Florida Blue
Your Health Solutions Partner

Open Medication Guide

July 2025

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

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

Contents

Preferred Medication List

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

Introduction

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

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

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

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

Key Tips and Coverage Guidelines

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

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive, and most generics are covered unless specifically excluded under your plan documents.
- Select Brand Name medications are included in the formulary and are therefore available to you through your plan. The List includes all covered brand name medications unless specifically excluded under your plan documents.
- Take this Guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs listed and cost impacts when you discuss medication options.

Medication List

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

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

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

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

Changes to the formulary

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

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

There are varying reasons changes are made to the medications listed in the Medication Guide:

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

The most up to date information about modifications to the medications listed in this Medication Guide can be found by:

Going to www.floridablue.com

- Click on the **Members** tab.
- Click on the **Login Now** button and either **Login** or **Register**.
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items.
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click Open Medication Guide or Open Medication Guide Updates
- Medication Guides and Medication Guide updates are posted every January, April, July, and October.

Your Share of Expenses

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

If you or your provider requests a covered brand name medication when there is a generic medication available; you will be responsible for:
the difference in cost between the generic medication and the brand name medication; and the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.

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

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

Pharmacy Benefits

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

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

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

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

Condition Care Rx* Value/HSA Preventive Prescription Medications: Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program

Medications that are not covered

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

- The medication has been shown to have excessive adverse effects and/or safer alternatives.
- The medication has a preferred formulary alternative or over-the-counter (OTC)alternative.
- The medication is no longer marketed.
- The medication has a widely available/distributed AB rated generic equivalent formulation.
- The medication has not been approved by the FDA.
- The medication has been repackaged — a pharmaceutical product that is removed from the

original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC.

- The medication is not covered because of safety or effectiveness concerns.
- The medication is not covered for weight loss indication. See your Schedule of Benefit for additional details on coverage.

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

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

Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. If members have the Condition Care Rx Program as part of their benefits, they can purchase medications from the Condition Care Rx Program Value/Health Savings Account Preventive List at a reduced cost.

A list of medications that are part of the Condition Care Rx Value Program may be found at: Condition Care Rx Program Value List.

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

Note: Check your plan documents to determine if the Condition Care Rx Program applies to your plan and the applicable cost share. Coverage details may also be available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Generic drugs

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

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

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

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

Oral Chemotherapy Drugs

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

Over-the-Counter (OTC) medications

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

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

Patient Protection Affordable Care Act (PPACA) Preventive Services

- Preventive medications - Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy.

A list of medications covered under this benefit may be found at: Preventive Medications List.

- Immunizations - Certain vaccines which are covered under your preventive benefit can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine.

A list of vaccines that are covered under your pharmacy benefits may be found at: Pharmacy Benefit Vaccines List.

- Women's preventive services - Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

A list of medications and devices covered under this benefit may be found at: Women's Preventive Services List.

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

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

Contraceptives Tier Exception Request Form

HIV PrEP Tier Exception Request Form

Specialty Pharmacy medications

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

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

Specialty Medications are divided into two categories:

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

- Provider-Administered Specialty Medications – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider- administered Specialty Pharmacy medications are covered under your *medical* benefit. A current listing of Provider- Administered Specialty Medications can be found here.

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

Pharmacy Options

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

Participating Pharmacy

- Retail Pharmacy Network – Non-Specialty 'Generic' medications and 'Brand Name' medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non- participating pharmacy, your prescription will cost you more.
- Specialty Pharmacy Network – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
    - Limited Distribution (LD) Pharmacy – Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (pre-approval). The pharmacy that dispenses your limited distribution drug can be found here: Limited Distribution Drugs

Non-Participating Pharmacy

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

Participating Specialty Pharmacy Provider

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

CVS/Caremark Specialty Pharmacy Services
Provider-Administered and Self- Administered Products; excludes hemophilia
Phone: (866) 278-5108
Fax: (800) 323-2445
CVS/Caremark Specialty Pharmacy

CVS/Caremark Hemophilia Services
Hemophilia Products
Phone: (866) 792-2731
Fax: (866) 811-7450
(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)
CVS/Caremark Hemophilia Specialty Pharmacy

Accredo
Self-Administered Products (excluding Hemophilia)
Phone: (888) 425-5970
Fax: (888) 302-1028
Accredo

Genoa Healthcare
Provider-Administered Mental Health Products
Genoa

Note: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers Accredo or CVS/Caremark Specialty.

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

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

Home Delivery Pharmacy

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

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

Three-month supply at Retail Pharmacy

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

Utilization Management Programs

Prior Authorization Program

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

Florida Blue reserves the right to change the medications that require Prior Authorization at any time and for any reason.

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

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

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

Obtaining Prior Authorization

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

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

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

NOTE: You have the right to request an appeal if coverage authorization is denied. Please refer to the "How to Appeal an Adverse Benefit Determination" subsection of the Claims Processing or Appeal and Grievance Process section in your current plan documents for information on how to file an appeal.

Responsible Quantity Program

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

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

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

Responsible Quantity Program Information

Responsible Quantity Authorization Form

Responsible Steps Program

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

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

here: Responsible Steps Program Information and Authorization Forms

Responsible Steps Program for Medical Pharmacy

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

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

A list of current drugs included in the Responsible Steps Program for Medical Pharmacy may be found here: Responsible Steps Program for Medical Pharmacy Information and Authorization Forms

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

Coverage Protocol Exemption

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

Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in your plan documents. In the event of any inconsistencies between the Medication Guide and the provisions contained in your plan documents, the provisions contained in your plan documents shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

How to use this Drug list

Column 1: Drug Name
The drug list is organized into broad categories (e.g., HORMONES, DIABETES AND RELATED DRUGS). Please use the drug search function (Ctrl+F) to find current information for drugs on the drug list. Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Brand prescription drugs are shown in capital letters followed by the generic name. The Requirements/Limits column displays information about whether that drug requires prior authorization, responsible step, limited distribution, or quantity limits. Below are the meanings of the indicators used in the Drug Tier and Requirements/Limits columns.

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

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

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

Column 4: Requirements/Limits

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

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

Abbreviation key

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

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

Section 1557 Notification: Discrimination is Against the Law

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

We provide:

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

If you need these services, contact:

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

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

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

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

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

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

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

87768 0924R

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352- 2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800- 352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583（TTY: 1-800-955- 8770）。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-253-3852)رقم هاتف الصم والبكم: 1-800-559-0778. اتصل برقم 1-800-333-7222.

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

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

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

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

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

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

ประกาศ:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรฟรี **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ **FEP** โทร **1-800-333-2227**

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

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

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

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
AMOXICILLIN - amoxicillin (trihydrate) for susp 400 mg/5ml	3		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	3		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	2		
amoxicillin (trihydrate) cap 250 mg, 500 mg	1		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1		
amoxicillin (trihydrate) tab 500 mg, 875 mg	1		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1		
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3		
ampicillin cap 500 mg	1		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2		
AUGMENTIN ES-600 - amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3		
dicloxacillin sodium cap 250 mg, 500 mg	1		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	2		
penicillin v potassium tab 250 mg, 500 mg	1		
CEPHALOSPORINS			
CEFACLOR - cefaclor cap 250 mg, 500 mg	3		
CEFACLOR - cefaclor for susp 250 mg/5ml	3		
CEFADROXIL - cefadroxil tab 1 gm	3		
cefadroxil cap 500 mg	1		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1		
cefdinir cap 300 mg	1		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1		
cefixime cap 400 mg (Suprax)	1		
cefixime for susp 100 mg/5ml	1		
cefixime for susp 200 mg/5ml (Suprax)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	2		
cefpodoxime proxetil tab 100 mg, 200 mg	1		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1		
cefprozil tab 250 mg, 500 mg	1		
cefuroxime axetil tab 250 mg, 500 mg	1		
cephalexin cap 250 mg, 500 mg	1		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1		
cephalexin tab 250 mg, 500 mg	1		
MACROLIDES			
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1		
azithromycin tab 250 mg, 500 mg (Zithromax)	1		
azithromycin tab 600 mg	1		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	3		
clarithromycin tab er 24hr 500 mg	1		
clarithromycin tab 250 mg, 500 mg	1		
DIFICID - fidaxomicin tab 200 mg	2		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	2		QL (272 mls/180 days)
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	3		
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	2		
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	3		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1		
erythromycin tab 250 mg, 500 mg	1		
ZITHROMAX - azithromycin powd pack for susp 1 gm	2		
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	1		
doxycycline hyclate cap 50 mg	1		
doxycycline hyclate cap 100 mg (Vibramycin)	1		
doxycycline hyclate tab 20 mg, 100 mg	1		
doxycycline monohydrate cap 50 mg, 100 mg	1		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1		
minocycline hcl cap 50 mg, 75 mg, 100 mg	1		
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	3	SP	PA, LD, QL (30 tablets/180 days)
tetracycline hcl cap 250 mg, 500 mg	1		
FLUOROQUINOLONES			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	3		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	3		
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1		
ciprofloxacin hcl tab 750 mg (base equiv)	1		
levofloxacin oral soln 25 mg/ml	1		
levofloxacin tab 250 mg, 500 mg, 750 mg	1		
moxifloxacin hcl tab 400 mg (base equiv)	1		
OFLOXACIN - ofloxacin tab 300 mg	3		
ofloxacin tab 400 mg	1		
AMINOGLYCOSIDES			
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	3	SP	LD
BETHKIS - tobramycin nebu soln 300 mg/4ml	3	SP	LD
HUMATIN - paromomycin sulfate cap 250 mg	2		LD
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	3	SP	LD
neomycin sulfate tab 500 mg	1		
TOBI PODHALER - tobramycin inhal cap 28 mg	2	SP	LD
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	3	SP	
tobramycin nebu soln 300 mg/5ml (Tobi)	1	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	1	SP	
SULFONAMIDES			
sulfadiazine tab 500 mg	1		
ANTIMYCOBACTERIAL AGENTS			
CYCLOSERINE - cycloserine cap 250 mg	2		
ethambutol hcl tab 100 mg	1		
ethambutol hcl tab 400 mg (Myambutol)	1		
isoniazid syrup 50 mg/5ml	1		
isoniazid tab 100 mg, 300 mg	1		
PRETOMANID - pretomanid tab 200 mg	3		LD, QL (182 tablets/365 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PRIFTIN - rifapentine tab 150 mg	2		
pyrazinamide tab 500 mg	1		
rifabutin cap 150 mg (Mycobutin)	1		
rifampin cap 150 mg, 300 mg	1		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	3	SP	LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	3	SP	LD, QL (188 tablets/365 days)
TRECATOR - ethionamide tab 250 mg	3		
ANTIFUNGALS			
ANCOBON - flucytosine cap 250 mg, 500 mg	3		
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	3		PA
DIFLUCAN - fluconazole for susp 40 mg/ml	3		
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1		
flucytosine cap 250 mg, 500 mg (Ancobon)	1		
griseofulvin microsize susp 125 mg/5ml	1		
griseofulvin microsize tab 500 mg	1		
griseofulvin ultramicrosize tab 125 mg, 250 mg	1		
itraconazole cap 100 mg (Sporanox)	1		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	1		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	1		
NOXAFIL - posaconazole tab delayed release 100 mg	3		PA
NOXAFIL - posaconazole susp 40 mg/ml	3		PA
NOXAFIL - posaconazole for delayed release susp packet 300 mg	2		PA
nystatin tab 500000 unit	1		
posaconazole susp 40 mg/ml (Noxafil)	1		PA
posaconazole tab delayed release 100 mg (Noxafil)	1		PA
SPORANOX - itraconazole cap 100 mg	3		PA, QL (120 capsules/30 days)
terbinafine hcl tab 250 mg	1		QL (30 tablets/30 days)
VFEND - voriconazole tab 50 mg	3		PA
VFEND - voriconazole for susp 40 mg/ml	3		PA
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	3		PA, QL (18 capsules/180 days)
voriconazole for susp 40 mg/ml (Vfend)	1		PA
voriconazole tab 50 mg, 200 mg (Vfend)	1		PA
ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1		QL (960 mls/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1		QL (30 tablets/30 days)
acyclovir cap 200 mg	1		
acyclovir susp 200 mg/5ml (Zovirax)	1		
acyclovir tab 400 mg, 800 mg	1		
adefovir dipivoxil tab 10 mg (Hepsera)	1		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	2		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	1		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1		QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1		QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2		QL (630 mls/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	1		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	1		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	2		QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	2		QL (180 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	1		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1		QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	1		QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	3		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2		QL (680 mls/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
entecavir tab 0.5 mg, 1 mg (Baraclude)	1		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	2	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	2	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	2	SP	PA, QL (60 packets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	3		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	3		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	3		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	1		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	1		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	2	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	2	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	2	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	2		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	3		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2		QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	3		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	3		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	2		QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	1		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	1		QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
lamivudine tab 150 mg (Epivir)	1		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	1		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	1		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	2	SP	PA, QL (30 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	3	SP	PA, LD, QL (120 tablets/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	1		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	1		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	2	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	2	SP	PA, QL (150 packets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	2		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	1		QL (30 tablets/30 days)
nevirapine tab 200 mg	1		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	3		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	2		QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1		QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	2		QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	3	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	3	SP	PA
PIFELTRO - doravirine tab 100 mg	2		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	3		
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	3		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2		QL (300 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PREZISTA - darunavir tab 150 mg	2		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	3		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	3		QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3		QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	3		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	3		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	2		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	3		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	3		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	2		
RIBAVIRIN - ribavirin tab 200 mg	2		
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	3		
ritonavir tab 100 mg (Norvir)	1		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	2		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	3		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	3		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	2	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	2	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	2	SP	PA, QL (30 packets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab 300 mg	2		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	2		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	2		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	3		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2		QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv)	3		QL (300 mls/120 days)
TAMIFLU - oseltamivir phosphate cap 30 mg (base equiv)	3		QL (40 capsules/120 days)
TAMIFLU - oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	3		QL (20 capsules/120 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	3		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	2		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	2		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2		QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	3		QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	SP	PA, QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	3		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	3		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	1		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	1		QL (1920 mls/30 days)
zidovudine tab 300 mg	1		QL (60 tablets/30 days)
ANTIMALARIALS			
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	3		
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1		
chloroquine phosphate tab 250 mg, 500 mg	1		
COARTEM - artemether-lumefantrine tab 20-120 mg	2		
DARAPRIM - pyrimethamine tab 25 mg	3	SP	PA, LD, QL (90 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1		
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	3		
mefloquine hcl tab 250 mg	1		
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	3		
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg (15 mg base)	3		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1		
pyrimethamine tab 25 mg (Daraprim)	1	SP	PA, QL (90 tablets/30 days)
QUALAQUIN - quinine sulfate cap 324 mg	3		QL (42 capsules/90 days)
quinine sulfate cap 324 mg (Qualaquin)	1		QL (42 capsules/90 days)
ANTHELMINTICS			
albendazole tab 200 mg	1		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2		LD
BILTRICIDE - praziquantel tab 600 mg	3		
EGATEN - triclabendazole tab 250 mg	2	SP	PA
EMVERM - mebendazole chew tab 100 mg	3		PA, QL (180 tablets/30 days)
ivermectin tab 3 mg (Stromectol)	1		
praziquantel tab 600 mg (Biltricide)	1		
STROMECTOL - ivermectin tab 3 mg	3		
ANTI-INFECTIVE AGENTS - MISC.			
atovaquone susp 750 mg/5ml (Mepron)	1		
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	3		
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	3		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	2	SP	LD
CLEOCIN - clindamycin hcl cap 75 mg, 150 mg, 300 mg	3		
CLEOCIN PEDIATRIC GRANULE - clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3		
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	1		
COLY-MYCIN M - colistimethate sod for inj 150 mg (colistin base activity)	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
dapsone tab 25 mg, 100 mg	1		
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base equivalent)	3		
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3		QL (1200 mls/30 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	1		
HIPREX - methenamine hippurate tab 1 gm	3		
IMPAVIDO - miltefosine cap 50 mg	2	SP	PA
LAMPIT - nifurtimox tab 30 mg	3		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	3		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	1		
linezolid tab 600 mg (Zyvox)	1		
MACROBID - nitrofurantoin monohydrate macrocrystalline cap 100 mg	3		
MACRODANTIN - nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg	3		
MEPRON - atovaquone susp 750 mg/5ml	3		
methenamine hippurate tab 1 gm (Hiprex)	1		
metronidazole tab 250 mg, 500 mg	1		
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	3		
nitazoxanide tab 500 mg	1		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	1		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1		
nitrofurantoin susp 25 mg/5ml	1		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1		
SIVEXTRO - tedizolid phosphate tab 200 mg	2		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1		
tinidazole tab 250 mg, 500 mg	1		
TRIMETHOPRIM - trimethoprim tab 100 mg	3		
trimethoprim tab 100 mg (Trimethoprim)	1		
VANCOCIN - vancomycin hcl cap 125 mg (base equivalent)	3		QL (480 capsules/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
VANCOCIN - vancomycin hcl cap 250 mg (base equivalent)	3		QL (240 capsules/30 days)
vancomycin hcl cap 125 mg (base equivalent) (Vancocin)	1		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	1		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	1		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	1		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 200 mg	3		PA, QL (9 tablets/180 days)
XIFAXAN - rifaximin tab 550 mg	2		PA, QL (90 tablets/30 days)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3		
AFLURIA 2024-2025 - influenza virus vaccine split im susp	3		QL (1 vaccine/90 days)
AFLURIA 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	3		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3		
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	3		QL (1 vaccine/90 days)
COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	3		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	3		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3		
FLUAD 2024-2025 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	3		QL (1 vaccine/90 days)
FLUARIX 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3		QL (1 vaccine/90 days)
FLUBLOK 2024-2025 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	3		QL (1 vaccine/90 days)
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	3		QL (1 vaccine/90 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit im susp	3		QL (1 vaccine/90 days)
FLULAVAL 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3		QL (1 vaccine/90 days)
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	3		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE 2024-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	3		QL (1 vaccine/90 days)
FLUZONE 2024-2025 - influenza virus vaccine split im susp	3		QL (1 vaccine/90 days)
FLUZONE 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3		
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	3		
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	3		
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3		
MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	3		
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3		
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	3		
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	3		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	3		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	3		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	3		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	3		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	3		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3		
ROTARIX - rotavirus vaccine, live oral susp	3		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	3		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	3		
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	3		
VAXCHORA - cholera vaccine live attenuated for oral susp	3		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	3		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	3		
TOXOIDS			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3		
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3		
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3		
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	3		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	3		
PASSIVE IMMUNIZING AGENTS			
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	2	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	3	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	2	SP	PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	2	SP	PA
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	3	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	3	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous sol pref syr 10 gm/50ml	3	SP	PA, LD
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	3	SP	PA, LD
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	3	SP	PA, LD
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	3	SP	PA, LD
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	3	SP	PA, LD

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	3	SP	PA, LD
BIOLOGICALS MISC			
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	3		
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	3		
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 mg	3	SP	PA, LD, QL (1 starter kit/180 days)
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	3	SP	PA, LD, QL (1 pack/180 days)
PALFORZIA LEVEL 0 - peanut powder-dnfp cap sprinkle pack 1 x 1 mg (1 mg dose)	3	SP	PA, LD, QL (30 capsules/30 days)
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	3	SP	PA, LD, QL (90 capsules/30 days)
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	3	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg	3	SP	PA, LD, QL (30 packets/30 days)
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg	3	SP	PA, LD, QL (30 packets/30 days)
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	3	SP	PA, LD, QL (180 capsules/30 days)
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	3	SP	PA, LD, QL (90 capsules/30 days)
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	3	SP	PA, LD, QL (30 capsules/30 days)
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	3	SP	PA, LD, QL (60 capsules/30 days)
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	3	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	3	SP	PA, LD, QL (60 capsules/30 days)
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	3	SP	PA, LD, QL (120 capsules/30 days)
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	3	SP	PA, LD, QL (60 capsules/30 days)
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	3		
ANTINEOPLASTIC AGENTS			
ANTINEOPLASTICS			
abiraterone acetate tab 250 mg (Zytiga)	1	SP	PA, QL (120 tablets/30 days)
abiraterone acetate tab 500 mg (Zytiga)	1	SP	PA, QL (60 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	SP	PA, LD
AFINITOR - everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	3	SP	PA, LD, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg, 5 mg	3	SP	PA, LD, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	3	SP	PA, LD, QL (90 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	2	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	2	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	2	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	2	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	2	SP	PA, LD, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	2	SP	PA, QL (240 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	2	SP	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	2		PA, QL (1 pack/28 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	2	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	2	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	2	SP	PA, LD, QL (2 syringes/28 days)
bexarotene cap 75 mg (Targretin)	1	SP	PA
bicalutamide tab 50 mg (Casodex)	1		
BOSULIF - bosutinib cap 50 mg	2	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	2	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	2	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	2	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)	2	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	1	SP	
CAPRELSA - vandetanib tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	2	SP	PA, LD, QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	2	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	2	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide cap 25 mg, 50 mg	3		
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	2		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1		
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)	2	SP	PA, LD, QL (112 tablets/28 days)
dasatinib tab 20 mg (Sprycel)	1	SP	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	1	SP	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	2	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg	2	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	2	SP	PA, LD, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	1	SP	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	1	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	2		
EULEXIN - flutamide cap 125 mg	3		LD
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	1	SP	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	1	SP	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	1	SP	PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	1		
FARESTON - toremifene citrate tab 60 mg (base equivalent)	3		
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	2	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	2	SP	PA, QL (84 capsules/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
FRUZAQLA - fruquintinib cap 5 mg	2	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	1	SP	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	2	SP	
GOMEKLI - mirdametinib tab for oral susp 1 mg	2	SP	PA, QL (168 tablets/28 days)
GOMEKLI - mirdametinib cap 1 mg	2	SP	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	2	SP	PA, QL (84 capsules/28 days)
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	2	SP	PA
HYDREA - hydroxyurea cap 500 mg	3		
hydroxyurea cap 500 mg (Hydrea)	1		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	2	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	2	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)	2	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	1	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	1	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	2	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	2	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	2	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	2	SP	PA, LD, QL (120 capsules/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	2	SP	PA, QL (280 mls/28 days)
INLYTA - axitinib tab 1 mg	2	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	2	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	2	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg	3	SP	PA, LD, QL (30 tablets/30 days)
ITOVEBI - inavolisib tab 3 mg	2	SP	PA, QL (56 tablets/28 days)
ITOVEBI - inavolisib tab 9 mg	2	SP	PA, QL (28 tablets/28 days)
IWILFIN - eflornithine hcl tab 192 mg	2	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base	2	SP	PA, LD, QL (60 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
equivalent), 20 mg (base equivalent), 25 mg (base equivalent)			
JAYPIRCA - pirtobrutinib tab 50 mg	2	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	2	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)	2	SP	PA, QL (63 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	2	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	2	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	2	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	SP	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	2	SP	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	2	SP	PA, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	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)	2	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	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)	2	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	1		
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	1		
LEUKERAN - chlorambucil tab 2 mg	2		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	2	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	2	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	2	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	2	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	2	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg	2	SP	PA, LD, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	2	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	2	SP	PA, LD, QL (120 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
LYSODREN - mitotane tab 500 mg	2	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	2	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	2	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	2	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	2	SP	LD
megestrol acetate susp 40 mg/ml	1		
megestrol acetate tab 20 mg, 40 mg	1		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	2	SP	PA, LD, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	1	SP	
mercaptopurine tab 50 mg	1		
mesna tab 400 mg (Mesnex)	1		
MESNEX - mesna tab 400 mg	3		
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	2		
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3		
METHOTREXATE SODIUM - methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	3		
methotrexate sodium for inj 1 gm	1		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1		
methotrexate sodium tab 2.5 mg (base equiv)	1		
MYLERAN - busulfan tab 2 mg	2		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	2	SP	PA, LD, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	3	SP	PA, LD, QL (120 tablets/30 days)
NILANDRON - nilutamide tab 150 mg	3		
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	1	SP	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg (Nilandron)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	2	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	2	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	2	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	2	SP	PA, LD, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	2	SP	PA, LD, QL (56 tablets/28 days)
OJEMDA - tovorafenib tab 100 mg	2	SP	PA, QL (24 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	2	SP	PA, QL (96 mls/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	2	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	2	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	2	SP	PA, LD, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	1	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	2	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	2	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	2	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	3	SP	LD
QINLOCK - ripretinib tab 50 mg	2	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	2	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	2	SP	PA, LD, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	2	SP	PA, LD, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	2	SP	PA, LD, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	2	SP	PA, LD, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg	2	SP	PA, LD, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	2	SP	PA, QL (8 capsules/28 day)
ROZLYTREK - entrectinib pellet pack 50 mg	2	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	2	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	2	SP	PA, LD, QL (90 capsules/30 days)

Drug Name	Drug Tier	Specialty	Requirements/Limits
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	2	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	2	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	2	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	2	SP	PA, LD, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3		
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	SP	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	3	SP	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	3	SP	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	2	SP	PA, LD, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	1	SP	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	1	SP	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	3	SP	PA, LD, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)	3	SP	PA, LD, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	2		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	2	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	2	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.25 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	2	SP	PA, LD, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TARCEVA - erlotinib hcl tab 100 mg (base equivalent)	3	SP	PA, LD, QL (30 tablets/30 days)
TARGRETIN - bexarotene cap 75 mg	3	SP	PA
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	2	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	2	SP	PA, LD, QL (240 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg	1	SP	PA
temozolomide cap 250 mg (Temodar)	1	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	2	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	2	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1		
tretinoin cap 10 mg	1	SP	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	2	SP	PA, LD, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	2	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	2	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	2	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	2	SP	PA, LD, QL (120 capsules/30 days)
TYKERB - lapatinib ditosylate tab 250 mg (base equiv)	3	SP	PA, QL (180 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	2	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	2	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	2	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	3	SP	PA, QL (120 tablets/30 days)
WELIREG - belzutifan tab 40 mg	2	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	2	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg	2	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	2	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	2	SP	PA, LD, QL (180 capsules/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	2	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	2	SP	PA, LD, QL (16 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	2	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)	2	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	2	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	2	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	2	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	2	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	2	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	2	SP	PA, LD, QL (90 tablets/30 days)
ENDOCRINE AND METABOLIC DRUGS			
CORTICOSTEROIDS			
AGAMREE - vamorolone oral susp 40 mg/ml	3	SP	PA, QL (3 bottles/30 days)
budesonide delayed release particles cap 3 mg	1		
budesonide tab er 24hr 9 mg (Uceris)	1		
CORTISONE ACETATE - cortisone acetate tab 25 mg	3		
deflazacort susp 22.75 mg/ml (Emflaza)	1	SP	PA, LD
deflazacort tab 6 mg (Emflaza)	1	SP	PA, LD, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	1	SP	PA, LD, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	1	SP	PA, LD
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	2		
dexamethasone elixir 0.5 mg/5ml	1		
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	3		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1		
EMFLAZA - deflazacort susp 22.75 mg/ml	3	SP	PA, LD

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMFLAZA - deflazacort tab 6 mg	3	SP	PA, LD, QL (60 tablets/30 days)
EMFLAZA - deflazacort tab 18 mg	3	SP	PA, LD, QL (30 tablets/30 days)
EMFLAZA - deflazacort tab 30 mg, 36 mg	3	SP	PA, LD
EOHILIA - budesonide oral suspension 2 mg/10ml	3		PA, QL (600 mls/30 days)
fludrocortisone acetate tab 0.1 mg	1		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1		
MEDROL - methylprednisolone tab 2 mg, 4 mg, 8 mg, 16 mg	3		
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	3		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	1		
PEDIAPRED - prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	3		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1		
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (Pediapred)	1		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	3		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1		
prednisolone soln 15 mg/5ml	1		
prednisolone tab 5 mg	1		
PREDNISONE - prednisone oral soln 5 mg/5ml	2		
PREDNISONE INTENSOL - prednisone conc 5 mg/ml	3		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1		
TARPEYO - budesonide delayed release cap 4 mg	3	SP	PA, LD, QL (120 capsules/30 days)
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	1		PA
METHITEST - methyltestosterone oral tab 10 mg	3		PA, QL (600 tablets/30 days)
methyltestosterone cap 10 mg	1		PA, QL (600 capsules/30 days)
TESTOSTERONE - testosterone td gel 10mg/act (2%)	2		PA, QL (2 pumps/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1		QL (1 vial/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	1		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	1		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	1		PA, QL (2 pumps/30 days)
ESTROGENS			
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr	3		QL (8 patches/28 days)
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	3		
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg	3		
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2		QL (4 patches/28 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	3		QL (8 patches/28 day)
DELESTROGEN - estradiol valerate im in oil 10 mg/ml, 20 mg/ml	3	SP	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)	3		QL (30 packets/30 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2		
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3		QL (1 pump/30 days)
ESTRACE - estradiol tab 0.5 mg, 1 mg, 2 mg	3		
estradiol & norethindrone acetate tab 0.5-0.1 mg	1		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1		
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	1		QL (1 pump/30 days)
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1		
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1		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)	1		QL (8 patches/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1		QL (4 patches/28 days)
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	1	SP	
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	3		QL (1 pump/30 days)
EVAMIST - estradiol transdermal spray 1.53 mg/spray	3		QL (5 bottles/93 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	2		
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	3		QL (4 patches/28 days)
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2		PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1		
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2		
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2		
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2		
CONTRACEPTIVES			
BEYAZ - drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	3		
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 estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
DROSPIRENONE/ETHINYL ESTR - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2		
ELLA - ulipristal acetate tab 30 mg	2		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1		
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)	1		PA

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3		
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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2		
OPILL - norgestrel tab 0.075 mg	2		
PLAN B ONE-STEP - levonorgestrel tab 1.5 mg	3		
SAFYRAL - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3		
SLYND - drospirenone tab 4 mg	3		
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2		
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg	3		
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	3		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1		
norethindrone acetate tab 5 mg (Aygestin)	1		
progesterone cap 100 mg, 200 mg (Prometrium)	1		
PROVERA - medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	3		
ANTIDIABETICS			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	1		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ dose	2		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/ dose	2		
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)	3		
diazoxide susp 50 mg/ml (Proglycem)	1		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2		ST, QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1		
GLIPIZIDE - glipizide tab 2.5 mg	3		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1		
glipizide tab 5 mg, 10 mg	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1		
glucagon (rdna) for inj kit 1 mg	1		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	2		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2		ST, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2		
JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	2		ST, QL (30 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2		ST, QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2		ST, QL (30 tablets/30 days)
KORLYM - mifepristone tab 300 mg	3	SP	PA, LD, QL (120 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	1		
metformin hcl tab 500 mg, 850 mg, 1000 mg	1		
mifepristone tab 300 mg (Korlym)	1	SP	PA, QL (120 tablets/30 days)
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	2		
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	2		PA, QL (4 pens/180 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2		PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	1		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2		PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	1		
PROGLYCEM - diazoxide susp 50 mg/ml	3		
repaglinide tab 0.5 mg, 1 mg, 2 mg	1		
RYBELSUS - semaglutide tab 3 mg	2		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	2		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	1		QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	1		QL (60 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	1		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2		
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2		
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	2		ST, QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	2		ST, QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
Rapid-Acting Insulins			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2		
HUMALOG - insulin lispro inj soln 100 unit/ml	2		
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2		
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2		
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	2		
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2		
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
Short-Acting Insulins			
AFREZZA - insulin regular (human) inhalation powder 4 unit/cartridge	3		PA, QL (2520 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 8 unit/cartridge	3		PA, QL (1260 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 12 unit/cartridge	3		PA, QL (900 cartridges/30 days)
AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	3		PA, QL (1800 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	3		PA, QL (1080 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart	3		PA, QL (1260 cartridges/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
HUMULIN R - insulin regular (human) inj 100 unit/ml	2		
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2		
RELION R - insulin regular (human) inj 100 unit/ml	2		
Intermediate-Acting Insulins			
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2		
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2		
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2		
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
Basal Insulins			
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	3		
BASAGLAR TEMPO PEN - insulin glargine pen-inj with transmitter port 100 unit/ml	3		
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	2		
INSULIN DEGLUDEC FLEXTOUC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
LANTUS - insulin glargine inj 100 unit/ml	2		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		
TRESIBA - insulin degludec inj 100 unit/ml	2		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
THYROID AGENTS			
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	3		
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	3		
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	3		
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1		
methimazole tab 5 mg, 10 mg	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	3		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	3		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	3		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	3		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	3		
propylthiouracil tab 50 mg	1		
RENTHYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3		
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2		
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	3		
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	1		QL (28 tablets/270 days)
ENDOCRINE and METABOLIC AGENTS - MISC.			
ACTHAR - corticotropin inj gel 80 unit/ml	3	SP	PA, LD, QL (7 vials/21 days)
ACTHAR GEL - corticotropin subcutaneous gel pen-injector 40 unit/0.5ml, 80 unit/ml	3	SP	PA, LD
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	3		
alendronate sodium oral soln 70 mg/75ml	1		
alendronate sodium tab 10 mg, 35 mg	1		
alendronate sodium tab 70 mg (Fosamax)	1		
betaine powder for oral solution (Cystadane)	1	SP	PA
BINOSTO - alendronate sodium effervescent tab 70 mg	3		
BUPHENYL - sodium phenylbutyrate tab 500 mg	3	SP	PA, LD, QL (1200 tablets/30 days)
cabergoline tab 0.5 mg	1		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	1		
calcitonin (salmon) nasal soln 200 unit/act	1		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	1		
CARBAGLU - carglumic acid soluble tab 200 mg	3	SP	LD
carglumic acid soluble tab 200 mg (Carbaglu)	1	SP	

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARNITOR - levocarnitine tab 330 mg	3		
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	3		
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	3		
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1		PA
CRENESSITY - crinecerfont cap 50 mg, 100 mg	3	SP	PA, LD, QL (60 capsules/30 days)
CRENESSITY - crinecerfont oral soln 50 mg/ml	3	SP	PA, LD, QL (120 mls/30 days)
CYSTADANE - betaine powder for oral solution	3	SP	PA, LD
DDAVP - desmopressin acetate inj 4 mcg/ml	3		
DDAVP - desmopressin acetate preservative free (pf) inj 4 mcg/ml	3		
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	3		
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	2		
desmopressin acetate inj 4 mcg/ml (Ddavp)	1		
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1		
DOXERCALCIFEROL - doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	2		
EGRIFTA SV - tesamorelin acetate for inj 2 mg (base equiv)	3	SP	PA
FOSAMAX - alendronate sodium tab 70 mg	3		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	3	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	2	SP	PA
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	2	SP	PA
ibandronate sodium tab 150 mg (base equivalent)	1		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	2	SP	PA, LD
ISTURISA - osilodrostat phosphate tab 1 mg	3	SP	PA, LD, QL (240 tablets/30 days)
ISTURISA - osilodrostat phosphate tab 5 mg	3	SP	PA, LD, QL (300 tablets/30 days)
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	3	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	3	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	3	SP	PA, LD, QL (60 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
JYNARQUE - tolvaptan tab 30 mg	3	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	2		ST, QL (30 tablets/30 days)
KUVAN - sapropterin dihydrochloride tab 100 mg	3	SP	PA, LD
KUVAN - sapropterin dihydrochloride powder packet 100 mg, 500 mg	3	SP	PA, LD
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1		
levocarnitine tab 330 mg (Carnitor)	1		
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	3		
MIFEPREX - mifepristone tab 200 mg	2		
mifepristone tab 200 mg (Mifeprex)	1		
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	3	SP	PA, LD, QL (30 vials/30 days)
MYCAPSSA - octreotide acetate cap delayed release 20 mg	3	SP	PA, LD, QL (120 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	1	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	2	SP	PA, LD
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	2	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	3	SP	PA, LD
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	3	SP	
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	1	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	2	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	2	SP	PA, LD
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	3	SP	PA, LD, QL (8 capsules/28 days)
ORFADIN - nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	3	SP	PA, LD
ORFADIN - nitisinone susp 4 mg/ml	2	SP	PA, LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	2		PA, QL (60 tablets/30 days)
OSPHENA - ospemifene tab 60 mg	3		
OVIDREL - choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml	2		
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml	3	SP	PA, LD, QL (30 syringes/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	3	SP	PA, LD, QL (60 syringes/30 days)
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	1		
paricalcitol cap 4 mcg	1		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	3	SP	PA, LD, QL (7 bottles/29 days)
raloxifene hcl tab 60 mg (Evista)	1		
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	3	SP	PA, LD, QL (525 mls/30 days)
risedronate sodium tab delayed release 35 mg (Atelvia)	1		
risedronate sodium tab 5 mg, 30 mg	1		
risedronate sodium tab 35 mg, 150 mg (Actonel)	1		
ROCALTROL - calcitriol cap 0.25 mcg, 0.5 mcg	3		
ROCALTROL - calcitriol oral soln 1 mcg/ml	3		
SAMSCA - tolvaptan tab 15 mg	3	SP	LD, QL (30 tablets/365 days)
SANDOSTATIN - octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)	3	SP	
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	1	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	1	SP	PA, LD
SENSIPAR - cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	3		PA
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg	3	SP	PA, LD
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	3	SP	PA, LD, QL (60 vials/30 days)
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv)	3	SP	PA, LD, QL (1 vial/28 days)
sodium phenylbutyrate oral powder 3 gm/ teaspoonful (Buphenyl)	1	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	1	SP	PA, QL (1200 tablets/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	2	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	2	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	SP	
TERIPARATIDE - teriparatide soln pen-inj 620 mcg/2.48ml	3	SP	PA

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	1	SP	PA
tolvaptan tab 15 mg (Samsca)	1	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	1	SP	QL (60 tablets/365 days)
TRYNGOLZA - olezarsen sod subcut soln auto-inject 80 mg/0.8ml (base eq)	3	SP	PA, LD, QL (1 pen/28 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	SP	PA, LD
VEOZAH - fezolinetant tab 45 mg	3		PA, LD, QL (30 tablets/30 days)
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	3	SP	PA, LD, QL (30 vials/30 days)
XURIDEN - uridine triacetate oral granules packet 2 gm	3	SP	PA, LD
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)	3	SP	PA, LD, QL (2 pens/28 days)
ZEMPLAR - paricalcitol cap 1 mcg, 2 mcg	3		
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
DIGOXIN - digoxin oral soln 0.05 mg/ml	3		
digoxin oral soln 0.05 mg/ml (Digoxin)	1		
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1		
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	3		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)	1		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	2		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1		
NITRO-BID - nitroglycerin oint 2%	2		
NITRO-DUR - nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3		
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	2		
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	3		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	3		
NITROSTAT - nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	3		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	1		
BETA BLOCKERS			
acebutolol hcl cap 200 mg, 400 mg	1		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1		
betaxolol hcl tab 10 mg, 20 mg	1		
bisoprolol fumarate tab 5 mg, 10 mg	1		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1		
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	2		
labetalol hcl tab 100 mg, 200 mg, 300 mg	1		
LOPRESSOR - metoprolol tartrate tab 50 mg, 100 mg	3		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	1		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1		
pindolol tab 5 mg, 10 mg	1		
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	2		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1		
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	2		
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1		
sotalol hcl tab 240 mg	1		
timolol maleate tab 5 mg, 10 mg, 20 mg	1		
TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	3		
CALCIUM CHANNEL BLOCKERS			

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	1		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	1		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1		
diltiazem hcl tab 90 mg	1		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1		
isradipine cap 2.5 mg, 5 mg	1		
nicardipine hcl cap 20 mg, 30 mg	1		
nifedipine cap 10 mg, 20 mg	1		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1		
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	3		
nimodipine cap 30 mg	1		
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg	2		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	1		
NYMALIZE - nimodipine oral soln 6 mg/ml	3		
SULAR - nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	3		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	1		
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	3		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1		
verapamil hcl tab 40 mg, 80 mg, 120 mg	1		
VERAPAMIL HYDROCHLORIDE E - verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg	3		
VERAPAMIL HYDROCHLORIDE S - verapamil hcl cap er 24hr 360 mg	3		
VERELAN - verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg, 360 mg	3		
ANTIARRHYTHMICS			

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
| **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
| **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
amiodarone hcl tab 100 mg, 200 mg, 400 mg	1		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1		
flecainide acetate tab 50 mg, 100 mg, 150 mg	1		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	2		
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	3		
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	3		
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1		
propafenone hcl tab 150 mg, 225 mg, 300 mg	1		
quinidine gluconate tab er 324 mg	1		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	3		
ANTIHYPERTENSIVES			
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	3		
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	1		
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	1		
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1		
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	1		
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1		
benazepril & hydrochlorothiazide tab 5-6.25 mg	1		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1		
benazepril hcl tab 5 mg	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1		
LOTENSIN - benazepril hcl tab 10 mg, 20 mg, 40 mg	3		
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	3		
METHYLDOPA - methyldopa tab 500 mg	2		
methyldopa tab 250 mg	1		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1		
minoxidil tab 2.5 mg, 10 mg	1		
moexipril hcl tab 7.5 mg, 15 mg	1		
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1		
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1		
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	1		
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	2		
perindopril erbumine tab 4 mg	1		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	1		
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-25 mg	3		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1		
TEKTURNA - aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	3		
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1		
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)	1		
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	2		
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	3		
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	3		
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	1		
fenofibrate tab 48 mg, 145 mg (Tricor)	1		
fenofibrate tab 54 mg, 160 mg	1		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	1		
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	3	SP	PA, LD, QL (30 capsules/30 days)
LOPID - gemfibrozil tab 600 mg	3		
lovastatin tab 10 mg, 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	2		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic)	1		
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	1		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	1		QL (45 tablets/30 days)
pitavastatin calcium tab 4 mg (Livalo)	1		QL (30 tablets/30 days)
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
QUESTRAN - cholestyramine powder 4 gm/dose	3		
QUESTRAN - cholestyramine powder packets 4 gm	3		
QUESTRAN LIGHT - cholestyramine light powder 4 gm/dose	3		
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		PA, QL (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2		PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	1		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	1		QL (30 tablets/30 days)
simvastatin tab 5 mg	1		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	1		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	1		QL (60 tablets/30 days)
simvastatin tab 80 mg	1		QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRICOR - fenofibrate tab 48 mg, 145 mg	3		
VASCEPA - icosapent ethyl cap 0.5 gm	2		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	2		PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	3	SP	PA, LD, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	1	SP	PA, LD, QL (30 tablets/30 days)
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	2	SP	PA, LD, QL (112 tablets/28 days)
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3		
bosentan tab 62.5 mg, 125 mg (Tracleer)	1	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	3	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	3		LD
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2		QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	2		QL (240 capsules/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1		
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	1		
LETAIRIS - ambrisentan tab 5 mg, 10 mg	3	SP	PA, LD, QL (30 tablets/30 days)
OPSUMIT - macitentan tab 10 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	3	SP	PA, LD
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	3	SP	PA, LD, QL (1 kit/180 days)
REMODULIN - treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)	3	SP	PA, LD
sildenafil citrate for suspension 10 mg/ml (Revatio)	1		PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	1		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	1	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab 62.5 mg, 125 mg	3	SP	PA, LD, QL (60 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRACLEER - bosentan tab for oral susp 32 mg	2	SP	PA, LD, QL (120 tablets/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)	1	SP	PA
TYVASO - treprostinil inhalation solution 0.6 mg/ml	3	SP	PA, LD, QL (28 ampules/28 days)
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge	3	SP	PA, LD, QL (112 cartridges/28 days)
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	3	SP	PA, LD, QL (252 cartridges/180 days)
TYVASO REFILL KIT - treprostinil inhalation solution 0.6 mg/ml	3	SP	PA, LD, QL (28 ampules/28 days)
TYVASO STARTER KIT - treprostinil inhalation solution 0.6 mg/ml	3	SP	PA, LD, QL (1 kit/180 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	2	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	2	SP	PA, LD, QL (68 ampules/30 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	2	SP	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	2	SP	PA, QL (120 capsules/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	3	SP	PA, LD, QL (1 kit/21 days)
ERECTILE DYSFUNCTION			
CIALIS - tadalafil tab 5 mg	3		QL (30 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	1		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTIHISTAMINES			
carbinoxamine maleate tab 4 mg	1		
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	3		
cyproheptadine hcl syrup 2 mg/5ml	1		
cyproheptadine hcl tab 4 mg	1		
desloratadine tab 5 mg (Clarinex)	1		
levocetirizine dihydrochloride tab 5 mg	1		
loratadine oral soln 5 mg/5ml	1		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	1		
loratadine tab 10 mg	1		
promethazine hcl oral soln 6.25 mg/5ml	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
promethazine hcl suppos 12.5 mg, 25 mg	1		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1		
PROMETHEGAN - promethazine hcl suppos 50 mg	3		
NASAL AGENTS - SYSTEMIC and TOPICAL			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1		
flunisolide nasal soln 25 mcg/act (0.025%)	1		
fluticasone propionate nasal susp 50 mcg/act	1		
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	1		
olopatadine hcl nasal soln 0.6% (Patanase)	1		
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	3		PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY			
acetylcysteine inhal soln 10%, 20%	1		
benzonatate cap 100 mg, 200 mg	1		
HYCODAN - hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	3		
HYCODAN - hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	3		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	1		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	1		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2		
HYPERSAL - sodium chloride soln nebu 7%	3		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	1		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	1		
promethazine w/ codeine syrup 6.25-10 mg/5ml	1		
promethazine-dm syrup 6.25-15 mg/5ml	1		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1		
sodium chloride soln nebu 3%, 10%	1		
sodium chloride soln nebu 7% (Hypersal)	1		
ANTIASTHMATIC and BRONCHODILATOR AGENTS			
ACCOLATE - zafirlukast tab 10 mg, 20 mg	3		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2		QL (1 canister/30 days)
AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	2		QL (3 inhalers/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1		QL (2 inhalers/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1		
albuterol sulfate syrup 2 mg/5ml	1		
albuterol sulfate tab 2 mg, 4 mg	1		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2		QL (2 canisters/30 days)
BEVESPI AEROSPHERE - glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	3		QL (1 canister/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2		QL (1 inhaler/30 days)
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	3		
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	1		PA, QL (3 inhalers/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2		QL (2 canisters/30 days)
cromolyn sodium soln nebu 20 mg/2ml	1		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2		QL (3 canisters/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	2	SP	PA, LD, QL (1 pen/56 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	2		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	2		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act	2		QL (2 canisters/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	1		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1		
montelukast sodium tab 10 mg (base equiv) (Singulair)	1		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	2	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2		QL (1 canister/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2		QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	1		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2		QL (60 blisters/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2		QL (30 capsules/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	1		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	2	SP	PA, LD, QL (1 pen/28 days)
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	3		
theophylline elixir 80 mg/15ml	1		
THEOPHYLLINE ER - theophylline tab er 12hr 100 mg, 200 mg	3		
theophylline soln 80 mg/15ml	1		
theophylline tab er 12hr 300 mg, 450 mg	1		
theophylline tab er 24hr 400 mg, 600 mg	1		
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	1		PA, QL (30 capsules/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2		QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2		QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	SP	PA, LD
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	1		
zileuton tab er 12hr 600 mg	1		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg	2	SP	PA, LD, QL (84 tablets/28 days)
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg	2	SP	PA, LD, QL (56 tablets/28 days)
BRONCHITOL - mannitol inhal cap 40 mg	3	SP	
BRONCHITOL TOLERANCE TEST - mannitol inhal cap 40 mg	3	SP	
ESBRIET - pirfenidone cap 267 mg	3	SP	PA, LD, QL (180 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg	3	SP	PA, LD, QL (180 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg	3	SP	PA, LD, QL (90 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
KALYDECO - ivacaftor tab 150 mg	2	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	2	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	3	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	3	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	3	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	3	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	1	SP	PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	1	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	1	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	SP	PA, LD, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	2	SP	PA, LD, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS			
LAXATIVES			
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3		
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	3		
lactulose solution 10 gm/15ml	1		
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	3		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1		
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PLENVU - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	3		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1		
SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	3		
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3		
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3		
ANTIDIARRHEALS			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1		
LOMOTIL - diphenoxylate w/ atropine tab 2.5-0.025 mg	3		
MYTESI - crofelemer tab delayed release 125 mg	3		LD
ULCER DRUGS			
cimetidine hcl soln 300 mg/5ml	1		
CUVPOSA - glycopyrrolate oral soln 1 mg/5ml	3		
CYTOTEC - misoprostol tab 100 mcg, 200 mcg	3		
dicyclomine hcl cap 10 mg	1		
dicyclomine hcl oral soln 10 mg/5ml	1		
dicyclomine hcl tab 20 mg	1		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	1		QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)	1		QL (30 packets/30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	1		QL (30 packets/30 days)
famotidine for susp 40 mg/5ml	1		
famotidine tab 20 mg, 40 mg (Pepcid)	1		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1		
glycopyrrolate tab 1 mg (Robinul)	1		
glycopyrrolate tab 2 mg (Robinul forte)	1		
HELIDAC THERAPY - metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	3		
lansoprazole cap delayed release 30 mg (Prevacid)	1		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	1		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	3		QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	3		QL (30 packets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
NIZATIDINE - nizatidine cap 300 mg	3		
nizatidine cap 150 mg	1		
omeprazole cap delayed release 10 mg, 40 mg	1		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	1		
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	1		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	1		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	1		
ANTIEMETICS			
AKYNZEO - netupitant-palonosetron cap 300-0.5 mg	3		QL (2 capsules/30 days)
ANZEMET - dolasetron mesylate tab 50 mg	3		QL (7 tablets/30 days)
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1		QL (2 packs/30 days)
aprepitant capsule 40 mg	1		
aprepitant capsule 80 mg (Emend)	1		QL (4 capsules/30 days)
aprepitant capsule 125 mg	1		QL (2 capsules/30 days)
BONJESTA - doxylamine-pyridoxine tab er 20-20 mg	3		PA, QL (60 tablets/30 days)
DICLEGIS - doxylamine-pyridoxine tab delayed release 10-10 mg	3		PA, QL (120 tablets/30 days)
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	1		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg (Marinol)	1		
dronabinol cap 5 mg, 10 mg	1		
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	2		QL (6 packages/30 days)
EMEND BIPACK - aprepitant capsule 80 mg	3		QL (4 capsules/30 days)
EMEND TRIPACK - aprepitant capsule therapy pack 80 & 125 mg	3		QL (2 packs/30 days)
granisetron hcl tab 1 mg	1		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	1		
ONDANSETRON HCL - ondansetron hcl tab 24 mg	3		QL (1 tablet/30 days)
ondansetron hcl oral soln 4 mg/5ml	1		
ondansetron hcl tab 4 mg, 8 mg	1		
ondansetron orally disintegrating tab 4 mg, 8 mg	1		
SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	3		ST, QL (2 patches/30 days)
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1		
trimethobenzamide hcl cap 300 mg	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2	SP	LD, QL (4 tablets/30 days)
DIGESTIVE AIDS			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2		
SUCRAID - sacrosidase soln 8500 unit/ml	3	SP	PA, LD, QL (236 mls/29 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	2		
GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	1		PA, QL (60 tablets/30 days)
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	2		ST
AZULFIDINE - sulfasalazine tab 500 mg	3		
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	3		
balsalazide disodium cap 750 mg (Colazal)	1		
BYLVAY - odevixibat cap 400 mcg	3	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - odevixibat cap 1200 mcg	3	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	3	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	3	SP	PA, LD, QL (300 capsules/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1		
calcium acetate (phosphate binder) tab 667 mg	1		
CHENODAL - chenodiol tab 250 mg	3	SP	PA, LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	3	SP	PA, LD
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	3	SP	PA, QL (2 kits/28 days)
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	3	SP	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	3	SP	PA, QL (1 kit/180 days)
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1		
CTEXLI - chenodiol tab 250 mg	3	SP	PA, QL (90 tablets/30 days)
DELZICOL - mesalamine cap dr 400 mg	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	2	SP	PA, LD, QL (2 pens/28 days)
FOSRENOL - lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)	3		ST
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	3		ST
GATTEX - teduglutide (rdna) for inj kit 5 mg	3	SP	PA, LD, QL (30 vials/30 days)
IQIRVO - elafibranor tab 80 mg	3	SP	PA, LD, QL (30 tablets/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	1		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1		
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	2		PA, QL (30 capsules/30 days)
LIVDELZI - seladelpar lysine cap 10 mg	3	SP	PA, QL (30 capsules/30 days)
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg	3	SP	PA, LD, QL (60 tablets/30 days)
LIVMARLI - maralixibat chloride tab 30 mg	3	SP	PA, LD, QL (30 tablets/30 days)
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	3	SP	PA, LD, QL (90 mls/30 days)
LIVMARLI - maralixibat chloride oral soln 19 mg/ml	3	SP	PA, LD, QL (60 mls/30 days)
lubiprostone cap 8 mcg (Amitiza)	1		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	1		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	1		
mesalamine cap er 24hr 0.375 gm (Apriso)	1		
mesalamine enema 4 gm	1		
mesalamine suppos 1000 mg (Canasa)	1		
mesalamine tab delayed release 800 mg	1		
mesalamine tab delayed release 1.2 gm (Lialda)	1		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	2	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	2	SP	PA, LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	2	SP	PA, LD, QL (2 syringes/28 days)
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	2	SP	PA, LD, QL (2 syringes/28 days)
REGLAN - metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
| **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
| **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
REZDIFFRA - resmetirom 60 mg tab	3	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	3	SP	PA, LD, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	3	SP	PA, LD, QL (30 tablets/30 days)
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1		
sevelamer carbonate tab 800 mg (Renvela)	1		
sevelamer hcl tab 400 mg	1		
sevelamer hcl tab 800 mg (Renagel)	1		
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	3		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1		
sulfasalazine tab 500 mg (Azulfidine)	1		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	2	SP	PA, QL (1 syringe/28 days)
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	2	SP	PA, QL (1 pen/28 days)
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	2	SP	PA, QL (3 packs/180 days)
TRULANCE - plecanatide tab 3 mg	2		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	1		
ursodiol tab 250 mg (Urso 250)	1		
ursodiol tab 500 mg (Urso forte)	1		
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	3		ST
VIBERZI - eluxadoline tab 75 mg, 100 mg	2		PA, QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	3	SP	PA, LD
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	3	SP	PA, LD
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	3	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	3	SP	PA, LD, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	3	SP	PA, LD, QL (2 syringes/28 days)
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	1		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	1		
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	1		QL (30 tablets/30 days)
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	2		QL (300 mls/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	2		QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	1		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	1		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	1		
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1		QL (60 tablets/30 days)
trospium chloride cap er 24hr 60 mg	1		QL (30 capsules/30 days)
trospium chloride tab 20 mg	1		QL (60 tablets/30 days)
VESICARE - solifenacin succinate tab 5 mg, 10 mg	3		QL (30 tablets/30 days)
VAGINAL PRODUCTS			
CLEOCIN - clindamycin phosphate vaginal cream 2%	3		
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	2		
clindamycin phosphate vaginal cream 2% (Cleocin)	1		
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	3		
CRINONE - progesterone vaginal gel 4%	3		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	3		
ESTRACE - estradiol vaginal cream 0.1 mg/gm	3		
estradiol vaginal cream 0.1 mg/gm (Estrace)	1		
estradiol vaginal tab 10 mcg (Vagifem)	1		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3		
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 4 mcg, 10 mcg	3		QL (8 suppositories/28 days)
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 4 mcg, 10 mcg	3		QL (18 suppositories/180 days)
INTRAROSA - prasterone vaginal insert 6.5 mg	3		
metronidazole vaginal gel 0.75%	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	3		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	3		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	2		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2		
terconazole vaginal cream 0.4%, 0.8%	1		
terconazole vaginal suppos 80 mg	1		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	3		
VANDAZOLE - metronidazole vaginal gel 0.75%	3		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	3		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	3		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	3		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	1		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	2		LD
dutasteride cap 0.5 mg (Avodart)	1		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1		
ELMIRON - pentosan polysulfate sodium caps 100 mg	3		PA
FILSPARI - sparsentan tab 200 mg, 400 mg	3	SP	PA, LD, QL (30 tablets/30 days)
finasteride tab 5 mg (Proscar)	1		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2		
LITHOSTAT - acetohydroxamic acid tab 250 mg	3		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1		
PROCYSBI - cysteamine bitartrate delayed release granules packet 75 mg, 300 mg	3	SP	PA, LD
PROCYSBI - cysteamine bitartrate cap delayed release 25 mg (base equiv), 75 mg (base equiv)	3	SP	PA, LD
PROSCAR - finasteride tab 5 mg	3		
RAPAFLO - silodosin cap 4 mg, 8 mg	3		
RIVFLOZA - nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml, 160 mg/ml	3	SP	PA, LD, QL (1 syringe/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
RIVFLOZA - nedosiran sodium subcutaneous soln 80 mg/0.5ml	3	SP	PA, LD, QL (2 vials/30 day)
silodosin cap 4 mg, 8 mg (Rapaflo)	1		
sodium chloride irrigation soln 0.9%	1		
sodium citrate & citric acid soln 500-334 mg/5ml	1		
SODIUM CITRATE/CITRIC ACI - sodium citrate & citric acid soln 500-334 mg/5ml	3		
tamsulosin hcl cap 0.4 mg (Flomax)	1		
THIOLA - tiopronin tab 100 mg	3	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 100 mg	3	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	3	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab delayed release 100 mg (Thiola ec)	1	SP	PA, LD, QL (600 tablets/30 days)
tiopronin tab delayed release 300 mg (Thiola ec)	1	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	1	SP	PA, LD, QL (600 tablets/30 days)
UROCIT-K 10 - potassium citrate tab er 10 meq (1080 mg)	3		
UROCIT-K 15 - potassium citrate tab er 15 meq (1620 mg)	3		
CENTRAL NERVOUS SYSTEM DRUGS			
ANTIANXIETY AGENTS			
ALPRAZOLAM INTENSOL - alprazolam conc 1 mg/ml	3		
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	1		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1		
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	1		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1		
clorazepate dipotassium tab 3.75 mg, 15 mg	1		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1		
diazepam conc 5 mg/ml	1		
diazepam oral soln 1 mg/ml	1		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1		
hydroxyzine hcl syrup 10 mg/5ml	1		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1		
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	3		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1		
lorazepam conc 2 mg/ml	1		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1		
meprobamate tab 200 mg, 400 mg	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
oxazepam cap 10 mg, 15 mg, 30 mg	1		
ANTIDEPRESSANTS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	1		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1		
bupropion hcl tab 75 mg, 100 mg	1		
citalopram hydrobromide oral soln 10 mg/5ml	1		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1		
DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 50 mg, 100 mg	3		ST, QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv) (Pristiq)	1		QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1		QL (120 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
doxepin hcl conc 10 mg/ml	1		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1		
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	3		
escitalopram oxalate soln 5 mg/5ml (base equiv)	1		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1		
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	3		ST, QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3		ST, QL (1 pack/180 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	3		ST
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
fluoxetine hcl solution 20 mg/5ml	1		
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	1		
fluvoxamine maleate tab 25 mg, 50 mg	1		QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	1		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	1		
MARPLAN - isocarboxazid tab 10 mg	3		
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	1		QL (90 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg, 45 mg (Remeron soltab)	1		QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 45 mg	1		QL (30 tablets/30 days)
mirtazapine tab 15 mg (Remeron)	1		QL (90 tablets/30 days)
mirtazapine tab 30 mg (Remeron)	1		QL (30 tablets/30 days)
NARDIL - phenelzine sulfate tab 15 mg	3		
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3		
NORPRAMIN - desipramine hcl tab 10 mg, 25 mg	3		
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1		
nortriptyline hcl soln 10 mg/5ml	1		
PAMELOR - nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg	3		
PARNATE - tranylcypromine sulfate tab 10 mg	3		
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1		
PAROXETINE HYDROCHLORIDE - paroxetine hcl oral susp 10 mg/5ml (base equiv)	3		ST
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	2		
protriptyline hcl tab 5 mg, 10 mg	1		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1		
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	3	SP	PA, QL (4 packs/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	3	SP	PA, QL (4 packs/28 days)
tranylcypromine sulfate tab 10 mg (Parnate)	1		
trazodone hcl tab 50 mg, 100 mg, 150 mg	1		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	3		ST, QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1		QL (30 tablets/30 days)
ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml	3		ST
ZURZUVAE - zuranolone cap 20 mg, 25 mg	3	SP	PA, QL (28 capsules/30 days)
ZURZUVAE - zuranolone cap 30 mg	3	SP	PA, QL (14 capsules/30 days)
ANTIPSYCHOTICS			
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	3	SP	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	3	SP	
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	3	SP	
aripiprazole oral solution 1 mg/ml	1		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	1		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1		QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	3	SP	
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	3	SP	
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1		QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	3		ST, QL (30 capsules/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1		
CHLORPROMAZINE HYDROCHLOR - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	3		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	3		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	1		
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	1		
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ERZOFRI - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml, 351 mg/2.25ml	3	SP	
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3		ST, QL (1 pack/180 days)
fluphenazine decanoate inj 25 mg/ml	1	SP	
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	2		
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	2		
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	3	SP	
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	3	SP	
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	3	SP	
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	1	SP	
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	1	SP	
haloperidol lactate oral conc 2 mg/ml	1		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1		
INVEGA - paliperidone tab er 24hr 3 mg, 9 mg	3		ST, QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 6 mg	3		ST, QL (60 tablets/30 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	3	SP	
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	3	SP	
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	3	SP	
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	3		
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1		
lithium carbonate tab er 300 mg (Lithobid)	1		
lithium carbonate tab er 450 mg	1		
lithium carbonate tab 300 mg	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
lithium oral solution 8 meq/5ml	1		
LITHOBID - lithium carbonate tab er 300 mg	3		
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	1		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	1		QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	3		
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)	3	SP	PA, LD, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)	3	SP	PA, LD, QL (30 tablets/30 days)
olanzapine for im inj 10 mg (Zyprexa)	1	SP	
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	1		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	1		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1		
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	3	SP	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1		
prochlorperazine suppos 25 mg	1		
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	3		ST, QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	1		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	1		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	1		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	1		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2		QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	SP	
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)	1	SP	
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	3		ST, QL (60 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	1		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	1		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	1		QL (480 mls/30 days)
risperidone tab 0.25 mg	1		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	1		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	1		QL (120 tablets/30 days)
RYKINDO - risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg	3	SP	
SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	3		ST, QL (60 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	3		ST, QL (30 patches/30 days)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1		
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml, 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	3	SP	
VERSACLOZ - clozapine susp 50 mg/ml	3		ST, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2		QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1		QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)	1	SP	
ZYPREXA - olanzapine for im inj 10 mg	3	SP	
HYPNOTICS			
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	3		ST, QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	1		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	1		
eszopiclone tab 1 mg (Lunesta)	1		QL (90 tablets/30 days)
eszopiclone tab 2 mg, 3 mg (Lunesta)	1		QL (30 tablets/30 days)
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	3	SP	PA, LD, QL (158 mls/30 days)
phenobarbital elixir 20 mg/5ml	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1		
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	2		ST, QL (30 tablets/30 days)
ramelteon tab 8 mg (Rozerem)	1		QL (30 tablets/30 days)
ROZEREM - ramelteon tab 8 mg	3		ST, QL (30 tablets/30 days)
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	3		ST, QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	1	SP	PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)	1		
zaleplon cap 5 mg	1		QL (60 capsules/30 days)
zaleplon cap 10 mg	1		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1		QL (60 tablets/30 days)
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg (Ambien)	1		QL (60 tablets/30 days)
zolpidem tartrate tab 10 mg (Ambien)	1		QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	3		QL (60 tablets/30 days)
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	3		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	3		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	3		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	1		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	1		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	1		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1		
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	1		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1		QL (30 capsules/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	2		QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	3		QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	3		QL (60 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)	1		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	1		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	1		QL (180 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	3		QL (60 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	3	SP	PA, LD, QL (10 vials/30 days)
JORNAY PM - methylphenidate hcl cap delayed er 24hr 20 mg (pm), 40 mg (pm), 60 mg (pm), 80 mg (pm), 100 mg (pm)	3		QL (30 capsules/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1		QL (30 tablets/30 days)
METADATE CD - methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	3		QL (30 capsules/30 days)
methamphetamine hcl tab 5 mg	1		QL (150 tablets/30 days)
METHYLIN - methylphenidate hcl soln 5 mg/5ml	3		QL (450 mls/30 days)
METHYLIN - methylphenidate hcl soln 10 mg/5ml	3		QL (900 mls/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1		QL (30 capsules/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	1		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	1		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	1		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	1		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	1		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	1		QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1		QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	2		QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	2		QL (60 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	1		
QELBREE - viloxazine hcl cap er 24hr 100 mg	2		QL (30 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 150 mg	2		QL (60 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 200 mg	2		QL (90 capsules/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg, 40 mg	3		QL (30 tablets/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg	3		QL (60 tablets/30 days)
QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	3		QL (360 mls/30 days)
RITALIN - methylphenidate hcl tab 5 mg, 10 mg, 20 mg	3		QL (90 tablets/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	3		QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3		QL (30 tablets/30 days)
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	2	SP	PA, LD, QL (60 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.			
acamprosate calcium tab delayed release 333 mg	1		
AQNEURSA - levacetylleucine for susp packet 1 gm	3	SP	PA, LD, QL (112 packets/28 days)
AUBAGIO - teriflunomide tab 7 mg, 14 mg	3	SP	PA, LD, QL (30 tablets/30 days)
AUSTEDO - deutetrabenazine tab 6 mg	3	SP	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg	3	SP	PA, QL (120 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	3	SP	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg	3	SP	PA, QL (60 tablets/30 days)
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	3	SP	PA, QL (1 kit/180 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	3		
dalfampridine tab er 12hr 10 mg (Ampyra)	1		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	1		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1		
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	3		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1	SP	QL (30 capsules/30 days)
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3		
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	1		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	1	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	1	SP	QL (12 syringes/28 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	SP	PA, LD, QL (28 capsules/180 days)
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	3	SP	PA, LD, QL (30 capsules/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	3	SP	PA, LD, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	2	SP	PA, QL (1 pen/28 days)
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	1		PA, QL (228 tablets/180 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	3		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	3	SP	PA, LD, QL (30 packets/30 days)
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	3	SP	PA, LD, QL (28 packets/180 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	3		ST, QL (30 tablets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	2	SP	PA, LD, QL (8 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	2	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	2	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	2	SP	PA, LD, QL (14 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	2	SP	PA, LD, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	2	SP	PA, LD, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	2	SP	PA, LD, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	2	SP	PA, LD, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	2	SP	PA, LD, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	2	SP	PA, LD, QL (12 tablets/180 days)
memantine hcl oral solution 2 mg/ml	1		
memantine hcl tab 5 mg, 10 mg (Namenda)	1		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1		
MIPLYFFA - arimoclomol citrate cap 47 mg, 62 mg, 93 mg, 124 mg	3	SP	PA, QL (90 capsules/30 days)
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/ spray)	2		
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3		PA, QL (60 capsules/30 days)
paroxetine mesylate cap 7.5 mg (base equiv)	1		
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3		
PIMOZIDE - pimozide tab 1 mg, 2 mg	3		
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	2	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	2	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	SP	PA, LD, QL (1 kit/180 days)
PONVORY - ponesimod tab 20 mg	3	SP	PA, LD, QL (30 tablets/30 days)
PONVORY 14-DAY STARTER PA - ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg	3	SP	PA, LD, QL (14 tablets/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	2	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	2	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	3		ST, QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3		ST, QL (1 pack/180 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	3	SP	PA, LD, QL (540 ml/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	2	SP	PA, LD, QL (30 tablets/30 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	1	SP	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	1	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	1	SP	PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	3	SP	PA, LD, QL (1 pen/28 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	3	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	2	SP	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	2	SP	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	SP	PA, QL (7 capsules/180 days)
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/ acetamino)	1		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	1		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1		QL (180 capsules/30 days)
diflunisal tab 500 mg	1		
JOURNAVX - suzetrigine tab 50 mg	3		QL (29 tablets/90 days)
TENCON - butalbital-acetaminophen tab 50-325 mg	3		QL (180 tablets/30 days)
ANALGESICS - NARCOTIC			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine)	1		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	1		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	1		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	2		PA, QL (2700 mls/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base	2		PA, QL (60 films/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)			
BRIXADI - buprenorphine extended release soln pref syr 64 mg/0.18ml, 96 mg/0.27ml, 128 mg/0.36ml	3	SP	PA, LD, QL (1 syringe/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 8 mg/0.16ml, (weekly) 24 mg/0.48ml, (weekly) 32 mg/0.64ml	3	SP	PA, LD, QL (4 syringes/28 days)
BRIXADI - buprenorphine ext rel soln pref syr (weekly) 16 mg/0.32ml	3	SP	PA, LD, QL (4 syringes/28 day)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1		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)	1		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	1		PA, QL (2 bottles/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 30 mg, 60 mg	3		PA, QL (180 tablets/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	1		PA, QL (180 tablets/30 days)
DILAUDID - hydromorphone hcl liqd 1 mg/ml	3		PA, QL (1440 mls/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3		PA, QL (60 capsules/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	3		PA, QL (360 tablets/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen soln 10-325 mg/15ml	3		PA, QL (2700 mls/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1		PA, QL (3600 mls/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	1		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	1		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1		PA, QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	3		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	1		PA, QL (120 tablets/30 days)
MEPERIDINE HCL - meperidine hcl oral soln 50 mg/5ml	3		PA, QL (2400 mls/30 days)
METHADONE HCL - methadone hcl soln 5 mg/5ml	3		PA, QL (900 mls/30 days)
METHADONE HCL - methadone hcl soln 10 mg/5ml	3		PA, QL (450 mls/30 days)
methadone hcl conc 10 mg/ml (Methadose)	1		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	1		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	1		PA, QL (90 tablets/30 days)
METHADOSE - methadone hcl conc 10 mg/ml	3		PA, QL (90 mls/30 days)
METHADOSE SUGAR-FREE - methadone hcl conc 10 mg/ml	3		PA, QL (90 mls/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	3		PA, QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	3		PA, QL (180 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	3		PA, QL (2700 mls/30 day)
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5ml	3		PA, QL (1350 mls/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	3		PA, QL (30 capsules/30 days)
morphine sulfate oral soln 10 mg/5ml (Morphine sulfate)	1		PA, QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	1		PA, QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	1		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	1		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	1		PA, QL (240 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
morphine sulfate tab 30 mg (Morphine sulfate)	1		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3		PA, QL (60 tablets/30 days)
oxycodone hcl cap 5 mg	1		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	1		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	1		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	1		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	1		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	1		PA, QL (120 tablets/30 days)
OXYCODONE HYDROCHLORIDE/A - oxycodone w/ acetaminophen soln 5-325 mg/5ml	3		PA, QL (1800 mls/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	1		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		PA, QL (180 tablets/30 days)
OXYCODONE/ACETAMINOPHEN - oxycodone w/ acetaminophen tab 2.5-300 mg	3		PA, QL (360 tablets/30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	1		PA, QL (360 tablets/30 days)
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	3	SP	PA, LD, QL (1 syringe/28 days)
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	3	SP	PA, LD, QL (2 syringe/180 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	1		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2		PA, QL (180 capsules/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	3		QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	3		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	3		QL (60 tablets/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	2	SP	PA, QL (1 kit/180 days)
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	2	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	2	SP	PA, QL (2 syringes/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	2	SP	PA, QL (2 syringes/28 days)
ANAPROX DS - naproxen sodium tab 550 mg	3		
ARCALYST - rilonacept for inj 220 mg	2	SP	PA, LD, QL (4 vials/28 days)
AURANOFIN - auranofin cap 3 mg	3		
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1		
DAYPRO - oxaprozin tab 600 mg	3		
diclofenac potassium tab 50 mg	1		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1		
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	2	SP	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	SP	PA, QL (8 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	SP	PA, QL (4 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	2	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	2	SP	PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	1		
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	1		
etodolac tab 400 mg (Lodine)	1		
etodolac tab 500 mg	1		
FLURBIPROFEN - flurbiprofen tab 50 mg, 100 mg	3		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	2	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	2	SP	PA, QL (2 syringes/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml	2	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	SP	PA, QL (1 kit/180 days)
ibuprofen tab 400 mg, 600 mg, 800 mg	1		
indomethacin cap er 75 mg	1		
indomethacin cap 25 mg, 50 mg	1		
ketorolac tromethamine tab 10 mg	1		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	3	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	3	SP	PA, QL (2 syringes/28 days)
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	3	SP	PA, LD, QL (30 syringes/30 days)
leflunomide tab 10 mg, 20 mg (Arava)	1		
LODINE - etodolac tab 400 mg	3		
LURBIPR - flurbiprofen tab 100 mg	3		
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	3		
MELOXICAM - meloxicam susp 7.5 mg/5ml	3		
meloxicam tab 7.5 mg, 15 mg	1		
nabumetone tab 500 mg, 750 mg	1		
NAPROSYN - naproxen tab 500 mg	3		
naproxen sodium tab 275 mg	1		
naproxen sodium tab 550 mg (Anaprox ds)	1		
naproxen tab 250 mg, 375 mg	1		
naproxen tab 500 mg (Naprosyn)	1		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	3	SP	PA, LD, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	3	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	3	SP	PA, QL (4 pens/28 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	2	SP	PA, QL (1 kit/180 days)
OTEZLA - apremilast tab 20 mg, 30 mg	2	SP	PA, QL (60 tablets/30 days)
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	2		
oxaprozin tab 600 mg (Daypro)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
piroxicam cap 10 mg, 20 mg (Feldene)	1		
RIDAURA - auranofin cap 3 mg	2		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	2	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	2	SP	PA, LD, QL (84 tablets/365 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	2	SP	PA, LD, QL (360 mls/30 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	SP	PA, QL (2 pens/28 days)
SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml	3	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	2	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	3	SP	PA, QL (1 syringe/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	SP	PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	1		
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	2	SP	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	2	SP	PA, QL (4 syringes/28 days)
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	SP	PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	2	SP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	2	SP	PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	SP	PA, QL (30 tablets/30 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	SP	PA, QL (120 tablets/365 days)
MIGRAINE PRODUCTS			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2		PA, QL (1 pen/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	1		ST, QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml	1		PA, QL (24 ampules/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
DIACOMIT - stiripentol packet 250 mg, 500 mg	3	SP	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	3		
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1		
DILANTIN - phenytoin sodium extended cap 30 mg	2		
DILANTIN - phenytoin sodium extended cap 100 mg	3		
DILANTIN INFATABS - phenytoin chew tab 50 mg	3		
DILANTIN-125 - phenytoin susp 125 mg/5ml	3		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1		
EPIDIOLEX - cannabidiol soln 100 mg/ml	2	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	3		
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)	1		
ethosuximide cap 250 mg (Zarontin)	1		
ethosuximide soln 250 mg/5ml (Zarontin)	1		
felbamate susp 600 mg/5ml (Felbatol)	1		
felbamate tab 400 mg, 600 mg (Felbatol)	1		
FELBATOL - felbamate tab 400 mg, 600 mg	3		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	3	SP	PA, LD
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3		
FYCOMPA - perampanel susp 0.5 mg/ml	3		
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1		
gabapentin oral soln 250 mg/5ml (Neurontin)	1		
gabapentin tab 600 mg, 800 mg (Neurontin)	1		
KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	3		
KEPPRA - levetiracetam oral soln 100 mg/ml	3		
KEPPRA XR - levetiracetam tab er 24hr 500 mg, 750 mg	3		
lacosamide oral solution 10 mg/ml (Vimpat)	1		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1		
LAMICTAL - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
LAMICTAL CHEWABLE DISPERS - lamotrigine tab chewable dispersible 5 mg, 25 mg	3		
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	3		
LAMICTAL ODT - lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	3		
LAMICTAL ODT - lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	3		
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	3		
LAMICTAL STARTER/NOT TAKI - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	3		
LAMICTAL STARTER/TAKING C - lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	3		
LAMICTAL STARTER/TAKING V - lamotrigine tab 35 x 25 mg starter kit	3		
LAMICTAL XR - lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	3		
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	3		
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	3		
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	3		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	1		
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	1		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	1		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	1		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
| **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
| **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
levetiracetam oral soln 100 mg/ml (Keppra)	1		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1		
LYRICA - pregabalin soln 20 mg/ml	3		ST, QL (900 mls/30 days)
methsuximide cap 300 mg (Celontin)	1		
MOTPOLY XR - lacosamide cap er 24hr 100 mg, 150 mg, 200 mg	3		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	3		QL (10 bottles/30 days)
NEURONTIN - gabapentin cap 100 mg, 300 mg, 400 mg	3		
NEURONTIN - gabapentin tab 600 mg, 800 mg	3		
NEURONTIN - gabapentin oral soln 250 mg/5ml	3		
ONFI - clobazam tab 10 mg, 20 mg	3		
ONFI - clobazam suspension 2.5 mg/ml	3		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1		
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)	1		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1		
OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg	3		
phenytoin chew tab 50 mg (Dilantin infatabs)	1		
phenytoin sodium extended cap 100 mg (Dilantin)	1		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	1		
phenytoin susp 125 mg/5ml (Dilantin-125)	1		
pregabalin cap 25 mg (Lyrica)	1		QL (360 capsules/30 days)
pregabalin cap 50 mg (Lyrica)	1		QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg (Lyrica)	1		QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg (Lyrica)	1		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	1		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	1		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	1		
rufinamide susp 40 mg/ml (Banzel)	1		
rufinamide tab 200 mg, 400 mg (Banzel)	1		
SABRIL - vigabatrin tab 500 mg	3	SP	LD
SABRIL - vigabatrin powd pack 500 mg	3	SP	LD
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	2		
TEGRETOL - carbamazepine tab 200 mg	3		
TEGRETOL - carbamazepine susp 100 mg/5ml	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	3		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	1		
TOPAMAX - topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	3		
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg, 25 mg	3		
TOPIRAMATE - topiramate sprinkle cap 50 mg	2		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	1		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	1		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	1		PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	1		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1		
TRILEPTAL - oxcarbazepine tab 150 mg, 300 mg, 600 mg	3		
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	3		
TROKENDI XR - topiramate cap er 24hr 25 mg, 50 mg, 100 mg	3		PA, QL (30 capsules/30 days)
TROKENDI XR - topiramate cap er 24hr 200 mg	3		PA, QL (60 capsules/30 days)
valproate sodium oral soln 250 mg/5ml (base equiv)	1		
valproic acid cap 250 mg	1		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	3		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	3		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	1	SP	LD
vigabatrin tab 500 mg (Sabril)	1	SP	LD
VIMPAT - lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	3		
VIMPAT - lacosamide oral solution 10 mg/ml	3		
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	3		
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3		
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3		
ZARONTIN - ethosuximide cap 250 mg	3		
ZARONTIN - ethosuximide soln 250 mg/5ml	3		
ZONEGRAN - zonisamide cap 25 mg, 100 mg	3		
zonisamide cap 25 mg, 100 mg (Zonegran)	1		
zonisamide cap 50 mg	1		
ZTALMY - ganaxolone susp 50 mg/ml	3	SP	PA, LD, QL (1100 mls/30 days)
ANTIPARKINSON AGENTS			
amantadine hcl cap 100 mg	1		
amantadine hcl soln 50 mg/5ml	1		
amantadine hcl tab 100 mg	1		
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	3	SP	PA, LD
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1		
carbidopa & levodopa tab 25-250 mg	1		
carbidopa tab 25 mg (Lodosyn)	1		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	3		
entacapone tab 200 mg (Comtan)	1		
INBRIJA - levodopa inhal powder cap 42 mg	2	SP	PA, LD
LODOSYN - carbidopa tab 25 mg	3		
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	3		
NOURIANZ - istradefylline tab 20 mg, 40 mg	3	SP	PA, LD
PARLODEL - bromocriptine mesylate cap 5 mg (base equivalent)	3		
PARLODEL - bromocriptine mesylate tab 2.5 mg (base equivalent)	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)	1		
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	1		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1		
selegiline hcl cap 5 mg	1		
selegiline hcl tab 5 mg	1		
SINEMET - carbidopa & levodopa tab 10-100 mg, 25-100 mg	3		
TASMAR - tolcapone tab 100 mg	3		
tolcapone tab 100 mg (Tasmar)	1		
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	3		
trihexyphenidyl hcl tab 2 mg, 5 mg	1		
VYALEV - foscarbidopa-foslevodopa subcutaneous inj 12-240 mg/ml	3	SP	PA, QL (560 mls/28 days)
NEUROMUSCULAR AGENTS			
DAYBUE - trofinetide oral soln 200 mg/ml	3	SP	PA, LD, QL (3600 mls/30 days)
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	3	SP	PA, QL (280 mls/28 days)
EVRYSDI - risdiplam tab 5 mg	3	SP	PA, LD, QL (30 tablets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
EVRYSDI - risdiplam for soln 0.75 mg/ml	3	SP	PA, LD, QL (160 mls/24 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	3	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	3	SP	PA, LD, QL (70 mls/180 days)
riluzole tab 50 mg (Rilutek)	1		
SKYCLARYS - omaveloxolone cap 50 mg	3	SP	PA, QL (90 capsules/30 days)
TEGLUTIK - riluzole susp 50 mg/10ml	3	SP	PA, QL (600 mls/30 days)
TIGLUTIK - riluzole susp 50 mg/10ml	3	SP	PA, LD, QL (600 mls/30 days)
MUSCULOSKELETAL THERAPY AGENTS			
baclofen susp 25 mg/5ml (Fleqsuvy)	1		
baclofen tab 10 mg, 20 mg	1		
carisoprodol tab 350 mg (Soma)	1		
chlorzoxazone tab 500 mg	1		
cyclobenzaprine hcl tab 5 mg, 10 mg	1		
DANTRIUM - dantrolene sodium cap 25 mg	3		
dantrolene sodium cap 25 mg (Dantrium)	1		
dantrolene sodium cap 50 mg, 100 mg	1		
metaxalone tab 400 mg, 800 mg	1		
methocarbamol tab 500 mg, 750 mg	1		
orphenadrine citrate tab er 12hr 100 mg	1		
ORPHENADRINE/ASPIRIN/CAFF - orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	3		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	3	SP	PA, LD, QL (112 capsules/28 days)
SOHONOS - palovarotene cap 2.5 mg	3	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	3	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	3	SP	PA, LD, QL (56 capsules/28 days)
tizanidine hcl tab 2 mg (base equivalent)	1		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1		
ZANAFLEX - tizanidine hcl tab 4 mg (base equivalent)	3		
ANTIMYASTHENIC AGENTS			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	3	SP	PA, LD, QL (300 tablets/30 days)
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1		
pyridostigmine bromide tab 60 mg (Mestinon)	1		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	3		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1		
phytonadione tab 5 mg (Mephyton)	1		
MULTIVITAMINS			
ATABEX OB - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3		
CITRANATAL MEDLEY - prenat w/o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg	3		
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	2		
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	2		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	2		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	2		
INATAL GT - prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	3		
JENLIVA PRENATAL/POSTNATA - prenatal multivitamins & minerals w/ iron & fa cap 1 mg	3		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NESTABS - prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	3		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
OBSTETRIX EC - prenatal vit w/ iron carbonyl-fa tab delayed rel 29-1 mg	3		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PNV PRENATAL PLUS MULTIVI - prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak	2		
PNV-DHA+DOCUSATE - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	3		
PNV-OMEGA - prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	2		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
SELECT-OB - prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	3		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	2		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	2		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
WESNATAL DHA COMPLETE - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	3		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
MINERALS and ELECTROLYTES			
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3		
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	3		
K-PHOS - potassium phosphate monobasic tab 500 mg	3		
K-PHOS NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	3		
POKONZA - potassium chloride powder packet 10 meq	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1		
potassium chloride cap er 8 meq, 10 meq	1		
POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq	3		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1		
potassium chloride tab er 8 meq (600 mg)	1		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1		
potassium phosphate monobasic tab 500 mg (K-phos)	1		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2		
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	2		
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		
NUTRIENTS			
DOJOLVI - triheptanoin oral liquid 100%	3	SP	PA, LD
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	2	SP	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	2	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	1		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	2	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	2		
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	1	SP	PA, QL (30 packets/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	3	SP	PA, LD, QL (16 vials/30 days)
BRILINTA - ticagrelor tab 60 mg	2		
BRILINTA - ticagrelor tab 90 mg	3		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	3	SP	PA, LD, QL (30 kits/30 days)
cilostazol tab 50 mg, 100 mg	1		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	2	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1		
clopidogrel bisulfate tab 300 mg (base equiv)	1		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	2	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	2	SP	PA, LD
dipyridamole tab 25 mg, 50 mg, 75 mg	1		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	2	SP	PA
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	SP	PA, LD, QL (8 vials/28 days)
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	3	SP	PA, LD
FABHALTA - iptacopan hcl cap 200 mg	3	SP	PA, LD, QL (60 capsules/30 days)
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	2	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	2	SP	PA, LD, QL (16 vials/30 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	2	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	2	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	2	SP	PA
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml	3	SP	PA, QL (4 pens/28 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	SP	PA, LD, QL (12 syringes/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	2	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	2	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA
KALBITOR - ecallantide inj 10 mg/ml	3	SP	PA, LD, QL (12 vials/30 days)
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	2	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	2	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	SP	PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	2	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	2	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	2	SP	PA, LD
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	3	SP	PA, LD, QL (30 capsules/30 days)
pentoxifylline tab er 400 mg	1		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	2	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	3	SP	PA, LD, QL (56 tablets/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	3	SP	PA, LD, QL (1 pack/365 days)
QFITLIA - fitusiran sodium subcutaneous soln auto-inj 50 mg/0.5ml	3	SP	PA, LD, QL (1 pen/28 days)
QFITLIA - fitusiran sodium subcutaneous soln 20 mg/0.2ml	3	SP	PA, LD, QL (1 vial/28 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	2	SP	PA, LD
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	2	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	3	SP	PA, LD, QL (16 vials/30 days)
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	3	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	3	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	2	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	SP	PA, LD, QL (2 vials/28 days)
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	3	SP	PA, LD, QL (60 tablets/30 days)
TAVNEOS - avacopan cap 10 mg	3	SP	PA, LD, QL (180 capsules/30 days)
ticagrelor tab 60 mg, 90 mg (Brilinta)	1		
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	2	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	2	SP	PA
VOYDEYA - danicopan tab therapy pack 50 mg & 100 mg	3	SP	PA, LD, QL (180 tablets/30 days)
VOYDEYA - danicopan tab 100 mg	3	SP	PA, LD, QL (180 tablets/30 days)
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	2	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	2	SP	PA

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	2	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	2	SP	PA
ZILBRYSQ - zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml	3	SP	PA, LD, QL (28 syringes/28 days)
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3		
TOPICAL PRODUCTS			
OPHTHALMIC AGENTS			
ACULAR - ketorolac tromethamine ophth soln 0.5%	3		
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	3		
AKTEN - lidocaine hcl ophth gel 3.5%	3		
ALOCRIL - nedocromil sodium ophth soln 2%	3		
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	3		
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	2		
ATROPINE SULFATE - atropine sulfate ophth soln 1%	3		
atropine sulfate ophth soln 1% (Atropine sulfate)	1		
azelastine hcl ophth soln 0.05%	1		
BACITRACIN - bacitracin ophth oint 500 unit/gm	2		
bacitracin-polymyxin b ophth oint	1		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1		
bepotastine besilate ophth soln 1.5% (Bepreve)	1		
BEPREVE - bepotastine besilate ophth soln 1.5%	3		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3		
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	3		
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	2		
bimatoprost ophth soln 0.03%	1		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	1		
brimonidine tartrate ophth soln 0.2%	1		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARTEOLOL HCL - carteolol hcl ophth soln 1%	3		
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	2		PA, QL (60 vials/30 days)
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	2		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	2		
CYCLOGYL - cyclopentolate hcl ophth soln 1%	3		
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1		
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	3	SP	PA, LD, QL (20 mls/28 days)
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	3	SP	PA, LD, QL (60 mls/28 days)
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3		
diclofenac sodium ophth soln 0.1%	1		
difluprednate ophth emulsion 0.05% (Durezol)	1		
dorzolamide hcl ophth soln 2% (Trusopt)	1		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1		
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	1		
DUREZOL - difluprednate ophth emulsion 0.05%	3		
epinastine hcl ophth soln 0.05%	1		
ERYTHROMYCIN - erythromycin ophth oint 5 mg/gm	3		
erythromycin ophth oint 5 mg/gm	1		
EYSUVIS - loteprednol etabonate ophth susp 0.25%	2		
FLAREX - fluorometholone acetate ophth susp 0.1%	3		
fluorometholone ophth susp 0.1% (Fml liquifilm)	1		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	3		
FML FORTE - fluorometholone ophth susp 0.25%	3		
FML LIQUIFILM - fluorometholone ophth susp 0.1%	3		
gatifloxacin ophth soln 0.5% (Zymaxid)	1		
gentamicin sulfate ophth soln 0.3%	1		
ILEVRO - nepafenac ophth susp 0.3%	2		
IOPIDINE - apraclonidine hcl ophth soln 1% (base equivalent)	3		
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1		
ketorolac tromethamine ophth soln 0.5% (Acular)	1		
latanoprost ophth soln 0.005% (Xalatan)	1		QL (2.5 mls/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	3		
LEVOFLOXACIN - levofloxacin ophth soln 0.5%, 1.5%	3		
LOTEMAX - loteprednol etabonate ophth oint 0.5%	2		
LOTEMAX - loteprednol etabonate ophth susp 0.5%	3		
LOTEMAX - loteprednol etabonate ophth gel 0.5%	3		
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	2		
loteprednol etabonate ophth gel 0.5% (Lotemax)	1		
loteprednol etabonate ophth susp 0.2% (Alrex)	1		
loteprednol etabonate ophth susp 0.5% (Lotemax)	1		
LUMIGAN - bimatoprost ophth soln 0.01%	2		QL (2.5 mls/30 days)
MAXIDEX - dexamethasone ophth susp 0.1%	3		
MAXITROL - neomycin-polymyxin-dexamethasone ophth susp 0.1%	3		
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	3		
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	2		PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1		
MYDRIACYL - tropicamide ophth soln 1%	3		
NATACYN - natamycin ophth susp 5%	2		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3		
OCUFLOX - ofloxacin ophth soln 0.3%	3		
ofloxacin ophth soln 0.3% (Ocuflox)	1		
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	3	SP	PA, LD, QL (56 vials/28 days)
phenylephrine hcl ophth soln 2.5%, 10%	1		
PHENYLEPHRINE HYDROCHLORI - phenylephrine hcl ophth soln 2.5%	3		
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	3		LD
pilocarpine hcl ophth soln 1%, 2%, 4%	1		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1		
PRED MILD - prednisolone acetate ophth susp 0.12%	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
prednisolone acetate ophth susp 1% (Pred forte)	1		
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	3		
proparacaine hcl ophth soln 0.5% (Alcaine)	1		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2		PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3		QL (2.5 mls/30 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3		QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2		
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	3		
sulfacetamide sodium ophth soln 10%	1		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	3		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1		QL (30 containers/30 days)
tetracaine hcl ophth soln 0.5%	1		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	1		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	1		
timolol ophth soln 0.5% (Betimol)	1		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	2		
TOBRADEX ST - tobramycin-dexamethasone ophth susp 0.3-0.05%	3		
tobramycin ophth soln 0.3%	1		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1		
TOBREX - tobramycin ophth oint 0.3%	3		
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3		QL (2.5 mls/30 days)
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	2		
tropicamide ophth soln 0.5%	1		
tropicamide ophth soln 1% (Mydriacyl)	1		
TYRVAYA - varenicline tartrate nasal soln 0.03 mg/act	3		PA, QL (2 bottles/30 days)
XIIDRA - lifitegrast ophth soln 5%	2		PA, QL (60 vials/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	3		PA, QL (60 vials/30 days)
ZIRGAN - ganciclovir ophth gel 0.15%	3		
OTIC AGENTS			
acetic acid otic soln 2%	1		
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	3		
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	1		
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1		
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	3		
DERMOTIC - fluocinolone acetonide (otic) oil 0.01%	3		
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1		
hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone/aceti)	1		
neomycin-polymyxin-hc otic soln 1%	1		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1		
ofloxacin otic soln 0.3%	1		
MOUTH/THROAT/DENTAL AGENTS			
cevimeline hcl cap 30 mg (Evoxac)	1		
chlorhexidine gluconate soln 0.12% (Peridex)	1		
clotrimazole troche 10 mg	1		
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3		
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	3		
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3		
LIDOCAINE HCL - lidocaine hcl laryngotracheal soln 4%	3		
lidocaine hcl viscous soln 2%	1		
NYSTATIN - nystatin susp 100000 unit/ml	3		
nystatin susp 100000 unit/ml	1		
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	3		
PERIDEX - chlorhexidine gluconate soln 0.12%	3		
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1		
PREVIDENT RINSE - sodium fluoride rinse 0.2%	3		
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2		
SALAGEN - pilocarpine hcl tab 5 mg, 7.5 mg	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 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	2		
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	2		
stannous fluoride gel 0.4%	1		
triamcinolone acetonide dental paste 0.1%	1		
ANORECTAL AGENTS			
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3		
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	3		
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3		
ANUSOL-HC - hydrocortisone perianal cream 2.5%	3		
CORTENEMA - hydrocortisone enema 100 mg/60ml	3		
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	3		
HYDROCORTISONE - hydrocortisone perianal cream 1%	2		
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2		
hydrocortisone enema 100 mg/60ml (Cortenema)	1		
hydrocortisone perianal cream 2.5% (Anusol-hc)	1		
nitroglycerin oint 0.4% (Rectiv)	1		
PROCTOCORT - hydrocortisone perianal cream 1%	2		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2		
RECTIV - nitroglycerin oint 0.4%	3		
DERMATOLOGICALS			
acitretin cap 10 mg, 17.5 mg, 25 mg	1		
acyclovir oint 5% (Zovirax)	1		
adapalene gel 0.1%	1		
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	2	SP	PA, LD, QL (2 pens/28 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	SP	PA, LD, QL (4 syringes/28 days)
AFTERTEST TOPICAL PAIN RE - benzocaine stick 10%	3		
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	2		ST, QL (120 grams/30 days)
alclometasone dipropionate cream 0.05%	1		QL (120 grams/30 days)
azelaic acid gel 15% (Finacea)	1		
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	3		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1		
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	3		ST, QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	1		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	1		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	1		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	1		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	1		QL (135 grams/30 days)
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	3		ST, QL (120 mls/30 days)
betamethasone valerate cream 0.1% (base equivalent)	1		QL (135 grams/30 days)
betamethasone valerate oint 0.1% (base equivalent)	1		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	1	SP	PA
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	1		
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	2		QL (120 mls/30 days)
calcipotriene cream 0.005% (Dovonex)	1		QL (120 grams/30 days)
calcipotriene oint 0.005%	1		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	1		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	1		QL (120 grams/30 days)
CALCITRIOL - calcitriol oint 3 mcg/gm	3		QL (200 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	2	SP	PA, QL (30 tablets/30 days)
ciclopirox gel 0.77%	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1		
ciclopirox shampoo 1% (Loprox shampoo)	1		
ciclopirox solution 8% (Penlac Nail Lacquer)	1		QL (6.6 mls/30 days)
CLEOCIN-T - clindamycin phosphate lotion 1%	3		
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1		
clindamycin phosphate gel 1% (once-daily) (Clindagel)	1		
clindamycin phosphate gel 1% (twice-daily)	1		
clindamycin phosphate lotion 1% (Cleocin-t)	1		
clindamycin phosphate soln 1%	1		QL (120 grams/30 days)
clindamycin phosphate swab 1%	1		
clindamycin phosphate-benzoyl peroxide gel 1-5%	1		
clobetasol propionate cream 0.05%	1		QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	1		QL (210 grams/28 days)
clobetasol propionate gel 0.05%	1		QL (210 grams/28 days)
clobetasol propionate oint 0.05%	1		QL (210 grams/28 days)
clobetasol propionate soln 0.05%	1		QL (200 mls/28 days)
clocortolone pivalate cream 0.1% (Cloderm)	1		QL (135 grams/30 days)
CLODERM - clocortolone pivalate cream 0.1%	3		ST, QL (135 grams/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1		
CONDYLOX - podofilox gel 0.5%	3		
CORDRAN - flurandrenolide tape 4 mcg/sqcm	3		ST, QL (1 box/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	2	SP	PA, LD, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	SP	PA, LD, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	2	SP	PA, LD, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	SP	PA, LD, QL (1 pen/28 days)
CROTAN - crotamiton lotion 10%	3		
DERMA-SMOOTHE/FS BODY - fluocinolone acetonide oil 0.01% (body oil)	3		ST, QL (118.28 mls/30 days)
DERMA-SMOOTHE/FS SCALP - fluocinolone acetonide oil 0.01% (scalp oil)	3		ST, QL (118.28 mls/30 days)
desonide cream 0.05% (Desowen)	1		QL (120 grams/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
desonide oint 0.05%	1		QL (120 grams/30 days)
desoximetasone cream 0.05%, 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone gel 0.05% (Topicort)	1		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	1		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	1		QL (150 mls/30 days)
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	3		ST, QL (200 grams/28 days)
doxepin hcl cream 5% (Prudoxin)	1		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	2	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	2	SP	PA, QL (2 syringes/28 days)
DYCLOPRO - dyclonine hcl soln 0.5%	3		
EBGLYSS - lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml	2	SP	PA, QL (1 pen/28 days)
EBGLYSS - lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	2	SP	PA, QL (1 syringe/28 days)
econazole nitrate cream 1%	1		QL (120 grams/30 days)
ELIMITE - permethrin cream 5%	3		
EPIFOAM - pramoxine-hc aerosol foam 1-1%	3		
ERTACZO - sertaconazole nitrate cream 2%	3		PA
ERY - erythromycin pads 2%	3		
ERYGEL - erythromycin gel 2%	3		
erythromycin gel 2% (Erygel)	1		
erythromycin soln 2%	1		
EXELDERM - sulconazole nitrate solution 1%	3		PA
EXELDERM - sulconazole nitrate cream 1%	3		PA
FILSUVEZ - birch triterpenes gel 10%	3	SP	PA, LD, QL (30 tubes/30 days)
fluocinolone acetonide cream 0.01%	1		QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	1		QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	1		QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	1		QL (120 mls/30 days)
fluocinonide cream 0.05%	1		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	1		QL (120 grams/30 days)
fluocinonide gel 0.05%	1		QL (120 grams/30 days)
fluocinonide oint 0.05%	1		QL (120 grams/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
fluocinonide soln 0.05%	1		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3		
fluorouracil cream 5% (Efudex)	1		QL (240 grams/84 days)
fluorouracil soln 5%	1		
fluticasone propionate cream 0.05%	1		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	1		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	1		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	1		
HALCINONIDE - halcinonide soln 0.1%	3		ST, QL (120 mls/30 days)
halcinonide cream 0.1% (Halog)	1		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	1		QL (200 grams/28 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	2		ST, QL (118 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate soln 0.1%	3		ST, QL (120 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate cream 0.1%	3		ST, QL (135 grams/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate oint 0.1%	2		ST, QL (135 grams/30 days)
hydrocortisone cream 2.5%	1		QL (454 grams/30 days)
hydrocortisone oint 2.5%	1		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	1		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	1		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	3		PA, LD, QL (70 grams/84 days)
imiquimod cream 5%	1		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1		
ivermectin cream 1% (Soolantra)	1		PA
ketoconazole cream 2%	1		QL (120 grams/30 days)
ketoconazole shampoo 2%	1		
KLARON - sulfacetamide sodium lotion 10% (acne)	3		
KLISYRI - tirbanibulin ointment 1%	3		PA, QL (5 packets/90 days)
lidocaine hcl soln 4%	1		
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1		
lidocaine oint 5%	1		QL (100 grams/30 days)
lidocaine patch 5% (Lidoderm)	1		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	1		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	3	SP	PA, LD, QL (28 capsules/28 days)
MAFENIDE ACETATE - mafenide acetate packet for topical soln 5% (50 gm)	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
malathion lotion 0.5% (Ovide)	1		
METHOXSALEN - methoxsalen rapid cap 10 mg	3		
METROGEL - metronidazole gel 1%	3		
METROLOTION - metronidazole lotion 0.75%	3		
metronidazole cream 0.75% (Metrocream)	1		
metronidazole gel 0.75%	1		
metronidazole gel 1% (Metrogel)	1		
metronidazole lotion 0.75% (Metrolotion)	1		
mometasone furoate cream 0.1%	1		QL (135 grams/30 days)
mometasone furoate oint 0.1%	1		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	1		QL (120 mls/30 days)
mupirocin oint 2%	1		
NATROBA - spinosad susp 0.9%	3		
NEMLUVIO - nemolizumab-ilto for subcutaneous auto-injector 30 mg	2	SP	PA, LD, QL (2 pens/28 days)
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3		
nystatin cream 100000 unit/gm	1		
nystatin oint 100000 unit/gm	1		
nystatin topical powder 100000 unit/gm	1		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1		
OPZELURA - ruxolitinib phosphate cream 1.5%	3		PA, QL (60 grams/30 days)
OVIDE - malathion lotion 0.5%	3		
oxiconazole nitrate cream 1% (Oxistat)	1		PA
PANRETIN - alitretinoin gel 0.1%	3		
penciclovir cream 1% (Denavir)	1		
permethrin cream 5%	1		
pimecrolimus cream 1% (Elidel)	1		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	2		
podofilox gel 0.5% (Condylox)	1		
REGRANEX - becaplermin gel 0.01%	3		
RETIN-A - tretinoin gel 0.01%, 0.025%	3		
SANTYL - collagenase oint 250 unit/gm	2		QL (90 grams/30 days)
SELARSDI - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
SELARSDI - ustekinumab-aekn soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
selenium sulfide lotion 2.5%	1		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps | **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time) | **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
SILIQ - brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	3	SP	PA, QL (2 syringes/28 days)
SILVADENE - silver sulfadiazine cream 1%	3		
silver sulfadiazine cream 1% (Silvadene)	1		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	2	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	2		
SOTYKTU - deucravacitinib tab 6 mg	2	SP	PA, QL (30 tablets/30 days)
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	3	SP	PA, QL (2 syringes/28 days)
SPINOSAD - spinosad susp 0.9%	3		
STELARA - ustekinumab inj 45 mg/0.5ml	2	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	3		PA
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	3		PA
sulfacetamide sodium lotion 10% (acne) (Klaron)	1		
SULFAMYLON - mafenide acetate cream 85 mg/gm	3		
tacrolimus oint 0.03%, 0.1% (Protopic)	1		ST, QL (100 grams/30 day)
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	3	SP	PA, LD, QL (1 pen/28 days)
TALTZ - ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml	3	SP	PA, LD, QL (1 syringe/28 days)
tazarotene cream 0.05%, 0.1% (Tazorac)	1		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	1		QL (100 grams/30 days)
TAZORAC - tazarotene cream 0.05%	3		QL (120 grams/30 days)
TAZORAC - tazarotene gel 0.05%, 0.1%	3		QL (100 grams/30 days)
TOLAK - fluorouracil cream 4%	3		PA, QL (40 grams/28 days)
TOPICORT - desoximetasone cream 0.25%	3		ST, QL (120 grams/30 days)
TOPICORT - desoximetasone gel 0.05%	3		ST, QL (120 grams/30 days)
TOPICORT - desoximetasone oint 0.25%	3		ST, QL (120 grams/30 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	2	SP	PA, QL (1 syringe/56 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
TREMFYA - guselkumab soln auto-injector 100 mg/ml	2	SP	PA, QL (1 pen/56 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	2	SP	PA, QL (1 pen/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	1		
tretinoin gel 0.01%, 0.025% (Retin-a)	1		
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide aerosol soln 0.147 mg/gm	2		ST, QL (126 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	1		QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	1		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	1		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	2	SP	LD
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	2	SP	PA, QL (1 vial/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	3		
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	1	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	1	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	1	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	1	SP	
EXJADE - deferasirox tab for oral susp 125 mg, 250 mg, 500 mg	3	SP	
FERRIPROX - deferiprone tab 1000 mg	3	SP	LD
FERRIPROX - deferiprone oral soln 100 mg/ml	3	SP	LD
JADENU - deferasirox tab 90 mg, 180 mg, 360 mg	3	SP	
JADENU SPRINKLE - deferasirox granules packet 90 mg, 180 mg, 360 mg	3	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2		QL (4 bottles/30 days)
naloxone hcl inj 0.4 mg/ml	1		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	1		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1		QL (4 bottles/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	1		QL (4 syringes/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	3		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	1		
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	3		QL (4 bottles/30 days)
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2		QL (4 bottles/30 days)
RADIOGARDASE - prussian blue insoluble cap 0.5 gm	3		
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	2		QL (4 devices/30 days)
VISTOGARD - uridine triacetate oral granules packet 10 gm	3	SP	PA, LD
VIVITROL - naltrexone for im extended release susp 380 mg	3	SP	
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	3		QL (4 syringes/30 days)
DIAGNOSTIC PRODUCTS			
ACCU-CHEK AVIVA PLUS - glucose blood test strip	3		PA, QL (204 strips/30 days)
ACCU-CHEK COMPACT STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
ACCU-CHEK COMPACT TEST DR - glucose blood test strip	3		PA, QL (204 strips/30 days)
ACCU-CHEK GUIDE - glucose blood test strip	3		PA, QL (204 strips/30 days)
ACCU-CHEK GUIDE TEST STRI - glucose blood test strip	3		PA, QL (204 strips/30 days)
ACCU-CHEK SMARTVIEW STRIP - glucose blood test strip	3		PA, QL (204 strips/30 days)
ACCUTREND GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
ADVANCE INTUITION TEST ST - glucose blood test strip	3		PA, QL (204 strips/30 days)
ADVANCE MICRO-DRAW TEST S - glucose blood test strip	3		PA, QL (204 strips/30 days)
ADVOCATE REDI-CODE - glucose blood test strip	3		PA, QL (204 strips/30 days)
ADVOCATE REDI-CODE+ TEST - glucose blood test strip	3		PA, QL (204 strips/30 days)
ADVOCATE TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
AGAMATRIX AMP NO CODE TES - glucose blood test strip	3		PA, QL (204 strips/30 days)
AGAMATRIX JAZZ TEST STRIP - glucose blood test strip	3		PA, QL (204 strips/30 days)
AGAMATRIX PRESTO TEST STR - glucose blood test strip	3		PA, QL (204 strips/30 days)
ASSURE II - glucose blood test strip	3		PA, QL (204 strips/30 days)
ASSURE II CHECK STRIP - glucose blood test strip	3		PA, QL (204 strips/30 days)
ASSURE II TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ASSURE PLATINUM TEST STRI - glucose blood test strip	3		PA, QL (204 strips/30 days)
ASSURE PRISM MULTI TEST S - glucose blood test strip	3		PA, QL (204 strips/30 days)
ASSURE PRO TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
ASSURE 3 TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
ASSURE 4 TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
AT LAST TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
BIOTEL CARE BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
BLULINK GLUCOSE TEST STRI - glucose blood test strip	3		PA, QL (204 strips/30 days)
CARESENS N BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
CARETOUCH BLOOD GLUCOSE T - glucose blood test strip	3		PA, QL (204 strips/30 days)
CHEMSTRIP-K - acetone (urine) test strip	2		
CLEVER CHEK AUTO-CODE TES - glucose blood test strip	3		PA, QL (204 strips/30 days)
CLEVER CHEK AUTO-CODE VOI - glucose blood test strip	3		PA, QL (204 strips/30 days)
CLEVER CHEK TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
CLEVER CHOICE AUTO-CODE P - glucose blood test strip	3		PA, QL (204 strips/30 days)
CLEVER CHOICE MICRO TEST - glucose blood test strip	3		PA, QL (204 strips/30 days)
CLEVER CHOICE NO CODING T - glucose blood test strip	3		PA, QL (204 strips/30 days)
CLEVER CHOICE TALK NO COD - glucose blood test strip	3		PA, QL (204 strips/30 days)
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
COOL BLOOD GLUCOSE TEST S - glucose blood test strip	3		PA, QL (204 strips/30 days)
CVS ADVANCED GLUCOSE METE - glucose blood test strip	3		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
CVS GLUCOSE METER TEST ST - glucose blood test strip	3		PA, QL (204 strips/30 days)
CVS TRUE METRIX BLOOD GLU - glucose blood test strip	3		PA, QL (204 strips/30 days)
DIATHRIVE BLOOD GLUCOSE T - glucose blood test strip	3		PA, QL (204 strips/30 days)
DIATHRIVE+ BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
DUO-CARE TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY MAX BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY PLUS II BLOOD GLUCOS - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY STEP TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY TALK BLOOD GLUCOSE T - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY TALK PLUS II BLOOD G - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY TOUCH GLUCOSE TEST S - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY TOUCH HEALTHPRO GLUC - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY TRAK BLOOD GLUCOSE T - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASY TRAK II BLOOD GLUCOS - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASYGLUCO - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASYMAX TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASYMAX 15 TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASYPRO BLOOD GLUCOSE TES - glucose blood test strip	3		PA, QL (204 strips/30 days)
EASYPRO PLUS - glucose blood test strip	3		PA, QL (204 strips/30 days)
ELEMENT COMPACT TEST STRI - glucose blood test strip	3		PA, QL (204 strips/30 days)
ELEMENT TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
EMBRACE BLOOD GLUCOSE TES - glucose blood test strip	3		PA, QL (204 strips/30 days)
EMBRACE EVO BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
EMBRACE PRO BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
EMBRACE TALK BLOOD GLUCOS - glucose blood test strip	3		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBRACE WAVE BLOOD GLUCOS - glucose blood test strip	3		PA, QL (204 strips/30 days)
EQ BLOOD GLUCOSE TEST STR - glucose blood test strip	3		PA, QL (204 strips/30 days)
EVENCARE BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
EVOLUTION AUTOCODE - glucose blood test strip	3		PA, QL (204 strips/30 days)
FIFTY50 GLUCOSE TEST STRI - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA D40/G31 BLOOD GLUCOS - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA GD20 TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA GD50 BLOOD GLUCOSE T - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA GTEL BLOOD GLUCOSE T - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA G20 BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA TN'G ADVANCE PRO BLO - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA TN'G/TN'G VOICE BLOO - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA V10 BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA V30A BLOOD GLUCOSE T - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA 6 CONNECT - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORA 6 CONNECT/GTEL BLOOD - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORACARE GD40 - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORACARE PREMIUM V10 TEST - glucose blood test strip	3		PA, QL (204 strips/30 days)
FORACARE TEST N GO TEST S - glucose blood test strip	3		PA, QL (204 strips/30 days)
FREESTYLE INSULINX BLOOD - glucose blood test strip	3		PA, QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP - glucose blood test strip	3		PA, QL (204 strips/30 days)
FREESTYLE PRECISION NEO B - glucose blood test strip	3		PA, QL (204 strips/30 days)
FREESTYLE TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
GENULTIMATE TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
GE100 BLOOD GLUCOSE TEST - glucose blood test strip	3		PA, QL (204 strips/30 days)
GHT TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
GLUCO PERFECT 3 TEST STRI - glucose blood test strip	3		PA, QL (204 strips/30 days)
GLUCOCARD EXPRESSION BLOO - glucose blood test strip	3		PA, QL (204 strips/30 days)
GLUCOCARD SHINE TEST STRI - glucose blood test strip	3		PA, QL (204 strips/30 days)
GLUCOCARD VITAL TEST STRI - glucose blood test strip	3		PA, QL (204 strips/30 days)
GLUCOCARD X-SENSOR - glucose blood test strip	3		PA, QL (204 strips/30 days)
GLUCOCARD 01 SENSOR PLUS - glucose blood test strip	3		PA, QL (204 strips/30 days)
GLUCOCOM TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
GLUCONAVII BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
GNP EASY TOUCH GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
GNP TRUE METRIX SELF MONI - glucose blood test strip	3		PA, QL (204 strips/30 days)
GNP TRUETRACK BLOOD GLUCO - glucose blood test strip	3		PA, QL (204 strips/30 days)
GNP TRUETRACK SMART SYSTE - glucose blood test strip	3		PA, QL (204 strips/30 days)
GOJJI BLOOD GLUCOSE TEST - glucose blood test strip	3		PA, QL (204 strips/30 days)
HW EMBRACE PRO BLOOD GLUC - glucose blood test strip	3		PA, QL (204 strips/30 days)
HW EMBRACE TALK BLOOD GLU - glucose blood test strip	3		PA, QL (204 strips/30 days)
IGLUCOSE BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
IHEALTH BLOOD GLUCOSE TES - glucose blood test strip	3		PA, QL (204 strips/30 days)
IN TOUCH BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
INFINITY BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
INFINITY VOICE - glucose blood test strip	3		PA, QL (204 strips/30 days)
KETOCARE - acetone (urine) test strip	2		
KETONE - acetone (urine) test strip	2		
KETONE TEST STRIPS - acetone (urine) test strip	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
KETOSTIX - acetone (urine) test strip	2		
KROGER HEALTHPRO GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
MEIJER TRUETEST BLOOD GLU - glucose blood test strip	3		PA, QL (204 strips/30 days)
MEIJER TRUETRACK BLOOD GL - glucose blood test strip	3		PA, QL (204 strips/30 days)
METOPIRONE - metyrapone cap 250 mg	3	SP	LD
MICRODOT TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
MICRODOT XTRA TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
MM BLULINK GLUCOSE TEST S - glucose blood test strip	3		PA, QL (204 strips/30 days)
MM EASY TOUCH GLUCOSE TES - glucose blood test strip	3		PA, QL (204 strips/30 days)
MYGLUCOHEALTH BLOOD GLUCO - glucose blood test strip	3		PA, QL (204 strips/30 days)
NEUTEK 2TEK TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
NOVA MAX GLUCOSE TEST STR - glucose blood test strip	3		PA, QL (204 strips/30 days)
ON CALL EXPRESS BLOOD GLU - glucose blood test strip	3		PA, QL (204 strips/30 days)
ONE DROP BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
ONETOUCH ULTRA - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH ULTRA BLUE TEST - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
OPTIUMEZ TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
PHARMACIST CHOICE AUTOCOD - glucose blood test strip	3		PA, QL (204 strips/30 days)
PHARMACIST CHOICE NO CODI - glucose blood test strip	3		PA, QL (204 strips/30 days)
PIP BLOOD GLUCOSE TEST ST - glucose blood test strip	3		PA, QL (204 strips/30 days)
POCKETCHEM EZ BLOOD GLUCO - glucose blood test strip	3		PA, QL (204 strips/30 days)
POGO AUTOMATIC TEST CARTR - glucose blood test automatic cartridge	3		PA, QL (200 strips/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PRECISION SOF-TACT TEST S - glucose blood test strip	3		PA, QL (204 strips/30 days)
PRO VOICE V8/V9 BLOOD GLU - glucose blood test strip	3		PA, QL (204 strips/30 days)
PRODIGY NO CODING BLOOD G - glucose blood test strip	3		PA, QL (204 strips/30 days)
PTS PANELS EGLU - glucose blood test strip	3		PA, QL (204 strips/30 days)
QUICK TOUCH BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
QUICKTEK TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
QUINTET AC BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
QUINTET BLOOD GLUCOSE TES - glucose blood test strip	3		PA, QL (204 strips/30 days)
REFUAH PLUS BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
RELION CONFIRM/MICRO TEST - glucose blood test strip	3		PA, QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	2		
RELION PLATINUM BLOOD GLU - glucose blood test strip	3		PA, QL (204 strips/30 days)
RELION PREMIER BLOOD GLUC - glucose blood test strip	3		PA, QL (204 strips/30 days)
RELION PRIME BLOOD GLUCOS - glucose blood test strip	3		PA, QL (204 strips/30 days)
RELION TRUE METRIX BLOOD - glucose blood test strip	3		PA, QL (204 strips/30 days)
RELION ULTIMA BLOOD GLUCO - glucose blood test strip	3		PA, QL (204 strips/30 days)
RIGHTEST GS100 BLOOD GLUC - glucose blood test strip	3		PA, QL (204 strips/30 days)
RIGHTEST GS300 BLOOD GLUC - glucose blood test strip	3		PA, QL (204 strips/30 days)
RIGHTEST GS333 BLOOD GLUC - glucose blood test strip	3		PA, QL (204 strips/30 days)
RIGHTEST GS550 BLOOD GLUC - glucose blood test strip	3		PA, QL (204 strips/30 days)
RIGHTEST GT333 BLOOD GLUC - glucose blood test strip	3		PA, QL (204 strips/30 days)
SMARTEST BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
SOLUS V2 AUDIBLE TEST - glucose blood test strip	3		PA, QL (204 strips/30 days)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
SUPREME TEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
TGT BLOOD GLUCOSE TEST ST - glucose blood test strip	3		PA, QL (204 strips/30 days)
TRUE FOCUS SELF MONITORIN - glucose blood test strip	3		PA, QL (204 strips/30 days)
TRUE METRIX BLOOD GLUCOSE - glucose blood test strip	3		PA, QL (204 strips/30 days)
TRUE METRIX SELF MONITORI - glucose blood test strip	3		PA, QL (204 strips/30 days)
TRUETEST STRIPS - glucose blood test strip	3		PA, QL (204 strips/30 days)
TRUETRACK TEST - glucose blood test strip	3		PA, QL (204 strips/30 days)
UNISTRIP1 GENERIC - glucose blood test strip	3		PA, QL (204 strips/30 days)
VERASENS BLOOD GLUCOSE TE - glucose blood test strip	3		PA, QL (204 strips/30 days)
VIVAGUARD INO BLOOD GLUCO - glucose blood test strip	3		PA, QL (204 strips/30 days)
MEDICAL DEVICES			
ACCU-CHEK AVIVA PLUS - blood glucose monitoring kit w/ device	3		
ACCU-CHEK FASTCLIX LANCET - lancets	2		
ACCU-CHEK FASTCLIX LANCET - lancets kit	2		
ACCU-CHEK GUIDE - blood glucose monitoring kit w/ device	3		
ACCU-CHEK GUIDE ME - blood glucose monitoring kit w/ device	3		
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		
ADVANCE INTUITION BLOOD G - blood glucose monitoring devices	3		
ADVANCE INTUITION BLOOD G - blood glucose monitoring kit w/ device	3		
ADVANCE MICRO-DRAW METER - blood glucose monitoring devices	3		
ADVANCED MOBILE LANCET 30 - lancets	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ADVOCATE BLOOD GLUCOSE MO - blood glucose monitoring devices	3		
ADVOCATE BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ADVOCATE LANCETS - lancets	2		
ADVOCATE LANCETS 30G - lancets	2		
ADVOCATE LANCING DEVICE - lancet devices	2		
ADVOCATE RAPID-SAFE LANCI - lancet devices	2		
ADVOCATE REDI-CODE - blood glucose monitoring devices	3		
ADVOCATE REDI-CODE+ BLOOD - blood glucose monitoring devices	3		
ADVOCATE REDI-CODE/TALKIN - blood glucose monitoring kit w/ device	3		
ADVOCATE SAFETY LANCETS 2 - lancets	2		
AEROCHAMBER HOLDING CHAMB - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER MINI AEROSOL - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER MV - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER PLUS FLOW VU - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER PLUS FLOW-VU/ - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS V - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/F - spacer/aerosol-holding chambers - device	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
AEROCHAMBER Z-STAT PLUS/L - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/M - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/S - spacer/aerosol-holding chambers - device	2		
AF LANCETS SUPER THIN - lancets	2		
AGAMATRIX JAZZ WIRELESS 2 - blood glucose monitoring kit w/ device	3		
AGAMATRIX PRESTO - blood glucose monitoring kit w/ device	3		
AGAMATRIX ULTRA-THIN LANC - lancets	2		
AIMSCO LUBRICATED - condoms latex lubricated	3		
AIMSCO TWIST LANCETS 32G - lancets	2		
AIMSCO TWIST LANCETS 33G - lancets	2		
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ASSURE COMFORT LANCETS UL - lancets	2		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ASSURE LANCE LANCETS - lancets	2		
ASSURE LANCE LANCETS 21G - lancets	2		
ASSURE LANCE PLUS SAFETY - lancets	2		
ASSURE LANCE SAFETY LANCE - lancets	2		
ASSURE PLATINUM BLOOD GLU - blood glucose monitoring devices	3		
ASSURE PRISM MULTI BLOOD - blood glucose monitoring devices	3		
ASSURE PRO BLOOD GLUCOSE - blood glucose monitoring devices	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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 PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3		
BD PRECISIONGLIDE NEEDLE - needle (disp) 27 x 3/8", 27 x 1-1/2"	3		
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	3		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 18 x 1-1/2"	3		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	2		
BD SAFETYGLIDE INJECTION - needle (disp) 23 x 1-1/2"	3		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD SAFETYGLIDE NEEDLE 25G - needle (disp) 25 x 1"	3		
BD SAFETYGLIDE NEEDLE/SHI - needle (disp) 22 x 1-1/2"	3		
BD SAFETYGLIDE SHIELDED N - needle (disp) 23 x 1"	3		
BD SAFETYGLIDE SYRINGE 5M - syringe/needle (disp) 5 ml 22 x 1-1/2"	2		
BD SAFETYGLIDE 21G X 1-1/ - needle (disp) 21 x 1-1/2"	3		
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	3		
BD SYRINGE BLUNT PLASTIC - syringe (disposable) 10 ml	2		
BD SYRINGE LUER-LOK/1ML - syringe (disposable) 1 ml	2		
BD SYRINGE 10ML/20G X 1" - syringe/needle (disp) 10 ml 20 x 1"	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
BD TB SYRINGE/NEEDLE/1ML/ - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	3		
BD TUBERCULIN SYRINGE/NEE - tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1"	3		
BD TUBERCULIN SYRINGE/SAF - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	3		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD 1/2ML TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2"	3		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	2		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
BD 10ML LUER-LOK SYRINGE - syringe/needle (disp) 10 ml 21 x 1"	2		
BD 10ML SYRINGE/DUAL CANN - syringe (disposable) 10 ml	2		
BD 3ML LUER-LOK SYRINGE 1 - syringe/needle (disp) 3 ml 18 x 1-1/2"	2		
BD 3ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 3 ml 20 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 1", 3 ml 26 x 5/8"	2		
BD 3ML SYRINGE LUER-LOK 2 - syringe/needle (disp) 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1-1/2"	2		
BD 5ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 5 ml 20 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1", 5 ml 22 x 1-1/2"	2		
BIGFOOT UNITY PROGRAM KIT - blood glucose monitor kit w/ monitor device & digital app	3		
BIOTEL CARE BLOOD GLUCOSE - blood glucose monitoring kit w/ device	3		
BIOTEL CARE CONNECTED BLO - blood glucose monitoring kit w/ device	3		
BLOOD GLUCOSE MONITORING - blood glucose monitoring devices	3		
BLOOD GLUCOSE MONITORING - blood glucose monitoring kit w/ device	3		
BLOOD GLUCOSE SYSTEM PAK - blood glucose monitoring kit w/ device	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
BLULINK BLOOD GLUCOSE MON - blood glucose monitoring devices	3		
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		
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		
CAREPOINT PRECISION POLY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 27 x 1/2", 30 x 1/2"	3		
CAREPOINT PRECISION SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3		
CAREPOINT SAFETY 1ST NEED - needle (disp) 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2"	3		
CARESENS LANCETS - lancets	2		
CARESENS N BLOOD GLUCOSE - blood glucose monitoring devices	3		
CARESENS N FELIZ - blood glucose monitoring devices	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
CARESENS N FELIZ BT - blood glucose monitoring devices	3		
CARESENS N GLUCOSE MONITO - blood glucose monitoring devices	3		
CARESENS N PLUS BT - blood glucose monitoring kit w/ device	3		
CARESENS N VOICE BLOOD GL - blood glucose monitoring devices	3		
CARETOUCH BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	3		
CARETOUCH HYPODERMIC NEED - needle (disp) 18 x 1-1/2", 20 x 1", 22 x 1", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1", 27 x 1-1/2"	3		
CARETOUCH INSULIN SYRINGE - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CARETOUCH LANCING DEVICE - lancet devices	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	3		
CHEMSTRIP BG LOG BOOK - blood glucose monitoring misc.	3		
CHOSEN LANCETS 30G - lancets	2		
CHOSEN LANCING DEVICE - lancet devices	2		
CHOSEN SAFETY LANCETS 28G - lancets	2		
CLEANLET LANCETS 28G - lancets	2		
CLEVER CHEK AUTO CODE VOI - blood glucose monitoring devices	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
CLEVER CHEK AUTO-CODE BLO - blood glucose monitoring devices	3		
CLEVER CHEK AUTO-CODE VOI - blood glucose monitoring devices	3		
CLEVER CHEK BLOOD GLUCOSE - blood glucose monitoring kit w/ device	3		
CLEVER CHEK LANCETS ULTRA - lancets	2		
CLEVER CHOICE AUTO-CODE P - blood glucose monitoring devices	3		
CLEVER CHOICE COMFORT EZ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - lancets	2		
CLEVER CHOICE MICRO BLOOD - blood glucose monitoring kit w/ device	3		
CLEVER CHOICE MINI BLOOD - blood glucose monitoring devices	3		
CLEVER CHOICE TALK BLOOD - blood glucose monitoring devices	3		
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COAGUCHEK LANCETS - lancets	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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
COMFORT LANCETS - lancets	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		
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		
COMFORT TOUCH TWIST LANCE - lancets	2		
CONDOMS - condoms - male	3		
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 devices	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK 2.4 WIR - blood glucose monitoring kit w/ device	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	2		
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device	2		
COOL BLOOD GLUCOSE MONITO - blood glucose monitoring devices	3		
COOL BLOOD GLUCOSE MONITO - blood glucose monitoring kit w/ device	3		
CVS BLOOD GLUCOSE METER A - blood glucose monitoring devices	3		
CVS BLUETOOTH BLOOD GLUCO - blood glucose monitoring devices	3		
CVS LANCETS ORIGINAL - lancets	2		
CVS LANCETS THIN 26G - 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		
D-CARE GLUCOMETER KIT/GLU - blood glucose monitoring kit w/ device	3		
DEXCOM G6 RECEIVER - continuous glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	2		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	2		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous glucose system sensor	2		ST, QL (3 sensors/30 days)
DIABETES CARE - blood glucose monitor kit w/ monitor device & digital app	3		
DIABETES MONITORING DIGIT - blood glucose monitor kit w/ monitor device & digital app	3		
DIATHRIVE BLOOD GLUCOSE M - blood glucose monitoring devices	3		
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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
DIATHRIVE+ BLOOD GLUCOSE - blood glucose monitoring devices	3		
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 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm)	2		
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
DROPLET INSULIN SYRINGE/0 - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
DROPLET INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 30 x 1/2"	2		
DROPLET LANCETS ULTRA THI - lancets	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 NEEDLE/MICRON - insulin pen needle 34 g x 3.5 mm (9/64")	2		
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2		
DROPLET PERSONAL LANCETS - lancets	2		
DROPSAFE ACTI-LANCE SAFTE - lancets	2		
DROPSAFE INSULIN SAFETY S - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
DROPSAFE SICURA - needle (disp) 25 x 1"	3		
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 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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 EXTRA SENSITIVE THI - condoms latex lubricated	3		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	3		
DUREX TROPICAL - condoms latex lubricated	3		
E-Z JECT LANCETS - lancets	2		
E-Z JECT LANCETS COLOR - lancets	2		
E-Z JECT LANCETS SUPER TH - lancets	2		
EASY COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 29 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
EASY MAX T1 SELF-MONITORI - blood glucose monitoring kit w/ device	3		
EASY MINI EJECT LANCING D - lancet devices	2		
EASY MINI LANCING DEVICE - lancet devices	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY PLUS II BLOOD GLUCOS - blood glucose monitoring devices	3		
EASY STEP BLOOD GLUCOSE M - blood glucose monitoring devices	3		
EASY TALK BLOOD GLUCOSE M - blood glucose monitoring devices	3		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	3		
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 3/4", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 27 x 1" (25 mm), 28 x 1/2" (12.7 mm), 29 x 1/2" (12.7 mm), 30 x 5/16" (8 mm), 30 x 1/2", 31 x 5/16" (8 mm)	3		
EASY TOUCH FLIPLOCK SAFET - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH GLUCOSE MONITO - blood glucose monitoring kit w/ device	3		
EASY TOUCH HEALTHPRO GLUC - blood glucose monitoring kit w/ device	3		
EASY TOUCH HYPODERMIC NEE - needle (disp) 16 x 1", 16 x 1-1/2", 18 x 1", 18 x 1.25" (30 mm), 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 23 x 1-1/4", 23 x 1-1/2", 24 x 1", 24 x 1.25" (30 mm), 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 3/8", 26 x 1/2", 26 x 5/8", 27 x 1/2", 27 x 1-1/4", 27 x 1-1/2", 30 x 1/2", 30 x 1", 31 x 5/16" (8 mm), 32 x 5/16" (8 mm)	3		
EASY TOUCH INSULIN SYRING - insulin syringe (disp) u-100 1 ml	2		
EASY TOUCH INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY TOUCH LANCETS 21G/PR - lancets	2		
EASY TOUCH LANCETS 23G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PU - lancets	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TRAK BLOOD GLUCOSE M - blood glucose monitoring devices	3		
EASY TRAK II BLOOD GLUCOS - blood glucose monitoring devices	3		
EASYGLUCO - blood glucose monitoring kit	3		
EASYMAX NG SELF-MONITORIN - blood glucose monitoring devices	3		
EASYMAX NG SELF-MONITORIN - blood glucose monitoring kit w/ device	3		
EASYMAX V BLOOD GLUCOSE S - blood glucose monitoring devices	3		
EASYPOINT NEEDLE 23G X 1" - needle (disp) 23 x 1"	3		
EASYPOINT NEEDLE 25G X 1" - needle (disp) 25 x 1"	3		
EASYPOINT NEEDLE 25G X 5/ - needle (disp) 25 x 5/8"	3		
EASYPOINT NEEDLE 25GX1-1/ - needle (disp) 25 x 1-1/2"	3		
EASYPOINT NEEDLE/18G X 1- - needle (disp) 18 x 1-1/2"	3		
EASYPOINT NEEDLE/18G X 1" - needle (disp) 18 x 1"	3		
EASYPOINT NEEDLE/20G X 1- - needle (disp) 20 x 1-1/2"	3		
EASYPOINT NEEDLE/20G X 1" - needle (disp) 20 x 1"	3		
EASYPOINT NEEDLE/21G X 1- - needle (disp) 21 x 1-1/2"	3		
EASYPOINT NEEDLE/21G X 1" - needle (disp) 21 x 1"	3		
EASYPOINT NEEDLE/22G X 1- - needle (disp) 22 x 1-1/2"	3		
EASYPOINT NEEDLE/22G X 1" - needle (disp) 22 x 1"	3		
EASYPRO BLOOD GLUCOSE MON - blood glucose monitoring kit w/ device	3		
EASYPRO PLUS - blood glucose monitoring kit w/ device	3		
ELEMENT AUTOCODE SYSTEM - blood glucose monitoring kit w/ device	3		
ELEMENT COMPACT BLOOD GLU - blood glucose monitoring devices	3		
ELEMENT COMPACT V BLOOD - blood glucose monitoring devices	3		
ELEMENT PLUS BLOOD GLUCOS - blood glucose monitoring devices	3		
EMBECTA AUTOSHIELD DUO 30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBECTA INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE U - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE/U - insulin syringe/ needle u-100 0.3 ml 31 x 15/64", u-100 1 ml 27 x 5/8", u-100 1 ml 30 x 1/2", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64", u-500 0.5 ml 31g x 6mm (15/64")	2		
EMBECTA INSULIN SYRINGE/0 - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
EMBECTA INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
EMBECTA INSULIN SYRINGE/2 - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
EMBECTA PEN NEEDLE/NANO 2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/NANO/2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/NANO/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 29 g x 12.7 mm (1/2")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBRACE BLOOD GLUCOSE MON - blood glucose monitoring devices	3		
EMBRACE EVO BLOOD GLUCOSE - blood glucose monitoring kit w/ device	3		
EMBRACE EVO COMPACT BLOOD - blood glucose monitoring devices	3		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
EMBRACE PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBRACE PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBRACE PRESSURE ACTIVATE - lancets	2		
EMBRACE PRO BLOOD GLUCOSE - blood glucose monitoring devices	3		
EMBRACE TALK BLOOD GLUCOS - blood glucose monitoring devices	3		
EMBRACE TALK BLOOD GLUCOS - blood glucose monitoring kit w/ device	3		
EMBRACE WAVE BLOOD GLUCOS - blood glucose monitoring devices	3		
EQL COLOR LANCETS 21G - lancets	2		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
EQL SUPER THIN LANCETS 30 - lancets	2		
EQL THIN LANCETS 26G - lancets	2		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
EVENCARE BLOOD GLUCOSE MO - blood glucose monitoring kit	3		
EVOLUTION AUTOCODE - blood glucose monitoring devices	3		
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	3		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	3		
FC2 FEMALE CONDOM - condoms - female	3		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	3		
FIFTY50 GLUCOSE METER 2.0 - blood glucose monitoring kit w/ device	3		
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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
FINGERSTIX LANCETS - lancets	2		
FLOW-EZE VENTED NEEDLE - hypodermic needles (disposable)	3		
FORA GD20 BLOOD GLUCOSE M - blood glucose monitoring devices	3		
FORA GD50 BLOOD GLUCOSE M - blood glucose monitoring devices	3		
FORA GTEL BLOOD GLUCOSE M - blood glucose monitoring devices	3		
FORA G20 BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		
FORA G30A BLOOD GLUCOSE M - blood glucose monitoring devices	3		
FORA LANCETS - lancets	2		
FORA LANCING DEVICE - lancet devices	2		
FORA LANCING DEVICE/CLEAR - lancet devices	2		
FORA PREMIUM V10 BLE BLOO - blood glucose monitoring devices	3		
FORA TEST N' GO VOICE BLO - blood glucose monitoring devices	3		
FORA TN'G VOICE BLOOD GLU - blood glucose monitoring kit w/ device	3		
FORA V12 BLOOD GLUCOSE MO - blood glucose monitoring devices	3		
FORACARE GD40 BLOOD GLUCO - blood glucose monitoring devices	3		
FORACARE PREMIUM V10 BLOO - blood glucose monitoring devices	3		
FORACARE TEST N GO BLOOD - blood glucose monitoring devices	3		
FREESTYLE FREEDOM LITE - blood glucose monitoring kit w/ device	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
FREESTYLE LANCETS - lancets	2		
FREESTYLE LIBRE 14 DAY/RE - continuous glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2 PLUS/SE - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/ - continuous glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3 PLUS/SE - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3/READER/ - continuous glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FL - continuous glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices	3		
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit w/ device	3		
FREESTYLE PRECISION NEO B - blood glucose monitoring kit w/ device	3		
FREESTYLE UNISTICK II LAN - lancets	2		
GENTEEL BUTTERFLY TOUCH L - lancets	2		
GENTEEL PLUS LANCING DEVI - lancet devices	2		
GENTLE-LET LANCETS GENERA - lancets	2		
GENTLE-LET LANCETS SAFETY - lancets	2		
GE100 BLOOD GLUCOSE MONIT - blood glucose monitoring devices	3		
GE100 BLOOD GLUCOSE MONIT - blood glucose monitoring kit w/ device	3		
GHT BLOOD GLUCOSE MONITO - blood glucose monitoring kit w/ device	3		
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
GLUCO PERFECT 3 BLOOD GLU - blood glucose monitoring devices	3		
GLUCOCARD EXPRESSION AUDI - blood glucose monitoring kit w/ device	3		
GLUCOCARD SHINE - blood glucose monitoring devices	3		
GLUCOCARD SHINE - blood glucose monitoring kit w/ device	3		
GLUCOCARD SHINE CONNEX BL - blood glucose monitoring kit w/ device	3		
GLUCOCARD SHINE EXPRESS B - blood glucose monitoring kit w/ device	3		
GLUCOCARD SHINE XL - blood glucose monitoring devices	3		
GLUCOCARD VITAL BLOOD GLU - blood glucose monitoring kit w/ device	3		
GLUCOCARD X-METER - blood glucose monitoring kit w/ device	3		
GLUCOCARD 01 BLOOD GLUCOS - blood glucose monitoring devices	3		
GLUCOCARD 01 BLOOD GLUCOS - blood glucose monitoring kit w/ device	3		
GLUCOCARD 01-MINI BLOOD G - blood glucose monitoring kit w/ device	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
GLUCOCOM AUTOLINK TELEMON - blood glucose monitoring misc.	3		
GLUCOCOM BLOOD GLUCOSE MO - blood glucose monitoring devices	3		
GLUCOCOM BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		
GLUCOCOM LANCETS 28G - lancets	2		
GLUCOCOM LANCETS 30G - lancets	2		
GLUCOCOM LANCETS 33G - lancets	2		
GLUCONAVII BLOOD GLUCOSE - blood glucose monitoring kit w/ device	3		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GNP EASY TOUCH GLUCOSE MO - blood glucose monitoring devices	3		
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
GNP LANCING SYSTEM DEVICE - lancet devices	2		
GNP PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GNP PEN NEEDLES 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
GNP STERILE LANCETS 28G - lancets	2		
GNP STERILE LANCETS 30G - lancets	2		
GNP STERILE LANCETS 33G - lancets	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
GNP TRUE METRIX AIR SELF - blood glucose monitoring kit w/ device	3		
GNP TRUE METRIX SELF MONI - blood glucose monitoring kit w/ device	3		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP ULTRA COMFORT INSULIN - insulin syringe/ needle u-100 1 ml 28 x 1/2"	2		
GOJJI LANCING DEVICE/CLEA - lancet devices	2		
GOJJI STERILE LANCETS 30G - lancets	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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
HAEMOLANCE PLUS PEDIATRIC - lancets	2		
HEALTHPRO BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	3		
HEALTHWISE INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", 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		
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
HW EMBRACE PRO BLOOD GLUC - blood glucose monitoring devices	3		
HW EMBRACE TALK BLOOD GLU - blood glucose monitoring devices	3		
HW EMBRACE TALK BLOOD GLU - blood glucose monitoring kit w/ device	3		
HY-VEE LANCETS - lancets	2		
HY-VEE THIN LANCETS - lancets	2		
HYPODERMIC NEEDLES 18GX1- - needle (disp) 18 x 1-1/2"	3		
HYPODERMIC NEEDLES 18GX1" - needle (disp) 18 x 1"	3		
HYPODERMIC NEEDLES 20GX1- - needle (disp) 20 x 1-1/2"	3		
HYPODERMIC NEEDLES 20GX1" - needle (disp) 20 x 1"	3		
HYPODERMIC NEEDLES 21GX1- - needle (disp) 21 x 1-1/2"	3		
HYPODERMIC NEEDLES 21GX1" - needle (disp) 21 x 1"	3		
HYPODERMIC NEEDLES 22GX1- - needle (disp) 22 x 1-1/2"	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
HYPODERMIC NEEDLES 22GX1" - needle (disp) 22 x 1"	3		
HYPODERMIC NEEDLES 23GX1- - needle (disp) 23 x 1-1/2"	3		
HYPODERMIC NEEDLES 23GX1" - needle (disp) 23 x 1"	3		
HYPODERMIC NEEDLES 25GX1- - needle (disp) 25 x 1-1/2"	3		
HYPODERMIC NEEDLES 25GX5/ - needle (disp) 25 x 5/8"	3		
HYPODERMIC NEEDLES 26GX1/ - needle (disp) 26 x 1/2"	3		
HYPODERMIC NEEDLES 27GX1- - needle (disp) 27 x 1-1/2"	3		
HYPODERMIC NEEDLES 27GX1/ - needle (disp) 27 x 1/2"	3		
IGLUCOSE BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		
IHEALTH GLUCO+ - blood glucose monitor kit w/ monitor device & digital app	3		
IHEALTH LANCING DEVICE - lancet devices	2		
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	2		QL (1 kit/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	2		QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	2		QL (2 kits/30 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	2		QL (1 kit/30 days)
IN TOUCH - blood glucose monitoring devices	3		
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	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		
INFINITY BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		
INFINITY VOICE - blood glucose monitoring kit w/ device	3		
INPEN 100/BLUE/HUMALOG - injection device for insulin	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
INPEN 100/BLUE/NOVOLOG/FI - injection device for insulin	3		
INPEN 100/GREY/HUMALOG - injection device for insulin	3		
INPEN 100/GREY/NOVOLOG/FI - injection device for insulin	3		
INPEN 100/PINK/HUMALOG - injection device for insulin	3		
INPEN 100/PINK/NOVOLOG/FI - injection device for insulin	3		
INSUL-TOTE - blood glucose monitoring supplies	3		
INSUL-TOTE JR - blood glucose monitoring supplies	3		
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	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		
KAMELEON LUBRICATED - condoms latex lubricated	3		
KIMONO COLORS - condoms latex lubricated	3		
KIMONO LUBRICATED - condoms latex lubricated	3		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	3		
KIMONO MICRO THIN - condoms latex non-lubricated	3		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	3		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	3		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	3		
KIMONO PS LUBRICATED - condoms latex lubricated	3		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	3		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	3		
KIMONO SENSATION PLUS SPE - condoms latex lubricated	3		
KIMONO SPECIAL - condoms latex lubricated	3		
KINNEY LANCETS - lancets	2		
KINNEY THIN LANCETS - lancets	2		
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
KROGER INSULIN SYRINGE/1M - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
KROGER LANCETS - lancets	2		
KROGER LANCETS MICRO THIN - lancets	2		
KROGER LANCETS SUPER THIN - lancets	2		
KROGER LANCETS THIN - 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/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 30G - lancets	2		
LANCETS 28G THIN - lancets	2		
LANCETS 30G - lancets	2		
LANCETS 30G TWIST TOP - lancets	2		
LANCETS 30G/TWIST TOP - lancets	2		
LANCETS 33G EXTRA FINE - lancets	2		
LANCETS 33G UNIVERSAL DES - lancets	2		
LANCING DEVICE - lancet devices	2		
LANZO - lancet devices	2		
LEADER ADVANCED LANCING D - lancet devices	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 31 x 5/16"	2		
LEADER LANCETS COLORED - lancets	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		
LIBERTY MEDICAL LANCETS 3 - 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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	3		
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	2		
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MAXICOMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	2		
MAXX LUBRICATED - condoms latex lubricated	3		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	3		
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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 LIT - lancets	2		
MEDLANCE PLUS LITE LANCET - lancets	2		
MEDLANCE PLUS SPECIAL LAN - lancets	2		
MEDLANCE PLUS SUPERLITE 3 - lancets	2		
MEDLANCE PLUS UNIVERSAL L - lancets	2		
MEDLANCE PLUS/LITE 25G - lancets	2		
MEIJER COLOR LANCETS UNIV - lancets	2		
MEIJER LANCETS - lancets	2		
MEIJER LANCETS THIN - lancets	2		
MEIJER LANCETS UNIVERSAL - lancets	2		
MEIJER 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		
MEIJER TRUERESULT BLOOD G - blood glucose monitoring kit w/ device	3		
MEIJER TRUETRACK BLOOD GL - blood glucose monitoring kit w/ device	3		
MEIJER TRUE2GO BLOOD GLUC - blood glucose monitoring kit w/ device	3		
MICRODOT BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
MICROLET LANCETS - lancets	2		
MICROLET NEXT - lancet devices	2		
MINI LANCING DEVICE - lancet devices	2		
MM BLOOD GLUCOSE MONITORI - blood glucose monitoring kit	3		
MM BLOOD GLUCOSE MONITORI - blood glucose monitoring kit w/ device	3		
MM BLULINK GLUCOSE MONITO - blood glucose monitoring devices	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
MM EASY TOUCH BLOOD GLUCO - blood glucose monitoring kit w/ device	3		
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MM LANCING DEVICE - lancet devices	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		
MOBILE LANCETS 30G - lancets	2		
MONOJECT BLUNT CANNULA/20 - needle (disp) 20 x 1-1/2"	3		
MONOJECT BLUNT CANNULA/21 - needle (disp) 21 x 1"	3		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 14 x 1", 14 x 2", 16 x 5/8", 16 x 3/4", 16 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1-1/4", 25 x 2", 27 x 1/2", 27 x 1-1/4"	3		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	2		
MONOJECT HYPO/ALUM HUB/16 - needle (disp) 16 x 1"	3		
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	2		
MONOJECT HYPO/POLYPROPYLE - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 30 x 3/4"	3		
MONOJECT HYPODERMIC NEEDL - needle (disp) 18 x 1", 27 x 1-1/2", 30 x 3/4"	3		
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16",	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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"			
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 5/8", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 25 x 5/8", 25 x 1"	2		
MONOJECT MAGELLAN SAFETY - needle (disp) 19 x 1", 19 x 1-1/2"	3		
MONOJECT MEDICATION TRANS - hypodermic needles (disposable)	3		
MONOJECT STANDARD HYPODER - needle (disp) 14 x 1-1/2", 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 21 x 2", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1-1/2", 27 x 1/2"	3		
MONOJECT SYRINGE PHARMACY - syringe (disposable) 1 ml	2		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	3		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 28 x 1/2"	3		
MONOJECT TUBERCULIN SYRIN - syringe (disposable) 1 ml	2		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	3		
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
MONOJECT 1ML LUER LOCK TU - syringe (disposable) 1 ml	2		
MONOLET LANCETS - lancets	2		
MONOLET OPD LANCETS - lancets	2		
MONOLETTOR SAFETY LANCETS - 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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 BLOOD GLUCO - blood glucose monitoring kit w/ device	3		
MYGLUCOHEALTH MGH SOFTLAN - lancets	2		
NOVA MAX BLOOD GLUCOSE MO - blood glucose monitoring devices	3		
NOVA MAX BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		
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 PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
NOVOPEN ECHO - injection device for insulin	3		
OMNIFLEX DIAPHRAGM - diaphragms	3		
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	3		QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3		QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	3		QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	3		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	3		QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3		QL (1 kit/720 days)
ON CALL EXPRESS BLOOD GLU - blood glucose monitoring kit w/ device	3		
ONE DROP BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
| **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
| **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	2		
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS GENERIC PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS GENERIC PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PENTIPS GENERIC PEN NEEDL - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PERFECT LANCETS 30G - lancets	2		
PERFECT POINT SAFETY LANC - lancets	2		
PERFECT POINT SAFTEY NEED - needle (disp) 25 x 1"	3		
PERFECT PRESSURE ACTIVATE - lancets	2		
PHARMACIST CHOICE AUTOCOD - blood glucose monitoring kit w/ device	3		
PHARMACIST CHOICE MINI BL - blood glucose monitoring devices	3		
PHARMACIST CHOICE SELECT - lancets	2		
PHARMACIST CHOICE ULTRA T - lancets	2		
PIP BLOOD GLUCOSE MONITOR - blood glucose monitoring devices	3		
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		
POCKETCHEM EZ BLOOD GLUCO - blood glucose monitoring kit w/ device	3		
POGO AUTOMATIC BLOOD GLUC - blood glucose monitoring devices	3		
POLY HUB NEEDLE/18G X 1-1 - needle (disp) 18 x 1-1/2"	3		
POLY HUB NEEDLE/18G X 1" - needle (disp) 18 x 1"	3		
POLY HUB NEEDLE/21G X 1-1 - needle (disp) 21 x 1-1/2"	3		
POLY HUB NEEDLE/21G X 1" - needle (disp) 21 x 1"	3		
POLY HUB NEEDLE/22G X 1-1 - needle (disp) 22 x 1-1/2"	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
POLY HUB NEEDLE/22G X 1" - needle (disp) 22 x 1"	3		
POLY HUB NEEDLE/23G X 1-1 - needle (disp) 23 x 1-1/2"	3		
POLY HUB NEEDLE/23G X 1" - needle (disp) 23 x 1"	3		
POLY HUB NEEDLE/25G X 1-1 - needle (disp) 25 x 1-1/2"	3		
POLY HUB NEEDLE/25G X 1" - needle (disp) 25 x 1"	3		
POLY HUB NEEDLE/25G X 5/8 - needle (disp) 25 x 5/8"	3		
POLY HUB NEEDLE/27G X 1-1 - needle (disp) 27 x 1-1/4"	3		
POLY HUB NEEDLE/27G X 1/2 - needle (disp) 27 x 1/2"	3		
POLY HUB NEEDLE/30G X 1/2 - needle (disp) 30 x 1/2"	3		
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 0.3 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 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
PRO COMFORT 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		
PRO COMFORT SAFETY LANCET - lancets	2		
PRO VOICE V9 BLOOD GLUCOS - blood glucose monitoring devices	3		
PRODIGY AUTOCODE BLOOD GL - blood glucose monitoring devices	3		
PRODIGY AUTOCODE BLOOD GL - blood glucose monitoring kit w/ device	3		
PRODIGY INSULIN SYRING/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 NO CODING BLOOD G - blood glucose monitoring kit w/ device	3		
PRODIGY POCKET BLOOD GLUC - blood glucose monitoring kit w/ device	3		
PRODIGY PRESSURE ACTIVATE - lancets	2		
PRODIGY SAFETY LANCETS - lancets	2		
PRODIGY TWIST TOP LANCETS - lancets	2		
PRODIGY VOICE BLOOD GLUCO - blood glucose monitoring kit w/ device	3		
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
PURE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
PURE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PX ADVANCED LANCING DEVIC - lancet devices	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 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		
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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
QUICK TOUCH BLOOD GLUCOSE - blood glucose monitoring kit w/ device	3		
QUICK TOUCH INSULIN PEN N - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
QUICK TOUCH INSULIN PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
QUICK TOUCH INSULIN PEN N - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
QUICKTEK - blood glucose monitoring kit	3		
QUICKTEK - blood glucose monitoring kit w/ device	3		
QUINTET AC BLOOD GLUCOSE - blood glucose monitoring devices	3		
QUINTET BLOOD GLUCOSE MON - blood glucose monitoring devices	3		
RA E-ZJECT LANCETS THIN 2 - lancets	2		
RA E-ZJECT LANCETS ULTRA - lancets	2		
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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
RELION PREMIER BLU BLOOD - blood glucose monitoring devices	3		
RELION PREMIER CLASSIC BL - blood glucose monitoring devices	3		
RELION PREMIER COMPACT BL - blood glucose monitoring kit w/ device	3		
RELION PREMIER VOICE BLOO - blood glucose monitoring devices	3		
RELION PRIME BLOOD GLUCOS - blood glucose monitoring devices	3		
RELION THIN LANCETS - lancets	2		
RELION TRUE METRIX AIR BL - blood glucose monitoring kit w/ device	3		
RELION ULTIMA BLOOD GLUCO - blood glucose monitoring kit w/ device	3		
RELION ULTRA THIN LANCETS - lancets	2		
RELION 2-IN-1 LANCET DEV - lancets	2		
RELION 2-IN-1 LANCING DEV - lancets	2		
RIGHTEST GD500 LANCING DE - lancet devices	2		
RIGHTEST GL300 LANCETS - lancets	2		
RIGHTEST GM100 BLOOD GLUC - blood glucose monitoring kit w/ device	3		
RIGHTEST GM300 BLOOD GLUC - blood glucose monitoring kit w/ device	3		
RIGHTEST GM550 BLOOD GLUC - blood glucose monitoring kit w/ device	3		
RIGHTEST GT333 BLOOD GLUC - blood glucose monitoring devices	3		
SAFETY LANCETS - lancets	2		
SAFETY LANCETS 21G - lancets	2		
SAFETY LANCETS 23G - lancets	2		
SAFETY LANCETS 28G - lancets	2		
SAFETY LANCETS/PRESSURE A - lancets	2		
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 | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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 HYPODER - needle (disp) 22 x 1", 25 x 1-1/2"	3		
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		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	2		
SINGLE-LET - lancets	2		
SMART DIABETES VANTAGE LA - lancet devices	2		
SMARTEST EJECT BLOOD GLUC - blood glucose monitoring devices	3		
SMARTEST EJECT STARTER KI - blood glucose monitoring kit w/ device	3		
SMARTEST LANCETS 28G - lancets	2		
SMARTEST PERSONA STARTER - blood glucose monitoring kit w/ device	3		
SMARTEST PRONTO STARTER - blood glucose monitoring kit w/ device	3		
SMARTEST PROTEGE BLOOD GL - blood glucose monitoring devices	3		
SMARTEST PROTEGE STARTER - blood glucose monitoring kit w/ device	3		
SOLUS V2 AUDIBLE BLOOD GL - blood glucose monitoring devices	3		
SOLUS V2 AUDIBLE BLOOD GL - blood glucose monitoring kit w/ device	3		
SOLUS V2 LANCING DEVICE - lancet devices	2		
SOLUS V2 PRESSURE ACTIVAT - lancets	2		
SOLUS V2 TWIST LANCETS 30 - lancets	2		
STERILANCE TL - lancets	2		
SUPER THIN LANCETS - lancets	2		
SUPREME II CONFIDENCE PAD - blood glucose monitoring misc.	3		
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
TECHLITE LANCETS - lancets	2		
TECHLITE LANCETS 26G - lancets	2		
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 12 mm (1/2")	2		
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
TECHLITE PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
TEMPO REFILL - blood glucose monitoring kit	3		
TEMPO SMART BUTTON - blood glucose monitoring misc.	3		
TEMPO WELCOME - blood glucose monitoring kit w/ device	3		
TGT ADVANCED LANCING DEVI - lancet devices	2		
TGT LANCET ALTERNATE SITE - lancets	2		
TGT LANCET SUPER THIN 30G - lancets	2		
TGT LANCET THIN 23G - lancets	2		
TGT LANCET ULTRA THIN 28G - lancets	2		
TGT LANCING DEVICE - lancet devices	2		
TODAYS HEALTH ADVANCED LA - lancet devices	2		
TODAYS HEALTH 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		
TRACER II 3 VOLT BATTERY - blood glucose monitoring misc.	3		
TRAVEL LANCETS ADVANCED 2 - lancets	2		
TROJAN ENZ - condoms latex non-lubricated	3		
TROJAN MAGNUM - condoms latex lubricated	3		
TROJAN ULTRA RIBBED/LUBRI - condoms latex lubricated	3		
TROJAN ULTRA THIN LUBRICA - condoms latex lubricated	3		
TROJAN ULTRA THIN/SPERMIC - condoms latex lubricated	3		
TROJAN-ENZ LUBRICATED - condoms latex lubricated	3		
TROJAN-ENZ W/SPERMICIDAL - condoms latex lubricated	3		
TRUE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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"			
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT SAFETY INSUL - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT SAFETY LANCE - lancets	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT TWIST TOP LA - lancets	2		
TRUE COVER - condoms latex lubricated	3		
TRUE FOCUS BLOOD GLUCOSE - blood glucose monitoring devices	3		
TRUE METRIX AIR BLOOD GLU - blood glucose monitoring devices	3		
TRUE METRIX AIR BLOOD GLU - blood glucose monitoring kit w/ device	3		
TRUE METRIX BLOOD GLUCOSE - blood glucose monitoring kit w/ device	3		
TRUE METRIX GO BLOOD GLUC - blood glucose monitoring kit w/ device	3		
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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUEPLUS LANCETS 28G - lancets	2		
TRUEPLUS LANCETS 28G SUPE - lancets	2		
TRUEPLUS LANCETS 30G - lancets	2		
TRUEPLUS LANCETS 30G ULTR - lancets	2		
TRUEPLUS LANCETS 33G - lancets	2		
TRUEPLUS LANCETS 33G MICR - lancets	2		
TRUEPLUS SAFETY LANCETS 2 - lancets	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUERESULT BLOOD GLUCOSE - blood glucose monitoring kit w/ device	3		
TRUETRACK BLOOD GLUCOSE M - blood glucose monitoring devices	3		
TRUETRACK BLOOD GLUCOSE M - blood glucose monitoring kit w/ device	3		
TRUETRACK SMART SYSTEM - blood glucose monitoring kit w/ device	3		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	3		
TRUSTEX LUBRICATED - condoms latex lubricated	3		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	3		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	3		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	3		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	3		
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	3		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	3		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	3		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	3		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	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 SAFEPACK INSULI - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTIGUARD SAFEPACK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTIGUARD SAFEPACK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTIGUARD SAFEPACK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPACK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTIGUARD SAFEPACK/SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
ULTIGUARD SAFEPACK/TINY P - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
ULTILET CLASSIC LANCETS - lancets	2		
ULTILET LANCETS - lancets	2		
ULTILET LANCETS 33G - lancets	2		
ULTILET 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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
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		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
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		
ULTRATRAK ACTIVE - blood glucose monitoring devices	3		
UNIFINE OTC PEN NEEDLE 31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE OTC PEN NEEDLE 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PROTECT SAFETY PE - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PROTECT SAFETY PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE SAFECONTROL PEN N - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
UNIFINE SAFECONTROL PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
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 CZT COMFORT - lancets	2		
UNISTIK CZT NORMAL - lancets	2		
UNISTIK NORMAL - lancets	2		
UNISTIK PRO SAFETY LANCET - lancets	2		
UNISTIK SAFETY LANCETS 28 - lancets	2		
UNISTIK SAFETY LANCETS 30 - lancets	2		
UNISTIK TOUCH SAFETY LANC - lancets	2		
UNISTIK 1 - lancets	2		
UNISTIK 2 - lancets	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
UNISTIK 2 COMFORT - lancets	2		
UNISTIK 2 EXTRA - lancets	2		
UNISTIK 2 NEONATAL - lancets	2		
UNISTIK 2 NORMAL - lancets	2		
UNISTIK 2 SUPER - lancets	2		
UNISTIK 3 - lancets	2		
UNISTIK 3 COMFORT - lancets	2		
UNISTIK 3 EXTRA - lancets	2		
UNISTIK 3 GENTLE - lancets	2		
UNISTIK 3 NEONATAL - lancets	2		
UNISTIK 3 NORMAL - lancets	2		
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	3		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	3		QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	3		QL (30 systems/30 days)
VALUE PLUS LANCETS STANDA - lancets	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		
VANISHPOINT SAFETY SYRING - syringe/needle (disp) 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 25 x 1-1/2", 5 ml 21 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1-1/2", 10 ml 21 x 1-1/2"	2		
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	3		
VERASENS BLOOD GLUCOSE MO - blood glucose monitoring devices	3		
VERASENS BLOOD GLUCOSE MO - blood glucose monitoring kit w/ device	3		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
| **LD** = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
| **SP** = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
VERIFINE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
VERIFINE PLUS INSULIN PEN - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE SAFETY LANCET MI - lancets	2		
VERIFINE UNIVERSAL LANCET - lancets	2		
VERISAFE SAFETY STERILE N - needle (disp) 23 x 1-1/2", 25 x 1"	3		
VIVAGUARD INO BLOOD GLUCO - blood glucose monitoring devices	3		
VIVAGUARD INO BLOOD GLUCO - blood glucose monitoring kit	3		
VIVAGUARD INO SMART BLOOD - blood glucose monitoring devices	3		
VIVAGUARD LANCETS - lancets	2		
VIVAGUARD LANCETS 30G - lancets	2		
VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS - lancets	2		
VIVAGUARD SAFETY LANCETS/ - 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		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	3		
YALE NEEDLES 21G X 1-1/4" - needle (disp) 21 x 1-1/4"	3		
ZEVRX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"	2		
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	2		
ZEVRX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ZEVRX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ZEVRX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ZEVRX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ZEVRX TWIST TOP LANCETS 3 - lancets	2		
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 1 ml 27 x 1/2"	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		
10ML SYRINGE LUER-LOK TIP - syringe (disposable) 10 ml	2		
ASSORTED CLASSES			
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	3		
azathioprine tab 50 mg (Imuran)	1		
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	3	SP	PA, LD, QL (4 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	3	SP	PA, LD, QL (4 syringes/28 days)
CELLCEPT - mycophenolate mofetil cap 250 mg	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

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

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Drug Name	Drug Tier	Specialty	Requirements/Limits
REZUROCK - belumosudil mesylate tab 200 mg	3	SP	PA, LD, QL (30 tablets/30 days)
RINGERS IRRIGATION - ringer's solution for irrigation	3		
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	3		
sirolimus oral soln 1 mg/ml (Rapamune)	1		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1		
sodium polystyrene sulfonate powder	1		
sodium polystyrene sulfonate susp 15 gm/60ml	1		
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	2		
SYPRINE - trientine hcl cap 250 mg	3	SP	PA
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1		
THALOMID - thalidomide cap 50 mg	2	SP	PA, LD, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	1	SP	PA
TRIENTINE HYDROCHLORIDE - trientine hcl cap 500 mg	3	SP	PA
VELTASSA - patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2		
VIJOICE - alpelisib (pros) oral granules packet 50 mg	3	SP	PA, QL (28 packets/28 days)
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose	3	SP	PA, QL (28 tablets/28 day)
VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily dose	3	SP	PA, QL (28 tablets/28 days)
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	3	SP	PA, QL (56 tablets/28 days)
water for irrigation, sterile irrigation soln	1		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	2	SP	PA, LD
ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3		

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

INDEX

A

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

C

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

D

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

G

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization
LD = Limited Distribution
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement
ST = Responsible Steps
QL = Quantity Limit (Max Quantity/Time)

I

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

L

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

Q

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

S

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

T

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

U

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement

KEY | **PA** = Prior Authorization | **ST** = Responsible Steps
LD = Limited Distribution | **QL** = Quantity Limit (Max Quantity/Time)
SP = Specialty; different Specialty Tier & cost-share may apply - see endorsement