50 mg, 100 mg.....	47
COMFORT EZ/31G X 6MM.....	62	dapsone tab 25 mg, 100 mg.....	5
COMFORT EZ INSULIN SYRING.....	62	DAPTACEL.....	9
COMFORT EZ MICRO/32G X 4M.....	62	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	33
COMFORT EZ SHORT/31G X 8M.....	62	DAURISMO.....	10
COMFORT LANCETS.....	62	deferasirox granules packet 90 mg, 180 mg, 360 mg.....	55
COMFORT TOUCH LANCETS ULT.....	62	deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	55
COMFORT TOUCH PEN NEEDLES.....	62	deferasirox tab 90 mg, 180 mg, 360 mg.....	55
COMFORT TOUCH PLUS SAFETY.....	63	deferiprone tab 500 mg, 1000 mg.....	55
COMIRNATY.....	6	demeclocycline hcl tab 150 mg, 300 mg.....	2
CONDOMS.....	63	desipramine hcl tab 10 mg, 25 mg.....	35
CONTOUR BLOOD GLUCOSE MON.....	63	desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	35
CONTOUR BLOOD GLUCOSE TES.....	56	desloratadine tab 5 mg.....	29
CONTOUR NEXT BLOOD GLUCOS.....	56	desmopressin acetate inj 4 mcg/ml.....	21
CONTOUR NEXT EZ BLOOD GLU.....	63	desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	22
CONTOUR NEXT GEN BLOOD GL.....	63	desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	22
CONTOUR NEXT LINK BLOOD G.....	63	desmopressin acetate tab 0.1 mg, 0.2 mg.....	22
CONTOUR NEXT LINK WIRELES.....	63	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	17
CONTOUR NEXT ONE BLOOD GL.....	63	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	17
COPIKTRA.....	10	desonide cream 0.05%.....	53
COTELLIC.....	10	desonide oint 0.05%.....	53
COVID-19 AT-HOME TEST KIT.....	56	desoximetasone cream 0.05%, 0.25%.....	53
<b>cromolyn sodium ophth soln 4%.....</b>	<b>50</b>	desoximetasone gel 0.05%.....	53
<b>cromolyn sodium oral conc 100 mg/5ml.....</b>	<b>33</b>	desoximetasone oint 0.05%, 0.25%.....	53
<b>cromolyn sodium soln nebu 20 mg/2ml.....</b>	<b>30</b>	desoximetasone spray 0.25%.....	53
CVS LANCETS 21G.....	63	desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	35
CVS LANCETS MICRO-THIN 33.....	63	dexamethasone elixir 0.5 mg/5ml.....	16
CVS LANCETS MICRO THIN 33.....	63	dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg.....	16
CVS LANCETS ORIGINAL.....	63	dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	38
CVS LANCETS THIN 26G.....	63	dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	38
CVS LANCETS ULTRA-THIN 30.....	63	dextroamphetamine sulfate cap er 24hr 5 mg.....	39
CVS LANCETS ULTRA THIN 30.....	63	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	39
CVS LANCING DEVICE.....	63	dextroamphetamine sulfate oral solution 5 mg/5ml.....	39
CVS ULTRA THIN LANCETS.....	63	dextroamphetamine sulfate tab 5 mg.....	39
<b>cyanocobalamin inj 1000 mcg/ml.....</b>	<b>48</b>	dextroamphetamine sulfate tab 10 mg.....	39
<b>cyclobenzaprine hcl tab 5 mg, 10 mg.....</b>	<b>47</b>	DIATHRIVE LANCETS.....	63
<b>cyclopentolate hcl ophth soln 0.5%, 1%, 2%.....</b>	<b>50</b>	DIATHRIVE LANCETS ULTRA T.....	63
CYCLOPHOSPHAMIDE.....	10	DIATHRIVE LANCING DEVICE.....	63
<b>cyclophosphamide cap 25 mg, 50 mg.....</b>	<b>10</b>	DIATHRIVE PEN NEEDLE/31G.....	63
<b>cyclosporine cap 25 mg, 100 mg.....</b>	<b>97</b>	DIATHRIVE PEN NEEDLE/32G.....	63
<b>cyclosporine modified cap 50 mg.....</b>	<b>97</b>	DIATHRIVE PEN NEEDLE/31 G.....	63
<b>cyclosporine modified cap 25 mg, 100 mg.....</b>	<b>97</b>	DIATHRIVE PEN NEEDLE/31 G.....	63
<b>cyclosporine modified oral soln 100 mg/ml.....</b>	<b>97</b>	diazepam conc 5 mg/ml.....	35
<b>cyclosporine (ophth) emulsion 0.05%.....</b>	<b>50</b>		
<b>cyproheptadine hcl syrup 2 mg/5ml.....</b>	<b>29</b>		
<b>cyproheptadine hcl tab 4 mg.....</b>	<b>29</b>		
<b>D</b>			
<b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....</b>	<b>48</b>		
<b>dalfampridine tab er 12hr 10 mg.....</b>	<b>39</b>		
<b>danazol cap 50 mg, 100 mg, 200 mg.....</b>	<b>16</b>		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

diazepam oral soln 1 mg/ml.....	35	dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ ml pf.....	50
diazepam tab 2 mg, 5 mg, 10 mg.....	35	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....	50
diazoxide susp 50 mg/ml.....	19	doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	25
diclofenac potassium tab 50 mg.....	42	doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	35
diclofenac sodium ophth soln 0.1%.....	50	doxepin hcl conc 10 mg/ml.....	35
diclofenac sodium soln 1.5%.....	53	doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	38
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	42	doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg.....	22
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	42	doxycycline hyclate cap 50 mg.....	2
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	43	doxycycline hyclate cap 100 mg.....	2
dicloxacillin sodium cap 250 mg, 500 mg.....	1	doxycycline hyclate tab 20 mg, 50 mg, 100 mg.....	2
dicyclomine hcl cap 10 mg.....	31	doxycycline monohydrate cap 50 mg, 100 mg.....	2
dicyclomine hcl oral soln 10 mg/5ml.....	31	doxycycline monohydrate for susp 25 mg/5ml.....	2
dicyclomine hcl tab 20 mg.....	31	doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	2
diflunisal tab 500 mg.....	41	doxylamine-pyridoxine tab delayed release 10-10 mg.....	32
difluprednate ophth emulsion 0.05%.....	50	dronabinol cap 2.5 mg.....	32
digoxin oral soln 0.05 mg/ml.....	22	dronabinol cap 5 mg, 10 mg.....	32
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	22	DROPLET GENTEEL LANCING D.....	64
dihydroergotamine mesylate inj 1 mg/ml.....	43	DROPLET INSULIN SYRINGE 0.....	64
dihydroergotamine mesylate nasal spray 4 mg/ml.....	43	DROPLET INSULIN SYRINGE 1.....	64
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	23	DROPLET INSULIN SYRINGE/U.....	64
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	23	DROPLET INSULIN SYRINGE U.....	64
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	24	DROPLET LANCETS ULTRA THI.....	64
diltiazem hcl coated beads tab er 24hr 420 mg.....	24	DROPLET LANCING DEVICE.....	64
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	24	DROPLET MICRON 34G X 9/64.....	64
diltiazem hcl tab 90 mg.....	24	DROPLET PEN NEEDLES 29GX1.....	64
diltiazem hcl tab 30 mg, 60 mg, 120 mg.....	24	DROPLET PEN NEEDLES 31GX5.....	64
dimethyl fumarate capsule delayed release 120 mg.....	39	DROPLET PEN NEEDLES 31GX6.....	64
dimethyl fumarate capsule delayed release 240 mg.....	39	DROPLET PEN NEEDLES 31GX8.....	64
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	39	DROPLET PEN NEEDLES 32GX4.....	64
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	31	DROPLET PEN NEEDLES 32GX5.....	64
DIPHtheria/TETANUS TOXOID.....	9	DROPLET PEN NEEDLES 32GX6.....	65
dipyridamole tab 25 mg, 50 mg, 75 mg.....	49	DROPLET PEN NEEDLES 32GX8.....	65
disopyramide phosphate cap 100 mg, 150 mg.....	24	DROPLET PEN NEEDLES 29G X.....	64
disulfiram tab 250 mg, 500 mg.....	39	DROPLET PEN NEEDLES 30G X.....	64
divalproex sodium cap delayed release sprinkle 125 mg.....	44	DROPLET PEN NEEDLES 31G X.....	64
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	44	DROPLET PEN NEEDLES 32G X.....	64
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	44	DROPLET PERSONAL LANCETS.....	65
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	24	DROPSAFE SAFETY PEN NEEDL.....	65
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	39	DROPSAFE SAFTEY PEN NEEDL.....	65
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	40	drospirenone-ethinyl estradiol tab 3-0.02 mg.....	17
dorzolamide hcl ophth soln 2%.....	50	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	17
		drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	17
		drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	17
		DROXIA.....	48
		DRUG MART ADJUSTABLE LANC.....	65

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

DRUG MART LANCETS THIN.....	65	efavirenz cap 200 mg.....	3
DRUG MART LANCETS ULTRA T.....	65	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	3
DRUG MART ON-THE-GO LANCE.....	65	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	3
DRUG MART UNIFINE PENTIPS.....	65	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	3
DRUG MART UNILET LANCETS.....	65	efavirenz tab 600 mg.....	3
DRUG MART UNILET MICRO TH.....	65	eletriptan hydrobromide tab 20 mg (base equivalent).....	43
DUANE READE LANCET ALTERN.....	65	eletriptan hydrobromide tab 40 mg (base equivalent).....	43
DUANE READE LANCET SUPER.....	65	ELLA.....	17
DUANE READE LANCET ULTRA.....	65	ELLUME COVID-19 HOME TEST.....	56
DUANE READE UNIFINE PEN TI.....	65	EMBRACE LANCETS ULTRA THI.....	67
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq).....</b>	<b>36</b>	EMBRACE LANCING DEVICE WI.....	67
DUREX REALFEEL NON-LATEX.....	65	EMBRACE PRESSURE ACTIVATE.....	67
<b>dutasteride cap 0.5 mg.....</b>	<b>34</b>	EMCYT.....	10
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....</b>	<b>34</b>	<b>emtricitabine caps 200 mg.....</b>	<b>3</b>
<b>E</b>		<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....</b>	<b>3</b>
EASY COMFORT INSULIN SYRI.....	65	<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg.....</b>	<b>3</b>
EASY COMFORT PEN NEEDLES.....	66	<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg.....</b>	<b>25</b>
EASY GLIDE PEN NEEDLES 33.....	66	<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg.....</b>	<b>25</b>
EASY MINI EJECT LANCING D.....	66	<b>enalapril maleate oral soln 1 mg/ml.....</b>	<b>25</b>
EASY MINI LANCING DEVICE.....	66	<b>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....</b>	<b>25</b>
EASY TOUCH FLIPLOCK SAFET.....	66	ENCARE.....	34
EASY TOUCH 32GX5MM.....	67	ENGERIX-B.....	6
EASY TOUCH 32GX6MM.....	67	<b>enoxaparin sodium inj 300 mg/3ml.....</b>	<b>49</b>
EASY TOUCH INSULIN SYRING.....	66	<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml.....</b>	<b>48</b>
EASY TOUCH LANCETS 30G/BU.....	66	<b>entacapone tab 200 mg.....</b>	<b>47</b>
EASY TOUCH LANCETS 21G/PR.....	66	<b>entecavir tab 0.5 mg, 1 mg.....</b>	<b>3</b>
EASY TOUCH LANCETS 23G/PR.....	66	<b>epinastine hcl ophth soln 0.05%.....</b>	<b>50</b>
EASY TOUCH LANCETS 26G/PR.....	66	<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....</b>	<b>27</b>
EASY TOUCH LANCETS 28G/PR.....	66	<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....</b>	<b>27</b>
EASY TOUCH LANCETS 30G/PR.....	66	<b>eplerenone tab 25 mg, 50 mg.....</b>	<b>25</b>
EASY TOUCH LANCETS 32G/PR.....	66	EQL COLOR LANCETS 21G.....	67
EASY TOUCH LANCETS 26G/PU.....	66	EQL COLOR LANCETS MICRO T.....	67
EASY TOUCH LANCETS 28G/PU.....	66	EQL INSULIN SYRINGE/0.3ML.....	67
EASY TOUCH LANCETS 30G/PU.....	66	EQL INSULIN SYRINGE/0.5ML.....	67
EASY TOUCH LANCETS 32G/PU.....	66	EQL INSULIN SYRINGE/1ML/2.....	67
EASY TOUCH LANCETS 28G/TW.....	66	EQL INSULIN SYRINGE/1ML/3.....	67
EASY TOUCH LANCETS 30G/TW.....	66	EQL INSULIN SYRINGE/1ML/3.....	67
EASY TOUCH LANCETS 32G/TW.....	66	EQL SHORT PEN NEEDLES 31G.....	67
EASY TOUCH LANCETS 33G/TW.....	66	EQL SUPER THIN LANCETS 30.....	67
EASY TOUCH LANCING DEVICE.....	66	EQL THIN LANCETS 26G.....	67
EASY TOUCH PEN NEEDLE 30.....	66	EQL ULTRA SHORT PEN NEEDL.....	68
EASY TOUCH PEN NEEDLE/30.....	67		
EASY TOUCH PEN NEEDLES 29.....	67		
EASY TOUCH PEN NEEDLES 31.....	67		
EASY TOUCH PEN NEEDLES 32.....	67		
EASY TOUCH PEN NEEDLES/31.....	67		
EASY TOUCH SAFETY LANCETS.....	67		
EASY TOUCH SAFETY PEN NEE.....	67		
EASY TOUCH SHEATHLOCK SAF.....	67		
<b>econazole nitrate cream 1%.....</b>	<b>53</b>		
<b>efavirenz cap 50 mg.....</b>	<b>3</b>		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

ergocalciferol cap 1.25 mg (50000 unit).....	48	EULEXIN.....	10
ergotamine w/ caffeine tab 1-100 mg.....	43	everolimus tab for oral susp 3 mg.....	10
ERIVEDGE.....	10	everolimus tab for oral susp 2 mg, 5 mg.....	10
ERLEADA.....	10	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	11
erlotinib hcl tab 25 mg (base equivalent).....	10	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	97
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	10	EXCEL COMFORT POINT INSUL.....	68
erythromycin ethylsuccinate for susp 200 mg/5ml.....	1	EXEL COMFORT POINT INSULI.....	68
erythromycin ethylsuccinate for susp 400 mg/5ml.....	2	exemestane tab 25 mg.....	11
erythromycin gel 2%.....	53	EXKIVITY.....	11
erythromycin ophth oint 5 mg/gm.....	50	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	28
erythromycin soln 2%.....	53	ezetimibe tab 10 mg.....	28
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	2	E-Z JECT LANCETS.....	65
erythromycin tab 250 mg, 500 mg.....	2	E-Z JECT LANCETS COLOR.....	65
escitalopram oxalate soln 5 mg/5ml (base equiv).....	36	E-Z JECT LANCETS 21G.....	65
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv).....	36	E-ZJECT LANCETS MICRO-THI.....	65
esomeprazole magnesium cap delayed release 40 mg (base eq).....	31	E-Z JECT LANCETS SUPER TH.....	65
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg.....	31	E-Z JECT LANCETS THIN 26G.....	65
estazolam tab 1 mg, 2 mg.....	38	EZ-LETS LANCETS 21G.....	68
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	17	EZ-LETS LANCETS 30G.....	68
estradiol & norethindrone acetate tab 1-0.5 mg.....	17	EZ-LETS LANCETS 26G SUPER.....	68
estradiol tab 0.5 mg, 1 mg, 2 mg.....	17	EZ-LETS LANCETS 28G ULTRA.....	68
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%).....	17	<b>F</b>	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	17	famciclovir tab 125 mg, 250 mg, 500 mg.....	4
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	17	famotidine for susp 40 mg/5ml.....	32
estradiol vaginal cream 0.1 mg/gm.....	34	famotidine tab 20 mg, 40 mg.....	32
estradiol vaginal tab 10 mcg.....	34	FANTASY LUBRICATED.....	68
eszopiclone tab 1 mg, 2 mg, 3 mg.....	38	FANTASY LUBRICATED/SPERMI.....	68
ethacrynic acid tab 25 mg.....	27	FC2 FEMALE CONDOM.....	68
ethambutol hcl tab 100 mg.....	2	febuxostat tab 40 mg, 80 mg.....	44
ethambutol hcl tab 400 mg.....	2	felbamate susp 600 mg/5ml.....	45
ethosuximide cap 250 mg.....	45	felbamate tab 400 mg, 600 mg.....	45
ethosuximide soln 250 mg/5ml.....	45	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	24
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	17	FEMCAP.....	68
etodolac cap 200 mg, 300 mg.....	43	fenofibrate micronized cap 43 mg.....	28
etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	43	fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg.....	28
etodolac tab 400 mg.....	43	fenofibrate tab 48 mg.....	28
etodolac tab 500 mg.....	43	fenofibrate tab 54 mg.....	28
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	17	fenofibrate tab 145 mg.....	28
ETOPOSIDE.....	10	fenofibrate tab 160 mg.....	28
etravirine tab 100 mg, 200 mg.....	3	fenoprofen calcium tab 600 mg.....	43
		fantanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	41
		fantanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	41
		ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe).....	48
		ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....	48
		fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	33
		FIASP.....	19

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

FIASP FLEXTOUCH.....	19	fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	28
FIASP PENFILL.....	19	fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....	28
FIFTY50 PEN NEEDLES/31GX8.....	68	fluvoxamine maleate tab 100 mg.....	36
FIFTY50 PEN NEEDLES/32GX4.....	68	fluvoxamine maleate tab 25 mg, 50 mg.....	36
FIFTY50 PEN NEEDLES/32GX6.....	68	FLUZONE HIGH-DOSE PF 2022.....	6
FIFTY50 PEN NEEDLES 31GX5.....	68	FLUZONE QUADRIVALENT 2022.....	6
FIFTY50 PEN NEEDLES 31G X.....	68	folic acid tab 400 mcg, 800 mcg.....	48
FIFTY50 SAFETY SEAL LANCE.....	68	folic acid tab 1 mg.....	48
FIFTY50 SUPERIOR COMFORT.....	68	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	49
FIFTY50 UNILET LANCETS 33.....	68	FORA LANCETS.....	68
finasteride tab 5 mg.....	34	FORA LANCING DEVICE.....	68
FINE 30.....	68	FORA LANCING DEVICE/CLEAR.....	68
FINGERSTIX LANCETS.....	68	fosamprenavir calcium tab 700 mg (base equiv).....	4
fingolimod hcl cap 0.5 mg (base equiv).....	40	fosfomycin tromethamine powd pack 3 gm (base equivalent).....	5
flavoxate hcl tab 100 mg.....	33	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....	25
flecainide acetate tab 50 mg, 100 mg, 150 mg.....	24	fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	25
FLOWFLEX COVID-19 ANTIGEN.....	56	FOTIVDA.....	11
FLUAD QUADRIVALENT 2022-2.....	6	FREDS PHARMACY AUTOLET LA.....	69
FLUARIX QUADRIVALENT 2022.....	6	FREDS PHARMACY UNIFINE PE.....	69
FLUBLOK QUADRIVALENT 2022.....	6	FREDS PHARMACY UNILET LAN.....	69
FLUCELVAX QUADRIVALENT 20.....	6	FREESTYLE LANCETS.....	69
fluconazole for susp 10 mg/ml, 40 mg/ml.....	2	FREESTYLE UNISTICK II LAN.....	69
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	2	frovatriptan succinate tab 2.5 mg (base equivalent).....	43
flucytosine cap 250 mg, 500 mg.....	3	furosemide oral soln 10 mg/ml.....	27
fludrocortisone acetate tab 0.1 mg.....	16	furosemide tab 20 mg, 40 mg, 80 mg.....	27
FLULAVAL QUADRIVALENT 202.....	6	<b>G</b>	
FLUMIST QUADRIVALENT.....	6	gabapentin cap 100 mg, 300 mg, 400 mg.....	45
flunisolide nasal soln 25 mcg/act (0.025%).....	29	gabapentin oral soln 250 mg/5ml.....	45
fluocinolone acetonide cream 0.01%.....	53	gabapentin tab 600 mg, 800 mg.....	45
fluocinolone acetonide cream 0.025%.....	53	galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....	40
fluocinolone acetonide oil 0.01% (body oil).....	53	galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....	40
fluocinolone acetonide oil 0.01% (scalp oil).....	53	GARDASIL 9.....	7
fluocinolone acetonide oint 0.025%.....	53	gatifloxacin ophth soln 0.5%.....	50
fluocinolone acetonide (otic) oil 0.01%.....	51	GAVRETO.....	11
fluocinolone acetonide soln 0.01%.....	53	gemfibrozil tab 600 mg.....	28
fluocinonide cream 0.05%.....	53	GENABIO COVID-19 RAPID SE.....	56
fluocinonide emulsified base cream 0.05%.....	53	gentamicin sulfate cream 0.1%.....	54
fluocinonide gel 0.05%.....	53	gentamicin sulfate oint 0.1%.....	54
fluocinonide oint 0.05%.....	53	gentamicin sulfate ophth soln 0.3%.....	50
fluocinonide soln 0.05%.....	53	GENTEEL BUTTERFLY TOUCH L.....	69
fluorometholone ophth susp 0.1%.....	50	GENTEEL PLUS LANCING DEVI.....	69
fluorouracil cream 5%.....	53	GENTLE-LET GP LANCETS.....	69
fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....	36	GENTLE-LET LANCETS GENERA.....	69
fluoxetine hcl solution 20 mg/5ml.....	36	GENTLE-LET LANCETS SAFETY.....	69
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	37	GILOTRIF.....	11
flurbiprofen tab 100 mg.....	43		
FLUTAMIDE.....	11		
fluticasone propionate cream 0.05%.....	53		
fluticasone propionate nasal susp 50 mcg/act.....	29		
fluticasone propionate oint 0.005%.....	54		
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	30		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

glatiramer acetate soln prefilled syringe 20 mg/ml.....	40	GOODSENSE LANCETS ULTRA-T.....	71
glatiramer acetate soln prefilled syringe 40 mg/ml.....	40	GOODSENSE LANCING DEVICE.....	71
GLEOSTINE.....	11	GOODSENSE PEN NEEDLE/PENF.....	71
glimepiride tab 1 mg, 2 mg, 4 mg.....	19	granisetron hcl tab 1 mg.....	32
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....	19	griseofulvin microsize susp 125 mg/5ml.....	3
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....	19	griseofulvin microsize tab 500 mg.....	3
glipizide tab 5 mg, 10 mg.....	19	griseofulvin ultramicrosize tab 125 mg, 250 mg.....	3
GLOBAL EASE INJECT PEN NE.....	69	guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv).....	39
GLOBAL EASY GLIDE INSULIN.....	69	guanfacine hcl tab 1 mg, 2 mg.....	26
GLOBAL EASY GLIDE PEN NEE.....	69	<b>H</b>	
GLOBAL INJECT EASE INSULI.....	69	HAEMOLANCE.....	71
GLOBAL INJECT EASE LANCET.....	69	HAEMOLANCE LOW FLOW LANCE.....	71
GLOBAL INSULIN SYRINGE/U.....	69	HAEMOLANCE PLUS.....	71
GLOBAL INSULIN SYRINGES/U.....	69	HAEMOLANCE PLUS HIGH FLOW.....	71
GLOBAL LANCING DEVICE.....	69	HAEMOLANCE PLUS LOW FLOW.....	71
glucagon (rdna) for inj kit 1 mg.....	19	HAEMOLANCE PLUS MAX FLOW.....	71
GLUCOCOM LANCETS 28G.....	69	HAEMOLANCE PLUS PEDIATRIC.....	71
GLUCOCOM LANCETS 30G.....	69	halcinonide cream 0.1%.....	54
GLUCOCOM LANCETS 33G.....	69	halobetasol propionate cream 0.05%.....	54
GLUCOPRO INSULIN SYRINGE/.....	69	haloperidol lactate oral conc 2 mg/ml.....	37
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg.....	19	haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....	37
glyburide micronized tab 1.5 mg, 3 mg, 6 mg.....	19	HAVRIX.....	7
glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	19	HEALTH CARE LANCING DEVIC.....	71
glycopyrrolate oral soln 1 mg/5ml.....	32	HEALTHWISE INSULIN SYRING.....	71
glycopyrrolate tab 1 mg.....	32	HEALTHWISE MICRON PEN NEE.....	72
glycopyrrolate tab 2 mg.....	32	HEALTHWISE MINI PEN NEEDL.....	72
GNP CLICKFINE UNIVERSAL P.....	70	HEALTHWISE PEN NEEDLES 29.....	72
GNP INSULIN SYRINGE/0.3ML.....	70	HEALTHWISE SHORT PEN NEED.....	72
GNP INSULIN SYRINGE/0.5ML.....	70	HEALTHWISE UNIFINE PENTIP.....	72
GNP INSULIN SYRINGE/1ML/2.....	70	HEALTHY ACCENTS AUTOLET I.....	72
GNP INSULIN SYRINGE/1ML/3.....	70	HEALTHY ACCENTS UNIFINE P.....	72
GNP INSULIN SYRINGES/1/2M.....	70	HEALTHY ACCENTS UNILET LA.....	72
GNP INSULIN SYRINGES/0.3M.....	70	H-E-B INCONTROL ADVANCED.....	71
GNP INSULIN SYRINGES/1ML/.....	70	H-E-B INCONTROL LANCETS M.....	71
GNP INSULIN SYRINGES/3ML/.....	70	H-E-B INCONTROL LANCETS S.....	71
GNP LANCETS 21G.....	70	H-E-B INCONTROL LANCETS U.....	71
GNP LANCETS THIN 26G.....	70	H-E-B IN CONTROL PEN NEED.....	71
GNP LANCING SYSTEM DEVICE.....	70	H-E-B INCONTROL PEN NEEDL.....	71
GNP STERILE LANCETS 28G.....	70	H-E-B IN CONTROL UNIFINE.....	71
GNP STERILE LANCETS 30G.....	70	heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ ml.....	49
GNP STERILE LANCETS 33G.....	70	HEPLISAV-B.....	7
GNP ULTICARE PEN NEEDLES.....	70	HIBERIX.....	7
GNP ULTICARE PEN NEEDLES/.....	70	HM ULTICARE INSULIN SYRIN.....	72
GNP ULTIGUARD SAFEPACK/MI.....	70	HM ULTICARE MINI PEN NEED.....	72
GNP ULTIGUARD SAFEPACK/SH.....	70	HM ULTICARE SHORT PEN NEE.....	72
GNP ULTRA COMFORT INSULIN.....	70	HUMULIN R U-500 (CONCENTR.....	20
GOJJI LANCING DEVICE/CLEA.....	70	HUMULIN R U-500 KWIKPEN.....	20
GOJJI STERILE LANCETS 30G.....	71	HYCAMTIN.....	11
GOODSENSE CLICKFINE SAFET.....	71		
GOODSENSE COLOR LANCETS M.....	71		
GOODSENSE LANCETS MICRO-T.....	71		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)



hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	26	imipramine hcl tab 10 mg, 25 mg, 50 mg.....	36
hydrochlorothiazide cap 12.5 mg.....	27	imiquimod cream 5%.....	54
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	27	INCONTROL ULTICARE MINI P.....	72
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	41	indapamide tab 1.25 mg, 2.5 mg.....	27
hydrocodone-acetaminophen tab 5-325 mg.....	41	INDICAID COVID-19 RAPID A.....	56
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....	41	indomethacin cap er 75 mg.....	43
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....	30	indomethacin cap 25 mg, 50 mg.....	43
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	30	INFANRIX.....	9
hydrocodone-ibuprofen tab 7.5-200 mg.....	41	INLYTA.....	11
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml.....	30	INQOVI.....	11
hydrocortisone acetate w/ pramoxine perianal cream 1-1%.....	52	INREBIC.....	11
hydrocortisone butyrate oint 0.1%.....	54	INSULIN ASPART.....	19
hydrocortisone cream 2.5%.....	54	INSULIN ASPART FLEXPEN.....	19
hydrocortisone enema 100 mg/60ml.....	52	INSULIN ASPART PENFILL.....	19
hydrocortisone lotion 2.5%.....	54	INSULIN ASPART PROTAMINE/.....	20
hydrocortisone oint 2.5%.....	54	INSULIN GLARGINE.....	21
hydrocortisone perianal cream 1%.....	52	INSULIN SYRINGE/0.3ML/30G.....	73
hydrocortisone perianal cream 2.5%.....	52	INSULIN SYRINGE/0.3ML/31G.....	73
hydrocortisone tab 5 mg, 10 mg, 20 mg.....	16	INSULIN SYRINGE/0.5ML/27G.....	73
hydrocortisone valerate cream 0.2%.....	54	INSULIN SYRINGE/0.5ML/28G.....	73
hydrocortisone valerate oint 0.2%.....	54	INSULIN SYRINGE/0.5ML/30G.....	73
hydrocortisone w/ acetic acid otic soln 1-2%.....	51	INSULIN SYRINGE/0.5ML/31G.....	73
hydromorphone hcl liqd 1 mg/ml.....	41	INSULIN SYRINGE/1ML/28G X.....	73
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....	42	INSULIN SYRINGE/1ML/29G X.....	73
hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	42	INSULIN SYRINGE/1ML/30G X.....	73
hydroxychloroquine sulfate tab 200 mg.....	5	INSULIN SYRINGE/NEEDLE 0.....	72
hydroxyurea cap 500 mg.....	11	INSULIN SYRINGE/NEEDLE 1M.....	72
hydroxyzine hcl syrup 10 mg/5ml.....	35	INSULIN SYRINGE/U-100/0.3.....	73
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	35	INSULIN SYRINGE/U-100/0.5.....	73
hydroxyzine pamoate cap 25 mg, 50 mg.....	35	INSULIN SYRINGE/U-100/1ML.....	73
HY-VEE LANCETS.....	72	INSULIN SYRINGE 1ML/31G X.....	72
HY-VEE THIN LANCETS.....	72	INSULIN SYRINGES/0.5ML/27.....	73
<b>I</b>		INSULIN SYRINGES/0.5ML/28.....	73
ibandronate sodium tab 150 mg (base equivalent).....	22	INSULIN SYRINGES/0.5ML/29.....	73
IBRANCE.....	11	INSULIN SYRINGES/0.5ML/30.....	73
ibuprofen tab 400 mg, 600 mg, 800 mg.....	43	INSULIN SYRINGES/0.5ML/31.....	73
icatibant acetate inj 30 mg/3ml (base equivalent).....	49	INSULIN SYRINGES/1ML/27GX.....	73
ICLUSIG.....	11	INSULIN SYRINGES/1ML/28GX.....	73
icosapent ethyl cap 0.5 gm.....	28	INSULIN SYRINGES/1ML/29GX.....	74
icosapent ethyl cap 1 gm.....	28	INSULIN SYRINGES/1ML/30GX.....	74
IDHIFA.....	11	INSULIN SYRINGES/1ML/31GX.....	74
IHEALTH COVID-19 ANTIGEN.....	56	INSULIN SYRINGES 0.3ML/31.....	73
imatinib mesylate tab 100 mg (base equivalent).....	11	INSULIN SYRINGES 0.5ML/31.....	73
imatinib mesylate tab 400 mg (base equivalent).....	11	INSUPEN 33GX4MM.....	74
IMBRUVICA.....	11	INSUPEN 29G X 12MM.....	74
		INSUPEN 31G X 5MM.....	74
		INSUPEN 31G X 8MM.....	74
		INSUPEN 32G X 4MM.....	74
		INSUPEN PEN NEEDLES 32G X.....	74
		INSUPEN SENSITIVE 32GX6MM.....	74
		INSUPEN SENSITIVE 32GX8MM.....	74
		INSUPEN ULTRAFIN 30GX8MM.....	74
		INSUPEN ULTRAFIN 31GX6MM.....	74

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

INSUPEN ULTRAFIN 31GX8MM.....	74	KIMONO PS PLUS SPERMICIDE.....	75
INTELISWAB COVID-19 RAPID.....	56	KIMONO SENSATION LUBRICAT.....	75
IN TOUCH LANCING DEVICE.....	72	KIMONO SENSATION PLUS SPE.....	75
IN TOUCH STERILE LANCETS.....	72	KIMONO SPECIAL.....	75
IPOL INACTIVATED IPV.....	7	KINNEY LANCETS.....	75
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....</b>	<b>30</b>	KINNEY THIN LANCETS.....	75
<b>ipratropium bromide inhal soln 0.02%.....</b>	<b>30</b>	KINRAY INSULIN SYRINGE/0.....	75
<b>ipratropium bromide nasal soln 0.03% (21 mcg/</b>		KINRAY INSULIN SYRINGE PR.....	75
<b>spray).....</b>	<b>30</b>	KINRIX.....	9
<b>ipratropium bromide nasal soln 0.06% (42 mcg/</b>		KISQALI.....	11
<b>spray).....</b>	<b>30</b>	KISQALI FEMARA 200 DOSE.....	12
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg,</b>		KISQALI FEMARA 400 DOSE.....	12
<b>300-12.5 mg.....</b>	<b>26</b>	KISQALI FEMARA 600 DOSE.....	12
<b>irbesartan tab 75 mg, 150 mg, 300 mg.....</b>	<b>26</b>	KMART VALU PLUS INSULIN S.....	75
IRESSA.....	11	KOSELUGO.....	12
<b>irrigation solution, physiological.....</b>	<b>97</b>	KROGER AUTOLET LANCING DE.....	75
<b>isoniazid tab 300 mg.....</b>	<b>2</b>	KROGER HEALTHPRO TWIST LA.....	75
<b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....</b>	<b>29</b>	KROGER INSULIN SYRINGE/0.....	75
<b>isosorbide dinitrate tab 5 mg, 40 mg.....</b>	<b>22</b>	KROGER INSULIN SYRINGE/1M.....	75
<b>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....</b>	<b>22</b>	KROGER INSULIN SYRINGE/U.....	75
<b>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120</b>		KROGER LANCETS.....	75
<b>mg.....</b>	<b>23</b>	KROGER LANCETS 21G.....	75
<b>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....</b>	<b>54</b>	KROGER LANCETS MICRO THIN.....	75
<b>isradipine cap 2.5 mg, 5 mg.....</b>	<b>24</b>	KROGER LANCETS SUPER THIN.....	75
<b>itraconazole cap 100 mg.....</b>	<b>3</b>	KROGER LANCETS THIN.....	75
<b>itraconazole oral soln 10 mg/ml.....</b>	<b>3</b>	KROGER LANCETS THIN 26G.....	75
<b>ivermectin cream 1%.....</b>	<b>54</b>	KROGER LANCETS ULTRATHIN.....	75
<b>ivermectin tab 3 mg.....</b>	<b>5</b>	KROGER LANCING DEVICE.....	75
<b>J</b>		KROGER PEN NEEDLES/31G X.....	76
JAKAFI.....	11	KROGER PEN NEEDLES/32G X.....	76
JANSSEN COVID-19 VACCINE.....	7	KROGER PEN NEEDLES/33G X.....	76
JYNNEOS.....	7	KROGER PEN NEEDLES 29G X.....	75
<b>K</b>		KROGER PEN NEEDLES 31G X.....	75
KAMELEON LUBRICATED.....	74	KROGER PEN NEEDLES 31GX1/.....	75
KETOCARE.....	56	K-Y ME & YOU EXTRA LUBRIC.....	74
<b>ketoconazole cream 2%.....</b>	<b>54</b>	K-Y ME & YOU INTENSE.....	74
<b>ketoconazole shampoo 2%.....</b>	<b>54</b>	<b>L</b>	
<b>ketoconazole tab 200 mg.....</b>	<b>3</b>	labetalol hcl tab 100 mg, 200 mg, 300 mg.....	23
KETONE.....	56	lacosamide oral solution 10 mg/ml.....	45
KETONE TEST STRIPS.....	56	lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg.....	45
<b>ketorolac tromethamine ophth soln 0.4%.....</b>	<b>50</b>	lactated ringer's for irrigation.....	97
<b>ketorolac tromethamine ophth soln 0.5%.....</b>	<b>50</b>	lactulose (encephalopathy) solution 10 gm/15ml.....	33
<b>ketorolac tromethamine tab 10 mg.....</b>	<b>43</b>	lactulose solution 10 gm/15ml.....	31
KETOSTIX.....	56	LAGEVRIO.....	4
KIMONO COLORS.....	74	lamivudine oral soln 10 mg/ml.....	4
KIMONO LUBRICATED.....	74	lamivudine tab 150 mg.....	4
KIMONO MICRO THIN.....	74	lamivudine tab 300 mg.....	4
KIMONO MICRO THIN PLUS SP.....	74	lamivudine tab 100 mg (hbv).....	4
KIMONO PLUS SPERMICIDE/LU.....	74	lamivudine-zidovudine tab 150-300 mg.....	4
KIMONO PLUS SPERMICIDE LU.....	74	lamotrigine orally disintegrating tab 25 mg, 50 mg, 100	
KIMONO PS LUBRICATED.....	74	mg, 200 mg.....	45
		lamotrigine tab chewable dispersible 5 mg, 25 mg.....	45

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	45	leucovorin calcium tab 10 mg, 15 mg, 25 mg.....	12
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg.....	45	LEUKERAN.....	12
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg.....	45	leuprolide acetate inj kit 5 mg/ml.....	12
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....	45	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	31
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....	45	levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	31
lamotrigine tab 35 x 25 mg starter kit.....	45	LEVEMIR.....	21
LANCET DEVICE ADJUSTABLE.....	76	LEVEMIR FLEXTOUCH.....	21
LANCET DEVICE WITH EJECTO.....	76	levetiracetam oral soln 100 mg/ml.....	45
LANCETS.....	76	levetiracetam tab er 24hr 500 mg, 750 mg.....	45
LANCETS 30G.....	76	levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	45
LANCETS 30G/TWIST TOP.....	76	levocarnitine oral soln 1 gm/10ml (10%).....	22
LANCETS 33G EXTRA FINE.....	76	levocarnitine tab 330 mg.....	22
LANCETS 30G TWIST TOP.....	76	levocetirizine dihydrochloride tab 5 mg.....	29
LANCETS 33G UNIVERSAL DES.....	76	levofloxacin ophth soln 0.5%.....	50
LANCETS MICRO THIN 33G.....	76	levofloxacin oral soln 25 mg/ml.....	2
LANCETS SUPER THIN 28G.....	76	levofloxacin tab 250 mg, 500 mg, 750 mg.....	2
LANCETS THIN.....	76	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.....	17
LANCETS ULTRA THIN.....	76	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	18
LANCETS ULTRA THIN 30G.....	76	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	18
LANCING DEVICE.....	76	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	18
lansoprazole cap delayed release 30 mg.....	32	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	18
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental).....	33	levonorgestrel tab 1.5 mg.....	18
LANZO.....	76	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	17
lapatinib ditosylate tab 250 mg (base equiv).....	12	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	17
latanoprost ophth soln 0.005%.....	50	levorphanol tartrate tab 2 mg.....	42
LEADER ADVANCED LANCING D.....	76	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg.....	21
LEADER INSULIN SYRINGE/0.....	76	LIBERTY MEDICAL LANCETS 3.....	77
LEADER INSULIN SYRINGE/1M.....	76	LIBERTY MINI LANCING DEVI.....	77
LEADER LANCETS COLORED.....	76	lidocaine hcl soln 4%.....	54
LEADER SUPER THIN LANCET.....	76	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	54
LEADER THIN LANCETS.....	76	lidocaine hcl viscous soln 2%.....	51
LEADER UNIFINE PENTIPS/MI.....	76	lidocaine patch 5%.....	54
LEADER UNIFINE PENTIPS/NA.....	76	lidocaine-prilocaine cream 2.5-2.5%.....	54
LEADER UNIFINE PENTIPS/PL.....	76	LIFESCAN UNISTIK 2 DEEP P.....	77
LEADER UNIFINE PENTIPS PL.....	76	LIFESCAN UNISTIK II LANCE.....	77
leflunomide tab 10 mg, 20 mg.....	43	linezolid for susp 100 mg/5ml.....	5
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg.....	98	linezolid tab 600 mg.....	5
lenalidomide caps 2.5 mg.....	97	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	21
LENVIMA 4 MG DAILY DOSE.....	12		
LENVIMA 8 MG DAILY DOSE.....	12		
LENVIMA 10 MG DAILY DOSE.....	12		
LENVIMA 12MG DAILY DOSE.....	12		
LENVIMA 14 MG DAILY DOSE.....	12		
LENVIMA 18 MG DAILY DOSE.....	12		
LENVIMA 20 MG DAILY DOSE.....	12		
LENVIMA 24 MG DAILY DOSE.....	12		
letrozole tab 2.5 mg.....	12		
leucovorin calcium tab 5 mg.....	12		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	26	LYTGOBI.....	12
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg.....	26	<b>M</b>	
LITETOUCH INSULIN PEN NEE.....	77	mafenide acetate packet for topical soln 5% (50 gm).....	54
LITETOUCH INSULIN SYRINGE.....	77	MAGELLAN INSULIN SAFETY S.....	77
LITE TOUCH LANCETS.....	77	malathion lotion 0.5%.....	54
LITETOUCH LANCETS MICRO T.....	77	MARATHON MEDICAL PENTIPS.....	77
LITE TOUCH LANCING PEN.....	77	maraviroc tab 150 mg.....	4
LITETOUCH PEN NEEDLES/31.....	77	maraviroc tab 300 mg.....	4
LITETOUCH PEN NEEDLES/31G.....	77	MATULANE.....	12
LITETOUCH PEN NEEDLES 29G.....	77	MAXICOMFORT II PEN NEEDLE.....	78
LITETOUCH PEN NEEDLES 31G.....	77	MAXI-COMFORT INSULIN SYRI.....	78
lithium carbonate cap 150 mg, 300 mg, 600 mg.....	37	MAXICOMFORT INSULIN SYRIN.....	78
lithium carbonate tab er 300 mg.....	37	MAXI-COMFORT SAFETY PEN N.....	78
lithium carbonate tab er 450 mg.....	37	MAXX LUBRICATED.....	78
lithium carbonate tab 300 mg.....	37	MAXX PLUS SPERMICIDE LUBR.....	78
LIVE BETTER ADVANCED LANC.....	77	meclizine hcl tab 12.5 mg, 25 mg.....	32
LIVE BETTER LANCET SUPER.....	77	MEDICHOICE PRE-SET SAFETY.....	78
LIVE BETTER LANCET ULTRA.....	77	MEDICHOICE SAFETY LANCET.....	78
LIVE BETTER PEN NEEDLES 2.....	77	MEDICINE SHOPPE LANCETS.....	78
LIVE BETTER PEN NEEDLES 3.....	77	MEDICINE SHOPPE LANCETS T.....	78
LONGS INSULIN SYRINGE/0.5.....	77	MEDICINE SHOPPE PEN NEEDL.....	78
LONGS LANCETS STANDARD.....	77	MEDIC INSULIN SYRINGE/0.3.....	78
LONGS LANCETS THIN.....	77	MEDIC INSULIN SYRINGE/0.5.....	78
LONGS LANCETS ULTRA THIN.....	77	MEDLANCE/EXTRA.....	78
LONSURF.....	12	MEDLANCE/LITE.....	78
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ ml).....	4	MEDLANCE/UNIVERSAL.....	78
lopinavir-ritonavir tab 100-25 mg.....	4	MEDLANCE PLUS/LITE 25G.....	78
lopinavir-ritonavir tab 200-50 mg.....	4	MEDLANCE PLUS EXTRA LANCE.....	78
loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	30	MEDLANCE PLUS LANCETS.....	78
loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	30	MEDLANCE PLUS LANCETS LIT.....	78
loratadine rapidly-disintegrating tab 10 mg.....	29	MEDLANCE PLUS LITE LANCET.....	78
loratadine syrup 5 mg/5ml.....	29	MEDLANCE PLUS SPECIAL LAN.....	78
loratadine tab 10 mg.....	29	MEDLANCE PLUS SUPERLITE 3.....	78
lorazepam conc 2 mg/ml.....	35	MEDLANCE PLUS UNIVERSAL L.....	78
lorazepam tab 0.5 mg, 1 mg, 2 mg.....	35	medroxyprogesterone acetate im susp 150 mg/ml.....	18
LORBRENA.....	12	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....	18
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	26	medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg.....	18
losartan potassium tab 100 mg.....	26	mefloquine hcl tab 250 mg.....	5
losartan potassium tab 25 mg, 50 mg.....	26	megestrol acetate susp 40 mg/ml.....	12
loteprednol etabonate ophth gel 0.5%.....	50	megestrol acetate tab 20 mg, 40 mg.....	13
loteprednol etabonate ophth susp 0.5%.....	50	MEIJER COLOR LANCETS UNIV.....	78
lovastatin tab 10 mg.....	28	MEIJER LANCETS.....	78
lovastatin tab 20 mg, 40 mg.....	28	MEIJER LANCETS THIN.....	78
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg.....	37	MEIJER LANCETS UNIVERSAL.....	78
LUMAKRAS.....	12	MEIJER PEN NEEDLES 29G X.....	79
LYNPARZA.....	12	MEIJER PEN NEEDLES 31G X.....	79
LYSODREN.....	12	MEIJER SUPER THIN LANCETS.....	79
		MEKINIST.....	13
		MEKTOVI.....	13

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

meloxicam tab 7.5 mg, 15 mg.....	43	methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....	39
melphalan tab 2 mg.....	13	methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	39
memantine hcl oral solution 2 mg/ml.....	40	methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	16
memantine hcl tab 5 mg, 10 mg.....	40	methylprednisolone tab therapy pack 4 mg (21).....	16
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	40	methyltestosterone cap 10 mg.....	16
MENACTRA.....	7	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	33
MENQUADFI.....	7	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	33
MENVEO.....	7	metolazone tab 2.5 mg, 5 mg, 10 mg.....	27
meprobamate tab 200 mg.....	35	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	26
meprobamate tab 400 mg.....	35	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	23
mercaptopurine tab 50 mg.....	13	metoprolol tartrate tab 50 mg, 100 mg.....	23
mesalamine cap dr 400 mg.....	33	metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	23
mesalamine cap er 24hr 0.375 gm.....	33	metronidazole cap 375 mg.....	5
mesalamine enema 4 gm.....	33	metronidazole cream 0.75%.....	54
mesalamine suppos 1000 mg.....	33	metronidazole gel 0.75%.....	54
mesalamine tab delayed release 1.2 gm.....	33	metronidazole gel 1%.....	54
mesalamine tab delayed release 800 mg.....	33	metronidazole lotion 0.75%.....	54
MESNEX.....	13	metronidazole tab 250 mg, 500 mg.....	5
metaxalone tab 400 mg, 800 mg.....	47	metronidazole vaginal gel 0.75%.....	34
metformin hcl tab er 24hr 500 mg, 750 mg.....	19	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	24
metformin hcl tab 500 mg, 850 mg, 1000 mg.....	19	MICRODOT PEN NEEDLE/31G X.....	79
methadone hcl conc 10 mg/ml.....	42	MICRODOT PEN NEEDLE/32G X.....	79
methadone hcl soln 5 mg/5ml.....	42	MICRODOT PEN NEEDLE/33G X.....	79
methadone hcl soln 10 mg/5ml.....	42	MICROLET LANCETS.....	79
methadone hcl tab for oral susp 40 mg.....	42	MICROLET NEXT.....	79
methadone hcl tab 5 mg, 10 mg.....	42	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	27
methamphetamine hcl tab 5 mg.....	39	mifepristone tab 200 mg.....	22
methazolamide tab 25 mg, 50 mg.....	27	miglitol tab 25 mg, 50 mg, 100 mg.....	19
methenamine hippurate tab 1 gm.....	5	miglustat cap 100 mg.....	48
methimazole tab 5 mg, 10 mg.....	21	MINI LANCING DEVICE.....	79
methocarbamol tab 500 mg, 750 mg.....	47	minocycline hcl cap 50 mg, 75 mg, 100 mg.....	2
methotrexate sodium for inj 1 gm.....	13	minoxidil tab 2.5 mg, 10 mg.....	26
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	13	mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg.....	36
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	13	mirtazapine tab 7.5 mg, 45 mg.....	36
methotrexate sodium tab 2.5 mg (base equiv).....	13	mirtazapine tab 15 mg, 30 mg.....	36
methscopolamine bromide tab 2.5 mg, 5 mg.....	32	misoprostol tab 100 mcg, 200 mcg.....	32
methylergonovine maleate tab 0.2 mg.....	21	MM INSULIN SYRINGE/U-100/.....	79
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....	39	MM LANCING DEVICE.....	79
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	39	MM PEN NEEDLES 31G X 3/16.....	79
methylphenidate hcl chew tab 10 mg.....	39	MM PEN NEEDLES 31G X 5/16.....	79
methylphenidate hcl chew tab 2.5 mg, 5 mg.....	39	MM PEN NEEDLES 32G X 5/32.....	79
methylphenidate hcl soln 5 mg/5ml.....	39	MM PEN NEEDLES 31G X 1/4".....	79
methylphenidate hcl soln 10 mg/5ml.....	39	M-M-R II.....	7
methylphenidate hcl tab er 24hr 36 mg.....	39	MM TWIST LANCETS.....	79
methylphenidate hcl tab er 24hr 27 mg, 54 mg.....	39	modafinil tab 100 mg, 200 mg.....	39
methylphenidate hcl tab er 10 mg, 20 mg.....	39	MODERNA COVID-19 VACCINE.....	7
methylphenidate hcl tab er osmotic release (osm) 36 mg.....	39		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

MODERNA COVID-19 VACCINE/.....	7	naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	43
moexipril hcl tab 7.5 mg, 15 mg.....	26	nateglinide tab 60 mg, 120 mg.....	19
mometasone furoate cream 0.1%.....	54	neбиволol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	23
mometasone furoate oint 0.1%.....	54	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	50
mometasone furoate solution 0.1% (lotion).....	54	neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	50
MONOJECT INSULIN SYRINGE.....	79	neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	50
MONOJECT INSULIN SYRINGE/.....	79	neomycin-polymyxin-hc otic soln 1%.....	51
MONOJECT ULTRA COMFORT IN.....	79	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	51
MONOLET LANCETS.....	80	neomycin sulfate tab 500 mg.....	2
MONOLET OPD LANCETS.....	80	NERLYNX.....	13
MONOLETTOR SAFETY LANCETS.....	80	nevirapine tab er 24hr 400 mg.....	4
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	31	nevirapine tab 200 mg.....	4
montelukast sodium tab 10 mg (base equiv).....	31	niacin tab er 1000 mg (antihyperlipidemic).....	28
morphine sulfate oral soln 10 mg/5ml.....	42	niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic).....	28
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	42	nicardipine hcl cap 20 mg, 30 mg.....	24
morphine sulfate tab er 100 mg, 200 mg.....	42	nicotine polacrilex gum 2 mg, 4 mg.....	40
morphine sulfate tab er 15 mg, 30 mg, 60 mg.....	42	nicotine polacrilex lozenge 2 mg, 4 mg.....	40
morphine sulfate tab 15 mg.....	42	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	40
morphine sulfate tab 30 mg.....	42	NICOTROL INHALER.....	40
moxifloxacin hcl ophth soln 0.5% (base equiv).....	50	NICOTROL NS.....	40
moxifloxacin hcl tab 400 mg (base equiv).....	2	nifedipine cap 10 mg, 20 mg.....	24
MPD SAFETY LANCET 21G/1.8.....	80	nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	24
MPD SAFETY LANCET 28G/1.8.....	80	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	24
MPD SAFETY LANCET 30G/1.8.....	80	nilutamide tab 150 mg.....	13
MPD SAFETY LANCETS 23G/1.....	80	nimodipine cap 30 mg.....	24
MS INSULIN SYRINGE/0.3ML/.....	80	NINLARO.....	13
MS INSULIN SYRINGE/0.5ML/.....	80	nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	24
MS INSULIN SYRINGE/1ML/29.....	80	nitazoxanide tab 500 mg.....	5
MS INSULIN SYRINGE/1ML/30.....	80	nitisinone cap 2 mg, 5 mg, 10 mg.....	22
MS INSULIN SYRINGE/1ML/31.....	80	nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg.....	5
MULTI-LANCET DEVICE.....	80	nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	5
mupirocin oint 2%.....	54	nitrofurantoin susp 25 mg/5ml.....	5
mycophenolate mofetil cap 250 mg.....	98	nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	23
mycophenolate mofetil for oral susp 200 mg/ml.....	98	nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	23
mycophenolate mofetil tab 500 mg.....	98	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	23
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	98	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	18
MYGLUCOHEALTH MGH SOFTLAN.....	80	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	18
MYLERAN.....	13		
<b>N</b>			
nabumetone tab 500 mg, 750 mg.....	43		
nadolol tab 20 mg, 40 mg, 80 mg.....	23		
naloxone hcl inj 0.4 mg/ml.....	55		
naloxone hcl inj 4 mg/10ml.....	55		
naloxone hcl nasal spray 4 mg/0.1ml.....	55		
naloxone hcl soln prefilled syringe 2 mg/2ml.....	55		
naltrexone hcl tab 50 mg.....	55		
naproxen sodium tab 275 mg.....	43		
naproxen sodium tab 550 mg.....	43		
naproxen tab 500 mg.....	43		
naproxen tab 250 mg, 375 mg.....	43		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....	18	nystatin oint 100000 unit/gm.....	54
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	18	nystatin susp 100000 unit/ml.....	51
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	18	nystatin tab 500000 unit.....	3
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	18	nystatin topical powder 100000 unit/gm.....	54
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg.....	17	nystatin-triamcinolone cream 100000-0.1 unit/gm- %.....	54
norethindrone acetate tab 5 mg.....	18	nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	54
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	18	<b>O</b>	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg, 0.5-35/1-35/0.5-35 mg-mcg.....	18	octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....	22
norethindrone tab 0.35 mg.....	18	octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).....	22
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	18	ODOMZO.....	13
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg.....	18	ofloxacin ophth soln 0.3%.....	50
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	18	ofloxacin otic soln 0.3%.....	51
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	36	ofloxacin tab 400 mg.....	2
NOVA SAFETY LANCETS 23G.....	80	olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....	37
NOVA SAFETY LANCETS 28G.....	80	olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg.....	37
NOVA SUREFLEX LANCETS.....	80	olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg.....	26
NOVA SUREFLEX LANCING DEV.....	80	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	26
NOVAVAX COVID-19 VACCINE.....	7	olmesartan medoxomil tab 5 mg.....	26
NOVOFINE AUTOCOVER PEN NE.....	80	olmesartan medoxomil tab 20 mg, 40 mg.....	26
NOVOFINE PEN NEEDLE 32G X.....	80	olopatadine hcl nasal soln 0.6%.....	30
NOVOFINE PLUS PEN NEEDLE.....	80	omega-3-acid ethyl esters cap 1 gm.....	29
NOVOLIN 70/30.....	20	omeprazole cap delayed release 20 mg.....	32
NOVOLIN 70/30 FLEXPEN.....	20	omeprazole cap delayed release 10 mg, 40 mg.....	32
NOVOLIN 70/30 FLEXPEN REL.....	20	OMNIFLEX DIAPHRAGM.....	80
NOVOLIN 70/30 RELION.....	20	ON/GO COVID-19 ANTIGEN SE.....	56
NOVOLIN N.....	20	ON/GO ONE COVID-19 ANTIGE.....	56
NOVOLIN N FLEXPEN.....	20	ondansetron hcl oral soln 4 mg/5ml.....	32
NOVOLIN N FLEXPEN RELION.....	20	ondansetron hcl tab 4 mg, 8 mg.....	32
NOVOLIN N RELION.....	20	ondansetron orally disintegrating tab 4 mg, 8 mg.....	32
NOVOLIN R.....	20	ONETOUCH CLUB LANCETS FIN.....	80
NOVOLIN R FLEXPEN.....	20	ONETOUCH DELICA LANCETS E.....	80
NOVOLIN R FLEXPEN RELION.....	20	ONETOUCH DELICA LANCETS F.....	80
NOVOLIN R RELION.....	20	ONETOUCH DELICA LANCING D.....	80
NOVOLOG.....	19	ONETOUCH DELICA PLUS LANC.....	80
NOVOLOG FLEXPEN.....	19	ONETOUCH DELICA SAFETY LA.....	80
NOVOLOG FLEXPEN RELION.....	19	ONETOUCH FINEPOINT LANCET.....	80
NOVOLOG MIX 70/30.....	20	ONETOUCH LANCETS.....	80
NOVOLOG MIX 70/30 PREFILL.....	20	ONETOUCH SURESOFT LANCING.....	81
NOVOLOG MIX 70/30 RELION.....	20	ONETOUCH ULTRASOFT LANCET.....	81
NOVOLOG PENFILL.....	20	ONUREG.....	13
NOVOLOG RELION.....	20	OPTIONS GYNOL II VAGINAL.....	34
NUBEQA.....	13	ORGOVYX.....	13
NUVARING.....	18	orphenadrine citrate tab er 12hr 100 mg.....	47
nystatin cream 100000 unit/gm.....	54	oseltamivir phosphate cap 30 mg (base equiv).....	4

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv).....	4	penicillamine tab 250 mg.....	98
oseltamivir phosphate for susp 6 mg/ml (base equiv).....	4	penicillin v potassium tab 250 mg, 500 mg.....	1
oxandrolone tab 2.5 mg, 10 mg.....	16	PENLET II REPLACEMENT CAP.....	82
oxaprozin tab 600 mg.....	43	PEN NEEDLES/29G X 1/2".....	81
oxazepam cap 10 mg, 15 mg, 30 mg.....	35	PEN NEEDLES/31G X 1/4".....	82
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	45	PEN NEEDLES/31G X 3/16".....	82
oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	45	PEN NEEDLES/31G X 5/16".....	82
oxiconazole nitrate cream 1%.....	54	PEN NEEDLES/32G X 5/32".....	82
oxybutynin chloride syrup 5 mg/5ml.....	33	PEN NEEDLES/31G X 6MM.....	82
oxybutynin chloride tab er 24hr 5 mg.....	33	PEN NEEDLES 31GX5/16".....	81
oxybutynin chloride tab er 24hr 10 mg.....	33	PEN NEEDLES 31G X 3/16".....	81
oxybutynin chloride tab er 24hr 15 mg.....	33	PEN NEEDLES 33G X 5/32".....	81
oxybutynin chloride tab 5 mg.....	33	PEN NEEDLES 30GX5MM.....	81
oxycodone hcl cap 5 mg.....	42	PEN NEEDLES 30GX8MM.....	81
oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	42	PEN NEEDLES 31GX8MM.....	81
oxycodone hcl soln 5 mg/5ml.....	42	PEN NEEDLES 32GX4MM.....	81
oxycodone hcl tab 5 mg.....	42	PEN NEEDLES 29GX12MM.....	81
oxycodone hcl tab 10 mg.....	42	PEN NEEDLES 31G X 5MM.....	81
oxycodone hcl tab 20 mg.....	42	PEN NEEDLES 31G X 6MM.....	81
oxycodone hcl tab 15 mg, 30 mg.....	42	PEN NEEDLES 31G X 8MM.....	81
oxycodone w/ acetaminophen tab 7.5-325 mg.....	42	PEN NEEDLES 32G X 4MM.....	81
oxycodone w/ acetaminophen tab 10-325 mg.....	42	PEN NEEDLES 32G X 5MM.....	81
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....	42	PEN NEEDLES 32G X 6MM.....	81
		PEN NEEDLES 31GX8MM (5/16.....	81
		PEN NEEDLES 31GX6MM (1/4".....	81
		PENTACEL.....	9
<b>P</b>		<b>pentamidine isethionate for nebulization soln 300 mg.....</b>	<b>5</b>
paliperidone tab er 24hr 6 mg.....	37	<b>pentazocine w/ naloxone hcl tab 50-0.5 mg.....</b>	<b>42</b>
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	37	PENTIPS 31GX5MM.....	82
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv).....	32	PENTIPS 31GX6MM.....	82
pantoprazole sodium for delayed release susp packet 40 mg.....	32	PENTIPS 31GX8MM.....	82
paricalcitol cap 4 mcg.....	22	PENTIPS 32GX4MM.....	82
paricalcitol cap 1 mcg, 2 mcg.....	22	PENTIPS 32GX6MM.....	82
paromomycin sulfate cap 250 mg.....	2	PENTIPS 29GX12MM.....	82
paroxetine hcl oral susp 10 mg/5ml (base equiv).....	36	PENTIPS 29G X 12MM.....	82
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....	36	PENTIPS 31G X 5MM.....	82
paroxetine mesylate cap 7.5 mg (base equiv).....	40	PENTIPS 31G X 8MM.....	82
PAXLOVID.....	4	PENTIPS 32G X 4MM.....	82
PC LANCETS SUPER THIN 30G.....	81	<b>pentoxifylline tab er 400 mg.....</b>	<b>49</b>
PC UNIFINE PENTIPS 29G X.....	81	PERFECT LANCETS 30G.....	82
PC UNIFINE PENTIPS 31G X.....	81	PERFECT PRESSURE ACTIVATE.....	82
PEDIARIX.....	9	<b>perindopril erbumine tab 2 mg, 4 mg, 8 mg.....</b>	<b>26</b>
PEDVAX HIB.....	7	<b>permethrin cream 5%.....</b>	<b>55</b>
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....</b>	<b>31</b>	<b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....</b>	<b>37</b>
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....</b>	<b>31</b>	PFIZER-BIONTECH COVID-19.....	7
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....</b>	<b>31</b>	PHARMACIST CHOICE SELECT.....	82
PEMAZYRE.....	13	PHARMACIST CHOICE ULTRA T.....	82
penciclovir cream 1%.....	54	PHARMACY COUNTER LANCETS.....	82
		<b>phenobarbital elixir 20 mg/5ml.....</b>	<b>38</b>
		<b>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....</b>	<b>38</b>
		<b>phenoxybenzamine hcl cap 10 mg.....</b>	<b>26</b>

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)



phenylephrine hcl ophth soln 2.5%, 10%.....	50	pravastatin sodium tab 80 mg.....	29
phenytoin chew tab 50 mg.....	45	pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	29
phenytoin sodium extended cap 100 mg.....	45	praziquantel tab 600 mg.....	5
phenytoin sodium extended cap 200 mg, 300 mg.....	45	prazosin hcl cap 1 mg, 2 mg, 5 mg.....	26
phenytoin susp 125 mg/5ml.....	45	PRECISION SURE-DOSE INSUL.....	83
PHEXXI.....	34	PRECISION THINS GP LANCET.....	83
phytonadione tab 5 mg.....	48	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	16
pilocarpine hcl ophth soln 1%, 2%, 4%.....	50	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....	16
pilocarpine hcl tab 5 mg, 7.5 mg.....	51	prednisolone soln 15 mg/5ml.....	16
PILOT COVID-19 AT-HOME TE.....	56	prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	16
pimecrolimus cream 1%.....	55	prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....	16
pindolol tab 5 mg, 10 mg.....	23	PREFERRED PLUS INSULIN SY.....	83
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.....	19	PREFERRED PLUS LANCETS CO.....	83
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv).....	19	PREFERRED PLUS LANCETS SU.....	83
PIP LANCETS/28G.....	82	PREFERRED PLUS LANCETS TH.....	83
PIP LANCETS/30G.....	82	PREFERRED PLUS UNIFINE PE.....	83
PIP PEN NEEDLES 31G X 5MM.....	82	pregabalin cap 225 mg, 300 mg.....	45
PIP PEN NEEDLES 32G X 4MM.....	82	pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....	45
PIQRAY 200MG DAILY DOSE.....	13	pregabalin soln 20 mg/ml.....	45
PIQRAY 250MG DAILY DOSE.....	13	PREHEVBRIO.....	8
PIQRAY 300MG DAILY DOSE.....	13	PREVENT DROPSAFE SAFETY P.....	83
pirfenidone tab 267 mg.....	31	PREVENT SAFETY PEN NEEDLE.....	83
pirfenidone tab 801 mg.....	31	PREVNAR 13.....	8
piroxicam cap 10 mg, 20 mg.....	43	PREVNAR 20.....	8
PNEUMOVAX 23.....	8	primaquine phosphate tab 26.3 mg (15 mg base).....	5
PNEUMOVAX 23/1 DOSE.....	8	primidone tab 50 mg, 250 mg.....	46
podofilox soln 0.5%.....	55	PRIORIX.....	8
polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1%.....	50	probenecid tab 500 mg.....	44
POMALYST.....	13	prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....	37
posaconazole tab delayed release 100 mg.....	3	prochlorperazine suppos 25 mg.....	37
potassium chloride cap er 8 meq, 10 meq.....	48	PRO COMFORT INSULIN SYRIN.....	83
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....	48	PRO COMFORT PEN NEEDLES/.....	83
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	48	PRODIGY INSULIN SYRING/U-.....	83
potassium chloride tab er 10 meq, 20 meq (1500 mg).....	48	PRODIGY INSULIN SYRINGE/1.....	83
potassium chloride tab er 8 meq (600 mg).....	48	PRODIGY LANCING DEVICE.....	83
potassium citrate tab er 5 meq (540 mg).....	34	PRODIGY PRESSURE ACTIVATE.....	83
potassium citrate tab er 10 meq (1080 mg).....	34	PRODIGY SAFETY LANCETS.....	83
potassium citrate tab er 15 meq (1620 mg).....	34	PRODIGY TWIST TOP LANCETS.....	83
potassium phosphate monobasic tab 500 mg.....	48	progesterone cap 100 mg, 200 mg.....	18
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....	48	promethazine & phenylephrine syrup 6.25-5 mg/5ml.....	30
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg.....	47	promethazine-dm syrup 6.25-15 mg/5ml.....	30
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....	47	promethazine hcl suppos 12.5 mg, 25 mg.....	29
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....	49	promethazine hcl syrup 6.25 mg/5ml.....	29
		promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	29
		promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml.....	30

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

promethazine w/ codeine syrup 6.25-10 mg/5ml.....	30	quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg.....	37
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....	24	quetiapine fumarate tab 300 mg, 400 mg.....	37
propafenone hcl tab 150 mg, 225 mg, 300 mg.....	24	quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg.....	37
propracaaine hcl ophth soln 0.5%.....	50	QUICKVUE AT-HOME COVID-19.....	56
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....	23	quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....	26
propranolol hcl oral soln 20 mg/5ml.....	23	quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	26
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	23	quinidine gluconate tab er 324 mg.....	24
propylthiouracil tab 50 mg.....	21	quinine sulfate cap 324 mg.....	5
PROQUAD.....	8	<b>R</b>	
protriptyline hcl tab 5 mg, 10 mg.....	36	rabeprazole sodium ec tab 20 mg.....	32
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....	30	RA E-ZJECT LANCETS 28G.....	85
PSS SELECT GP LANCETS.....	83	RA E-ZJECT LANCETS THIN 2.....	84
PSS SELECT SAFETY LANCETS.....	83	RA E-ZJECT LANCETS ULTRA.....	84
PURE COMFORT PEN NEEDLE 3.....	83	RA INSULIN SYRINGE/0.5ML/.....	85
PURE COMFORT PEN NEEDLE/3.....	84	RA INSULIN SYRINGE/1ML/29.....	85
PURIXAN.....	13	RA INSULIN SYRINGE/U-100/.....	85
PX ADVANCED LANCING DEVIC.....	84	raloxifene hcl tab 60 mg.....	22
PX EXTRA SHORT PEN NEEDLE.....	84	ramelteon tab 8 mg.....	38
PX INSULIN SYRINGE/U-100/.....	84	ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....	26
PX LANCET AUTO INJECTOR.....	84	ranolazine tab er 12hr 500 mg, 1000 mg.....	23
PX LANCETS MICROTHIN 33G.....	84	RA PEN NEEDLES 31G X 5MM.....	85
PX LANCETS ULTRA THIN.....	84	RA PEN NEEDLES 31G X 8MM.....	85
PX LANCETS ULTRA THIN 28G.....	84	rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv).....	47
PX MINI PEN NEEDLES 31GX5.....	84	RAYA SURE PEN NEEDLE 29G.....	85
PX PEN NEEDLE 31GX8MM.....	84	RAYA SURE PEN NEEDLE 31G.....	85
PX PEN NEEDLE 29GX12MM.....	84	READYLANCE SAFETY LANCETS.....	85
PX SHORTLENGTH PEN NEEDLE.....	84	REALITY INSULIN SYRINGE/U.....	85
pyrazinamide tab 500 mg.....	2	REALITY LANCETS.....	85
pyridostigmine bromide oral soln 60 mg/5ml.....	47	REALITY LATEX/ULTRA TEXTU.....	85
pyridostigmine bromide tab er 180 mg.....	47	REALITY LATEX/ULTRA THIN.....	85
pyridostigmine bromide tab 60 mg.....	48	REALITY LATEX CONDOMS/LUB.....	85
pyrimethamine tab 25 mg.....	5	REALITY TRIGGER LANCETS.....	85
<b>Q</b>		RECOMBIVAX HB.....	8
QC ADVANCED LANCING DEVIC.....	84	RELION 2-IN-1 LANCET DEV.....	86
QC INSULIN SYRINGE/0.3ML/.....	84	RELION 2-IN-1 LANCING DEV.....	86
QC INSULIN SYRINGE/0.5ML/.....	84	RELION INSULIN SYRINGE 0.....	85
QC INSULIN SYRINGE/1ML/29.....	84	RELION INSULIN SYRINGE/U.....	85
QC INSULIN SYRINGE/1ML/31.....	84	RELION INSULIN SYRINGE 1M.....	85
QC LANCETS SUPER THIN.....	84	RELION KETONE TEST STRIPS.....	56
QC LANCETS ULTRA THIN.....	84	RELION LANCETS.....	85
QC PEN NEEDLES 29G X 12MM.....	84	RELION LANCETS MICRO-THIN.....	85
QC PEN NEEDLES 31G X 6MM.....	84	RELION LANCETS THIN 26G.....	85
QC PEN NEEDLES 31G X 8MM.....	84	RELION LANCETS ULTRA-THIN.....	85
QC UNIFINE PENTIPS 32GX4M.....	84	RELION LANCING DEVICE.....	85
QC UNILET LANCETS 33G/MIC.....	84	RELION MINI PEN NEEDLES 3.....	86
QC UNILET LANCETS 28G/ULT.....	84	RELION PEN NEEDLES/31G X.....	86
QINLOCK.....	13	RELION PEN NEEDLES 29GX12.....	86
QUADRACEL.....	9	RELION PEN NEEDLES 31G X.....	86
quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	37		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

RELION PEN NEEDLES 32G X.....	86	ROTARIX.....	8
RELION PEN NEEDLES 31GX5/.....	86	ROTATEQ.....	8
RELION PEN NEEDLES 31GX6M.....	86	ROZLYTREK.....	13
RELION PEN NEEDLES 31GX8M.....	86	RUBRACA.....	14
RELION PEN NEEDLES 32GX4M.....	86	<b>rufinamide susp 40 mg/ml.....</b>	<b>46</b>
RELION R.....	20	<b>rufinamide tab 200 mg, 400 mg.....</b>	<b>46</b>
RELION SHORT PEN NEEDLES.....	86	RYDAPT.....	14
RELION THIN LANCETS.....	86	<b>S</b>	
RELION ULTRA THIN LANCETS.....	86	SAFE-T-LANCE LOW FLOW 25G.....	86
RELION ULTRA THIN PLUS LA.....	86	SAFE-T-LANCE NORMAL FLOW.....	86
<b>repaglinide tab 0.5 mg, 1 mg, 2 mg.....</b>	<b>19</b>	SAFE-T-LANCE PLUS SAFETY.....	86
RETEVMO.....	13	SAFETY LANCETS.....	86
REVLIMID.....	98	SAFETY LANCETS 21G.....	86
REXALL LANCETS ULTRA THIN.....	86	SAFETY PEN NEEDLES/30G X.....	86
<b>ribavirin cap 200 mg.....</b>	<b>4</b>	<b>sapropterin dihydrochloride powder packet 100 mg,</b>	
<b>ribavirin tab 200 mg.....</b>	<b>4</b>	<b>500 mg.....</b>	<b>22</b>
<b>rifabutin cap 150 mg.....</b>	<b>2</b>	<b>sapropterin dihydrochloride tab 100 mg.....</b>	<b>22</b>
<b>rifampin cap 150 mg, 300 mg.....</b>	<b>2</b>	SAPSCARE TWIST TOP LANCET.....	86
RIGHTEST GD500 LANCING DE.....	86	SAPS HEALTH CARE TWIST TO.....	86
RIGHTEST GL300 LANCETS.....	86	SAPS HEALTH PLUS TWIST TO.....	86
<b>riluzole tab 50 mg.....</b>	<b>47</b>	SAPS HEALTH TWIST TOP LAN.....	86
<b>ringer's solution for irrigation.....</b>	<b>98</b>	SB INSULIN SYRINGE/U-100/.....	86
<b>risedronate sodium tab delayed release 35 mg.....</b>	<b>22</b>	SB LANCETS THIN.....	87
<b>risedronate sodium tab 5 mg, 30 mg.....</b>	<b>22</b>	SB LANCETS ULTRA THIN.....	87
<b>risedronate sodium tab 35 mg, 150 mg.....</b>	<b>22</b>	SCEMBLIX.....	14
<b>risperidone orally disintegrating tab 4 mg.....</b>	<b>37</b>	SCHNUCKS INSULIN SYRINGE.....	87
<b>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2</b>		<b>scopolamine td patch 72hr 1 mg/3days.....</b>	<b>32</b>
<b>mg, 3 mg.....</b>	<b>37</b>	SECURESAFE SAFETY INSULIN.....	87
<b>risperidone soln 1 mg/ml.....</b>	<b>37</b>	SECURESAFE SAFETY PEN NEE.....	87
<b>risperidone tab 0.25 mg.....</b>	<b>37</b>	SELECT-LITE LANCING DEVIC.....	87
<b>risperidone tab 4 mg.....</b>	<b>37</b>	<b>selegiline hcl cap 5 mg.....</b>	<b>47</b>
<b>risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....</b>	<b>37</b>	<b>selegiline hcl tab 5 mg.....</b>	<b>47</b>
<b>ritonavir tab 100 mg.....</b>	<b>4</b>	<b>selenium sulfide lotion 2.5%.....</b>	<b>55</b>
<b>rivastigmine tartrate cap 1.5 mg (base equivalent), 3</b>		SEMGLEE.....	21
<b>mg (base equivalent), 4.5 mg (base equivalent), 6 mg</b>		<b>sertraline hcl oral concentrate for solution 20 mg/</b>	
<b>(base equivalent).....</b>	<b>40</b>	<b>ml.....</b>	<b>36</b>
<b>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr,</b>		<b>sertraline hcl tab 25 mg, 50 mg, 100 mg.....</b>	<b>36</b>
<b>13.3 mg/24hr.....</b>	<b>40</b>	<b>sevelamer carbonate packet 0.8 gm, 2.4 gm.....</b>	<b>33</b>
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base</b>		<b>sevelamer carbonate tab 800 mg.....</b>	<b>33</b>
<b>eq).....</b>	<b>43</b>	<b>sevelamer hcl tab 800 mg.....</b>	<b>33</b>
<b>rizatriptan benzoate oral disintegrating tab 10 mg</b>		SHINGRIX.....	8
<b>(base eq).....</b>	<b>43</b>	SHOPKO AUTOLET LANCING DE.....	87
<b>rizatriptan benzoate tab 5 mg (base equivalent).....</b>	<b>43</b>	SHOPKO ON-THE-GO COMFORT.....	87
<b>rizatriptan benzoate tab 10 mg (base equivalent).....</b>	<b>44</b>	SHOPKO UNIFINE PENTIPS PE.....	87
<b>roflumilast tab 250 mcg, 500 mcg.....</b>	<b>31</b>	SHOPKO UNIFINE PENTIPS PL.....	87
<b>ropinirole hydrochloride tab er 24hr 2 mg (base</b>		SHOPKO UNILET LANCETS SUP.....	87
<b>equivalent), 4 mg (base equivalent), 6 mg (base</b>		SHOPKO UNILET LANCETS ULT.....	87
<b>equivalent), 8 mg (base equivalent), 12 mg (base</b>		SHUR-SEAL.....	34
<b>equivalent).....</b>	<b>47</b>	<b>sildenafil citrate for suspension 10 mg/ml.....</b>	<b>29</b>
<b>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2</b>		<b>sildenafil citrate tab 20 mg.....</b>	<b>29</b>
<b>mg, 3 mg, 4 mg, 5 mg.....</b>	<b>47</b>	<b>silodosin cap 4 mg, 8 mg.....</b>	<b>34</b>
<b>rosuvastatin calcium tab 40 mg.....</b>	<b>29</b>	<b>silver sulfadiazine cream 1%.....</b>	<b>55</b>
<b>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....</b>	<b>29</b>		

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

SIMPLE DIAGNOSTICS LANCIN.....	87	1ST CHOICE LANCETS ULTRA.....	97
simvastatin tab 5 mg.....	29	STERILANCE TL.....	87
simvastatin tab 20 mg.....	29	STIVARGA.....	14
simvastatin tab 80 mg.....	29	1ST TIER UNIFINE PENTIPS.....	97
simvastatin tab 10 mg, 40 mg.....	29	1ST TIER UNILET COMFORTOU.....	97
SINGLE-LET.....	87	<b>sucralfate tab 1 gm.....</b>	<b>32</b>
sirolimus oral soln 1 mg/ml.....	98	<b>sulfacetamide sodium lotion 10% (acne).....</b>	<b>55</b>
sirolimus tab 0.5 mg, 1 mg, 2 mg.....	98	<b>sulfacetamide sodium ophth soln 10%.....</b>	<b>50</b>
SMART DIABETES VANTAGE LA.....	87	<b>sulfamethoxazole-trimethoprim susp 200-40</b>	
SMARTTEST LANCETS 28G.....	87	<b>mg/5ml.....</b>	<b>5</b>
SMART SENSE COLOR LANCETS.....	87	<b>sulfamethoxazole-trimethoprim tab 400-80 mg.....</b>	<b>5</b>
SMART SENSE STANDARD LANC.....	87	<b>sulfamethoxazole-trimethoprim tab 800-160 mg.....</b>	<b>5</b>
SMART SENSE SUPER THIN LA.....	87	<b>sulfasalazine tab delayed release 500 mg.....</b>	<b>33</b>
SMART SENSE THIN LANCETS.....	87	<b>sulfasalazine tab 500 mg.....</b>	<b>33</b>
SM MICRO THIN LANCETS 33G.....	87	<b>sulindac tab 150 mg, 200 mg.....</b>	<b>43</b>
SM TRUEDRAW LANCING DEVIC.....	87	<b>sumatriptan nasal spray 5 mg/act.....</b>	<b>44</b>
<b>sodium chloride irrigation soln 0.9%.....</b>	<b>34</b>	<b>sumatriptan nasal spray 20 mg/act.....</b>	<b>44</b>
<b>sodium chloride soln nebu 7%.....</b>	<b>30</b>	<b>sumatriptan succinate inj 6 mg/0.5ml.....</b>	<b>44</b>
<b>sodium chloride soln nebu 3%, 10%.....</b>	<b>30</b>	<b>sumatriptan succinate solution auto-injector 4</b>	
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml.....</b>	<b>34</b>	<b>mg/0.5ml.....</b>	<b>44</b>
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg</b>		<b>sumatriptan succinate solution auto-injector 6</b>	
<b>naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg</b>		<b>mg/0.5ml.....</b>	<b>44</b>
<b>naf).....</b>	<b>48</b>	<b>sumatriptan succinate tab 25 mg.....</b>	<b>44</b>
<b>sodium fluoride cream 1.1%.....</b>	<b>51</b>	<b>sumatriptan succinate tab 50 mg.....</b>	<b>44</b>
<b>sodium fluoride gel 1.1% (0.5% f).....</b>	<b>51</b>	<b>sumatriptan succinate tab 100 mg.....</b>	<b>44</b>
<b>sodium fluoride paste 1.1%.....</b>	<b>51</b>	<b>sunitinib malate cap 12.5 mg (base equivalent).....</b>	<b>14</b>
<b>sodium fluoride-potassium nitrate gel 1.1-5%.....</b>	<b>51</b>	<b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg</b>	
<b>sodium fluoride rinse 0.2%.....</b>	<b>51</b>	<b>(base equivalent), 50 mg (base equivalent).....</b>	<b>14</b>
<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop</b>		SUPER THIN LANCETS.....	88
<b>naf), 0.5 mg/ml f (from 1.1 mg/ml naf).....</b>	<b>48</b>	SURE COMFORT AUTOKEEPER S.....	88
<b>sodium phenylbutyrate oral powder 3 gm/</b>		SURE COMFORT INSULIN SYRI.....	88
<b>teaspoonful.....</b>	<b>22</b>	SURE COMFORT LANCETS 18G.....	88
<b>sodium phenylbutyrate tab 500 mg.....</b>	<b>22</b>	SURE COMFORT LANCETS 21G.....	88
<b>sodium polystyrene sulfonate powder.....</b>	<b>98</b>	SURE COMFORT LANCETS 23G.....	88
<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6</b>		SURE COMFORT LANCETS 28G.....	88
<b>gm/177ml.....</b>	<b>31</b>	SURE COMFORT LANCETS 30G.....	88
<b>solifenacin succinate tab 5 mg, 10 mg.....</b>	<b>33</b>	SURE COMFORT LANCING PEN.....	88
SOLTAMOX.....	14	SURE COMFORT PEN NEEDLES.....	88
SOLUS V2 LANCING DEVICE.....	87	SURELITE LANCETS.....	88
SOLUS V2 PRESSURE ACTIVAT.....	87		
SOLUS V2 TWIST LANCETS 30.....	87	<b>T</b>	
<b>sorafenib tosylate tab 200 mg (base equivalent).....</b>	<b>14</b>	TABLOID.....	14
<b>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg.....</b>	<b>23</b>	TABRECTA.....	14
<b>sotalol hcl tab 240 mg.....</b>	<b>23</b>	<b>tacrolimus cap 0.5 mg, 1 mg, 5 mg.....</b>	<b>98</b>
<b>sotalol hcl tab 80 mg, 120 mg, 160 mg.....</b>	<b>23</b>	<b>tacrolimus oint 0.03%, 0.1%.....</b>	<b>55</b>
SPIKEVAX COVID-19 VACCINE.....	8	<b>tadalafil tab 2.5 mg, 5 mg.....</b>	<b>29</b>
<b>spironolactone &amp; hydrochlorothiazide tab 25-25</b>		<b>tadalafil tab 20 mg (pah).....</b>	<b>29</b>
<b>mg.....</b>	<b>27</b>	TAFINLAR.....	14
<b>spironolactone tab 25 mg, 50 mg, 100 mg.....</b>	<b>27</b>	<b>tafluprost preservative free (pf) ophth soln</b>	
SPRYCEL.....	14	<b>0.0015%.....</b>	<b>50</b>
<b>stannous fluoride gel 0.4%.....</b>	<b>51</b>	TAGRISSO.....	14
1ST CHOICE LANCETS SUPER.....	97	TALZENNA.....	14
1ST CHOICE LANCETS THIN.....	97		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent).....	14	TGT LANCET THIN 26G.....	89
tamsulosin hcl cap 0.4 mg.....	34	TGT LANCET ULTRA THIN 28G.....	89
TASIGNA.....	14	TGT LANCET ULTRA THIN 30G.....	89
tazarotene cream 0.1%.....	55	TGT LANCING DEVICE.....	89
tazarotene gel 0.05%, 0.1%.....	55	THALOMID.....	98
TAZVERIK.....	14	theophylline elixir 80 mg/15ml.....	31
TDVAX.....	9	theophylline soln 80 mg/15ml.....	31
TECHLITE AST LANCETS.....	88	theophylline tab er 12hr 300 mg, 450 mg.....	31
TECHLITE INSULIN SYRINGE.....	88	theophylline tab er 24hr 400 mg, 600 mg.....	31
TECHLITE LANCETS.....	88	THINLETS GP LANCETS.....	89
TECHLITE LANCETS 30G.....	88	thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	37
TECHLITE PEN NEEDLES/31G.....	89	thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	37
TECHLITE PEN NEEDLES/32G.....	89	tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	46
TECHLITE PEN NEEDLES 29G.....	88	TIBSOVO.....	14
TECHLITE PEN NEEDLES 31G.....	88	timolol maleate ophth gel forming soln 0.25%, 0.5%.....	51
telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg.....	26	timolol maleate ophth soln 0.25%, 0.5%.....	51
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	26	timolol maleate ophth soln 0.5% (once-daily).....	51
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....	26	timolol maleate preservative free ophth soln 0.25%, 0.5%.....	51
telmisartan tab 20 mg, 40 mg, 80 mg.....	26	timolol maleate tab 5 mg, 10 mg, 20 mg.....	23
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg.....	38	tinidazole tab 250 mg, 500 mg.....	6
temozolomide cap 250 mg.....	14	tiopronin tab 100 mg.....	34
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg.....	14	tizanidine hcl tab 2 mg (base equivalent).....	47
TENIVAC.....	9	tizanidine hcl tab 4 mg (base equivalent).....	47
tenofovir disoproxil fumarate tab 300 mg.....	4	tobramycin-dexamethasone ophth susp 0.3-0.1%.....	51
TEPMETKO.....	14	tobramycin nebu soln 300 mg/5ml.....	2
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	26	tobramycin nebu soln 300 mg/4ml.....	2
terbinafine hcl tab 250 mg.....	3	tobramycin ophth soln 0.3%.....	51
terbutaline sulfate tab 2.5 mg, 5 mg.....	31	TODAYS HEALTH ADVANCED LA.....	89
terconazole vaginal cream 0.4%, 0.8%.....	34	TODAYS HEALTH MINI PEN NE.....	89
terconazole vaginal suppos 80 mg.....	34	TODAYS HEALTH ORIGINAL PE.....	89
testosterone cypionate im inj in oil 100 mg/ml.....	16	TODAYS HEALTH SHORT PEN N.....	89
testosterone cypionate im inj in oil 200 mg/ml.....	16	TODAYS HEALTH SUPER THIN.....	89
testosterone td gel 12.5 mg/act (1%).....	17	TODAYS HEALTH ULTRA THIN.....	89
testosterone td gel 20.25 mg/act (1.62%).....	17	TODAY SPONGE.....	34
testosterone td gel 10mg/act (2%).....	17	tolcapone tab 100 mg.....	47
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%).....	16	tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	33
testosterone td soln 30 mg/act.....	17	tolterodine tartrate tab 1 mg, 2 mg.....	34
tetrabenazine tab 12.5 mg.....	40	tolvaptan tab 15 mg.....	22
tetrabenazine tab 25 mg.....	40	tolvaptan tab 30 mg.....	22
tetracaine hcl ophth soln 0.5%.....	51	TOPCARE CLICKFINE UNIVERS.....	89
tetracycline hcl cap 250 mg, 500 mg.....	2	TOPCARE LANCETS MICRO-THI.....	89
TGT ADVANCED LANCING DEVI.....	89	TOPCARE ULTRA COMFORT INS.....	89
TGT LANCET ALTERNATE SITE.....	89	topiramate cap er 24hr sprinkle 200 mg.....	46
TGT LANCET MICRO THIN 33G.....	89	topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....	46
TGT LANCET SUPER THIN 30G.....	89	topiramate sprinkle cap 15 mg, 25 mg.....	46
TGT LANCET THIN 23G.....	89	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	46
		toremifene citrate tab 60 mg (base equivalent).....	14
		torsemide tab 5 mg, 10 mg, 20 mg, 100 mg.....	27
		TOUJEO MAX SOLOSTAR.....	21
		TOUJEO SOLOSTAR.....	21

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

ST = Step Therapy  
 QL = Quantity Limit (Max Quantity/Time)

tramadol-acetaminophen tab 37.5-325 mg.....	42	TRUEPLUS LANCETS 33G.....	90
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....	42	TRUEPLUS LANCETS 33G MICR.....	90
tramadol hcl tab 50 mg.....	42	TRUEPLUS LANCETS 28G SUPE.....	90
trandolapril tab 1 mg, 2 mg, 4 mg.....	27	TRUEPLUS LANCETS 30G ULTR.....	90
tranexamic acid tab 650 mg.....	49	TRUEPLUS PEN NEEDLES 29GX.....	90
tranylcypromine sulfate tab 10 mg.....	36	TRUEPLUS PEN NEEDLES 31GX.....	90
TRAVEL LANCETS ADVANCED 2.....	89	TRUEPLUS PEN NEEDLES 32GX.....	90
TRAVEL LANCETS 30G.....	89	TRUEPLUS SAFETY LANCETS 2.....	90
travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	51	TRUMENBA.....	8
trazodone hcl tab 50 mg, 100 mg, 150 mg.....	36	TRUSELTIQ.....	15
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml).....	29	TRUSTEX/RIA LUBRICATED.....	91
TRESIBA.....	21	TRUSTEX/RIA LUBRICATED/SP.....	91
TRESIBA FLEXTOUCH.....	21	TRUSTEX/RIA LUBRICATED SP.....	91
tretinoin cap 10 mg.....	15	TRUSTEX/RIA NON-LUBRICATE.....	91
tretinoin cream 0.025%, 0.05%, 0.1%.....	55	TRUSTEX COLOR CONDOMS + L.....	91
tretinoin gel 0.01%, 0.025%.....	55	TRUSTEX LUBRICATED.....	91
triamcinolone acetonide aerosol soln 0.147 mg/gm.....	55	TRUSTEX LUBRICATED/RIBBED.....	91
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	55	TRUSTEX LUBRICATED/SPERMI.....	91
triamcinolone acetonide dental paste 0.1%.....	51	TRUSTEX LUBRICATED EXTRA.....	91
triamcinolone acetonide lotion 0.025%, 0.1%.....	55	TRUSTEX NATURAL CONDOMS +.....	91
triamcinolone acetonide oint 0.5%.....	55	TRUSTEX NON-LUBRICATED.....	91
triamcinolone acetonide oint 0.025%, 0.1%.....	55	TRUSTEX WITH NONOXYNOL-9/.....	91
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	27	TUKYSA.....	15
triamterene & hydrochlorothiazide tab 37.5-25 mg.....	27	TURALIO.....	15
triamterene & hydrochlorothiazide tab 75-50 mg.....	27	TWINRIX.....	8
triamterene cap 50 mg, 100 mg.....	27		
trientine hcl cap 250 mg.....	98	<b>U</b>	
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	38	ULTICARE INSULIN SAFETY S.....	91
trihexyphenidyl hcl tab 2 mg, 5 mg.....	47	ULTICARE INSULIN SYRINGE.....	91
trimethobenzamide hcl cap 300 mg.....	32	ULTICARE INSULIN SYRINGE/.....	91
trimethoprim tab 100 mg.....	6	ULTICARE MICRO PEN NEEDLE.....	91
trimipramine maleate cap 25 mg, 50 mg, 100 mg.....	36	ULTICARE MINI PEN NEEDLES.....	92
tropicamide ophth soln 0.5%.....	51	ULTICARE MINI SAFETY PEN.....	92
tropicamide ophth soln 1%.....	51	ULTICARE ORIGINAL PEN NEE.....	92
tropium chloride cap er 24hr 60 mg.....	34	ULTICARE PEN NEEDLES/29G.....	92
tropium chloride tab 20 mg.....	34	ULTICARE PEN NEEDLES 31G.....	92
TRUE COMFORT INSULIN SYRI.....	89	ULTICARE SHORT PEN NEEDLE.....	92
TRUE COMFORT PEN NEEDLES.....	89	ULTICARE SHORT SAFETY PEN.....	92
TRUE COMFORT PRO INSULIN.....	90	ULTICARE U-100 INSULIN SY.....	92
TRUE COMFORT PRO PEN NEED.....	90	ULTIGUARD INSULIN SYRINGE.....	92
TRUE COMFORT TWIST TOP LA.....	90	ULTIGUARD SAFEPAK/MICRO.....	92
TRUEDRAW LANCING DEVICE.....	90	ULTIGUARD SAFEPAK/MINI P.....	92
TRUEPLUS 5-BEVEL PEN NEED.....	90	ULTIGUARD SAFEPAK/SHORT.....	92
TRUEPLUS INSULIN SYRINGE.....	90	ULTIGUARD SAFEPAK/SYRING.....	92
TRUEPLUS INSULIN SYRINGE/.....	90	ULTIGUARD SAFEPAK INSULI.....	92
TRUEPLUS LANCETS 26G.....	90	ULTIGUARD SAFEPAK MINI P.....	92
TRUEPLUS LANCETS 28G.....	90	ULTIGUARD SAFEPAK PEN NE.....	92
TRUEPLUS LANCETS 30G.....	90	ULTI-LANCE AUTOMATIC/ CLE.....	91
		ULTILET CLASSIC LANCETS.....	92
		ULTILET LANCETS.....	93
		ULTILET LANCETS 33G.....	93
		ULTILET PEN NEEDLE 29GX12.....	93
		ULTILET PEN NEEDLE 31GX5M.....	93

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

ULTILET PEN NEEDLE 31GX8M.....	93	UNISTIK 3 GENTLE.....	95
ULTILET PEN NEEDLE 32GX4M.....	93	UNISTIK PRO SAFETY LANCET.....	95
ULTILET SAFETY LANCETS 21.....	93	UNISTIK SAFETY LANCETS 28.....	95
ULTILET SAFETY LANCETS 23.....	93	UNISTIK SAFETY LANCETS 30.....	95
ULTILET SHORT PEN NEEDLES.....	93	UNISTIK TOUCH SAFETY LANC.....	95
ULTRACARE INSULIN SYRINGE.....	94	UNIVERSAL 1 LANCETS/33G/M.....	95
ULTRACARE PEN NEEDLES/31G.....	94	UNIVERSAL 1 LANCETS THIN.....	95
ULTRACARE PEN NEEDLES/32G.....	94	UNIVERSAL 1 LANCETS ULTRA.....	95
ULTRACARE PEN NEEDLES/33G.....	94	<b>ursodiol cap 300 mg.....</b>	<b>33</b>
ULTRA COMFORT INSULIN SYR.....	93	<b>ursodiol tab 250 mg.....</b>	<b>33</b>
ULTRA FLO INSULIN PEN NEE.....	93	<b>ursodiol tab 500 mg.....</b>	<b>33</b>
ULTRA FLO INSULIN SYRINGE.....	93	<b>V</b>	
ULTRA INSULIN SYRINGE/U-1.....	93	<b>valacyclovir hcl tab 500 mg, 1 gm.....</b>	<b>4</b>
ULTRA-THIN II AUTO LANCET.....	93	<b>valganciclovir hcl for soln 50 mg/ml (base equiv).....</b>	<b>4</b>
ULTRA-THIN II INSULIN SYR.....	93	<b>valganciclovir hcl tab 450 mg (base equivalent).....</b>	<b>4</b>
ULTRA-THIN II LANCETS 28G.....	94	<b>valproate sodium oral soln 250 mg/5ml (base</b>	
ULTRA-THIN II LANCETS 30G.....	94	<b>equiv).....</b>	<b>46</b>
ULTRA-THIN II MINI PEN NE.....	94	<b>valproic acid cap 250 mg.....</b>	<b>46</b>
ULTRA-THIN II PEN NEEDLES.....	94	<b>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5</b>	
ULTRA THIN LANCETS 28G.....	93	<b>mg, 160-25 mg, 320-12.5 mg, 320-25 mg.....</b>	<b>27</b>
ULTRA THIN LANCETS 31G.....	93	<b>valsartan tab 320 mg.....</b>	<b>27</b>
ULTRA THIN PEN NEEDLES 32.....	93	<b>valsartan tab 40 mg, 80 mg, 160 mg.....</b>	<b>27</b>
UNIFINE PEN NEEDLE/32G X.....	94	VALUE HEALTH INSULIN SYRI.....	96
UNIFINE PENTIPS/30G X 3/1.....	95	VALUE PLUS LANCETS STANDA.....	96
UNIFINE PENTIPS 31G X 3/1.....	94	VALUE PLUS LANCETS SUPER.....	96
UNIFINE PENTIPS 31GX5MM.....	95	VALUE PLUS LANCETS THIN 2.....	96
UNIFINE PENTIPS 31GX6MM.....	95	VALUE PLUS LANCING DEVICE.....	96
UNIFINE PENTIPS 31GX8MM.....	95	VALUMARK LANCET SUPER THI.....	96
UNIFINE PENTIPS 32GX4MM.....	95	VALUMARK LANCET ULTRA THI.....	96
UNIFINE PENTIPS 32GX6MM.....	95	VALUMARK PEN NEEDLES 31G.....	96
UNIFINE PENTIPS 33GX4MM.....	95	VALUMARK PEN NEEDLES 29GX.....	96
UNIFINE PENTIPS 29GX12MM.....	94	<b>vancomycin hcl cap 125 mg (base equivalent).....</b>	<b>6</b>
UNIFINE PENTIPS 31G X 6MM.....	94	<b>vancomycin hcl cap 250 mg (base equivalent).....</b>	<b>6</b>
UNIFINE PENTIPS 31G X 8MM.....	94	VANISHPOINT INSULIN SYRIN.....	96
UNIFINE PENTIPS PLUS/30G.....	94	VAQTA.....	8
UNIFINE PENTIPS PLUS 33G.....	94	VARENICLINE STARTING MONT.....	40
UNIFINE PENTIPS PLUS 29GX.....	94	VARENICLINE TARTRATE.....	40
UNIFINE PENTIPS PLUS 31GX.....	94	VARIVAX.....	8
UNIFINE PENTIPS PLUS 32GX.....	94	VAXELIS.....	9
UNIFINE PENTIPS PLUS 33GX.....	94	VAXNEUVANCE.....	8
UNIFINE SAFECONTROL PEN N.....	95	VCF VAGINAL CONTRACEPTIVE.....	34
UNIFINE ULTRA PEN NEEDLE/.....	95	VENCLEXTA.....	15
UNILET COMFORTOUCH LANCET.....	95	VENCLEXTA STARTING PACK.....	15
UNILET EXCELITE.....	95	<b>venlafaxine hcl cap er 24hr 37.5 mg (base</b>	
UNILET EXCELITE II.....	95	<b>equivalent), 75 mg (base equivalent), 150 mg (base</b>	
UNILET G.P. LANCET.....	95	<b>equivalent).....</b>	<b>36</b>
UNILET G.P. SUPERLITE LAN.....	95	<b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg</b>	
UNILET GP 28 ULTRA THIN.....	95	<b>(base equivalent), 50 mg (base equivalent), 75 mg</b>	
UNILET LANCET.....	95	<b>(base equivalent), 100 mg (base equivalent).....</b>	<b>36</b>
UNILET LANCETS MICRO-THIN.....	95	<b>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....</b>	<b>24</b>
UNILET LANCETS SUPER-THIN.....	95	<b>verapamil hcl tab er 120 mg, 180 mg, 240 mg.....</b>	<b>24</b>
UNILET LANCETS ULTRA-THIN.....	95	<b>verapamil hcl tab 40 mg, 80 mg, 120 mg.....</b>	<b>24</b>
UNILET SUPERLITE LANCET.....	95		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)

VERZENIO.....	15	ZEV RX PEN NEEDLES 32G X 4.....	97
VIDA MIA AUTOLET LANCING.....	96	ZEV RX TWIST TOP LANCETS 3.....	97
VIDA MIA UNIFINE PENTIPS.....	96	<b>zidovudine cap 100 mg.....</b>	<b>4</b>
VIDA MIA UNILET LANCETS S.....	96	<b>zidovudine syrup 10 mg/ml.....</b>	<b>4</b>
VIDA MIA UNILET LANCETS U.....	96	<b>zidovudine tab 300 mg.....</b>	<b>4</b>
VIDA MIA UNIPFINE PENTIPS.....	96	<b>zileuton tab er 12hr 600 mg.....</b>	<b>31</b>
<b>vigabatrin powd pack 500 mg.....</b>	<b>46</b>	<b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....</b>	<b>38</b>
<b>vigabatrin tab 500 mg.....</b>	<b>46</b>	ZOLINZA.....	16
<b>vilazodone hcl tab 10 mg, 20 mg, 40 mg.....</b>	<b>36</b>	<b>zolmitriptan nasal spray 5 mg/spray unit.....</b>	<b>44</b>
VITRAKVI.....	15	<b>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg.....</b>	<b>44</b>
VIVAGUARD LANCETS.....	96	<b>zolmitriptan tab 2.5 mg, 5 mg.....</b>	<b>44</b>
VIVAGUARD LANCING DEVICE.....	96	<b>zolpidem tartrate tab er 6.25 mg, 12.5 mg.....</b>	<b>38</b>
VIVAGUARD SAFETY LANCETS/.....	96	<b>zolpidem tartrate tab 5 mg, 10 mg.....</b>	<b>38</b>
VIZIMPRO.....	15	<b>zonisamide cap 50 mg.....</b>	<b>46</b>
VONJO.....	15	<b>zonisamide cap 25 mg, 100 mg.....</b>	<b>46</b>
<b>voriconazole for susp 40 mg/ml.....</b>	<b>3</b>	ZYDELIG.....	16
<b>voriconazole tab 50 mg, 200 mg.....</b>	<b>3</b>	ZYKADIA.....	16
VOTRIENT.....	15		
VP INSULIN SYRINGE/U-100/.....	96		
<b>W</b>			
WALGREENS ADVANCED TRAVEL.....	96		
WALGREENS COMFORT ASSURED.....	96		
WALGREENS LANCETS.....	96		
WALGREENS THIN LANCETS.....	96		
WALGREENS ULTRA THIN LANC.....	96		
<b>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....</b>	<b>49</b>		
<b>water for irrigation, sterile irrigation soln.....</b>	<b>98</b>		
WEGMANS UNIFINE PENTIPS P.....	96		
WELIREG.....	15		
WIDE-SEAL SILICONE DIAPHR.....	97		
<b>X</b>			
XALKORI.....	15		
XOSPATA.....	15		
XPOVIO.....	15		
XPOVIO 60 MG TWICE WEEKLY.....	15		
XPOVIO 80 MG TWICE WEEKLY.....	15		
XTANDI.....	16		
<b>Y</b>			
YONSA.....	16		
<b>Z</b>			
<b>zafirlukast tab 10 mg, 20 mg.....</b>	<b>31</b>		
<b>zaleplon cap 5 mg, 10 mg.....</b>	<b>38</b>		
ZEJULA.....	16		
ZELBORAF.....	16		
ZEV RX INSULIN SYRINGE/0.5.....	97		
ZEV RX INSULIN SYRINGE/1ML.....	97		
ZEV RX PEN NEEDLES 31G X 5.....	97		
ZEV RX PEN NEEDLES 31G X 6.....	97		
ZEV RX PEN NEEDLES 31G X 8.....	97		

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

**ST** = Step Therapy  
**QL** = Quantity Limit (Max Quantity/Time)