

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
1ST TIER COMFORTOUCH 28G LANCT	2				
1ST TIER COMFORTOUCH 30G LANCT	2				
2TEK CONTROL SOLUTION	3				
ABACAVIR 20 MG/ML SOLUTION	1				
ABACAVIR 300 MG TABLET	1				
ABACAVIR-LAMIVUDINE 600-300 MG	1				
ABACAVIR-LAMIVUDINE-ZIDOV TAB	1				
ABILIFY MYCITE 10 MG KIT	3	QL			
ABILIFY MYCITE 10 MG MAINT KIT	3	QL			
ABILIFY MYCITE 10 MG START KIT	3	QL			
ABILIFY MYCITE 15 MG KIT	3	QL			
ABILIFY MYCITE 15 MG MAINT KIT	3	QL			
ABILIFY MYCITE 15 MG START KIT	3	QL			
ABILIFY MYCITE 2 MG KIT	3	QL			
ABILIFY MYCITE 2 MG MAINT KIT	3	QL			
ABILIFY MYCITE 2 MG START KIT	3	QL			
ABILIFY MYCITE 20 MG KIT	3	QL			
ABILIFY MYCITE 20 MG MAINT KIT	3	QL			
ABILIFY MYCITE 20 MG START KIT	3	QL			
ABILIFY MYCITE 30 MG KIT	3	QL			
ABILIFY MYCITE 30 MG MAINT KIT	3	QL			
ABILIFY MYCITE 30 MG START KIT	3	QL			
ABILIFY MYCITE 5 MG KIT	3	QL			
ABILIFY MYCITE 5 MG MAINT KIT	3	QL			
ABILIFY MYCITE 5 MG START KIT	3	QL			
ABIRATERONE ACETATE 250 MG TAB	1	QL	PA		SP
ABIRATERONE ACETATE 500 MG TAB	1	QL	PA		SP
ABRYSVO ACT-O-VIAL	2				
ABRYSVO VIAL WITH DILUENT SYRG	2				
ACAM2000 VIAL (STOCKPILE)	2				
ACAMPROSATE CALC DR 333 MG TAB	1				
ACARBOSE 100 MG TABLET	1				
ACARBOSE 25 MG TABLET	1				
ACARBOSE 50 MG TABLET	1				
ACCOLATE 10 MG TABLET	3				
ACCOLATE 20 MG TABLET	3				
ACCRUFER 30 MG CAPSULE	3				
ACCU-CHEK AVIVA SOLUTION	3				
ACCU-CHEK FASTCLIX LANCET DRUM	2				
ACCU-CHEK FASTCLIX LANCING DEV	2				
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3				
ACCU-CHEK SAFE-T-PRO 23G LANCT	2				
ACCU-CHEK SAFE-T-PRO PLUS 23G	2				
ACCU-CHEK SMARTVIEW CONTRL SOL	3				
ACCU-CHEK SOFTCLIX LANCET KIT	2				
ACCU-CHEK SOFTCLIX LANCETS	2				
ACCUPRIL 10 MG TABLET	3				
ACCUPRIL 20 MG TABLET	3				
ACCUPRIL 40 MG TABLET	3				
ACCUPRIL 5 MG TABLET	3				
ACCURETIC 10-12.5 MG TABLET	3				
ACCURETIC 20-12.5 MG TABLET	3				
ACCURETIC 20-25 MG TABLET	3				
AC CUTANE 10 MG CAPSULE	1				
AC CUTANE 20 MG CAPSULE	1				
AC CUTANE 30 MG CAPSULE	1				
AC CUTANE 40 MG CAPSULE	1				
AC CUTREND GLUCOSE CONTROL	3				
ACD SOLUTION A	2				
ACD-A SOLUTION	2				
ACE AEROSOL CLOUD ENHANCER	2				
ACEBUTOLOL 200 MG CAPSULE	1				
ACEBUTOLOL 400 MG CAPSULE	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ACETAMIN-CODEIN 300-30 MG/12.5	1		PA		
ACETAMINOP-CODEINE 120-12 MG/5	1		PA		
ACETAMINOPHEN-COD #2 TABLET	1		PA		
ACETAMINOPHEN-COD #3 TABLET	1		PA		
ACETAMINOPHEN-COD #4 TABLET	1		PA		
ACETAMN-CAF-DIHYDRCODEIN 320.5	1		PA		
ACETAZOLAMIDE 125 MG TABLET	1				
ACETAZOLAMIDE 250 MG TABLET	1				
ACETAZOLAMIDE ER 500 MG CAP	1				
ACETIC ACID 0.25% IRRIG SOLN	1				
ACETIC ACID 2% EAR SOLUTION	1				
ACETYLCYSTEINE 10% VIAL	1				
ACETYLCYSTEINE 20% VIAL	1				
ACIPHEX SPRINKLE DR 10 MG CAP	3	QL		ST	
ACIPHEX SPRINKLE DR 5 MG CAP	3	QL		ST	
ACITRETIN 10 MG CAPSULE	1				
ACITRETIN 17.5 MG CAPSULE	1				
ACITRETIN 25 MG CAPSULE	1				
ACTEMRA 162 MG/0.9 ML SYRINGE	2	QL	PA		SP
ACTEMRA ACTPEN 162 MG/0.9 ML	2	QL	PA		SP
ACTHAR 40 UNIT/0.5 ML SELFJECT	3		PA		SP
ACTHAR 80 UNIT/ML SELFJECT	3		PA		SP
ACTHAR GEL 400 UNIT/5 ML VIAL	3		PA		SP
ACTHIB VACCINE VIAL	2				
ACTHIB VACCINE WITH DILUENT	2				
ACTICLATE 150 MG TABLET	3			ST	
ACTICLATE 75 MG TABLET	3			ST	
ACTI-LANCE LITE 28G LANCETS	1				
ACTI-LANCE SPECIAL 17G LANCETS	1				
ACTI-LANCE UNIVERS 23G LANCETS	1				
ACTIMMUNE 100 MCG/0.5 ML VIAL	2		PA		SP
ACTIQ 1,200 MCG LOZENGE	3	QL	PA		
ACTIQ 1,600 MCG LOZENGE	3	QL	PA		
ACTIQ 200 MCG LOZENGE	3	QL	PA		
ACTIQ 400 MCG LOZENGE	3	QL	PA		
ACTIQ 600 MCG LOZENGE	3	QL	PA		
ACTIQ 800 MCG LOZENGE	3	QL	PA		
ACTIVELLA 1 MG-0.5 MG TABLET	3				
ACTONEL 150 MG TABLET	3	QL		ST	
ACTONEL 35 MG TABLET	3	QL		ST	
ACTOPLUS MET 15 MG-500 MG TAB	3	QL			
ACTOPLUS MET 15 MG-850 MG TAB	3	QL			
ACTOS 15 MG TABLET	3	QL			
ACTOS 30 MG TABLET	3	QL			
ACTOS 45 MG TABLET	3	QL			
ACULAR 0.5% EYE DROPS	3			ST	
ACULAR LS 0.4% OPHTH SOL	3			ST	
ACYCLOVIR 200 MG CAPSULE	1				
ACYCLOVIR 200 MG/5 ML SUSP	1				
ACYCLOVIR 400 MG TABLET	1				
ACYCLOVIR 5% CREAM	1	QL	PA		
ACYCLOVIR 5% OINTMENT	1	QL	PA		
ACYCLOVIR 800 MG TABLET	1				
ACZONE 5% GEL	3			ST	
ACZONE 7.5% GEL PUMP	3			ST	
ADACEL TDAP SYRINGE	2				
ADACEL TDAP VIAL	2				
ADALIMUMAB-ADAZ(CF) 20MG/0.2ML	2	QL	PA		SP
ADALIMUMAB-ADAZ(CF) 40 MG SYRG	2	QL	PA		SP
ADALIMUMAB-ADAZ(CF) PEN 40 MG	2	QL	PA		SP
ADALIMUMAB-ADB(CF) 10 MG SYRG	2	QL	PA		SP
ADALIMUMAB-ADB(CF) 20 MG SYRG	2	QL	PA		SP
ADALIMUMAB-ADB(CF) 40 MG SYRG	2	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ADALIMUMAB-ADBM(CF) CRHN 40MG	2	QL	PA		SP
ADALIMUMAB-ADBM(CF) PEN 40 MG	2	QL	PA		SP
ADALIMUMAB-ADBM(CF) PS-UV 40MG	2	QL	PA		SP
ADALIMUMAB-RYVK(CF) 40 MG SYRG	2	QL	PA		SP
ADALIMUMAB-RYVK(CF) AI 40 MG	2	QL	PA		SP
ADAPALENE 0.1% CREAM	1				
ADAPALENE 0.1% LOTION	3			ST	
ADAPALENE 0.1% SOLUTION	1				
ADAPALENE 0.1% SWAB	1			ST	
ADAPALENE 0.3% GEL	1				
ADAPALENE 0.3% GEL PUMP	1				
ADAPALENE-BNZYL PEROX 0.1-2.5%	1				
ADAPALENE-BNZYL PEROX 0.3-2.5%	1				
ADASUVE 10 MG INHALATION POWDR	3				
ADBRY 150 MG/ML SYRINGE	2	QL	PA		SP
ADBRY 300 MG/2 ML AUTOINJECTOR	2	QL	PA		SP
ADEFOVIR DIPIVOXIL 10 MG TAB	1				
ADEMPAS 0.5 MG TABLET	2	QL	PA		SP
ADEMPAS 1 MG TABLET	2	QL	PA		SP
ADEMPAS 1.5 MG TABLET	2	QL	PA		SP
ADEMPAS 2 MG TABLET	2	QL	PA		SP
ADEMPAS 2.5 MG TABLET	2	QL	PA		SP
ADHANSIA XR 25 MG CAPSULE	3			ST	
ADHANSIA XR 35 MG CAPSULE	3			ST	
ADHANSIA XR 45 MG CAPSULE	3			ST	
ADHANSIA XR 55 MG CAPSULE	3			ST	
ADHANSIA XR 70 MG CAPSULE	3			ST	
ADHANSIA XR 85 MG CAPSULE	3			ST	
ADJUSTABLE LANCING DEVICE	2				
ADLARITY 10MG/DAY WEEKLY PATCH	3			ST	
ADLARITY 5 MG/DAY WEEKLY PATCH	3			ST	
ADLYXIN 10-20 MCG STARTER PACK	3	QL	PA		
ADLYXIN 20 MCG MAINTENANCE PK	3	QL	PA		
ADRENALIN 1 MG/ML NASAL SOLN	3				
ADTHYZA 120 MG TABLET	1				
ADTHYZA 15 MG TABLET	1				
ADTHYZA 30 MG TABLET	1				
ADTHYZA 60 MG TABLET	1				
ADTHYZA 90 MG TABLET	1				
ADULT ASPIRIN REGIMEN EC 81 MG	1				
ADVAIR HFA 115-21 MCG INHALER	2	QL		ST	
ADVAIR HFA 230-21 MCG INHALER	2	QL		ST	
ADVAIR HFA 45-21 MCG INHALER	2	QL		ST	
ADVANCED LANCING DEVICE	2				
ADVANCED TRAVEL 28G LANCETS	2				
ADVANCED TRAVEL 30G LANCETS	2				
ADVOCATE 26G LANCETS	2				
ADVOCATE 30G LANCETS	2				
ADVOCATE CONTROL SOLUTION HIGH	3				
ADVOCATE CONTROL SOLUTION LOW	3				
ADVOCATE LANCING DEVICE	2				
ADVOCATE RAPID-SAFE LANCING DV	2				
ADVOCATE REDI-CODE+ CTRL SOLN	3				
ADVOCATE SAFETY 21G LANCET	2				
ADVOCATE SAFETY 23G LANCET	2				
ADVOCATE SAFETY 28G LANCET	2				
ADZENYS ER 1.25 MG/ML SUSP	3			ST	
ADZENYS XR-ODT 12.5 MG TABLET	3			ST	
ADZENYS XR-ODT 15.7 MG TABLET	3			ST	
ADZENYS XR-ODT 18.8 MG TABLET	3			ST	
ADZENYS XR-ODT 3.1 MG TABLET	3			ST	
ADZENYS XR-ODT 6.3 MG TABLET	3			ST	
ADZENYS XR-ODT 9.4 MG TABLET	3			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
AEMCOLO DR 194 MG TABLET	3	QL			
AEROCHAMBER MECHANICAL VENT	2				
AEROCHAMBER MINI	2				
AEROCHAMBER MV HOLD CHAMBER	2				
AEROCHAMBER PLUS FLOW-VU	2				
AEROCHAMBER PLUS FLOW-VU LARGE	2				
AEROCHAMBER PLUS FLOW-VU MED	2				
AEROCHAMBER PLUS FLOW-VU SMALL	2				
AEROCHAMBER Z-STAT PLUS LARGE	2				
AEROCHAMBER Z-STAT PLUS W-FLOW	2				
AEROCHAMBER Z-STAT PLUS-MED	2				
AEROCHAMBER Z-STAT PLUS-SMALL	2				
AEROTRACH HOLDING CHAMBER	2				
AEROVENT PLUS HOLDING CHAMBER	2				
AFIRMELLE-28 TABLET	1				
AFLURIA QUAD 2021-2022 VIAL	2				
AFLURIA QUAD 2021-22 (3YR UP)	2				
AFLURIA QUAD 2021-22 (6-35MO)	2				
AFLURIA QUAD 2022-2023 VIAL	2				
AFLURIA QUAD 2022-23 (3YR UP)	2				
AFLURIA QUAD 2023-2024 VIAL	2				
AFLURIA QUAD 2023-24 (3YR UP)	2				
AFLURIA TRIVA 2024-25 (3YR UP)	2				
AFLURIA TRIVALENT 2024-25 VIAL	2				
AFTER PILL 1.5 MG TABLET	1	QL			
AFTERA 1.5 MG TABLET	3	QL			
AGAMATRIX HIGH CONTROL SOLN	3				
AGAMATRIX NORM-HI CONTROL SOLN	3				
AGRYLIN 0.5 MG CAPSULE	3				
AIMOVIG 140 MG/ML AUTOINJECTOR	2	QL	PA		
AIMOVIG 70 MG/ML AUTOINJECTOR	2	QL	PA		
AIMSCO LATEX CONDOM	2				
AIRDUO DIGIHALER 113-14 MCG	3	QL			ST
AIRDUO DIGIHALER 232-14 MCG	3	QL			ST
AIRDUO DIGIHALER 55-14 MCG	3	QL			ST
AIRSUPRA 90-80 MCG INHALER	2				
AJOVY 225 MG/1.5 ML AUTOINJECT	2	QL	PA		
AJOVY 225 MG/1.5 ML SYRINGE	2	QL	PA		
AKLIEF 0.005% CREAM	3				ST
AK-POLY-BAC EYE OINTMENT	1				
AKTEN 3.5% GEL DROPS	3				
ALA-SCALP 2% LOTION	3				ST
ALBENDAZOLE 200 MG TABLET	1	QL			
ALBENZA 200 MG TABLET	3	QL			
ALBUTEROL 100 MG/20 ML SOLN	1				
ALBUTEROL 15 MG/3 ML SOLUTION	1				
ALBUTEROL 2.5 MG/0.5 ML SOL	1				
ALBUTEROL 25 MG/5 ML SOLUTION	1				
ALBUTEROL 5 MG/ML SOLUTION	1				
ALBUTEROL 75 MG/15 ML SOLN	1				
ALBUTEROL HFA 90 MCG INHALER	1	QL			
ALBUTEROL SUL 0.63 MG/3 ML SOL	1				
ALBUTEROL SUL 1.25 MG/3 ML SOL	1				
ALBUTEROL SUL 2.5 MG/3 ML SOLN	1				
ALBUTEROL SULF 2 MG/5 ML SYRUP	1				
ALBUTEROL SULFATE 2 MG TAB	1				
ALBUTEROL SULFATE 4 MG TAB	1				
ALBUTEROL SULFATE ER 4 MG TAB	1				
ALBUTEROL SULFATE ER 8 MG TAB	1				
ALCAINE 0.5% EYE DROPS	3				
ALCLOMETASONE DIPR 0.05% OINT	1				
ALCLOMETASONE DIPRO 0.05% CRM	1				
ALDACTAZIDE 25-25 TABLET	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ALDACTAZIDE 50-50 TABLET	3				
ALDACTONE 100 MG TABLET	3				
ALDACTONE 25 MG TABLET	3				
ALDACTONE 50 MG TABLET	3				
ALDARA 5% CREAM	3				
ALECENSA 150 MG CAPSULE	2	QL	PA		SP
ALENDRONATE SOD 70 MG/75 ML	1	QL			
ALENDRONATE SODIUM 10 MG TAB	1	QL			
ALENDRONATE SODIUM 35 MG TAB	1	QL			
ALENDRONATE SODIUM 5 MG TABLET	1	QL			
ALENDRONATE SODIUM 70 MG TAB	1	QL			
ALFUZOSIN HCL ER 10 MG TABLET	1				
ALINIA 100 MG/5 ML SUSPENSION	2	QL			
ALISKIREN 150 MG TABLET	1				
ALISKIREN 300 MG TABLET	1				
ALKERAN 2 MG TABLET	3				
ALLERGIST SYR 27GX1/2" 1 ML	2				
ALLERGIST SYR 28GX1/2" 0.5 ML	2				
ALLERGY SYRINGE 1 ML 27GX1/2"	3				
ALLERGY SYRINGE 1 ML 27GX3/8"	3				
ALLERGY TRAY SYR 28GX1/2" 1 ML	2				
ALLOPURINOL 100 MG TABLET	1				
ALLOPURINOL 200 MG TABLET	1				
ALLOPURINOL 300 MG TABLET	1				
ALLZITAL 25-325 MG TABLET	3			ST	
ALOSETRON HCL 0.5 MG TABLET	1				
ALOSETRON HCL 1 MG TABLET	1				
ALPHAGAN P 0.1% DROPS	3				
ALPHAGAN P 0.15% EYE DROPS	3				
ALPRAZOLAM 0.25 MG TABLET	1			ST	
ALPRAZOLAM 0.5 MG TABLET	1			ST	
ALPRAZOLAM 1 MG TABLET	1			ST	
ALPRAZOLAM 2 MG TABLET	1			ST	
ALPRAZOLAM ER 0.5 MG TABLET	1			ST	
ALPRAZOLAM ER 1 MG TABLET	1			ST	
ALPRAZOLAM ER 2 MG TABLET	1			ST	
ALPRAZOLAM ER 3 MG TABLET	1			ST	
ALPRAZOLAM INTENSOL 1 MG/ML	1			ST	
ALPRAZOLAM ODT 0.25 MG TAB	1			ST	
ALPRAZOLAM ODT 0.5 MG TAB	1			ST	
ALPRAZOLAM ODT 1 MG TAB	1			ST	
ALPRAZOLAM ODT 2 MG TAB	1			ST	
ALPRAZOLAM XR 0.5 MG TABLET	1			ST	
ALPRAZOLAM XR 1 MG TABLET	1			ST	
ALPRAZOLAM XR 2 MG TABLET	1			ST	
ALPRAZOLAM XR 3 MG TABLET	1			ST	
ALTABAX 1% OINTMENT	3	QL		ST	
ALTACAINE 0.5% EYE DROP	1				
ALTACE 1.25 MG CAPSULE	3				
ALTACE 10 MG CAPSULE	3				
ALTACE 2.5 MG CAPSULE	3				
ALTACE 5 MG CAPSULE	3				
ALTAFLUOR BENOX 0.25%-0.4% DRP	3				
ALTAVERA-28 TABLET	1				
ALTERNATE SITE 26G LANCETS	2				
ALTERNATE SITE LANCING DEVICE	2				
ALTRENO 0.05% LOTION	3				
ALUNBRIG 180 MG TABLET	2	QL	PA		SP
ALUNBRIG 30 MG TABLET	2	QL	PA		SP
ALUNBRIG 90 MG TABLET	2	QL	PA		SP
ALUNBRIG 90 MG-180 MG TAB PACK	2	QL	PA		SP
ALVIMOPAN 12 MG CAPSULE	1				
ALYACEN 1-35 28 TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ALYACEN 7-7-7-28 TABLET	1				
ALYQ 20 MG TABLET	1	QL	PA		SP
AMABELZ 0.5 MG-0.1 MG TABLET	1				
AMABELZ 1 MG-0.5 MG TABLET	1				
AMANTADINE 100 MG CAPSULE	1				
AMANTADINE 100 MG TABLET	1				
AMANTADINE 100 MG/10 ML CUP	1				
AMANTADINE 100 MG/10 ML SOLN	1				
AMANTADINE 50 MG/5 ML SOLUTION	1				
AMARYL 1 MG TABLET	3				
AMARYL 2 MG TABLET	3				
AMARYL 4 MG TABLET	3				
AMBRISENTAN 10 MG TABLET	1	QL	PA		SP
AMBRISENTAN 5 MG TABLET	1	QL	PA		SP
AMCINONIDE 0.1% CREAM	1			ST	
AMCINONIDE 0.1% LOTION	1			ST	
AMCINONIDE 0.1% OINTMENT	1			ST	
AMELUZ 10% GEL	3				
AMETHIA 0.15-0.03-0.01 MG TAB	1				
AMETHYST 90-20 MCG TABLET	1				
AMICAR 0.25 GRAM/ML ORAL SOLN	3				
AMICAR 1,000 MG TABLET	3				
AMICAR 500 MG TABLET	3				
AMILORIDE HCL 5 MG TABLET	1				
AMILORIDE HCL-HCTZ 5-50 MG TAB	1				
AMINOACETIC ACID 1.5% IRRIG	1				
AMINOCAPROIC ACID 0.25 GRAM/ML	1				
AMINOCAPROIC ACID 1,000 MG TAB	1				
AMINOCAPROIC ACID 500 MG TAB	1				
AMIODARONE HCL 100 MG TABLET	1				
AMIODARONE HCL 200 MG TABLET	1				
AMIODARONE HCL 400 MG TABLET	1				
AMITRIPTYLINE HCL 10 MG TAB	1				
AMITRIPTYLINE HCL 100 MG TAB	1				
AMITRIPTYLINE HCL 150 MG TAB	1				
AMITRIPTYLINE HCL 25 MG TAB	1				
AMITRIPTYLINE HCL 50 MG TAB	1				
AMITRIPTYLINE HCL 75 MG TAB	1				
AMLODIPINE BESYLATE 10 MG TAB	1				
AMLODIPINE BESYLATE 2.5 MG TAB	1				
AMLODIPINE BESYLATE 5 MG TAB	1				
AMLODIPINE-ATORVAST 10-10 MG	1	QL			
AMLODIPINE-ATORVAST 10-20 MG	1	QL			
AMLODIPINE-ATORVAST 10-40 MG	1	QL			
AMLODIPINE-ATORVAST 10-80 MG	1	QL			
AMLODIPINE-ATORVAST 2.5-10 MG	1	QL			
AMLODIPINE-ATORVAST 2.5-20 MG	1	QL			
AMLODIPINE-ATORVAST 2.5-40 MG	1	QL			
AMLODIPINE-ATORVAST 5-10 MG	1	QL			
AMLODIPINE-ATORVAST 5-20 MG	1	QL			
AMLODIPINE-ATORVAST 5-40 MG	1	QL			
AMLODIPINE-ATORVAST 5-80 MG	1	QL			
AMLODIPINE-BENAZEPRIL 10-20 MG	1				
AMLODIPINE-BENAZEPRIL 10-40 MG	1				
AMLODIPINE-BENAZEPRIL 2.5-10	1				
AMLODIPINE-BENAZEPRIL 5-10 MG	1				
AMLODIPINE-BENAZEPRIL 5-20 MG	1				
AMLODIPINE-BENAZEPRIL 5-40 MG	1				
AMLODIPINE-OLMESARTAN 10-20 MG	1				
AMLODIPINE-OLMESARTAN 10-40 MG	1				
AMLODIPINE-OLMESARTAN 5-20 MG	1				
AMLODIPINE-OLMESARTAN 5-40 MG	1				
AMLODIPINE-VALSARTAN 10-160 MG	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
AMLODIPINE-VALSARTAN 10-320 MG	1				
AMLODIPINE-VALSARTAN 5-160 MG	1				
AMLODIPINE-VALSARTAN 5-320 MG	1				
AMLOD-VALSA-HCTZ 10-160-12.5MG	1				
AMLOD-VALSA-HCTZ 10-160-25 MG	1				
AMLOD-VALSA-HCTZ 10-320-25 MG	1				
AMLOD-VALSA-HCTZ 5-160-12.5 MG	1				
AMLOD-VALSA-HCTZ 5-160-25 MG	1				
AMNESTEEM 10 MG CAPSULE	1				
AMNESTEEM 20 MG CAPSULE	1				
AMNESTEEM 40 MG CAPSULE	1				
AMOXAPINE 100 MG TABLET	1				
AMOXAPINE 150 MG TABLET	1				
AMOXAPINE 25 MG TABLET	1				
AMOXAPINE 50 MG TABLET	1				
AMOX-CLAV 200-28.5 MG TAB CHEW	1				
AMOX-CLAV 200-28.5 MG/5 ML SUS	1				
AMOX-CLAV 250-125 MG TABLET	1				
AMOX-CLAV 250-62.5 MG/5 ML SUS	1				
AMOX-CLAV 400-57 MG TAB CHEW	1				
AMOX-CLAV 400-57 MG/5 ML SUSP	1				
AMOX-CLAV 500-125 MG TABLET	1				
AMOX-CLAV 600-42.9 MG/5 ML SUS	1				
AMOX-CLAV 875-125 MG TABLET	1				
AMOX-CLAV ER 1,000-62.5 MG TAB	1				
AMOXICILLIN 125 MG TAB CHEW	1				
AMOXICILLIN 125 MG/5 ML SUSP	1				
AMOXICILLIN 200 MG/5 ML SUSP	1				
AMOXICILLIN 250 MG CAPSULE	1				
AMOXICILLIN 250 MG TAB CHEW	1				
AMOXICILLIN 250 MG/5 ML SUSP	1				
AMOXICILLIN 400 MG/5 ML SUSP	1				
AMOXICILLIN 500 MG CAPSULE	1				
AMOXICILLIN 500 MG TABLET	1				
AMOXICILLIN 875 MG TABLET	1				
AMPHETAMINE ER 1.25 MG/ML SUSP	3			ST	
AMPHETAMINE SULFATE 10 MG TAB	1				
AMPHETAMINE SULFATE 5 MG TAB	1				
AMPICILLIN 500 MG CAPSULE	1				
AMZEEQ 4% FOAM	3			ST	
ANAFRANIL 25 MG CAPSULE	3				
ANAFRANIL 50 MG CAPSULE	3				
ANAFRANIL 75 MG CAPSULE	3				
ANAGRELIDE HCL 0.5 MG CAPSULE	1				
ANAGRELIDE HCL 1 MG CAPSULE	1				
ANA-LEX 2-2% KIT	3				
ANALPRAM HC 1% CREAM	3				
ANALPRAM HC 2.5%-1% CREAM	3			ST	
ANALPRAM HC 2.5%-1% CRM SINGLE	3			ST	
ANALPRAM HC 2.5%-1% LOTION	3			ST	
ANAPROX DS 550 MG TABLET	3			ST	
ANASPAZ 0.125 MG TABLET ODT	1				
ANASTROZOLE 1 MG TABLET	1				
ANDRODERM 2 MG/24HR PATCH	2	QL	PA		
ANDRODERM 4 MG/24HR PATCH	2	QL	PA		
ANGELIQ 0.25 MG-0.5 MG TABLET	3				
ANGELIQ 0.5 MG-1 MG TABLET	3				
ANKTIVA 400 MCG/0.4 ML VIAL	3		PA		SP
ANNOVERA VAGINAL RING	3	QL			
ANORO ELLIPTA 62.5-25 MCG INH	2	QL			
ANTARA 30 MG CAPSULE	3			ST	
ANTARA 90 MG CAPSULE	3			ST	
ANTICOAG SODIUM CITRATE 4% SOL	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ANTICOAG SODIUM CITRATE 4% SYR	3				
ANUCORT-HC 25 MG SUPPOSITORY	1				
APADAZ 4.08-325 MG TABLET	3		PA		
APADAZ 6.12-325 MG TABLET	3		PA		
APADAZ 8.16-325 MG TABLET	3		PA		
APEXICON E 0.05% CREAM	1			ST	
APOMORPHINE 30 MG/3 ML CARTRDG	1	QL	PA		SP
APRACLONIDINE HCL 0.5% DROPS	1				
APREPITANT 125 MG CAPSULE	1	QL			
APREPITANT 125-80-80 MG PACK	1	QL			
APREPITANT 40 MG CAPSULE	1	QL			
APREPITANT 80 MG CAPSULE	1	QL			
APRI 28 DAY TABLET	1				
APRISO ER 0.375 GRAM CAPSULE	3				
APTIOM 200 MG TABLET	3				
APTIOM 400 MG TABLET	3				
APTIOM 600 MG TABLET	3				
APTIOM 800 MG TABLET	3				
APTIVUS 250 MG CAPSULE	2				
AQNEURSA 1 GRAM GRANULE PACKET	3		PA		SP
AQUA CARE 0.9% NACL IRRIGATION	1				
AQUA CARE STERILE WATER IRRIG	1				
AQUA LANCE LANCING DEVICE	2				
AQUASTAT SFR NACL 0.9% FLUSH	1				
AQUASTAT SOD CHLOR 0.9% FLUSH	1				
AQUORAL SPRAY	3				
ARAKODA 100 MG TABLET	3	QL			
ARANELLE 28 TABLET	1				
ARAVA 10 MG TABLET	3	QL			
ARAVA 20 MG TABLET	3	QL			
ARAZLO 0.045% LOTION	3		PA		
ARCALYST 220 MG VIAL	3	QL	PA		SP
AREXVY VIAL KIT	2				
ARFORMOTEROL 15 MCG/2 ML SOLN	1	QL			
ARICEPT 10 MG TABLET	3			ST	
ARICEPT 23 MG TABLET	3			ST	
ARICEPT 5 MG TABLET	3			ST	
ARIKAYCE 590 MG/8.4 ML VIAL	2		PA		SP
ARIPIPRAZOLE 1 MG/ML SOLUTION	1				
ARIPIPRAZOLE 10 MG TABLET	1	QL			
ARIPIPRAZOLE 15 MG TABLET	1	QL			
ARIPIPRAZOLE 2 MG TABLET	1	QL			
ARIPIPRAZOLE 20 MG TABLET	1	QL			
ARIPIPRAZOLE 30 MG TABLET	1	QL			
ARIPIPRAZOLE 5 MG TABLET	1	QL			
ARIPIPRAZOLE ODT 10 MG TABLET	1	QL			
ARIPIPRAZOLE ODT 15 MG TABLET	1	QL			
ARIXTRA 10 MG/0.8 ML SYRINGE	3				SP
ARIXTRA 2.5 MG/0.5 ML SYRINGE	3				SP
ARIXTRA 5 MG/0.4 ML SYRINGE	3				SP
ARIXTRA 7.5 MG/0.6 ML SYRINGE	3				SP
ARMODAFINIL 150 MG TABLET	1	QL		ST	
ARMODAFINIL 200 MG TABLET	1	QL		ST	
ARMODAFINIL 250 MG TABLET	1	QL		ST	
ARMODAFINIL 50 MG TABLET	1	QL		ST	
ARMOUR THYROID 120 MG TABLET	2				
ARMOUR THYROID 15 MG TABLET	2				
ARMOUR THYROID 180 MG TABLET	2				
ARMOUR THYROID 240 MG TABLET	2				
ARMOUR THYROID 30 MG TABLET	2				
ARMOUR THYROID 300 MG TABLET	2				
ARMOUR THYROID 60 MG TABLET	2				
ARMOUR THYROID 90 MG TABLET	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ARNUIITY ELLIPTA 100 MCG INH	2	QL			
ARNUIITY ELLIPTA 200 MCG INH	2	QL			
ARNUIITY ELLIPTA 50 MCG INH	2	QL			
AROMASIN 25 MG TABLET	3				
ARTHROTEC 50 MG-200 MCG TAB	3			ST	
ARTHROTEC 75 MG-200 MCG TAB	3			ST	
ARTISS FROZEN 10 ML SYRINGE	3				
ARTISS FROZEN 2 ML SYRINGE	3				
ARTISS FROZEN 4 ML SYRINGE	3				
ASACOL HD DR 800 MG TABLET	3				
ASENAPINE 10 MG TABLET SL	1	QL			
ASENAPINE 2.5 MG TABLET SL	1	QL			
ASENAPINE 5 MG TABLET SL	1	QL			
ASHLYNA 0.15-0.03-0.01 MG TAB	1				
ASMALPRED PLUS ORAL SOLUTION	3				
ASMANEX HFA 100 MCG INHALER	2	QL			
ASMANEX HFA 200 MCG INHALER	2	QL			
ASMANEX HFA 50 MCG INHALER	2	QL			
ASMANEX TWISTHALER 110 MCG #30	2	QL			
ASMANEX TWISTHALER 220 MCG #14	2	QL			
ASMANEX TWISTHALER 220 MCG #30	2	QL			
ASMANEX TWISTHALER 220 MCG #60	2	QL			
ASMANEX TWISTHALR 220 MCG #120	2	QL			
ASPIRIN 81 MG CHEWABLE TABLET	1				
ASPIRIN EC 81 MG TABLET	1				
ASPIRIN REGIMEN 81 MG EC TAB	1				
ASPIRIN-DIPYRIDAM ER 25-200 MG	1				
ASSURE 4 CONTROL SOLUTION	3				
ASSURE COMFORT 28G LANCETS	2				
ASSURE COMFORT 30G LANCETS	2				
ASSURE DOSE CONTROL SOLUTION	3				
ASSURE HAEMOLANCE PLUS 18G	2				
ASSURE HAEMOLANCE PLUS 21G	2				
ASSURE HAEMOLANCE PLUS 25G	2				
ASSURE HAEMOLANCE PLUS 28G	2				
ASSURE HAEMOLANCE PLUS BLADE	2				
ASSURE LANCE 25G LANCETS	2				
ASSURE LANCE 28G LANCETS	2				
ASSURE LANCE 28G SAFETY LANCET	2				
ASSURE LANCE PLUS 21G LANCETS	2				
ASSURE LANCE PLUS 25G LANCETS	2				
ASSURE LANCE PLUS 30G LANCETS	2				
ASSURE PRISM CONTROL SOLUTION	3				
ASTAGRAF XL 0.5 MG CAPSULE	3			ST	
ASTAGRAF XL 1 MG CAPSULE	3			ST	
ASTAGRAF XL 5 MG CAPSULE	3			ST	
ASTRINGYN SOLUTION	3				
ATAZANAVIR SULFATE 150 MG CAP	1				
ATAZANAVIR SULFATE 200 MG CAP	1				
ATAZANAVIR SULFATE 300 MG CAP	1				
ATELVIA DR 35 MG TABLET	3	QL		ST	
ATENOLOL 100 MG TABLET	1				
ATENOLOL 25 MG TABLET	1				
ATENOLOL 50 MG TABLET	1				
ATENOLOL-CHLORTHALIDONE 100-25	1				
ATENOLOL-CHLORTHALIDONE 50-25	1				
ATIVAN 0.5 MG TABLET	3			ST	
ATIVAN 1 MG TABLET	3			ST	
ATIVAN 2 MG TABLET	3			ST	
ATOMOXETINE HCL 10 MG CAPSULE	1				
ATOMOXETINE HCL 100 MG CAPSULE	1				
ATOMOXETINE HCL 18 MG CAPSULE	1				
ATOMOXETINE HCL 25 MG CAPSULE	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ATOMOXETINE HCL 40 MG CAPSULE	1				
ATOMOXETINE HCL 60 MG CAPSULE	1				
ATOMOXETINE HCL 80 MG CAPSULE	1				
ATORVASTATIN 10 MG TABLET	1	QL			
ATORVASTATIN 20 MG TABLET	1	QL			
ATORVASTATIN 40 MG TABLET	1	QL			
ATORVASTATIN 80 MG TABLET	1	QL			
ATOVAQUONE 1,500 MG/10 ML CUP	1				
ATOVAQUONE 750 MG/5 ML SUSP	1				
ATOVAQUONE 750 MG/5ML SUSP CUP	1				
ATOVAQUONE-PROGUANIL 250-100	1	QL			
ATOVAQUONE-PROGUANIL 62.5-25	1	QL			
ATROPINE 1% EYE DROPS	1				
ATROPINE 1% EYE OINTMENT	1				
ATROPINE SULF 0.025% EYE DROP	3				
ATROPINE SULFATE 0.01% EYE DRP	3				
ATROPINE SULFATE 0.05% EYE DRP	3				
ATROVENT 17 MCG HFA INHALER	3	QL			
AUBRA EQ-28 TABLET	1				
AUBRA-28 TABLET	1				
AUDENZ 5 ML VIAL (STOCKPILE)	2				
AUDENZ SYRINGE (STOCKPILE)	2				
AUGMENTIN 125-31.25 MG/5 ML	2				
AUGMENTIN 250-62.5 MG/5 ML	3				
AUGMENTIN 500-125 TABLET	3				
AUGMENTIN ES-600 SUSPENSION	3				
AUGMENTIN XR 1,000-62.5 TAB	3				
AUGTYRO 160 MG CAPSULE	3		PA		SP
AUGTYRO 40 MG CAPSULE	3		PA		SP
AUROVELA 1 MG-20 MCG TABLET	1				
AUROVELA 21 1.5-30 TABLET	1				
AUROVELA 24 FE 1 MG-20 MCG TAB	1				
AUROVELA FE 1.5 MG-30 MCG TAB	1				
AUROVELA FE 1-20 TABLET	1				
AURYXIA 210 MG TABLET	3				
AUSTEDO 12 MG TABLET	2	QL	PA		SP
AUSTEDO 6 MG TABLET	2	QL	PA		SP
AUSTEDO 9 MG TABLET	2	QL	PA		SP
AUSTEDO XR 12 MG TABLET	2	QL	PA		SP
AUSTEDO XR 18 MG TABLET	2	QL	PA		SP
AUSTEDO XR 24 MG TABLET	2	QL	PA		SP
AUSTEDO XR 30 MG TABLET	2	QL	PA		SP
AUSTEDO XR 36 MG TABLET	2	QL	PA		SP
AUSTEDO XR 42 MG TABLET	2	QL	PA		SP
AUSTEDO XR 48 MG TABLET	2	QL	PA		SP
AUSTEDO XR 6 MG TABLET	2	QL	PA		SP
AUSTEDO XR TITR KT(6-12-24 MG)	2	QL	PA		SP
AUSTEDO XR TITR(12-18-24-30MG)	2	QL	PA		SP
AUTOJECT 2 INJECTION DEVICE	2				
AUTO-LANCET MINI LANCING DEV	2				
AUTOLET IMPRESS LANCING DEVICE	2				
AUTOLET LANCING DEVICE	2				
AUTOLET PLUS LANCING DEVICE	2				
AUTOPEN 1 TO 21 UNITS	2				
AUTOPEN 2 TO 42 UNITS	2				
AUVELITY ER 45-105 MG TABLET	3	QL		ST	
AUVI-Q 0.1 MG AUTO-INJECTOR	2	QL			
AUVI-Q 0.15 MG AUTO-INJECTOR	2	QL			
AUVI-Q 0.3 MG AUTO-INJECTOR	2	QL			
AVAR CLEANSER	1				
AVAR LS CLEANSER	3			ST	
AVAR-E EMOLLIENT CREAM	3			ST	
AVAR-E GREEN EMOLLIENT CREAM	3			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
AVAR-E LS CREAM	3			ST	
AVIANE-28 TABLET	1				
AVIDOXY 100 MG TABLET	1				
AVIDOXY DK KIT	3			ST	
AVITA 0.025% CREAM	1				
AVITA 0.025% GEL	3				
AVITENE FLOUR	3				
AVITENE SHEET 35MMX35MM	3				
AVITENE SHEET 70MMX35MM	3				
AVITENE SHEET 70MMX70MM	3				
AVONEX 30 MCG/0.5 ML SYRINGE	3	QL	PA		SP
AVONEX PEN 30 MCG/0.5 ML KIT	2	QL	PA		SP
AVONEX PREFILLED SYR 30 MCG KT	2	QL	PA		SP
AYGESTIN 5 MG TABLET	3				
AYUNA-28 TABLET	1				
AYVAKIT 100 MG TABLET	3	QL	PA		SP
AYVAKIT 200 MG TABLET	3	QL	PA		SP
AYVAKIT 25 MG TABLET	3	QL	PA		SP
AYVAKIT 300 MG TABLET	3	QL	PA		SP
AYVAKIT 50 MG TABLET	3	QL	PA		SP
AZASAN 100 MG TABLET	3				
AZASAN 75 MG TABLET	3				
AZASITE 1% EYE DROPS	2				
AZATHIOPRINE 100 MG TABLET	1				
AZATHIOPRINE 50 MG TABLET	1				
AZATHIOPRINE 75 MG TABLET	1				
AZELAIC ACID 15% GEL	1				
AZELASTINE 0.1% (137 MCG) SPRY	1	QL			
AZELASTINE HCL 0.05% DROPS	1				
AZELASTIN-FLUTIC 137-50MCG SPR	1	QL		ST	
AZELEX 20% CREAM	3			ST	
AZILECT 0.5 MG TABLET	3			ST	
AZILECT 1 MG TABLET	3			ST	
AZITHROMYCIN 1 GM PWD PACKET	1				
AZITHROMYCIN 100 MG/5 ML SUSP	1				
AZITHROMYCIN 200 MG/5 ML SUSP	1				
AZITHROMYCIN 250 MG TABLET	1				
AZITHROMYCIN 500 MG TABLET	1				
AZITHROMYCIN 600 MG TABLET	1				
AZSTARYS 26.1 MG-5.2 MG CAP	2			ST	
AZSTARYS 39.2 MG-7.8 MG CAP	2			ST	
AZSTARYS 52.3 MG-10.4 MG CAP	2			ST	
AZULFIDINE 500 MG TABLET	3				
AZULFIDINE ENTAB 500 MG	3				
AZURETTE 28 DAY TABLET	1				
B COMPLEX NUMBER 1 TABLET	1				
BACITRACIN 500 UNIT/GM OPHTH	1				
BACITRACIN-POLYMYXIN EYE OINT	1				
BACLOFEN 10 MG TABLET	1				
BACLOFEN 15 MG TABLET	1				
BACLOFEN 20 MG TABLET	1				
BACLOFEN 25 MG/5 ML SUSPENSION	1				
BACLOFEN 5 MG TABLET	1				
BACTRIM 400-80 MG TABLET	3				
BACTRIM DS TABLET	3				
BALANCE B-100 TABLET	1				
BALANCE B-50 TABLET	1				
BALANCED B-COMPLEX CAPLET	1				
BALANCED SALT SOLUTION	1				
BAL-CARE DHA COMBO PACK	1				
BAL-CARE DHA ESSENTIAL PACK	3				
BALSALAZIDE DISODIUM 750 MG CP	1				
BALVERSA 3 MG TABLET	2		PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
BALVERSA 4 MG TABLET	2		PA		SP
BALVERSA 5 MG TABLET	2		PA		SP
BALZIVA 28 TABLET	1				
BAQSIMI 3 MG SPRAY ONE PACK	2	QL			
BAQSIMI 3 MG SPRAY TWO PACK	2	QL			
BARACLUDE 0.05 MG/ML SOLUTION	2				
BAXDELA 450 MG TABLET	2	QL			
BAYER LOW DOSE EC 81 MG TAB	1				
BCG VACCINE (TICE STRAIN) VIAL	2				
B-COMPLEX PLUS VITAMIN C CPLT	1				
B-COMPLEX TABLET	1				
B-COMPLEX WITH VIT C CAPLET	1				
B-COMPLEX WITH VIT C TABLET	1				
BD 1 ML SYRINGE WITH NEEDLE	2				
BD 1 ML SYRINGE-NEEDLE 25GX5/8	2				
BD 10 ML CONTROL SYRINGE	2				
BD 10 ML SYRINGE	2				
BD 10 ML SYRINGE 20GX1"	2				
BD 10 ML SYRINGE 20GX1-1/2"	2				
BD 10 ML SYRINGE 21GX1"	2				
BD 10 ML SYRINGE 21GX1-1/2"	2				
BD 10 ML SYRINGE 22GX1"	2				
BD 10 ML SYRINGE BULK	2				
BD 10 ML SYRINGE WITH NEEDLE	2				
BD 20 ML SYRINGE	2				
BD 20 ML SYRINGE BULK	2				
BD 3 ML SYRINGE	2				
BD 3 ML SYRINGE 18GX1-1/2"	2				
BD 3 ML SYRINGE 20GX1-1/2"	2				
BD 3 ML SYRINGE 25GX1"	2				
BD 3 ML SYRINGE 25GX1-1/2"	2				
BD 3 ML SYRINGE WITH NEEDLE	2				
BD 5 ML SYRINGE 20GX1"	2				
BD 5 ML SYRINGE 20GX1-1/2"	2				
BD 5 ML SYRINGE 21GX1"	2				
BD 5 ML SYRINGE 21GX1-1/2"	2				
BD 5 ML SYRINGE 22GX1"	2				
BD 5 ML SYRINGE 22GX1-1/2"	2				
BD ALLERGIST TRAY	3				
BD ALLERGY SYRINGE-NEEDLE 1 ML	2				
BD AUTOSHIELD DUO ND 5MMX30G	2				
BD BLUNT CANNULA	2				
BD BLUNT NEEDLE 18GX1-1/2"	2				
BD BULK SYRINGE 1 ML	2				
BD BULK SYRINGE 10 ML	2				
BD BULK SYRINGE 20 ML	2				
BD BULK SYRINGE 5 ML	2				
BD CORNWALL SYR TP CONNCTR	2				
BD ECLIPSE 30GX1/2" SYRINGE	2				
BD ECLIPSE LUER-LOK SYR 1 ML	2				
BD ECLIPSE LUER-LOK SYR 3 ML	2				
BD ECLIPSE NEEDLE 18G 40MM	3				
BD ECLIPSE NEEDLE 18GX1 1/2"	2				
BD ECLIPSE NEEDLE 21GX1"	2				
BD ECLIPSE NEEDLE 22GX1"	2				
BD ECLIPSE NEEDLE 23G 25MM	3				
BD ECLIPSE NEEDLE 23GX1"	3				
BD ECLIPSE NEEDLE 25G 16MM	3				
BD ECLIPSE NEEDLE 25G 25MM	3				
BD ECLIPSE NEEDLE 25G 40MM	3				
BD ECLIPSE NEEDLE 25GX1"	2				
BD ECLIPSE NEEDLE 25GX1.5"	2				
BD ECLIPSE NEEDLE 25GX5/8"	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
BD ECLIPSE NEEDLE 27GX1/2"	3				
BD ECLIPSE NEEDLE 30G 13MM	3				
BD ECLIPSE NEEDLE 30GX1/2"	2				
BD ECLIPSE NEEDLES 21GX1.5"	2				
BD ECLIPSE SYR 1 ML 25GX5/8	2				
BD ECLIPSE SYR 3 ML 22GX1-1/2"	3				
BD ECLIPSE SYRINGE 3 ML 21GX1"	2				
BD ECLIPSE SYRINGE 3 ML 22GX1"	3				
BD ECLIPSE SYRINGE 3 ML 25GX1"	2				
BD ECLIPSE SYRNG 3 ML 23G 40MM	3				
BD FILTER NEEDLE	2				
BD INS SYR 0.3 ML 8MMX31G(1/2)	2				
BD INS SYR U-500 1/2ML 6MMX31G	2				
BD INS SYR UF 0.3ML 12.7MMX30G	2				
BD INS SYR UF 0.5ML 12.7MMX30G	2				
BD INS SYRN UF 1 ML 12.7MMX30G	2				
BD INS SYRN UF 1 ML 30G 12.7MM	2				
BD INS SYRNG 0.3 ML 29GX12.7MM	2				
BD INS SYRNG 0.5 ML 29GX12.7MM	2				
BD INS SYRNG UF 0.3 ML 8MMX31G	2				
BD INS SYRNG UF 0.5 ML 8MMX31G	2				
BD INSULIN SYR 0.5 ML 28GX1/2"	2				
BD INSULIN SYR 1 ML 25GX1"	2				
BD INSULIN SYR 1 ML 25GX5/8"	2				
BD INSULIN SYR 1 ML 26GX1/2"	2				
BD INSULIN SYR 1 ML 27GX12.7MM	2				
BD INSULIN SYR 1 ML 27GX5/8"	2				
BD INSULIN SYR 1 ML 28GX1/2"	2				
BD INSULIN SYR 1 ML 29GX12.7MM	2				
BD INSULIN SYR UF 1 ML 8MMX31G	2				
BD INSULIN SYRINGE 1 ML	2				
BD INTEGRA NEEDLE 25G X 5/8"	3				
BD INTEGRA RETRA NEEDLE 23GX1"	2				
BD INTEGRA SYR 3 ML 21GX1 1/2"	2				
BD INTEGRA SYR 3 ML 22GX1 1/2"	2				
BD INTEGRA SYR 3 ML 25GX5/8"	2				
BD INTEGRA SYRINGE 3 ML 21GX1"	2				
BD INTEGRA SYRINGE 3 ML 23GX1"	2				
BD INTEGRA SYRINGE 3 ML 25GX1"	2				
BD INTERLINK SYR 15G W-CANNULA	3				
BD INTERLINK SYR 17G W-CANNULA	2				
BD LUER-LOK 5 ML SYRINGE	2				
BD LUER-LOK SYR 3 ML 25GX5/8"	2				
BD LUER-LOK SYRINGE 1 ML	2				
BD LUER-LOK SYRINGE 1ML 20GX1"	2				
BD LUER-LOK SYRINGE 20 ML	2				
BD LUER-LOK SYRINGE 3 ML	2				
BD LUER-LOK SYRINGE 5 ML	2				
BD LUER-LOK TIP SYRINGE 30 ML	2				
BD LUERSLIP SYRINGE 1 ML	2				
BD MICROTAINER 21G LANCETS	2				
BD MICROTAINER 30G LANCETS	2				
BD MICROTAINER LANCETS	2				
BD NANO 2 GEN PEN NDL 32G 4MM	2				
BD NEEDLE 18GX1 1/2"	2				
BD NEEDLE 19GX1 1/2"	2				
BD NEEDLE 20GX1 1/2"	2				
BD NEEDLE 21GX1 1/2"	2				
BD NEEDLE 21GX1"	2				
BD NEEDLE 22GX1 1/2"	2				
BD NEEDLE 22GX3/4"	2				
BD NEEDLE 23GX1 1/2"	2				
BD NEEDLE 23GX1"	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
BD NEEDLE 25GX1"	2				
BD NEEDLE 25GX5/8"	2				
BD NEEDLE 26GX0.625"	2				
BD NEEDLES 16GX1"	2				
BD NEEDLES 16GX1.5"	2				
BD NEEDLES 18GX1"	2				
BD NEEDLES 18GX1.5"	2				
BD NEEDLES 19GX1"	2				
BD NEEDLES 19GX1.5"	2				
BD NEEDLES 20GX1"	2				
BD NEEDLES 20GX1.5"	2				
BD NEEDLES 21GX1"	2				
BD NEEDLES 21GX1.5"	2				
BD NEEDLES 21GX2"	2				
BD NEEDLES 22GX1"	2				
BD NEEDLES 22GX1.5"	2				
BD NEEDLES 23GX0.75"	2				
BD NEEDLES 23GX1.25"	2				
BD NEEDLES 25GX0.625"	2				
BD NEEDLES 25GX0.875"	2				
BD NEEDLES 25GX1.5"	2				
BD NEEDLES 26GX0.375"	2				
BD NEEDLES 26GX0.5"	2				
BD NEEDLES 27GX0.5"	2				
BD NEEDLES 27GX1X1.25"	2				
BD NEEDLES 30GX0.5"	2				
BD NEEDLES 30GX1"	2				
BD NOKOR ADMIX NEEDLE 18GX1.5"	2				
BD NOKOR NEEDLE 16GX1"	2				
BD NOKOR NEEDLE 18GX1"	2				
BD PRECISIONGLI 27GX1-1/2" NDL	2				
BD PRECISIONGLIDE 3 ML 22GX3/4	2				
BD PRECISIONGLIDE NDL 27G 3/8"	2				
BD PRECISIONGLIDE NEEDLE 25G	2				
BD QUINCKE SPNL NDL 20GX1 1/4"	2				
BD QUINCKE SPNL NDL 20GX2 1/2"	2				
BD SAFE-CLIP BY MAIL SYSTEM	2				
BD SAFE-CLIP NEEDL STORAGE DEV	2				
BD SAFETGLD INS 0.3ML 29G 13MM	2				
BD SAFETGLD INS 0.5ML 13MMX29G	2				
BD SAFETYGLD INS 0.3ML 31G 8MM	2				
BD SAFETYGLD INS 0.5ML 30G 8MM	2				
BD SAFETYGLD INS 1 ML 29G 13MM	2				
BD SAFETYGLID INS 1 ML 6MMX31G	2				
BD SAFETYGLIDE 3 ML SYRINGE	2				
BD SAFETYGLIDE ALLERGY 27G SYR	3				
BD SAFETYGLIDE ALLERGY SYRINGE	2				
BD SAFETYGLIDE NEEDLE	2				
BD SAFETYGLIDE NEEDLE 18GX1.5"	2				
BD SAFETYGLIDE NEEDLE 21GX1"	2				
BD SAFETYGLIDE NEEDLE 21GX1.5"	2				
BD SAFETYGLIDE NEEDLE 22GX1.5"	2				
BD SAFETYGLIDE NEEDLE 23G 40MM	3				
BD SAFETYGLIDE NEEDLE 25GX1"	2				
BD SAFETYGLIDE NEEDLE 27GX5/8"	2				
BD SAFETYGLIDE SYR 22GX1.5"	2				
BD SAFETYGLIDE SYR 3 ML 25GX1"	3				
BD SAFETYGLIDE SYRINGE 27GX5/8	2				
BD SAFETYGLIDE TB 1 ML SYR	2				
BD SAFETYGLIDE TB 1ML 27G 10MM	3				
BD SAFETYGLIDE TUBERCULIN SYR	2				
BD SAFTYGLD INS 0.3 ML 6MMX31G	2				
BD SAFTYGLD INS 0.5 ML 6MMX31G	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
BD SAFTYGLD INS 0.5ML 29G 13MM	2				
BD SLIP TIP 5 ML SYRINGE	2				
BD SLIP-TIP SYRINGE 20 ML	3				
BD SYRINGE 3 ML	2				
BD SYRINGE 30 ML	2				
BD SYRINGE CATHETER TIP 50 ML	2				
BD SYRINGE GLASS 3 ML	2				
BD SYRINGE LUER-LOK 50 ML	2				
BD SYRINGE SLIP TIP 10 ML	2				
BD SYRINGE SLIP TIP 50 ML	2				
BD SYRINGE STORAGE BIN	3				
BD SYRINGE TIP CAP	2				
BD SYRINGE WITH CANNULA	2				
BD SYRINGE-LUER TIP CAP	2				
BD SYRINGE-SAFETY GLIDE	2				
BD SYRN CATH TIP NON-STER 50ML	2				
BD SYRN LUER-LOK NON-STER 50ML	2				
BD SYRN SLIP TIP NON-STER 50ML	2				
BD SYRNG LUER-LOK STERILE 50ML	2				
BD TB ST SYRINGE 1 ML 27G 10MM	3				
BD TB SYRINGE 21GX1"	2				
BD TB SYRINGE 25GX5/8"	2				
BD TB SYRINGE 26GX3/8"	2				
BD TB SYRINGE 27GX1/2"	2				
BD TB SYRNGE 27GX1/2"	2				
BD TUBERCULIN 1 ML SYRINGE	2				
BD UF MICRO PEN NEEDLE 6MMX32G	2				
BD UF MINI PEN NEEDLE 5MMX31G	2				
BD UF NANO PEN NEEDLE 4MMX32G	2				
BD UF ORIG PEN NDL 12.7MMX29G	2				
BD UF SHORT PEN NEEDLE 8MMX31G	2				
BD VEO INS 0.3ML 6MMX31G (1/2)	2				
BD VEO INS SYRING 1 ML 6MMX31G	2				
BD VEO INS SYRN 0.3 ML 6MMX31G	2				
BD VEO INS SYRN 0.5 ML 6MMX31G	2				
BD YALE REGULAR BEVEL NEEDLE	2				
BD-TWINPAK 10 ML DUAL CANNULA	2				
BELBUCA 150 MCG FILM	2	QL	PA		
BELBUCA 300 MCG FILM	2	QL	PA		
BELBUCA 450 MCG FILM	2	QL	PA		
BELBUCA 600 MCG FILM	2	QL	PA		
BELBUCA 75 MCG FILM	2	QL	PA		
BELBUCA 750 MCG FILM	2	QL	PA		
BELBUCA 900 MCG FILM	2	QL	PA		
BELLADONNA-OPIUM 16.2-30 SUPP	1		PA		
BELLADONNA-OPIUM 16.2-60 SUPP	1		PA		
BELSOMRA 10 MG TABLET	3	QL		ST	
BELSOMRA 15 MG TABLET	3	QL		ST	
BELSOMRA 20 MG TABLET	3	QL		ST	
BELSOMRA 5 MG TABLET	3	QL		ST	
BENZAEPRIIL HCL 10 MG TABLET	1				
BENZAEPRIIL HCL 20 MG TABLET	1				
BENZAEPRIIL HCL 40 MG TABLET	1				
BENZAEPRIIL HCL 5 MG TABLET	1				
BENZAEPRIIL-HCTZ 10-12.5 MG TAB	1				
BENZAEPRIIL-HCTZ 20-12.5 MG TAB	1				
BENZAEPRIIL-HCTZ 20-25 MG TAB	1				
BENZAEPRIIL-HCTZ 5-6.25 MG TAB	1				
BENLYSTA 120 MG VIAL	2		PA		SP
BENLYSTA 200 MG/ML AUTOINJECT	2	QL	PA		SP
BENLYSTA 200 MG/ML SYRINGE	2	QL	PA		SP
BENLYSTA 400 MG VIAL	2		PA		SP
BENZAACLIN GEL	3			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
BENZAACLIN GEL 35G PUMP	3			ST	
BENZAACLIN GEL 50G PUMP	3			ST	
BENZAMYCIN GEL	3			ST	
BENZEPRO 6% FOAMING CLOTHS	1				
BENZEPRO 7% CREAMY WASH	3			ST	
BENZHYDROCOD-ACETAMIN 4.08-325	3		PA		
BENZHYDROCOD-ACETAMIN 6.12-325	3		PA		
BENZHYDROCOD-ACETAMIN 8.16-325	3		PA		
BENZNIDAZOLE 100 MG TABLET	2	QL			
BENZNIDAZOLE 12.5 MG TABLET	2	QL			
BENZONATATE 100 MG CAPSULE	1				
BENZONATATE 150 MG CAPSULE	1				
BENZONATATE 200 MG CAPSULE	1				
BENZONATATE PERLE 100 MG CAP	1				
BENZOYL PEROXIDE 9.8% FOAM	1				
BENZTROPINE MES 0.5 MG TAB	1				
BENZTROPINE MES 1 MG TABLET	1				
BENZTROPINE MES 2 MG TABLET	1				
BEPOTASTINE 1.5% EYE DROP	1				
BESER 0.05% LOTION	1			ST	
BETADINE 5% EYE SOLUTION	3				
BETAINE 1 GRAM/SCOOP POWDER	1		PA		SP
BETAMETHASONE DP 0.05% CRM	1				
BETAMETHASONE DP 0.05% LOT	1				
BETAMETHASONE DP 0.05% OINT	1				
BETAMETHASONE DP AUG 0.05% CRM	1				
BETAMETHASONE DP AUG 0.05% GEL	1				
BETAMETHASONE DP AUG 0.05% LOT	1				
BETAMETHASONE DP AUG 0.05% OIN	1				
BETAMETHASONE VA 0.1% CREAM	1				
BETAMETHASONE VA 0.1% LOTION	1				
BETAMETHASONE VALER 0.1% OINTM	1				
BETAMETHASONE VALER 0.12% FOAM	1			ST	
BETAPACE 120 MG TABLET	3				
BETAPACE 160 MG TABLET	3				
BETAPACE 240 MG TABLET	3				
BETAPACE 80 MG TABLET	3				
BETAPACE AF 120 MG TABLET	3				
BETAPACE AF 160 MG TABLET	3				
BETAPACE AF 80 MG TABLET	3				
BETASERON 0.3 MG KIT	2	QL	PA		SP
BETAXOLOL 10 MG TABLET	1				
BETAXOLOL 20 MG TABLET	1				
BETAXOLOL HCL 0.5% EYE DROP	1				
BETHANECHOL 10 MG TABLET	1				
BETHANECHOL 25 MG TABLET	1				
BETHANECHOL 5 MG TABLET	1				
BETHANECHOL 50 MG TABLET	1				
BETHKIS 300 MG/4 ML AMPULE	3	QL	PA		SP
BETOPTIC S 0.25% EYE DROP	3				
BETOPTIC S 0.25% EYE DROPS	3				
BEVACIZUMAB 1.25 MG/0.05 ML	3				
BEVACIZUMAB 2 MG/0.08 ML SYR	3				
BEVACIZUMAB 2.5 MG/0.1 ML SYRG	3				
BEVACIZUMAB 2.75 MG/0.11ML SYR	3				
BEVACIZUMAB 3.25 MG/0.13 ML	3				
BEXAROTENE 1% GEL	1		PA		SP
BEXAROTENE 75 MG CAPSULE	1		PA		SP
BEXSERO PREFILLED SYRINGE	2				
BEYAZ 28 TABLET	3				
BEYFORTUS 100 MG/ML SYRINGE	2				
BEYFORTUS 50 MG/0.5 ML SYRINGE	2				
BICALUTAMIDE 50 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
BIKTARVY 30-120-15 MG TABLET	2				
BIKTARVY 50-200-25 MG TABLET	2				
BILTRICIDE 600 MG TABLET	3				
BIMATOPROST 0.03% EYE DROPS	1		PA		
BINOSTO 70 MG EFFERVESCENT TAB	3	QL		ST	
BIOTHRAX VACCINE VIAL	2				
BISACODYL EC 5 MG TABLET	1				
BISMUTH-METRO-TETR 140-125-125	1				
BISOPROLOL FUMARATE 10 MG TAB	1				
BISOPROLOL FUMARATE 5 MG TAB	1				
BISOPROLOL-HCTZ 10-6.25 MG TAB	1				
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1				
BISOPROLOL-HCTZ 5-6.25 MG TAB	1				
BLEPH-10 10% EYE DROPS	3				
BLEPHAMIDE EYE DROPS	3				
BLISOVI 24 FE TABLET	1				
BLISOVI FE 1.5-30 TABLET	1				
BLISOVI FE 1-20 TABLET	1				
BLOOD GLUCOSE CONTROL SOLUTION	3				
BLOOD LANCETS 30G	2				
BLUNT NEEDLE	2				
BOCASAL 538 MG POWDER PACKET	3				
BONIVA 150 MG TABLET	3	QL		ST	
BOOSTRIX TDAP VACCINE SYRINGE	2				
BOOSTRIX TDAP VACCINE VIAL	2				
BOSENTAN 125 MG TABLET	1	QL	PA		SP
BOSENTAN 62.5 MG TABLET	1	QL	PA		SP
BOSULIF 100 MG CAPSULE	2	QL	PA		SP
BOSULIF 100 MG TABLET	2	QL	PA		SP
BOSULIF 400 MG TABLET	2	QL	PA		SP
BOSULIF 50 MG CAPSULE	2	QL	PA		SP
BOSULIF 500 MG TABLET	2	QL	PA		SP
BP 10-1 WASH	1			ST	
BPO 8% GEL	1				
BRAFTOVI 75 MG CAPSULE	2	QL	PA		SP
BREATHERITE MDI SPACER	2				
BREATHERITE SPACER-ADULT MASK	2				
BREATHERITE SPACER-INFANT MASK	2				
BREATHERITE SPACER-LG CHLD MSK	2				
BREATHERITE SPACER-NEONATE MSK	2				
BREATHERITE SPACER-SM CHLD MSK	2				
BREATHRITE VALVED MDI CHAMBER	2				
BREATHRITE VALVED MDI SPACER	2				
BREEZE 2 SOLUTION	3				
BREO ELLIPTA 100-25 MCG INHALR	2	QL		ST	
BREO ELLIPTA 200-25 MCG INHALR	2	QL		ST	
BREO ELLIPTA 50-25 MCG INHALER	2	QL		ST	
BREXAFEMME 150 MG TABLET	3	QL		ST	
BREYNA 160-4.5 MCG INHALER	1	QL		ST	
BREYNA 80-4.5 MCG INHALER	1	QL		ST	
BREZTRI AEROSPHERE INHALER	2	QL			
BRIELLYN TABLET	1				
BRILINTA 60 MG TABLET	2				
BRILINTA 90 MG TABLET	2				
BRIMONIDINE 0.1%-DORZOLAM 2%	3				
BRIMONIDINE 0.15%-DORZOLAM 2%	3				
BRIMONIDINE 0.2% EYE DROP	1				
BRIMONIDINE 0.33% GEL PUMP	1		PA		
BRIMONIDINE TARTRATE 0.1% DROP	1				
BRIMONIDINE TARTRATE 0.15% DRP	1				
BRIMONIDINE-TIMOLOL 0.2%-0.5%	1				
BRINZOLAMIDE 1% EYE DROPS	1				
BRISDELLE 7.5 MG CAPSULE	3	QL		ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
BRIVIACT 10 MG TABLET	3			ST	
BRIVIACT 10 MG/ML ORAL SOLN	3			ST	
BRIVIACT 100 MG TABLET	3			ST	
BRIVIACT 25 MG TABLET	3			ST	
BRIVIACT 50 MG TABLET	3			ST	
BRIVIACT 75 MG TABLET	3			ST	
BROMFED DM 2-30-10 MG/5 ML SYR	3				
BROMFENAC SOD 0.075% EYE DROP	1				
BROMFENAC SODIUM 0.07% EYE DRP	1				
BROMFENAC SODIUM 0.09% EYE DRP	1				
BROMOCRIPTINE 2.5 MG TABLET	1				
BROMOCRIPTINE 5 MG CAPSULE	1				
BROMPHEN-PSE-DM 2-30-10 MG/5ML	1				
BRONCHITOL 40 MG INHALE CAP	3		PA		SP
BROVANA 15 MCG/2 ML SOLUTION	3	QL			
BRUKINSA 80 MG CAPSULE	2		PA		SP
BRYHALI 0.01% LOTION	3			ST	
BSS EYE SOLUTION	1				
BSS PLUS EYE IRRIG SOLUTION	3				
BUDESONIDE 0.25 MG/2 ML SUSP	1	QL			
BUDESONIDE 0.5 MG/2 ML SUSP	1	QL			
BUDESONIDE 1 MG/2 ML INH SUSP	1	QL			
BUDESONIDE 2 MG RECTAL FOAM	1				
BUDESONIDE DR 3 MG CAPSULE	1				
BUDESONIDE EC 3 MG CAPSULE	1				
BUDESONIDE ER 9 MG TABLET	1				
BUDESONIDE-FORMOTEROL 160-4.5	1	QL		ST	
BUDESONIDE-FORMOTEROL 80-4.5	1	QL		ST	
BULLSEYE MINI SAFETY 21G	2				
BULLSEYE MINI SAFETY 25G LANCT	2				
BULLSEYE MINI SAFETY 28G LANCT	2				
BUMETANIDE 0.5 MG TABLET	1				
BUMETANIDE 1 MG TABLET	1				
BUMETANIDE 2 MG TABLET	1				
BUNAVAIL 4.2-0.7 MG FILM	3		PA		
BUPHENYL 500 MG TABLET	3		PA		SP
BUPHENYL POWDER	3		PA		SP
BUPRENORPHINE 10 MCG/HR PATCH	1		PA		
BUPRENORPHINE 15 MCG/HR PATCH	1		PA		
BUPRENORPHINE 150 MCG FILM	1	QL	PA		
BUPRENORPHINE 2 MG TABLET SL	1	QL	PA		
BUPRENORPHINE 20 MCG/HR PATCH	1		PA		
BUPRENORPHINE 300 MCG FILM	1	QL	PA		
BUPRENORPHINE 450 MCG FILM	1	QL	PA		
BUPRENORPHINE 5 MCG/HR PATCH	1		PA		
BUPRENORPHINE 600 MCG FILM	1	QL	PA		
BUPRENORPHINE 7.5 MCG/HR PATCH	1		PA		
BUPRENORPHINE 75 MCG FILM	1	QL	PA		
BUPRENORPHINE 750 MCG FILM	1	QL	PA		
BUPRENORPHINE 8 MG TABLET SL	1	QL	PA		
BUPRENORPHINE 900 MCG FILM	1	QL	PA		
BUPRENORPHINE-NALOX 12-3MG FLM	1	QL	PA		
BUPRENORPHINE-NALOX 2-0.5MG FM	1	QL	PA		
BUPRENORPHINE-NALOX 2-0.5MG TB	1	QL	PA		
BUPRENORPHINE-NALOX 4-1MG FILM	1	QL	PA		
BUPRENORPHINE-NALOX 8-2 MG TAB	1	QL	PA		
BUPRENORPHINE-NALOX 8-2MG FILM	1	QL	PA		
BUPROPION HCL 100 MG TABLET	1				
BUPROPION HCL 75 MG TABLET	1				
BUPROPION HCL SR 100 MG TABLET	1	QL			
BUPROPION HCL SR 150 MG TABLET	1	QL			
BUPROPION HCL SR 200 MG TABLET	1	QL			
BUPROPION HCL XL 150 MG TABLET	1	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
BUPROPION HCL XL 300 MG TABLET	1	QL			
BUSPIRONE HCL 10 MG TABLET	1				
BUSPIRONE HCL 15 MG TABLET	1				
BUSPIRONE HCL 30 MG TABLET	1				
BUSPIRONE HCL 5 MG TABLET	1				
BUSPIRONE HCL 7.5 MG TABLET	1				
BUTALB-ACETAMIN-CAFF 50-300-40	1				
BUTALB-ACETAMIN-CAFF 50-325-40	1				
BUTALBITAL-ACETAMINOPHN 25-325	1				
BUTALBITAL-ACETAMINOPHN 50-300	1				
BUTALBITAL-ACETAMINOPHN 50-325	1				
BUTALBITAL-ASPIRIN-CAFFEINE CP	1				
BUTALBITAL-ASPIRIN-CAFFEINE TB	1				
BUTORPHANOL 1 MG/ML VIAL	1		PA		
BUTORPHANOL 2 MG/ML VIAL	1		PA		
BUTORPHANOL 4 MG/2 ML VIAL	1		PA		
BUTTERFLY TOUCH 30-36G LANCET	2				
BYDUREON BCISE 2 MG AUTOINJECT	2	QL	PA		
BYETTA 10 MCG DOSE PEN INJ	2	QL	PA		
BYETTA 5 MCG DOSE PEN INJ	2	QL	PA		
BYLVAY 1,200 MCG CAPSULE	3	QL	PA		SP
BYLVAY 200 MCG PELLETT	3	QL	PA		SP
BYLVAY 400 MCG CAPSULE	3	QL	PA		SP
BYLVAY 600 MCG PELLETT	3	QL	PA		SP
CABERGOLINE 0.5 MG TABLET	1	QL			
CABLIVI 11 MG KIT	2		PA		SP
CABOMETYX 20 MG TABLET	2	QL	PA		SP
CABOMETYX 40 MG TABLET	2	QL	PA		SP
CABOMETYX 60 MG TABLET	2	QL	PA		SP
CADUET 10 MG-10 MG TABLET	3	QL		ST	
CADUET 10 MG-20 MG TABLET	3	QL		ST	
CADUET 10 MG-40 MG TABLET	3	QL		ST	
CADUET 10 MG-80 MG TABLET	3	QL		ST	
CADUET 5 MG-10 MG TABLET	3	QL		ST	
CADUET 5 MG-20 MG TABLET	3	QL		ST	
CADUET 5 MG-40 MG TABLET	3	QL		ST	
CADUET 5 MG-80 MG TABLET	3	QL		ST	
CAFERGOT TABLET	3				
CAFFEINE CIT 60 MG/3 ML ORAL	1				
CALAN SR 120 MG CAPLETT	3				
CALAN SR 120 MG TABLET	3				
CALAN SR 240 MG TABLET	3				
CALCIPOTRIENE 0.005% CREAM	1	QL			
CALCIPOTRIENE 0.005% OINTMENT	1	QL			
CALCIPOTRIENE 0.005% SOLUTION	1	QL			
CALCIPOTRIENE-BETAMETH DP OINT	1	QL		ST	
CALCIPOTRIENE-BETAMETH DP SUSP	1	QL			
CALCITONIN-SALMON 200 UNIT SPR	1				
CALCITONIN-SALMON 400 UNIT/2ML	1				
CALCITRIOL 0.25 MCG CAPSULE	1				
CALCITRIOL 0.5 MCG CAPSULE	1				
CALCITRIOL 1 MCG/ML AMPUL	1				
CALCITRIOL 1 MCG/ML SOLUTION	1				
CALCITRIOL 1 MCG/ML VIAL	1				
CALCITRIOL 3 MCG/G OINTMENT	1				
CALCIUM ACETATE 667 MG CAPSULE	1	QL			
CALCIUM ACETATE 667 MG GELCAP	1	QL			
CALCIUM ACETATE 667 MG TABLET	1	QL			
CALQUENCE 100 MG CAPSULE	2	QL	PA		SP
CALQUENCE 100 MG TABLET	2	QL	PA		SP
CAMBIA 50 MG POWDER PACKET	3	QL		ST	
CAMILA 0.35 MG TABLET	1				
CAMRESE 0.15-0.03-0.01 MG TAB	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CAMRESE LO TABLET	1				
CAMZYOS 10 MG CAPSULE	2	QL	PA		SP
CAMZYOS 15 MG CAPSULE	2	QL	PA		SP
CAMZYOS 2.5 MG CAPSULE	2	QL	PA		SP
CAMZYOS 5 MG CAPSULE	2	QL	PA		SP
CANDESARTAN CILEXETIL 16 MG TB	1				
CANDESARTAN CILEXETIL 32 MG TB	1				
CANDESARTAN CILEXETIL 4 MG TAB	1				
CANDESARTAN CILEXETIL 8 MG TAB	1				
CANDESARTAN-HCTZ 16-12.5 MG TB	1				
CANDESARTAN-HCTZ 32-12.5 MG TB	1				
CANDESARTAN-HCTZ 32-25 MG TAB	1				
CANTHARIDIN 0.7%-ACETONE SOLN	3				
CAPCOF LIQUID	3				
CAPECITABINE 150 MG TABLET	1	QL	PA		SP
CAPECITABINE 500 MG TABLET	1	QL	PA		SP
CAPEX SHAMPOO	3			ST	
CAPHOSOL SOLUTION	3				
CAPLYTA 10.5 MG CAPSULE	3	QL			
CAPLYTA 21 MG CAPSULE	3	QL			
CAPLYTA 42 MG CAPSULE	3	QL			
CAPRELSA 100 MG TABLET	2	QL	PA		SP
CAPRELSA 300 MG TABLET	2	QL	PA		SP
CAPTOPRIL 100 MG TABLET	1				
CAPTOPRIL 12.5 MG TABLET	1				
CAPTOPRIL 25 MG TABLET	1				
CAPTOPRIL 50 MG TABLET	1				
CAPTOPRIL-HCTZ 25-15 MG TABLET	1				
CAPTOPRIL-HCTZ 25-25 MG TABLET	1				
CAPTOPRIL-HCTZ 50-15 MG TABLET	1				
CAPTOPRIL-HCTZ 50-25 MG TABLET	1				
CAPVAXIVE 0.5 ML SYRINGE	2				
CARBAGLU 200 MG TAB FOR SUSP	2		PA		SP
CARBAMAZEPINE 100 MG TAB CHEW	1				
CARBAMAZEPINE 100 MG/5 ML CUP	1				
CARBAMAZEPINE 100 MG/5 ML SUSP	1				
CARBAMAZEPINE 200 MG TAB CHEW	3				
CARBAMAZEPINE 200 MG TABLET	1				
CARBAMAZEPINE 200 MG/10 ML CUP	1				
CARBAMAZEPINE ER 100 MG CAP	1				
CARBAMAZEPINE ER 100 MG TABLET	1				
CARBAMAZEPINE ER 200 MG CAP	1				
CARBAMAZEPINE ER 200 MG TABLET	1				
CARBAMAZEPINE ER 300 MG CAP	1				
CARBAMAZEPINE ER 400 MG TABLET	1				
CARBATROL ER 100 MG CAPSULE	3				
CARBATROL ER 200 MG CAPSULE	3				
CARBATROL ER 300 MG CAPSULE	3				
CARBIDOPA 25 MG TABLET	1		PA		
CARBIDOPA-LEVO 10-100 MG ODT	1				
CARBIDOPA-LEVO 25-100 MG ODT	1				
CARBIDOPA-LEVO 25-250 MG ODT	1				
CARBIDOPA-LEVO ER 25-100 TAB	1				
CARBIDOPA-LEVO ER 50-200 TAB	1				
CARBIDOPA-LEVODOPA 100 MG-ENTA	1				
CARBIDOPA-LEVODOPA 10-100 TAB	1				
CARBIDOPA-LEVODOPA 125 MG-ENTA	1				
CARBIDOPA-LEVODOPA 150 MG-ENTA	1				
CARBIDOPA-LEVODOPA 200 MG-ENTA	1				
CARBIDOPA-LEVODOPA 25-100 TAB	1				
CARBIDOPA-LEVODOPA 25-250 TAB	1				
CARBIDOPA-LEVODOPA 50 MG-ENTA	1				
CARBIDOPA-LEVODOPA 75 MG-ENTA	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CARBINOXAMINE 4 MG/5 ML LIQUID	1				
CARBINOXAMINE MALEATE 4 MG TAB	1				
CARBINOXAMINE MALEATE 6 MG TAB	1			ST	
CARDIOPLEGIA 100 MEQ K/500 ML	3				
CARDIOPLEGIA 108 MEQ K/500 ML	3				
CARDIOPLEGIA 15 MEQ K/477.5 ML	3				
CARDIOPLEGIA 20 MEQ K/810 ML	3				
CARDIOPLEGIA 30 MEQ K/415 ML	3				
CARDIOPLEGIA 30 MEQ K/542 ML	3				
CARDIOPLEGIA 36 MEQ K/1,000 ML	3				
CARDIOPLEGIA 36 MEQ K/500 ML	3				
CARDIOPLEGIA 40 MEQ K/1,000 ML	3				
CARDIOPLEGIA 40 MEQ K/500 ML	3				
CARDIOPLEGIA 50 MEQ K/500 ML	3				
CARDIOPLEGIA 70 MEQ K/300 ML	3				
CARDIOPLEGIA DEL NIDO FORMULA	3				
CARDIOPLEGIC 16 MEQ K/1,000 ML	1				
CARDIZEM 120 MG TABLET	3				
CARDIZEM 30 MG TABLET	3				
CARDIZEM 60 MG TABLET	3				
CARDIZEM CD 120 MG CAPSULE	3				
CARDIZEM CD 180 MG CAPSULE	3				
CARDIZEM CD 240 MG CAPSULE	3				
CARDIZEM CD 300 MG CAPSULE	3				
CARDIZEM CD 360 MG CAPSULE	3				
CARDIZEM LA 120 MG TABLET	3				
CARDIZEM LA 180 MG TABLET	3				
CARDIZEM LA 240 MG TABLET	3				
CARDIZEM LA 300 MG TABLET	3				
CARDIZEM LA 360 MG TABLET	3				
CARDIZEM LA 420 MG TABLET	3				
CARDURA 1 MG TABLET	3	QL		ST	
CARDURA 2 MG TABLET	3	QL		ST	
CARDURA 4 MG TABLET	3	QL		ST	
CARDURA 8 MG TABLET	3	QL		ST	
CARDURA XL 4 MG TABLET	3	QL		ST	
CARDURA XL 8 MG TABLET	3	QL		ST	
CAREONE LANCING DEVICE	2				
CAREONE ULTRA THIN LANCET	2				
CAREPOINT LL SYR 3 ML 20G 1.5"	2				
CAREPOINT LL SYR 3 ML 21G 1"	2				
CAREPOINT LL SYR 3 ML 21G 1.5"	2				
CAREPOINT LL SYR 3 ML 22G 1"	2				
CAREPOINT LL SYR 3 ML 22G 38MM	2				
CAREPOINT LL SYR 3 ML 23G 1"	2				
CAREPOINT LL SYR 3 ML 23G 1.5"	2				
CAREPOINT LL SYR 3 ML 25G 1"	2				
CAREPOINT LL SYR 3 ML 25G 5/8"	2				
CAREPOINT LS SYR 1 ML 25G 5/8"	3				
CAREPOINT LUER LOCK SYR 3 ML	3				
CAREPOINT LUER SLIP 1 ML SYRNG	3				
CAREPOINT PRECISION NDL 21G 1"	3				
CAREPOINT SAFETY LL 1ML 25G 1"	2				
CARESENS 30G LANCET	2				
CARESENS CONTROL SOLUTION	3				
CARETOUCH 26G SAFETY LANCETS	2				
CARETOUCH 28G SAFETY LANCETS	2				
CARETOUCH CONTROL SOLN L2-L3	3				
CARETOUCH HYPO NEEDLE 26G 1"	3				
CARETOUCH HYPODERMIC 18G 1.5"	3				
CARETOUCH HYPODERMIC 20G 1"	3				
CARETOUCH HYPODERMIC 22G 1"	3				
CARETOUCH HYPODERMIC 23G 1"	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CARETOUCH HYPODERMIC 23G 1.5"	3				
CARETOUCH HYPODERMIC 25G 1"	3				
CARETOUCH HYPODERMIC 25G 1.5"	3				
CARETOUCH HYPODERMIC 25G 5/8"	3				
CARETOUCH LANCING DEVICE	2				
CARETOUCH LL SYR 3 ML 22G 1"	2				
CARETOUCH LL SYR 3 ML 22G 1.5"	2				
CARETOUCH LL SYR 3 ML 23G 1"	2				
CARETOUCH LL SYR 3 ML 23G 1.5"	2				
CARETOUCH LL SYR 3 ML 25G 1"	2				
CARETOUCH LL SYR 3 ML 25G 1.5"	2				
CARETOUCH LL SYR 3 ML 25G 5/8"	2				
CARETOUCH LUER LOCK 1 ML SYR	3				
CARETOUCH LUER LOCK 3 ML SYR	3				
CARETOUCH LUER LOCK 5 ML SYR	3				
CARETOUCH LUER SLIP 1 ML SYRN	3				
CARETOUCH LUER SLIP 10 ML SYR	3				
CARETOUCH LUER SLIP 3 ML SYRN	3				
CARETOUCH LUER SLIP 5 ML SYR	3				
CARETOUCH TWIST 28G LANCET	2				
CARETOUCH TWIST 30G LANCET	2				
CARETOUCH TWIST 33G LANCET	2				
CARGLUMIC ACID 200 MG TAB SUSP	1		PA		SP
CARISOPRODL-ASPIRIN 200-325 MG	1				
CARISOPRODOL 250 MG TABLET	1				
CARISOPRODOL 350 MG TABLET	1				
CARISOPRODOL-ASPIRIN-CODEIN TB	1		PA		
CARNITOR 1 GM/10 ML ORAL SOLN	3				
CARNITOR 100 MG/ML ORAL SOLN	3				
CARNITOR 330 MG TABLET	3				
CARNITOR SF 100 MG/ML ORAL SOL	3				
CARTEOLOL HCL 1% EYE DROPS	1				
CARTIA XT 120 MG CAPSULE	1				
CARTIA XT 180 MG CAPSULE	1				
CARTIA XT 240 MG CAPSULE	1				
CARTIA XT 300 MG CAPSULE	1				
CARVEDILOL 12.5 MG TABLET	1				
CARVEDILOL 25 MG TABLET	1				
CARVEDILOL 3.125 MG TABLET	1				
CARVEDILOL 6.25 MG TABLET	1				
CASODEX 50 MG TABLET	3				
CATAFLAM 50 MG TABLET	1				
CATAPRES-TTS 1 PATCH	3	QL			
CATAPRES-TTS 2 PATCH	3	QL			
CATAPRES-TTS 3 PATCH	3	QL			
CAYA CONTOURED DIAPHRAGM	2				
CAYSTON 75 MG INHAL SOLUTION	2	QL	PA		SP
CAZANT 28 DAY TABLET	1				
CEFACLOR 125 MG/5 ML SUSP	1				
CEFACLOR 250 MG CAPSULE	1				
CEFACLOR 250 MG/5 ML SUSP	1				
CEFACLOR 375 MG/5 ML SUSPEN	1				
CEFACLOR 500 MG CAPSULE	1				
CEFACLOR ER 500 MG TABLET	1				
CEFADROXIL 1 GM TABLET	1				
CEFADROXIL 250 MG/5 ML SUSP	1				
CEFADROXIL 500 MG CAPSULE	1				
CEFADROXIL 500 MG/5 ML SUSP	1				
CEFDINIR 125 MG/5 ML SUSP	1				
CEFDINIR 250 MG/5 ML SUSP	1				
CEFDINIR 300 MG CAPSULE	1				
CEFIXIME 100 MG/5 ML SUSP	1				
CEFIXIME 200 MG/5 ML SUSP	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CEFIXIME 400 MG CAPSULE	1				
CEFPODOXIME 100 MG TABLET	1				
CEFPODOXIME 100 MG/5 ML SUSP	1				
CEFPODOXIME 200 MG TABLET	1				
CEFPODOXIME 50 MG/5 ML SUSP	1				
CEFPROZIL 125 MG/5 ML SUSP	1				
CEFPROZIL 250 MG TABLET	1				
CEFPROZIL 250 MG/5 ML SUSP	1				
CEFPROZIL 500 MG TABLET	1				
CEFUROXIME AXETIL 250 MG TAB	1				
CEFUROXIME AXETIL 500 MG TAB	1				
CELECOXIB 100 MG CAPSULE	1				
CELECOXIB 200 MG CAPSULE	1				
CELECOXIB 400 MG CAPSULE	1				
CELECOXIB 50 MG CAPSULE	1				
CELLCEPT 200 MG/ML ORAL SUSP	3				
CELLCEPT 250 MG CAPSULE	3				
CELLCEPT 500 MG TABLET	3				
CELLUGEL	3				
CELONTIN 300 MG CAPSULE	3				
CENTANY 2% OINTMENT	3	QL		ST	
CENTANY AT 2% OINTMENT KIT	3	QL		ST	
CEPHALEXIN 125 MG/5 ML SUSP	1				
CEPHALEXIN 250 MG CAPSULE	1				
CEPHALEXIN 250 MG TABLET	1				
CEPHALEXIN 250 MG/5 ML SUSP	1				
CEPHALEXIN 500 MG CAPSULE	1				
CEPHALEXIN 500 MG TABLET	1				
CEPHALEXIN 750 MG CAPSULE	1				
CEQUA 0.09% SOLUTION	3	QL	PA		
CERDELGA 84 MG CAPSULE	2	QL	PA		SP
CERVIDIL 10 MG VAGINAL INSRT	3				
CETACAINE ANESTHETIC LIQUID	3				
CEVIMELINE HCL 30 MG CAPSULE	1				
CHARLOTTE 24 FE CHEWABLE TAB	1				
CHATEAL EQ-28 TABLET	1				
CHEK-STIX STRIPS	2				
CHEMET 100 MG CAPSULE	2		PA		
CHEMO TRANSFER PIN	2				
CHEMSTRIP 10 MD	2				
CHEMSTRIP 10 WITH SG	2				
CHEMSTRIP 2 GP	2				
CHEMSTRIP 50B	2				
CHEMSTRIP 7	2				
CHEMSTRIP BG DIARY	3				
CHEMSTRIP-9	2				
CHENODAL 250 MG TABLET	2		PA		SP
CHILD ASPIRIN 81 MG TAB CHEW	1				
CHLORDIAZEPO-AMITRIPTYL 5-12.5	1				
CHLORDIAZEPOX-AMITRIPTYL 10-25	1				
CHLORDIAZEPOXIDE 10 MG CAPSULE	1			ST	
CHLORDIAZEPOXIDE 25 MG CAPSULE	1			ST	
CHLORDIAZEPOXIDE 5 MG CAPSULE	1			ST	
CHLORDIAZEPOXIDE-CLIDINIUM CAP	1				
CHLORHEXIDINE 0.12% 15 ML CUP	1				
CHLORHEXIDINE 0.12% RINSE	1				
CHLOROQUINE PH 250 MG TABLET	1				
CHLOROQUINE PH 500 MG TABLET	1				
CHLORPROMAZINE 10 MG TABLET	1				
CHLORPROMAZINE 100 MG TABLET	1				
CHLORPROMAZINE 100 MG/ML CONC	1				
CHLORPROMAZINE 200 MG TABLET	1				
CHLORPROMAZINE 25 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CHLORPROMAZINE 30 MG/ML CONC	1				
CHLORPROMAZINE 50 MG TABLET	1				
CHLORTHALIDONE 25 MG TABLET	1				
CHLORTHALIDONE 50 MG TABLET	1				
CHOLBAM 250 MG CAPSULE	2		PA		SP
CHOLBAM 50 MG CAPSULE	2	QL	PA		SP
CHOLESTYRAMINE LIGHT PACKET	1				
CHOLESTYRAMINE LIGHT POWDER	1				
CHOLESTYRAMINE PACKET	1				
CHOLESTYRAMINE POWDER	1				
CHOSEN 30G LANCET	2				
CHOSEN LANCING DEVICE	2				
CHOSEN SAFETY 28G LANCET	2				
CIBINQO 100 MG TABLET	2	QL	PA		SP
CIBINQO 200 MG TABLET	2	QL	PA		SP
CIBINQO 50 MG TABLET	2	QL	PA		SP
CICLODAN 0.77% CREAM	1	QL			
CICLODAN 0.77% CREAM KIT	3				
CICLODAN 8% KIT	3			ST	
CICLODAN 8% SOLUTION	1				
CICLOPIROX 0.77% CREAM	1	QL			
CICLOPIROX 0.77% GEL	1	QL			
CICLOPIROX 0.77% TOPICAL SUSP	1	QL			
CICLOPIROX 1% SHAMPOO	1	QL			
CICLOPIROX 8% SOLUTION	1				
CICLOPIROX 8% TREATMENT KIT	1				
CILOSTAZOL 100 MG TABLET	1				
CILOSTAZOL 50 MG TABLET	1				
CILOXAN 0.3% EYE DROPS	3				
CIMDUO 300-300 MG TABLET	2				
CIMETIDINE 300 MG TABLET	1				
CIMETIDINE 300 MG/5 ML CUP	1				
CIMETIDINE 300 MG/5 ML SOLN	1				
CIMETIDINE 400 MG TABLET	1				
CIMETIDINE 400 MG/6.67 ML CUP	1				
CIMETIDINE 800 MG TABLET	1				
CINACALCET HCL 30 MG TABLET	1		PA		
CINACALCET HCL 60 MG TABLET	1		PA		
CINACALCET HCL 90 MG TABLET	1		PA		
CINRYZE 500 UNIT VIAL	2	QL	PA		SP
CINRYZE 500 UNIT VIAL-DILUENT	2	QL	PA		SP
CIPRO 10% SUSPENSION	3				
CIPRO 250 MG TABLET	3				
CIPRO 5% SUSPENSION	3				
CIPRO 500 MG TABLET	3				
CIPRODEX OTIC SUSPENSION	3				
CIPROFLOXACIN 0.2% OTIC SOLN	1				
CIPROFLOXACIN 0.3% EYE DROP	1				
CIPROFLOXACIN 250 MG/5 ML SUSP	1				
CIPROFLOXACIN 500 MG/5 ML SUSP	1				
CIPROFLOXACIN HCL 100 MG TAB	1				
CIPROFLOXACIN HCL 250 MG TAB	1				
CIPROFLOXACIN HCL 500 MG TAB	1				
CIPROFLOXACIN HCL 750 MG TAB	1				
CIPROFLOX-DEXAMETH OTIC SUSP	1				
CITALOPRAM HBR 10 MG TABLET	1	QL			
CITALOPRAM HBR 10 MG/5 ML SOLN	1				
CITALOPRAM HBR 20 MG TABLET	1	QL			
CITALOPRAM HBR 20 MG/10 ML CUP	1				
CITALOPRAM HBR 40 MG TABLET	1	QL			
CITRATE OF MAGNESIA SOLN	1				
CITRATE PHOS DEXTROSE SOLN	2				
CITROMA SOLUTION	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CLARAVIS 10 MG CAPSULE	1				
CLARAVIS 20 MG CAPSULE	1				
CLARAVIS 30 MG CAPSULE	1				
CLARAVIS 40 MG CAPSULE	1				
CLARINEX 5 MG TABLET	3	QL			
CLARINEX-D 12 HR 2.5-120 MG TB	3	QL			
CLARITHROMYCIN 125 MG/5 ML SUS	1				
CLARITHROMYCIN 250 MG TABLET	1				
CLARITHROMYCIN 250 MG/5 ML SUS	1				
CLARITHROMYCIN 500 MG TABLET	1				
CLARITHROMYCIN ER 500 MG TAB	1				
CLASSIC PRENATAL TABLET	1				
CLEARLAX POWDER	1				
CLEMASTINE FUM 2.68 MG TABLET	1				
CLEOCIN 100 MG VAGINAL OVULE	3				
CLEOCIN 2% VAGINAL CREAM	3				
CLEOCIN HCL 150 MG CAPSULE	3				
CLEOCIN HCL 300 MG CAPSULE	3				
CLEOCIN HCL 75 MG CAPSULE	3				
CLEOCIN PEDIATRIC 75 MG/5 ML	3				
CLEOCIN T 1% LOTION	3	QL		ST	
CLEVER CHEK ULTRA THIN 30G	2				
CLEVER CHOICE CHAMBER-LRG MASK	2				
CLEVER CHOICE CHAMBER-MED MASK	2				
CLEVER CHOICE CHAMBER-SM MASK	2				
CLEVER CHOICE LVL 1 CONTRL SOL	3				
CLEVER CHOICE LVL 2 CONTRL SOL	3				
CLEVER CHOICE LVL 3 CONTRL SOL	3				
CLIMARA 0.025 MG/DAY PATCH	3	QL			
CLIMARA 0.0375 MG/DAY PATCH	3	QL			
CLIMARA 0.05 MG/DAY PATCH	3	QL			
CLIMARA 0.06 MG/DAY PATCH	3	QL			
CLIMARA 0.075 MG/DAY PATCH	3	QL			
CLIMARA 0.1 MG/DAY PATCH	3	QL			
CLIND PH-BENZOYL PERO 1.2-2.5%	1				
CLIND PH-BENZOYL PEROX 1.2-5%	1				
CLINDACIN 1% FOAM	1	QL			
CLINDACIN ETZ 1% PLEDGET	1				
CLINDACIN ETZ KIT	3			ST	
CLINDACIN P 1% PLEDGETS	1				
CLINDACIN PAC KIT	3			ST	
CLINDAMYC-BNZ PEROX 1.2-3.75%	1				
CLINDAMYCIN (PEDI) 75 MG/5 ML	1				
CLINDAMYCIN 2% VAGINAL CREAM	1				
CLINDAMYCIN HCL 150 MG CAPSULE	1				
CLINDAMYCIN HCL 300 MG CAPSULE	1				
CLINDAMYCIN HCL 75 MG CAPSULE	1				
CLINDAMYCIN PH 1% GEL	1	QL			
CLINDAMYCIN PH 1% SOLUTION	1	QL			
CLINDAMYCIN PHOS 1% PLEDGET	1				
CLINDAMYCIN PHOSP 1% LOTION	1	QL			
CLINDAMYCIN PHOSPHATE 1% FOAM	1	QL			
CLINDAMYCIN PHOSPHATE 1% GEL	1	QL		ST	
CLINDAMYCIN-BENZOYL PEROX 1-5%	1				
CLINDAMYCIN-BNZ PEROX 1-5% PMP	1				
CLINDA-TRETINOIN 1.2%-0.025%	1				
CLINDESSE 2% VAGINAL CREAM	3				
CLINPRO 5000 1.1% TOOTHPASTE	3				
CLOBAZAM 10 MG TABLET	1		PA		
CLOBAZAM 2.5 MG/ML SUSPENSION	1		PA		
CLOBAZAM 20 MG TABLET	1		PA		
CLOBETASOL 0.05% CREAM	1	QL			
CLOBETASOL 0.05% GEL	1	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CLOBETASOL 0.05% OINTMENT	1	QL			
CLOBETASOL 0.05% SHAMPOO	1	QL		ST	
CLOBETASOL 0.05% SOLUTION	1	QL			
CLOBETASOL 0.05% TOPICAL LOTN	1	QL		ST	
CLOBETASOL EMOLLIENT 0.05% CRM	1	QL			
CLOBETASOL EMOLLNT 0.05% FOAM	1	QL		ST	
CLOBETASOL EMULSION 0.05% FOAM	1	QL		ST	
CLOBETASOL PROP 0.05% FOAM	1	QL		ST	
CLOBETASOL PROP 0.05% SPRAY	1	QL		ST	
CLOBEX 0.05% SHAMPOO	3	QL		ST	
CLOBEX 0.05% SPRAY	3	QL		ST	
CLOBEX 0.05% TOPICAL LOTION	3	QL		ST	
CLOCORTOLONE PIVALATE 0.1% CRM	1				
CLODAN 0.05% KIT	3	QL		ST	
CLODAN 0.05% SHAMPOO	1	QL		ST	
CLODERM 0.1% CREAM	3			ST	
CLODERM 0.1% CREAM PUMP	3			ST	
CLOMIPRAMINE 25 MG CAPSULE	1				
CLOMIPRAMINE 50 MG CAPSULE	1				
CLOMIPRAMINE 75 MG CAPSULE	1				
CLONAZEPAM 0.125 MG DIS TAB	1				
CLONAZEPAM 0.125 MG ODT	1				
CLONAZEPAM 0.25 MG ODT	1				
CLONAZEPAM 0.5 MG DIS TABLET	1				
CLONAZEPAM 0.5 MG ODT	1				
CLONAZEPAM 0.5 MG TABLET	1				
CLONAZEPAM 1 MG DIS TABLET	1				
CLONAZEPAM 1 MG ODT	1				
CLONAZEPAM 1 MG TABLET	1				
CLONAZEPAM 2 MG ODT	1				
CLONAZEPAM 2 MG TABLET	1				
CLONIDINE 0.1 MG/DAY PATCH	1	QL			
CLONIDINE 0.2 MG/DAY PATCH	1	QL			
CLONIDINE 0.3 MG/DAY PATCH	1	QL			
CLONIDINE HCL 0.1 MG TABLET	1				
CLONIDINE HCL 0.2 MG TABLET	1				
CLONIDINE HCL 0.3 MG TABLET	1				
CLONIDINE HCL ER 0.1 MG TABLET	1				
CLOPIDOGREL 300 MG TABLET	1				
CLOPIDOGREL 75 MG TABLET	1				
CLORAZEPATE 15 MG TABLET	1			ST	
CLORAZEPATE 3.75 MG TABLET	1			ST	
CLORAZEPATE 7.5 MG TABLET	1			ST	
CLOTRIMAZOLE 10 MG LOZENGE	1				
CLOTRIMAZOLE 10 MG TROCHE	1				
CLOTRIMAZOLE-BETAMETHASONE CRM	1	QL			
CLOTRIMAZOLE-BETAMETHASONE LOT	1	QL			
CLOVIQUE 250 MG CAPSULE	1		PA		
CLOZAPINE 100 MG TABLET	1				
CLOZAPINE 200 MG TABLET	1				
CLOZAPINE 25 MG TABLET	1				
CLOZAPINE 50 MG TABLET	1				
CLOZAPINE ODT 100 MG TABLET	1				
CLOZAPINE ODT 12.5 MG TABLET	1				
CLOZAPINE ODT 150 MG TABLET	3				
CLOZAPINE ODT 200 MG TABLET	1				
CLOZAPINE ODT 25 MG TABLET	1				
CLOZARIL 100 MG TABLET	3				
CLOZARIL 200 MG TABLET	3				
CLOZARIL 25 MG TABLET	3				
CLOZARIL 50 MG TABLET	3				
C-NATE DHA SOFTGEL	1				
COAGUCHEK LANCETS	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
COARTEM TABLETS	2	QL			
COCAINE 160 MG/4 ML NASAL SOLN	3				
COCAINE HCL 4% NASAL SOLUTION	3				
CODEINE SULFATE 15 MG TABLET	1		PA		
CODEINE SULFATE 30 MG TABLET	1		PA		
CODEINE SULFATE 60 MG TABLET	1		PA		
CODEINE-GUAIFEN 10-100 MG/5 ML	1				
CODITUSSIN AC LIQUID	3				
CODITUSSIN DAC LIQUID	3				
COLAZAL 750 MG CAPSULE	3				
COLCHICINE 0.6 MG CAPSULE	1			ST	
COLCHICINE 0.6 MG TABLET	1				
COLESEVELAM 625 MG TABLET	1				
COLESEVELAM HCL 3.75 G PACKET	1				
COLESTID 1 GM TABLET	3				
COLESTID FLAVORED GRANULES	3				
COLESTID GRANULES	3				
COLESTID GRANULES PACKET	3				
COLESTIPOL HCL 1 GM TABLET	1				
COLESTIPOL HCL GRANULES	1				
COLESTIPOL HCL GRANULES PACKET	1				
COMBIGAN 0.2%-0.5% EYE DROPS	3				
COMBIPATCH 0.05-0.14 MG PTCH	2				
COMBIPATCH 0.05-0.25 MG PTCH	2				
COMBISTIX REAGENT STRIPS	2				
COMBIVENT RESPIMAT 20-100 MCG	2	QL			
COMBIVIR TABLET	3				
COMETRIQ 100 MG DAILY-DOSE PK	2	QL	PA		SP
COMETRIQ 140 MG DAILY-DOSE PK	2	QL	PA		SP
COMETRIQ 60 MG DAILY-DOSE PACK	2	QL	PA		SP
COMFORT EZ PRESSURE ACTIVT 28G	2				
COMFORT EZ SAFETY 23G LANCETS	2				
COMFORT EZ SAFETY 28G LANCETS	2				
COMFORT LANCETS	2				
COMFORT PAC-CYCLOBENZAPRINE KT	3				
COMFORT PAC-IBUPROFEN KIT	3				
COMFORT PAC-MELOXICAM KIT	3				
COMFORT PAC-NAPROXEN KIT	3				
COMFORT PAC-TIZANIDINE KIT	3				
COMFORT TOUCH ULT THIN 31G LAN	2				
COMFORTSEAL LARGE MASK	2				
COMFORTSEAL MEDIUM MASK	2				
COMFORTSEAL SMALL MASK	2				
COMFORTTOUCH PLUS SAF 30G LANC	2				
COMIRNATY 2023-24(12Y UP) SYRG	2				
COMIRNATY 2023-24(12Y UP) VIAL	2				
COMIRNATY 2024-25(12Y UP) SYRG	2				
COMIRNATY 30MCG/0.3ML VAC-GRAY	2				
COMPACT SPACE CHAMBER	2				
COMPACT SPACE CHAMBER-LRG MASK	2				
COMPACT SPACE CHAMBER-MED MASK	2				
COMPACT SPACE CHAMBER-SM MASK	2				
COMPAZINE 10 MG TABLET	3				
COMPAZINE 25 MG SUPPOSITORY	3				
COMPAZINE 5 MG TABLET	3				
COMPLETE NATAL DHA	1				
COMPRO 25 MG SUPPOSITORY	1				
COMTAN 200 MG TABLET	3				
CONCEPT DHA CAPSULE	3				
CONCEPT OB CAPSULE	3				
CONDOMS LUBRICATED	2				
CONSENSI 10-200 MG TABLET	3				
CONSENSI 2.5-200 MG TABLET	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CONSENSI 5-200 MG TABLET	3				
CONSTULOSE 10 GM/15 ML SOLN	1				
CONTOUR NEXT LEV 1 CONTROL SOL	3				
CONTOUR NEXT LEV 2 CONTROL SOL	3				
CONTOUR SOLUTION	3				
COOL CONTROL A SOLUTION	3				
COOL CONTROL B SOLUTION	3				
COPIKTRA 15 MG CAPSULE	3	QL	PA		SP
COPIKTRA 25 MG CAPSULE	3	QL	PA		SP
CORDRAN 0.025% CREAM	3	QL		ST	
CORDRAN 0.05% CREAM	3	QL		ST	
CORDRAN 0.05% LOTION	3	QL		ST	
CORDRAN 0.05% OINTMENT	3	QL		ST	
CORDRAN 4 MCG/SQ CM TAPE LARGE	3			ST	
COREMINO ER 135 MG TABLET	1			ST	
COREMINO ER 45 MG TABLET	1			ST	
COREMINO ER 90 MG TABLET	1			ST	
CORGARD 20 MG TABLET	3				
CORGARD 40 MG TABLET	3				
CORGARD 80 MG TABLET	3				
CORTANE-B LOTION	3				
CORTEF 10 MG TABLET	3				
CORTEF 20 MG TABLET	3				
CORTEF 5 MG TABLET	3				
CORTENEMA 100 MG/60 ML ENEMA	3				
CORTISONE 25 MG TABLET	1				
CORTISPORIN-TC EAR SUSPENSION	3				
COTELLIC 20 MG TABLET	2	QL	PA		SP
COTEMPLA XR-ODT 17.3 MG TABLET	3			ST	
COTEMPLA XR-ODT 25.9 MG TABLET	3			ST	
COTEMPLA XR-ODT 8.6 MG TABLET	3			ST	
COVARYX H.S. TABLET	1				
COVARYX TABLET	1				
CREON DR 12,000 UNIT CAPSULE	2				
CREON DR 24,000 UNIT CAPSULE	2				
CREON DR 3,000 UNIT CAPSULE	2				
CREON DR 36,000 UNIT CAPSULE	2				
CREON DR 6,000 UNIT CAPSULE	2				
CRESEMBA 186 MG CAPSULE	2		PA		
CRESEMBA 74.5 MG CAPSULE	2		PA		
CREXONT ER 35 MG-140 MG CAP	3				
CREXONT ER 52.5 MG-210 MG CAP	3				
CREXONT ER 70 MG-280 MG CAP	3				
CREXONT ER 87.5 MG-350 MG CAP	3				
CROMOLYN 100 MG/5 ML ORAL CONC	1				
CROMOLYN 20 MG/2 ML NEB SOLN	1				
CROMOLYN 4% EYE DROPS	1				
CRRT TRISODIUM CITRAT 0.5% SOL	3				
CRYOSERV SOLUTION	1				
CRYSELLE-28 TABLET	1				
CURAE 1.5 MG TABLET	1	QL			
CUROSURF 120 MG/1.5 ML VIAL	3				
CUROSURF 240 MG/3 ML VIAL	3				
CUTIVATE 0.05% CREAM	3			ST	
CUTIVATE 0.05% LOTION	3			ST	
CVS ALKALINE BATTERIES	3				
CVS ASPIRIN 81 MG CHEWABLE TAB	1				
CVS ASPIRIN EC 81 MG TABLET	1				
CVS AT HOME A1C TEST KIT	3				
CVS CITRATE OF MAGNESIA SOLN	1				
CVS FOLIC ACID 800 MCG TABLET	1				
CVS GENTLE LAXATIVE EC 5 MG TB	1				
CVS KETONE CARE TEST STRIP	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
CVS LANCING DEVICE	2				
CVS MAGNESIUM CITRATE SOLUTION	1				
CVS MICRO THIN 33G LANCETS	2				
CVS MILK OF MAGNESIA SUSP	1				
CVS PRENATAL MULTI-DHA SOFTGEL	1				
CVS PRENATAL VITAMINS TABLET	1				
CVS PURELAX POWDER	1				
CVS SUPER B-COMPLEX-VIT C CPLT	1				
CVS THIN 26G LANCETS	2				
CVS ULTRA THIN 30G LANCETS	2				
CVS WOMEN'S GENTLE LAX EC 5 MG	1				
CYANOCOBALAMIN 1,000 MCG/ML VL	1				
CYANOCOBALAMIN 10,000 MCG/10ML	1				
CYANOCOBALAMIN 30,000 MCG/30ML	1				
CYCLAFEM 1-35-28 TABLET	1				
CYCLAFEM 7-7-7-28 TABLET	1				
CYCLOBENZAPRINE 10 MG TABLET	1				
CYCLOBENZAPRINE 5 MG TABLET	1				
CYCLOBENZAPRINE 7.5 MG TABLET	1				
CYCLOBENZAPRINE ER 15 MG CAP	1			ST	
CYCLOBENZAPRINE ER 30 MG CAP	1			ST	
CYCLOGYL 0.5% EYE DROPS	3				
CYCLOGYL 1% EYE DROPS	3				
CYCLOGYL 2% EYE DROPS	3				
CYCLOMYDRIL EYE DROPS	3				
CYCLOPEN 1%-TROPICA 1%-PE 2.5%	3				
CYCLOPENTOLATE 0.5% EYE DROPS	1				
CYCLOPENTOLATE 1% EYE DROP	1				
CYCLOPENTOLATE 1% EYE DROPS	1				
CYCLOPENTOLATE HCL 2% DROPS	1				
CYCLOPHOSPHAMIDE 25 MG CAPSULE	1				
CYCLOPHOSPHAMIDE 25 MG TABLET	3				
CYCLOPHOSPHAMIDE 50 MG CAPSULE	1				
CYCLOPHOSPHAMIDE 50 MG TABLET	3				
CYCLOSERINE 250 MG CAPSULE	1				
CYCLOSET 0.8 MG TABLET	3				
CYCLOSPORINE 0.05% EYE EMULS	1	QL	PA		
CYCLOSPORINE 0.1% IN KLARITY	3				
CYCLOSPORINE 100 MG CAPSULE	1				
CYCLOSPORINE 25 MG CAPSULE	1				
CYCLOSPORINE MODIFIED 100 MG	1				
CYCLOSPORINE MODIFIED 100MG/ML	1				
CYCLOSPORINE MODIFIED 25 MG	1				
CYCLOSPORINE MODIFIED 50 MG	1				
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	2	QL	PA		SP
CYLTEZO(CF) 20 MG/0.4 ML SYRNG	2	QL	PA		SP
CYLTEZO(CF) 40 MG/0.4 ML SYRNG	2	QL	PA		SP
CYLTEZO(CF) 40 MG/0.8 ML SYRNG	2	QL	PA		SP
CYLTEZO(CF) PEN 40 MG/0.4 ML	2	QL	PA		SP
CYLTEZO(CF) PEN 40 MG/0.8 ML	2	QL	PA		SP
CYLTEZO(CF) PEN CRH-UC-HS 40MG	2	QL	PA		SP
CYLTEZO(CF) PEN PSORIA-UV 40MG	2	QL	PA		SP
CYPROHEPTADINE 2 MG/5 ML SOLN	1				
CYPROHEPTADINE 2 MG/5 ML SYRUP	1				
CYPROHEPTADINE 4 MG TABLET	1				
CYRED 28 DAY TABLET	1				
CYRED EQ 28 DAY TABLET	1				
CYSTAGON 150 MG CAPSULE	2				SP
CYSTAGON 50 MG CAPSULE	2				SP
CYSTARAN 0.44% EYE DROPS	2		PA		SP
CYTOTEC 100 MCG TABLET	3				
CYTOTEC 200 MCG TABLET	3				
DABIGATRAN ETEXILATE 110 MG CP	1		PA		

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
DABIGATRAN ETEXILATE 150 MG CP	1		PA		
DABIGATRAN ETEXILATE 75 MG CAP	1		PA		
DALFAMPRIDINE ER 10 MG TABLET	1	QL	PA		SP
DANAZOL 100 MG CAPSULE	1				
DANAZOL 200 MG CAPSULE	1				
DANAZOL 50 MG CAPSULE	1				
DANTRIUM 25 MG CAPSULE	3				
DANTRIUM 50 MG CAPSULE	3				
DANTROLENE SODIUM 100 MG CAP	1				
DANTROLENE SODIUM 25 MG CAP	1				
DANTROLENE SODIUM 50 MG CAP	1				
DAPSONE 100 MG TABLET	1				
DAPSONE 25 MG TABLET	1				
DAPSONE 5% GEL	1				
DAPSONE 7.5% GEL PUMP	1				
DAPTACEL DTAP VACCINE	2				
DARAPRIM 25 MG TABLET	3		PA		SP
DARIFENACIN ER 15 MG TABLET	1				
DARIFENACIN ER 7.5 MG TABLET	1				
DARUNAVIR 600 MG TABLET	1				
DARUNAVIR 800 MG TABLET	1				
DASATINIB 100 MG TABLET	1	QL	PA		SP
DASATINIB 140 MG TABLET	1	QL	PA		SP
DASATINIB 20 MG TABLET	1	QL	PA		SP
DASATINIB 50 MG TABLET	1	QL	PA		SP
DASATINIB 70 MG TABLET	1	QL	PA		SP
DASATINIB 80 MG TABLET	1	QL	PA		SP
DASETTA 1-35-28 TABLET	1				
DASETTA 7/7/7-28 TABLET	1				
DAURISMO 100 MG TABLET	3	QL	PA		SP
DAURISMO 25 MG TABLET	3	QL	PA		SP
DAVOL IRRIG SYRINGE 50 ML	2				
DAVOL IRRIG SYRINGE 60 ML	2				
DAYPRO 600 MG CAPLET	3			ST	
DAYSEE 0.15-0.03-0.01 MG TAB	1				
DAYTRANA 10 MG/9 HR PATCH	3			ST	
DAYTRANA 15 MG/9 HR PATCH	3			ST	
DAYTRANA 20 MG/9 HOUR PATCH	3			ST	
DAYTRANA 30 MG/9 HOUR PATCH	3			ST	
DAYVIGO 10 MG TABLET	3	QL		ST	
DAYVIGO 5 MG TABLET	3	QL		ST	
DDAVP 0.1 MG TABLET	3				
DDAVP 0.2 MG TABLET	3				
DDAVP 10 MCG/0.1 ML SOLUTION	2				
DDAVP 4 MCG/ML AMPUL	3				SP
DDAVP 40 MCG/10 ML VIAL	3				SP
DEBLITANE 0.35 MG TABLET	1				
DEFERASIROX 125 MG TB FOR SUSP	1		PA		SP
DEFERASIROX 180 MG GRANULE PKT	1		PA		SP
DEFERASIROX 180 MG TABLET	1		PA		SP
DEFERASIROX 250 MG TB FOR SUSP	1		PA		SP
DEFERASIROX 360 MG GRANULE PKT	1		PA		SP
DEFERASIROX 360 MG TABLET	1		PA		SP
DEFERASIROX 500 MG TB FOR SUSP	1		PA		SP
DEFERASIROX 90 MG GRANULE PKT	1		PA		SP
DEFERASIROX 90 MG TABLET	1		PA		SP
DEFERIPRONE 1,000 MG TB(3X/DY)	1		PA		SP
DEFERIPRONE 500 MG TABLET	1		PA		SP
DEFLAZACORT 18 MG TABLET	1		PA		SP
DEFLAZACORT 22.75 MG/ML SUSP	1		PA		SP
DEFLAZACORT 30 MG TABLET	1		PA		SP
DEFLAZACORT 36 MG TABLET	1		PA		SP
DEFLAZACORT 6 MG TABLET	1		PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
DELESTROGEN 100 MG/5 ML VIAL	3				
DELESTROGEN 200 MG/5 ML VIAL	3				
DELESTROGEN 50 MG/5 ML VIAL	3				
DELFLEX WITH 1.5% DEXTROSE	3				
DELFLEX WITH 2.5% DEXTROSE	1				
DELFLEX WITH 4.25% DEXTROSE	1				
DELFLEX-2.5% DEXTROSE	3				
DEMECLOCYCLINE 150 MG TABLET	1				
DEMECLOCYCLINE 300 MG TABLET	1				
DEMSER 250 MG CAPSULE	3		PA		
DENAVIR 1% CREAM	3				
DENG VAXIA VIAL	2				
DENG VAXIA VIAL WITH DILUENT	2				
DENTA 5000 PLUS CREAM	1				
DENTA 5000 PLUS SENSITIV PASTE	1				
DENTAGEL 1.1% GEL	1				
DEPAKOTE DR 125 MG SPRINKLE CP	3			ST	
DEPAKOTE DR 125 MG TABLET	3			ST	
DEPAKOTE DR 250 MG TABLET	3			ST	
DEPAKOTE DR 500 MG TABLET	3			ST	
DEPAKOTE ER 250 MG TABLET	3			ST	
DEPAKOTE ER 500 MG TABLET	3			ST	
DEPEN 250 MG TITRATAB	3		PA		
DEPO-ESTRADIOL 5 MG/ML VIAL	2				
DEPO-PROVERA 150 MG/ML SYRINGE	3	QL			
DEPO-PROVERA 150 MG/ML VIAL	3	QL			
DEPO-SUBQ PROVERA 104 SYRINGE	3	QL			
DEPO-TESTOSTERONE 1,000MG/10ML	3		PA		
DEPO-TESTOSTERONE 200 MG/ML	3		PA		
DEPO-TESTOSTERONE 200 MG/ML VL	3		PA		
DERMACINRX LIDOCAN 5% PATCH	1		PA		
DERMA-SMOOTHIE-FS BODY OIL	3			ST	
DERMA-SMOOTHIE-FS SCALP OIL	3			ST	
DERMOTIC OIL 0.01% EAR DROPS	3				
DESCOVY 120-15 MG TABLET	2				
DESCOVY 200-25 MG TABLET	2				
DESFLURANE INHALATION LIQUID	1				
DESIPRAMINE 10 MG TABLET	1				
DESIPRAMINE 100 MG TABLET	1				
DESIPRAMINE 150 MG TABLET	1				
DESIPRAMINE 25 MG TABLET	1				
DESIPRAMINE 50 MG TABLET	1				
DESIPRAMINE 75 MG TABLET	1				
DES Loratadine 2.5 MG ODT	1	QL			
DES Loratadine 5 MG ODT	1	QL			
DES Loratadine 5 MG TABLET	1	QL			
DESMOPRESSIN 0.01% SOLUTION	1				
DESMOPRESSIN 1.5 MG/ML SPRAY	2				
DESMOPRESSIN 10 MCG/0.1 ML SPR	1				
DESMOPRESSIN 40 MCG/10 ML VIAL	1				SP
DESMOPRESSIN AC 4 MCG/ML AMPUL	1				SP
DESMOPRESSIN AC 4 MCG/ML VIAL	1				SP
DESMOPRESSIN ACETATE 0.1 MG TB	1				
DESMOPRESSIN ACETATE 0.2 MG TB	1				
DESOGESTREL-EE 0.15-0.03 MG TB	1				
DESOGESTR-ETH ESTRAD ETH ESTRA	1				
DESONIDE 0.05% CREAM	1				
DESONIDE 0.05% GEL	1			ST	
DESONIDE 0.05% LOTION	1			ST	
DESONIDE 0.05% OINTMENT	1				
DESOWEN 0.05% CREAM	3			ST	
DESOXIMETASONE 0.05% CREAM	1			ST	
DESOXIMETASONE 0.05% GEL	1			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
DESOXIMETASONE 0.05% OINTMENT	1			ST	
DESOXIMETASONE 0.25% CREAM	1			ST	
DESOXIMETASONE 0.25% OINTMENT	1			ST	
DESOXIMETASONE 0.25% SPRAY	1			ST	
DESOXYN 5 MG TABLET	3				
DESRX 0.05% GEL	1			ST	
DESVENLAFAXINE ER 100 MG TAB	3	QL		ST	
DESVENLAFAXINE ER 50 MG TAB	3	QL		ST	
DESVENLAFAXINE SUCCNT ER 100MG	1	QL		ST	
DESVENLAFAXINE SUCCNT ER 25 MG	1	QL		ST	
DESVENLAFAXINE SUCCNT ER 50 MG	1	QL		ST	
DEXABLISS 11 DAY 1.5 MG TAB PK	1			ST	
DEXAMETHASONE 0.1% EYE DROP	1				
DEXAMETHASONE 0.5 MG TABLET	1				
DEXAMETHASONE 0.5 MG/5 ML ELX	1				
DEXAMETHASONE 0.5 MG/5 ML LIQ	1				
DEXAMETHASONE 0.75 MG TABLET	1				
DEXAMETHASONE 1 MG TABLET	1				
DEXAMETHASONE 1.5 MG TABLET	1				
DEXAMETHASONE 10 DAY 1.5 MG TB	1			ST	
DEXAMETHASONE 13 DAY 1.5 MG TB	1			ST	
DEXAMETHASONE 2 MG TABLET	1				
DEXAMETHASONE 4 MG TABLET	1				
DEXAMETHASONE 6 DAY 1.5 MG TAB	1			ST	
DEXAMETHASONE 6 MG TABLET	1				
DEXAMETHASONE INTENSOL 1 MG/ML	1				
DEXAMETHASONE-MOXI 1-5 MG/ML	3				
DEXA-MOXI-KETO 1-0.5-0.4 MG/ML	3				
DEXCHLORPHENIRAMINE 2 MG/5 ML	1				
DEXCOM G4 (PED) RECEIVER KIT	2		PA		
DEXCOM G4 RECEIVER KIT	2		PA		
DEXCOM G4 RECEIVER-SHARE (PED)	2		PA		
DEXCOM G4 RECEIVER-SHARE KIT	2		PA		
DEXCOM G4 TRANSMITTER KIT	2	QL	PA		
DEXCOM G5 RECEIVER KIT	2		PA		
DEXCOM G5 TRANSMITTER KIT	2	QL	PA		
DEXCOM G5-G4 SENSOR KIT	2		PA		
DEXCOM G6 RECEIVER	2	QL	PA		
DEXCOM G6 SENSOR	2	QL	PA		
DEXCOM G6 TRANSMITTER	2	QL	PA		
DEXCOM G7 RECEIVER	2	QL	PA		
DEXCOM G7 SENSOR	2	QL	PA		
DEXCOM RECEIVER KIT	2		PA		
DEXEDRINE SPANSULE 10 MG	3			ST	
DEXEDRINE SPANSULE 15 MG	3			ST	
DEXEDRINE SPANSULE 5 MG	3			ST	
DEXLANSOPRAZOLE DR 30 MG CAP	1	QL		ST	
DEXLANSOPRAZOLE DR 60 MG CAP	1			ST	
DEXMETHYLPHENIDATE 10 MG TAB	1				
DEXMETHYLPHENIDATE 2.5 MG TAB	1				
DEXMETHYLPHENIDATE 5 MG TAB	1				
DEXMETHYLPHENIDATE ER 10 MG CP	1				
DEXMETHYLPHENIDATE ER 15 MG CP	1				
DEXMETHYLPHENIDATE ER 20 MG CP	1				
DEXMETHYLPHENIDATE ER 25 MG CP	1				
DEXMETHYLPHENIDATE ER 30 MG CP	1				
DEXMETHYLPHENIDATE ER 35 MG CP	1				
DEXMETHYLPHENIDATE ER 40 MG CP	1				
DEXMETHYLPHENIDATE ER 5 MG CAP	1				
DEXONTO 0.4% SOLUTION	3				
DEXTENZA 0.4 MG INSERT	3				
DEXTROAMP-AMPHET ER 10 MG CAP	1				
DEXTROAMP-AMPHET ER 15 MG CAP	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
DEXTROAMP-AMPHET ER 20 MG CAP	1				
DEXTROAMP-AMPHET ER 25 MG CAP	1				
DEXTROAMP-AMPHET ER 30 MG CAP	1				
DEXTROAMP-AMPHET ER 5 MG CAP	1				
DEXTROAMP-AMPHETAM 12.5 MG TAB	1				
DEXTROAMP-AMPHETAM 7.5 MG TAB	1				
DEXTROAMP-AMPHETAMIN 10 MG TAB	1				
DEXTROAMP-AMPHETAMIN 15 MG TAB	1				
DEXTROAMP-AMPHETAMIN 20 MG TAB	1				
DEXTROAMP-AMPHETAMIN 30 MG TAB	1				
DEXTROAMP-AMPHETAMINE 5 MG TAB	1				
DEXTROAMPH-AMPHET ER 12.5MG CP	1				
DEXTROAMPH-AMPHET ER 25 MG CAP	1				
DEXTROAMPH-AMPHET ER 37.5MG CP	1				
DEXTROAMPH-AMPHET ER 50 MG CAP	1				
DEXTROAMPHETAMINE 10 MG TAB	1				
DEXTROAMPHETAMINE 15 MG TAB	1				
DEXTROAMPHETAMINE 2.5 MG TAB	1				
DEXTROAMPHETAMINE 20 MG TAB	1				
DEXTROAMPHETAMINE 30 MG TAB	1				
DEXTROAMPHETAMINE 5 MG TAB	1				
DEXTROAMPHETAMINE 5 MG/5 ML	1				
DEXTROAMPHETAMINE 7.5 MG TAB	1				
DEXTROAMPHETAMINE ER 10 MG CAP	1				
DEXTROAMPHETAMINE ER 15 MG CAP	1				
DEXTROAMPHETAMINE ER 5 MG CAP	1				
DEXYCU 9% VIAL	3				
DIACOMIT 250 MG CAPSULE	2		PA		SP
DIACOMIT 250 MG POWDER PACKET	2		PA		SP
DIACOMIT 500 MG CAPSULE	2		PA		SP
DIACOMIT 500 MG POWDER PACKET	2		PA		SP
DIALYVITE 800 TABLET	1				
DIANEAL PD-2 WITH 1.5% DEXT	3				
DIANEAL PD-2 WITH 2.5% DEXT	3				
DIANEAL PD-2 WITH 4.25% DEXT	3				
DIANEAL WITH 1.5% DEXTROSE	3				
DIANEAL WITH 2.5% DEXTROSE	3				
DIANEAL WITH 4.25% DEXTROSE	3				
DIASTAT 2.5 MG PEDI SYSTEM	3				
DIASTAT ACUDIAL 12.5-15-20 MG	3				
DIASTAT ACUDIAL 5-7.5-10 MG KT	3				
DIASTIX REAGENT STRIPS	2				
DIATRUE LEVEL 1 CONTROL SOLN	3				
DIATRUE LEVEL 2 CONTROL SOLN	3				
DIATRUE LEVEL 3 CONTROL SOLN	3				
DIAZEPAM 10 MG RECTAL GEL SYRG	1				
DIAZEPAM 10 MG TABLET	1			ST	
DIAZEPAM 10MG RECTAL GEL (2PK)	1				
DIAZEPAM 2 MG TABLET	1			ST	
DIAZEPAM 2.5MG RECTAL GEL(2PK)	1				
DIAZEPAM 20 MG RECTAL GEL SYRG	1				
DIAZEPAM 20MG RECTAL GEL (2PK)	1				
DIAZEPAM 25 MG/5 ML ORAL CONC	1			ST	
DIAZEPAM 5 MG TABLET	1			ST	
DIAZEPAM 5 MG/5 ML ORAL CUP	1			ST	
DIAZEPAM 5 MG/5 ML SOLUTION	1			ST	
DIAZEPAM 5 MG/ML ORAL CONC	1			ST	
DIAZOXIDE 50 MG/ML ORAL SUSP	1				
DIBENZYLIN 10 MG CAPSULE	3		PA		
DICHLORPHENAMIDE 50 MG TABLET	1		PA		SP
DICLEGIS DR 10-10 MG TABLET	3	QL			
DICLOFENAC 0.1% EYE DROPS	1				
DICLOFENAC 1.5% TOPICAL SOLN	1	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
DICLOFENAC POT 25 MG TABLET	1				
DICLOFENAC POT 50 MG POWDR PKT	1	QL		ST	
DICLOFENAC POT 50 MG TABLET	1				
DICLOFENAC SOD DR 25 MG TAB	1				
DICLOFENAC SOD DR 50 MG TAB	1				
DICLOFENAC SOD DR 75 MG TAB	1				
DICLOFENAC SOD EC 25 MG TAB	1				
DICLOFENAC SOD EC 50 MG TAB	1				
DICLOFENAC SOD EC 75 MG TAB	1				
DICLOFENAC SOD ER 100 MG TAB	1				
DICLOFENAC SODIUM 1% GEL	1	QL		ST	
DICLOFENAC SODIUM 3% GEL	1	QL	PA		
DICLOFENAC-MISOPROST 50-0.2 MG	1				
DICLOFENAC-MISOPROST 75-0.2 MG	1				
DICLOXACILLIN 250 MG CAPSULE	1				
DICLOXACILLIN 500 MG CAPSULE	1				
DICYCLOMINE 10 MG CAPSULE	1				
DICYCLOMINE 10 MG/5 ML SOLN	1				
DICYCLOMINE 20 MG TABLET	1				
DIDANOSINE DR 250 MG CAPSULE	1				
DIDANOSINE DR 400 MG CAPSULE	1				
DIFFERIN 0.1% CREAM	3			ST	
DIFFERIN 0.1% LOTION	3			ST	
DIFFERIN 0.3% GEL PUMP	3			ST	
DIFICID 200 MG TABLET	3	QL			
DIFICID 40 MG/ML SUSPENSION	3	QL			
DIFLORASONE 0.05% CREAM	1	QL		ST	
DIFLORASONE 0.05% OINTMENT	1	QL		ST	
DIFLUCAN 10 MG/ML SUSPENSION	3				
DIFLUCAN 100 MG TABLET	3				
DIFLUCAN 150 MG TABLET	3	QL			
DIFLUCAN 200 MG TABLET	3				
DIFLUCAN 40 MG/ML SUSPENSION	3				
DIFLUCAN 50 MG TABLET	3				
DIFLUNISAL 500 MG TABLET	1				
DIFLUPREDNATE 0.05% EYE DROP	1				
DIGITEK 125 MCG TABLET	1				
DIGITEK 250 MCG TABLET	1				
DIGOX 125 MCG TABLET	1				
DIGOX 250 MCG TABLET	1				
DIGOXIN 0.05 MG/ML SOLUTION	1				
DIGOXIN 0.125 MG TABLET	1				
DIGOXIN 0.25 MG TABLET	1				
DIGOXIN 125 MCG TABLET	1				
DIGOXIN 250 MCG TABLET	1				
DIGOXIN 62.5 MCG TABLET	1				
DILANTIN 100 MG CAPSULE	3				
DILANTIN 125 MG/5 ML SUSP	3				
DILANTIN 30 MG CAPSULE	2				
DILANTIN 50 MG INFATAB	3				
DILATRATE-SR 40 MG CAPSULE	2				
DILAUDID 2 MG TABLET	3		PA		
DILAUDID 4 MG TABLET	3		PA		
DILAUDID 5 MG/5 ML ORAL LIQUID	3		PA		
DILAUDID 8 MG TABLET	3		PA		
DILT XR 120 MG CAPSULE	1				
DILT XR 180 MG CAPSULE	1				
DILT XR 240 MG CAPSULE	1				
DILTIAZEM 120 MG TABLET	1				
DILTIAZEM 12HR ER 120 MG CAP	1				
DILTIAZEM 12HR ER 60 MG CAP	1				
DILTIAZEM 12HR ER 90 MG CAP	1				
DILTIAZEM 24H ER(CD) 120 MG CP	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
DILTIAZEM 24H ER(CD) 180 MG CP	1				
DILTIAZEM 24H ER(CD) 240 MG CP	1				
DILTIAZEM 24H ER(CD) 300 MG CP	1				
DILTIAZEM 24H ER(CD) 360 MG CP	1				
DILTIAZEM 24H ER(LA) 120 MG TB	1				
DILTIAZEM 24H ER(LA) 180 MG TB	1				
DILTIAZEM 24H ER(LA) 240 MG TB	1				
DILTIAZEM 24H ER(LA) 300 MG TB	1				
DILTIAZEM 24H ER(LA) 360 MG TB	1				
DILTIAZEM 24H ER(LA) 420 MG TB	1				
DILTIAZEM 24H ER(XR) 120 MG CP	1				
DILTIAZEM 24H ER(XR) 180 MG CP	1				
DILTIAZEM 24H ER(XR) 240 MG CP	1				
DILTIAZEM 24HR ER 120 MG CAP	1				
DILTIAZEM 24HR ER 180 MG CAP	1				
DILTIAZEM 24HR ER 240 MG CAP	1				
DILTIAZEM 24HR ER 300 MG CAP	1				
DILTIAZEM 24HR ER 360 MG CAP	1				
DILTIAZEM 24HR ER 420 MG CAP	1				
DILTIAZEM 30 MG TABLET	1				
DILTIAZEM 60 MG TABLET	1				
DILTIAZEM 90 MG TABLET	1				
DILUENT FOR EPOPROSTENOL VIAL	1				SP
DIMETHYL FUMARATE 30D START PK	1	QL	PA		SP
DIMETHYL FUMARATE DR 120 MG CP	1	QL	PA		SP
DIMETHYL FUMARATE DR 240 MG CP	1	QL	PA		SP
DIPHENOXYLAT-ATROP 2.5-0.025/5	1				
DIPHENOXYLATE-ATROP 2.5-0.025	1				
DIPHThERIA-TETANUS TOXOIDS-PED	2				
DIPROLENE 0.05% OINTMENT	3			ST	
DIPYRIDAMOLE 25 MG TABLET	1				
DIPYRIDAMOLE 50 MG TABLET	1				
DIPYRIDAMOLE 75 MG TABLET	1				
DISALCID 500 MG TABLET	3				
DISALCID 750 MG TABLET	3				
DISCOVISC DISP SYRINGE	3				
DISKETS 40 MG TABLET DISPR	1		PA		
DISOPYRAMIDE 100 MG CAPSULE	1				
DISOPYRAMIDE 150 MG CAPSULE	1				
DISULFIRAM 250 MG TABLET	1				
DISULFIRAM 500 MG TABLET	1				
DITROPAN XL 10 MG TABLET	3			ST	
DITROPAN XL 5 MG TABLET	3			ST	
DIURIL 250 MG/5 ML ORAL SUSP	3				
DIVALPROEX DR 125 MG CAP SPRNK	1				
DIVALPROEX SOD DR 125 MG TAB	1				
DIVALPROEX SOD DR 250 MG TAB	1				
DIVALPROEX SOD DR 500 MG TAB	1				
DIVALPROEX SOD ER 250 MG TAB	1				
DIVALPROEX SOD ER 500 MG TAB	1				
DODEX 1,000 MCG/ML VIAL	1				
DODEX 10,000 MCG/10 ML VIAL	1				
DODEX 30,000 MCG/30 ML VIAL	1				
DOFETILIDE 125 MCG CAPSULE	1				
DOFETILIDE 250 MCG CAPSULE	1				
DOFETILIDE 500 MCG CAPSULE	1				
DOJOLVI LIQUID	3		PA		SP
DOLISHALE 90-20 MCG TABLET	1				
DONEPEZIL HCL 10 MG TABLET	1				
DONEPEZIL HCL 23 MG TABLET	1			ST	
DONEPEZIL HCL 5 MG TABLET	1				
DONEPEZIL HCL ODT 10 MG TABLET	1				
DONEPEZIL HCL ODT 5 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
DONNATAL ELIXIR	3				
DONNATAL ELIXIR 5 ML CUP	3				
DONNATAL TABLET	3				
DOPTelet (10 TAB PK) 20 MG TAB	2	QL	PA		SP
DOPTelet (15 TAB PK) 20 MG TAB	2	QL	PA		SP
DOPTelet (30 TAB PK) 20 MG TAB	2	QL	PA		SP
DORZOLAMIDE 2% EYE DROP	3				
DORZOLAMIDE HCL 2% EYE DROPS	1				
DORZOLAMIDE-TIMOLOL 2%-0.5%	1				
DORZOLAMIDE-TIMOLOL EYE DROPS	1				
DOTTI 0.025 MG PATCH	1	QL			
DOTTI 0.0375 MG PATCH	1	QL			
DOTTI 0.05 MG PATCH	1	QL			
DOTTI 0.075 MG PATCH	1	QL			
DOTTI 0.1 MG PATCH	1	QL			
DOVATO 50-300 MG TABLET	2				
DOVER BULB SYRINGE 60 ML	3				
DOVONEX 0.005% CREAM	3	QL		ST	
DOXAZOSIN MESYLATE 1 MG TAB	1	QL			
DOXAZOSIN MESYLATE 2 MG TAB	1	QL			
DOXAZOSIN MESYLATE 4 MG TAB	1	QL			
DOXAZOSIN MESYLATE 8 MG TAB	1	QL			
DOXEPIN 10 MG CAPSULE	1				
DOXEPIN 10 MG/ML ORAL CONC	1				
DOXEPIN 100 MG CAPSULE	1				
DOXEPIN 150 MG CAPSULE	1				
DOXEPIN 25 MG CAPSULE	1				
DOXEPIN 5% CREAM	1	QL		ST	
DOXEPIN 50 MG CAPSULE	1				
DOXEPIN 75 MG CAPSULE	1				
DOXEPIN HCL 3 MG TABLET	1	QL		ST	
DOXEPIN HCL 6 MG TABLET	1	QL		ST	
DOXERCALCIFEROL 0.5 MCG CAP	1				
DOXERCALCIFEROL 1 MCG CAPSULE	1				
DOXERCALCIFEROL 2.5 MCG CAP	1				
DOXYCYCLINE 25 MG/5 ML SUSP	1				
DOXYCYCLINE 50 MG TABLET	1			ST	
DOXYCYCLINE HYC DR 100 MG TAB	1			ST	
DOXYCYCLINE HYC DR 150 MG TAB	1			ST	
DOXYCYCLINE HYC DR 200 MG TAB	1			ST	
DOXYCYCLINE HYC DR 50 MG TAB	1			ST	
DOXYCYCLINE HYC DR 75 MG TAB	1			ST	
DOXYCYCLINE HYCLATE 100 MG CAP	1				
DOXYCYCLINE HYCLATE 100 MG TAB	1				
DOXYCYCLINE HYCLATE 150 MG TAB	1			ST	
DOXYCYCLINE HYCLATE 20 MG TAB	1				
DOXYCYCLINE HYCLATE 50 MG CAP	1				
DOXYCYCLINE HYCLATE 75 MG TAB	1			ST	
DOXYCYCLINE MONO 100 MG CAP	1				
DOXYCYCLINE MONO 100 MG TABLET	1				
DOXYCYCLINE MONO 150 MG CAP	1			ST	
DOXYCYCLINE MONO 150 MG TABLET	1				
DOXYCYCLINE MONO 50 MG CAP	1				
DOXYCYCLINE MONO 50 MG TABLET	1				
DOXYCYCLINE MONO 75 MG CAPSULE	1				
DOXYCYCLINE MONO 75 MG TABLET	1				
DOXYLAMINE-PYRIDOXINE 10-10 MG	1	QL			
D-PENAMINE 125 MG TABLET	2		PA		
DRISDOL 1.25 MG (50,000 UNIT)	3				
DRONABINOL 10 MG CAPSULE	1		PA		
DRONABINOL 2.5 MG CAPSULE	1		PA		
DRONABINOL 5 MG CAPSULE	1		PA		
DROPLET 30G LANCETS	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
DROPLET GENTEEL LANCING DEVICE	2				
DROPLET LANCING DEVICE	2				
DROPSAFE SICURA NDL 25G 25MM	3				
DROSP-EE-LEVOMEF 3-0.02-0.451	1				
DROSP-EE-LEVOMEF 3-0.03-0.451	1				
DROSPIRENONE-EE 3-0.02 MG TAB	1				
DROSPIRENONE-EE 3-0.03 MG TAB	1				
DROXIA 200 MG CAPSULE	2				
DROXIA 300 MG CAPSULE	2				
DROXIA 400 MG CAPSULE	2				
DROXIDOPA 100 MG CAPSULE	1		PA		SP
DROXIDOPA 200 MG CAPSULE	1		PA		SP
DROXIDOPA 300 MG CAPSULE	1		PA		SP
DSUVIA 30 MCG SUBLINGUAL TAB	3				
DUAVEE 0.45-20 MG TABLET	2				
DUET DHA 400 COMBO PACK	3				
DUET DHA BALANCED (25 MG IRON)	3				
DUETACT 30-2 MG TABLET	3	QL			
DUETACT 30-4 MG TABLET	3	QL			
DULCOLAX 1,200 MG/15 ML LIQUID	1				
DULERA 100 MCG-5 MCG INHALER	2	QL		ST	
DULERA 200 MCG-5 MCG INHALER	2	QL		ST	
DULERA 50 MCG-5 MCG INHALER	2	QL		ST	
DULOXETINE HCL DR 20 MG CAP	1	QL			
DULOXETINE HCL DR 30 MG CAP	1	QL			
DULOXETINE HCL DR 40 MG CAP	1	QL		ST	
DULOXETINE HCL DR 60 MG CAP	1	QL			
DUOBRII 0.01%-0.045% LOTION	3	QL		ST	
DUOPA 4.63 MG-20 MG/ML SUSPENS	3		PA		SP
DUOVISC VISCOELASTIC SYSTEM	3				
DUPIXENT 100 MG/0.67 ML SYRING	2	QL	PA		SP
DUPIXENT 200 MG/1.14 ML PEN	2	QL	PA		SP
DUPIXENT 200 MG/1.14 ML SYRING	2	QL	PA		SP
DUPIXENT 300 MG/2 ML PEN	2	QL	PA		SP
DUPIXENT 300 MG/2 ML SYRINGE	2	QL	PA		SP
DURAGESIC 100 MCG/HR PATCH	3	QL	PA		
DURAGESIC 12 MCG/HR PATCH	3	QL	PA		
DURAGESIC 25 MCG/HR PATCH	3	QL	PA		
DURAGESIC 50 MCG/HR PATCH	3	QL	PA		
DURAGESIC 75 MCG/HR PATCH	3	QL	PA		
DUREX AVANTI REAL FEEL CONDOM	3				
DUREX EXTRA SENSITIVE CONDOM	3				
DUREX TROPICAL CONDOM	3				
DURLAZA ER 162.5 MG CAPSULE	3			ST	
DUTASTERIDE 0.5 MG CAPSULE	1		PA		
DUTASTERIDE-TAMSULOSIN 0.5-0.4	1		PA		
DVORAH 325-30-16 MG TABLET	1		PA		
DXEVO 11 DAY 1.5 MG TABLET PK	3			ST	
DYRENIUM 100 MG CAPSULE	3				
DYRENIUM 50 MG CAPSULE	3				
E.E.S. 200 MG/5 ML SUSPENSION	3				
E.E.S. 400 MG TABLET	1				
EASIVENT HOLDING CHAMBER	2				
EASIVENT MASK-LARGE	2				
EASIVENT MASK-MEDIUM	2				
EASIVENT MASK-SMALL	2				
EASY COMFORT 30G LANCETS	2				
EASY GLIDE CATH TIP 60 ML SYRN	3				
EASY GLIDE LUER LOCK 1 ML SYR	3				
EASY GLIDE LUER LOCK 10 ML SYR	3				
EASY GLIDE LUER LOCK 3 ML SYR	3				
EASY GLIDE LUER LOCK 60 ML SYR	3				
EASY GLIDE LUER SLIP TB 1 ML	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
EASY MINI EJECT LANCING DEVICE	2				
EASY PLUS II CONTROL SOLN HIGH	3				
EASY PLUS II CONTROL SOLN LOW	3				
EASY STEP CONTRL SOLN-HIGH	3				
EASY STEP CONTROL SOLN-LOW	3				
EASY STEP CONTROL SOLN-NORMAL	3				
EASY TALK CONTROL SOLN LOW	3				
EASY TALK HIGH CONTROL SOLN	3				
EASY TALK PLUS II HIGH CONTROL	3				
EASY TALK PLUS II LOW CTRL SLN	3				
EASY TOUCH BLULINK CTRL SOLN	3				
EASY TOUCH FLIPLK 10ML 18GX1.5	3				
EASY TOUCH FLIPLK 10ML 20GX1.5	3				
EASY TOUCH FLIPLK 10ML 21GX1.5	3				
EASY TOUCH FLIPLK 10ML 22GX1.5	3				
EASY TOUCH FLIPLK 5 ML 20GX1.5	3				
EASY TOUCH FLIPLK 5 ML 21GX1.5	3				
EASY TOUCH FLIPLK 5 ML 22GX1.5	3				
EASY TOUCH FLIPLK 5 ML 25GX5/8	3				
EASY TOUCH FLIPLK NDL 30GX5/16	3				
EASY TOUCH FLIPLK NDL 31GX5/16	3				
EASY TOUCH FLIPLK 1 ML 25GX1	2				
EASY TOUCH FLIPLK 10ML 21GX1	3				
EASY TOUCH FLIPLK 3 ML 18GX1	3				
EASY TOUCH FLIPLK 3 ML 19GX1	3				
EASY TOUCH FLIPLK 3 ML 20GX1	3				
EASY TOUCH FLIPLK 3 ML 21GX1	3				
EASY TOUCH FLIPLK 3 ML 22GX1	3				
EASY TOUCH FLIPLK 3 ML 23GX1	3				
EASY TOUCH FLIPLK 3 ML 25GX1	3				
EASY TOUCH FLIPLK 5 ML 18GX1	3				
EASY TOUCH FLIPLK 5 ML 21GX1	3				
EASY TOUCH FLIPLK 5 ML 25GX1	3				
EASY TOUCH FLIPLK NDL 18GX1"	3				
EASY TOUCH FLIPLK NDL 19GX1"	3				
EASY TOUCH FLIPLK NDL 20GX1"	3				
EASY TOUCH FLIPLK NDL 21GX1"	3				
EASY TOUCH FLIPLK NDL 22GX1"	3				
EASY TOUCH FLIPLK NDL 23GX1"	3				
EASY TOUCH FLIPLK NDL 25GX1"	3				
EASY TOUCH FLIPLK NDL 26GX1"	3				
EASY TOUCH FLIPLK NDL 27GX1"	3				
EASY TOUCH FLIPLK SYR 20GX1"	3				
EASY TOUCH FLIPLK 10 ML 18GX1	3				
EASY TOUCH FLIPLK 10 ML 20GX1	3				
EASY TOUCH FLIPLK 10 ML 25GX1	3				
EASY TOUCH FLIPLK 1ML 26GX3/8	2				
EASY TOUCH FLIPLK 1ML 27GX0.5	2				
EASY TOUCH FLIPLK 3ML 18GX1.5	3				
EASY TOUCH FLIPLK 3ML 19GX1.5	3				
EASY TOUCH FLIPLK 3ML 20GX1.5	3				
EASY TOUCH FLIPLK 3ML 21GX1.5	3				
EASY TOUCH FLIPLK 3ML 22GX1.5	3				
EASY TOUCH FLIPLK 3ML 23GX1.5	3				
EASY TOUCH FLIPLK 3ML 25GX5/8	3				
EASY TOUCH FLIPLK NDL 18GX1.5	3				
EASY TOUCH FLIPLK NDL 19GX1.5	3				
EASY TOUCH FLIPLK NDL 20GX1.5	3				
EASY TOUCH FLIPLK NDL 21GX1.5	3				
EASY TOUCH FLIPLK NDL 22GX1.5	3				
EASY TOUCH FLIPLK NDL 22GX3/4	3				
EASY TOUCH FLIPLK NDL 23GX1.5	3				
EASY TOUCH FLIPLK NDL 23GX5/8	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
EASY TOUCH FLIPLOK NDL 25GX1.5	3				
EASY TOUCH FLIPLOK NDL 25GX5/8	3				
EASY TOUCH FLIPLOK NDL 26GX1/2	3				
EASY TOUCH FLIPLOK NDL 27GX1/2	3				
EASY TOUCH FLIPLOK NDL 28GX1/2	3				
EASY TOUCH FLIPLOK NDL 29GX1/2	3				
EASY TOUCH FLIPLOK NDL 30GX1/2	3				
EASY TOUCH FLURING 1ML 25GX5/8	2				
EASY TOUCH FLURINGE 1 ML 25GX1	2				
EASY TOUCH FLURINGE 25GX1 1 ML	3				
EASY TOUCH FLURINGE 25GX5/8"	2				
EASY TOUCH HIGH-LOW CTRL SOLN	3				
EASY TOUCH HYPODERMIC 16GX1"	3				
EASY TOUCH HYPODERMIC 16GX1.5"	3				
EASY TOUCH HYPODERMIC 18GX1"	3				
EASY TOUCH HYPODERMIC 18GX1.25	3				
EASY TOUCH HYPODERMIC 18GX1.5"	3				
EASY TOUCH HYPODERMIC 19GX1"	3				
EASY TOUCH HYPODERMIC 19GX1.5"	3				
EASY TOUCH HYPODERMIC 20GX1"	3				
EASY TOUCH HYPODERMIC 20GX1.5"	3				
EASY TOUCH HYPODERMIC 21GX1"	3				
EASY TOUCH HYPODERMIC 21GX1.5"	3				
EASY TOUCH HYPODERMIC 22GX1"	3				
EASY TOUCH HYPODERMIC 22GX1.5"	3				
EASY TOUCH HYPODERMIC 23GX1"	3				
EASY TOUCH HYPODERMIC 23GX1.25	3				
EASY TOUCH HYPODERMIC 23GX1.5"	3				
EASY TOUCH HYPODERMIC 23GX3/4"	3				
EASY TOUCH HYPODERMIC 24GX1"	3				
EASY TOUCH HYPODERMIC 24GX1.25	3				
EASY TOUCH HYPODERMIC 25GX1"	3				
EASY TOUCH HYPODERMIC 25GX1.5"	3				
EASY TOUCH HYPODERMIC 25GX5/8"	3				
EASY TOUCH HYPODERMIC 26GX1/2"	3				
EASY TOUCH HYPODERMIC 26GX3/8"	3				
EASY TOUCH HYPODERMIC 26GX5/8"	3				
EASY TOUCH HYPODERMIC 27GX1.25	3				
EASY TOUCH HYPODERMIC 27GX1.5"	3				
EASY TOUCH HYPODERMIC 27GX1/2"	3				
EASY TOUCH HYPODERMIC 30GX1"	3				
EASY TOUCH HYPODERMIC 30GX1/2"	3				
EASY TOUCH HYPODERMIC 31GX5/16	3				
EASY TOUCH HYPODERMIC 32GX5/16	3				
EASY TOUCH LANCING DEVICE	2				
EASY TOUCH LUER LOCK 1 ML SYR	3				
EASY TOUCH LUER LOCK 10 ML SYR	3				
EASY TOUCH LUER LOCK 20 ML SYR	3				
EASY TOUCH LUER LOCK 3 ML SYR	3				
EASY TOUCH LUER LOCK 5 ML SYR	3				
EASY TOUCH LUER LOCK 60 ML SYR	3				
EASY TOUCH PULL-TOP 26G LANCET	2				
EASY TOUCH PULL-TOP 28G LANCET	2				
EASY TOUCH PULL-TOP 30G LANCET	2				
EASY TOUCH PULL-TOP 32G LANCET	2				
EASY TOUCH SAFETY 21G LANCETS	2				
EASY TOUCH SAFETY 23G LANCETS	2				
EASY TOUCH SAFETY 26G LANCETS	2				
EASY TOUCH SAFETY 28G LANCETS	2				
EASY TOUCH SAFETY 30G LANCETS	2				
EASY TOUCH SAFETY 32G LANCETS	2				
EASY TOUCH SHEATH 10 ML 25GX1"	3				
EASY TOUCH SHEATH 10ML 21GX1.5	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
EASY TOUCH SHEATH 10ML 22GX1.5	3				
EASY TOUCH SHEATH 3 ML 21GX1"	3				
EASY TOUCH SHEATH 3 ML 21GX1.5	3				
EASY TOUCH SHEATH 3 ML 22GX1"	3				
EASY TOUCH SHEATH 3 ML 22GX1.5	3				
EASY TOUCH SHEATH 3 ML 23GX1"	3				
EASY TOUCH SHEATH 3 ML 25GX1"	3				
EASY TOUCH SHEATH 3 ML 25GX5/8	3				
EASY TOUCH SHEATH 5 ML 21GX1.5	3				
EASY TOUCH SHEATH 5 ML 22GX1.5	3				
EASY TOUCH SHEATH 5 ML 25GX1"	3				
EASY TOUCH SHEATHLOCK 10ML SYR	3				
EASY TOUCH SHEATHLOCK 3 ML SYR	3				
EASY TOUCH SYR 1 ML 25GX5/8"	2				
EASY TOUCH SYR 26GX3/8" 1 ML	3				
EASY TOUCH SYR 27GX1/2" 1 ML	3				
EASY TOUCH SYR 3 ML 22GX1-1/2"	2				
EASY TOUCH SYR 3 ML 25GX5/8"	2				
EASY TOUCH SYRINGE 1 ML 25GX1"	2				
EASY TOUCH SYRINGE 3 ML 20GX1"	2				
EASY TOUCH SYRINGE 3 ML 21GX1"	2				
EASY TOUCH SYRINGE 3 ML 22GX1"	2				
EASY TOUCH SYRINGE 3 ML 23GX1"	2				
EASY TOUCH SYRINGE 3 ML 25GX1"	2				
EASY TOUCH TB FLP 1 ML 26GX5/8	2				
EASY TOUCH TB FLP 1 ML 27GX1/2	2				
EASY TOUCH TB FLP 1 ML 28GX1/2	2				
EASY TOUCH TB SHLK 1ML 25GX5/8	2				
EASY TOUCH TB SHLK 1ML 26GX5/8	2				
EASY TOUCH TB SHLK 1ML 27GX1/2	2				
EASY TOUCH TB SHLK 1ML 28GX1/2	2				
EASY TOUCH TWIST 26G LANCETS	2				
EASY TOUCH TWIST 28G LANCETS	2				
EASY TOUCH TWIST 30G LANCETS	2				
EASY TOUCH TWIST 32G LANCETS	2				
EASY TOUCH TWIST 33G LANCETS	2				
EASY TOUCH UNI-SLIP 10 ML SYR	3				
EASY TOUCH UNI-SLIP 3 ML SYR	3				
EASY TOUCH UNI-SLIP 5 ML SYR	3				
EASY TRAK CONTROL SOLN HIGH	3				
EASY TRAK CONTROL SOLN LOW	3				
EASY TRAK II CTRL SOLN-NORMAL	3				
EASY TWIST & CAP 28G LANCETS	2				
EASYGLUCO PLUS CTRL SOL NORMAL	3				
EASYMAX 15 LEVEL 2 SOLUTION	3				
EASYMAX NORMAL CONTROL SOLN	3				
EASYPOINT NEEDLE 18G X 1"	3				
EASYPOINT NEEDLE 18G X 1-1/2"	3				
EASYPOINT NEEDLE 20G X 1"	3				
EASYPOINT NEEDLE 20G X 1-1/2"	3				
EASYPOINT NEEDLE 21G X 1"	3				
EASYPOINT NEEDLE 21G X 1-1/2"	3				
EASYPOINT NEEDLE 22G X 1"	3				
EASYPOINT NEEDLE 22G X 1-1/2"	3				
EASYPOINT NEEDLE 23G X 1"	3				
EASYPOINT NEEDLE 25G 1.5"	3				
EASYPOINT NEEDLE 25G 16MM	3				
EASYPOINT NEEDLE 25G X 1"	3				
EASYPOINT NEEDLE 25G X 5/8"	3				
EBGLYSS 250 MG/2 ML PEN	2	QL	PA		SP
EBGLYSS 250 MG/2 ML SYRINGE	2		PA		SP
EC-NAPROSYN EC 375 MG TABLET	3			ST	
EC-NAPROSYN EC 500 MG TABLET	3			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
EC-NAPROXEN DR 375 MG TABLET	1				
EC-NAPROXEN DR 500 MG TABLET	1				
ECONAZOLE NITRATE 1% CREAM	1	QL			
ECONTRA EZ 1.5 MG TABLET	1	QL			
ECONTRA ONE-STEP 1.5 MG TABLET	1	QL			
ECOTRIN EC 81 MG TABLET	1				
EDECIN 25 MG TABLET	3			ST	
EDLUAR 10 MG SL TABLET	3	QL		ST	
EDLUAR 5 MG SL TABLET	3	QL		ST	
ED-SPAZ 0.125 MG ODT	1				
EDURANT 25 MG TABLET	2				
EEMT DS 1.25-2.5 MG TABLET	1				
EEMT HS 0.625-1.25 MG TABLET	1				
EFAVIR-EMTRI-TENOF 600-200-300	1				
EFAVIRENZ 200 MG CAPSULE	1				
EFAVIRENZ 50 MG CAPSULE	1				
EFAVIRENZ 600 MG TABLET	1				
EFAVIR-LAMIV-TENOF 400-300-300	1				
EFAVIR-LAMIV-TENOF 600-300-300	1				
EFFER-K 10 MEQ TABLET EFF	3				
EFFER-K 20 MEQ TABLET EFF	3				
EFFER-K 25 MEQ TABLET EFF	1				
EFFIENT 10 MG TABLET	3				
EFFIENT 5 MG TABLET	3				
EFUDEX 5% CREAM	3				
EGRIFTA SV 2 MG VIAL	2		PA		SP
ELEMENT COMPACT SOLN HIGH	3				
ELEMENT COMPACT SOLN NORMAL	3				
ELEMENT CONTROL SOLN NORMAL	3				
ELEMENT CONTROL SOLUTION HIGH	3				
ELEMENT CONTROL SOLUTION LOW	3				
ELEPSIA XR 1,000 MG TABLET	3			ST	
ELEPSIA XR 1,500 MG TABLET	3			ST	
ELETRIPTAN HBR 20 MG TABLET	1	QL			
ELETRIPTAN HBR 40 MG TABLET	1	QL			
ELFABRIO 20 MG/10 ML VIAL	2		PA		SP
ELFABRIO 5 MG/2.5 ML VIAL	2		PA		SP
ELIGARD 22.5 MG SYRINGE KIT	2		PA		SP
ELIGARD 30 MG SYRINGE KIT	2		PA		SP
ELIGARD 45 MG SYRINGE KIT	2		PA		SP
ELIGARD 7.5 MG SYRINGE KIT	2		PA		SP
ELIMITE 5% CREAM	3				
ELINEST-28 TABLET	1				
ELIQUIS 2.5 MG TABLET	2		PA		
ELIQUIS 5 MG TABLET	2		PA		
ELIQUIS DVT-PE TREAT START 5MG	2		PA		
ELITE-OB CAPLET	1				
ELIXOPHYLLIN 80 MG/15 ML ELIX	3				
ELLA 30 MG TABLET	2	QL			
ELMIRON 100 MG CAPSULE	2				
ELURYNG VAGINAL RING	1				
ELZONRIS 1,000 MCG/ML VIAL	2		PA		SP
EMBRACE 21G SAFETY LANCET	2				
EMBRACE 28G SAFETY LANCET	2				
EMBRACE 30G LANCETS	2				
EMBRACE EVO LEVEL 1 CTRL SOLN	3				
EMBRACE GLUC CONTROL SOLN HIGH	3				
EMBRACE GLUC CONTROL SOLN LOW	3				
EMBRACE LANCING DEVICE	2				
EMBRACE PRO CONTROL SOLUTION	3				
EMBRACE TALK CTRL SOL-HIGH(L2)	3				
EMBRACE TALK CTRL SOLN-LOW(L1)	3				
EMCYT 140 MG CAPSULE	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
EMGALITY 100 MG/ML SYR(1 OF 3)	2	QL	PA		
EMGALITY 120 MG/ML PEN	2	QL	PA		
EMGALITY 120 MG/ML SYRINGE	2	QL	PA		
EMGALITY 300 MG (100 MG X3SYR)	2	QL	PA		
EMOQUETTE 28 DAY TABLET	1				
EMPAVELI 1,080 MG/20 ML VIAL	2		PA		SP
EMSAM 12 MG/24 HOURS PATCH	3				
EMSAM 6 MG/24 HOURS PATCH	3				
EMSAM 9 MG/24 HOURS PATCH	3				
EMTRICITABINE 200 MG CAPSULE	1				
EMTRICITABINE-TENOFV 100-150MG	1				
EMTRICITABINE-TENOFV 133-200MG	1				
EMTRICITABINE-TENOFV 167-250MG	1				
EMTRICITABINE-TENOFV 200-300MG	1				
EMTRIVA 10 MG/ML SOLUTION	2				
EMTRIVA 200 MG CAPSULE	3				
EMVERM 100 MG TABLET CHEW	2	QL			
EMZAHH 0.35 MG TABLET	1				
ENALAPRIL 1 MG/ML ORAL SOLN	1				
ENALAPRIL MALEATE 10 MG TAB	1				
ENALAPRIL MALEATE 2.5 MG TAB	1				
ENALAPRIL MALEATE 20 MG TAB	1				
ENALAPRIL MALEATE 5 MG TABLET	1				
ENALAPRIL-HCTZ 10-25 MG TABLET	1				
ENALAPRIL-HCTZ 5-12.5 MG TAB	1				
ENBRACE HR SOFTGEL	3				
ENBREL 25 MG KIT	2	QL	PA		SP
ENBREL 25 MG/0.5 ML SYRINGE	2	QL	PA		SP
ENBREL 25 MG/0.5 ML VIAL	2	QL	PA		SP
ENBREL 50 MG/ML MINI CARTRIDGE	2	QL	PA		SP
ENBREL 50 MG/ML SURECLICK	2	QL	PA		SP
ENBREL 50 MG/ML SYRINGE	2	QL	PA		SP
ENDARI 5 GRAM POWDER PACKET	3		PA		SP
ENDO-AVITENE 10MM SHEET	3				
ENDO-AVITENE 5MM SHEET	3				
ENDOCET 10-325 MG TABLET	1		PA		
ENDOCET 2.5-325 MG TABLET	1		PA		
ENDOCET 5-325 MG TABLET	1		PA		
ENDOCET 7.5-325 MG TABLET	1		PA		
ENFAMIL 5% GLUCOSE IN WATER	2				
ENFIT SYRINGE 0.5 ML	3				
ENFIT SYRINGE 10 ML	3				
ENFIT SYRINGE 20 ML	3				
ENGERIX-B 20 MCG/ML SYRN	2				
ENGERIX-B 20 MCG/ML VIAL	2				
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2				
ENILLORING VAGINAL RING	1				
ENLITE GLUCOSE SENSOR	3				
ENLITE SERTER	3				
ENLITE SYSTEM KIT	3				
ENOXAPARIN 100 MG/ML SYRINGE	1				SP
ENOXAPARIN 120 MG/0.8 ML SYR	1				SP
ENOXAPARIN 150 MG/ML SYRINGE	1				SP
ENOXAPARIN 30 MG/0.3 ML SYR	1				SP
ENOXAPARIN 300 MG/3 ML VIAL	1				SP
ENOXAPARIN 40 MG/0.4 ML SYR	1				SP
ENOXAPARIN 60 MG/0.6 ML SYR	1				SP
ENOXAPARIN 80 MG/0.8 ML SYR	1				SP
ENPRESSE-28 TABLET	1				
ENSKYCE 28 TABLET	1				
ENSPRYNG 120 MG/ML SYRINGE	2		PA		SP
ENSTILAR 0.005%-0.064% FOAM	2	QL		ST	
ENTACAPONE 200 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ENTECAVIR 0.5 MG TABLET	1				
ENTECAVIR 1 MG TABLET	1				
ENTEREG 12 MG CAPSULE	3				
ENTOCORT EC 3 MG CAPSULE	3				
ENTRESTO 24 MG-26 MG TABLET	2	QL			
ENTRESTO 49 MG-51 MG TABLET	2	QL			
ENTRESTO 97 MG-103 MG TABLET	2	QL			
ENTRESTO SPRINKLE 15-16 MG PLT	2	QL			
ENTRESTO SPRINKLE 6-6MG PELLETT	2	QL			
ENULOSE 10 GM/15 ML SOLUTION	1				
ENZOCLEAR 9.8% FOAM	3			ST	
EPCLUSA 150-37.5 MG PELLETT PKT	2	QL	PA		SP
EPCLUSA 200 MG-50 MG TABLET	2	QL	PA		SP
EPCLUSA 200-50 MG PELLETT PACK	2	QL	PA		SP
EPCLUSA 400 MG-100 MG TABLET	2	QL	PA		SP
EPIDIOLEX 100 MG/ML SOLN PACK	2		PA		SP
EPIDIOLEX 100 MG/ML SOLUTION	2		PA		SP
EPIDUO 0.1-2.5% GEL PUMP	3			ST	
EPIDUO FORTE 0.3-2.5% GEL PUMP	3			ST	
EPIFOAM FOAM	3			ST	
EPINASTINE HCL 0.05% EYE DROPS	1				
EPINEPH-LIDO 0.25-7.5MG/ML-BSS	3				
EPINEPHRINE 0.15 MG AUTO-INJCT	1	QL			
EPINEPHRINE 0.3 MG AUTO-INJECT	1	QL			
EPINEPHRINE 10 MG/10 ML NASAL	1				
EPINEPHRINE 30 MG/30 ML NASAL	1				
EPIPEN 0.3 MG AUTO-INJECTOR	2	QL			
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	2	QL			
EPIPEN JR 0.15 MG AUTO-INJECTR	2	QL			
EPIPEN JR 2-PAK 0.15 MG INJCTR	2	QL			
EPISIL LIQUID	3				
EPITOL 200 MG TABLET	1				
EPIVIR 10 MG/ML ORAL SOLN	3				
EPIVIR 150 MG TABLET	3				
EPIVIR 300 MG TABLET	3				
EPIVIR HBV 100 MG TABLET	3				
EPIVIR HBV 25 MG/5 ML SOLN	2				
EPLERENONE 25 MG TABLET	1				
EPLERENONE 50 MG TABLET	1				
EPOPROSTENOL SODIUM 0.5 MG VL	1		PA		SP
EPOPROSTENOL SODIUM 1.5 MG VL	1		PA		SP
EPROSARTAN MESYLATE 600 MG TAB	1				
EPSOLAY 5% CREAM PUMP	3			ST	
EPZICOM TABLET	3				
EQ ASPIRIN 81 MG CHEWABLE TAB	1				
EQ ASPIRIN EC 81 MG TABLET	1				
EQ CLEARLAX POWDER	1				
EQ MAGNESIUM CITRATE SOLUTION	1				
EQ SPACE CHAMBER	2				
EQ SPACE CHAMBER-LARGE MASK	2				
EQ SPACE CHAMBER-MEDIUM MASK	2				
EQ SPACE CHAMBER-SMALL MASK	2				
EQL ASPIRIN 81 MG CHEWABLE TAB	1				
EQL ASPIRIN EC 81 MG TABLET	1				
EQL CLEARLAX POWDER	1				
EQL GENTLE LAXATIVE EC 5 MG TB	1				
EQL MICRO THIN 33G LANCETS	2				
EQUETRO 100 MG CAPSULE	3				
EQUETRO 200 MG CAPSULE	3				
EQUETRO 300 MG CAPSULE	3				
ERGOLOID MESYLATES 1 MG TAB	1				
ERGOMAR 2 MG TABLET SL	3				
ERGOTAMINE-CAFFEINE 1-100MG TB	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ERIVEDGE 150 MG CAPSULE	2	QL	PA		SP
ERLEADA 240 MG TABLET	2	QL	PA		SP
ERLEADA 60 MG TABLET	2	QL	PA		SP
ERLOTINIB HCL 100 MG TABLET	1	QL	PA		SP
ERLOTINIB HCL 150 MG TABLET	1	QL	PA		SP
ERLOTINIB HCL 25 MG TABLET	1	QL	PA		SP
ERMEZA 150 MCG/5 ML SOLUTION	3				
ERRIN 0.35 MG TABLET	1				
ERVEBO 1 ML VIAL (STOCKPILE)	2				
ERY 2% PADS	1				
ERYGEL 2% GEL	1				
ERYPED 200 MG/5 ML SUSPENSION	3				
ERYPED 400 MG/5 ML SUSPENSION	3				
ERY-TAB DR 250 MG TABLET	1				
ERY-TAB DR 333 MG TABLET	1				
ERY-TAB DR 500 MG TABLET	3				
ERYTHROCIN 250 MG TABLET	1				
ERYTHROMYCIN 0.5% EYE OINTMENT	1				
ERYTHROMYCIN 2% GEL	1				
ERYTHROMYCIN 2% SOLUTION	1				
ERYTHROMYCIN 200 MG/5 ML SUSP	1				
ERYTHROMYCIN 250 MG TABLET	1				
ERYTHROMYCIN 400 MG/5 ML SUSP	1				
ERYTHROMYCIN 500 MG TABLET	1				
ERYTHROMYCIN DR 250 MG CAP	1				
ERYTHROMYCIN DR 250 MG TABLET	1				
ERYTHROMYCIN DR 333 MG TABLET	1				
ERYTHROMYCIN DR 500 MG TABLET	1				
ERYTHROMYCIN ES 400 MG TAB	1				
ERYTHROMYCIN-BENZOYL GEL	1				
ESCITALOPRAM 10 MG TABLET	1	QL			
ESCITALOPRAM 20 MG TABLET	1	QL			
ESCITALOPRAM 5 MG TABLET	1	QL			
ESCITALOPRAM OXALATE 5 MG/5 ML	1			ST	
ESGIC 50-325-40 MG CAPSULE	3			ST	
ESGIC 50-325-40 MG TABLET	3			ST	
ESOMEPRAZOLE DR 10 MG PACKET	1	QL		ST	
ESOMEPRAZOLE DR 20 MG PACKET	1	QL		ST	
ESOMEPRAZOLE DR 40 MG PACKET	1			ST	
ESOMEPRAZOLE DR 49.3 MG CAP	3			ST	
ESOMEPRAZOLE MAG DR 20 MG CAP	1	QL			
ESOMEPRAZOLE MAG DR 40 MG CAP	1				
ESTARYLLA 0.25-0.035 MG TABLET	1				
ESTAZOLAM 1 MG TABLET	1	QL			
ESTAZOLAM 2 MG TABLET	1	QL			
ESTRACE 0.5 MG TABLET	3				
ESTRACE 1 MG TABLET	3				
ESTRACE 2 MG TABLET	3				
ESTRADIOL 0.01% CREAM	1				
ESTRADIOL 0.025 MG PATCH(1/WK)	1	QL			
ESTRADIOL 0.025 MG PATCH(2/WK)	1	QL			
ESTRADIOL 0.0375MG PATCH(1/WK)	1	QL			
ESTRADIOL 0.0375MG PATCH(2/WK)	1	QL			
ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL			
ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL			
ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL			
ESTRADIOL 0.06% 1.25G GEL PUMP	1	QL			
ESTRADIOL 0.075 MG PATCH(1/WK)	1	QL			
ESTRADIOL 0.075 MG PATCH(2/WK)	1	QL			
ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL			
ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL			
ESTRADIOL 0.1% (0.25MG) GEL PK	1	QL			
ESTRADIOL 0.1% (0.5MG) GEL PKT	1	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ESTRADIOL 0.1% (0.75MG) GEL PK	1	QL			
ESTRADIOL 0.1% (1 MG) GEL PKT	1	QL			
ESTRADIOL 0.1% (1.25MG) GEL PK	1	QL			
ESTRADIOL 0.5 MG TABLET	1				
ESTRADIOL 1 MG TABLET	1				
ESTRADIOL 10 MCG VAGINAL INSRT	1				
ESTRADIOL 2 MG TABLET	1				
ESTRADIOL VALERATE 100 MG/5 ML	1				
ESTRADIOL VALERATE 200 MG/5 ML	1				
ESTRADIOL VALERATE 50 MG/5 ML	1				
ESTRADIOL-NORETH 0.5-0.1 MG TB	1				
ESTRADIOL-NORETH 1-0.5 MG TAB	1				
ESTRATEST F.S. TABLET	3				
ESTRATEST H.S. TABLET	3				
ESTROGEN-METHYLTESTOS F.S. TAB	1				
ESTROGEN-METHYLTESTOS H.S. TAB	1				
ESZOPICLONE 1 MG TABLET	1	QL		ST	
ESZOPICLONE 2 MG TABLET	1	QL		ST	
ESZOPICLONE 3 MG TABLET	1	QL		ST	
ETHACRYNIC ACID 25 MG TABLET	1				
ETHAMBUTOL HCL 100 MG TABLET	1				
ETHAMBUTOL HCL 400 MG TABLET	1				
ETHOSUXIMIDE 250 MG CAPSULE	1				
ETHOSUXIMIDE 250 MG/5 ML SOLN	1				
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1				
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1				
ETODOLAC 200 MG CAPSULE	1				
ETODOLAC 300 MG CAPSULE	1				
ETODOLAC 400 MG TABLET	1				
ETODOLAC 500 MG TABLET	1				
ETODOLAC ER 400 MG TABLET	1				
ETODOLAC ER 500 MG TABLET	1				
ETODOLAC ER 600 MG TABLET	1				
ETONOGESTREL-EE VAGINAL RING	1				
ETOPOSIDE 50 MG CAPSULE	1				
ETRAVIRINE 100 MG TABLET	1				
ETRAVIRINE 200 MG TABLET	1				
EUCRISA 2% OINTMENT	2	QL		ST	
EULEXIN 125 MG CAPSULE	3				
EUTHYROX 100 MCG TABLET	1				
EUTHYROX 112 MCG TABLET	1				
EUTHYROX 125 MCG TABLET	1				
EUTHYROX 137 MCG TABLET	1				
EUTHYROX 150 MCG TABLET	1				
EUTHYROX 175 MCG TABLET	1				
EUTHYROX 200 MCG TABLET	1				
EUTHYROX 25 MCG TABLET	1				
EUTHYROX 50 MCG TABLET	1				
EUTHYROX 75 MCG TABLET	1				
EUTHYROX 88 MCG TABLET	1				
EVAMIST 1.53 MG/SPRAY	3	QL			
EVEKEO ODT 10 MG	3				
EVEKEO ODT 15 MG	3				
EVEKEO ODT 20 MG	3				
EVEKEO ODT 5 MG	3				
EVENCARE G2 CONTROL SOLUTION	3				
EVENCARE G3 CONTROL SOLUTION	3				
EVEROLIMUS 0.25 MG TABLET	1				
EVEROLIMUS 0.5 MG TABLET	1				
EVEROLIMUS 0.75 MG TABLET	1				
EVEROLIMUS 1 MG TABLET	1				
EVEROLIMUS 10 MG TABLET	1	QL	PA		SP
EVEROLIMUS 2 MG TAB FOR SUSP	1	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
EVEROLIMUS 2.5 MG TABLET	1	QL	PA		SP
EVEROLIMUS 3 MG TAB FOR SUSP	1	QL	PA		SP
EVEROLIMUS 5 MG TAB FOR SUSP	1	QL	PA		SP
EVEROLIMUS 5 MG TABLET	1	QL	PA		SP
EVEROLIMUS 7.5 MG TABLET	1	QL	PA		SP
EVERSENSE E3 SENSOR-HLDR	3		PA		
EVERSENSE E3 SMART TRANSMITTER	3	QL	PA		
EVERSENSE SENSOR-HOLDER	3		PA		
EVERSENSE SMART TRANSMITTER	3	QL	PA		
EVICEL FIBRIN 2X2 ML SEALANT	3				
EVICEL FIBRIN 2X5 ML SEALANT	3				
EVISTA 60 MG TABLET	3				
EVOClin 1% FOAM	3	QL		ST	
EVOLUTION CONTROL SOLN NORMAL	3				
EVOTAZ 300 MG-150 MG TABLET	3				
EVOXAC 30 MG CAPSULE	3				
EVRYSDI 60 MG/80 ML(0.75MG/ML)	3	QL	PA		SP
EXEL 3 ML SYRN 27G X 1 1/4"	2				
EXEL HUBER 22GX3/4" NEEDLE	1				
EXEL HUBER NEEDLE 22GX1"	2				
EXEL HYPO NEEDLE 16GX1"	2				
EXEL HYPO NEEDLE 18GX1"	2				
EXEL HYPO NEEDLE 18GX1.5"	2				
EXEL HYPO NEEDLE 19GX1"	2				
EXEL HYPO NEEDLE 19GX1.5"	2				
EXEL HYPO NEEDLE 20GX0.75"	2				
EXEL HYPO NEEDLE 20GX1"	2				
EXEL HYPO NEEDLE 20GX1.5"	2				
EXEL HYPO NEEDLE 21GX1"	2				
EXEL HYPO NEEDLE 21GX1.5"	2				
EXEL HYPO NEEDLE 22GX0.75"	2				
EXEL HYPO NEEDLE 22GX1"	2				
EXEL HYPO NEEDLE 22GX1.5"	2				
EXEL HYPO NEEDLE 23GX0.75"	2				
EXEL HYPO NEEDLE 23GX1"	2				
EXEL HYPO NEEDLE 25GX0.625"	2				
EXEL HYPO NEEDLE 25GX0.75"	2				
EXEL HYPO NEEDLE 25GX1"	2				
EXEL HYPO NEEDLE 25GX1.5"	2				
EXEL HYPO NEEDLE 26GX0.375"	2				
EXEL HYPO NEEDLE 26GX0.5"	2				
EXEL HYPO NEEDLE 26GX0.625"	2				
EXEL HYPO NEEDLE 26GX1.5"	2				
EXEL HYPO NEEDLE 27GX0.5"	2				
EXEL HYPO NEEDLE 30GX0.5"	2				
EXEL MTI DRAWING NDL 20GX1"	2				
EXEL MTI DRAWING NDL 21GX1"	2				
EXEL MTI DRAWING NDL 22GX1"	2				
EXEL SYRINGE 10 ML	2				
EXEL SYRINGE 20 ML	2				
EXEL SYRINGE 20GX1" 3 ML	2				
EXEL SYRINGE 20GX1-1/2" 3 ML	2				
EXEL SYRINGE 21GX1" 3 ML	2				
EXEL SYRINGE 21GX1-1/2" 3 ML	2				
EXEL SYRINGE 22GX1" 3 ML	2				
EXEL SYRINGE 22GX1-1/2" 3 ML	2				
EXEL SYRINGE 22GX3/4" 3 ML	2				
EXEL SYRINGE 23GX1" 3 ML	2				
EXEL SYRINGE 25GX1" 3 ML	2				
EXEL SYRINGE 3 ML	2				
EXEL SYRINGE 30 ML	2				
EXEL SYRINGE 5 ML	2				
EXEL SYRINGE 50 ML	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
EXEL TB WITH NEEDLE 25GX5/8"	2				
EXEL TB WITH NEEDLE 26GX3/8"	2				
EXEL TB WITH NEEDLE 27GX1/2"	2				
EXEL TUBERCULIN SYRINGE 1 ML	2				
EXELDERM 1% CREAM	3	QL			
EXELDERM 1% SOLUTION	3	QL			
EXELON 13.3 MG/24HR PATCH	3			ST	
EXELON 4.6 MG/24HR PATCH	3			ST	
EXELON 9.5 MG/24HR PATCH	3			ST	
EXEMESTANE 25 MG TABLET	1				
EXKIVITY 40 MG CAPSULE	2	QL	PA		SP
EXSERVAN 50 MG FILM	3		PA		SP
EXTAVIA 0.3 MG KIT	3	QL	PA		SP
EXTAVIA 0.3 MG VIAL	3	QL	PA		SP
EXTINA 2% FOAM	3	QL		ST	
EXTRANEAL ICODEXTRIN DIAL SOLN	2				
EYSUVIS 0.25% EYE DROPS	2	QL	PA		
E-Z JECT COLORED LANCETS	1				
E-Z JECT LANCETS	1				
E-Z PULL & CLICK LANCING DEV	2				
EZ SMART 28G LANCETS	2				
EZETIMIBE 10 MG TABLET	1				
EZETIMIBE-ATORVASTATIN 10-10MG	1	QL		ST	
EZETIMIBE-ATORVASTATIN 10-20MG	1	QL		ST	
EZETIMIBE-ATORVASTATIN 10-40MG	1	QL		ST	
EZETIMIBE-ATORVASTATIN 10-80MG	1	QL		ST	
EZETIMIBE-SIMVASTATIN 10-10 MG	1	QL			
EZETIMIBE-SIMVASTATIN 10-20 MG	1	QL			
EZETIMIBE-SIMVASTATIN 10-40 MG	1	QL			
EZETIMIBE-SIMVASTATIN 10-80 MG	1	QL			
E-ZJECT COLOR 32G LANCETS	1				
E-ZJECT COLOR 33G LANCETS	1				
E-ZJECT SUPER THIN 30G LANCETS	1				
E-ZJECT THIN LANCETS	2				
EZ-LETS 26G LANCETS	2				
FABHALTA 200 MG CAPSULE	2		PA		SP
FACTIVE 320 MG TABLET	3				
FALMINA-28 TABLET	1				
FAMCICLOVIR 125 MG TABLET	1	QL			
FAMCICLOVIR 250 MG TABLET	1	QL			
FAMCICLOVIR 500 MG TABLET	1	QL			
FAMOTIDINE 40 MG TABLET	1				
FAMOTIDINE 40 MG/5 ML SUSP	1				
FANTASY CONDOM	2				
FARESTON 60 MG TABLET	3				
FARXIGA 10 MG TABLET	2	QL		ST	
FARXIGA 5 MG TABLET	2	QL		ST	
FARYDAK 10 MG CAPSULE	3				
FARYDAK 15 MG CAPSULE	3				
FARYDAK 20 MG CAPSULE	3				
FASENRA 10 MG/0.5 ML SYRINGE	2	QL	PA		SP
FASENRA 30 MG/ML SYRINGE	2	QL	PA		SP
FASENRA PEN 30 MG/ML	2	QL	PA		SP
FC2 FEMALE CONDOM	2				
FEBUXOSTAT 40 MG TABLET	1			ST	
FEBUXOSTAT 80 MG TABLET	1			ST	
FELBAMATE 400 MG TABLET	1				
FELBAMATE 600 MG TABLET	1				
FELBAMATE 600 MG/5 ML SUSP	1				
FELBAMATE 600 MG/5 ML SUSP CUP	1				
FELBATOL 400 MG TABLET	3				
FELBATOL 600 MG TABLET	3				
FELBATOL 600 MG/5 ML SUSP	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
FELDENE 10 MG CAPSULE	3			ST	
FELDENE 20 MG CAPSULE	3			ST	
FELODIPINE ER 10 MG TABLET	1				
FELODIPINE ER 2.5 MG TABLET	1				
FELODIPINE ER 5 MG TABLET	1				
FEM PH VAGINAL JELLY	1				
FEMARA 2.5 MG TABLET	3				
FEMCAP 22 MM CERVICAL CAP	2				
FEMCAP 26 MM CERVICAL CAP	2				
FEMCAP 30 MM CERVICAL CAP	2				
FEMHRT 0.5 MG-2.5 MCG TABLET	3				
FEMYNOR 28 TABLET	1				
FENOFIBRATE 120 MG TABLET	1			ST	
FENOFIBRATE 130 MG CAPSULE	1				
FENOFIBRATE 134 MG CAPSULE	1				
FENOFIBRATE 145 MG TABLET	1				
FENOFIBRATE 160 MG TABLET	1				
FENOFIBRATE 200 MG CAPSULE	1				
FENOFIBRATE 40 MG TABLET	1			ST	
FENOFIBRATE 43 MG CAPSULE	1				
FENOFIBRATE 48 MG TABLET	1				
FENOFIBRATE 54 MG TABLET	1				
FENOFIBRATE 67 MG CAPSULE	1				
FENOFIBRIC ACID 105 MG TABLET	1				
FENOFIBRIC ACID 35 MG TABLET	1				
FENOFIBRIC ACID DR 135 MG CAP	1				
FENOFIBRIC ACID DR 45 MG CAP	1				
FENOGLIDE 120 MG TABLET	3			ST	
FENOGLIDE 40 MG TABLET	3			ST	
FENOPROFEN 400 MG CAPSULE	1			ST	
FENOPROFEN 600 MG TABLET	1			ST	
FENORTHO 200 MG CAPSULE	3			ST	
FENTANYL 100 MCG/HR PATCH	1	QL	PA		
FENTANYL 12 MCG/HR PATCH	1	QL	PA		
FENTANYL 25 MCG/HR PATCH	1	QL	PA		
FENTANYL 37.5 MCG/HR PATCH	1	QL	PA		
FENTANYL 50 MCG/HR PATCH	1	QL	PA		
FENTANYL 62.5 MCG/HR PATCH	1	QL	PA		
FENTANYL 75 MCG/HR PATCH	1	QL	PA		
FENTANYL 87.5 MCG/HR PATCH	1	QL	PA		
FENTANYL CIT OTFC 1,200 MCG	1	QL	PA		
FENTANYL CIT OTFC 1,600 MCG	1	QL	PA		
FENTANYL CITRATE OTFC 200 MCG	1	QL	PA		
FENTANYL CITRATE OTFC 400 MCG	1	QL	PA		
FENTANYL CITRATE OTFC 600 MCG	1	QL	PA		
FENTANYL CITRATE OTFC 800 MCG	1	QL	PA		
FEROCON CAPSULE	1				
FERRIPROX 1,000 MG TAB(2X/DAY)	2		PA		SP
FERRIPROX 1,000 MG TAB(3X/DAY)	3		PA		SP
FERRIPROX 1,000 MG TABLET	3		PA		SP
FERRIPROX 100 MG/ML SOLUTION	2		PA		SP
FERRIPROX 500 MG TABLET	3		PA		SP
FESOTERODINE ER 4 MG TABLET	1				
FESOTERODINE ER 8 MG TABLET	1				
FETZIMA 20-40 MG TITRATION PAK	2	QL		ST	
FETZIMA ER 120 MG CAPSULE	2	QL		ST	
FETZIMA ER 20 MG CAPSULE	2	QL		ST	
FETZIMA ER 40 MG CAPSULE	2	QL		ST	
FETZIMA ER 80 MG CAPSULE	2	QL		ST	
FEXMID 7.5 MG TABLET	3			ST	
FIBRICOR 105 MG TABLET	3			ST	
FIBRICOR 35 MG TABLET	3			ST	
FIFTY50 GLUCOSE CONTROL SOLN	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
FIFTY50 LANCING DEVICE	2				
FIFTY50 SAFETY SEAL 30G LANCET	2				
FIFTY50 SAFETY SEAL 32G LANCET	2				
FIFTY50 UNILET 33G LANCETS	2				
FILSUVEZ 10% GEL	3		PA		SP
FILTER ASPIRATOR NEEDLE	2				
FILTER NEEDLE	2				
FILTER NEEDLE 19GX1-1/2"	2				
FILTER NEEDLE 5 MICRON	2				
FILTER, MILLEX-OR SYRINGE	3				
FINACEA 15% FOAM	2			ST	
FINACEA 15% GEL	3			ST	
FINASTERIDE 5 MG TABLET	1				
FINE 30 UNIVERSAL 30G LANCETS	2				
FINGERSTIX LANCETS	2				
FINGOLIMOD 0.5 MG CAPSULE	1	QL	PA		SP
FINZALA 1-0.02(24)-75 CHEW TAB	1				
FIORICET 50-300-40 MG CAPSULE	3			ST	
FIRDAPSE 10 MG TABLET	2				SP
FIRST-MOUTHWASH BLM SUSPENSION	3				
FLAC OTIC OIL 0.01% EAR DROP	1				
FLAGYL 375 CAPSULE	3				
FLAGYL 500 MG TABLET	3				
FLAVOXATE HCL 100 MG TABLET	1				
FLECAINIDE ACETATE 100 MG TAB	1				
FLECAINIDE ACETATE 150 MG TAB	1				
FLECAINIDE ACETATE 50 MG TAB	1				
FLECTOR 1.3% PATCH	2	QL		ST	
FLEET BISACODYL EC 5 MG TAB	1				
FLEXICHAMBER	2				
FLEXICHAMBER-LG CHILD MASK	2				
FLEXICHAMBER-SM ADULT MASK	2				
FLEXICHAMBER-SM CHILD MASK	2				
FLOLAN 0.5 MG VIAL	2		PA		SP
FLOLAN 1.5 MG VIAL	2		PA		SP
FLOLIPID 20 MG/5 ML ORAL SUSP	3	QL		ST	
FLOLIPID 40 MG/5 ML ORAL SUSP	3	QL		ST	
FLOMAX 0.4 MG CAPSULE	3			ST	
FLOW-EZE VENTED NEEDLE	2				
FLUAD QUAD 2021-2022 SYRINGE	2				
FLUAD QUAD 2022-2023 SYRINGE	2				
FLUAD QUAD 2023-2024 SYRINGE	2				
FLUAD TRIVALENT 2024-2025 SYR	2				
FLUARIX QUAD 2021-2022 SYRINGE	2				
FLUARIX QUAD 2022-2023 SYRINGE	2				
FLUARIX QUAD 2023-2024 SYRINGE	2				
FLUARIX TRIVALENT 2024-25 SYRG	2				
FLUBLOK QUAD 2021-2022 SYRINGE	2				
FLUBLOK QUAD 2022-2023 SYRINGE	2				
FLUBLOK QUAD 2023-2024 SYRINGE	2				
FLUBLOK TRIVALENT 2024-25 SYRG	2				
FLUCELVAX QUAD 2021-2022 SYR	2				
FLUCELVAX QUAD 2021-2022 VIAL	2				
FLUCELVAX QUAD 2022-2023 SYR	2				
FLUCELVAX QUAD 2022-2023 VIAL	2				
FLUCELVAX QUAD 2023-2024 SYR	2				
FLUCELVAX QUAD 2023-2024 VIAL	2				
FLUCELVAX TRIVAL 2024-2025 SYR	2				
FLUCELVAX TRIVAL 2024-2025 VL	2				
FLUCONAZOLE 10 MG/ML SUSP	1				
FLUCONAZOLE 100 MG TABLET	1				
FLUCONAZOLE 150 MG TABLET	1	QL			
FLUCONAZOLE 200 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
FLUCONAZOLE 40 MG/ML SUSP	1				
FLUCONAZOLE 50 MG TABLET	1				
FLUDROCORTISONE 0.1 MG TABLET	1				
FLULAVAL QUAD 2021-2022 SYR	2				
FLULAVAL QUAD 2022-2023 SYRING	2				
FLULAVAL QUAD 2023-2024 SYRING	2				
FLULAVAL TRIVALENT 2024-25 SYR	2				
FLUMADINE 100 MG TABLET	3				
FLUMIST QUAD NASAL 2021-22 VAC	2				
FLUMIST QUAD NASAL 2022-23 VAC	2				
FLUMIST QUAD NASAL 2023-24 VAC	2				
FLUMIST TRIVALNT NASAL 2024-25	2				
FLUNISOLIDE 0.025% SPRAY	1	QL		ST	
FLUOCINOLONE 0.01% BODY OIL	1				
FLUOCINOLONE 0.01% CREAM	1				
FLUOCINOLONE 0.01% SCALP OIL	1				
FLUOCINOLONE 0.01% SOLUTION	1				
FLUOCINOLONE 0.025% CREAM	1				
FLUOCINOLONE 0.025% OINTMENT	1				
FLUOCINOLONE OIL 0.01% EAR DRP	1				
FLUOCINONIDE 0.05% CREAM	1	QL			
FLUOCINONIDE 0.05% GEL	1	QL			
FLUOCINONIDE 0.05% OINTMENT	1	QL			
FLUOCINONIDE 0.05% SOLUTION	1	QL			
FLUOCINONIDE 0.1% CREAM	1	QL		ST	
FLUOCINONIDE-E 0.05% CREAM	1	QL			
FLUORESCEIN-BENOXIN 0.3%-0.4%	3				
FLUORESCEIN-PROPARACAINE DROPS	1				
FLUORIDE 0.25 MG TABLET CHEW	1				
FLUORIDE 0.5 MG TABLET CHEW	1				
FLUORIDE 1 MG TABLET CHEWABLE	1				
FLUORIDEX DAILY DEFENSE 1.1%	3				
FLUORIDEX SENSITIV RLF PASTE	3				
FLUORIMAX 5000 1.1% TOOTHPASTE	3				
FLUOROMETHOLONE 0.1% EYE DROP	1				
FLUOROPLEX 1% CREAM	3				
FLUOROURACIL 2% TOPICAL SOLN	1				
FLUOROURACIL 5% CREAM	1				
FLUOROURACIL 5% TOPICAL SOLN	1				
FLUOXETINE 20 MG/5 ML SOLN CUP	1				
FLUOXETINE 20 MG/5 ML SOLUTION	1				
FLUOXETINE DR 90 MG CAPSULE	1	QL		ST	
FLUOXETINE HCL 10 MG CAPSULE	1	QL			
FLUOXETINE HCL 20 MG CAPSULE	1				
FLUOXETINE HCL 40 MG CAPSULE	1	QL			
FLUPHENAZINE 1 MG TABLET	1				
FLUPHENAZINE 10 MG TABLET	1				
FLUPHENAZINE 2.5 MG TABLET	1				
FLUPHENAZINE 2.5 MG/5 ML ELIX	1				
FLUPHENAZINE 5 MG TABLET	1				
FLUPHENAZINE 5 MG/ML CONC	1				
FLURANDRENOLIDE 0.05% CREAM	1	QL		ST	
FLURANDRENOLIDE 0.05% LOTION	1	QL		ST	
FLURANDRENOLIDE 0.05% OINTMENT	1	QL		ST	
FLURAZEPAM 15 MG CAPSULE	1	QL			
FLURAZEPAM 30 MG CAPSULE	1	QL			
FLURBIPROFEN 0.03% EYE DROP	1				
FLURBIPROFEN 100 MG TABLET	1				
FLUTAMIDE 125 MG CAPSULE	1				
FLUTICASONE PROP 0.005% OINT	1				
FLUTICASONE PROP 0.05% CREAM	1				
FLUTICASONE PROP 0.05% LOTION	1			ST	
FLUTICASONE PROP 50 MCG SPRAY	1	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
FLUTICASONE-SALMETEROL 100-50	1	QL		ST	
FLUTICASONE-SALMETEROL 250-50	1	QL		ST	
FLUTICASONE-SALMETEROL 500-50	1	QL		ST	
FLUVASTATIN ER 80 MG TABLET	1	QL			
FLUVASTATIN SODIUM 20 MG CAP	1	QL			
FLUVASTATIN SODIUM 40 MG CAP	1	QL			
FLUVOXAMINE ER 100 MG CAPSULE	1	QL		ST	
FLUVOXAMINE ER 150 MG CAPSULE	1	QL		ST	
FLUVOXAMINE MALEATE 100 MG TAB	1	QL			
FLUVOXAMINE MALEATE 25 MG TAB	1	QL			
FLUVOXAMINE MALEATE 50 MG TAB	1	QL			
FLUZONE HIGH-DOSE QUAD 2021-22	2				
FLUZONE HIGH-DOSE QUAD 2022-23	2				
FLUZONE HIGH-DOSE QUAD 2023-24	2				
FLUZONE HIGH-DOSE TRIV 2024-25	2				
FLUZONE QUAD 2021-2022 SYRINGE	2				
FLUZONE QUAD 2021-2022 VIAL	2				
FLUZONE QUAD 2022-2023 SYRINGE	2				
FLUZONE QUAD 2022-2023 VIAL	2				
FLUZONE QUAD 2023-2024 SYRINGE	2				
FLUZONE QUAD 2023-2024 VIAL	2				
FLUZONE TRIVALENT 2024-25 SYRG	2				
FLUZONE TRIVALENT 2024-25 VIAL	2				
FML LIQUIFILM 0.1% EYE DROP	3			ST	
FOLIC ACID 0.4 MG TABLET	1				
FOLIC ACID 0.8 MG TABLET	1				
FOLIC ACID 1 MG TABLET	1				
FOLIC ACID 400 MCG TABLET	1				
FOLIC ACID 800 MCG TABLET	1				
FOLITAB 500 CAPLET	1				
FOLIVANE-OB CAPSULE	1				
FOLTABS 800 TABLET	1				
FONDAPARINUX 10 MG/0.8 ML SYR	1				SP
FONDAPARINUX 2.5 MG/0.5 ML SYR	1				SP
FONDAPARINUX 5 MG/0.4 ML SYR	1				SP
FONDAPARINUX 7.5 MG/0.6 ML SYR	1				SP
FORA 30G LANCETS	2				
FORA 6 CONNECT MULTIFUNCTN MTR	3				
FORA GTEL KETONE TEST STRIP	3				
FORA GTEL MULTIFUNCTN MONITOR	3				
FORA HIGH CONTROL SOLUTION	3				
FORA KETONE CONTROL SOLN-L1	3				
FORA LANCING DEVICE	2				
FORA LOW CONTROL SOLUTION	3				
FORA NORMAL CONTROL SOLUTION	3				
FORA TN'G ADV VOICE KETO STRIP	3				
FORA TN'G ADVANCE PRO MONITOR	3				
FORA TN'GO ADV MOBILE MULT MTR	3				
FORA TN'GO ADVANCE MULTIFN MTR	3				
FORACARE 30G LANCETS	2				
FORACARE GDH HIGH CONTROL SOLN	3				
FORACARE GDH LOW CONTROL SOLN	3				
FORACARE GDH NORM CONTROL SOLN	3				
FORANE LIQUID	1				
FORMOTEROL 20 MCG/2 ML NEB VL	1	QL			
FORMOTEROL 20MCG/2ML VL-PARILC	2	QL			
FORTESTA 10 MG GEL PUMP	3	QL	PA		
FORTISCARE CONTROL SOLN HIGH	3				
FORTISCARE CONTROL SOLN LOW	3				
FORTISCARE CONTROL SOLN NORMAL	3				
FOSAMAX 70 MG TABLET	3	QL		ST	
FOSAMAX PLUS D 70 MG-2800 UNIT	3	QL		ST	
FOSAMAX PLUS D 70 MG-5600 UNIT	3	QL		ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
FOSAMPRENAVIR 700 MG TABLET	1				
FOSFOMYCIN 3 GM SACHET	1				
FOSINOPRIL SODIUM 10 MG TAB	1				
FOSINOPRIL SODIUM 20 MG TAB	1				
FOSINOPRIL SODIUM 40 MG TAB	1				
FOSINOPRIL-HCTZ 10-12.5 MG TAB	1				
FOSINOPRIL-HCTZ 20-12.5 MG TAB	1				
FRAGMIN 10,000 UNIT/4 ML VIAL	2				SP
FRAGMIN 10,000 UNIT/ML SYRINGE	2				SP
FRAGMIN 12,500 UNIT/0.5 ML SYR	2				SP
FRAGMIN 15,000 UNIT/0.6 ML SYR	2				SP
FRAGMIN 18,000 UNIT/0.72 ML	2				SP
FRAGMIN 2,500 UNIT/0.2 ML SYR	2				SP
FRAGMIN 5,000 UNIT/0.2 ML SYR	2				SP
FRAGMIN 7,500 UNIT/0.3 ML SYR	2				SP
FRAGMIN 95,000 UNIT/3.8 ML VL	2				SP
FRAICHE 5000 1.1 % DENTAL GEL	1				
FRAICHE 5000 1.1 %-4.5 % GEL	3				
FRAICHE 5000 PREVI 1.1%-3% GEL	3				
FREESTYLE 28G LANCETS	2				
FREESTYLE CONTROL SOLUTION	2				
FREESTYLE FREEDOM KIT	2				
FREESTYLE FREEDOM LITE METER	2				
FREESTYLE FREEDOM LITE NFRS	2				
FREESTYLE INSULINX GLUCOSE SYS	2				
FREESTYLE INSULINX STRIP NFRS	2				
FREESTYLE INSULINX TEST STRIP	2				
FREESTYLE INSULINX TEST STRIPS	2				
FREESTYLE LIBRE 14 DAY READER	2		PA		
FREESTYLE LIBRE 14 DAY SENSOR	2	QL	PA		
FREESTYLE LIBRE 2 PLUS SENSOR	2		PA		
FREESTYLE LIBRE 2 READER	2	QL	PA		
FREESTYLE LIBRE 2 SENSOR	2	QL	PA		
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL	PA		
FREESTYLE LIBRE 3 READER	2	QL	PA		
FREESTYLE LIBRE 3 SENSOR	2	QL	PA		
FREESTYLE LITE METER	2				
FREESTYLE LITE METER NFRS	2				
FREESTYLE LITE TEST STRIP	2				
FREESTYLE LITE TEST STRIP NFRS	2				
FREESTYLE PREC NEO TEST STRIPS	2				
FREESTYLE TEST STRIPS	2				
FREESTYLE TEST STRIPS NFRS	2				
FREESTYLE UNISTIK 2 LANCETS	2				
FT ASPIRIN 81 MG CHEWABLE TAB	1				
FT ASPIRIN EC 81 MG TABLET	1				
FT CLEARLAX POWDER	1				
FT FOLIC ACID 400 MCG TABLET	1				
FT FOLIC ACID 800 MCG TABLET	1				
FT LAXATIVE EC 5 MG TABLET	1				
FT MAGNESIUM CITRATE SOLUTION	1				
FT MILK OF MAGNESIA SUSPENSION	1				
FULL SPECTRUM B WITH VIT C TAB	1				
FULPHILA 6 MG/0.6 ML SYRINGE	2	QL	PA		SP
FURADANTIN 25 MG/5 ML SUSP	3				
FUROSEMIDE 10 MG/ML SOLUTION	1				
FUROSEMIDE 20 MG TABLET	1				
FUROSEMIDE 40 MG TABLET	1				
FUROSEMIDE 40 MG/5 ML SOLN	1				
FUROSEMIDE 80 MG TABLET	1				
FUZEON 90 MG VIAL	2	QL			
FYAVOLV 0.5 MG-2.5 MCG TABLET	1				
FYAVOLV 1 MG-5 MCG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
FYCOMPA 0.5 MG/ML ORAL SUSP	2				
FYCOMPA 10 MG TABLET	2				
FYCOMPA 12 MG TABLET	2				
FYCOMPA 2 MG TABLET	2				
FYCOMPA 4 MG TABLET	2				
FYCOMPA 6 MG TABLET	2				
FYCOMPA 8 MG TABLET	2				
G TUSSIN AC LIQUID	1				
GABAPENTIN 100 MG CAPSULE	1				
GABAPENTIN 250 MG/5 ML SOLN	1				
GABAPENTIN 250 MG/5ML SOLN CUP	1				
GABAPENTIN 300 MG CAPSULE	1				
GABAPENTIN 300 MG/6 ML SOLN	1				
GABAPENTIN 300 MG/6ML SOLN CUP	1				
GABAPENTIN 400 MG CAPSULE	1				
GABAPENTIN 600 MG TABLET	1				
GABAPENTIN 800 MG TABLET	1				
GABAPENTIN ER 300 MG TABLET	1			ST	
GABAPENTIN ER 600 MG TABLET	1			ST	
GABITRIL 12 MG TABLET	3				
GABITRIL 16 MG TABLET	3				
GABITRIL 2 MG TABLET	3				
GABITRIL 4 MG TABLET	3				
GALAFOLD 123 MG CAPSULE	3	QL	PA		SP
GALANTAMINE 4 MG/ML ORAL SOLN	1				
GALANTAMINE ER 16 MG CAPSULE	1				
GALANTAMINE ER 24 MG CAPSULE	1				
GALANTAMINE ER 8 MG CAPSULE	1				
GALANTAMINE HBR 12 MG TABLET	1				
GALANTAMINE HBR 4 MG TABLET	1				
GALANTAMINE HBR 8 MG TABLET	1				
GALLIFREY 5 MG TABLET	1				
GALZIN 25 MG CAPSULE	3				
GALZIN 50 MG CAPSULE	3				
GARDASIL 9 SYRINGE	2				
GARDASIL 9 VIAL	2				
GASTROCROM 100 MG/5 ML CONC	3				
GATIFLOXACIN 0.5% EYE DROPS	1				
GATTEX 5 MG 30-VIAL KIT	3		PA		SP
GATTEX 5 MG ONE-VIAL KIT	3		PA		SP
GATTEX 5 MG VIAL	3		PA		SP
GAVILAX POWDER	1				
GAVILYTE-C SOLUTION	1				
GAVILYTE-G SOLUTION	1				
GAVILYTE-N SOLUTION	1				
GAVRETO 100 MG CAPSULE	2	QL	PA		SP
GE LANCING DEVICE	2				
GE100 CONTROL SOLUTION NORMAL	3				
GEFITINIB 250 MG TABLET	1	QL	PA		SP
GELCLAIR ORAL GEL PACKET	3				
GELFILM	3				
GELFILM OPHTHALMIC 25X50MM	3				
GEL-FLOW KIT	3				
GEL-FLOW NT SYRINGE	3				
GELFOAM 12-7MM SPONGE	3				
GELFOAM COMPRESSED SPONGE	3				
GELFOAM DENTAL SPONGE SZ 4	3				
GELFOAM JMI POWDER KIT	3				
GELFOAM JMI SPONGE KIT	3				
GELFOAM POWDER	3				
GELFOAM SIZE 100 SPONGE	3				
GELFOAM SIZE 200 SPONGE	3				
GELFOAM SIZE 50 SPONGE	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
GELNIQUE 10% GEL SACHET	2	QL			
GELX ORAL GEL	3				
GEMFIBROZIL 600 MG TABLET	1				
GEMMILY 1 MG-20 MCG CAPSULE	1				
GEMTESA 75 MG TABLET	3				
GENERESS FE CHEWABLE TABLET	3				
GENERLAC 10 GM/15 ML SOLUTION	1				
GENGRAF 100 MG CAPSULE	1				
GENGRAF 100 MG/ML SOLUTION	1				
GENGRAF 25 MG CAPSULE	1				
GENOTROPIN 12 MG CARTRIDGE	2		PA		SP
GENOTROPIN 5 MG CARTRIDGE	2		PA		SP
GENOTROPIN MINIQUICK 0.2 MG	2		PA		SP
GENOTROPIN MINIQUICK 0.4 MG	2		PA		SP
GENOTROPIN MINIQUICK 0.6 MG	2		PA		SP
GENOTROPIN MINIQUICK 0.8 MG	2		PA		SP
GENOTROPIN MINIQUICK 1 MG	2		PA		SP
GENOTROPIN MINIQUICK 1.2 MG	2		PA		SP
GENOTROPIN MINIQUICK 1.4 MG	2		PA		SP
GENOTROPIN MINIQUICK 1.6 MG	2		PA		SP
GENOTROPIN MINIQUICK 1.8 MG	2		PA		SP
GENOTROPIN MINIQUICK 2 MG	2		PA		SP
GENTAK 0.3 % EYE OINTMENT	1				
GENTAMICIN 0.1% CREAM	1	QL			
GENTAMICIN 0.1% OINTMENT	1	QL			
GENTAMICIN 0.3% EYE DROP	1				
GENTEEL VACUUM LANCING DEVICE	3				
GENTLE LAXATIVE 1,200 MG/15 ML	1				
GENTLE LAXATIVE EC 5 MG TABLET	1				
GENVOYA TABLET	2				
GEODON 20 MG CAPSULE	3	QL			
GEODON 40 MG CAPSULE	3	QL			
GEODON 60 MG CAPSULE	3	QL			
GEODON 80 MG CAPSULE	3	QL			
GILOTRIF 20 MG TABLET	2	QL	PA		SP
GILOTRIF 30 MG TABLET	2	QL	PA		SP
GILOTRIF 40 MG TABLET	2	QL	PA		SP
GLATIRAMER 20 MG/ML SYRINGE	1	QL	PA		SP
GLATIRAMER 40 MG/ML SYRINGE	1	QL	PA		SP
GLATOPA 20 MG/ML SYRINGE	1	QL	PA		SP
GLATOPA 40 MG/ML SYRINGE	1	QL	PA		SP
GLEOSTINE 10 MG CAPSULE	2				
GLEOSTINE 100 MG CAPSULE	2				
GLEOSTINE 40 MG CAPSULE	2				
GLIMEPIRIDE 1 MG TABLET	1				
GLIMEPIRIDE 2 MG TABLET	1				
GLIMEPIRIDE 4 MG TABLET	1				
GLIPIZIDE 10 MG TABLET	1				
GLIPIZIDE 5 MG TABLET	1				
GLIPIZIDE ER 10 MG TABLET	1				
GLIPIZIDE ER 2.5 MG TABLET	1				
GLIPIZIDE ER 5 MG TABLET	1				
GLIPIZIDE XL 10 MG TABLET	1				
GLIPIZIDE XL 2.5 MG TABLET	1				
GLIPIZIDE XL 5 MG TABLET	1				
GLIPIZIDE-METFORMIN 2.5-250 MG	1				
GLIPIZIDE-METFORMIN 2.5-500 MG	1				
GLIPIZIDE-METFORMIN 5-500 MG	1				
GLOPERBA 0.6 MG/5 ML SOLUTION	3				
GLUCAGON 1 MG EMERGENCY KIT	2	QL			
GLUCOCARD 01 CONTROL SOLUTION	3				
GLUCOCARD EXPRESSION CNTRL SLN	3				
GLUCOCARD SHINE CONTROL SOLN	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
GLUCOCOM 28G LANCETS	2				
GLUCOCOM 30G LANCETS	2				
GLUCOCOM 33G LANCETS	2				
GLUCOCOM AUTOLINK SYSTEM	3				
GLUCOCOM CONTROL SOLUTION	3				
GLUCOSE CONTROL SOLN NORMAL	3				
GLUCOSE CONTROL SOLUTION	3				
GLUCOTROL XL 10 MG TABLET	3				
GLUCOTROL XL 2.5 MG TABLET	3				
GLUCOTROL XL 5 MG TABLET	3				
GLUTOL GEL	2				
GLYBURIDE 1.25 MG TABLET	1				
GLYBURIDE 2.5 MG TABLET	1				
GLYBURIDE 5 MG TABLET	1				
GLYBURIDE MICRO 1.5 MG TAB	1				
GLYBURIDE MICRO 3 MG TABLET	1				
GLYBURIDE MICRO 6 MG TABLET	1				
GLYBURIDE-METFORMIN 2.5-500 MG	1				
GLYBURIDE-METFORMIN 5-500 MG	1				
GLYBURID-METFORMIN 1.25-250 MG	1				
GLYCATE 1.5 MG TABLET	3				
GLYCINE 1.5% IRRIGATION	1				
GLYCOPYRROLATE 1 MG TABLET	1				
GLYCOPYRROLATE 1 MG/5 ML SOLN	1				
GLYCOPYRROLATE 1.5 MG TABLET	1				
GLYCOPYRROLATE 2 MG TABLET	1				
GLYDO 2% JELLY SYRINGE	1	QL			
GLYNASE 1.5 MG PRESTAB	3				
GLYNASE 3 MG PRESTAB	3				
GLYNASE 6 MG PRESTAB	3				
GLYXAMBI 10 MG-5 MG TABLET	2	QL		ST	
GLYXAMBI 25 MG-5 MG TABLET	2	QL		ST	
GNP ASPIRIN 81 MG CHEWABLE TAB	1				
GNP ASPIRIN EC 81 MG TABLET	1				
GNP CITRATE OF MAGNESIA SOLN	1				
GNP CLEARLAX POWDER	1				
GNP EASY TOUCH HIGH-LOW SOLN	3				
GNP FOLIC ACID 400 MCG TABLET	1				
GNP GENTLE LAXATIVE EC 5 MG TB	1				
GNP LANCING SYSTEM DEVICE	2				
GNP LAXATIVE EC 5 MG TABLET	1				
GNP MAGNESIUM CITRATE SOLUTION	1				
GNP MILK OF MAGNESIA SUSP	1				
GNP PRENATAL VITAMINS TABLET	1				
GNP STERILE 33G LANCET	2				
GNP UNIVERSAL 1 STANDARD 21G	2				
GNP UNIVERSAL 1 THIN 26G LANCT	2				
GOJJI BLOOD KETONE TEST STRIP	3				
GOJJI GLUCOSE CONTROL SOL-NRML	3				
GOJJI KETONE CONTROL SOLN-L1	3				
GOJJI LANCETS 30G	2				
GOJJI LANCING DEVICE	2				
GOJJI MULTI-FUNCTIONAL METER	3				
GOJJI MULTIFUNCTIONAL METER KT	3				
GOLYTELY SOLUTION	3				
GONITRO 0.4 MG SUBLINGUAL PWD	3				
GOPRELTO 4% NASAL SOLUTION	3				
GRALISE ER 300 MG TABLET	3			ST	
GRALISE ER 450 MG TABLET	3			ST	
GRALISE ER 600 MG TABLET	3			ST	
GRALISE ER 750 MG TABLET	3			ST	
GRALISE ER 900 MG TABLET	3			ST	
GRANISETRON HCL 1 MG TABLET	1	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
GRISEOFULVIN 125 MG/5 ML SUSP	1				
GRISEOFULVIN MICRO 500 MG TAB	1				
GRISEOFULVIN ULTRA 125 MG TAB	1				
GRISEOFULVIN ULTRA 250 MG TAB	1				
GS ASPIRIN 81 MG CHEWABLE TAB	1				
GS BISACODYL EC 5 MG TABLET	1				
GS CLEARLAX POWDER	1				
GS MILK OF MAGNESIA SUSPENSION	1				
GS UNIVERSAL 1 MICRO THIN 33G	2				
GS UNIVERSAL 1 THIN 26G LANCET	2				
GS UNIVERSAL 1 ULTRA THIN 30G	2				
GUAIACOL LIQUID PURIFIED	2				
GUAIA TUSSIN AC LIQUID	1				
GUAIFEN-CODEINE 100-10 MG/5 ML	1				
GUAIFEN-CODEINE 200-20 MG/10ML	3				
GUAIFENESIN AC COUGH SYRUP	1				
GUAIFENESIN DAC ORAL SOLUTION	1				
GUANFACINE 1 MG TABLET	1				
GUANFACINE 2 MG TABLET	1				
GUANFACINE HCL ER 1 MG TABLET	1				
GUANFACINE HCL ER 2 MG TABLET	1				
GUANFACINE HCL ER 3 MG TABLET	1				
GUANFACINE HCL ER 4 MG TABLET	1				
GUARDIAN 4 GLUCOSE SENSOR	3	QL	PA		
GUARDIAN 4 TRANSMITTER	3	QL	PA		
GUARDIAN CONNECT TRANSMITTER	3	QL	PA		
GUARDIAN LINK 3 TRANSMITTER	3	QL	PA		
GUARDIAN RT REPLACE CHARGER	3				
GUARDIAN RT REPLACE TEST PLUG	3				
GUARDIAN SENSOR 3	3	QL	PA		
GUARDIAN TEST PLUG	3				
GUARDIAN TRANSMITTER TAPE	3				
GVOKE 1 MG/0.2 ML KIT	2	QL			
GVOKE 1 MG/0.2 ML VIAL	2	QL			
GVOKE HYOPEN 1PK 0.5MG/0.1 ML	2	QL			
GVOKE HYOPEN 1-PK 1 MG/0.2 ML	2	QL			
GVOKE HYOPEN 2PK 0.5MG/0.1 ML	2	QL			
GVOKE HYOPEN 2-PK 1 MG/0.2 ML	2	QL			
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	2	QL			
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	2	QL			
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	2	QL			
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	2	QL			
GYNAZOLE 1 2% CREAM	3				
GYNOL II 3% GEL	1				
HAEGARDA 2,000 UNIT VIAL	2	QL	PA		SP
HAEGARDA 3,000 UNIT VIAL	2	QL	PA		SP
HAILEY 21 1.5 MG-30 MCG TAB	1				
HAILEY 24 FE 1 MG-20 MCG TAB	1				
HAILEY FE 1.5-30 TABLET	1				
HAILEY FE 1-20 TABLET	1				
HALCINONIDE 0.1% CREAM	1			ST	
HALCION 0.25 MG TABLET	3	QL			
HALOBETASOL PROP 0.05% CREAM	1				
HALOBETASOL PROP 0.05% FOAM	1			ST	
HALOBETASOL PROP 0.05% OINTMNT	1				
HALOETTE VAGINAL RING	1				
HALOG 0.1% CREAM	3			ST	
HALOG 0.1% OINTMENT	3			ST	
HALOG 0.1% SOLUTION	3			ST	
HALOPERIDOL 0.5 MG TABLET	1				
HALOPERIDOL 1 MG TABLET	1				
HALOPERIDOL 10 MG TABLET	1				
HALOPERIDOL 2 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
HALOPERIDOL 20 MG TABLET	1				
HALOPERIDOL 5 MG TABLET	1				
HALOPERIDOL LAC 10 MG/5 ML CUP	1				
HALOPERIDOL LAC 2 MG/ML CONC	1				
HARVONI 33.75-150 MG PELLETT PK	2	QL	PA		SP
HARVONI 45-200 MG PELLETT PACKT	2	QL	PA		SP
HARVONI 45-200 MG TABLET	2	QL	PA		SP
HARVONI 90-400 MG TABLET	2	QL	PA		SP
HAVRIX 1,440 UNIT/ML SYRINGE	2				
HAVRIX 720 UNIT/0.5 ML SYRINGE	2				
HEALTHPRO CONTROL SOLN-L1, L3	3				
HEALTHY ACCENTS AUTOLET DEVICE	2				
HEALTHY ACCENTS UNILET 30G	2				
HEATHER 0.35 MG TABLET	1				
HEB MICRO THIN 33G LANCETS	2				
HELIDAC THERAPY PACK	3				
HEMA-COMBISTIX REAGENT STRIPS	2				
HEMMOREX-HC 25 MG SUPPOSITORY	1				
HEMMOREX-HC 30 MG SUPPOSITORY	1				
HEPARIN 1,000 UNIT/10 (100/ML)	1				
HEPARIN 1,000 UNIT/500 ML-NS	1				
HEPARIN 10 UNIT/10 ML (1/ML)	1				
HEPARIN 10,000 UNIT/10 ML VIAL	1				
HEPARIN 100 UNIT/10 ML (10/ML)	1				
HEPARIN 12,500 UNIT/250-1/2 NS	3				
HEPARIN 2 UNIT/2 ML (1/ML) SYR	1				
HEPARIN 2,000 UNIT/1,000 ML-NS	1				
HEPARIN 2,000 UNIT/2 ML VIAL	1				
HEPARIN 2,500 UNIT/500 ML-NS	3				
HEPARIN 20 UNIT/20 ML-NS SYRNG	3				
HEPARIN 20 UNITS/2 ML (10/ML)	1				
HEPARIN 20,000 UNIT/500 ML-D5W	1				
HEPARIN 200 UNIT/2 ML (100/ML)	1				
HEPARIN 25,000 UNIT/250 ML-D5W	1				
HEPARIN 25,000 UNIT/250-1/2 NS	1				
HEPARIN 25,000 UNIT/500 ML-D5W	1				
HEPARIN 25,000 UNIT/500-1/2 NS	1				
HEPARIN 3 UNIT/3 ML (1/ML) SYR	1				
HEPARIN 30 UNIT/3 ML (10/ML)	1				
HEPARIN 30 UNITS/3 ML (10/ML)	1				
HEPARIN 30,000 UNIT/1,000-NS	3				
HEPARIN 30,000 UNIT/30 ML VIAL	1				
HEPARIN 300 UNIT/3 ML (100/ML)	1				
HEPARIN 40,000 UNIT/4 ML VIAL	1				
HEPARIN 5 UNIT/5 ML (1/ML) SYR	1				
HEPARIN 5,000 UNIT/1,000 ML-NS	3				
HEPARIN 5,000 UNIT/500 ML-NS	3				
HEPARIN 5,000 UNIT/ML CARPUJCT	1				
HEPARIN 50 UNIT/50 ML-NS SYRNG	3				
HEPARIN 50 UNITS/5 ML (10/ML)	1				
HEPARIN 50,000 UNIT/10 ML VIAL	1				
HEPARIN 50,000 UNIT/5 ML VIAL	1				
HEPARIN 500 UNIT/5 ML (100/ML)	1				
HEPARIN 60 UNITS/6 ML (10/ML)	1				
HEPARIN FLUSH 10 UNITS/ML SYR	1				
HEPARIN IV FLUSH 1 UNIT/ML SYR	1				
HEPARIN IV FLUSH 100 UNITS/ML	1				
HEPARIN LOCK FLUSH 10 UNITS/ML	1				
HEPARIN LOCK FLUSH 100 UNIT/ML	1				
HEPARIN SOD 1,000 UNIT/ML VIAL	1				
HEPARIN SOD 10,000 UNIT/ML VL	1				
HEPARIN SOD 20,000 UNIT/ML VL	1				
HEPARIN SOD 5,000 UNIT/0.5 ML	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
HEPARIN SOD 5,000 UNIT/ML SYRG	3				
HEPARIN SOD 5,000 UNIT/ML VIAL	1				
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2				
HEP-LOCK FLUSH 100 UNIT/ML KIT	1				
HEPSERA 10 MG TABLET	3				
HER STYLE 1.5 MG TABLET	1	QL			
HETLIOZ 20 MG CAPSULE	3	QL	PA		SP
HETLIOZ LQ 4 MG/ML SUSPENSION	3	QL	PA		SP
HIBERIX VACCINE VIAL	2				
HIBERIX VIAL AND DILUENT SYRG	2				
HIBERIX VIAL WITH DILUENT VIAL	2				
HIPREX 1 GM TABLET	3				
HISTEX-AC SYRUP	3				
HM ASPIRIN 81 MG CHEWABLE TAB	1				
HM ASPIRIN EC 81 MG TABLET	1				
HM CLEARLAX POWDER	1				
HM LAXATIVE EC 5 MG TABLET	1				
HM MAGNESIUM CITRATE SOLUTION	1				
HM MILK OF MAGNESIA SUSPENSION	1				
HOMAPIN 10 TABLET	3				
HOMATROPAIRE 5% EYE DROPS	1				
HORIZANT ER 300 MG TABLET	3			ST	
HORIZANT ER 600 MG TABLET	3			ST	
HUMALOG 100 UNIT/ML CARTRIDGE	2				
HUMALOG 100 UNIT/ML KWIKPEN	2				
HUMALOG 200 UNIT/ML KWIKPEN	2				
HUMALOG JR 100 UNIT/ML KWIKPEN	2				
HUMALOG MIX 50-50 KWIKPEN	2				
HUMALOG MIX 50-50 VIAL	2				
HUMALOG MIX 75-25 KWIKPEN	2				
HUMALOG MIX 75-25 VIAL	2				
HUMALOG TEMPO PEN 100 UNIT/ML	2				
HUMATIN 250 MG CAPSULE	3				SP
HUMULIN 70/30 KWIKPEN	2				
HUMULIN 70-30 VIAL	2				
HUMULIN N 100 UNIT/ML KWIKPEN	2				
HUMULIN N 100 UNIT/ML VIAL	2				
HUMULIN R 100 UNIT/ML VIAL	2				
HUMULIN R 500 UNIT/ML KWIKPEN	2				
HUMULIN R 500 UNIT/ML VIAL	2				
HURRICAIN LUER-LOCK DISP CAP	2				
HV MILK OF MAGNESIA SUSPENSION	1				
HYALURONIDASE 175 UNIT/ML VIAL	3				
HYCAMTIN 0.25 MG CAPSULE	2		PA		SP
HYCAMTIN 1 MG CAPSULE	2		PA		SP
HYCODAN 5 MG-1.5 MG TABLET	3				
HYCODAN 5 MG-1.5 MG/5 ML CUP	3				
HYCODAN 5 MG-1.5 MG/5 ML SOLN	3				
HYDRALAZINE 10 MG TABLET	1				
HYDRALAZINE 100 MG TABLET	1				
HYDRALAZINE 25 MG TABLET	1				
HYDRALAZINE 50 MG TABLET	1				
HYDREA 500 MG CAPSULE	3				
HYDROCHLOROTHIAZIDE 12.5 MG CP	1				
HYDROCHLOROTHIAZIDE 12.5 MG TB	1				
HYDROCHLOROTHIAZIDE 25 MG TAB	1				
HYDROCHLOROTHIAZIDE 50 MG TAB	1				
HYDROCODONE ER 10 MG CAPSULE	1	QL	PA		
HYDROCODONE ER 100 MG TABLET	1	QL	PA		
HYDROCODONE ER 120 MG TABLET	1	QL	PA		
HYDROCODONE ER 15 MG CAPSULE	1	QL	PA		
HYDROCODONE ER 20 MG CAPSULE	1	QL	PA		
HYDROCODONE ER 20 MG TABLET	1	QL	PA		

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
HYDROCODONE ER 30 MG CAPSULE	1	QL	PA		
HYDROCODONE ER 30 MG TABLET	1	QL	PA		
HYDROCODONE ER 40 MG CAPSULE	1	QL	PA		
HYDROCODONE ER 40 MG TABLET	1	QL	PA		
HYDROCODONE ER 50 MG CAPSULE	1	QL	PA		
HYDROCODONE ER 60 MG TABLET	1	QL	PA		
HYDROCODONE ER 80 MG TABLET	1	QL	PA		
HYDROCODONE-ACETAMIN 10-300 MG	1		PA		
HYDROCODONE-ACETAMIN 10-325 MG	1		PA		
HYDROCODONE-ACETAMIN 10-325/15	1		PA		
HYDROCODONE-ACETAMIN 2.5-108/5	3		PA		
HYDROCODONE-ACETAMIN 2.5-325	1		PA		
HYDROCODONE-ACETAMIN 5-217/10	3		PA		
HYDROCODONE-ACETAMIN 5-300 MG	1		PA		
HYDROCODONE-ACETAMIN 5-325 MG	1		PA		
HYDROCODONE-ACETAMIN 7.5-300	1		PA		
HYDROCODONE-ACETAMIN 7.5-325	1		PA		
HYDROCODONE-ACETAMIN 7.5-325/15	1		PA		
HYDROCODONE-CHLORPHEN ER SUSP	1				
HYDROCODONE-HOMATROP 5 ML CUP	1				
HYDROCODONE-HOMATROPINE 5-1.5	1				
HYDROCODONE-HOMATROPINE SOLN	1				
HYDROCODONE-IBUPROFEN 10-200	1		PA		
HYDROCODONE-IBUPROFEN 5-200 MG	1		PA		
HYDROCODONE-IBUPROFEN 7.5-200	1		PA		
HYDROCORT BUTY 0.1% LIPID CRM	1	QL			
HYDROCORT BUTY 0.1% LIPO CREAM	1	QL			
HYDROCORTISON-ACETIC ACID SOLN	1				
HYDROCORTISONE 1% CREAM	1				
HYDROCORTISONE 10 MG TABLET	1				
HYDROCORTISONE 100 MG/60 ML	1				
HYDROCORTISONE 2% LOTION	1				
HYDROCORTISONE 2.5% CREAM	1				
HYDROCORTISONE 2.5% LOTION	1				
HYDROCORTISONE 2.5% OINTMENT	1				
HYDROCORTISONE 2.5% SOLUTION	1				
HYDROCORTISONE 20 MG TABLET	1				
HYDROCORTISONE 5 MG TABLET	1				
HYDROCORTISONE AC 25 MG SUPP	1				
HYDROCORTISONE AC 30 MG SUPP	1				
HYDROCORTISONE BUTY 0.1% CREAM	1	QL			
HYDROCORTISONE BUTYR 0.1% LOTN	1	QL		ST	
HYDROCORTISONE BUTYR 0.1% OINT	1	QL		ST	
HYDROCORTISONE BUTYR 0.1% SOLN	1	QL		ST	
HYDROCORTISONE VAL 0.2% CREAM	1				
HYDROCORTISONE VAL 0.2% OINTMT	1				
HYDROCORTISONE-ACETIC EAR DROP	1				
HYDROCORT-PRAMOXINE 1%-1% CRM	1				
HYDROCORT-PRAMOXINE 2.5-1% CRM	1			ST	
HYDROGEN PEROXIDE 3% SOLUTION	1				
HYDROMET 5 MG-1.5 MG/5 ML SOLN	1				
HYDROMORPHONE 1 MG/ML SOLUTION	1		PA		
HYDROMORPHONE 2 MG TABLET	1		PA		
HYDROMORPHONE 3 MG SUPPOS	1		PA		
HYDROMORPHONE 4 MG TABLET	1		PA		
HYDROMORPHONE 5 MG/5 ML SOLN	1		PA		
HYDROMORPHONE 8 MG TABLET	1		PA		
HYDROMORPHONE HCL ER 12 MG TAB	1	QL	PA		
HYDROMORPHONE HCL ER 16 MG TAB	1	QL	PA		
HYDROMORPHONE HCL ER 32 MG TAB	1	QL	PA		
HYDROMORPHONE HCL ER 8 MG TAB	1	QL	PA		
HYDROXOCOBALAMIN 1,000 MCG/ML	1				
HYDROXYCHLOROQUINE 100 MG TAB	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
HYDROXYCHLOROQUINE 200 MG TAB	1				
HYDROXYCHLOROQUINE 300 MG TAB	1				
HYDROXYCHLOROQUINE 400 MG TAB	1				
HYDROXYPROPYLCELLULOSE POWDER	2				
HYDROXYUREA 500 MG CAPSULE	1				
HYDROXYZINE 10 MG/5 ML SOLN	1				
HYDROXYZINE 10 MG/5 ML SYRUP	1				
HYDROXYZINE 50 MG/25 ML CUP	3				
HYDROXYZINE HCL 10 MG TABLET	1				
HYDROXYZINE HCL 25 MG TABLET	1				
HYDROXYZINE HCL 50 MG TABLET	1				
HYDROXYZINE PAM 100 MG CAP	1				
HYDROXYZINE PAM 25 MG CAP	1				
HYDROXYZINE PAM 50 MG CAP	1				
HYFTOR 0.2% GEL	3		PA		SP
HYOPHEN TABLET	1				
HYOSCYAMINE 0.125 MG ODT	1				
HYOSCYAMINE 0.125 MG TAB SL	1				
HYOSCYAMINE 0.125 MG/5 ML ELIX	1				
HYOSCYAMINE 0.125 MG/ML DROP	1				
HYOSCYAMINE ER 0.375 MG TAB	1				
HYOSCYAMINE SR 0.375 MG TAB	1				
HYOSCYAMINE SULF 0.125 MG TAB	1				
HYOSYNE 0.125 MG/ML DROP	1				
HYOSYNE 125 MCG/5 ML ELIXIR	1				
HYPER-SAL 3.5% VIAL	3				
HYPER-SAL 7% VIAL	3				
HYPO NEEDLE,POLYPROPYL HUB	2				
HYPODERMIC NEEDLE,ALUM HUB	2				
HYPOLANCE AST LANCING KIT	2				
HYPROMELLOSE POWDER	2				
HYSINGLA ER 100 MG TABLET	2	QL	PA		
HYSINGLA ER 120 MG TABLET	2	QL	PA		
HYSINGLA ER 20 MG TABLET	2	QL	PA		
HYSINGLA ER 30 MG TABLET	2	QL	PA		
HYSINGLA ER 40 MG TABLET	2	QL	PA		
HYSINGLA ER 60 MG TABLET	2	QL	PA		
HYSINGLA ER 80 MG TABLET	2	QL	PA		
IBANDRONATE SODIUM 150 MG TAB	1	QL			
IBRANCE 100 MG CAPSULE	2	QL	PA		SP
IBRANCE 100 MG TABLET	2	QL	PA		SP
IBRANCE 125 MG CAPSULE	2	QL	PA		SP
IBRANCE 125 MG TABLET	2	QL	PA		SP
IBRANCE 75 MG CAPSULE	2	QL	PA		SP
IBRANCE 75 MG TABLET	2	QL	PA		SP
IBU 400 MG TABLET	1				
IBU 600 MG TABLET	1				
IBU 800 MG TABLET	1				
IBUPROFEN 100 MG/5 ML SUSP	1				
IBUPROFEN 400 MG TABLET	1				
IBUPROFEN 600 MG TABLET	1				
IBUPROFEN 800 MG TABLET	1				
ICATIBANT 30 MG/3 ML SYRINGE	1	QL	PA		SP
ICLEVIA 0.15 MG-0.03 MG TABLET	1				
ICLUSIG 10 MG TABLET	2	QL	PA		SP
ICLUSIG 15 MG TABLET	2	QL	PA		SP
ICLUSIG 30 MG TABLET	2	QL	PA		SP
ICLUSIG 45 MG TABLET	2	QL	PA		SP
ICOSAPENT ETHYL 0.5 GM CAPSULE	1		PA		
ICOSAPENT ETHYL 1 GRAM CAPSULE	1		PA		
ICOSAPENT ETHYL 500 MG CAPSULE	1		PA		
IDHIFA 100 MG TABLET	2	QL	PA		SP
IDHIFA 50 MG TABLET	2	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
IGALMI 120 MCG SL FILM	3				
IGALMI 180 MCG SL FILM	3				
IHEALTH CONTROL SOLN LEVEL 2	3				
IHEEZO 3% GEL EYE DROP	3				
ILET STARTER KIT CONTACT23"6MM	3				
ILET STARTER KIT-INSET 23" 6MM	3				
ILET STARTER KIT-INSET 32" 6MM	3				
ILEVRO 0.3% OPHTH DROPS	3				
IMATINIB MESYLATE 100 MG TAB	1	QL	PA		SP
IMATINIB MESYLATE 400 MG TAB	1	QL	PA		SP
IMBRUVICA 140 MG CAPSULE	2	QL	PA		SP
IMBRUVICA 140 MG TABLET	2	QL	PA		SP
IMBRUVICA 280 MG TABLET	2	QL	PA		SP
IMBRUVICA 420 MG TABLET	2	QL	PA		SP
IMBRUVICA 560 MG TABLET	2		PA		SP
IMBRUVICA 70 MG CAPSULE	2	QL	PA		SP
IMBRUVICA 70 MG/ML SUSPENSION	2	QL	PA		SP
IMIPRAMINE HCL 10 MG TABLET	1				
IMIPRAMINE HCL 25 MG TABLET	1				
IMIPRAMINE HCL 50 MG TABLET	1				
IMIPRAMINE PAMOATE 100 MG CAP	1				
IMIPRAMINE PAMOATE 125 MG CAP	1				
IMIPRAMINE PAMOATE 150 MG CAP	1				
IMIPRAMINE PAMOATE 75 MG CAP	1				
IMIQUIMOD 3.75% CREAM	1				
IMIQUIMOD 3.75% CREAM PUMP	1				
IMIQUIMOD 5% CREAM PACKET	1				
IMLYGIC 1 MILLION PFU/ML VIAL	3		PA		SP
IMLYGIC 100 MILLION PFU/ML VL	3		PA		SP
IMOVAX RABIES VACCINE VIAL	2				
IMPAVIDO 50 MG CAPSULE	2	QL	PA		
IMPEKLO 0.05% LOTION	3	QL		ST	
IMURAN 50 MG TABLET	3				
INBRIJA 42 MG INHALATION CAP	2	QL	PA		SP
INCASSIA 0.35 MG TABLET	1				
INCONTROL LANCING DEVICE	2				
INCONTROL SUPER THIN 30G LANCT	2				
INCONTROL ULTRA THIN 28G LANCT	2				
INCRELEX 40 MG/4 ML VIAL	2		PA		SP
INCRUSE ELLIPTA 62.5 MCG INH	2	QL			
INDAPAMIDE 1.25 MG TABLET	1				
INDAPAMIDE 2.5 MG TABLET	1				
INDOMETHACIN 20 MG CAPSULE	3	QL		ST	
INDOMETHACIN 25 MG CAPSULE	1				
INDOMETHACIN 25 MG/5 ML SUSP	1			ST	
INDOMETHACIN 50 MG CAPSULE	1				
INDOMETHACIN 50 MG SUPPOSITORY	1				
INDOMETHACIN ER 75 MG CAPSULE	1				
INFANRIX DTAP SYRINGE	2				
INFASURF 35 MG/ML VIAL	3				
INFINITY CONTROL SOLN HIGH	3				
INFINITY CONTROL SOLN LOW	3				
INFINITY CONTROL SOLN NORMAL	3				
INFINITY VOICE CTRL SOLN-LVL 2	3				
INGREZZA 40 MG CAPSULE	3	QL	PA		SP
INGREZZA 40 MG SPRINKLE CAP	3	QL	PA		SP
INGREZZA 60 MG CAPSULE	3	QL	PA		SP
INGREZZA 60 MG SPRINKLE CAP	3	QL	PA		SP
INGREZZA 80 MG CAPSULE	3	QL	PA		SP
INGREZZA 80 MG SPRINKLE CAP	3	QL	PA		SP
INGREZZA INITIATION PK(TARDIV)	3	QL	PA		SP
INJECT EASE 28G LANCETS	2				
INJECT EASE 30G LANCETS	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
INJECT-EASE SYR NDL INTRODUCER	2				
INLYTA 1 MG TABLET	2	QL	PA		SP
INLYTA 5 MG TABLET	2	QL	PA		SP
INOVA 4% EASY PAD	3			ST	
INOVA 4-1 EASY PAD	3			ST	
INOVA 8% EASY PAD	3			ST	
INOVA 8-2 EASY PAD	3			ST	
INPEN (FOR HUMALOG) BLUE	3				
INPEN (FOR HUMALOG) GREY	3				
INPEN (FOR HUMALOG) PINK	3				
INPEN (NOVOLOG OR FIASP) BLUE	3				
INPEN (NOVOLOG OR FIASP) GREY	3				
INPEN (NOVOLOG OR FIASP) PINK	3				
INSPRA 25 MG TABLET	3				
INSPRA 50 MG TABLET	3				
INSUL-CAP INSULIN HOLDER	3				
INSUL-EZE SYRINGE MAGNIFIER	3				
INSULIN GLARGINE-YFGN U100 PEN	2				
INSULIN GLARGINE-YFGN U100 VL	2				
INSULIN LISPRO 100 UNIT/ML PEN	2				
INSULIN LISPRO 100 UNIT/ML VL	2				
INSULIN LISPRO JR 100 UNIT/ML	2				
INSULIN LISPRO MIX 75-25 KWKPN	2				
INTELENCE 100 MG TABLET	3				
INTELENCE 200 MG TABLET	3				
INTELENCE 25 MG TABLET	2				
INTERLINK SYRINGE CANNULA	2				
INTRON A 18 MILLION UNIT/3 ML	2				SP
INTRON A 25 MILLION UNIT/2.5ML	2				SP
INVACARE 30G LANCETS	2				
INVACARE LANCING DEVICE	2				
INVEGA ER 1.5 MG TABLET	3	QL			
INVEGA ER 3 MG TABLET	3	QL			
INVEGA ER 6 MG TABLET	3	QL			
INVEGA ER 9 MG TABLET	3	QL			
INVELTYS 1% EYE DROP	3			ST	
INVIRASE 500 MG TABLET	2				
IODINE 2% MILD TINCTURE	1				
IODINE 5% STRONG SOLUTION	1				
IODINE STRONG SOLUTION	1				
IODOFLEX PAD	3				
IODOFLEX PAD 4 X 6 CM (5 GM)	3				
IODOFLEX PAD 6 X 8 CM (10 GM)	3				
IODOSORB GEL	3				
IOPIDINE 1% EYE DROPS	3				
IPOL VIAL	2				
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1	QL			
IPRATROPIUM 0.03% SPRAY	1	QL			
IPRATROPIUM 0.06% SPRAY	1	QL			
IPRATROPIUM BR 0.02% SOLN	1				
IQIRVO 80 MG TABLET	2		PA		SP
IRBESARTAN 150 MG TABLET	1				
IRBESARTAN 300 MG TABLET	1				
IRBESARTAN 75 MG TABLET	1				
IRBESARTAN-HCTZ 150-12.5 MG TB	1				
IRBESARTAN-HCTZ 300-12.5 MG TB	1				
IRESSA 250 MG TABLET	3	QL	PA		SP
ISENTRESS 100 MG POWDER PACKET	2				
ISENTRESS 100 MG TABLET CHEW	2				
ISENTRESS 25 MG TABLET CHEW	2				
ISENTRESS 400 MG TABLET	2				
ISENTRESS HD 600 MG TABLET	2				
ISIBLOOM 28 DAY TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ISOFLURANE LIQUID	1				
ISONIAZID 100 MG TABLET	1				
ISONIAZID 300 MG TABLET	1				
ISONIAZID 50 MG/5 ML SOLUTION	1				
ISOPTO ATROPINE 1% EYE DROP	3				
ISOPTO CARPINE 1% EYE DROPS	3				
ISOPTO CARPINE 2% EYE DROPS	3				
ISOPTO CARPINE 4% EYE DROPS	3				
ISORDIL 40 MG TABLET	3				
ISORDIL TITRADOSE 5 MG TAB	3				
ISOSORBIDE DINITRATE 10 MG TAB	1				
ISOSORBIDE DINITRATE 20 MG TAB	1				
ISOSORBIDE DINITRATE 30 MG TAB	1				
ISOSORBIDE DINITRATE 40 MG TAB	1				
ISOSORBIDE DINITRATE 5 MG TAB	1				
ISOSORBIDE MONONIT 10 MG TAB	1				
ISOSORBIDE MONONIT 20 MG TAB	1				
ISOSORBIDE MONONIT ER 120 MG	1				
ISOSORBIDE MONONIT ER 30 MG TB	1				
ISOSORBIDE MONONIT ER 60 MG TB	1				
ISOSORBIDE-HYDRALAZINE 20-37.5	1				
ISOTRETINOIN 10 MG CAPSULE	1				
ISOTRETINOIN 20 MG CAPSULE	1				
ISOTRETINOIN 25 MG CAPSULE	1				
ISOTRETINOIN 30 MG CAPSULE	1				
ISOTRETINOIN 35 MG CAPSULE	1				
ISOTRETINOIN 40 MG CAPSULE	1				
ISOXSUPRINE 10 MG TABLET	1				
ISOXSUPRINE 20 MG TABLET	1				
ISRADIPINE 2.5 MG CAPSULE	1				
ISRADIPINE 5 MG CAPSULE	1				
ITOVEBI 3 MG TABLET	3		PA		SP
ITOVEBI 9 MG TABLET	3		PA		SP
ITRACONAZOLE 10 MG/ML SOLUTION	1	QL			
ITRACONAZOLE 100 MG CAPSULE	1	QL			
ITRACONAZOLE 100 MG/10 ML CUP	1	QL			
IVABRADINE HCL 5 MG TABLET	1		PA		
IVABRADINE HCL 7.5 MG TABLET	1		PA		
IVERMECTIN 1% CREAM	1	QL			
IVERMECTIN 3 MG TABLET	1	QL	PA		
IWILFIN 192 MG TABLET	2		PA		SP
IXCHIQ VIAL	2				
IXIARO 6 MCG/0.5 ML SYRINGE	2				
IXIARO 6 UNIT(6 MCG)/0.5ML SYR	2				
JAIMIESS 0.15-0.03-0.01 MG TAB	1				
JAKAFI 10 MG TABLET	2	QL	PA		SP
JAKAFI 15 MG TABLET	2	QL	PA		SP
JAKAFI 20 MG TABLET	2	QL	PA		SP
JAKAFI 25 MG TABLET	2	QL	PA		SP
JAKAFI 5 MG TABLET	2	QL	PA		SP
JALYN 0.5-0.4 MG CAPSULE	3		PA		
JANSSEN COVID-19 VACCINE (EUA)	2				
JANTOVEN 1 MG TABLET	1				
JANTOVEN 10 MG TABLET	1				
JANTOVEN 2 MG TABLET	1				
JANTOVEN 2.5 MG TABLET	1				
JANTOVEN 3 MG TABLET	1				
JANTOVEN 4 MG TABLET	1				
JANTOVEN 5 MG TABLET	1				
JANTOVEN 6 MG TABLET	1				
JANTOVEN 7.5 MG TABLET	1				
JANUMET 50-1,000 MG TABLET	2	QL			
JANUMET 50-500 MG TABLET	2	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
JANUMET XR 100-1,000 MG TABLET	2	QL			
JANUMET XR 50-1,000 MG TABLET	2	QL			
JANUMET XR 50-500 MG TABLET	2	QL			
JANUVIA 100 MG TABLET	2	QL			
JANUVIA 25 MG TABLET	2	QL			
JANUVIA 50 MG TABLET	2	QL			
JARDIANCE 10 MG TABLET	2	QL		ST	
JARDIANCE 25 MG TABLET	2	QL		ST	
JASMIEL 3 MG-0.02 MG TABLET	1				
JATENZO 158 MG CAPSULE	3	QL	PA		
JATENZO 198 MG CAPSULE	3	QL	PA		
JATENZO 237 MG CAPSULE	3	QL	PA		
JAVYGTOR 100 MG POWDER PACKET	1		PA		SP
JAVYGTOR 100 MG TABLET	1		PA		SP
JAVYGTOR 500 MG POWDER PACKET	1		PA		SP
JELMYTO SINGLE-DOSE KT(40MGX2)	3		PA		SP
JENCYCLA 0.35 MG TABLET	1				
JINTELI 1 MG-5 MCG TABLET	1				
JOENJA 70 MG TABLET	3	QL	PA		SP
JOLESSA 0.15 MG-0.03 MG TABLET	1				
JORNAY PM 100 MG CAPSULE	3			ST	
JORNAY PM 20 MG CAPSULE	3			ST	
JORNAY PM 40 MG CAPSULE	3			ST	
JORNAY PM 60 MG CAPSULE	3			ST	
JORNAY PM 80 MG CAPSULE	3			ST	
JOYEAX-28 TABLET	1				
JULEBER 28 DAY TABLET	1				
JULUCA 50-25 MG TABLET	2				
JUNEL 1 MG-20 MCG TABLET	1				
JUNEL 1.5 MG-30 MCG TABLET	1				
JUNEL FE 1 MG-20 MCG TABLET	1				
JUNEL FE 1.5 MG-30 MCG TABLET	1				
JUNEL FE 24 TABLET	1				
JUST RIGHT 5000 1.1% TOOTHPSTE	3				
JUXTAPID 10 MG CAPSULE	2				SP
JUXTAPID 20 MG CAPSULE	2				SP
JUXTAPID 30 MG CAPSULE	2				SP
JUXTAPID 5 MG CAPSULE	2				SP
JYNARQUE 15 MG TABLET	3	QL	PA		SP
JYNARQUE 15 MG-15 MG TABLET	3	QL	PA		SP
JYNARQUE 30 MG TABLET	3	QL	PA		SP
JYNARQUE 30 MG-15 MG TABLET	3	QL	PA		SP
JYNARQUE 45 MG-15 MG TABLET	3	QL	PA		SP
JYNARQUE 60 MG-30 MG TABLET	3	QL	PA		SP
JYNARQUE 90 MG-30 MG TABLET	3	QL	PA		SP
JYNNEOS 0.5 ML VIAL	2				
JYNNEOS 0.5 ML VIAL(STOCKPILE)	2				
KAITLIB FE 0.8-0.025MG CHEW TB	1				
KALETRA 100-25 MG TABLET	3				
KALETRA 200-50 MG TABLET	3				
KALETRA 80 MG-20 MG/ML SOLN	3				
KALLIGA 28 DAY TABLET	1				
KALYDECO 13.4 MG GRANULES PKT	2	QL	PA		SP
KALYDECO 150 MG TABLET	2	QL	PA		SP
KALYDECO 25 MG GRANULES PACKET	2	QL	PA		SP
KALYDECO 5.8 MG GRANULES PKT	2	QL	PA		SP
KALYDECO 50 MG GRANULES PACKET	2	QL	PA		SP
KALYDECO 75 MG GRANULES PACKET	2	QL	PA		SP
KAPVAY ER 0.1 MG TABLET	3			ST	
KARIVA 28 DAY TABLET	1				
KEFLEX 750 MG CAPSULE	3				
KELNOR 1-35 28 TABLET	1				
KELNOR 1-50 TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
KENALOG 0.147 MG/GRAM SPRAY	3	QL		ST	
KENDALL 0.9% NACL SYRINGE-CAP	3				
KENDALL LUER ACCESS DISINF CAP	3				
KERENDIA 10 MG TABLET	2	QL	PA		
KERENDIA 20 MG TABLET	2	QL	PA		
KESIMPTA 20 MG/0.4 ML PEN	2	QL	PA		SP
KETOCONAZOLE 2% CREAM	1	QL			
KETOCONAZOLE 2% FOAM	1	QL		ST	
KETOCONAZOLE 2% SHAMPOO	1	QL			
KETOCONAZOLE 200 MG TABLET	1				
KETODAN 2% FOAM	1	QL		ST	
KETODAN 2% FOAM KIT	1			ST	
KETO-DIASTIX REAGENT STRIPS	2				
KETONE TEST STRIP	2				
KETOPROFEN 25 MG CAPSULE	1			ST	
KETOPROFEN 50 MG CAPSULE	1				
KETOPROFEN 75 MG CAPSULE	1				
KETOPROFEN ER 200 MG CAPSULE	1			ST	
KETOROLAC 0.4% OPHTH SOLUTION	1				
KETOROLAC 0.5% OPHTH SOLUTION	1				
KETOROLAC 10 MG TABLET	1	QL			
KETOSTIX REAGENT STRIP	2				
KIMONO CONDOMS	2				
KIMONO MAXX CONDOM	2				
KIMONO MICROTHIN AQUA LUBE	2				
KIMONO MICROTHIN CONDOM	2				
KIMONO MICROTHIN LARGE CONDOM	2				
KIMONO TEXTURED CONDOM	2				
KIMONO THIN LUBRICATED CONDOMS	3				
KINRIX TIP-LOK SYRINGE	2				
KINRIX VIAL	2				
KIONEX 15 GM/60 ML SUSPENSION	1				
KIPROFEN 25 MG CAPSULE	1			ST	
KISQALI 200 MG DAILY DOSE	2	QL	PA		SP
KISQALI 400 MG DAILY DOSE	2	QL	PA		SP
KISQALI 600 MG DAILY DOSE	2	QL	PA		SP
KISQALI FEMARA 200 MG CO-PACK	2	QL	PA		SP
KISQALI FEMARA 400 MG CO-PACK	2	QL	PA		SP
KISQALI FEMARA 600 MG CO-PACK	2	QL	PA		SP
KITABIS PAK 300 MG/5 ML	2	QL	PA		SP
KLARITY(CHONDROITIN) 2.5 MG/ML	3				
KLARITY-A (AZITHROM-CHONDR) 1%	3				
KLARITY-B (BETAMET-CHOND) 0.1%	3				
KLARITY-L (LOTEPR-CHONDR) 0.2%	3				
KLARITY-L (LOTEPR-CHONDR) 0.5%	3				
KLARON 10% LOTION	3			ST	
KLAYESTA 100,000 UNIT/GM POWD	1	QL			
KLOR-CON 10 MEQ TABLET	1				
KLOR-CON 20 MEQ PACKET	1				
KLOR-CON 8 MEQ TABLET	1				
KLOR-CON M10 TABLET	1				
KLOR-CON M15 TABLET	1				
KLOR-CON M20 TABLET	1				
KLOR-CON-EF 25 MEQ TAB EFF	1				
KLOXXADO 8 MG NASAL SPRAY	2	QL			
KOBEE TABLET	1				
KOSELUGO 10 MG CAPSULE	3		PA		SP
KOSELUGO 25 MG CAPSULE	3		PA		SP
KOSHER PRENATAL PLUS IRON TAB	3				
KOURZEQ 0.1% DENTAL PASTE	1				
K-PHOS #2 TABLET	3				
K-PHOS ORIGINAL TABLET	2				
KPN TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
KRINTAFEL 150 MG TABLET	3	QL			
KRISTALOSE 10 GM PACKET	3				
KRISTALOSE 20 GM PACKET	3				
KRO ASPIRIN 81 MG CHEWABLE TAB	1				
KRO AUTOLET LANCING DEVICE	2				
KRO GENTLELAX 17 GRAM POWDER	1				
KRO LANCING DEVICE	2				
KRO UNIVERSAL 1 THIN 26G LANCT	2				
KROGER LANCETS	2				
KROGER LANCING DEVICE	2				
KROGER SUPER THIN LANCETS	2				
K-TAB ER 10 MEQ TABLET	3				
K-TAB ER 20 MEQ TABLET	3				
K-TAB ER 8 MEQ TABLET	1				
KURVELO-28 TABLET	1				
KYNMOBI 10 MG SL FILM	2	QL	PA		
KYNMOBI 15 MG SL FILM	2	QL	PA		
KYNMOBI 20 MG SL FILM	2	QL	PA		
KYNMOBI 25 MG SL FILM	2	QL	PA		
KYNMOBI 30 MG SL FILM	2	QL	PA		
L.E.T.(LIDO-EPINEPH-TETRA) GEL	3				
L.E.T.(LIDO-EPINEPH-TETRA) SOL	3				
LABETALOL HCL 100 MG TABLET	1				
LABETALOL HCL 200 MG TABLET	1				
LABETALOL HCL 300 MG TABLET	1				
LABETALOL HCL 400 MG TABLET	3				
LABSTIX REAGENT STRIPS	2				
LACOSAMIDE 10 MG/ML SOLUTION	1				
LACOSAMIDE 100 MG TABLET	1				
LACOSAMIDE 100 MG/10 ML CUP	1				
LACOSAMIDE 150 MG TABLET	1				
LACOSAMIDE 150 MG/15 ML CUP	1				
LACOSAMIDE 200 MG TABLET	1				
LACOSAMIDE 200 MG/20 ML CUP	1				
LACOSAMIDE 50 MG TABLET	1				
LACOSAMIDE 50 MG/5 ML CUP	1				
LACRISERT 5 MG EYE INSERT	3	QL	PA		
LACTATED RINGERS IRRIGATION	1				
LACTULOSE 10 GM PACKET	1				
LACTULOSE 10 GM/15 ML SOLN CUP	1				
LACTULOSE 10 GM/15 ML SOLUTION	1				
LACTULOSE 20 GM/30 ML SOLN CUP	1				
LACTULOSE 20 GM/30 ML SOLUTION	1				
LAGEVRIO 200 MG CAP (EUA)	2	QL			
LAMICTAL XR START KIT (BLUE)	3			ST	
LAMICTAL XR START KIT (GREEN)	3			ST	
LAMICTAL XR START KIT (ORANGE)	3			ST	
LAMIVUDINE 10 MG/ML ORAL SOLN	1				
LAMIVUDINE 150 MG TABLET	1				
LAMIVUDINE 300 MG TABLET	1				
LAMIVUDINE HBV 100 MG TABLET	1				
LAMIVUDINE-ZIDOVUDINE TABLET	1				
LAMOTRIGINE 100 MG TABLET	1				
LAMOTRIGINE 150 MG TABLET	1				
LAMOTRIGINE 200 MG TABLET	1				
LAMOTRIGINE 25 MG DISPER TAB	1				
LAMOTRIGINE 25 MG TABLET	1				
LAMOTRIGINE 5 MG DISPER TABLET	1				
LAMOTRIGINE ER 100 MG TABLET	1				
LAMOTRIGINE ER 200 MG TABLET	1				
LAMOTRIGINE ER 25 MG TABLET	1				
LAMOTRIGINE ER 250 MG TABLET	1				
LAMOTRIGINE ER 300 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
LAMOTRIGINE ER 50 MG TABLET	1				
LAMOTRIGINE ODT 100 MG TABLET	1				
LAMOTRIGINE ODT 200 MG TABLET	1				
LAMOTRIGINE ODT 25 MG TABLET	1				
LAMOTRIGINE ODT 50 MG TABLET	1				
LAMOTRIGINE ODT KIT (BLUE)	1				
LAMOTRIGINE ODT KIT (GREEN)	1				
LAMOTRIGINE ODT KIT (ORANGE)	1				
LAMOTRIGINE TAB START KIT-BLUE	1				
LAMOTRIGINE TAB START KT-GREEN	1				
LAMOTRIGINE TAB START KT-ORANG	1				
LANCETS	2				
LANCETS 26G X 1.8MM	2				
LANCETS 28G LANCETS	2				
LANCETS 30G	2				
LANCETS 33G	2				
LANCETS THIN 23G	2				
LANCETS ULTRA FINE 28G	2				
LANCETS ULTRA THIN 26G	2				
LANCING DEVICE	2				
LANOXIN 125 MCG TABLET	3				
LANOXIN 250 MCG TABLET	3				
LANOXIN 62.5 MCG TABLET	3				
LANSOPRAZOL-AMOXICIL-CLARITHRO	1	QL			
LANSOPRAZOLE DR 15 MG ODT	1	QL		ST	
LANSOPRAZOLE DR 30 MG CAPSULE	1				
LANSOPRAZOLE DR 30 MG ODT	1			ST	
LANTHANUM CARB 1,000 MG TB CHW	1	QL			
LANTHANUM CARB 500 MG TAB CHEW	1	QL			
LANTHANUM CARB 750 MG TAB CHEW	1	QL			
LANZO LANCING DEVICE	2				
LAPATINIB 250 MG TABLET	1	QL	PA		SP
LARIN 1.5 MG-30 MCG TABLET	1				
LARIN 21 1-20 TABLET	1				
LARIN 24 FE 1 MG-20 MCG TABLET	1				
LARIN FE 1.5-30 TABLET	1				
LARIN FE 1-20 TABLET	1				
LARISSIA-28 TABLET	1				
LASIX 20 MG TABLET	3			ST	
LASIX 40 MG TABLET	3			ST	
LASIX 80 MG TABLET	3			ST	
LATANOPROST 0.005% EYE DROP	3				
LATANOPROST 0.005% EYE DROPS	1		PA		
LAXATIVE EC 5 MG TABLET	1				
LAYOLIS FE CHEWABLE TABLET	1				
LAZANDA 100 MCG NASAL SPRAY	3	QL	PA		
LAZANDA 400 MCG NASAL SPRAY	3	QL	PA		
LAZCLUZE 240 MG TABLET	3		PA		SP
LAZCLUZE 80 MG TABLET	3		PA		SP
LEENA 28 TABLET	1				
LEFLUNOMIDE 10 MG TABLET	1	QL			
LEFLUNOMIDE 20 MG TABLET	1	QL			
LENALIDOMIDE 10 MG CAPSULE	1	QL	PA		SP
LENALIDOMIDE 15 MG CAPSULE	1	QL	PA		SP
LENALIDOMIDE 2.5 MG CAPSULE	1	QL	PA		SP
LENALIDOMIDE 20 MG CAPSULE	1	QL	PA		SP
LENALIDOMIDE 25 MG CAPSULE	1	QL	PA		SP
LENALIDOMIDE 5 MG CAPSULE	1	QL	PA		SP
LENVIMA 10 MG DAILY DOSE	2	QL	PA		SP
LENVIMA 12 MG DAILY DOSE	2	QL	PA		SP
LENVIMA 14 MG DAILY DOSE	2	QL	PA		SP
LENVIMA 18 MG DAILY DOSE	2	QL	PA		SP
LENVIMA 20 MG DAILY DOSE	2	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
LENVIMA 24 MG DAILY DOSE	2	QL	PA		SP
LENVIMA 4 MG CAPSULE	2	QL	PA		SP
LENVIMA 8 MG DAILY DOSE	2	QL	PA		SP
LESCOL XL 80 MG TABLET	3	QL		ST	
LESSINA-28 TABLET	1				
LETROZOLE 2.5 MG TABLET	1				
LEUCOVORIN CALCIUM 10 MG TAB	1				
LEUCOVORIN CALCIUM 15 MG TAB	1				
LEUCOVORIN CALCIUM 25 MG TAB	1				
LEUCOVORIN CALCIUM 5 MG TAB	1				
LEUKERAN 2 MG TABLET	2				
LEUKINE 250 MCG VIAL	2		PA		SP
LEUPROLIDE 2WK 14 MG/2.8 ML KT	1		PA		SP
LEVALBUTEROL 0.31 MG/3 ML SOL	1				
LEVALBUTEROL 0.63 MG/3 ML SOL	1				
LEVALBUTEROL 1.25 MG/3 ML SOL	1				
LEVALBUTEROL CONC 1.25 MG/0.5	1				
LEVBID ER 0.375 MG TABLET	3				
LEVER LOCK CANNULA	3				
LEVETIRACETAM 1,000 MG TABLET	1				
LEVETIRACETAM 1,000MG/10ML CUP	1				
LEVETIRACETAM 100 MG/ML SOLN	1				
LEVETIRACETAM 250 MG TABLET	1				
LEVETIRACETAM 500 MG TABLET	1				
LEVETIRACETAM 500 MG/5 ML CUP	1				
LEVETIRACETAM 500 MG/5 ML SOLN	1				
LEVETIRACETAM 750 MG TABLET	1				
LEVETIRACETAM ER 500 MG TABLET	1				
LEVETIRACETAM ER 750 MG TABLET	1				
LEVOBUNOLOL 0.5% EYE DROPS	1				
LEVOCARNITINE 1 G/10 ML CUP	1				
LEVOCARNITINE 1 G/10 ML SOLN	1				
LEVOCARNITINE 330 MG TABLET	1				
LEVOCARNITINE 500 MG/5 ML CUP	1				
LEVOCARNITINE SF 1 G/10 ML SOL	1				
LEVOFLOXACIN 0.5% EYE DROPS	1				
LEVOFLOXACIN 1.5% EYE DROPS	1				
LEVOFLOXACIN 25 MG/ML SOLUTION	1				
LEVOFLOXACIN 250 MG TABLET	1				
LEVOFLOXACIN 500 MG TABLET	1				
LEVOFLOXACIN 750 MG TABLET	1				
LEVONEST-28 TABLET	1				
LEVONO-E ESTRAD 0.15-0.03-0.01	1				
LEVONOR-E ESTRAD 0.1-0.02-0.01	1				
LEVONOR-ETH ESTRA 0.09-0.02 MG	1				
LEVONOR-ETH ESTRAD 0.1-0.02 MG	1				
LEVONOR-ETH ESTRAD 0.15-0.03	1				
LEVONOR-ETH ESTRAD TRIPHASIC	1				
LEVONORG 0.15MG-EE 20-25-30MCG	1				
LEVONORG-EE-FE BIS 0.1-0.02-36	1				
LEVONORGESTREL 1.5 MG TABLET	1	QL			
LEVORA-28 TABLET	1				
LEVORPHANOL 2 MG TABLET	1		PA		
LEVORPHANOL 3 MG TABLET	1		PA		
LEVO-T 100 MCG TABLET	1				
LEVO-T 112 MCG TABLET	1				
LEVO-T 125 MCG TABLET	1				
LEVO-T 137 MCG TABLET	1				
LEVO-T 150 MCG TABLET	1				
LEVO-T 175 MCG TABLET	1				
LEVO-T 200 MCG TABLET	1				
LEVO-T 25 MCG TABLET	1				
LEVO-T 300 MCG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
LEVO-T 50 MCG TABLET	1				
LEVO-T 75 MCG TABLET	1				
LEVO-T 88 MCG TABLET	1				
LEVOTHYROXINE 100 MCG TABLET	1				
LEVOTHYROXINE 112 MCG TABLET	1				
LEVOTHYROXINE 125 MCG TABLET	1				
LEVOTHYROXINE 137 MCG TABLET	1				
LEVOTHYROXINE 150 MCG TABLET	1				
LEVOTHYROXINE 175 MCG TABLET	1				
LEVOTHYROXINE 200 MCG TABLET	1				
LEVOTHYROXINE 25 MCG TABLET	1				
LEVOTHYROXINE 300 MCG TABLET	1				
LEVOTHYROXINE 50 MCG TABLET	1				
LEVOTHYROXINE 75 MCG TABLET	1				
LEVOTHYROXINE 88 MCG TABLET	1				
LEVOXYL 100 MCG TABLET	1				
LEVOXYL 112 MCG TABLET	1				
LEVOXYL 125 MCG TABLET	1				
LEVOXYL 137 MCG TABLET	1				
LEVOXYL 150 MCG TABLET	1				
LEVOXYL 175 MCG TABLET	1				
LEVOXYL 200 MCG TABLET	1				
LEVOXYL 25 MCG TABLET	1				
LEVOXYL 50 MCG TABLET	1				
LEVOXYL 75 MCG TABLET	1				
LEVOXYL 88 MCG TABLET	1				
LEVSIN 0.125 MG TABLET	3				
LEVSIN-SL 0.125 MG TABLET SL	3				
LEVULAN KERASTICK 20%	3				
LEXIVA 50 MG/ML SUSPENSION	2				
LEXIVA 700 MG TABLET	3				
L-GLUTAMINE 5 GRAM POWDER PKT	1		PA		SP
LICART 1.3% PATCH	2	QL		ST	
LIDO 4%-EPI 0.05%-TETRA 0.5%	1				
LIDOCAINE 1%-PE 1.5%-BSS SYRNG	3				
LIDOCAINE 1%-PE 1.5%-WATER	3				
LIDOCAINE 2% VISCOUS 15 ML CUP	1				
LIDOCAINE 2% VISCOUS SOLN	1				
LIDOCAINE 5% OINTMENT	1	QL			
LIDOCAINE 5% PATCH	1		PA		
LIDOCAINE HCL 2% JEL UROJET AC	1	QL			
LIDOCAINE HCL 2% JELLY	1	QL			
LIDOCAINE HCL 2% JELLY URO-JET	1	QL			
LIDOCAINE HCL 4% SOLUTION	1				
LIDOCAINE-EPINEPHR-TETRA SOLN	3				
LIDOCAINE-HC 2.8-0.55% GEL	1				
LIDOCAINE-HC 2-2% CREAM KIT	1				
LIDOCAINE-HC 3-0.5% CREAM	1				
LIDOCAINE-HC 3-0.5% CREAM KIT	1				
LIDOCAINE-HC 3-1% CREAM KIT	1				
LIDOCAINE-HC 3-2.5% GEL KIT	1				
LIDOCAINE-HYDROCORT 3-2.5% GEL	3				
LIDOCAINE-PRILOCAINE CREAM	1	QL			
LIDOCAN II 5% PATCH	3		PA		
LIDOCAN III 5% PATCH	1		PA		
LIDOCAN IV 5% PATCH	1		PA		
LIDOCAN V 5% PATCH	1		PA		
LIDOCORT 3-0.5% CREAM	1				
LIFESHIELD BLUNT CANNULA	2				
LILLOW-28 TABLET	1				
LINDANE 1% SHAMPOO	1				
LINEZOLID 100 MG/5 ML SUSP	1				
LINEZOLID 600 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
LINZESS 145 MCG CAPSULE	2	QL			
LINZESS 290 MCG CAPSULE	2	QL			
LINZESS 72 MCG CAPSULE	2	QL			
LIOTHYRONINE SOD 25 MCG TAB	1				
LIOTHYRONINE SOD 5 MCG TAB	1				
LIOTHYRONINE SOD 50 MCG TAB	1				
LISDEXAMFETAMINE 10 MG CAPSULE	1				
LISDEXAMFETAMINE 10 MG TB CHEW	1			ST	
LISDEXAMFETAMINE 20 MG CAPSULE	1				
LISDEXAMFETAMINE 20 MG TB CHEW	1			ST	
LISDEXAMFETAMINE 30 MG CAPSULE	1				
LISDEXAMFETAMINE 30 MG TB CHEW	1			ST	
LISDEXAMFETAMINE 40 MG CAPSULE	1				
LISDEXAMFETAMINE 40 MG TB CHEW	1			ST	
LISDEXAMFETAMINE 50 MG CAPSULE	1				
LISDEXAMFETAMINE 50 MG TB CHEW	1			ST	
LISDEXAMFETAMINE 60 MG CAPSULE	1				
LISDEXAMFETAMINE 60 MG TB CHEW	1			ST	
LISDEXAMFETAMINE 70 MG CAPSULE	1				
LISINOPRIL 10 MG TABLET	1				
LISINOPRIL 2.5 MG TABLET	1				
LISINOPRIL 20 MG TABLET	1				
LISINOPRIL 30 MG TABLET	1				
LISINOPRIL 40 MG TABLET	1				
LISINOPRIL 5 MG TABLET	1				
LISINOPRIL-HCTZ 10-12.5 MG TAB	1				
LISINOPRIL-HCTZ 20-12.5 MG TAB	1				
LISINOPRIL-HCTZ 20-25 MG TAB	1				
LITE TOUCH 28G LANCETS	2				
LITE TOUCH 30G LANCETS	2				
LITE TOUCH 33G LANCETS	2				
LITE TOUCH LANCING PEN	2				
LITEAIRE MDI CHAMBER	2				
LITETOUCH LARGE MASK	2				
LITETOUCH MEDIUM MASK	2				
LITETOUCH SMALL MASK	2				
LITFULO 50 MG CAPSULE	3	QL	PA		SP
LITHIUM 8 MEQ/5 ML SOLN CUP	1				
LITHIUM 8 MEQ/5 ML SOLUTION	1				
LITHIUM CARBONATE 150 MG CAP	1				
LITHIUM CARBONATE 300 MG CAP	1				
LITHIUM CARBONATE 300 MG TAB	1				
LITHIUM CARBONATE 600 MG CAP	1				
LITHIUM CARBONATE ER 300 MG TB	1				
LITHIUM CARBONATE ER 450 MG TB	1				
LITHOBID ER 300 MG TABLET	3				
LITHOSTAT 250 MG TABLET	3				
LIVALO 1 MG TABLET	3	QL		ST	
LIVALO 2 MG TABLET	3	QL		ST	
LIVALO 4 MG TABLET	3	QL		ST	
LIVE BETTER ADVANCED LANCING	2				
LIVE BETTER ULTRA THIN LANCET	2				
LIVMARLI 19 MG/ML ORAL SOLN	3		PA		SP
LIVMARLI 9.5 MG/ML ORAL SOLN	3		PA		SP
LIVTENCITY 200 MG TABLET	3	QL	PA		
L-MESITRAN SOFT WOUND GEL	3				
LODINE 400 MG TABLET	3			ST	
LODOSYN 25 MG TABLET	3		PA		
LOFENA 25 MG TABLET	1			ST	
LOFEXIDINE 0.18 MG TABLET	1	QL	PA		
LOJAIMIESS 0.1-0.02-0.01 TAB	1				
LOKELMA 10 GRAM POWDER PACKET	2	QL			
LOKELMA 5 GRAM POWDER PACKET	2	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
LOMOTIL 2.5-0.025 MG TABLET	3				
LONGS THIN LANCETS 26G	2				
LONGS THIN LANCETS 30G	2				
LONHALA MAGNAIR 25 MCG REFILL	3	QL			
LONHALA MAGNAIR 25 MCG STARTER	3	QL			
LONSURF 15 MG-6.14 MG TABLET	2		PA		SP
LONSURF 20 MG-8.19 MG TABLET	2		PA		SP
LOPID 600 MG TABLET	3				
LOPINA VIR-RITONAVIR 80-20MG/ML	1				
LOPINA VIR-RITONAVIR 100-25MG TB	1				
LOPINA VIR-RITONAVIR 200-50MG TB	1				
LOPRESSOR 100 MG TABLET	3				
LOPRESSOR 50 MG TABLET	3				
LOPROX 0.77% CREAM	3	QL			
LOPROX 0.77% CREAM KIT	3	QL			
LOPROX 0.77% SUSPENSION KIT	3	QL			
LOPROX 0.77% TOPICAL SUSP	3	QL			
LOPROX 1% SHAMPOO	3	QL			
LORAZEPAM 0.5 MG TABLET	1			ST	
LORAZEPAM 1 MG TABLET	1			ST	
LORAZEPAM 2 MG TABLET	1			ST	
LORAZEPAM 2 MG/ML ORAL CONCENT	1			ST	
LORAZEPAM INTENSOL 2 MG/ML	1			ST	
LORBRENA 100 MG TABLET	2	QL	PA		SP
LORBRENA 25 MG TABLET	2	QL	PA		SP
LORTAB 10 MG-300 MG/15 ML ELXR	3		PA		
LORYNA 3 MG-0.02 MG TABLET	1				
LOSARTAN POTASSIUM 100 MG TAB	1				
LOSARTAN POTASSIUM 25 MG TAB	1				
LOSARTAN POTASSIUM 50 MG TAB	1				
LOSARTAN-HCTZ 100-12.5 MG TAB	1				
LOSARTAN-HCTZ 100-25 MG TAB	1				
LOSARTAN-HCTZ 50-12.5 MG TAB	1				
LOSEASONIQUE TABLET	3				
LOTEMAX 0.5% EYE DROPS	3				
LOTEMAX 0.5% EYE OINTMENT	3			ST	
LOTEMAX 0.5% OPHTHALMIC GEL	3			ST	
LOTEMAX SM 0.38% OPHTH GEL	3			ST	
LOTENSIN 10 MG TABLET	3				
LOTENSIN 20 MG TABLET	3				
LOTENSIN 40 MG TABLET	3				
LOTENSIN HCT 10-12.5 MG TABLET	3				
LOTENSIN HCT 20-12.5 MG TABLET	3				
LOTENSIN HCT 20-25 MG TABLET	3				
LOTEPREDNOL 0.5% OPHTHALMC GEL	1				
LOTEPREDNOL ETABONATE 0.2% DRP	1			ST	
LOTEPREDNOL ETABONATE 0.5% DRP	1				
LOTREXONE 1.5 MG CAPSULE	3				
LOTREXONE 4.5 MG CAPSULE	3				
LOVASTATIN 10 MG TABLET	1	QL			
LOVASTATIN 20 MG TABLET	1	QL			
LOVASTATIN 40 MG TABLET	1	QL			
LOW-OGESTREL-28 TABLET	1				
LOXAPINE 10 MG CAPSULE	1				
LOXAPINE 25 MG CAPSULE	1				
LOXAPINE 5 MG CAPSULE	1				
LOXAPINE 50 MG CAPSULE	1				
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1				
LUBIPROSTONE 24 MCG CAPSULE	1	QL			
LUBIPROSTONE 8 MCG CAPSULE	1	QL			
LUDENT FLUORIDE 0.25 MG TB CHW	1				
LUDENT FLUORIDE 0.5 MG TB CHEW	1				
LUDENT FLUORIDE 1 MG TAB CHEW	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
LUER LOCK SYRINGE 30 ML	2				
LUER SLIP TIP SYR TRAY 1 ML	3				
LUER TIP CAP TRAY	3				
LUGOL'S STRONG IODINE SOLUTION	1				
LUMAKRAS 120 MG TABLET	3		PA		SP
LUMAKRAS 240 MG TABLET	3		PA		SP
LUMAKRAS 320 MG TABLET	3		PA		SP
LUMRYZ 4.5-6-7.5 GM STARTER PK	2		PA		SP
LUMRYZ ER 4.5 GM PACKET	2	QL	PA		SP
LUMRYZ ER 6 GM PACKET	2	QL	PA		SP
LUMRYZ ER 7.5 GM PACKET	2	QL	PA		SP
LUMRYZ ER 9 GM PACKET	2	QL	PA		SP
LUPANETA PK 3.75-5 MG 1MO KIT	2		PA		SP
LUPKYNIS 7.9 MG CAPSULE	2	QL	PA		SP
LUPRON DEPOT 11.25 MG 3MO KIT	2		PA		SP
LUPRON DEPOT 22.5 MG 3MO KIT	2		PA		SP
LUPRON DEPOT 3.75 MG KIT	2		PA		SP
LUPRON DEPOT 45 MG 6MO KIT	2		PA		SP
LUPRON DEPOT 7.5 MG KIT	2		PA		SP
LUPRON DEPOT-4 MONTH KIT	2		PA		SP
LURASIDONE HCL 120 MG TABLET	1	QL			
LURASIDONE HCL 20 MG TABLET	1	QL			
LURASIDONE HCL 40 MG TABLET	1	QL			
LURASIDONE HCL 60 MG TABLET	1	QL			
LURASIDONE HCL 80 MG TABLET	1	QL			
LUTERA-28 TABLET	1				
LUXIQ 0.12% FOAM	3			ST	
LYBALVI 10-10 MG TABLET	3	QL			
LYBALVI 15-10 MG TABLET	3	QL			
LYBALVI 20-10 MG TABLET	3	QL			
LYBALVI 5-10 MG TABLET	3	QL			
LYLEQ 0.35 MG TABLET	1				
LYLLANA 0.025 MG PATCH	1	QL			
LYLLANA 0.0375 MG PATCH	1	QL			
LYLLANA 0.05 MG PATCH	1	QL			
LYLLANA 0.075 MG PATCH	1	QL			
LYLLANA 0.1 MG PATCH	1	QL			
LYMEPAK 100 MG TABLET	3				
LYNPARZA 100 MG TABLET	2	QL	PA		SP
LYNPARZA 150 MG TABLET	2	QL	PA		SP
LYSODREN 500 MG TABLET	2				SP
LYSTEDA 650 MG TABLET	3				
LYTGOBI 12 MG DOSE (3X 4MG TB)	2		PA		SP
LYTGOBI 16 MG DOSE (4X 4MG TB)	2		PA		SP
LYTGOBI 20 MG DOSE (5X 4MG TB)	2		PA		SP
LYUMJEV 100 UNIT/ML KWIKPEN	2				
LYUMJEV 100 UNIT/ML VIAL	2				
LYUMJEV 200 UNIT/ML KWIKPEN	2				
LYUMJEV TEMPO PEN 100 UNIT/ML	2				
LYZA 0.35 MG TABLET	1				
MACROBID 100 MG CAPSULE	3				
MACRODANTIN 100 MG CAPSULE	3				
MACRODANTIN 25 MG CAPSULE	3				
MACRODANTIN 50 MG CAPSULE	3				
MAFENIDE ACETATE 50 GM POWD PK	1				
MAGELLAN SAFETY 1 ML 23GX1"	2				
MAGELLAN TB SAFE 1 ML 28GX1/2"	2				
MAGELLAN TUBERCULIN SYR 1 ML	2				
MAGNESIUM CITRATE SOLUTION	1				
MALARONE 250-100 MG TABLET	3	QL			
MALARONE 62.5-25 MG PED TAB	3	QL			
MALATHION 0.5% LOTION	1				
MARAVIROC 150 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
MARAVIROC 300 MG TABLET	1				
MAR-COF BP LIQUID	3				
MAR-COF CG LIQUID	3				
MARINOL 10 MG CAPSULE	3		PA		
MARINOL 2.5 MG CAPSULE	3		PA		
MARINOL 5 MG CAPSULE	3		PA		
MARLISSA-28 TABLET	1				
MARNATAL-F CAPSULE	3				
MARPLAN 10 MG TABLET	3				
MATULANE 50 MG CAPSULE	2				SP
MATZIM LA 180 MG TABLET	1				
MATZIM LA 240 MG TABLET	1				
MATZIM LA 300 MG TABLET	1				
MATZIM LA 360 MG TABLET	1				
MATZIM LA 420 MG TABLET	1				
MAVENCLAD 10 MG X 10 TABLET PK	3	QL	PA		SP
MAVENCLAD 10 MG X 4 TABLET PK	3	QL	PA		SP
MAVENCLAD 10 MG X 5 TABLET PK	3	QL	PA		SP
MAVENCLAD 10 MG X 6 TABLET PK	3	QL	PA		SP
MAVENCLAD 10 MG X 7 TABLET PK	3	QL	PA		SP
MAVENCLAD 10 MG X 8 TABLET PK	3	QL	PA		SP
MAVENCLAD 10 MG X 9 TABLET PK	3	QL	PA		SP
MAXITROL EYE DROPS	3				
MAXITROL EYE OINTMENT	3				
MAXI-TUSS AC LIQUID	1				
MAXI-TUSS CD LIQUID	3				
MAXZIDE 37.5 MG-25 MG TABLET	3				
MAXZIDE 75 MG-50 MG TABLET	3				
MAYZENT 0.25 MG TABLET	2	QL	PA		SP
MAYZENT 0.25MG START-1MG MAINT	2	QL	PA		SP
MAYZENT 0.25MG START-2MG MAINT	2	QL	PA		SP
MAYZENT 1 MG TABLET	2	QL	PA		SP
MAYZENT 2 MG TABLET	2	QL	PA		SP
M-CLEAR WC LIQUID	1				
MECLOFENAMATE 100 MG CAPSULE	1				
MECLOFENAMATE 50 MG CAPSULE	1				
MEDICATION TRANSFER NEEDLE	2				
MEDIHONEY 100% PASTE	3				
MEDIHONEY 80% GEL	3				
MEDISENSE GLUC-KET CONT SOL	2				
MEDISENSE H-L CONTROL SOLUTION	2				
MEDISENSE H-M-L CONTROL SOLN	2				
MEDISENSE MID CONTROL SOLUTION	2				
MEDISENSE THIN 28G LANCETS	2				
MEDISENSE THIN LANCETS	2				
MEDLANCE PLUS 21G LANCETS	1				
MEDLANCE PLUS 30G LANCETS	2				
MEDLANCE PLUS EXTRA 21G LANCET	2				
MEDLANCE PLUS LITE 25G LANCETS	1				
MEDLANCE PLUS SPECIAL BLADE	2				
MEDPOINT CONTROL SOLUTION	3				
MEDROL 16 MG TABLET	3				
MEDROL 2 MG TABLET	3				
MEDROL 32 MG TABLET	3				
MEDROL 4 MG DOSEPAK	3				
MEDROL 4 MG TABLET	3				
MEDROL 8 MG TABLET	3				
MEDROXYPROGESTERONE 10 MG TAB	1				
MEDROXYPROGESTERONE 150 MG/ML	1	QL			
MEDROXYPROGESTERONE 2.5 MG TAB	1				
MEDROXYPROGESTERONE 5 MG TAB	1				
MEDTRONIC REMOTE CONTROL	2				
MEFENAMIC ACID 250 MG CAPSULE	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
MEFLOQUINE HCL 250 MG TABLET	1	QL			
MEGESTROL 20 MG TABLET	1				
MEGESTROL 40 MG TABLET	1				
MEGESTROL 400 MG/10 ML CUP	1				
MEGESTROL 400 MG/10ML SUSP CUP	1				
MEGESTROL 625 MG/5 ML SUSP	1				
MEGESTROL ACET 40 MG/ML SUSP	1				
MEGESTROL ACET 400 MG/10 ML	1				
MEIJER LANCETS	2				
MEIJER UNIVERSAL 1 26G LANCETS	2				
MEKINIST 0.05 MG/ML SOLUTION	2	QL	PA		SP
MEKINIST 0.5 MG TABLET	2	QL	PA		SP
MEKINIST 2 MG TABLET	2	QL	PA		SP
MEKTOVI 15 MG TABLET	2	QL	PA		SP
MELOXICAM 10 MG CAPSULE	1	QL		ST	
MELOXICAM 15 MG TABLET	1	QL			
MELOXICAM 5 MG CAPSULE	1	QL		ST	
MELOXICAM 7.5 MG TABLET	1	QL			
MELPHALAN 2 MG TABLET	1				
MEMANTINE 5-10 MG TITRATION PK	3				
MEMANTINE HCL 10 MG TABLET	1				
MEMANTINE HCL 2 MG/ML SOLUTION	1				
MEMANTINE HCL 5 MG TABLET	1				
MEMANTINE HCL ER 14 MG CAPSULE	1				
MEMANTINE HCL ER 21 MG CAPSULE	1				
MEMANTINE HCL ER 28 MG CAPSULE	1				
MEMANTINE HCL ER 7 MG CAPSULE	1				
MEMBRANEBLUE 0.15% OPHTH SOLN	3				
MENACTRA VIAL	2				
ME-NAPHOS-MB-HYO 1 TABLET	1				
M-END PE LIQUID	3				
MENOSTAR 14 MCG/DAY PATCH	3	QL			
MENQUADFI VIAL	2				
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2				
MENVEO A-C-Y-W KIT (2 VIALS)	2				
MEPERIDINE 50 MG TABLET	1		PA		
MEPERIDINE 50 MG/5 ML SOLUTION	1		PA		
MEPHYTON 5 MG TABLET	3	QL			
MEPROBAMATE 200 MG TABLET	1				
MEPROBAMATE 400 MG TABLET	1				
MEPRON 750 MG/5 ML SUSPENSION	3				
MERCAPTOPYRINE 50 MG TABLET	1				
MERZEE 1 MG-20 MCG CAPSULE	1				
MESALAMINE 1,000 MG SUPP	1				
MESALAMINE 4 GM/60 ML ENEMA	1				
MESALAMINE 4 GM/60 ML KIT	1				
MESALAMINE 800 MG DR TABLET	1				
MESALAMINE DR 1.2 GM TABLET	1				
MESALAMINE DR 400 MG CAPSULE	1				
MESALAMINE ER 0.375 GRAM CAP	1				
MESALAMINE ER 500 MG CAPSULE	1				
MESNEX 400 MG TABLET	2				
METADATE CD 10 MG CAPSULE	3			ST	
METADATE CD 20 MG CAPSULE	3			ST	
METADATE CD 30 MG CAPSULE	3			ST	
METADATE CD 40 MG CAPSULE	3			ST	
METADATE CD 50 MG CAPSULE	3			ST	
METADATE CD 60 MG CAPSULE	3			ST	
METADATE ER 20 MG TABLET	1				
METAXALONE 400 MG TABLET	1				
METAXALONE 800 MG TABLET	1				
METFORMIN HCL 1,000 MG TABLET	1				
METFORMIN HCL 500 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
METFORMIN HCL 500 MG/5 ML CUP	1			ST	
METFORMIN HCL 500 MG/5 ML SOLN	1			ST	
METFORMIN HCL 850 MG TABLET	1				
METFORMIN HCL 850 MG/8.5ML CUP	1			ST	
METFORMIN HCL ER 500 MG TABLET	1	QL			
METFORMIN HCL ER 750 MG TABLET	1	QL			
METHADONE 10 MG/5 ML SOLUTION	1		PA		
METHADONE 10 MG/ML ORAL CONC	1		PA		
METHADONE 40 MG TABLET DISPR	1		PA		
METHADONE 5 MG/5 ML SOLUTION	1		PA		
METHADONE HCL 10 MG TABLET	1		PA		
METHADONE HCL 5 MG TABLET	1		PA		
METHADONE INTENSOL 10 MG/ML	1		PA		
METHADOSE 10 MG/ML ORAL CONC	1		PA		
METHADOSE 40 MG TABLET DISPR	1		PA		
METHAMPHETAMINE 5 MG TABLET	1				
METHAZOLAMIDE 25 MG TABLET	1				
METHAZOLAMIDE 50 MG TABLET	1				
METHENAMINE HIPPI 1 GM TABLET	1				
METHENAMINE MAND 1 GM TABLET	1				
METHENAMINE MAND 500 MG TABLET	1				
METHERGINE 0.2 MG TABLET	1	QL			
METHIMAZOLE 10 MG TABLET	1				
METHIMAZOLE 5 MG TABLET	1				
METHITEST 10 MG TABLET	2				
METHOCARBAMOL 500 MG TABLET	1				
METHOCARBAMOL 750 MG TABLET	1				
METHOTREXATE 1 GM VIAL	1				
METHOTREXATE 1 GRAM/40 ML VIAL	1				
METHOTREXATE 2.5 MG TABLET	1				
METHOTREXATE 25 MG/ML VIAL	1				
METHOTREXATE 250 MG/10 ML VIAL	1				
METHOTREXATE 50 MG/2 ML VIAL	1				
METHOXSALEN 10 MG SOFTGEL	1				
METHSCOPOLAMINE BROM 2.5 MG TB	1				
METHSCOPOLAMINE BROM 5 MG TAB	1				
METHSUXIMIDE 300 MG CAPSULE	1				
METHYL SALICYLATE LIQUID	1				
METHYL SALICYLATE OIL	1				
METHYLCOBALAMIN 10,000 MCG VL	3				
METHYLDOPA 250 MG TABLET	1				
METHYLDOPA 500 MG TABLET	1				
METHYLDOPA-HCTZ 250-15 MG TAB	1				
METHYLDOPA-HCTZ 250-25 MG TAB	1				
METHYLERGONOVINE 0.2 MG TABLET	1	QL			
METHYLIN 10 MG/5 ML SOLUTION	3				
METHYLIN 5 MG/5 ML SOLUTION	3				
METHYLPHENIDATE 10 MG CHEW TAB	1				
METHYLPHENIDATE 10 MG TABLET	1				
METHYLPHENIDATE 10 MG/5 ML SOL	1				
METHYLPHENIDATE 10 MG/9HR PTCH	1			ST	
METHYLPHENIDATE 15 MG/9HR PTCH	1			ST	
METHYLPHENIDATE 2.5 MG CHEW TB	1				
METHYLPHENIDATE 20 MG TABLET	1				
METHYLPHENIDATE 20 MG/9HR PTCH	1			ST	
METHYLPHENIDATE 30 MG/9HR PTCH	1			ST	
METHYLPHENIDATE 5 MG CHEW TAB	1				
METHYLPHENIDATE 5 MG TABLET	1				
METHYLPHENIDATE 5 MG/5 ML SOLN	1				
METHYLPHENIDATE CD 10 MG CAP	1				
METHYLPHENIDATE CD 20 MG CAP	1				
METHYLPHENIDATE CD 30 MG CAP	1				
METHYLPHENIDATE CD 40 MG CAP	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
METHYLPHENIDATE CD 50 MG CAP	1				
METHYLPHENIDATE CD 60 MG CAP	1				
METHYLPHENIDATE ER 10 MG CAP	1			ST	
METHYLPHENIDATE ER 10 MG TAB	1				
METHYLPHENIDATE ER 15 MG CAP	1			ST	
METHYLPHENIDATE ER 18 MG TAB	1				
METHYLPHENIDATE ER 20 MG CAP	1			ST	
METHYLPHENIDATE ER 20 MG TAB	1				
METHYLPHENIDATE ER 27 MG TAB	1				
METHYLPHENIDATE ER 30 MG CAP	1			ST	
METHYLPHENIDATE ER 36 MG TAB	1				
METHYLPHENIDATE ER 40 MG CAP	1			ST	
METHYLPHENIDATE ER 50 MG CAP	1			ST	
METHYLPHENIDATE ER 54 MG TAB	1				
METHYLPHENIDATE ER 60 MG CAP	1			ST	
METHYLPHENIDATE ER(CD) 10MG CP	1				
METHYLPHENIDATE ER(CD) 20MG CP	1				
METHYLPHENIDATE ER(CD) 30MG CP	1				
METHYLPHENIDATE ER(CD) 40MG CP	1				
METHYLPHENIDATE ER(CD) 50MG CP	1				
METHYLPHENIDATE ER(CD) 60MG CP	1				
METHYLPHENIDATE ER(LA) 10MG CP	1				
METHYLPHENIDATE ER(LA) 20MG CP	1				
METHYLPHENIDATE ER(LA) 30MG CP	1				
METHYLPHENIDATE ER(LA) 40MG CP	1				
METHYLPHENIDATE LA 10 MG CAP	1				
METHYLPHENIDATE LA 20 MG CAP	1				
METHYLPHENIDATE LA 30 MG CAP	1				
METHYLPHENIDATE LA 40 MG CAP	1				
METHYLPHENIDATE LA 60 MG CAP	1				
METHYLPREDNISOLONE 16 MG TAB	1				
METHYLPREDNISOLONE 32 MG TAB	1				
METHYLPREDNISOLONE 4 MG DOSEPK	1				
METHYLPREDNISOLONE 4 MG TABLET	1				
METHYLPREDNISOLONE 8 MG TABLET	1				
METHYLTESTOSTERONE 10 MG CAP	1				
METIPRANOLOL 0.3% EYE DROPS	1				
METOCLOPRAMIDE 10 MG TABLET	1				
METOCLOPRAMIDE 10 MG/10 ML CUP	1				
METOCLOPRAMIDE 10 MG/10 ML SOL	1				
METOCLOPRAMIDE 5 MG TABLET	1				
METOCLOPRAMIDE 5 MG/5 ML SOLN	1				
METOCLOPRAMIDE HCL 10 MG ODT	1				
METOCLOPRAMIDE HCL 5 MG ODT	1				
METOLAZONE 10 MG TABLET	1				
METOLAZONE 2.5 MG TABLET	1				
METOLAZONE 5 MG TABLET	1				
METOPROLOL SUCC ER 100 MG TAB	1				
METOPROLOL SUCC ER 200 MG TAB	1				
METOPROLOL SUCC ER 25 MG TAB	1				
METOPROLOL SUCC ER 50 MG TAB	1				
METOPROLOL TARTRATE 100 MG TAB	1				
METOPROLOL TARTRATE 25 MG TAB	1				
METOPROLOL TARTRATE 37.5 MG TB	1				
METOPROLOL TARTRATE 50 MG TAB	1				
METOPROLOL TARTRATE 75 MG TAB	1				
METOPROLOL-HCTZ 100-25 MG TAB	1				
METOPROLOL-HCTZ 100-50 MG TAB	1				
METOPROLOL-HCTZ 50-25 MG TAB	1				
METROCREAM 0.75% CREAM	3			ST	
METROGEL TOPICAL 1% GEL	3			ST	
METROGEL-VAGINAL 0.75% GEL	3				
METROLOTION TOPICAL 0.75%	3			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
METRONIDAZOLE 0.75% CREAM	1				
METRONIDAZOLE 0.75% LOTION	1				
METRONIDAZOLE 250 MG TABLET	1				
METRONIDAZOLE 375 MG CAPSULE	1				
METRONIDAZOLE 500 MG TABLET	1				
METRONIDAZOLE TOP 1% GEL PUMP	1				
METRONIDAZOLE TOPICAL 0.75% GL	1				
METRONIDAZOLE TOPICAL 1% GEL	1				
METRONIDAZOLE VAGINAL 0.75% GL	1				
METYROSINE 250 MG CAPSULE	1		PA		
MEXILETINE 150 MG CAPSULE	1				
MEXILETINE 200 MG CAPSULE	1				
MEXILETINE 250 MG CAPSULE	1				
MIACALCIN 400 UNIT/2 ML VIAL	3				
MIBELAS 24 FE CHEWABLE TABLET	1				
MICONAZOLE 3 200 MG VAG SUPP	1				
MICRO THIN 33G LANCETS	2				
MICROCHAMBER	2				
MICRODOT HIGH-LOW CONTROL SOL	3				
MICRODOT NORMAL CONTROL SOLUT	3				
MICROGESTIN 21 1.5-30 TAB	1				
MICROGESTIN 21 1-20 TABLET	1				
MICROGESTIN 24 FE 1 MG-20 MCG	1				
MICROGESTIN FE 1.5-30 TAB	1				
MICROGESTIN FE 1-20 TABLET	1				
MICROLET 2 LANCING DEVICE	2				
MICROLET LANCETS	2				
MICROLET NEXT LANCING DEVICE	2				
MICROPLEGIA 0.92 MOLAR BAG	3				
MICROSPACER FOR AEROSOL DEVICE	2				
MIDAZOLAM HCL 10 MG/5 ML CUP	3				
MIDAZOLAM HCL 2 MG/ML SYRUP	1				
MIDAZOLAM HCL 5 MG/2.5 ML CUP	3				
MIDODRINE HCL 10 MG TABLET	1				
MIDODRINE HCL 2.5 MG TABLET	1				
MIDODRINE HCL 5 MG TABLET	1				
MIEBO 100% EYE DROP	2	QL	PA		
MIFEPRISTONE 300 MG TABLET	1		PA		SP
MIGERGOT 2-100 MG SUPPOSITORY	1				
MIGLITOL 100 MG TABLET	1				
MIGLITOL 25 MG TABLET	1				
MIGLITOL 50 MG TABLET	1				
MIGLUSTAT 100 MG CAPSULE	1	QL	PA		SP
MILI 0.25-0.035 MG TABLET	1				
MILK OF MAGNESIA CONC 10ML CUP	1				
MILK OF MAGNESIA CONCENTRATED	1				
MILK OF MAGNESIA SUSP 30ML CUP	1				
MILK OF MAGNESIA SUSPENSION	1				
MILLIPRED 5 MG TABLET	1				
MILLIPRED DP 5 MG 12-DAY PACK	1				
MILLIPRED DP 5 MG 6-DAY PACK	1				
MIMVEY 1-0.5 MG TABLET	1				
MINI LANCING DEVICE	2				
MINI TRANSFER PIN	2				
MINIMED QUICK-SERTER	3				
MINIPRESS 1 MG CAPSULE	3				
MINIPRESS 2 MG CAPSULE	3				
MINIPRESS 5 MG CAPSULE	3				
MINITRAN 0.1 MG/HR PATCH	3				
MINITRAN 0.2 MG/HR PATCH	3				
MINITRAN 0.4 MG/HR PATCH	3				
MINITRAN 0.6 MG/HR PATCH	3				
MINOCYCLINE 100 MG CAPSULE	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
MINOCYCLINE 50 MG CAPSULE	1				
MINOCYCLINE 75 MG CAPSULE	1				
MINOCYCLINE ER 105 MG TABLET	1			ST	
MINOCYCLINE ER 115 MG TABLET	1			ST	
MINOCYCLINE ER 135 MG TABLET	1			ST	
MINOCYCLINE ER 45 MG TABLET	1			ST	
MINOCYCLINE ER 55 MG TABLET	1			ST	
MINOCYCLINE ER 65 MG TABLET	1			ST	
MINOCYCLINE ER 80 MG TABLET	1			ST	
MINOCYCLINE ER 90 MG TABLET	1			ST	
MINOCYCLINE HCL 100 MG TABLET	1				
MINOCYCLINE HCL 50 MG TABLET	1				
MINOCYCLINE HCL 75 MG TABLET	1				
MINOLIRA ER 105 MG TABLET	3			ST	
MINOLIRA ER 135 MG TABLET	3			ST	
MINOXIDIL 10 MG TABLET	1				
MINOXIDIL 2.5 MG TABLET	1				
MINZOYA-28 TABLET	1				
MIOCHOL-E KIT	3				
MIOSTAT VIAL	1				
MIRABEGRON ER 25 MG TABLET	1				
MIRABEGRON ER 50 MG TABLET	1				
MIRTAZAPINE 15 MG ODT	1				
MIRTAZAPINE 15 MG TABLET	1				
MIRTAZAPINE 30 MG ODT	1				
MIRTAZAPINE 30 MG TABLET	1				
MIRTAZAPINE 45 MG ODT	1				
MIRTAZAPINE 45 MG TABLET	1				
MIRTAZAPINE 7.5 MG TABLET	1				
MIRVASO 0.33% GEL PUMP	2		PA		
MISOPROSTOL 100 MCG TABLET	1				
MISOPROSTOL 200 MCG TABLET	1				
MITIGARE 0.6 MG CAPSULE	2			ST	
MITOMYCIN 0.2 MG/ML(0.02%) SYR	3				
MITOMYCIN 0.2 MG/ML-WATER SYRG	3				
MITOMYCIN 0.4 MG/ML(0.04%) SYR	3				
MITOMYCIN 0.4 MG/ML-WATER SYRG	3				
MITOSOL 0.2 MG KIT	3				
MKO (MIDAZ-KETA-OND) 3-25-2 MG	3				
M-M-R II VACCINE VIAL	2				
M-NATAL PLUS TABLET	1				
MOBIC 15 MG TABLET	3	QL		ST	
MOBIC 7.5 MG TABLET	3	QL		ST	
MOBILE 30G LANCETS	2				
MODAFINIL 100 MG TABLET	1	QL		ST	
MODAFINIL 200 MG TABLET	1	QL		ST	
MODERNA COVID (12Y UP)VAC(EUA)	2				
MODERNA COVID 23-24(6M-11Y)EUA	2				
MODERNA COVID 24-25(6M-11Y)EUA	2				
MODERNA COVID BIVAL(6MO UP)EUA	2				
MODERNA COVID BIVAL(6MO-5Y)EUA	2				
MODERNA COVID(6-11Y) VACC(EUA)	2				
MODERNA COVID(6M-5Y) VACC(EUA)	2				
MODERNA COVID-19 BOOSTER (EUA)	2				
MOEXIPRIL HCL 15 MG TABLET	1				
MOEXIPRIL HCL 7.5 MG TABLET	1				
MOLINDONE HCL 10 MG TABLET	1				
MOLINDONE HCL 25 MG TABLET	1				
MOLINDONE HCL 5 MG TABLET	1				
MOMETASONE FUROATE 0.1% CREAM	1				
MOMETASONE FUROATE 0.1% OINT	1				
MOMETASONE FUROATE 0.1% SOLN	1				
MOMETASONE FUROATE 50 MCG SPRY	1	QL		ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
MONDOXYNE NL 100 MG CAPSULE	1				
MONDOXYNE NL 75 MG CAPSULE	1				
MONODOX 100 MG CAPSULE	3			ST	
MONODOX 50 MG CAPSULE	3			ST	
MONODOX 75 MG CAPSULE	3			ST	
MONOJECT 0.9% SODIUM CL SYRING	1				
MONOJECT 1 ML TB SYRN 25X5/8"	2				
MONOJECT 12 ML SYRINGE 18GX1"	2				
MONOJECT 12 ML SYRN 20GX1.25	2				
MONOJECT 12 ML SYRN 21GX1"	2				
MONOJECT 12 ML SYRN 21GX1.5"	2				
MONOJECT 3 ML SYRINGE	2				
MONOJECT 3 ML SYRINGE 21GX1"	2				
MONOJECT 3 ML SYRINGE 23GX1"	2				
MONOJECT 3 ML SYRINGE 25GX1"	2				
MONOJECT 3 ML SYRN 21GX1"	2				
MONOJECT 3 ML SYRN 21GX11/2"	2				
MONOJECT 3 ML SYRN 21GX1-1/2"	2				
MONOJECT 3 ML SYRN 22GX11/2"	2				
MONOJECT 3 ML SYRN 22GX1-1/2"	2				
MONOJECT 3 ML SYRN 23GX1"	2				
MONOJECT 3 ML SYRN 25GX1"	2				
MONOJECT 3 ML SYRN 25GX1.25"	2				
MONOJECT 3 ML SYRN 25GX5/8"	2				
MONOJECT 3 ML SYRN 27GX1.25"	2				
MONOJECT 3 ML SYRN 27GX11/4"	2				
MONOJECT 6 ML SYRINGE	2				
MONOJECT 6 ML SYRN 20GX11/2"	2				
MONOJECT 6 ML SYRN 21GX1"	2				
MONOJECT 6 ML SYRN 21GX11/2"	2				
MONOJECT 6 ML SYRN 22GX11/2"	2				
MONOJECT 6CC SAFETY SYRINGE	2				
MONOJECT BLD COL NEEDL 20GX1.5	2				
MONOJECT BLD COL NEEDLE 20GX1"	2				
MONOJECT BLD COL NEEDLE 21GX1"	2				
MONOJECT BLD COL NEEDLE 22GX1"	2				
MONOJECT CONTROL SYRINGE 12ML	2				
MONOJECT DISP SYRINGE 20 ML	2				
MONOJECT ENFIT 1 ML SYRINGE	3				
MONOJECT ENFIT 12 ML SYRINGE	3				
MONOJECT ENFIT 3 ML SYRINGE	3				
MONOJECT ENFIT 35 ML SYRINGE	3				
MONOJECT ENFIT 6 ML SYRINGE	3				
MONOJECT ENFIT 60 ML SYRINGE	3				
MONOJECT ENFIT SYRINGE CAP	3				
MONOJECT FILTR 18GX1.5" NEEDLE	3				
MONOJECT HYPO NDL 27GX1-1/2"	2				
MONOJECT HYPO NEEDLE 18X1A	2				
MONOJECT HYPO NEEDLE 19X1	2				
MONOJECT HYPO NEEDLE 19X1-1/2	2				
MONOJECT HYPO NEEDLE 20X1	2				
MONOJECT HYPO NEEDLE 20X1-1/2	2				
MONOJECT HYPO NEEDLE 21X1	2				
MONOJECT HYPO NEEDLE 21X1-1/2	2				
MONOJECT HYPO NEEDLE 22X1	2				
MONOJECT HYPO NEEDLE 22X1.5	2				
MONOJECT HYPO NEEDLE 23X1	2				
MONOJECT HYPO NEEDLE 25X1	2				
MONOJECT HYPO NEEDLE 25X1.5	2				
MONOJECT HYPO NEEDLE 25X5/8	2				
MONOJECT HYPO NEEDLE 26X1.5	2				
MONOJECT HYPO NEEDLE 27X0.5	2				
MONOJECT HYPO NEEDLE 30X3/4	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
MONOJECT HYPODERMIC NEEDLE	2				
MONOJECT LUER LOCK TB SYR 1 ML	2				
MONOJECT MAGELLAN SYRINGE	2				
MONOJECT MAGELLAN SYRINGE 1 ML	2				
MONOJECT MAGELLAN SYRINGE 3 ML	2				
MONOJECT PHARMACY TRAY	2				
MONOJECT PREFILL 0.9% NA SYR	1				
MONOJECT SAFETY SYR TIP CAP	3				
MONOJECT SAFETY SYRINGE	2				
MONOJECT SMARTIP CANNULA 12 ML	3				
MONOJECT SMARTIP CANNULA 3 ML	3				
MONOJECT SMARTIP CANNULA 6 ML	3				
MONOJECT SYR PHARM TRAY PK	2				
MONOJECT SYRINGE 12 ML	2				
MONOJECT SYRINGE 140 ML	3				
MONOJECT SYRINGE 20 ML	2				
MONOJECT SYRINGE 3 ML	2				
MONOJECT SYRINGE 3 ML 20GX1	2				
MONOJECT SYRINGE 3 ML 22G 1"	2				
MONOJECT SYRINGE 3 ML 22GX1"	2				
MONOJECT SYRINGE 35 ML	2				
MONOJECT SYRINGE 6 ML	2				
MONOJECT SYRN 3 ML 20GX1-1/2"	2				
MONOJECT SYRN 3 ML 20GX3/4"	2				
MONOJECT SYRNG 20GX1" 3 ML	2				
MONOJECT TB 1 ML SYRN 26X3/8"	2				
MONOJECT TB 1 ML SYRN 27GX1/2	2				
MONOJECT TB 1 ML SYRN 28GX1/2	2				
MONOJECT TB SAFE 1 ML 28G 13MM	2				
MONOJECT TB SAFETY SYRN 1 ML	2				
MONOJECT TB SYRN 25GX5/8"	2				
MONOJECT TB SYRN 26GX3/8"	2				
MONOJECT TB SYRN 27GX1/2"	2				
MONOJECT TUBERCULIN SYR 1 ML	2				
MONOLET 21G LANCETS	2				
MONOLET THIN 28G LANCETS	2				
MONO-LINYAH 28 TABLET	1				
MONSEL'S FERRIC SUBSULFATE SOL	2				
MONTelukAST SOD 10 MG TABLET	1				
MONTelukAST SOD 4 MG GRANULES	1				
MONTelukAST SOD 4 MG TAB CHEW	1				
MONTelukAST SOD 5 MG TAB CHEW	1				
MONUROL 3 GM SACHET	3				
MORGIDOX 100 MG CAPSULE	1				
MORGIDOX 1X100 MG KIT	3			ST	
MORGIDOX 1X50 MG KIT	3			ST	
MORGIDOX 2X100 MG KIT	3			ST	
MORGIDOX 50 MG CAPSULE	1				
MORPHINE SULF 10 MG SUPPOS	1		PA		
MORPHINE SULF 10 MG/5 ML CUP	1		PA		
MORPHINE SULF 10 MG/5 ML SOLN	1		PA		
MORPHINE SULF 100 MG/5 ML CONC	1		PA		
MORPHINE SULF 20 MG SUPPOS	1		PA		
MORPHINE SULF 20 MG/5 ML SOLN	1		PA		
MORPHINE SULF 30 MG SUPPOS	1		PA		
MORPHINE SULF 5 MG SUPPOS	1		PA		
MORPHINE SULF ER 100 MG TABLET	1	QL	PA		
MORPHINE SULF ER 15 MG TABLET	1	QL	PA		
MORPHINE SULF ER 200 MG TABLET	1	QL	PA		
MORPHINE SULF ER 30 MG TABLET	1	QL	PA		
MORPHINE SULF ER 60 MG TABLET	1	QL	PA		
MORPHINE SULFATE ER 10 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 100 MG CAP	1	QL	PA		

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
MORPHINE SULFATE ER 120 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 20 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 30 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 40 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 45 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 50 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 60 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 75 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 80 MG CAP	1	QL	PA		
MORPHINE SULFATE ER 90 MG CAP	1	QL	PA		
MORPHINE SULFATE IR 15 MG TAB	1		PA		
MORPHINE SULFATE IR 30 MG TAB	1		PA		
MOTOFEN 1-0.025 MG TABLET	3				
MOUNJARO 10 MG/0.5 ML PEN	2	QL	PA		
MOUNJARO 12.5 MG/0.5 ML PEN	2	QL	PA		
MOUNJARO 15 MG/0.5 ML PEN	2	QL	PA		
MOUNJARO 2.5 MG/0.5 ML PEN	2	QL	PA		
MOUNJARO 5 MG/0.5 ML PEN	2	QL	PA		
MOUNJARO 7.5 MG/0.5 ML PEN	2	QL	PA		
MOVANTIK 12.5 MG TABLET	2	QL			
MOVANTIK 25 MG TABLET	2	QL			
MOXATAG ER 775 MG TABLET	3				
MOXEZA 0.5% EYE DROPS	3				
MOXIFLOXACIN 0.3 MG/0.3ML-NACL	3		PA		
MOXIFLOXACIN 0.5% EYE DROPS	1				
MOXIFLOXACIN 0.5% EYE DRP-VISC	1				
MOXIFLOXACIN 0.8 MG/0.8 ML VL	3		PA		
MOXIFLOXACIN 1 MG/ML-BSS VIAL	3		PA		
MOXIFLOXACIN 1.6 MG/ML-NACL	3		PA		
MOXIFLOXACIN 4 MG/0.8 ML VIAL	3		PA		
MOXIFLOXACIN 5 MG/ML VIAL	3		PA		
MOXIFLOXACIN HCL 400 MG TABLET	1				
MRESVIA 50 MCG/0.5 ML SYRINGE	2				
MS CONTIN ER 100 MG TABLET	3	QL	PA		
MS CONTIN ER 15 MG TABLET	3	QL	PA		
MS CONTIN ER 200 MG TABLET	3	QL	PA		
MS CONTIN ER 30 MG TABLET	3	QL	PA		
MS CONTIN ER 60 MG TABLET	3	QL	PA		
MUGARD ORAL WOUND RINSE	3				SP
MULTAQ 400 MG TABLET	2				
MULTI-LANCET DEVICE 2 KIT	2				
MULTISTIX 10 SG REAGENT STRIPS	2				
MULTISTIX 5 STRIPS	2				
MULTISTIX 7 REAGENT STRIPS	2				
MULTISTIX 8 SG REAGENT STRIPS	2				
MULTISTIX 9 REAGENT STRIPS	2				
MULTISTIX 9 SG REAGENT STRIPS	2				
MULTISTIX REAGENT STRIPS	2				
MULTIVIT-FLUOR 0.25 MG TAB CHW	1				
MULTIVIT-FLUOR 0.25 MG/ML DROP	1				
MULTIVIT-FLUOR 0.5 MG TAB CHEW	1				
MULTIVIT-FLUOR 0.5 MG/ML DROP	1				
MULTIVIT-FLUORIDE 1 MG TAB CHW	1				
MUPIROCIN 2% CREAM	1	QL		ST	
MUPIROCIN 2% OINTMENT	1	QL			
MURI-LUBE MINERAL OIL VIAL	2				
MVC-FLUORIDE 0.25 MG TAB CHEW	1				
MVC-FLUORIDE 0.5 MG TAB CHEW	1				
MVC-FLUORIDE 1 MG TAB CHEW	1				
MY CHOICE 1.5 MG TABLET	1	QL			
MY WAY 1.5 MG TABLET	1	QL			
MYALEPT 11.3 MG (5 MG/ML) VIAL	2		PA		SP
MYAMBUTOL 400 MG TABLET	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
MYCAPSSA DR 20 MG CAPSULE	3	QL	PA		SP
MYCOBUTIN 150 MG CAPSULE	3				
MYCOPHENOLATE 200 MG/ML SUSP	1				
MYCOPHENOLATE 250 MG CAPSULE	1				
MYCOPHENOLATE 500 MG TABLET	1				
MYCOPHENOLIC ACID DR 180 MG TB	1				
MYCOPHENOLIC ACID DR 360 MG TB	1				
MYDAYIS ER 12.5 MG CAPSULE	3			ST	
MYDAYIS ER 25 MG CAPSULE	3			ST	
MYDAYIS ER 37.5 MG CAPSULE	3			ST	
MYDAYIS ER 50 MG CAPSULE	3			ST	
MYDCOMBI 1%-2.5% CARTRIDGE	3				
MYDRIACYL 1% EYE DROPS	3				
MYDRIATIC4 1-0.5-2.5-0.5% DROP	3				
MYFEMBREE 40 MG-1 MG-0.5 MG TB	2		PA		
MYFORTIC 180 MG TABLET	3				
MYFORTIC 360 MG TABLET	3				
MYGLUCOHEALTH 30G LANCETS	2				
MYGLUCOHEALTH CONTROL SOLN PAK	3				
MYHIBBIN 200 MG/ML SUSPENSION	2				
MYLERAN 2 MG TABLET	2				
MYNATAL CAPSULE	1				
MYNATAL PLUS CAPTAB	1				
MYNATAL ULTRACAPLET	1				
MYNATAL-Z CAPTAB	1				
MYORISAN 10 MG CAPSULE	1				
MYORISAN 20 MG CAPSULE	1				
MYORISAN 30 MG CAPSULE	1				
MYORISAN 40 MG CAPSULE	1				
MYRBETRIQ ER 25 MG TABLET	2				
MYRBETRIQ ER 50 MG TABLET	2				
MYRBETRIQ ER 8 MG/ML SUSP	2				
MYSOLINE 250 MG TABLET	3				
MYSOLINE 50 MG TABLET	3				
NABUMETONE 500 MG TABLET	1				
NABUMETONE 750 MG TABLET	1				
NADOLOL 20 MG TABLET	1				
NADOLOL 40 MG TABLET	1				
NADOLOL 80 MG TABLET	1				
NAFTIFINE HCL 1% CREAM	1	QL			
NAFTIFINE HCL 1% GEL	1	QL			
NAFTIFINE HCL 2% CREAM	1	QL			
NAFTIFINE HCL 2% GEL	1	QL			
NAFTIN 1% GEL	3	QL			
NAFTIN 2% GEL	3	QL			
NALFON 600 MG TABLET	3			ST	
NALOCET 2.5-300 MG TABLET	3		PA		
NALOXONE 0.4 MG/ML CARPUJECT	1				
NALOXONE 0.4 MG/ML SYRINGE	1				
NALOXONE 0.4 MG/ML VIAL	1				
NALOXONE 2 MG/2 ML SYRINGE	1				
NALOXONE 4 MG/10 ML VIAL	1				
NALOXONE HCL 4 MG NASAL SPRAY	1	QL			
NALTREX 1.5 MG CAPSULE	3				
NALTREX 4.5 MG CAPSULE	3				
NALTREXONE 50 MG TABLET	1				
NAMENDA 10 MG TABLET	3			ST	
NAMENDA 5-10 MG TITRATION PK	3				
NAMENDA XR TITRATION PACK	3				
NAMZARIC 14 MG-10 MG CAPSULE	2			ST	
NAMZARIC 21 MG-10 MG CAPSULE	2			ST	
NAMZARIC 28 MG-10 MG CAPSULE	2			ST	
NAMZARIC 7 MG-10 MG CAPSULE	2			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
NAMZARIC TITRATION PACK	2			ST	
NAPRELAN CR 375 MG TABLET	3			ST	
NAPRELAN CR 500 MG TABLET	3			ST	
NAPRELAN CR 750 MG TABLET	3			ST	
NAPROSYN 125 MG/5 ML SUSPEN	3			ST	
NAPROSYN 500 MG TABLET	3			ST	
NAPROXEN 125 MG/5 ML SUSPEN	1			ST	
NAPROXEN 250 MG TABLET	1				
NAPROXEN 375 MG TABLET	1				
NAPROXEN 500 MG KIT	1				
NAPROXEN 500 MG TABLET	1				
NAPROXEN DR 375 MG TABLET	1				
NAPROXEN DR 500 MG TABLET	1				
NAPROXEN SOD CR 375 MG TABLET	1			ST	
NAPROXEN SOD CR 500 MG TABLET	1			ST	
NAPROXEN SOD CR 750 MG TABLET	1			ST	
NAPROXEN SOD ER 375 MG TABLET	1			ST	
NAPROXEN SOD ER 500 MG TABLET	1			ST	
NAPROXEN SOD ER 750 MG TABLET	1			ST	
NAPROXEN SODIUM 275 MG TAB	1				
NAPROXEN SODIUM 550 MG TAB	1				
NARCAN 4 MG NASAL SPRAY	3	QL			
NARDIL 15 MG TABLET	3				
NASONEX 50 MCG NASAL SPRAY	3	QL		ST	
NATACHEW TABLET	3				
NATACYN 5% EYE DROPS	2				
NATEGLINIDE 120 MG TABLET	1				
NATEGLINIDE 60 MG TABLET	1				
NATPARA 100 MCG DOSE CARTRIDGE	2		PA		SP
NATPARA 25 MCG DOSE CARTRIDGE	2		PA		SP
NATPARA 50 MCG DOSE CARTRIDGE	2		PA		SP
NATPARA 75 MCG DOSE CARTRIDGE	2		PA		SP
NAYZILAM 5 MG NASAL SPRAY	2	QL	PA		
NEBIVOLOL 10 MG TABLET	1				
NEBIVOLOL 2.5 MG TABLET	1				
NEBIVOLOL 20 MG TABLET	1				
NEBIVOLOL 5 MG TABLET	1				
NEBUPENT 300 MG INHAL POWDER	3	QL			
NEBUSAL 3% VIAL	1				
NEBUSAL 6% VIAL	3				
NECON 0.5-35-28 TABLET	1				
NEEVODHA CAPSULE	3				
NEFAZODONE HCL 100 MG TABLET	1				
NEFAZODONE HCL 150 MG TABLET	1				
NEFAZODONE HCL 200 MG TABLET	1				
NEFAZODONE HCL 250 MG TABLET	1				
NEFAZODONE HCL 50 MG TABLET	1				
NEFFY 2 MG/0.1 ML NASAL SPRAY	2	QL			
NEMLUVIO 30 MG PEN	2	QL			SP
NEO-BACIT-POLY-HC EYE OINTMENT	1				
NEOMYC-BACIT-POLYMIX EYE OINT	1				
NEOMYCIN 500 MG TABLET	1				
NEOMYCIN-POLY-HC EYE DROPS	1				
NEOMYCIN-POLYMYXIN-HC EAR SOLN	1				
NEOMYCIN-POLYMYXIN-HC EAR SUSP	1				
NEOMYC-POLYM-DEXAMET EYE OINTM	1				
NEOMYC-POLYM-DEXAMETH EYE DROP	1				
NEOMYC-POLYM-GRAMICID EYE DROP	1				
NEOMY-POLYMYXIN B 40 MG/ML AMP	1				
NEOMY-POLYMYXIN B 40 MG/ML VL	1				
NEONATAL COMPLETE TABLET	3				
NEONATAL FE TABLET	3				
NEONATAL PLUS VITAMIN TABLET	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
NEONATAL-DHA COMBO PACK	3				
NEO-POLYCIN EYE OINTMENT	1				
NEO-POLYCIN HC EYE OINTMENT	1				
NEORAL 100 MG GELATIN CAPSULE	3				
NEORAL 100 MG/ML SOLUTION	3				
NEORAL 25 MG GELATIN CAPSULE	3				
NEO-SYNALAR 0.5%-0.025% CREAM	3				
NEO-SYNALAR 0.5-0.025% CRM KIT	3				
NEO-VITAL RX TABLET	1				
NEPHRONEX-SL TABLET	1				
NERLYNX 40 MG TABLET	2		PA		SP
NESTABS ABC PRENATAL COMBO PK	3				
NESTABS DHA COMBO PACK	3				
NESTABS ONE SOFTGEL	3				
NESTABS TABLET	3				
NEUAC 1.2-5% KIT	3			ST	
NEUAC GEL	1				
NEUPRO 1 MG/24 HR PATCH	3				
NEUPRO 2 MG/24 HR PATCH	3				
NEUPRO 3 MG/24 HR PATCH	3				
NEUPRO 4 MG/24 HR PATCH	3				
NEUPRO 6 MG/24 HR PATCH	3				
NEUPRO 8 MG/24 HR PATCH	3				
NEUTRASAL POWDER PACKET	3				
NEVIRAPINE 200 MG TABLET	1				
NEVIRAPINE 50 MG/5 ML SUSP	1				
NEVIRAPINE ER 100 MG TABLET	1				
NEVIRAPINE ER 400 MG TABLET	1				
NEW DAY 1.5 MG TABLET	1	QL			
NEWGEN TABLET	1				
NEXA PLUS SOFTGEL	3				
NEXAVAR 200 MG TABLET	3	QL	PA		SP
NEXLETOL 180 MG TABLET	2		PA		
NEXLIZET 180-10 MG TABLET	2		PA		
NEXOBRID 8.8% GEL	3				
NGENLA PEN 24 MG/1.2 ML	2		PA		SP
NGENLA PEN 60 MG/1.2 ML	2		PA		SP
NIACIN 500 MG TABLET	1				
NIACIN ER 1,000 MG TABLET	1				
NIACIN ER 500 MG TABLET	1				
NIACIN ER 750 MG TABLET	1				
NIACOR 500 MG TABLET	3				
NIASPAN ER 1,000 MG TABLET	3				
NIASPAN ER 500 MG TABLET	3				
NIASPAN ER 750 MG TABLET	3				
NICARDIPINE 20 MG CAPSULE	1				
NICARDIPINE 30 MG CAPSULE	1				
NIFEDIPINE 10 MG CAPSULE	1				
NIFEDIPINE 20 MG CAPSULE	1				
NIFEDIPINE ER 30 MG TABLET	1				
NIFEDIPINE ER 60 MG TABLET	1				
NIFEDIPINE ER 90 MG TABLET	1				
NIKKI 3 MG-0.02 MG TABLET	1				
NILANDRON 150 MG TABLET	3		PA		
NILUTAMIDE 150 MG TABLET	1		PA		
NIMODIPINE 30 MG CAPSULE	1				
NINJACOF-XG LIQUID	3				
NINLARO 2.3 MG CAPSULE	2	QL	PA		SP
NINLARO 3 MG CAPSULE	2	QL	PA		SP
NINLARO 4 MG CAPSULE	2	QL	PA		SP
NISOLDIPINE ER 17 MG TABLET	1				
NISOLDIPINE ER 20 MG TABLET	1				
NISOLDIPINE ER 25.5 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
NISOLDIPINE ER 30 MG TABLET	1				
NISOLDIPINE ER 34 MG TABLET	1				
NISOLDIPINE ER 40 MG TABLET	1				
NISOLDIPINE ER 8.5 MG TABLET	1				
NITAZOXANIDE 500 MG TABLET	1	QL			
NITISINONE 10 MG CAPSULE	1		PA		SP
NITISINONE 2 MG CAPSULE	1		PA		SP
NITISINONE 20 MG CAPSULE	1		PA		SP
NITISINONE 5 MG CAPSULE	1		PA		SP
NITRO-BID 2% OINTMENT	1				
NITRO-DUR 0.1 MG/HR PATCH	3				
NITRO-DUR 0.2 MG/HR PATCH	3				
NITRO-DUR 0.3 MG/HR PATCH	3				
NITRO-DUR 0.4 MG/HR PATCH	3				
NITRO-DUR 0.6 MG/HR PATCH	3				
NITRO-DUR 0.8 MG/HR PATCH	3				
NITROFURANTOIN 25 MG/5 ML SUSP	1				
NITROFURANTOIN MCR 100 MG CAP	1				
NITROFURANTOIN MCR 25 MG CAP	1				
NITROFURANTOIN MCR 50 MG CAP	1				
NITROFURANTOIN MONO-MCR 100 MG	1				
NITROGLYCERIN 0.1 MG/HR PATCH	1				
NITROGLYCERIN 0.2 MG/HR PATCH	1				
NITROGLYCERIN 0.3 MG TABLET SL	1				
NITROGLYCERIN 0.4 MG TABLET SL	1				
NITROGLYCERIN 0.4 MG/HR PATCH	1				
NITROGLYCERIN 0.4% OINTMENT	1				
NITROGLYCERIN 0.6 MG TABLET SL	1				
NITROGLYCERIN 0.6 MG/HR PATCH	1				
NITROGLYCERIN 400 MCG SPRAY	1				
NITROLINGUAL 400 MCG SPRAY	3				
NITROMIST 400 MCG SPRAY	3				
NITROSTAT 0.3 MG TABLET SL	3				
NITROSTAT 0.4 MG TABLET SL	3				
NITROSTAT 0.6 MG TABLET SL	3				
NITRO-TIME ER 2.5 MG CAPSULE	1				
NITRO-TIME ER 6.5 MG CAPSULE	1				
NITRO-TIME ER 9 MG CAPSULE	1				
NITYR 10 MG TABLET	2		PA		SP
NITYR 2 MG TABLET	2		PA		SP
NITYR 5 MG TABLET	2		PA		SP
NIVA THYROID 120 MG TABLET	1				
NIVA THYROID 15 MG TABLET	1				
NIVA THYROID 30 MG TABLET	1				
NIVA THYROID 60 MG TABLET	1				
NIVA THYROID 90 MG TABLET	1				
NIVESTYM 300 MCG/0.5 ML SYRING	2		PA		SP
NIVESTYM 300 MCG/ML VIAL	2		PA		SP
NIVESTYM 480 MCG/0.8 ML SYRING	2		PA		SP
NIVESTYM 480 MCG/1.6 ML VIAL	2		PA		SP
NIZATIDINE 15 MG/ML SOLUTION	1				
NIZATIDINE 150 MG CAPSULE	1				
NIZATIDINE 300 MG CAPSULE	1				
NOCDURNA 27.7 MCG TABLET SL	3	QL	PA		
NOCDURNA 55.3 MCG TABLET SL	3	QL	PA		
NOCTIVA 0.83 MCG/0.1 ML SPRAY	3	QL		ST	
NOCTIVA 1.66 MCG/0.1 ML SPRAY	3	QL		ST	
NOLIX 0.05% CREAM	1	QL		ST	
NOLIX 0.05% LOTION	1	QL		ST	
NORA-BE TABLET	1				
NORELGESTROM-EE 150-35 MCG/DAY	1				
NORET-ESTR-FE 0.4-0.035(21)-75	1				
NORETH-EE-FE 1 MG/20-30-35 MCG	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
NORETH-EE-FE 1.5-0.03MG(21)-75	1				
NORETH-EE-FE 1-0.02(21)-75 TAB	1				
NORETH-EE-FE 1-0.02(24)-75 CAP	1				
NORETH-EE-FE 1-0.02(24)-75 CHW	1				
NORETHIND-ETH ESTRAD 0.5-2.5	1				
NORETHIND-ETH ESTRAD 1-0.02 MG	1				
NORETHINDRONE 0.35 MG TABLET	1				
NORETHINDRONE 5 MG TABLET	1				
NORETHIN-EE 1.5-0.03 MG(21) TB	1				
NORETHIN-ESTRA-FE 0.8-0.025 MG	1				
NORETHIN-ETH ESTRAD 1 MG-5 MCG	1				
NORG-EE 0.18-0.215-0.25/0.025	1				
NORG-EE 0.18-0.215-0.25/0.035	1				
NORGESTIMATE-EE 0.25-0.035 MG	1				
NORG-ETHIN ESTRA 0.25-0.035 MG	1				
NORLYDA 0.35 MG TABLET	1				
NORMAL SALINE FLUSH 1 ML SYR	1				
NORMAL SALINE FLUSH 10 ML SYR	1				
NORMAL SALINE FLUSH 2 ML SYR	1				
NORMAL SALINE FLUSH 3 ML SYR	1				
NORMAL SALINE FLUSH 5 ML SYR	1				
NORMAL SALINE FLUSH SYRINGE	1				
NORM-JECT SYRINGE 10 ML	3				
NORM-JECT SYRINGE 20 ML	3				
NORM-JECT TUBERKULIN SYR 1 ML	3				
NORPRAMIN 10 MG TABLET	3				
NORPRAMIN 25 MG TABLET	3				
NORTREL 0.5-35-28 TABLET	1				
NORTREL 1-35 21 TABLET	1				
NORTREL 1-35 28 TABLET	1				
NORTREL 7-7-7-28 TABLET	1				
NORTRIPTYLINE 10 MG/5 ML SOLN	1				
NORTRIPTYLINE HCL 10 MG CAP	1				
NORTRIPTYLINE HCL 25 MG CAP	1				
NORTRIPTYLINE HCL 50 MG CAP	1				
NORTRIPTYLINE HCL 75 MG CAP	1				
NORVIR 100 MG POWDER PACKET	2				
NORVIR 100 MG SOFTGEL CAP	3				
NORVIR 100 MG TABLET	3				
NORVIR 80 MG/ML SOLUTION	2				
NOURIANZ 20 MG TABLET	3	QL	PA		SP
NOURIANZ 40 MG TABLET	3	QL	PA		SP
NOVA MAX PLUS GLUC-KET MTR KIT	3				
NOVA MAX PLUS GLUC-KETON METER	3				
NOVA SAFETY 23G LANCETS	2				
NOVA SAFETY 28G LANCETS	2				
NOVA SUREFLEX LANCING DEVICE	2				
NOVA SUREFLEX THIN LANCETS	2				
NOVAMAX PLUS GLU-KET CTRL SOLN	3				
NOVAMAX PLUS KETONE TEST STRIP	2				
NOVAVAX COVID 2023-24 VL (EUA)	2				
NOVAVAX COVID 2024-25 SYR(EUA)	2				
NOVAVAX COVID-19 VACC.ADJ(EUA)	2				
NOVOPEN ECHO INSULIN DEVICE	3				
NOXAFIL 300 MG POWDERMIX SUSP	2		PA		
NOXAFIL 40 MG/ML SUSPENSION	3		PA		
NP THYROID 120 MG TABLET	1				
NP THYROID 15 MG TABLET	1				
NP THYROID 30 MG TABLET	1				
NP THYROID 60 MG TABLET	1				
NP THYROID 90 MG TABLET	1				
NUBEQA 300 MG TABLET	2	QL	PA		SP
NUCALA 100 MG/ML AUTO-INJECTOR	2	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
NUCALA 100 MG/ML SYRINGE	2	QL	PA		SP
NUCALA 40 MG/0.4 ML SYRINGE	2	QL	PA		SP
NUCORT LOTION	3			ST	
NUEDEXTA 20-10 MG CAPSULE	2		PA		
NULEV 0.125 MG CHEWABLE MELT	3				
NULYTELY SOLUTION	3				
NUMBRINO 4% NASAL SOLUTION	3				
NUMOISYN LIQUID	3				
NUMOISYN LOZENGE	3				
NUPLAZID 10 MG TABLET	3	QL	PA		SP
NUPLAZID 34 MG CAPSULE	3	QL	PA		SP
NURTEC ODT 75 MG TABLET	2	QL	PA		
NUVESSA VAGINAL 1.3% GEL	3				
NUZYRA 150 MG TABLET	3	QL			
NYAMYC 100,000 UNIT/GM POWDER	1	QL			
NYLIA 1-35 28 TABLET	1				
NYLIA 7-7-7-28 TABLET	1				
NYMALIZE 30 MG/5 ML ORAL SYRNG	3				
NYMALIZE 60 MG/10 ML ORAL SYRN	3				
NYMALIZE 60 MG/10 ML SOLUTION	3				
NYMYO 0.25-0.035 MG (28) TAB	1				
NYNUTEY 23%-7% CREAM	3				
NYSTATIN 100,000 UNIT/GM CREAM	1	QL			
NYSTATIN 100,000 UNIT/GM OINT	1	QL			
NYSTATIN 100,000 UNIT/GM POWD	1	QL			
NYSTATIN 100,000 UNIT/ML SUSP	1				
NYSTATIN 500,000 UNIT ORAL TAB	1				
NYSTATIN 500,000 UNIT/5 ML CUP	1				
NYSTATIN-TRIAMCINOLONE CREAM	1	QL			
NYSTATIN-TRIAMCINOLONE OINTM	1	QL			
NYSTOP 100,000 UNIT/GM POWDER	1	QL			
OB COMPLETE CAPLET	3				
OB COMPLETE ONE SOFTGEL	3				
OB COMPLETE PETITE SOFTGEL	3				
OB COMPLETE PREMIER TABLET	3				
OB COMPLETE WITH DHA SOFTGEL	3				
OBREDON 2.5-200 MG/5 ML SOLN	3			ST	
OBSTETRIX DHA COMBO PAK	1				
OBSTETRIX EC CAPLET	3				
OBTREX DHA PRENATAL VITAMIN	3				
O-CAL PRENATAL TABLET	3				
OALIVA 10 MG TABLET	2	QL	PA		SP
OALIVA 5 MG TABLET	2	QL	PA		SP
OCELLA 3 MG-0.03 MG TABLET	1				
OCTREOTIDE 1,000 MCG/5 ML VIAL	1		PA		SP
OCTREOTIDE 1,000 MCG/ML VIAL	1		PA		SP
OCTREOTIDE 5,000 MCG/5 ML VIAL	1		PA		SP
OCTREOTIDE ACET 0.05 MG/ML VL	1		PA		SP
OCTREOTIDE ACET 100 MCG/ML AMP	1		PA		SP
OCTREOTIDE ACET 100 MCG/ML SYR	1		PA		SP
OCTREOTIDE ACET 100 MCG/ML VL	1		PA		SP
OCTREOTIDE ACET 200 MCG/ML VL	1		PA		SP
OCTREOTIDE ACET 50 MCG/ML AMP	1		PA		SP
OCTREOTIDE ACET 50 MCG/ML SYR	1		PA		SP
OCTREOTIDE ACET 50 MCG/ML VIAL	1		PA		SP
OCTREOTIDE ACET 500 MCG/ML AMP	1		PA		SP
OCTREOTIDE ACET 500 MCG/ML SYR	1		PA		SP
OCTREOTIDE ACET 500 MCG/ML VL	1		PA		SP
OCTREOTIDE ACET ER 20 MG IM VL	1	QL	PA		SP
OCTREOTIDE ACET ER 30 MG IM VL	1	QL	PA		SP
OCUCOAT VISCOADHERENT SYRINGE	1				
OCUFLOX 0.3% EYE DROPS	3				
ODEFSEY TABLET	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ODOMZO 200 MG CAPSULE	2	QL	PA		SP
OFEV 100 MG CAPSULE	2	QL	PA		SP
OFEV 150 MG CAPSULE	2	QL	PA		SP
OFLOXACIN 0.3% EAR DROPS	1				
OFLOXACIN 0.3% EYE DROPS	1				
OFLOXACIN 300 MG TABLET	1				
OFLOXACIN 400 MG TABLET	1				
OGSIVEO 100 MG TABLET	3		PA		SP
OGSIVEO 150 MG TABLET	3		PA		SP
OGSIVEO 50 MG TABLET	3		PA		SP
OJEMDA 100 MG TAB (400MG DOSE)	2		PA		SP
OJEMDA 100 MG TAB (500MG DOSE)	2		PA		SP
OJEMDA 100 MG TAB (600MG DOSE)	2		PA		SP
OJEMDA 25 MG/ML ORAL SUSP	2		PA		SP
OLANZAPINE 10 MG TABLET	1	QL			
OLANZAPINE 15 MG TABLET	1	QL			
OLANZAPINE 2.5 MG TABLET	1	QL			
OLANZAPINE 20 MG TABLET	1	QL			
OLANZAPINE 5 MG TABLET	1	QL			
OLANZAPINE 7.5 MG TABLET	1	QL			
OLANZAPINE ODT 10 MG TABLET	1	QL			
OLANZAPINE ODT 15 MG TABLET	1	QL			
OLANZAPINE ODT 20 MG TABLET	1	QL			
OLANZAPINE ODT 5 MG TABLET	1	QL			
OLANZAPINE-FLUOXETINE 12-25 MG	1				
OLANZAPINE-FLUOXETINE 12-50 MG	1				
OLANZAPINE-FLUOXETINE 3-25 MG	1				
OLANZAPINE-FLUOXETINE 6-25 MG	1				
OLANZAPINE-FLUOXETINE 6-50 MG	1				
OLMESARTAN MEDOXOMIL 20 MG TAB	1				
OLMESARTAN MEDOXOMIL 40 MG TAB	1				
OLMESARTAN MEDOXOMIL 5 MG TAB	1				
OLMESARTAN-HCTZ 20-12.5 MG TAB	1				
OLMESARTAN-HCTZ 40-12.5 MG TAB	1				
OLMESARTAN-HCTZ 40-25 MG TAB	1				
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	1				
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	1				
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	1				
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	1				
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	1				
OLOPATADINE 665 MCG NASAL SPRY	1	QL			
OLPRUVA 2 GRAM DOSE ENVELOPE	3		PA		SP
OLPRUVA 2 GRAM DOSE KIT	3		PA		SP
OLPRUVA 3 GRAM DOSE ENVELOPE	3		PA		SP
OLPRUVA 3 GRAM DOSE KIT	3		PA		SP
OLPRUVA 4 GRAM DOSE ENVELOPE	3		PA		SP
OLPRUVA 4 GRAM DOSE KIT	3		PA		SP
OLPRUVA 5 GRAM DOSE ENVELOPE	3		PA		SP
OLPRUVA 5 GRAM DOSE KIT	3		PA		SP
OLPRUVA 6 GRAM DOSE ENVELOPE	3		PA		SP
OLPRUVA 6 GRAM DOSE KIT	3		PA		SP
OLPRUVA 6.67 GM DOSE ENVELOPE	3		PA		SP
OLPRUVA 6.67 GRAM DOSE KIT	3		PA		SP
OLUX 0.05% FOAM	3	QL		ST	
OLUX-E 0.05% FOAM	3	QL		ST	
OMECLAMOX-PAK COMBO PACK	3	QL			
OMECLAMOX-PAK DAILY CARD	3	QL			
OMEGA-3 ETHYL ESTERS 1 GM CAP	1		PA		
OMEPRAZOLE DR 10 MG CAPSULE	1	QL			
OMEPRAZOLE DR 20 MG CAPSULE	1	QL			
OMEPRAZOLE DR 40 MG CAPSULE	1				
OMEPRAZOLE-BICARB 20-1,680 PKT	1	QL		ST	
OMEPRAZOLE-BICARB 40-1,100 CAP	1			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
OMEPRAZOLE-BICARB 40-1,680 PKT	1			ST	
OMIDRIA 1-0.3% VIAL	3				
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2				
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	2	QL	PA		
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	2	QL	PA		
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL	PA		
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL	PA		
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	2				
OMNIPOD CLASSIC PDM KIT(GEN 3)	2		PA		
OMNIPOD CLASSIC PODS(GEN3) 5PK	2	QL	PA		
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL	PA		
OMNIPOD DASH PODS (GEN 4) 5PK	2	QL	PA		
OMNIPOD GO 10 UNIT/DAY PODS	2	QL	PA		
OMNIPOD GO 15 UNIT/DAY PODS	2	QL	PA		
OMNIPOD GO 20 UNIT/DAY PODS	2	QL	PA		
OMNIPOD GO 25 UNIT/DAY PODS	2	QL	PA		
OMNIPOD GO 30 UNIT/DAY PODS	2	QL	PA		
OMNIPOD GO 35 UNIT/DAY PODS	2	QL	PA		
OMNIPOD GO 40 UNIT/DAY PODS	2	QL	PA		
OMNITROPE 10 MG/1.5 ML CRTG	2		PA		SP
OMNITROPE 5 MG/1.5 ML CRTG	2		PA		SP
OMNITROPE 5.8 MG VIAL	2		PA		SP
OMVOH 100 MG/ML PEN	2	QL	PA		SP
OMVOH 100 MG/ML SYRINGE	2	QL	PA		SP
OMVOH 300 MG/15 ML VIAL	2		PA		SP
ON CALL 30G LANCET	2				
ON CALL EXPRESS CTRL SOLN PAK	3				
ON CALL LANCING DEVICE	2				
ON CALL PLUS 30G LANCET	2				
ON CALL PLUS CONTROL SOLUTION	3				
ON CALL PLUS LANCING DEVICE	2				
ON CALL VIVID CONTROL SOLUTION	3				
ONDANSETRON 4 MG/5 ML SOLN CUP	1	QL			
ONDANSETRON 4 MG/5 ML SOLUTION	1	QL			
ONDANSETRON HCL 4 MG TABLET	1	QL			
ONDANSETRON HCL 8 MG TABLET	1	QL			
ONDANSETRON ODT 4 MG TABLET	1	QL			
ONDANSETRON ODT 8 MG TABLET	1	QL			
ONE WAY VALVED MOUTHPIECE	2				
ONELAX MAGNESIUM CITRATE SOLN	1				
ONETOUCH DELICA PLUS 30G LANCT	2				
ONETOUCH DELICA PLUS 33G LANCT	2				
ONETOUCH DELICA PLUS LANC DEV	2				
ONETOUCH DELICA SAF 30G LANCET	2				
ONETOUCH SURESOFT 18G LANC DEV	2				
ONETOUCH SURESOFT 21G LANC DEV	2				
ONETOUCH SURESOFT 28G LANC DEV	2				
ONETOUCH ULTRA CONTROL SOLN	2				
ONETOUCH ULTRA TEST STRIP	2				
ONETOUCH ULTRA2 GLUCOSE SYST	2				
ONETOUCH ULTRASOFT LANCETS	2				
ONETOUCH ULTRASOFT2 30G LANCET	2				
ONETOUCH VERIO FLEX METER	2				
ONETOUCH VERIO HIGH CNTRL SOLN	2				
ONETOUCH VERIO MID CNTRL SOLN	2				
ONETOUCH VERIO REFLECT METER	2				
ONETOUCH VERIO TEST STRIP	2				
ONEXTON GEL PUMP	3			ST	
ONGENTYS 25 MG CAPSULE	3	QL	PA		
ONGENTYS 50 MG CAPSULE	3	QL	PA		
ON-THE-GO 30G LANCETS	2				
OPCICON ONE-STEP 1.5 MG TABLET	1	QL			
OPFOLDA 65 MG CAPSULE	3	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
OPILL 0.075 MG TABLET	2				
OPIUM TINCTURE 10 MG/ML	1				
OPSUMIT 10 MG TABLET	2	QL	PA		SP
OPSYNVI 10-20 MG TABLET	2	QL	PA		SP
OPSYNVI 10-40 MG TABLET	2	QL	PA		SP
OPTICHAMBER ADULT MASK-LARGE	2				
OPTICHAMBER DIAMOND VHC	2				
OPTICHAMBER DIAMOND W-LRG MASK	2				
OPTICHAMBER DIAMOND W-MED MASK	2				
OPTICHAMBER DIAMOND W-SML MASK	2				
OPTION 2 1.5 MG TABLET	1	QL			
OPTUMRX GLUCOSE CONTROL SOLN	3				
OPVEE 2.7 MG NASAL SPRAY	3				
OPZELURA 1.5% CREAM	3	QL			
ORACIT ORAL SOLUTION	3				
ORAL CITRATE SOLUTION	1				
ORAL SALINE LAXATIVE LIQUID	1				
ORALONE 0.1% PASTE	1				
ORAMAGICRX ORAL RINSE	3				
ORAPRED ODT 10 MG TABLET	3				
ORAPRED ODT 15 MG TABLET	3				
ORAPRED ODT 30 MG TABLET	3				
ORAVIG 50 MG BUCCAL TABLET	3				
ORENITRAM ER 0.125 MG TABLET	3	QL	PA		SP
ORENITRAM ER 0.25 MG TABLET	3	QL	PA		SP
ORENITRAM ER 1 MG TABLET	3	QL	PA		SP
ORENITRAM ER 2.5 MG TABLET	3	QL	PA		SP
ORENITRAM ER 5 MG TABLET	3	QL	PA		SP
ORENITRAM MONTH 1 TITRATION KT	3	QL	PA		SP
ORENITRAM MONTH 2 TITRATION KT	3	QL	PA		SP
ORENITRAM MONTH 3 TITRATION KT	3	QL	PA		SP
ORFADIN 10 MG CAPSULE	3		PA		SP
ORFADIN 2 MG CAPSULE	3		PA		SP
ORFADIN 20 MG CAPSULE	3		PA		SP
ORFADIN 4 MG/ML SUSPENSION	3		PA		SP
ORFADIN 5 MG CAPSULE	3		PA		SP
ORGOVYX 120 MG TABLET	3	QL	PA		SP
ORIAHNN 300-1-0.5MG/300MG CAPS	2		PA		
ORILISSA 150 MG TABLET	2	QL	PA		
ORILISSA 200 MG TABLET	2	QL	PA		
ORKAMBI 100 MG-125 MG TABLET	2	QL	PA		SP
ORKAMBI 100-125 MG GRANULE PKT	2	QL	PA		SP
ORKAMBI 150-188 MG GRANULE PKT	2	QL	PA		SP
ORKAMBI 200 MG-125 MG TABLET	2	QL	PA		SP
ORKAMBI 75-94 MG GRANULE PKT	2	QL	PA		SP
ORLADEYO 110 MG CAPSULE	3	QL	PA		SP
ORLADEYO 150 MG CAPSULE	3	QL	PA		SP
ORMALVI 50 MG TABLET	1		PA		SP
ORPHENADRINE ER 100 MG TABLET	1				
ORSERDU 345 MG TABLET	2	QL	PA		SP
ORSERDU 86 MG TABLET	2	QL	PA		SP
ORSYTHIA-28 TABLET	1				
ORTIKOS ER 6 MG CAPSULE	3				
ORTIKOS ER 9 MG CAPSULE	3				
OSCIMIN 0.125 MG TABLET	1				
OSCIMIN SL 0.125 MG TABLET	1				
OSELTAMIVIR 6 MG/ML SUSPENSION	1	QL			
OSELTAMIVIR PHOS 30 MG CAPSULE	1	QL			
OSELTAMIVIR PHOS 45 MG CAPSULE	1	QL			
OSELTAMIVIR PHOS 75 MG CAPSULE	1	QL			
OSENI 12.5-15 MG TABLET	3	QL			
OSENI 12.5-30 MG TABLET	3	QL			
OSENI 12.5-45 MG TABLET	3	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
OSENI 25-15 MG TABLET	3	QL			
OSENI 25-30 MG TABLET	3	QL			
OSENI 25-45 MG TABLET	3	QL			
OSMOPREP TABLET	3				
OTEZLA 10-20 MG STARTER 28 DAY	2	QL	PA		SP
OTEZLA 10-20-30MG START 14 DAY	2	QL	PA		SP
OTEZLA 10-20-30MG START 28 DAY	2	QL	PA		SP
OTEZLA 20 MG TABLET	2	QL	PA		SP
OTEZLA 30 MG TABLET	2	QL	PA		SP
OTIPRIO 6% VIAL	3	QL			
OTOVEL 0.3%-0.025% EAR DROPS	3				
OVACE 10% WASH	3				
OVACE PLUS 10% CREAM	3				
OVACE PLUS 10% SHAMPOO	3				
OVACE PLUS 10% WASH	3				
OVACE PLUS 9.8% LOTION	3				
OVACE PLUS WASH 10% CLNSNG GEL	3				
OVAL TAPE	3				
OVIDE 0.5% LOTION	3				
OXANDRIN 10 MG TABLET	3				
OXANDRIN 2.5 MG TABLET	3				
OXANDROLONE 10 MG TABLET	1				
OXANDROLONE 2.5 MG TABLET	1				
OXAPROZIN 600 MG CAPLET	1				
OXAPROZIN 600 MG TABLET	1				
OXAZEPAM 10 MG CAPSULE	1			ST	
OXAZEPAM 15 MG CAPSULE	1			ST	
OXAZEPAM 30 MG CAPSULE	1			ST	
AXBRYTA 300 MG TABLET	3				SP
AXBRYTA 300 MG TABLET FOR SUSP	3				SP
AXBRYTA 500 MG TABLET	3				SP
OXCARBAZEPINE 150 MG TABLET	1				
OXCARBAZEPINE 300 MG TABLET	1				
OXCARBAZEPINE 300 MG/5 ML CUP	1				
OXCARBAZEPINE 300 MG/5 ML SUSP	1				
OXCARBAZEPINE 600 MG TABLET	1				
OXCARBAZEPINE ER 150 MG TABLET	1				
OXCARBAZEPINE ER 300 MG TABLET	1				
OXCARBAZEPINE ER 600 MG TABLET	1				
OXERVATE 0.002% EYE DROP	2		PA		SP
OXICONAZOLE NITRATE 1% CREAM	1	QL			
OXTELLAR XR 150 MG TABLET	3			ST	
OXTELLAR XR 300 MG TABLET	3			ST	
OXTELLAR XR 600 MG TABLET	3			ST	
OXYBUTYNIN 5 MG TABLET	1				
OXYBUTYNIN 5 MG/5 ML SOLUTION	1				
OXYBUTYNIN 5 MG/5 ML SYRUP	1				
OXYBUTYNIN CL ER 10 MG TABLET	1				
OXYBUTYNIN CL ER 15 MG TABLET	1				
OXYBUTYNIN CL ER 5 MG TABLET	1				
OXYCODON-ACETAMINOPHEN 7.5-300	1		PA		
OXYCODONE HCL (IR) 10 MG TAB	1		PA		
OXYCODONE HCL (IR) 15 MG TAB	1		PA		
OXYCODONE HCL (IR) 20 MG TAB	1		PA		
OXYCODONE HCL (IR) 30 MG TAB	1		PA		
OXYCODONE HCL (IR) 5 MG CAP	1		PA		
OXYCODONE HCL (IR) 5 MG TABLET	1		PA		
OXYCODONE HCL 100 MG/5 ML CONC	1		PA		
OXYCODONE HCL 5 MG/5 ML CUP	1		PA		
OXYCODONE HCL 5 MG/5 ML SOLN	1		PA		
OXYCODONE-ACETAMINOPH 10-300/5	1		PA		
OXYCODONE-ACETAMINOPHEN 10-300	1		PA		
OXYCODONE-ACETAMINOPHEN 10-325	1		PA		

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
OXYCODONE-ACETAMINOPHEN 5-300	1		PA		
OXYCODONE-ACETAMINOPHEN 5-325	1		PA		
OXYCODONE-ACETAMINOPHN 2.5-300	1		PA		
OXYCODONE-ACETAMINOPHN 2.5-325	1		PA		
OXYCODONE-ACETAMINOPHN 5-325/5	1		PA		
OXYCODONE-ACETAMINOPHN 7.5-325	1		PA		
OXYCONTIN ER 10 MG TABLET	2	QL	PA		
OXYCONTIN ER 15 MG TABLET	2	QL	PA		
OXYCONTIN ER 20 MG TABLET	2	QL	PA		
OXYCONTIN ER 30 MG TABLET	2	QL	PA		
OXYCONTIN ER 40 MG TABLET	2	QL	PA		
OXYCONTIN ER 60 MG TABLET	2	QL	PA		
OXYCONTIN ER 80 MG TABLET	2	QL	PA		
OXYMORPHONE HCL 10 MG TABLET	1		PA		
OXYMORPHONE HCL 5 MG TABLET	1		PA		
OXYMORPHONE HCL ER 10 MG TAB	1	QL	PA		
OXYMORPHONE HCL ER 15 MG TAB	1	QL	PA		
OXYMORPHONE HCL ER 20 MG TAB	1	QL	PA		
OXYMORPHONE HCL ER 30 MG TAB	1	QL	PA		
OXYMORPHONE HCL ER 40 MG TAB	1	QL	PA		
OXYMORPHONE HCL ER 5 MG TABLET	1	QL	PA		
OXYMORPHONE HCL ER 7.5 MG TAB	1	QL	PA		
OXYTROL 3.9 MG/24HR PATCH	3	QL		ST	
OZEMPIC 0.25-0.5 MG/DOSE PEN	2	QL	PA		
OZEMPIC 1 MG/DOSE (2 MG/1.5ML)	2	QL	PA		
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	2	QL	PA		
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	2	QL	PA		
PACERONE 100 MG TABLET	1				
PACERONE 200 MG TABLET	1				
PACERONE 400 MG TABLET	1				
PACNEX 7% WASH	3			ST	
PACNEX HP 7% CLEANSING PADS	3			ST	
PACNEX LP 4.25% CLEANSING PADS	3			ST	
PALIPERIDONE ER 1.5 MG TABLET	1	QL			
PALIPERIDONE ER 3 MG TABLET	1	QL			
PALIPERIDONE ER 6 MG TABLET	1	QL			
PALIPERIDONE ER 9 MG TABLET	1	QL			
PALYNZIQ 10 MG/0.5 ML SYRINGE	2	QL	PA		SP
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	2	QL	PA		SP
PALYNZIQ 20 MG/ML SYRINGE	2	QL	PA		SP
PAMELOR 10 MG CAPSULE	3				
PAMELOR 25 MG CAPSULE	3				
PAMELOR 50 MG CAPSULE	3				
PAMELOR 75 MG CAPSULE	3				
PANCREAZE DR 10,500 UNIT CAP	2				
PANCREAZE DR 16,800 UNIT CAP	2				
PANCREAZE DR 2,600 UNIT CAP	2				
PANCREAZE DR 21,000 UNIT CAP	2				
PANCREAZE DR 37,000 UNIT CAP	2				
PANCREAZE DR 4,200 UNIT CAP	2				
PANDA MASK LARGE	2				
PANDA MASK MEDIUM	2				
PANDA MASK SMALL	2				
PANDEL 0.1% CREAM	3			ST	
PANRETIN 0.1% GEL	3		PA		
PANTOPRAZOLE DR 40 MG SUSP PKT	1			ST	
PANTOPRAZOLE SOD DR 20 MG TAB	1	QL			
PANTOPRAZOLE SOD DR 40 MG TAB	1				
PAREMYD EYE DROPS	3				
PARICALCITOL 1 MCG CAPSULE	1				
PARICALCITOL 10 MCG/2 ML VIAL	1				
PARICALCITOL 2 MCG CAPSULE	1				
PARICALCITOL 2 MCG/ML VIAL	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PARICALCITOL 4 MCG CAPSULE	1				
PARICALCITOL 5 MCG/ML VIAL	1				
PARLODEL 2.5 MG TABLET	3				
PARLODEL 5 MG CAPSULE	3				
PARNATE 10 MG TABLET	3				
PAROEX 0.12% ORAL RINSE	1				
PAROMOMYCIN 250 MG CAPSULE	1				
PAROXETINE CR 12.5 MG TABLET	1	QL		ST	
PAROXETINE CR 25 MG TABLET	1	QL		ST	
PAROXETINE CR 37.5 MG TABLET	1	QL		ST	
PAROXETINE ER 12.5 MG TABLET	1	QL		ST	
PAROXETINE ER 25 MG TABLET	1	QL		ST	
PAROXETINE ER 37.5 MG TABLET	1	QL		ST	
PAROXETINE HCL 10 MG TABLET	1	QL			
PAROXETINE HCL 10 MG/5 ML SUSP	1			ST	
PAROXETINE HCL 20 MG TABLET	1	QL			
PAROXETINE HCL 30 MG TABLET	1	QL			
PAROXETINE HCL 40 MG TABLET	1	QL			
PAROXETINE MESYLATE 7.5 MG CAP	1	QL		ST	
PASER GRANULES 4 GM PACKET	3				
PATANASE 665 MCG NASAL SPRAY	3	QL			
PAXIL 10 MG TABLET	3	QL		ST	
PAXIL 10 MG/5 ML SUSPENSION	3			ST	
PAXIL 20 MG TABLET	3	QL		ST	
PAXIL 30 MG TABLET	3	QL		ST	
PAXIL 40 MG TABLET	3	QL		ST	
PAXIL CR 12.5 MG TABLET	3	QL		ST	
PAXIL CR 25 MG TABLET	3	QL		ST	
PAXIL CR 37.5 MG TABLET	3	QL		ST	
PAXLOVID 150-100 MG DOSE PACK	2	QL			
PAXLOVID 150-100 MG PACK (EUA)	2	QL			
PAXLOVID 300-100 MG DOSE PACK	2	QL			
PAXLOVID 300-100 MG PACK (EUA)	2	QL			
PAZOPANIB HCL 200 MG TABLET	1	QL	PA		SP
PC SUPER THIN 30G LANCETS	2				
PCM LA TABLET	1				
PEDIAPRED 5 MG/5 ML SOLN	3				
PEDIARIX 0.5 ML SYRINGE	2				
PEDIATRIC MEDIUM MASK	2				
PEDIATRIC MOUTHPIECE	2				
PEDIATRIC PANDA MASK	2				
PEDIATRIC SMALL MASK	2				
PEDVAXHIB VACCINE VIAL	2				
PEG 3350-ELECTROLYTE SOLUTION	1				
PEG3350 100-7.5-2.691-1.01-5.9	1				
PEG-3350 AND ELECTROLYTES SOLN	1				
PEGASYS 180 MCG/0.5 ML SYRINGE	2	QL			SP
PEGASYS 180 MCG/ML VIAL	2	QL			SP
PEG-PREP KIT	1				
PE-GUAI DROPS	1				
PEMAZYRE 13.5 MG TABLET	2	QL	PA		SP
PEMAZYRE 4.5 MG TABLET	2	QL	PA		SP
PEMAZYRE 9 MG TABLET	2	QL	PA		SP
PENBRAYA KIT	2				
PENCICLOVIR 1% CREAM	1				
PENICILLAMINE 250 MG CAPSULE	1		PA		
PENICILLAMINE 250 MG TABLET	1		PA		
PENICILLIN VK 125 MG/5 ML SOLN	1				
PENICILLIN VK 250 MG TABLET	1				
PENICILLIN VK 250 MG/5 ML SOLN	1				
PENICILLIN VK 500 MG TABLET	1				
PENTACEL ACTHIB COMPONENT VIAL	2				
PENTACEL VIAL KIT	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PENTAMIDINE 300 MG INHAL POWDR	1	QL			
PENTASA 250 MG CAPSULE	2				
PENTASA 500 MG CAPSULE	3				
PENTAZOCINE-NALOXONE TABLET	1		PA		
PENTOXIFYLLINE ER 400 MG TAB	1				
PEPCID 40 MG TABLET	3				
PERFECT POINT 28G SAFETY LANCT	2				
PERFECT POINT 30G SAFETY LANCT	2				
PERFECT POINT NEEDLE 25G 1"	3				
PERIDEX 0.12% ORAL RINSE	3				
PERINDOPRIL ERBUMINE 2 MG TAB	1				
PERINDOPRIL ERBUMINE 4 MG TAB	1				
PERINDOPRIL ERBUMINE 8 MG TAB	1				
PERIOGARD 0.12% ORAL RINSE	1				
PERMETHRIN 5% CREAM	1				
PERPHEN-AMITRIP 2 MG-10 MG TAB	1				
PERPHEN-AMITRIP 2 MG-25 MG TAB	1				
PERPHEN-AMITRIP 4 MG-10 MG TAB	1				
PERPHEN-AMITRIP 4 MG-25 MG TAB	1				
PERPHEN-AMITRIP 4 MG-50 MG TAB	1				
PERPHENAZINE 16 MG TABLET	1				
PERPHENAZINE 2 MG TABLET	1				
PERPHENAZINE 4 MG TABLET	1				
PERPHENAZINE 8 MG TABLET	1				
PERRY PRENATAL CAPSULE	1				
PEXEVA 10 MG TABLET	3	QL		ST	
PEXEVA 20 MG TABLET	3	QL		ST	
PEXEVA 30 MG TABLET	3	QL		ST	
PEXEVA 40 MG TABLET	3	QL		ST	
PFIZER COVID (12Y UP) VAC-GRAY	2				
PFIZER COVID (5-11Y) VAC-ORANG	2				
PFIZER COVID (6M-4Y)VAC-MAROON	2				
PFIZER COVID 2023-24(5-11Y)EUA	2				
PFIZER COVID 2023-24(6M-4Y)EUA	2				
PFIZER COVID 2024-25(5-11Y)EUA	2				
PFIZER COVID 2024-25(6M-4Y)EUA	2				
PFIZER COVID BIVAL (12Y UP)EUA	2				
PFIZER COVID BIVAL (5-11YR)EUA	2				
PFIZER COVID BIVAL (6MO-4Y)EUA	2				
PFIZER COVID-19 VACCINE-PURPLE	2				
PH 12 DILUENT FOR FLOLAN	3				SP
PHARMABASE BARRIER 9.38% OINT	3				
PHARMACIST CHOICE 28G LANCETS	2				
PHARMACIST CHOICE 30G LANCETS	2				
PHARMACIST CHOICE 33G LANCETS	2				
PHASEAL PROTECTOR 14	3				
PHASEAL PROTECTOR 21	3				
PHASEAL PROTECTOR 28	3				
PHASEAL PROTECTOR 50	3				
PHEBURANE PELLETT	2		PA		SP
PHENAZOPYRIDINE 100 MG TAB	1				
PHENAZOPYRIDINE 200 MG TAB	1				
PHENELZINE SULFATE 15 MG TAB	1				
PHENOBARB-HYO-ATROP-SCOP ELIX	1				
PHENOBARB-HYOSC-ATROP-SCOP TAB	1				
PHENOBARBITAL 100 MG TABLET	1				
PHENOBARBITAL 15 MG TABLET	1				
PHENOBARBITAL 16.2 MG TABLET	1				
PHENOBARBITAL 20 MG/5 ML CUP	1				
PHENOBARBITAL 20 MG/5 ML ELIX	1				
PHENOBARBITAL 20 MG/5 ML SOLN	1				
PHENOBARBITAL 30 MG TABLET	1				
PHENOBARBITAL 30 MG/7.5 ML CUP	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PHENOBARBITAL 32.4 MG TABLET	1				
PHENOBARBITAL 60 MG TABLET	1				
PHENOBARBITAL 60 MG/15 ML CUP	1				
PHENOBARBITAL 64.8 MG TABLET	1				
PHENOBARBITAL 97.2 MG TABLET	1				
PHENOBARBITAL-BELLADONNA ELIXR	3				
PHENOHYTRO ELIXIR	1				
PHENOHYTRO TABLET	1				
PHENOXYBENZAMINE HCL 10 MG CAP	1		PA		
PHENYLEPHRINE 10% EYE DROP	1				
PHENYLEPHRINE 10% EYE DROPS	1				
PHENYLEPHRINE 2.5% EYE DROP	1				
PHENYLEPHRINE-LIDO 15-10 MG/ML	1				
PHENYTEK 200 MG CAPSULE	3				
PHENYTEK 300 MG CAPSULE	3				
PHENYTOIN 100 MG/4 ML SUSP CUP	1				
PHENYTOIN 125 MG/5 ML SUSP	1				
PHENYTOIN 50 MG INFATAB CHEW	1				
PHENYTOIN 50 MG TABLET CHEW	1				
PHENYTOIN SOD EXT 100 MG CAP	1				
PHENYTOIN SOD EXT 200 MG CAP	1				
PHENYTOIN SOD EXT 300 MG CAP	1				
PHILITH 0.4-0.035 MG TABLET	1				
PHOSLYRA 667 MG/5 ML SOLUTION	2	QL			
PHOSPHASAL TABLET	1				
PHOSPHATE ORAL SALINE LAXATIVE	1				
PHOSPHOLINE IODIDE 0.125% DROP	2				SP
PHOTREXA CROSS-LINKING KIT	3				
PHOTREXA VISCOUS 0.146% DROPS	3				
PHOXILLUM B22K4/0 SOLUTION BAG	3				
PHOXILLUM BK4/2.5 SOLUTION BAG	3				
PHYSIOLYTE IRRIGATION SOLN	3				
PHYSIOSOL IRRIGATION SOLN	3				
PHYTONADIONE 1 MG/0.5 ML SYR	2				
PHYTONADIONE 1 MG/0.5 ML VIAL	2				
PHYTONADIONE 10 MG/ML AMPUL	1				
PHYTONADIONE 10 MG/ML VIAL	1				
PHYTONADIONE 5 MG TABLET	1	QL			
PILOCARPINE 1% EYE DROPS	1				
PILOCARPINE 2% EYE DROPS	1				
PILOCARPINE 4% EYE DROPS	1				
PILOCARPINE HCL 5 MG TABLET	1				
PILOCARPINE HCL 7.5 MG TABLET	1				
PIMECROLIMUS 1% CREAM	1	QL		ST	
PIMOZIDE 1 MG TABLET	1				
PIMOZIDE 2 MG TABLET	1				
PIMTREA 28 DAY TABLET	1				
PINDOLOL 10 MG TABLET	1				
PINDOLOL 5 MG TABLET	1				
PIOGLITAZONE HCL 15 MG TABLET	1	QL			
PIOGLITAZONE HCL 30 MG TABLET	1	QL			
PIOGLITAZONE HCL 45 MG TABLET	1	QL			
PIOGLITAZONE-GLIMEPIRIDE 30-2	1	QL			
PIOGLITAZONE-GLIMEPIRIDE 30-4	1	QL			
PIOGLITAZONE-METFORMIN 15-500	1	QL			
PIOGLITAZONE-METFORMIN 15-850	1	QL			
PIP 28G LANCET	2				
PIP 30G LANCET	2				
PIP GLUCOSE CONTROL SOLN L1-L2	3				
PIQRAY 200 MG DAILY DOSE PACK	2		PA		SP
PIQRAY 250 MG DAILY DOSE PACK	2		PA		SP
PIQRAY 300 MG DAILY DOSE PACK	2		PA		SP
PIRFENDONE 267 MG CAPSULE	1	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PIRFENIDONE 267 MG TABLET	1	QL	PA		SP
PIRFENIDONE 801 MG TABLET	1	QL	PA		SP
PIRMELLA 1-35 28 TABLET	1				
PIRMELLA 7-7-7-28 TABLET	1				
PIROXICAM 10 MG CAPSULE	1				
PIROXICAM 20 MG CAPSULE	1				
PISTON ENFIT 60 ML SYRINGE	3				
PITAVASTATIN 1 MG TABLET	1	QL			
PITAVASTATIN 2 MG TABLET	1	QL			
PITAVASTATIN 4 MG TABLET	1	QL			
PLAN B ONE-STEP 1.5 MG TABLET	2	QL			
PLEGISOL 16 MEQ K/1,000 ML SOL	3				
PLEGRIDY 125 MCG/0.5 ML PEN	2	QL	PA		SP
PLEGRIDY 125 MCG/0.5 ML SYRING	2	QL	PA		SP
PLEGRIDY PEN INJ STARTER PACK	2	QL	PA		SP
PLEGRIDY SYRINGE STARTER PACK	2	QL	PA		SP
PLEXION 9.8-4.8% CLEANSER	3			ST	
PLEXION 9.8-4.8% CLNSING CLOTH	3			ST	
PLEXION 9.8-4.8% CREAM	3			ST	
PLEXION 9.8-4.8% LOTION	3			ST	
PLEXION NS 9.8% SHAMPOO	3				
PNEUMOVAX 23 SYRINGE	2				
PNEUMOVAX 23 VIAL	2				
PNV 29-1 TABLET	1				
PNV PRENATAL PLUS MULTIVIT TAB	1				
PNV-DHA + DOCUSATE SOFTGEL	1				
PNV-DHA SOFTGEL	1				
PNV-OMEGA SOFTGEL	1				
PNV-SELECT TABLET	1				
POCKET CHAMBER	2				
PODOFILOX 0.5% GEL	1	QL		ST	
PODOFILOX 0.5% TOPICAL SOLN	1				
POLY HUB NEEDLE 18GX1"	2				
POLY HUB NEEDLE 18GX1-1/2"	2				
POLY HUB NEEDLE 21GX1"	2				
POLY HUB NEEDLE 21GX1-1/2"	2				
POLY HUB NEEDLE 22GX1"	2				
POLY HUB NEEDLE 22GX1-1/2"	2				
POLY HUB NEEDLE 23GX1"	2				
POLY HUB NEEDLE 23GX1-1/2"	2				
POLY HUB NEEDLE 25GX1"	2				
POLY HUB NEEDLE 25GX1-1/2"	2				
POLY HUB NEEDLE 25GX5/8"	2				
POLY HUB NEEDLE 27GX1/2"	2				
POLY HUB NEEDLE 27GX1-1/4"	2				
POLY HUB NEEDLE 30GX1/2"	2				
POLYCIN EYE OINTMENT	1				
POLYETHYLENE GLYCOL 3350 POWD	1				
POLYETHYLENE GLYCOL 400 LIQ	1				
POLYMYXIN B-TMP EYE DROPS	1				
POLYTRIM EYE DROPS	3				
POLY-TUSSIN AC LIQUID	3				
POMALYST 1 MG CAPSULE	2		PA		SP
POMALYST 2 MG CAPSULE	2		PA		SP
POMALYST 3 MG CAPSULE	2		PA		SP
POMALYST 4 MG CAPSULE	2		PA		SP
POMBILITI 105 MG VIAL	3		PA		SP
PONTOCAINE 2% SOLUTION	3				
PONVORY 14-DAY STARTER PACK	2	QL	PA		SP
PONVORY 20 MG TABLET	2	QL	PA		SP
PORTIA-28 TABLET	1				
POSACONAZOLE 200 MG/5 ML SUSP	1		PA		
POSACONAZOLE DR 100 MG TABLET	1		PA		

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
POTABA 500 MG CAPSULE	3				
POTASSIUM CITRATE ER 10 MEQ TB	1				
POTASSIUM CITRATE ER 15 MEQ TB	1				
POTASSIUM CITRATE ER 5 MEQ TAB	1				
POTASSIUM CL 10% (20 MEQ/15ML)	1				
POTASSIUM CL 10% (40 MEQ/30ML)	1				
POTASSIUM CL 20 MEQ PACKET	1				
POTASSIUM CL 20% (40 MEQ/15ML)	1				
POTASSIUM CL ER 10 MEQ CAPSULE	1				
POTASSIUM CL ER 10 MEQ TABLET	1				
POTASSIUM CL ER 15 MEQ TABLET	1				
POTASSIUM CL ER 20 MEQ TABLET	1				
POTASSIUM CL ER 8 MEQ CAPSULE	1				
POTASSIUM CL ER 8 MEQ TABLET	1				
POTASSIUM CL10%(20MEQ/15ML)CUP	1				
POTASSIUM CL10%(40MEQ/30ML)CUP	1				
POTASSIUM CL20%(40MEQ/15ML)CUP	1				
POTASSIUM IODIDE 1 GM/ML SOL	1				
POVIDONE IODINE 5% EYE DROP	1				
POWDERLAX POWDER	1				
PR BENZOYL PEROXIDE 7% WASH	1				
PR NATAL 400 COMBO PACK	1				
PR NATAL 400 EC COMBO PACK	1				
PR NATAL 430 COMBO PACK	1				
PR NATAL 430 EC COMBO PACK	1				
PRAMIPEXOLE 0.125 MG TABLET	1				
PRAMIPEXOLE 0.25 MG TABLET	1				
PRAMIPEXOLE 0.5 MG TABLET	1				
PRAMIPEXOLE 0.75 MG TABLET	1				
PRAMIPEXOLE 1 MG TABLET	1				
PRAMIPEXOLE 1.5 MG TABLET	1				
PRAMOSONE 1% LOTION	3			ST	
PRAMOSONE 1%-1% CREAM	3			ST	
PRAMOSONE 1%-1% OINTMENT	3			ST	
PRAMOSONE 2.5%-1% CREAM	3			ST	
PRAMOSONE 2.5%-1% LOTION	3			ST	
PRAMOSONE 2.5%-1% OINTMENT	3			ST	
PRASUGREL 10 MG TABLET	1				
PRASUGREL 5 MG TABLET	1				
PRAVASTATIN SODIUM 10 MG TAB	1	QL			
PRAVASTATIN SODIUM 20 MG TAB	1	QL			
PRAVASTATIN SODIUM 40 MG TAB	1	QL			
PRAVASTATIN SODIUM 80 MG TAB	1	QL			
PRAZIQUANTEL 600 MG TABLET	1				
PRAZOSIN 1 MG CAPSULE	1				
PRAZOSIN 2 MG CAPSULE	1				
PRAZOSIN 5 MG CAPSULE	1				
PRECISION XTR B-KETONE STRIP	2				
PRECISION XTRA KETONE-GLUC KIT	2				
PRECISION XTRA MONITOR	2				
PRECISION XTRA MONITOR NFRS	2				
PRECISION XTRA TEST STRIPS	2				
PRECOSE 100 MG TABLET	3				
PRECOSE 25 MG TABLET	3				
PRECOSE 50 MG TABLET	3				
PRED AC-GATI-BROM 1-0.5-0.075%	3				
PRED AC-MOXI-BROM 1-0.5-0.075%	3				
PRED AC-MOXI-NEPAF 1-0.5-0.1%	3				
PRED FORTE 1% EYE DROPS	3				
PRED PH-GATI-BROM 1-0.5-0.075%	3				
PRED PH-MOXI-BROM 1-0.5-0.075%	3				
PRED-G 1% EYE DROPS	3				
PREDNICARBATE 0.1% CREAM	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PREDNICARBATE 0.1% OINTMENT	1				
PREDNISOLONE 1%-BROMFEN 0.075%	3				
PREDNISOLONE 1%-NEPAFENAC 0.1%	3				
PREDNISOLONE 10 MG/5 ML SOLN	1				
PREDNISOLONE 15 MG/5 ML SOLN	1				
PREDNISOLONE 15MG/5ML SOLN CUP	1				
PREDNISOLONE 20 MG/5 ML SOLN	1				
PREDNISOLONE 5 MG TABLET	1				
PREDNISOLONE 5 MG/5 ML SOLN	1				
PREDNISOLONE AC 1% EYE DROP	1				
PREDNISOLONE ACET 1% EYE DROP	3				
PREDNISOLONE ACET 1%-GATI 0.5%	3				
PREDNISOLONE ACET 1%-MOXI 0.5%	3				
PREDNISOLONE ODT 10 MG TABLET	1				
PREDNISOLONE ODT 15 MG TABLET	1				
PREDNISOLONE ODT 30 MG TABLET	1				
PREDNISOLONE PH 1%-BROM 0.075%	1				
PREDNISOLONE PHOS 1%-MOXI 0.5%	3				
PREDNISOLONE SOD 1% EYE DROP	1				
PREDNISOLONE SOD PH 25 MG/5 ML	1				
PREDNISON 1 MG TABLET	1				
PREDNISON 10 MG TAB DOSE PACK	1				
PREDNISON 10 MG TABLET	1				
PREDNISON 2.5 MG TABLET	1				
PREDNISON 20 MG TABLET	1				
PREDNISON 5 MG TAB DOSE PACK	1				
PREDNISON 5 MG TABLET	1				
PREDNISON 5 MG/5 ML SOLUTION	1				
PREDNISON 50 MG TABLET	1				
PREDNISON INTENSOL 5 MG/ML	1				
PREFERRED PLUS LANCETS	2				
PREFERRED PLUS THIN LANCETS	2				
PREFEST TABLET	3				
PREGABALIN 100 MG CAPSULE	1				
PREGABALIN 150 MG CAPSULE	1				
PREGABALIN 20 MG/ML SOLUTION	1				
PREGABALIN 200 MG CAPSULE	1				
PREGABALIN 225 MG CAPSULE	1				
PREGABALIN 25 MG CAPSULE	1				
PREGABALIN 300 MG CAPSULE	1				
PREGABALIN 50 MG CAPSULE	1				
PREGABALIN 75 MG CAPSULE	1				
PREGABALIN ER 165 MG TABLET	1			ST	
PREGABALIN ER 330 MG TABLET	1			ST	
PREGABALIN ER 82.5 MG TABLET	1			ST	
PREHEVBRIO 10 MCG/ML VIAL	2				
PREMARIN VAGINAL CREAM-APPL	2				
PRENA1 CHEW TABLET	1				
PRENA1 PEARL SOFTGEL	1				
PRENA1 TRUE COMBO PACK	1				
PRENAISSANCE CAPSULE	1				
PRENAISSANCE PLUS SOFTGEL	1				
PRENATA CHEWABLE TABLET	3				
PRENATABS FA TABLET	1				
PRENATABS RX TABLET	1				
PRENATAL 19 CHEWABLE TABLET	3				
PRENATAL 19 TABLET	3				
PRENATAL CAPLET	1				
PRENATAL COMPLETE CAPLET	1				
PRENATAL LOW IRON TABLET	1				
PRENATAL MULTI-DHA SOFTGEL	1				
PRENATAL MULTIVITAMIN TABLET	1				
PRENATAL ONE DAILY TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PRENATAL PLUS IRON TABLET	1				
PRENATAL PLUS VITAMIN-MINERAL	3				
PRENATAL PLUS-DHA COMBO PACK	3				
PRENATAL TABLET	1				
PRENATAL VITAMIN PLUS LOW IRON	1				
PRENATAL VITAMIN TABLET	1				
PRENATAL VITAMINS TABLET	1				
PRENATAL-U CAPSULE	1				
PRENATE AM TABLET	3				
PRENATE CHEWABLE TABLET	3				
PRENATE DHA SOFTGEL	3				
PRENATE ELITE TABLET	3				
PRENATE ENHANCE SOFTGEL	3				
PRENATE ESSENTIAL SOFTGEL	3				
PRENATE MINI SOFTGEL	3				
PRENATE PIXIE SOFTGEL	3				
PRENATE RESTORE SOFTGEL	3				
PRENATE STAR TABLET	3				
PREPIDIL 0.5 MG/3 GM GEL	3				
PREPLUS CA-FE 27 MG-FA 1 MG TB	1				
PRESSURE ACTIVATED 21G LANCETS	2				
PRESSURE ACTIVATED 28G LANCETS	2				
PRESTALIA 14 MG-10 MG TABLET	3				
PRESTALIA 3.5 MG-2.5 MG TABLET	3				
PRESTALIA 7 MG-5 MG TABLET	3				
PRETAB 29 MG-1 MG TABLET	1				
PRETOMANID 200 MG TABLET	3		PA		
PREVALITE PACKET	1				
PREVALITE POWDER	1				
PREVIDENT 0.2% RINSE	3				
PREVIDENT 1.1% GEL	3				
PREVIDENT 5000 1.1% DRY MOUTH	3				
PREVIDENT 5000 BOOSTER PLUS	3				
PREVIDENT 5000 ENAMEL PROTECT	3				
PREVIDENT 5000 ORTHO DEFENSE	3				
PREVIDENT 5000 PLUS CREAM	3				
PREVIDENT 5000 SENSITIVE PASTE	3				
PREVIDENT DENTAL RINSE	3				
PREVIDENT KIDS 5000 PPM PASTE	3				
PREVIFEM TABLET	1				
PREVNAR 13 SYRINGE	2				
PREVNAR 20 SYRINGE	2				
PREVYMIS 240 MG TABLET	2	QL			
PREVYMIS 480 MG TABLET	2	QL			
PREZISTA 100 MG/ML SUSPENSION	2				
PREZISTA 150 MG TABLET	2				
PREZISTA 600 MG TABLET	3				
PREZISTA 75 MG TABLET	2				
PREZISTA 800 MG TABLET	3				
PRIFTIN 150 MG TABLET	2				
PRIMACARE SOFTGEL	3				
PRIMAQUINE 26.3 MG TABLET	2	QL			
PRIMEAIRE CHAMBER	2				
PRIMIDONE 250 MG TABLET	1				
PRIMIDONE 50 MG TABLET	1				
PRIMSOL 50 MG/5 ML ORAL SOLN	3				
PRINIVIL 20 MG TABLET	3				
PRIORIX VIAL	2				
PRISMASOL B22GK 2/0 DIALYSIS	3				
PRISMASOL B22GK 4/0 DIALYSIS	3				
PRISMASOL BGK 0/2.5 DIALYSIS	3				
PRISMASOL BGK 2/0 DIALYSIS	3				
PRISMASOL BGK 2/3.5 DIALYSIS	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PRISMASOL BGK 4/0/1.2 DIALYSIS	3				
PRISMASOL BGK 4/2.5 DIALYSIS	3				
PRISMASOL BK 0/0/1.2 DIALYSIS	3				
PRO COMFORT 30G LANCETS	2				
PRO COMFORT 30G SAFETY LANCET	2				
PRO COMFORT 31G LANCET	2				
PRO COMFORT SPACER-ADULT MASK	2				
PRO COMFORT SPACER-CHILD MASK	3				
PRO COMFORT SPACER-INFANT MASK	3				
PROBENECID 500 MG TABLET	1				
PROBENECID-COLCHICINE TABLET	1				
PROCARDIA XL 30 MG TABLET	3				
PROCARDIA XL 60 MG TABLET	3				
PROCARDIA XL 90 MG TABLET	3				
PROCARE SPACER WITH ADULT MASK	2				
PROCARE SPACER WITH CHILD MASK	2				
PROCENTRA 5 MG/5 ML SOLUTION	1				
PROCHAMBER HOLDING CHAMBER	2				
PROCHLORPERAZINE 10 MG TAB	1				
PROCHLORPERAZINE 25 MG SUPP	1				
PROCHLORPERAZINE 5 MG TABLET	1				
PROCORT 1.85%-1.15% CREAM	3				
PROCRIT 10,000 UNITS/ML VIAL	2		PA		SP
PROCRIT 2,000 UNITS/ML VIAL	2		PA		SP
PROCRIT 20,000 UNITS/ML VIAL	2		PA		SP
PROCRIT 3,000 UNITS/ML VIAL	2		PA		SP
PROCRIT 4,000 UNITS/ML VIAL	2		PA		SP
PROCRIT 40,000 UNITS/ML VIAL	2		PA		SP
PROCTOCORT 30 MG SUPPOSITORY	3			ST	
PROCTO-MED HC 2.5% CREAM	1				
PROCTOSOL-HC 2.5% CREAM	1				
PROCTOZONE-HC 2.5% CREAM	1				
PRODIGY CONTROL SOLUTION	3				
PRODIGY CONTROL SOLUTION LOW	3				
PRODIGY COUNT-A-DOSE	2				
PRODIGY LANCING DEVICE	2				
PRODIGY PRESSURE ACTIVATED 28G	2				
PRODIGY SAFETY 26G LANCETS	2				
PRODIGY TWIST TOP 28G LANCET	2				
PROGESTERONE 100 MG CAPSULE	1				
PROGESTERONE 200 MG CAPSULE	1				
PROGESTERONE 500 MG/10 ML VIAL	1				SP
PROGLYCEM 50 MG/ML ORAL SUSP	3				
PROGRAF 0.2 MG GRANULE PACKET	2				
PROGRAF 0.5 MG CAPSULE	3				
PROGRAF 1 MG CAPSULE	3				
PROGRAF 1 MG GRANULE PACKET	2				
PROGRAF 5 MG CAPSULE	3				
PROLATE 10-300 MG TABLET	1		PA		
PROLATE 5-300 MG TABLET	1		PA		
PROLATE 7.5-300 MG TABLET	1		PA		
PROLENSA 0.07% EYE DROPS	3				
PROLEUKIN 22 MILLION UNIT VIAL	2		PA		SP
PROMACTA 12.5 MG SUSPEN PACKET	2		PA		SP
PROMACTA 12.5 MG TABLET	2		PA		SP
PROMACTA 25 MG SUSPENSION PCKT	2		PA		SP
PROMACTA 25 MG TABLET	2		PA		SP
PROMACTA 50 MG TABLET	2		PA		SP
PROMACTA 75 MG TABLET	2		PA		SP
PROMETHAZINE 12.5 MG SUPPOS	1				
PROMETHAZINE 12.5 MG TABLET	1				
PROMETHAZINE 25 MG SUPPOSITORY	1				
PROMETHAZINE 25 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PROMETHAZINE 50 MG SUPPOSITORY	1				
PROMETHAZINE 50 MG TABLET	1				
PROMETHAZINE 6.25 MG/5 ML CUP	1				
PROMETHAZINE 6.25 MG/5 ML SOLN	1				
PROMETHAZINE 6.25 MG/5 ML SYRP	1				
PROMETHAZINE VC SOLUTION	1				
PROMETHAZINE VC-CODEINE SOLN	1				
PROMETHAZINE-CODEINE SOLUTION	1				
PROMETHAZINE-CODEINE SYRUP	1				
PROMETHAZINE-DM 6.25-15 MG/5ML	1				
PROMETHAZINE-PE 6.25-5 MG/5 ML	1				
PROMETHAZINE-PE-CODEINE SYRUP	1				
PROMETHAZINE-PHENYLEPHRINE SYR	1				
PROMETHEGAN 12.5 MG SUPPOS	1				
PROMETHEGAN 25 MG SUPPOSITORY	1				
PROMETHEGAN 50 MG SUPPOSITORY	1				
PROMETRIUM 100 MG CAPSULE	3				
PROMETRIUM 200 MG CAPSULE	3				
PROPAFENONE HCL 150 MG TABLET	1				
PROPAFENONE HCL 225 MG TAB	1				
PROPAFENONE HCL 300 MG TAB	1				
PROPAFENONE HCL ER 225 MG CAP	1				
PROPAFENONE HCL ER 325 MG CAP	1				
PROPAFENONE HCL ER 425 MG CAP	1				
PROPARACAINE 0.5% EYE DROPS	1				
PROPRANOLOL 10 MG TABLET	1				
PROPRANOLOL 20 MG TABLET	1				
PROPRANOLOL 20 MG/5 ML SOLN	1				
PROPRANOLOL 40 MG TABLET	1				
PROPRANOLOL 40 MG/5 ML SOLN	1				
PROPRANOLOL 60 MG TABLET	1				
PROPRANOLOL 80 MG TABLET	1				
PROPRANOLOL ER 120 MG CAPSULE	1				
PROPRANOLOL ER 160 MG CAPSULE	1				
PROPRANOLOL ER 60 MG CAPSULE	1				
PROPRANOLOL ER 80 MG CAPSULE	1				
PROPRANOLOL-HCTZ 40-25 MG TAB	1				
PROPRANOLOL-HCTZ 80-25 MG TAB	1				
PROPYLTHIOURACIL 50 MG TABLET	1				
PROQUAD VIAL	2				
PROSCAR 5 MG TABLET	3		PA		
PROSTIN E2 VAGINAL 20 MG SUP	3				
PROTHELIAL 1 GM/10 ML PASTE	3				SP
PROTOPIC 0.03% OINTMENT	3	QL		ST	
PROTOPIC 0.1% OINTMENT	3	QL		ST	
PROTRIPTYLINE HCL 10 MG TABLET	1				
PROTRIPTYLINE HCL 5 MG TABLET	1				
PROVENTIL HFA 90 MCG INHALER	3	QL			
PROVERA 10 MG TABLET	3				
PROVERA 2.5 MG TABLET	3				
PROVERA 5 MG TABLET	3				
PROVIDA OB CAPSULE	3				
PRUDOXIN 5% CREAM	1	QL		ST	
PUB 28G LANCETS	2				
PUB ADVANCED LANCING DEVICE	2				
PUB ASPIRIN 81 MG CHEWABLE TAB	1				
PUB LAXATIVE EC 5 MG TABLET	1				
PUB MICRO THIN 33G LANCET	2				
PUB MILK OF MAGNESIA SUSP	1				
PULMOSAL 7% VIAL	1				
PULMOZYME 1 MG/ML AMPUL	2		PA		SP
PURE COMFORT 30G SAFETY LANCET	2				
PURE COMFORT 30G TWIST LANCET	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
PURE COMFORT SPACER-ADULT MASK	3				
PURIXAN 20 MG/ML ORAL SUSP	2				SP
PUSH BUTTON SAFETY 28G LANCET	2				
PV AUTOLET LANCING DEVICE	2				
PV UNILET MICRO THIN 33G LANCT	2				
PV UNILET SUPER THIN 30G LANCT	2				
PYRAZINAMIDE 500 MG TABLET	1				
PYRIDOSTIGMINE 60 MG/5 ML CUP	1				
PYRIDOSTIGMINE 60 MG/5 ML SOLN	1				
PYRIDOSTIGMINE BR 30 MG TABLET	3				
PYRIDOSTIGMINE BR 60 MG TABLET	1				
PYRIDOSTIGMINE ER 180 MG TAB	1				
PYRIMETHAMINE 25 MG TABLET	1		PA		
PYRUKYND 20 MG TABLET	3	QL	PA		SP
PYRUKYND 20-5 MG TAPER PACK	3	QL	PA		SP
PYRUKYND 5 MG TABLET	3	QL	PA		SP
PYRUKYND 5 MG TAPER PACK	3	QL	PA		SP
PYRUKYND 50 MG TABLET	3	QL	PA		SP
PYRUKYND 50-20 MG TAPER PACK	3	QL	PA		SP
QC ASPIRIN 81 MG CHEWABLE TAB	1				
QC ASPIRIN EC 81 MG TABLET	1				
QC AUTOLET LANCING DEVICE	2				
QC MAGNESIUM CITRATE SOLUTION	1				
QC MILK OF MAGNESIA SUSPENSION	1				
QC NATURA-LAX 17 GM POWDER	1				
QC PRENATAL TABLET	1				
QC UNILET SUPER THIN 30G LANCT	2				
QC UNILET ULTRA THIN 28G LANCT	2				
QELBREE ER 100 MG CAPSULE	3			ST	
QELBREE ER 150 MG CAPSULE	3			ST	
QELBREE ER 200 MG CAPSULE	3			ST	
QUADRACEL DTAP-IPV SYRINGE	2				
QUADRACEL DTAP-IPV VIAL	2				
QUALAQUIN 324 MG CAPSULE	3	QL			
QUDEXY XR 100 MG CAPSULE	3			ST	
QUDEXY XR 150 MG CAPSULE	3			ST	
QUDEXY XR 200 MG CAPSULE	3			ST	
QUDEXY XR 25 MG CAPSULE	3			ST	
QUDEXY XR 50 MG CAPSULE	3			ST	
QUESTRAN LIGHT POWDER	3				
QUESTRAN PACKET	3				
QUESTRAN POWDER	3				
QUETIAPINE ER 150 MG TABLET	1	QL			
QUETIAPINE ER 200 MG TABLET	1	QL			
QUETIAPINE ER 300 MG TABLET	1	QL			
QUETIAPINE ER 400 MG TABLET	1	QL			
QUETIAPINE ER 50 MG TABLET	1	QL			
QUETIAPINE FUMARATE 100 MG TAB	1	QL			
QUETIAPINE FUMARATE 200 MG TAB	1	QL			
QUETIAPINE FUMARATE 25 MG TAB	1	QL			
QUETIAPINE FUMARATE 300 MG TAB	1	QL			
QUETIAPINE FUMARATE 400 MG TAB	1	QL			
QUETIAPINE FUMARATE 50 MG TAB	1	QL			
QUINAPRIL 10 MG TABLET	1				
QUINAPRIL 20 MG TABLET	1				
QUINAPRIL 40 MG TABLET	1				
QUINAPRIL 5 MG TABLET	1				
QUINAPRIL-HCTZ 10-12.5 MG TAB	1				
QUINAPRIL-HCTZ 20-12.5 MG TAB	1				
QUINAPRIL-HCTZ 20-25 MG TAB	1				
QUINIDINE GLUC ER 324 MG TAB	1				
QUINIDINE SULFATE 200 MG TAB	1				
QUINIDINE SULFATE 300 MG TAB	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
QUININE SULFATE 324 MG CAPSULE	1	QL			
QULIPTA 10 MG TABLET	2	QL	PA		
QULIPTA 30 MG TABLET	2	QL	PA		
QULIPTA 60 MG TABLET	2	QL	PA		
QUVIVIQ 25 MG TABLET	3	QL		ST	
QUVIVIQ 50 MG TABLET	3	QL		ST	
QVAR REDIHALER 40 MCG	2	QL			
QVAR REDIHALER 80 MCG	2	QL			
RA ASPIRIN 81 MG CHEWABLE TAB	1				
RA ASPIRIN EC 81 MG TABLET	1				
RA BALANCED B-100 TABLET	1				
RA CITRATE OF MAGNESIA SOLN	1				
RA E-ZJECT 26G LANCETS	1				
RA E-ZJECT 28G LANCETS	1				
RA E-ZJECT 30G LANCETS	1				
RA E-ZJECT COLOR 33G LANCETS	1				
RA FOLIC ACID 0.4 MG TABLET	1				
RA FOLIC ACID 800 MCG TABLET	1				
RA HEALTH CARE LANCING DEVICE	2				
RA LAXATIVE EC 5 MG TABLET	1				
RA LAXATIVE PEG 3350 POWDER	1				
RA MILK OF MAGNESIA SUSPENSION	1				
RA ONE DAILY PRENATAL DHA PACK	1				
RA PRENATAL TABLET	1				
RABAVERT RABIES VACC W-DILUENT	2				
RABAVERT RABIES VACCINE VIAL	2				
RABEPRAZOLE SOD DR 20 MG TAB	1				
RADICAVA ORS 105 MG/5 ML SUSP	2		PA		SP
RADICAVA ORS STARTER KIT SUSP	2		PA		SP
RADIOGARDASE 0.5 GM CAPSULE	3				
RALOXIFENE HCL 60 MG TABLET	1				
RAMELTEON 8 MG TABLET	1	QL		ST	
RAMIPRIL 1.25 MG CAPSULE	1				
RAMIPRIL 10 MG CAPSULE	1				
RAMIPRIL 2.5 MG CAPSULE	1				
RAMIPRIL 5 MG CAPSULE	1				
RANEXA ER 1,000 MG TABLET	3			ST	
RANEXA ER 500 MG TABLET	3			ST	
RANOLAZINE ER 1,000 MG TABLET	1				
RANOLAZINE ER 500 MG TABLET	1				
RAPAMUNE 0.5 MG TABLET	3				
RAPAMUNE 1 MG TABLET	3				
RAPAMUNE 1 MG/ML ORAL SOLN	3				
RAPAMUNE 2 MG TABLET	3				
RASAGILINE MESYLATE 0.5 MG TAB	1				
RASAGILINE MESYLATE 1 MG TAB	1				
RASUVO 10 MG/0.2 ML AUTOINJ	2			ST	
RASUVO 12.5 MG/0.25 ML AUTOINJ	2			ST	
RASUVO 15 MG/0.3 ML AUTOINJ	2			ST	
RASUVO 17.5 MG/0.35 ML AUTOINJ	2			ST	
RASUVO 20 MG/0.4 ML AUTOINJ	2			ST	
RASUVO 22.5 MG/0.45 ML AUTOINJ	2			ST	
RASUVO 25 MG/0.5 ML AUTOINJ	2			ST	
RASUVO 30 MG/0.6 ML AUTOINJ	2			ST	
RASUVO 7.5 MG/0.15 ML AUTOINJ	2			ST	
RAYALDEE ER 30 MCG CAP (HARD)	3				
RAYALDEE ER 30 MCG CAP (SOFT)	3				
RAYOS DR 1 MG TABLET	3			ST	
RAYOS DR 2 MG TABLET	3			ST	
RAYOS DR 5 MG TABLET	3			ST	
RAZADYNE ER 16 MG CAPSULE	3			ST	
RAZADYNE ER 24 MG CAPSULE	3			ST	
RAZADYNE ER 8 MG CAPSULE	3			ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
READYLANCE 21G SAFETY LANCETS	2				
READYLANCE 23G SAFETY LANCETS	2				
READYLANCE 26G SAFETY LANCETS	2				
READYLANCE 28G SAFETY LANCETS	2				
READYLANCE 30G SAFETY LANCETS	2				
REBIF 22 MCG/0.5 ML SYRINGE	2	QL	PA		SP
REBIF 44 MCG/0.5 ML SYRINGE	2	QL	PA		SP
REBIF REBIDOSE 22 MCG/0.5 ML	2	QL	PA		SP
REBIF REBIDOSE 44 MCG/0.5 ML	2	QL	PA		SP
REBIF REBIDOSE TITRATION PACK	2	QL	PA		SP
REBIF TITRATION PACK	2	QL	PA		SP
RECLIPSEN 28 DAY TABLET	1				
RECOMBIVAX HB 10 MCG/ML SYR	2				
RECOMBIVAX HB 10 MCG/ML VIAL	2				
RECOMBIVAX HB 40 MCG/ML VIAL	2				
RECOMBIVAX HB 5 MCG/0.5 ML SYR	2				
RECOMBIVAX HB 5 MCG/0.5 ML VL	2				
RECOTHROM 20,000 UNIT SPRAY KT	3				
RECOTHROM 20,000 UNIT VIAL	3				
RECOTHROM 5,000 UNIT VIAL	3				
RECTIV 0.4% OINTMENT	2				
REDITREX 10 MG/0.4 ML SYRINGE	3			ST	
REDITREX 12.5 MG/0.5 ML SYRING	3			ST	
REDITREX 15 MG/0.6 ML SYRINGE	3			ST	
REDITREX 17.5 MG/0.7 ML SYRING	3			ST	
REDITREX 20 MG/0.8 ML SYRINGE	3			ST	
REDITREX 22.5 MG/0.9 ML SYRING	3			ST	
REDITREX 25 MG/ML SYRINGE	3			ST	
REDITREX 7.5 MG/0.3 ML SYRINGE	3			ST	
REFUAH PLUS CONTROL SOLUTION	3				
REGLAN 10 MG TABLET	3				
REGLAN 5 MG TABLET	3				
REGRANEX 0.01% GEL	2	QL			
RELAFEN 500 MG TABLET	3			ST	
RELAFEN 750 MG TABLET	3			ST	
RELAGARD VAGINAL GEL	3				
RELENZA 5 MG DISKHALER	3	QL			
RELIAMED 28G LANCETS	2				
RELIAMED 30G LANCETS	2				
RELIAMED LANCING DEVICE	2				
RELIAMED MINI LANCING DEVICE	2				
RELIAMED SAFETY SEAL 28G LANCT	2				
RELIAMED SAFETY SEAL 30G LANCT	2				
RELION 2-IN-1 LANCET DEVICE	2				
RELION KETONE TEST STRIP	2				
RELION LANCING DEVICE	2				
RELION MICRO THIN 33G LANCET	2				
RELION THIN 26G LANCETS	2				
RELION ULTRA THIN 30G LANCETS	2				
RELION ULTRA THIN PLUS 33G	2				
RELISTOR 12 MG/0.6 ML SYRINGE	2			ST	
RELISTOR 12 MG/0.6 ML VIAL	2			ST	
RELISTOR 8 MG/0.4 ML SYRINGE	2			ST	
RELYVRIO 3 GM-1 GM POWDER PKT	3		PA		SP
REMERON 15 MG SOLTAB	3				
REMERON 15 MG TABLET	3				
REMERON 30 MG SOLTAB	3				
REMERON 30 MG TABLET	3				
REMERON 45 MG SOLTAB	3				
RENACIDIN IRRIGATION SOLUTION	2				
RENA-VITE TABLET	1				
RENVELA 0.8 GM POWDER PACKET	3	QL			
RENVELA 2.4 GM POWDER PACKET	3	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
RENVELA 800 MG TABLET	3	QL			
REPAGLINIDE 0.5 MG TABLET	1				
REPAGLINIDE 1 MG TABLET	1				
REPAGLINIDE 2 MG TABLET	1				
REPATHA 140 MG/ML SURECLICK	2	QL			
REPATHA 140 MG/ML SYRINGE	2	QL			
REPATHA 420 MG/3.5ML PUSHTRONX	2	QL			
RESPA A.R. TABLET SA	3				
RESTASIS 0.05% EYE EMULSION	3	QL	PA		
RESTASIS MULTIDOSE 0.05% EYE	2	QL	PA		
RESTORIL 15 MG CAPSULE	3	QL			
RESTORIL 22.5 MG CAPSULE	3	QL			
RESTORIL 30 MG CAPSULE	3	QL			
RESTORIL 7.5 MG CAPSULE	3	QL			
RETACRIT 10,000 UNIT/ML VIAL	2		PA		SP
RETACRIT 2,000 UNIT/ML VIAL	2		PA		SP
RETACRIT 20,000 UNIT/2 ML VIAL	2		PA		SP
RETACRIT 20,000 UNIT/ML VIAL	2		PA		SP
RETACRIT 3,000 UNIT/ML VIAL	2		PA		SP
RETACRIT 4,000 UNIT/ML VIAL	2		PA		SP
RETACRIT 40,000 UNIT/ML VIAL	2		PA		SP
RETEVMO 120 MG TABLET	3	QL	PA		SP
RETEVMO 160 MG TABLET	3	QL	PA		SP
RETEVMO 40 MG CAPSULE	3	QL	PA		SP
RETEVMO 40 MG TABLET	3	QL	PA		SP
RETEVMO 80 MG CAPSULE	3	QL	PA		SP
RETEVMO 80 MG TABLET	3	QL	PA		SP
RETIN-A 0.01% GEL	3				
RETIN-A 0.025% CREAM	3				
RETIN-A 0.025% GEL	3				
RETIN-A 0.05% CREAM	3				
RETIN-A 0.1% CREAM	3				
RETIN-A MICRO PUMP 0.06% GEL	3				
RETIN-A MICRO PUMP 0.08% GEL	3				
RETROVIR 10 MG/ML SYRUP	3				
RETROVIR 100 MG CAPSULE	3				
REVATIO 10 MG/12.5 ML VIAL	3				SP
REVATIO 10 MG/ML ORAL SUSP	3	QL	PA		SP
REVATIO 20 MG TABLET	3	QL	PA		SP
REVCIVI 2.4 MG/1.5 ML VIAL	2		PA		SP
REVLIMID 10 MG CAPSULE	2	QL	PA		SP
REVLIMID 15 MG CAPSULE	2	QL	PA		SP
REVLIMID 2.5 MG CAPSULE	2	QL	PA		SP
REVLIMID 20 MG CAPSULE	2	QL	PA		SP
REVLIMID 25 MG CAPSULE	2	QL	PA		SP
REVLIMID 5 MG CAPSULE	2	QL	PA		SP
REXALL UNIVERSAL 1 30G LANCETS	2				
REXTOVY 4 MG NASAL SPRAY	2	QL			
REXULTI 0.25 MG TABLET	3	QL			
REXULTI 0.5 MG TABLET	3	QL			
REXULTI 1 MG TABLET	3	QL			
REXULTI 2 MG TABLET	3	QL			
REXULTI 3 MG TABLET	3	QL			
REXULTI 4 MG TABLET	3	QL			
REYATAZ 150 MG CAPSULE	3				
REYATAZ 200 MG CAPSULE	3				
REYATAZ 300 MG CAPSULE	3				
REYATAZ 50 MG POWDER PACKET	2				
REYVOW 100 MG TABLET	3	QL	PA		
REYVOW 50 MG TABLET	3	QL	PA		
REZDIFFRA 100 MG TABLET	2	QL	PA		SP
REZDIFFRA 60 MG TABLET	2	QL	PA		SP
REZDIFFRA 80 MG TABLET	2	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
REZUROCK 200 MG TABLET	3	QL	PA		
RHOFADE 1% CREAM	3		PA		
RHOPRESSA 0.02% OPHTH SOLUTION	3				
RIBAVIRIN 200 MG CAPSULE	1		PA		SP
RIBAVIRIN 200 MG TABLET	1		PA		SP
RIDAURA 3 MG CAPSULE	2				
RIFABUTIN 150 MG CAPSULE	1				
RIFAMPIN 150 MG CAPSULE	1				
RIFAMPIN 300 MG CAPSULE	1				
RIGHTEST CONTROL SOLN NORMAL	3				
RIGHTEST CONTROL SOLUTION HIGH	3				
RIGHTEST GD500 LANCING DEVICE	2				
RIGHTEST GL300 30G LANCETS	2				
RILUTEK 50 MG TABLET	3		PA		
RILUZOLE 50 MG TABLET	1		PA		
RIMANTADINE HCL 100 MG TABLET	1				
RINGERS IRRIGATION SOLUTION	1				
RINVOQ ER 15 MG TABLET	2	QL	PA		SP
RINVOQ ER 30 MG TABLET	2	QL	PA		SP
RINVOQ ER 45 MG TABLET	2	QL	PA		SP
RINVOQ LQ 1 MG/ML SOLUTION	2	QL	PA		SP
RIOMET 500 MG/5 ML SOLUTION	3			ST	
RIOMET ER 500 MG/5 ML SUSP	3				
RISEDRONATE SOD DR 35 MG TAB	1	QL			
RISEDRONATE SODIUM 150 MG TAB	1	QL			
RISEDRONATE SODIUM 30 MG TAB	1	QL			
RISEDRONATE SODIUM 35 MG TAB	1	QL			
RISEDRONATE SODIUM 5 MG TABLET	1	QL			
RISPERDAL 0.5 MG TABLET	3	QL			
RISPERDAL 1 MG TABLET	3	QL			
RISPERDAL 1 MG/ML SOLUTION	3				
RISPERDAL 2 MG TABLET	3	QL			
RISPERDAL 3 MG TABLET	3	QL			
RISPERDAL 4 MG TABLET	3	QL			
RISPERIDONE 0.25 MG ODT	1	QL			
RISPERIDONE 0.25 MG TABLET	1	QL			
RISPERIDONE 0.5 MG ODT	1	QL			
RISPERIDONE 0.5 MG TABLET	1	QL			
RISPERIDONE 1 MG ODT	1	QL			
RISPERIDONE 1 MG TABLET	1	QL			
RISPERIDONE 1 MG/ML SOLUTION	1				
RISPERIDONE 2 MG ODT	1	QL			
RISPERIDONE 2 MG TABLET	1	QL			
RISPERIDONE 3 MG ODT	1	QL			
RISPERIDONE 3 MG TABLET	1	QL			
RISPERIDONE 4 MG ODT	1	QL			
RISPERIDONE 4 MG TABLET	1	QL			
RITEFLO SPACER	2				
RITONAVIR 100 MG TABLET	1				
RIVASTIGMINE 1.5 MG CAPSULE	1				
RIVASTIGMINE 13.3 MG/24HR PTCH	1				
RIVASTIGMINE 3 MG CAPSULE	1				
RIVASTIGMINE 4.5 MG CAPSULE	1				
RIVASTIGMINE 4.6 MG/24HR PATCH	1				
RIVASTIGMINE 6 MG CAPSULE	1				
RIVASTIGMINE 9.5 MG/24HR PATCH	1				
RIVELSA TABLET	1				
RIZATRIPTAN 10 MG ODT	1	QL			
RIZATRIPTAN 10 MG TABLET	1	QL			
RIZATRIPTAN 5 MG ODT	1	QL			
RIZATRIPTAN 5 MG TABLET	1	QL			
R-NATAL OB SOFTGEL	3				
ROBINUL 1 MG TABLET	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ROBINUL FORTE 2 MG TABLET	3				
ROCALTROL 0.25 MCG CAPSULE	3				
ROCALTROL 0.5 MCG CAPSULE	3				
ROCALTROL 1 MCG/ML ORAL SOLN	3				
ROCKLATAN 0.02%-0.005% EYE DRP	3		PA		
ROFLUMILAST 250 MCG TABLET	1	QL		ST	
ROFLUMILAST 500 MCG TABLET	1			ST	
ROPINIROLE HCL 0.25 MG TABLET	1				
ROPINIROLE HCL 0.5 MG TABLET	1				
ROPINIROLE HCL 1 MG TABLET	1				
ROPINIROLE HCL 2 MG TABLET	1				
ROPINIROLE HCL 3 MG TABLET	1				
ROPINIROLE HCL 4 MG TABLET	1				
ROPINIROLE HCL 5 MG TABLET	1				
ROPINIROLE HCL ER 12 MG TABLET	1				
ROPINIROLE HCL ER 2 MG TABLET	1				
ROPINIROLE HCL ER 4 MG TABLET	1				
ROPINIROLE HCL ER 6 MG TABLET	1				
ROPINIROLE HCL ER 8 MG TABLET	1				
ROSDAN 0.75% CREAM	1				
ROSDAN 0.75% CREAM KIT	3			ST	
ROSDAN 0.75% GEL	1				
ROSDAN 0.75% GEL KIT	3			ST	
ROSULA 10%-4.5% WASH	3			ST	
ROSULA 10%-5% CLOTHS	1				
ROSUVASTATIN CALCIUM 10 MG TAB	1	QL			
ROSUVASTATIN CALCIUM 20 MG TAB	1	QL			
ROSUVASTATIN CALCIUM 40 MG TAB	1	QL			
ROSUVASTATIN CALCIUM 5 MG TAB	1	QL			
ROSZET 10-10 MG TABLET	3	QL		ST	
ROSZET 20-10 MG TABLET	3	QL		ST	
ROSZET 40-10 MG TABLET	3	QL		ST	
ROSZET 5-10 MG TABLET	3	QL		ST	
ROTARIX VACCINE ORAL SYRINGE	2				
ROTARIX VACCINE SUSPENSION	2				
ROTATEQ VACCINE	2				
ROWASA 4 GM/60 ML ENEMA KIT	3				
ROWEEPRA 1,000 MG TABLET	1				
ROWEEPRA 500 MG TABLET	1				
ROWEEPRA 750 MG TABLET	1				
ROWEEPRA XR 500 MG TABLET	1				
ROWEEPRA XR 750 MG TABLET	1				
ROXICODONE 15 MG TABLET	3		PA		
ROXICODONE 30 MG TABLET	3		PA		
ROXICODONE 5 MG TABLET	3		PA		
ROZLYTREK 100 MG CAPSULE	2	QL	PA		SP
ROZLYTREK 200 MG CAPSULE	2	QL	PA		SP
ROZLYTREK 50 MG PELLETT PACKET	2	QL	PA		SP
R-TANNA TABLET	1				
RUCONEST 2,100 UNIT VIAL	2	QL	PA		SP
RUFINAMIDE 200 MG TABLET	1		PA		
RUFINAMIDE 40 MG/ML SUSPENSION	1		PA		
RUFINAMIDE 400 MG TABLET	1		PA		
RUZURGI 10 MG TABLET	2				
RYALTRIS 665-25 MCG SPRAY	3	QL		ST	
RYBELSUS 14 MG TABLET	2	QL	PA		
RYBELSUS 3 MG TABLET	2	QL	PA		
RYBELSUS 7 MG TABLET	2	QL	PA		
RYCLORA 2 MG/5 ML SOLUTION	3				
RYDAPT 25 MG CAPSULE	2	QL	PA		SP
RYDEX LIQUID	1				
RYLAZE 10 MG/0.5 ML VIAL	3		PA		SP
RYTARY ER 23.75 MG-95 MG CAP	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
RYTARY ER 36.25 MG-145 MG CAP	3				
RYTARY ER 48.75 MG-195 MG CAP	3				
RYTARY ER 61.25 MG-245 MG CAP	3				
RYTHMOL SR 225 MG CAPSULE	3				
RYTHMOL SR 325 MG CAPSULE	3				
RYTHMOL SR 425 MG CAPSULE	3				
RYVENT 6 MG TABLET	3			ST	
SAFESNAP ALLERGY SYRINGE 1 ML	3				
SAFESNAP SYRINGE 10 ML	2				
SAFESNAP SYRINGE 3 ML	2				
SAFESNAP SYRINGE 5 ML	2				
SAFESNAP TUBERCULIN SYR 1 ML	3				
SAFETY 21G LANCETS	2				
SAFETY 28G LANCETS	2				
SAFETY LANCETS 26G	2				
SAFETY SEAL 28G LANCETS	2				
SAFETY SEAL 30G LANCETS	2				
SAFETY SYRINGE W-SHIELD 3 ML	2				
SAFETY-LET 30G LANCETS	2				
SAFETY-LOK 1 ML TB SYRINGE	2				
SAFETY-LOK 10 ML SYRINGE	2				
SAFETY-LOK 3 ML SYRINGE	2				
SAFETY-LOK 5 ML SYRINGE	2				
SAJAZIR 30 MG/3 ML SYRINGE	1	QL	PA		SP
SALAGEN 5 MG TABLET	3				
SALAGEN 7.5 MG TABLET	3				
SALINE 0.9% FLUSH 10 ML SYR	1				
SALINE 0.9% FLUSH 5 ML SYR	1				
SALSALATE 500 MG TABLET	1				
SALSALATE 750 MG TABLET	1				
SANCUSO 3.1 MG/24 HR PATCH	3	QL			
SANDIMMUNE 100 MG CAPSULE	3				
SANDIMMUNE 100 MG/ML SOLN	2				
SANDIMMUNE 25 MG CAPSULE	3				
SANDOSTATIN 0.05 MG/ML AMPUL	3		PA		SP
SANDOSTATIN 0.1 MG/ML AMPUL	3		PA		SP
SANDOSTATIN 0.5 MG/ML AMPUL	3		PA		SP
SANTYL OINTMENT	2	QL			
SAPROPTERIN 100 MG POWDER PKT	1		PA		SP
SAPROPTERIN 100 MG TABLET	1		PA		SP
SAPROPTERIN 500 MG POWDER PKT	1		PA		SP
SAPS TWIST TOP 30G LANCET	2				
SAPS TWIST TOP 30G LANCETS	2				
SAVELLA 100 MG TABLET	2	QL		ST	
SAVELLA 12.5 MG TABLET	2	QL		ST	
SAVELLA 25 MG TABLET	2	QL		ST	
SAVELLA 50 MG TABLET	2	QL		ST	
SAVELLA TITRATION PACK	2	QL		ST	
SAXAGLIPTIN HCL 2.5 MG TABLET	1	QL			
SAXAGLIPTIN HCL 5 MG TABLET	1	QL			
SAXAGLIPTIN-METFORMIN ER 5-500	1	QL			
SAXAGLIPTIN-METFORMIN ER 5-1000	1	QL			
SAXAGLIPTIN-METFORMIN ER 2.5-1000	1	QL			
SCALACORT 2% LOTION	1				
SCALACORT DK 2% KIT	3			ST	
SCEMBLIX 100 MG TABLET	2	QL	PA		SP
SCEMBLIX 20 MG TABLET	2	QL	PA		SP
SCEMBLIX 40 MG TABLET	2	QL	PA		SP
SCLEROSOL INTRAPLEURAL AERO	3				
SCOPOLAMINE 1 MG/3 DAY PATCH	1				
SECONAL SODIUM 100 MG CAPSULE	1	QL			
SECUADO 3.8 MG/24 HR PATCH	3	QL			
SECUADO 5.7 MG/24 HR PATCH	3	QL			

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
SECUADO 7.6 MG/24 HR PATCH	3	QL			
SELECT-OB + DHA PACK	3				
SELECT-OB CHEWABLE CAPLET	3				
SELEGILINE HCL 5 MG CAPSULE	1				
SELEGILINE HCL 5 MG TABLET	1				
SELENIUM SULFIDE 2.25% SHAMPOO	1				
SELENIUM SULFIDE 2.3% SHAMPOO	1				
SELENIUM SULFIDE 2.5% LOTION	1				
SELRX 2.3% SHAMPOO	3				
SELZENTRY 150 MG TABLET	3				
SELZENTRY 20 MG/ML ORAL SOLN	2				
SELZENTRY 25 MG TABLET	2				
SELZENTRY 300 MG TABLET	3				
SELZENTRY 75 MG TABLET	2				
SEMGLEE (YFGN) 100 UNIT/ML PEN	2				
SEMGLEE (YFGN) 100 UNIT/ML VL	2				
SE-NATAL 19 CHEWABLE TABLET	1				
SE-NATAL-19 TABLET	1				
SEROSTIM 4 MG VIAL	2				SP
SEROSTIM 5 MG VIAL	2				SP
SEROSTIM 6 MG VIAL	2				SP
SERTRALINE 20 MG/ML ORAL CONC	1				
SERTRALINE HCL 100 MG TABLET	1	QL			
SERTRALINE HCL 25 MG TABLET	1	QL			
SERTRALINE HCL 50 MG TABLET	1	QL			
SETLAKIN 0.15 MG-0.03 MG TAB	1				
SEVELAMER 0.8 GM POWDER PACKET	1	QL			
SEVELAMER 2.4 GM POWDER PACKET	1	QL			
SEVELAMER CARBONATE 800 MG TAB	1	QL			
SEVELAMER HCL 400 MG TABLET	1	QL			
SEVELAMER HCL 800 MG TABLET	1	QL			
SEVOFLURANE INHALATION LIQUID	1				
SEYSARA 100 MG TABLET	3			ST	
SEYSARA 150 MG TABLET	3			ST	
SEYSARA 60 MG TABLET	3			ST	
SF 1.1% GEL	1				
SF 5000 PLUS CREAM	1				
SFROWASA 4 GM/60 ML ENEMA	3				
SHAROBEL 0.35 MG TABLET	1				
SHINGRIX VIAL KIT	2				
SHOPKO AUTOLET LANCING DEVICE	2				
SHOPKO ON-THE-GO 30G LANCETS	2				
SHOPKO UNILET SUPER THIN 30G	2				
SHOPKO UNILET ULTRA THIN 28G	2				
SIDESTREAM PEDIATRIC FACE MASK	2				
SIGNIFOR 0.3 MG/ML AMPULE	2		PA		SP
SIGNIFOR 0.6 MG/ML AMPULE	2		PA		SP
SIGNIFOR 0.9 MG/ML AMPULE	2		PA		SP
SILATRIX 10% GEL	3				
SILDENAFIL 10 MG/12.5 ML VIAL	1				SP
SILDENAFIL 10 MG/ML ORAL SUSP	1	QL	PA		SP
SILDENAFIL 20 MG TABLET	1	QL	PA		SP
SILENOR 3 MG TABLET	3	QL		ST	
SILENOR 6 MG TABLET	3	QL		ST	
SILICONE MASK-INFANT	2				
SILICONE MASK-PEDIATRIC	2				
SILODOSIN 4 MG CAPSULE	1				
SILODOSIN 8 MG CAPSULE	1				
SIL-SERTER INFUSION SET	2				
SILVADENE 1% CREAM	3				
SILVER SULFADIAZINE 1% CREAM	1				
SIMBRINZA 1%-0.2% EYE DROP	3				
SIMBRINZA 1%-0.2% EYE DROPS	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
SIMLANDI(CF) 40 MG/0.4 ML SYRG	3	QL	PA		SP
SIMLANDI(CF) AI 40 MG/0.4 ML	2	QL	PA		SP
SIMLIYA 28 DAY TABLET	1				
SIMPESSE 0.15-0.03-0.01 MG TAB	1				
SIMPLE DIAGNSTIC LANCET DEVICE	2				
SIMPONI 100 MG/ML PEN INJECTOR	2	QL	PA		SP
SIMPONI 100 MG/ML SYRINGE	2	QL	PA		SP
SIMPONI ARIA 50 MG/4 ML VIAL	3		PA		SP
SIMVASTATIN 10 MG TABLET	1	QL			
SIMVASTATIN 20 MG TABLET	1	QL			
SIMVASTATIN 40 MG TABLET	1	QL			
SIMVASTATIN 5 MG TABLET	1	QL			
SIMVASTATIN 80 MG TABLET	1	QL			
SINEMET 10-100 MG TABLET	3				
SINEMET 25-100 MG TABLET	3				
SINGLE-LET LANCETS	2				
SIROLIMUS 0.5 MG TABLET	1				
SIROLIMUS 1 MG TABLET	1				
SIROLIMUS 1 MG/ML SOLUTION	1				
SIROLIMUS 2 MG TABLET	1				
SIRTURO 100 MG TABLET	2		PA		
SIRTURO 20 MG TABLET	2		PA		
SKELAXIN 800 MG TABLET	3				
SKLICE 0.5% LOTION	3				
SKYRIZI 150 MG DOSE KIT-2 SYRN	2	QL	PA		SP
SKYRIZI 150 MG/ML PEN	2	QL	PA		SP
SKYRIZI 150 MG/ML SYRINGE	2	QL	PA		SP
SKYRIZI 180 MG/1.2 ML ON-BODY	2	QL	PA		SP
SKYRIZI 360 MG/2.4 ML ON-BODY	2	QL	PA		SP
SM ASPIRIN 81 MG CHEWABLE TAB	1				
SM ASPIRIN EC 81 MG TABLET	1				
SM CHILD ASPIRIN 81 MG CHW TAB	1				
SM CLEARLAX POWDER	1				
SM COLOR LANCETS 21G	2				
SM FOLIC ACID 400 MCG TABLET	1				
SM GENTLE LAXATIVE EC 5 MG TAB	1				
SM LANCETS 21G	2				
SM MAGNESIUM CITRATE SOLUTION	1				
SM MICRO THIN 33G LANCETS	2				
SM MILK OF MAGNESIA SUSPENSION	1				
SM SUPER THIN 30G LANCETS	2				
SM SUPER VITAMIN B COMPLEX TAB	1				
SM THIN LANCETS 26G	2				
SMART SENSE COLOR 33G LANCETS	2				
SMART SENSE STANDARD 21G	2				
SMART SENSE SUPER THIN 30G	2				
SMART SENSE THIN 26G LANCETS	2				
SMARTEST CONTROL SOLUTION	3				
SMARTEST LANCET	2				
SMOOTHLAX POWDER	1				
SOD FLUORIDE ENAM PROT 5000PPM	1				
SOD SULFACE-SULF 9.8-4.8% CLSR	1				
SOD SULFACE-SULFUR 9-4.5% WASH	1				
SOD SULFACETAM 10% CLNSNG GEL	1				
SOD SULFACETAMIDE 10% SHAMPOO	1				
SOD SULFACETAMIDE 9.8% SHAMPOO	1				
SOD SULFACET-SULFR 9.8-4.8%PAD	1				
SOD SULFACET-SULFUR 10-2% CLSR	1				
SOD SULFACET-SULFUR 10-4% PAD	1				
SOD SULFACET-SULFUR 10-5% CLSR	1				
SOD SULFAC-SULFUR 9.8-4.8% CRM	1				
SOD SULFAC-SULFUR 9.8-4.8% LOT	1				
SOD SUL-POTASS SUL-MAG SUL SOL	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
SODIUM CHLORIDE 0.9% (PWR INJ)	1				
SODIUM CHLORIDE 0.9% 1,000 ML	1				
SODIUM CHLORIDE 0.9% 10 ML SYR	1				
SODIUM CHLORIDE 0.9% 100 ML	1				
SODIUM CHLORIDE 0.9% 250 ML	1				
SODIUM CHLORIDE 0.9% 50 ML	1				
SODIUM CHLORIDE 0.9% 500 ML	1				
SODIUM CHLORIDE 0.9% CARPUJECT	1				
SODIUM CHLORIDE 0.9% INHAL VL	1				
SODIUM CHLORIDE 0.9% IRRIG	1				
SODIUM CHLORIDE 0.9% IRRIG.	1				
SODIUM CHLORIDE 0.9% PRCSS SOL	1				
SODIUM CHLORIDE 0.9% SOL-EXCEL	1				
SODIUM CHLORIDE 0.9% SOLN	1				
SODIUM CHLORIDE 0.9% SOLUTION	1				
SODIUM CHLORIDE 0.9% SYRINGE	1				
SODIUM CHLORIDE 0.9% VIAL	1				
SODIUM CHLORIDE 0.9% ZR SYR	1				
SODIUM CHLORIDE 0.9%-WATER	1				
SODIUM CHLORIDE 0.9%-WATER SYR	1				
SODIUM CHLORIDE 10% VIAL	1				
SODIUM CHLORIDE 3% VIAL	1				
SODIUM CHLORIDE 7% VIAL	1				
SODIUM CITRATE 4% LOCK FLUSH	3				
SODIUM CITRATE 4% SOLN	3				
SODIUM CITRATE 4% SYRINGE	3				
SODIUM FLUORIDE 0.2% RINSE	1				
SODIUM FLUORIDE 0.25 (0.55) MG	1				
SODIUM FLUORIDE 0.5 MG(1.1 MG)	1				
SODIUM FLUORIDE 0.5 MG/ML DROP	1				
SODIUM FLUORIDE 1 MG (2.2 MG)	1				
SODIUM FLUORIDE 1.1% CREAM	1				
SODIUM FLUORIDE 1.1% GEL	1				
SODIUM FLUORIDE 5000 DRY MOUTH	1				
SODIUM FLUORIDE 5000 PLUS CRM	1				
SODIUM FLUORIDE 5000 PPM CREAM	1				
SODIUM FLUORIDE 5000 PPM PASTE	1				
SODIUM FLUORIDE SENSTV 5000PPM	1				
SODIUM FLUORIDE-POTASSIUM NITR	1				
SODIUM IODIDE I-123 3.7 MBQ CP	3				
SODIUM IODIDE I-123 7.4 MBQ CP	3				
SODIUM OXYBATE 0.5 G/ML SOLN	2	QL	PA		SP
SODIUM PHENYL BUTYRATE 500MG TB	1		PA		
SODIUM PHENYL BUTYRATE POWDER	1		PA		
SODIUM POLYSTYRENE SULF POWDER	1				
SODIUM SULFACETAMIDE 10% LOTN	1				
SODIUM SULFACETAMIDE 10% WASH	1				
SOHONOS 1 MG CAPSULE	3	QL	PA		SP
SOHONOS 1.5 MG CAPSULE	3	QL	PA		SP
SOHONOS 10 MG CAPSULE	3	QL	PA		SP
SOHONOS 2.5 MG CAPSULE	3	QL	PA		SP
SOHONOS 5 MG CAPSULE	3	QL	PA		SP
SOLARAZE 3% GEL	3	QL	PA		
SOLIFENACIN 10 MG TABLET	1				
SOLIFENACIN 5 MG TABLET	1				
SOLQUA 100 UNIT-33 MCG/ML PEN	2	QL			
SOLODYN ER 105 MG TABLET	3			ST	
SOLODYN ER 115 MG TABLET	3			ST	
SOLODYN ER 55 MG TABLET	3			ST	
SOLODYN ER 65 MG TABLET	3			ST	
SOLODYN ER 80 MG TABLET	3			ST	
SOLOSEC 2 GM GRANULE PACKET	2	QL			
SOLTAMOX 20 MG/10 ML SOLN	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
SOLUS V2 28G LANCETS	2				
SOLUS V2 30G TWIST LANCETS	2				
SOLUS V2 CONTROL SOLUTION HIGH	3				
SOLUS V2 CONTROL SOLUTION LOW	3				
SOLUS V2 LANCING DEVICE	2				
SOLUVITA 0.5 MG/ML DROP	1				
SOLUVITA A,C,D-FLUOR 0.25MG/ML	1				
SOMA 250 MG TABLET	3				
SOMA 350 MG TABLET	3				
SOMATULINE DEPOT 120 MG/0.5 ML	2	QL	PA		SP
SOMATULINE DEPOT 60 MG/0.2 ML	2	QL	PA		SP
SOMATULINE DEPOT 90 MG/0.3 ML	2	QL	PA		SP
SOMAVERT 10 MG VIAL	2		PA		SP
SOMAVERT 15 MG VIAL	2		PA		SP
SOMAVERT 20 MG VIAL	2		PA		SP
SOMAVERT 25 MG VIAL	2		PA		SP
SOMAVERT 30 MG VIAL	2		PA		SP
SOOLANTRA 1% CREAM	3	QL		ST	
SORAFENIB 200 MG TABLET	1	QL	PA		SP
SORBITOL 3% UROLOGIC IRRIG	3				
SORBITOL-MANNITOL IRRIG	3				
SORIATANE 10 MG CAPSULE	3				
SORIATANE 25 MG CAPSULE	3				
SORINE 120 MG TABLET	1				
SORINE 160 MG TABLET	1				
SORINE 240 MG TABLET	1				
SORINE 80 MG TABLET	1				
SOTALOL 120 MG TABLET	1				
SOTALOL 160 MG TABLET	1				
SOTALOL 240 MG TABLET	1				
SOTALOL 80 MG TABLET	1				
SOTALOL AF 120 MG TABLET	1				
SOTALOL AF 160 MG TABLET	1				
SOTALOL AF 80 MG TABLET	1				
SOTYKTU 6 MG TABLET	2	QL	PA		SP
SOTYLIZE 5 MG/ML ORAL SOLUTION	2				
SPEVIGO 150 MG/ML SYRINGE	3		PA		SP
SPIKEVAX 2023-24 (12Y UP) SYRG	2				
SPIKEVAX 2023-24 (12Y UP) VIAL	2				
SPIKEVAX 2024-25 (12Y UP) SYRG	2				
SPIKEVAX COVID (18Y UP) VACC	2				
SPINOSAD 0.9% TOPICAL SUSP	1				
SPIRIVA HANDHALER 18 MCG CAP	3	QL			
SPIRIVA RESPIMAT 1.25 MCG INH	2	QL			
SPIRIVA RESPIMAT 2.5 MCG INH	2	QL			
SPIRONOLACTONE 100 MG TABLET	1				
SPIRONOLACTONE 25 MG TABLET	1				
SPIRONOLACTONE 25 MG/5 ML SUSP	1				
SPIRONOLACTONE 50 MG TABLET	1				
SPIRONOLACTONE-HCTZ 25-25 TAB	1				
SPORANOX 10 MG/ML SOLUTION	3	QL			
SPORANOX 100 MG CAPSULE	3	QL			
SPRINTEC 28 DAY TABLET	1				
SPRITAM 1,000 MG TABLET	3			ST	
SPRITAM 250 MG TABLET	3			ST	
SPRITAM 500 MG TABLET	3			ST	
SPRITAM 750 MG TABLET	3			ST	
SPRIX 15.75 MG NASAL SPRAY	3	QL		ST	SP
SPRYCEL 100 MG TABLET	3	QL	PA		SP
SPRYCEL 140 MG TABLET	3	QL	PA		SP
SPRYCEL 20 MG TABLET	3	QL	PA		SP
SPRYCEL 50 MG TABLET	3	QL	PA		SP
SPRYCEL 70 MG TABLET	3	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
SPRYCEL 80 MG TABLET	3	QL	PA		SP
SPS 15 GM/60 ML SUSPENSION	1				
SPS 30 GM/120 ML ENEMA SUSP	1				
SRONYX 0.10-0.02 MG TABLET	1				
SSD 1% CREAM	1				
SSKI 1 GM/ML SOLUTION	3				
SSS 10-5 CREAM	1				
SSS 10-5 FOAM	1				
ST. JOSEPH ASPIRIN 81 MG CHEW	1				
ST. JOSEPH ASPIRIN EC 81 MG TB	1				
STALEVO 100 TABLET	3				
STALEVO 125 TABLET	3				
STALEVO 150 TABLET	3				
STALEVO 200 TABLET	3				
STALEVO 50 TABLET	3				
STALEVO 75 TABLET	3				
STAMARIL VIAL	2				
STAVUDINE 15 MG CAPSULE	1				
STAVUDINE 20 MG CAPSULE	1				
STAVUDINE 30 MG CAPSULE	1				
STAVUDINE 40 MG CAPSULE	1				
STELARA 130 MG/26 ML VIAL	2		PA		SP
STELARA 45 MG/0.5 ML SYRINGE	2	QL	PA		SP
STELARA 45 MG/0.5 ML VIAL	2	QL	PA		SP
STELARA 90 MG/ML SYRINGE	2	QL	PA		SP
STERILANCE TL TWIST 30G LANCET	2				
STERILANCE TL TWIST 32G LANCET	2				
STERILE 33G LANCET	2				
STERILE TALC POWDER	3				
STERILE WATER FOR IRRIGATION	1				
STERITALC 2 GRAM VIAL	3				
STERITALC 3 GRAM VIAL	3				
STERITALC 4 GRAM VIAL	3				
STIOLTO RESPIMAT INHALER (10)	2	QL			
STIOLTO RESPIMAT INHALER (60)	2	QL			
STIVARGA 40 MG TABLET	2	QL	PA		SP
STRATAGRAFT 8CM X 12.5CM SHEET	3				
STRENSIQ 18 MG/0.45 ML VIAL	2		PA		SP
STRENSIQ 28 MG/0.7 ML VIAL	2		PA		SP
STRENSIQ 40 MG/ML VIAL	2		PA		SP
STRENSIQ 80 MG/0.8 ML VIAL	2		PA		SP
STRESS FORMULA WITH IRON TAB	1				
STRESS-C WITH IRON TABLET	1				
STRIVERDI RESPIMAT INHAL SPRAY	2	QL			
STROMECTOL 3 MG TABLET	3	QL	PA		
STRONG IODINE SOLUTION	1				
SUBSYS 1,200 MCG SPRAY	3	QL	PA		
SUBSYS 1,600 MCG SPRAY	3	QL	PA		
SUBSYS 100 MCG SPRAY	3	QL	PA		
SUBSYS 200 MCG SPRAY	3	QL	PA		
SUBSYS 400 MCG SPRAY	3	QL	PA		
SUBSYS 600 MCG SPRAY	3	QL	PA		
SUBSYS 800 MCG SPRAY	3	QL	PA		
SUBVENITE 100 MG TABLET	1				
SUBVENITE 150 MG TABLET	1				
SUBVENITE 200 MG TABLET	1				
SUBVENITE 25 MG TABLET	1				
SUBVENITE TAB START KIT (BLUE)	1				
SUBVENITE TAB START KIT (GREEN)	1				
SUBVENITE TAB START KT (ORANGE)	1				
SUCRAID 17,000 UNIT/2 ML SOLN	2		PA		SP
SUCRAID 8,500 UNIT/ML SOLN	2		PA		SP
SUCRALFATE 1 GM TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
SUCRALFATE 1 GM/10 ML SUSP	1				
SUCRALFATE 1 GM/10 ML SUSP CUP	1				
SULAR ER 17 MG TABLET	3				
SULAR ER 34 MG TABLET	3				
SULAR ER 8.5 MG TABLET	3				
SULFACETAMIDE 10% EYE DROPS	1				
SULFACETAMIDE 10% EYE OINTMENT	1				
SULFACETAMIDE SOD 10% TOP SUSP	1				
SULFACETAMIDE-SULFUR 10-2% CRM	1				
SULFACETAMIDE-SULFUR 10-5% CRM	1				
SULFACETAMIDE-SULFUR 10-5% LOT	1				
SULFACETAMIDE-SULFUR 10-5% SUS	1				
SULFACETAMIDE-SULFUR 8-4% SUSP	1				
SULFACETAMIDE-SULFUR 9-4% CLSR	1				
SULFACLEANSE 8-4 SUSPENSION	1			ST	
SULFADIAZINE 500 MG TABLET	1				
SULFAMETHOXAZOLE-TMP 20 ML CUP	1				
SULFAMETHOXAZOLE-TMP DS TABLET	1				
SULFAMETHOXAZOLE-TMP SS TABLET	1				
SULFAMETHOXAZOLE-TMP SUSP	1				
SULFAMYLON 8.5% CREAM	2				
SULFAMYLON POWDER PACKET	3				
SULFASALAZINE 500 MG TABLET	1				
SULFASALAZINE DR 500 MG TAB	1				
SULFATRIM PEDIATRIC SUSPENSION	1				
SULF-PRED 10-0.23% EYE DROPS	1				
SULINDAC 150 MG TABLET	1				
SULINDAC 200 MG TABLET	1				
SUMADAN 9%-4.5% WASH	3			ST	
SUMADAN KIT	3			ST	
SUMADAN XLT KIT	3			ST	
SUMATRIPTAN 20 MG NASAL SPRAY	1	QL	PA		
SUMATRIPTAN 5 MG NASAL SPRAY	1	QL	PA		
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL			
SUMATRIPTAN SUCC 100 MG TABLET	1	QL			
SUMATRIPTAN SUCC 25 MG TABLET	1	QL			
SUMATRIPTAN SUCC 50 MG TABLET	1	QL			
SUMAXIN 9%-4% WASH	3			ST	
SUMAXIN CLEANSING PADS	3			ST	
SUMAXIN CP KIT	3			ST	
SUMAXIN TS TOPICAL SUSPENSION	3			ST	
SUNITINIB MALATE 12.5 MG CAP	1	QL	PA		SP
SUNITINIB MALATE 25 MG CAPSULE	1	QL	PA		SP
SUNITINIB MALATE 37.5 MG CAP	1	QL	PA		SP
SUNITINIB MALATE 50 MG CAPSULE	1	QL	PA		SP
SUNLENCA 4- 300 MG TABLET	3		PA		SP
SUNLENCA 5- 300 MG TABLET	3		PA		SP
SUNOSI 150 MG TABLET	2	QL		ST	
SUNOSI 75 MG TABLET	2	QL		ST	
SUPER B COMPLEX TABLET	1				
SUPER B COMPLEX-VIT C CAPLET	1				
SUPER B MAXI COMPLEX CAPLET	1				
SUPER B-50 COMPLEX CAPSULE	1				
SUPER QUINTS B-50 TABLET	1				
SUPER THIN 28G LANCETS	2				
SUPER THIN 30G LANCETS	2				
SUPOR SYRINGE FILTER 25MM 0.2M	3				
SUPRANE INHALATION LIQUID	3				
SUPRAX 100 MG/5 ML SUSPENSION	3				
SURE COMFORT 18G LANCETS	2				
SURE COMFORT 21G LANCETS	2				
SURE COMFORT 23G LANCETS	2				
SURE COMFORT 28G LANCETS	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
SURE COMFORT 30G LANCETS	2				
SURE COMFORT LANCING PEN	2				
SURE-LANCE 26G LANCETS	2				
SURE-LANCE FLAT LANCETS	2				
SURE-LANCE THIN 28G LANCETS	2				
SURE-LANCE ULTRA THIN 30G	2				
SURE-PEN LANCING DEVICE	2				
SURE-TEST EASYPLUS MINI SOLN	3				
SURE-TOUCH LANCET	2				
SURGICEL HEMOSTAT 4" X 8"	3				
SURGIFOAM SPONGE SIZE 100	3				
SURGIFOAM SPONGE SIZE 100C	3				
SURGIFOAM SPONGE SIZE 12-7	1				
SURVANTA 25 MG/ML VIAL	3				
SUSTIVA 200 MG CAPSULE	3				
SUSTIVA 50 MG CAPSULE	3				
SUSTIVA 600 MG TABLET	3				
SUTENT 12.5 MG CAPSULE	3	QL	PA		SP
SUTENT 25 MG CAPSULE	3	QL	PA		SP
SUTENT 37.5 MG CAPSULE	3	QL	PA		SP
SUTENT 50 MG CAPSULE	3	QL	PA		SP
SV FOLIC ACID 800 MCG TABLET	1				
SV PRENATAL TABLET	1				
SW CLEARLAX POWDER	1				
SWABFLUSH 0.9% NACL SYRINGE	3				
SWI TWIST TOP 30G LANCET	2				
SYEDA 28 TABLET	1				
SYMAX DUOTAB	3				
SYMAX FASTABS 0.125 MG TABLET	1				
SYMAX-SL 0.125 MG TABLET SL	1				
SYMAX-SR 0.375 MG TABLET	1				
SYMBICORT 160-4.5 MCG INHALER	3	QL		ST	
SYMBICORT 80-4.5 MCG INHALER	3	QL		ST	
SYMBYAX 12-50 MG CAPSULE	3				
SYMBYAX 3-25 MG CAPSULE	3				
SYMBYAX 6-25 MG CAPSULE	3				
SYMBYAX 6-50 MG CAPSULE	3				
SYMDEKO 100/150 MG-150 MG TABS	2	QL	PA		SP
SYMDEKO 50/75 MG-75 MG TABLETS	2	QL	PA		SP
SYMFI 600-300-300 MG TABLET	2				
SYMFI LO 400-300-300 MG TABLET	2				
SYMJEPI 0.15 MG/0.3 ML SYRINGE	2	QL			
SYMJEPI 0.3 MG/0.3 ML SYRINGE	2	QL			
SYMLINPEN 120 PEN INJECTOR	2	QL	PA		
SYMLINPEN 60 PEN INJECTOR	2	QL	PA		
SYMPAZAN 10 MG FILM	3		PA		
SYMPAZAN 20 MG FILM	3		PA		
SYMPAZAN 5 MG FILM	3		PA		
SYMPROIC 0.2 MG TABLET	2				
SYMTUZA 800-150-200-10 MG TAB	2				
SYNALAR 0.01% SOLUTION	3			ST	
SYNALAR 0.025% CREAM	3			ST	
SYNALAR 0.025% CREAM KIT	3			ST	
SYNALAR 0.025% OINTMENT	3			ST	
SYNALAR 0.025% OINTMENT KIT	3			ST	
SYNALAR TS 0.01% KIT	3			ST	
SYNAREL 2 MG/ML NASAL SPRAY	2		PA		
SYNDROS 5 MG/ML SOLUTION	3		PA		
SYNERA PATCH	3		PA		
SYNJARDY 12.5-1,000 MG TABLET	2	QL		ST	
SYNJARDY 12.5-500 MG TABLET	2	QL		ST	
SYNJARDY 5-1,000 MG TABLET	2	QL		ST	
SYNJARDY 5-500 MG TABLET	2	QL		ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
SYNJARDY XR 10-1,000 MG TABLET	2	QL		ST	
SYNJARDY XR 12.5-1,000 MG TAB	2	QL		ST	
SYNJARDY XR 25-1,000 MG TABLET	2	QL		ST	
SYNJARDY XR 5-1,000 MG TABLET	2	QL		ST	
SYNRIBO 3.5 MG/ML VIAL	2				SP
SYNTHROID 100 MCG TABLET	2				
SYNTHROID 112 MCG TABLET	2				
SYNTHROID 125 MCG TABLET	2				
SYNTHROID 137 MCG TABLET	2				
SYNTHROID 150 MCG TABLET	2				
SYNTHROID 175 MCG TABLET	2				
SYNTHROID 200 MCG TABLET	2				
SYNTHROID 25 MCG TABLET	2				
SYNTHROID 300 MCG TABLET	2				
SYNTHROID 50 MCG TABLET	2				
SYNTHROID 75 MCG TABLET	2				
SYNTHROID 88 MCG TABLET	2				
SYPRINE 250 MG CAPSULE	3		PA		
SYR FINGER GRIP EXTENDER	3				
SYRINGE 12ML,PHARM TRAY PK	2				
SYRINGE 20ML, PHARM TRAY PK	2				
SYRINGE 35 ML	2				
SYRINGE 35ML, PHARM TRAY PK	2				
SYRINGE 60ML, PHARM TRAY PK	2				
SYRINGE AVITENE FLOUR	3				
SYRINGE FILTER, MILLEX-GP	3				
SYRINGE FILTER, MILLEX-GS	3				
SYRINGE TIP CAP, FLEXIBLE	2				
SYRINGE W-NEEDLE 1 ML 25X1"	2				
SYRINGE W-O NDL 12 ML-NON-STRL	2				
SYRINGE W-O NDL 20 ML-NON-STRL	2				
SYRINGE W-O NDL 3 ML NON-STRL	2				
SYRINGE W-O NDL 35 ML-NON-STRL	2				
SYRINGE W-O NDL 6 ML NON-STRL	2				
SYRINGE W-O NEEDLE 140 ML	2				
SYRINGE W-O NEEDLE 60 ML	2				
T.R.U.E. TEST ALLERGEN PATCH	3				
TABLOID 40 MG TABLET	3				
TABRECTA 150 MG TABLET	2		PA		SP
TABRECTA 200 MG TABLET	2		PA		SP
TACHOSIL 4.8 CM X 4.8 CM PATCH	3				
TACHOSIL 9.5 CM X 4.8 CM PATCH	3				
TACLONEX 0.005%-0.064% SUSPENS	3	QL			
TACLONEX OINTMENT	3	QL		ST	
TACROLIMUS 0.03% OINTMENT	1	QL		ST	
TACROLIMUS 0.1% OINTMENT	1	QL		ST	
TACROLIMUS 0.5 MG CAPSULE (IR)	1				
TACROLIMUS 1 MG CAPSULE (IR)	1				
TACROLIMUS 5 MG CAPSULE (IR)	1				
TADALAFIL 20 MG TABLET	1	QL	PA		SP
TAFINLAR 10 MG TABLET FOR SUSP	2	QL	PA		SP
TAFINLAR 50 MG CAPSULE	2	QL	PA		SP
TAFINLAR 75 MG CAPSULE	2	QL	PA		SP
TAFLUPROST 0.0015% EYE DROP	1		PA		
TAGRISSO 40 MG TABLET	2	QL	PA		SP
TAGRISSO 80 MG TABLET	2	QL	PA		SP
TAKE ACTION 1.5 MG TABLET	3	QL			
TAKHZYRO 150 MG/ML SYRINGE	2	QL	PA		SP
TAKHZYRO 300 MG/2 ML SYRINGE	2	QL	PA		SP
TAKHZYRO 300 MG/2 ML VIAL	2	QL	PA		SP
TALICIA DR 10-250-12.5 MG CAP	2	QL			
TALTZ 20 MG/0.25 ML SYRINGE	2	QL	PA		SP
TALTZ 40 MG/0.5 ML SYRINGE	2	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TALTZ 80 MG/ML AUTOINJ (2-PK)	2	QL	PA		SP
TALTZ 80 MG/ML AUTOINJ (3-PK)	2	QL	PA		SP
TALTZ 80 MG/ML AUTOINJECTOR	2	QL	PA		SP
TALTZ 80 MG/ML SYRINGE	2	QL	PA		SP
TALZENNA 0.1 MG CAPSULE	2	QL	PA		SP
TALZENNA 0.1 MG SOFTGEL	2	QL	PA		SP
TALZENNA 0.25 MG CAPSULE	2	QL	PA		SP
TALZENNA 0.25 MG SOFTGEL	2	QL	PA		SP
TALZENNA 0.35 MG CAPSULE	2	QL	PA		SP
TALZENNA 0.35 MG SOFTGEL	2	QL	PA		SP
TALZENNA 0.5 MG CAPSULE	2	QL	PA		SP
TALZENNA 0.5 MG SOFTGEL	2	QL	PA		SP
TALZENNA 0.75 MG CAPSULE	2	QL	PA		SP
TALZENNA 0.75 MG SOFTGEL	2	QL	PA		SP
TALZENNA 1 MG CAPSULE	2	QL	PA		SP
TALZENNA 1 MG SOFTGEL	2	QL	PA		SP
TAMIFLU 30 MG CAPSULE	3	QL			
TAMIFLU 45 MG CAPSULE	3	QL			
TAMIFLU 6 MG/ML SUSPENSION	3	QL			
TAMIFLU 75 MG CAPSULE	3	QL			
TAMOXIFEN 10 MG TABLET	1				
TAMOXIFEN 20 MG TABLET	1				
TAMSULOSIN HCL 0.4 MG CAPSULE	1				
TANLOR 1,000 MG TABLET	1				
TAPAZOLE 10 MG TABLET	3				
TAPAZOLE 5 MG TABLET	3				
TAPERDEX 12 DAY 1.5 MG TABLET	3			ST	
TAPERDEX 6 DAY 1.5 MG TABLET	3			ST	
TAPERDEX 7 DAY 1.5 MG TAB PACK	3			ST	
TARCEVA 100 MG TABLET	3	QL	PA		SP
TARCEVA 150 MG TABLET	3	QL	PA		SP
TARCEVA 25 MG TABLET	3	QL	PA		SP
TARGADOX 50 MG TABLET	3			ST	
TARGRETIN 1% GEL	3		PA		SP
TARINA 24 FE 1 MG-20 MCG TAB	1				
TARINA FE 1-20 EQ TABLET	1				
TARINA FE 1-20 TABLET	1				
TARKA ER 2-180 MG TABLET	3				
TARKA ER 2-240 MG TABLET	3				
TARKA ER 4-240 MG TABLET	3				
TARON-C DHA CAPSULE	1				
TARON-PREX PRENATAL DHA CAP	1				
TARPEYO DR 4 MG CAPSULE	3	QL	PA		SP
TASIGNA 150 MG CAPSULE	2	QL	PA		SP
TASIGNA 200 MG CAPSULE	2	QL	PA		SP
TASIGNA 50 MG CAPSULE	2	QL	PA		SP
TASIMELTEON 20 MG CAPSULE	1	QL	PA		SP
TASMAR 100 MG TABLET	3		PA		
TAVALISSE 100 MG TABLET	2	QL	PA		SP
TAVALISSE 150 MG TABLET	2	QL	PA		SP
TAVNEOS 10 MG CAPSULE	3	QL	PA		SP
TAYSOFY 1 MG-20 MCG CAPSULE	1				
TAZAROTENE 0.05% CREAM	1		PA		
TAZAROTENE 0.05% GEL	1		PA		
TAZAROTENE 0.1% CREAM	1		PA		
TAZAROTENE 0.1% GEL	1		PA		
TAZTIA XT 120 MG CAPSULE	1				
TAZTIA XT 180 MG CAPSULE	1				
TAZTIA XT 240 MG CAPSULE	1				
TAZTIA XT 300 MG CAPSULE	1				
TAZTIA XT 360 MG CAPSULE	1				
TAZVERIK 200 MG TABLET	3		PA		SP
TDVAX VIAL	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TECELRA INFUSION BAG-CASSETTE	2		PA		SP
TECENTRIQ HYBREZA 1,875 MG	2		PA		SP
TECHLITE 25G LANCETS	2				
TECHLITE 26G LANCETS	2				
TECHLITE 28G LANCETS	2				
TECHLITE 30G LANCETS	2				
TEGLUTIK 5 MG/ML SUSPENSION	3		PA		SP
TEGRETOL 100 MG/5 ML SUSP	3				
TEGRETOL 200 MG TABLET	3				
TEGRETOL XR 100 MG TABLET	3				
TEGRETOL XR 200 MG TABLET	3				
TEGRETOL XR 400 MG TABLET	3				
TEGSEDI 284 MG/1.5 ML SYRINGE	2	QL	PA		SP
TEKTURNA HCT 150-12.5 MG TAB	2				
TEKTURNA HCT 150-25 MG TABLET	2				
TEKTURNA HCT 300-12.5 MG TAB	2				
TEKTURNA HCT 300-25 MG TABLET	2				
TELCARE CONTROL SOLUTION	3				
TELCARE ULTRA THIN 30G LANCETS	2				
TELMISARTAN 20 MG TABLET	1				
TELMISARTAN 40 MG TABLET	1				
TELMISARTAN 80 MG TABLET	1				
TELMISARTAN-AMLODIPINE 40-10	1				
TELMISARTAN-AMLODIPINE 40-5 MG	1				
TELMISARTAN-AMLODIPINE 80-10	1				
TELMISARTAN-AMLODIPINE 80-5 MG	1				
TELMISARTAN-HCTZ 40-12.5 MG TB	1				
TELMISARTAN-HCTZ 80-12.5 MG TB	1				
TELMISARTAN-HCTZ 80-25 MG TAB	1				
TEMAZEPAM 15 MG CAPSULE	1	QL			
TEMAZEPAM 22.5 MG CAPSULE	1	QL			
TEMAZEPAM 30 MG CAPSULE	1	QL			
TEMAZEPAM 7.5 MG CAPSULE	1	QL			
TEMBEXA 10 MG/ML SUSPENSION	3				
TEMBEXA 100 MG TABLET	3				
TEMIXYS 300-300 MG TABLET	2				
TEMODAR 100 MG CAPSULE	3		PA		SP
TEMODAR 100 MG VIAL	2				SP
TEMODAR 140 MG CAPSULE	3		PA		SP
TEMODAR 180 MG CAPSULE	3		PA		SP
TEMODAR 250 MG CAPSULE	3		PA		SP
TEMOVATE 0.05% CREAM	3	QL		ST	
TEMOVATE 0.05% OINTMENT	3	QL		ST	
TEMOZOLOMIDE 100 MG CAPSULE	1		PA		SP
TEMOZOLOMIDE 140 MG CAPSULE	1		PA		SP
TEMOZOLOMIDE 180 MG CAPSULE	1		PA		SP
TEMOZOLOMIDE 20 MG CAPSULE	1		PA		SP
TEMOZOLOMIDE 250 MG CAPSULE	1		PA		SP
TEMOZOLOMIDE 5 MG CAPSULE	1		PA		SP
TENCON 50-325 MG TABLET	1				
TENIVAC SYRINGE	2				
TENIVAC VIAL	2				
TENOFOVIR DISOP FUM 300 MG TB	1				
TENORETIC 100 TABLET	3				
TENORETIC 50 TABLET	3				
TENORMIN 100 MG TABLET	3				
TENORMIN 25 MG TABLET	3				
TENORMIN 50 MG TABLET	3				
TERAZOSIN 1 MG CAPSULE	1	QL			
TERAZOSIN 10 MG CAPSULE	1	QL			
TERAZOSIN 2 MG CAPSULE	1	QL			
TERAZOSIN 5 MG CAPSULE	1	QL			
TERBINAFINE HCL 250 MG TABLET	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TERBUTALINE SULFATE 2.5 MG TAB	1				
TERBUTALINE SULFATE 5 MG TAB	1				
TERCONAZOLE 0.4% CREAM	1				
TERCONAZOLE 0.8% CREAM	1				
TERCONAZOLE 80 MG SUPPOSITORY	1				
TERIFLUNOMIDE 14 MG TABLET	1	QL	PA		SP
TERIFLUNOMIDE 7 MG TABLET	1	QL	PA		SP
TERIPARATIDE 600 MCG/2.4ML PEN	1	QL	PA		SP
TERIPARATIDE 620 MCG/2.48 ML	3	QL	PA		SP
TERRELL LIQUID	1				
TERSI 2.25% FOAM	3				
TERUMO ALLERGY 1 ML 27GX1/2"	2				
TERUMO HYPODERMIC NDL-SYRIN	2				
TERUMO SURGUARD2 NDL 21GX1 1.5	2				
TERUMO SURGUARD2 NDL 22X1-1/2"	2				
TERUMO SURGUARD2 NDL 23X1-1/2"	2				
TERUMO SURGUARD2 NEEDLE 18GX1"	2				
TERUMO SURGUARD2 NEEDLE 18X1.5	2				
TERUMO SURGUARD2 NEEDLE 19GX1"	2				
TERUMO SURGUARD2 NEEDLE 19X1.5	2				
TERUMO SURGUARD2 NEEDLE 20GX1"	2				
TERUMO SURGUARD2 NEEDLE 20X1.5	2				
TERUMO SURGUARD2 NEEDLE 21GX1"	2				
TERUMO SURGUARD2 NEEDLE 22GX1"	2				
TERUMO SURGUARD2 NEEDLE 23GX1"	2				
TERUMO SURGUARD2 NEEDLE 25GX1"	2				
TERUMO SURGUARD2 NEEDLE 25X1.5	2				
TERUMO SURGUARD2 NEEDLE 25X5/8	2				
TERUMO SURGUARD2 NEEDLE 26X1/2	2				
TERUMO SURGUARD2 NEEDLE 27X1/2	2				
TERUMO SURGUARD2 NEEDLE 30X1/2	2				
TERUMO SURGUARD2 SYR 20G-10 ML	2				
TERUMO SURGUARD2 SYR 20G-3 ML	2				
TERUMO SURGUARD2 SYR 20G-5 ML	2				
TERUMO SURGUARD2 SYR 21G 3 ML	2				
TERUMO SURGUARD2 SYR 21G-10 ML	2				
TERUMO SURGUARD2 SYR 21G-3 ML	2				
TERUMO SURGUARD2 SYR 21G-5 ML	2				
TERUMO SURGUARD2 SYR 22G 3 ML	2				
TERUMO SURGUARD2 SYR 23G 3 ML	2				
TERUMO SURGUARD2 SYR 25G 3 ML	2				
TERUMO SURGUARD2 SYR 25G-1 ML	2				
TERUMO SURGUARD2 SYR 26G-1 ML	2				
TERUMO SURGUARD2 SYR 27G-1 ML	2				
TERUMO SYRINGE 3 ML	2				
TERUMO SYRINGE 30 ML	2				
TESSALON PERLE 100 MG CAP	3				
TESTOSTERON ENAN 1,000 MG/5 ML	1		PA		
TESTOSTERONE 1% (25MG/2.5G) PK	1	QL	PA		
TESTOSTERONE 1% (50 MG/5 G) PK	1	QL	PA		
TESTOSTERONE 1.62% (2.5 G) PKT	1	QL	PA		
TESTOSTERONE 1.62% GEL PUMP	1	QL	PA		
TESTOSTERONE 1.62%(1.25 G) PKT	1	QL	PA		
TESTOSTERONE 10 MG GEL PUMP	1	QL	PA		
TESTOSTERONE 12.5 MG/1.25 GRAM	1	QL	PA		
TESTOSTERONE 30 MG/1.5 ML PUMP	1	QL	PA		
TESTOSTERONE 50 MG/5 GRAM GEL	1	QL	PA		
TESTOSTERONE 50 MG/5 GRAM PKT	3	QL	PA		
TESTOSTERONE CYP 1,000 MG/10ML	1		PA		
TESTOSTERONE CYP 1,000 MG/5 ML	1		PA		
TESTOSTERONE CYP 2,000 MG/10ML	1		PA		
TESTOSTERONE CYP 200 MG/ML	1		PA		
TESTOSTERONE CYP 500 MG/2.5 ML	1		PA		

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TESTOSTERONE CYP 6,000 MG/30ML	1		PA		
TESTOSTERONE ENAN 200 MG/ML	1		PA		
TETRABENAZINE 12.5 MG TABLET	1	QL	PA		SP
TETRABENAZINE 25 MG TABLET	1	QL	PA		SP
TETRACAINE 0.5% EYE DROP	1				
TETRACAINE 0.5% STERI-UNIT SOL	3				
TETRACYCLINE 250 MG CAPSULE	1				
TETRACYCLINE 250 MG TABLET	1			ST	
TETRACYCLINE 500 MG CAPSULE	1				
TETRACYCLINE 500 MG TABLET	1			ST	
TEVIMBRA 100 MG/10 ML VIAL	2		PA		SP
TEXACORT 2.5% SOLUTION	3			ST	
TEZSPIRE 210 MG/1.91 ML PEN	2	QL	PA		SP
THALOMID 100 MG CAPSULE	2	QL	PA		SP
THALOMID 150 MG CAPSULE	2	QL	PA		SP
THALOMID 200 MG CAPSULE	2	QL	PA		SP
THALOMID 50 MG CAPSULE	2	QL	PA		SP
THEO-24 ER 100 MG CAPSULE	3				
THEO-24 ER 200 MG CAPSULE	3				
THEO-24 ER 300 MG CAPSULE	3				
THEO-24 ER 400 MG CAPSULE	3				
THEOCHRON ER 100 MG TABLET	1				
THEOCHRON ER 200 MG TABLET	1				
THEOPHYLLINE 80 MG/15 ML CUP	1				
THEOPHYLLINE 80 MG/15 ML SOLN	1				
THEOPHYLLINE ER 100 MG TABLET	1				
THEOPHYLLINE ER 200 MG TABLET	1				
THEOPHYLLINE ER 300 MG TABLET	1				
THEOPHYLLINE ER 400 MG TABLET	1				
THEOPHYLLINE ER 450 MG TABLET	1				
THEOPHYLLINE ER 600 MG TABLET	1				
THIN 26G LANCETS	2				
THIN LANCETS 28G	2				
THIOLA EC 100 MG TABLET	3		PA		SP
THIOLA EC 300 MG TABLET	3		PA		SP
THIORIDAZINE 10 MG TABLET	1				
THIORIDAZINE 100 MG TABLET	1				
THIORIDAZINE 25 MG TABLET	1				
THIORIDAZINE 50 MG TABLET	1				
THIOTHIXENE 1 MG CAPSULE	1				
THIOTHIXENE 10 MG CAPSULE	1				
THIOTHIXENE 2 MG CAPSULE	1				
THIOTHIXENE 5 MG CAPSULE	1				
THRIVITE RX TABLET	3				
THROMBI-GEL SIZE 10	3				
THROMBI-GEL SIZE 100	3				
THROMBI-GEL SIZE 40	3				
THROMBIN-JMI 20,000 UNIT VIAL	3				
THROMBIN-JMI 20,000 UNITS PUMP	3				
THROMBIN-JMI 20,000 UNITS SYR	3				
THROMBIN-JMI 5,000 UNIT EPIST	3				
THROMBIN-JMI 5,000 UNITS SYR	3				
THROMBIN-JMI 5,000 UNITS VIAL	3				
THROMBI-PAD 3"X3"	3				
THYROID 120 MG TABLET	1				
THYROID 15 MG TABLET	1				
THYROID 30 MG TABLET	1				
THYROID 60 MG TABLET	1				
THYROID 90 MG TABLET	1				
TIADYLT ER 120 MG CAPSULE	1				
TIADYLT ER 180 MG CAPSULE	1				
TIADYLT ER 240 MG CAPSULE	1				
TIADYLT ER 300 MG CAPSULE	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TIADYL ER 360 MG CAPSULE	1				
TIADYL ER 420 MG CAPSULE	1				
TIAGABINE HCL 12 MG TABLET	1				
TIAGABINE HCL 16 MG TABLET	1				
TIAGABINE HCL 2 MG TABLET	1				
TIAGABINE HCL 4 MG TABLET	1				
TIAZAC ER 120 MG CAPSULE	3				
TIAZAC ER 180 MG CAPSULE	3				
TIAZAC ER 240 MG CAPSULE	3				
TIAZAC ER 300 MG CAPSULE	3				
TIAZAC ER 360 MG CAPSULE	3				
TIAZAC ER 420 MG CAPSULE	3				
TIBSOVO 250 MG TABLET	2		PA		SP
TICOVAC 1.2 MCG/0.25 ML SYRING	2				
TICOVAC 2.4 MCG/0.5 ML SYRINGE	2				
TIGLUTIK 50 MG/10 ML SUSP	3		PA		SP
TILIA FE 28 TABLET	1				
TIMO 0.5%-DORZ 2%-LATAN 0.005%	3				
TIMOL 0.5%-BRIM 0.15%-DORZO 2%	3				
TIMOL 0.5%-DORZ 2%-BIMAT 0.01%	3				
TIMOLOL 0.25% GEL-SOLUTION	1				
TIMOLOL 0.5% EYE DROP	1				
TIMOLOL 0.5% EYE DROPS	1				
TIMOLOL 0.5% GEL-SOLUTION	1				
TIMOLOL 0.5% GFS GEL-SOLUTION	1				
TIMOLOL 0.5%-DORZOLAMIDE 2%	3				
TIMOLOL 0.5%-LATANOPROS 0.005%	3				
TIMOLOL MALEATE 0.25% EYE DROP	1				
TIMOLOL MALEATE 0.5% EYE DROP	1				
TIMOLOL MALEATE 0.5% EYE DROPS	1				
TIMOLOL MALEATE 10 MG TABLET	1				
TIMOLOL MALEATE 20 MG TABLET	1				
TIMOLOL MALEATE 5 MG TABLET	1				
TIMOLOL-BRIMONI-DORZOL-BIMATOP	3				
TIMOLOL-BRIMONI-DORZOL-LATANOP	3				
TIMOPTIC 0.25% EYE DROP	3				
TIMOPTIC 0.5% EYE DROP	3				
TIMOPTIC-XE 0.25% EYE GEL-SOLN	3				
TIMOPTIC-XE 0.5% GEL-SOLUTION	3				
TINIDAZOLE 250 MG TABLET	1	QL			
TINIDAZOLE 500 MG TABLET	1	QL			
TIOPRONIN 100 MG TABLET	1		PA		SP
TIOPRONIN DR 100 MG TABLET	1		PA		SP
TIOPRONIN DR 300 MG TABLET	1		PA		SP
TIOTROPIUM 18 MCG CAP-INHALER	1				
TISSEEL VHSD 10 ML KIT	3				
TISSEEL VHSD 10 ML PRIMA SYRNG	3				
TISSEEL VHSD 2 ML KIT	3				
TISSEEL VHSD 2 ML PRIMA SYRNG	3				
TISSEEL VHSD 4 ML KIT	3				
TISSEEL VHSD 4 ML PRIMA SYRNG	3				
TISSUEBLUE 0.025% SYRINGE	3				
TIS-U-SOL PENTALYTE IRRIG SOLN	1				
TIVICAY 10 MG TABLET	2				
TIVICAY 25 MG TABLET	2				
TIVICAY 50 MG TABLET	2				
TIVICAY PD 5 MG TAB FOR SUSP	2				
TIZANIDINE HCL 2 MG CAPSULE	1				
TIZANIDINE HCL 2 MG TABLET	1				
TIZANIDINE HCL 4 MG CAPSULE	1				
TIZANIDINE HCL 4 MG TABLET	1				
TIZANIDINE HCL 6 MG CAPSULE	1				
TOBI PODHALER 28 MG INHALE CAP	2	QL	PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TOBRADEX EYE DROPS	3				
TOBRADEX EYE OINTMENT	3				
TOBRAMYCIN 0.3% EYE DROP	1				
TOBRAMYCIN 1.5%-VANCOMYCIN 5%	3				
TOBRAMYCIN 300 MG/4 ML AMPULE	1	QL	PA		SP
TOBRAMYCIN 300 MG/5 ML AMPULE	1	QL	PA		SP
TOBRAMYCIN PAK 300 MG/5 ML	3	QL	PA		SP
TOBRAMYCIN-DEXAMETH OPHTH SUSP	1				
TOBREX 0.3% EYE DROP	3				
TOBREX 0.3% EYE OINTMENT	3				
TODAY CONTRACEPTIVE SPONGE	2				
TOLAK 4% CREAM	3				
TOLCAPONE 100 MG TABLET	1		PA		
TOLECTIN 600 MG TABLET	3			ST	
TOLMETIN SODIUM 200 MG TAB	1				
TOLMETIN SODIUM 400 MG CAP	1			ST	
TOLMETIN SODIUM 600 MG TAB	1			ST	
TOLTERODINE TART ER 2 MG CAP	1				
TOLTERODINE TART ER 4 MG CAP	1				
TOLTERODINE TARTRATE 1 MG TAB	1				
TOLTERODINE TARTRATE 2 MG TAB	1				
TOLVAPTAN 15 MG TABLET	1	QL	PA		SP
TOLVAPTAN 30 MG TABLET	1	QL	PA		SP
TOOMEY SYRINGE 70 ML	2				
TOPCARE UNIVERSAL1 33G LANCETS	2				
TOPCARE UNIVERSAL1 THIN LANCET	2				
TOPICORT 0.05% CREAM	3			ST	
TOPICORT 0.05% GEL	3			ST	
TOPICORT 0.05% OINTMENT	3			ST	
TOPICORT 0.25% CREAM	3			ST	
TOPICORT 0.25% OINTMENT	3			ST	
TOPIRAMATE 100 MG TABLET	1				
TOPIRAMATE 15 MG SPRINKLE CAP	1				
TOPIRAMATE 200 MG TABLET	1				
TOPIRAMATE 25 MG SPRINKLE CAP	1				
TOPIRAMATE 25 MG TABLET	1				
TOPIRAMATE 50 MG TABLET	1				
TOPIRAMATE ER 100 MG CAPSULE	1			ST	
TOPIRAMATE ER 100MG SPRINK CAP	1			ST	
TOPIRAMATE ER 150MG SPRINK CAP	1			ST	
TOPIRAMATE ER 200 MG CAPSULE	1			ST	
TOPIRAMATE ER 200MG SPRINK CAP	1			ST	
TOPIRAMATE ER 25 MG CAPSULE	1			ST	
TOPIRAMATE ER 25MG SPRINKL CAP	1			ST	
TOPIRAMATE ER 50 MG CAPSULE	1			ST	
TOPIRAMATE ER 50MG SPRINKL CAP	1			ST	
TOREMIFENE CITRATE 60 MG TAB	1				
TORPENZ 10 MG TABLET	1	QL	PA		SP
TORPENZ 2.5 MG TABLET	1	QL	PA		SP
TORPENZ 5 MG TABLET	1	QL	PA		SP
TORPENZ 7.5 MG TABLET	1	QL	PA		SP
TORSEMIDE 10 MG TABLET	1				
TORSEMIDE 100 MG TABLET	1				
TORSEMIDE 20 MG TABLET	1				
TORSEMIDE 5 MG TABLET	1				
TOUJEO MAX SOLOSTR 300 UNIT/ML	2				
TOUJEO SOLOSTAR 300 UNIT/ML	2				
TOVET EMOLLIENT 0.05% FOAM	1	QL		ST	
TRACLEER 125 MG TABLET	3	QL	PA		SP
TRACLEER 32 MG TABLET FOR SUSP	2	QL	PA		SP
TRACLEER 62.5 MG TABLET	3	QL	PA		SP
TRAMADOL ER 100 MG TABLET	1	QL		ST	
TRAMADOL ER 200 MG TABLET	1	QL		ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TRAMADOL ER 300 MG TABLET	1	QL		ST	
TRAMADOL HCL 50 MG TABLET	1	QL		ST	
TRAMADOL HCL ER 100 MG TABLET	1	QL		ST	
TRAMADOL HCL ER 200 MG TABLET	1	QL		ST	
TRAMADOL HCL ER 300 MG TABLET	1	QL		ST	
TRAMADOL-ACETAMINOPHN 37.5-325	1	QL		ST	
TRANDOLAPRIL 1 MG TABLET	1				
TRANDOLAPRIL 2 MG TABLET	1				
TRANDOLAPRIL 4 MG TABLET	1				
TRANDOLAPR-VERAPAM ER 1-240 MG	1				
TRANDOLAPR-VERAPAM ER 2-180 MG	1				
TRANDOLAPR-VERAPAM ER 2-240 MG	1				
TRANDOLAPR-VERAPAM ER 4-240 MG	1				
TRANEXAMIC ACID 650 MG TABLET	1				
TRANSFER PIN	2				
TRANXENE T-TAB 7.5 MG	3			ST	
TRANLYCYPROMINE SULF 10 MG TAB	1				
TRAVOPROST 0.004% EYE DROP	1		PA		
TRAZODONE 100 MG TABLET	1				
TRAZODONE 150 MG TABLET	1				
TRAZODONE 300 MG TABLET	1				
TRAZODONE 50 MG TABLET	1				
TREAGAN OTIC DROPS	1				
TREATOR 250 MG TABLET	3				
TRELEGY ELLIPTA 100-62.5-25	2	QL			
TRELEGY ELLIPTA 200-62.5-25	2	QL			
TREMFYA 100 MG/ML INJECTOR	2	QL	PA		SP
TREMFYA 100 MG/ML SYRINGE	2	QL	PA		SP
TREMFYA 200 MG/2 ML PEN	2	QL	PA		SP
TREMFYA 200 MG/2 ML SYRINGE	2	QL	PA		SP
TREMFYA 200 MG/20 ML VIAL	2		PA		SP
TRESIBA 100 UNIT/ML VIAL	2				
TRESIBA FLEXTOUCH 100 UNIT/ML	2				
TRESIBA FLEXTOUCH 200 UNIT/ML	2				
TRETINOIN 0.01% GEL	1				
TRETINOIN 0.025% CREAM	1				
TRETINOIN 0.025% GEL	1				
TRETINOIN 0.05% CREAM	1				
TRETINOIN 0.05% GEL	1				
TRETINOIN 0.1% CREAM	1				
TRETINOIN 10 MG CAPSULE	1				
TRETINOIN GEL MICRO 0.04% PUMP	1				
TRETINOIN GEL MICRO 0.04% TUBE	1				
TRETINOIN GEL MICRO 0.08% PUMP	1				
TRETINOIN GEL MICRO 0.1% PUMP	1				
TRETINOIN GEL MICRO 0.1% TUBE	1				
TRETIN-X 0.025% CREAM COMB PCK	3				
TRETIN-X 0.05% COMBO PACK	3				
TRETIN-X 0.075% CREAM	3				
TRETIN-X 0.1% COMBO PACK	3				
TREXALL 10 MG TABLET	3				
TREXALL 15 MG TABLET	3				
TREXALL 5 MG TABLET	3				
TREXALL 7.5 MG TABLET	3				
TREZIX 320.5-30-16 MG CAPSULE	3		PA		
TRI FEMYNOR 28 TABLET	1				
TRIAMCIN-MOXI 9-0.6 MG/0.6 ML	3				
TRIAMCINOLONE 0.025% CREAM	1				
TRIAMCINOLONE 0.025% LOTION	1				
TRIAMCINOLONE 0.025% OINT	1				
TRIAMCINOLONE 0.05% OINTMENT	1			ST	
TRIAMCINOLONE 0.1% CREAM	1				
TRIAMCINOLONE 0.1% LOTION	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TRIAMCINOLONE 0.1% OINTMENT	1				
TRIAMCINOLONE 0.1% PASTE	1				
TRIAMCINOLONE 0.147 MG/G SPRAY	1	QL		ST	
TRIAMCINOLONE 0.5% CREAM	1				
TRIAMCINOLONE 0.5% OINTMENT	1				
TRIAMTERENE 100 MG CAPSULE	1				
TRIAMTERENE 50 MG CAPSULE	1				
TRIAMTERENE-HCTZ 37.5-25 MG CP	1				
TRIAMTERENE-HCTZ 37.5-25 MG TB	1				
TRIAMTERENE-HCTZ 75-50 MG TAB	1				
TRIANEX 0.05% OINTMENT	1			ST	
TRIAZOLAM 0.125 MG TABLET	1	QL			
TRIAZOLAM 0.25 MG TABLET	1	QL			
TRICARE PRENATAL TABLET	3				
TRI-CHLOR 80% SOLUTION	1				
TRICHLOROACETIC ACID 100%	3				
TRICHLOROACETIC ACID 20%	2				
TRICHLOROACETIC ACID 25%	3				
TRICHLOROACETIC ACID 30%	2				
TRICHLOROACETIC ACID 35%	2				
TRICHLOROACETIC ACID 40%	2				
TRICHLOROACETIC ACID 50%	2				
TRICHLOROACETIC ACID 75%	3				
TRICHLOROACETIC ACID 80%	2				
TRICHLOROACETIC ACID 85%	2				
TRICHLOROACETIC ACID 90%	2				
TRICON CAPSULE	1				
TRIDERM 0.1% CREAM	1				
TRIDERM 0.5% CREAM	1			ST	
TRIDESILON 0.05% CREAM	3			ST	
TRIENTINE HCL 250 MG CAPSULE	1		PA		
TRI-ESTARYLLA TABLET	1				
TRIFERIC 27.2 MG/5 ML AMPULE	3				
TRIFERIC 272 MG POWDER PACKET	3				
TRIFLUOPERAZINE 1 MG TABLET	1				
TRIFLUOPERAZINE 10 MG TABLET	1				
TRIFLUOPERAZINE 2 MG TABLET	1				
TRIFLUOPERAZINE 5 MG TABLET	1				
TRIFLURIDINE 1% EYE DROPS	1				
TRIHEXYPHENIDYL 2 MG TABLET	1				
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	1				
TRIHEXYPHENIDYL 5 MG TABLET	1				
TRIJARDY XR 10-5-1,000 MG TAB	2			ST	
TRIJARDY XR 12.5-2.5-1,000 MG	2			ST	
TRIJARDY XR 25-5-1,000 MG TAB	2			ST	
TRIJARDY XR 5-2.5-1,000 MG TAB	2			ST	
TRIKAFTA 100-50-75 MG/150 MG	2	QL	PA		SP
TRIKAFTA 100-50-75 MG/75MG PKT	2	QL	PA		SP
TRIKAFTA 50-25-37.5 MG/75 MG	2	QL	PA		SP
TRIKAFTA 80-40-60MG/59.5MG PKT	2	QL	PA		SP
TRI-LEGEST FE-28 DAY TABLET	1				
TRI-LINYAH TABLET	1				
TRILIPIX DR 135 MG CAPSULE	3			ST	
TRILIPIX DR 45 MG CAPSULE	3			ST	
TRI-LO-ESTARYLLA TABLET	1				
TRI-LO-MARZIA TABLET	1				
TRI-LO-MILI TABLET	1				
TRI-LO-SPRINTEC TABLET	1				
TRILYTE WITH FLAVOR PACKETS	1				
TRIMETHOBENZAMIDE 300 MG CAP	1				
TRIMETHOPRIM 100 MG TABLET	1				
TRI-MILI 28 TABLET	1				
TRIMIPRAMINE MALEATE 100 MG CP	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TRIMIPRAMINE MALEATE 25 MG CAP	1				
TRIMIPRAMINE MALEATE 50 MG CAP	1				
TRIMO-SAN JELLY	2				
TRINATAL RX 1 TABLET	1				
TRINATE TABLET	1				
TRINTELLIX 10 MG TABLET	3	QL		ST	
TRINTELLIX 20 MG TABLET	3	QL		ST	
TRINTELLIX 5 MG TABLET	3	QL		ST	
TRI-NYMYO 28 TABLET	1				
TRI-PREVIFEM TABLET	1				
TRISODIUM CITRAT CRRT 0.5% SOL	3				
TRI-SPRINTEC TABLET	1				
TRISTART DHA SOFTGEL	3				
TRITOCIN 0.05% OINTMENT	1			ST	
TRIUMEQ 600-50-300 MG TABLET	2				
TRIUMEQ PD 60-5-30 MG TAB SUSP	2				
TRIVEEN-DUO DHA COMBO PACK	1				
TRI-VITE-FLUORIDE 0.25 MG/ML	1				
TRI-VITE-FLUORIDE 0.5 MG/ML	1				
TRI-VIT-FLUOR 0.25 MG/ML DROP	1				
TRI-VIT-FLUOR 0.5 MG/ML DROP	1				
TRIVORA-28 TABLET	1				
TRI-VYLIBRA 28 TABLET	1				
TRI-VYLIBRA LO TABLET	1				
TRIZIVIR TABLET	3				
TROJAN ENZ CONDOM	3				
TROJAN ENZ SPERMICIDE CONDOM	3				
TROJAN MAGNUM CONDOM	3				
TROJAN ULTRA RIBBED CONDOM	3				
TROJAN ULTRA THIN CONDOM	3				
TROJAN ULTRA THIN-SPERMICIDAL	3				
TROKENDI XR 100 MG CAPSULE	3			ST	
TROKENDI XR 200 MG CAPSULE	3			ST	
TROKENDI XR 25 MG CAPSULE	3			ST	
TROKENDI XR 50 MG CAPSULE	3			ST	
TROP-CYCLOPNT-PE-KTRLC 1-1-10%	3				
TROP-CYCLOPNT-PE-KTRLC 1-1-2.5	3				
TROPICA 1%-CYCLOPEN 1%-PE 2.5%	3				
TROPICAMIDE 0.5% EYE DROP	1				
TROPICAMIDE 0.5% EYE DROPS	1				
TROPICAMIDE 1% EYE DROP	1				
TROPICAMIDE 1% EYE DROPS	1				
TROPICAMIDE 1%-PHENYLEPHR 2.5%	3				
TROPIC-CYCLOPENT-PE-KTRLC-PROP	3				
TROSPIUM CHLORIDE 20 MG TABLET	1				
TROSPIUM CHLORIDE ER 60 MG CAP	1				
TRUE COMFORT 30G LANCET	2				
TRUE COMFORT 30G SAFETY LANCET	2				
TRUE COMFORT 30G TWIST LANCET	2				
TRUE COVER CONDOM	3				
TRUE FOLIC ACID 667 MCG DFE TB	1				
TRUE LAXATIVE PEG 3350 POWDER	1				
TRUE METRIX LEVEL 1 CTRL SOLN	3				
TRUE METRIX LEVEL 2 CTRL SOLN	3				
TRUE METRIX LEVEL 3 CTRL SOLN	3				
TRUECONTROL GLUCOSE SOLUTION	3				
TRUEDRAW LANCING DEVICE	2				
TRUEPLUS 33G LANCETS	2				
TRUEPLUS KETONE TEST STRIP	2				
TRUEPLUS SAFETY 28G LANCET	2				
TRUEPLUS SAFETY 28G LANCETS	2				
TRUEPLUS SUPER THIN 28G LANCET	2				
TRUEPLUS ULTRA THIN 30G LANCET	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
TRULANCE 3 MG TABLET	2				
TRULICITY 0.75 MG/0.5 ML PEN	2	QL	PA		
TRULICITY 1.5 MG/0.5 ML PEN	2	QL	PA		
TRULICITY 3 MG/0.5 ML PEN	2	QL	PA		
TRULICITY 4.5 MG/0.5 ML PEN	2	QL	PA		
TRUMENBA 120 MCG/0.5 ML VACCIN	2				
TRUQAP 160 MG TABLET	2		PA		SP
TRUQAP 200 MG TABLET	2		PA		SP
TRUSELTIQ 100 MG DAILY DOSE PK	3	QL	PA		SP
TRUSELTIQ 125 MG DAILY DOSE PK	3	QL	PA		SP
TRUSELTIQ 50 MG DAILY DOSE PK	3	QL	PA		SP
TRUSELTIQ 75 MG DAILY DOSE PK	3	QL	PA		SP
TRUSOPT 2% EYE DROPS	3				
TRUSTEX CONDOM	2				
TRUSTEX LATEX CONDOM	2				
TRUSTEX-RIA CONDOM	2				
TUBERCULIN SYRINGE	2				
TUBERCULIN SYRINGES	2				
TUKYSA 150 MG TABLET	3	QL	PA		SP
TUKYSA 50 MG TABLET	3	QL	PA		SP
TULANA 0.35 MG TABLET	1				
TURALIO 125 MG CAPSULE	3	QL	PA		SP
TURALIO 200 MG CAPSULE	3	QL	PA		SP
TURQOZ-28 TABLET	1				
TUSSICAPS 10 MG-8 MG CAPSULE	3			ST	
TUXARIN ER 8-54.3 MG TABLET	3				
TUZISTRA XR 14.7-2.8 MG/5 ML	3			ST	
TWIIST STARTER KIT	2				
TWINRIX VACCINE SYRINGE	2				
TWIST LANCETS	2				
TWIST LANCETS 30G	2				
TWIST LANCETS 32G	2				
TWIST TOP 30G LANCET	2				
TWYNEO 0.1%-3% CREAM	3			ST	
TYBOST 150 MG TABLET	3				
TYDEMY 3-0.03-0.451 MG TABLET	1				
TYENNE 162 MG/0.9 ML AUTOINJCT	2		PA		SP
TYENNE 162 MG/0.9 ML SYRINGE	2		PA		SP
TYKERB 250 MG TABLET	3	QL	PA		SP
TYMLOS 80 MCG DOSE PEN INJECTR	2	QL	PA		SP
TYPHIM VI 25 MCG/0.5 ML SYRNG	2				
TYPHIM VI 25 MCG/0.5 ML VIAL	2				
TYRVAYA 0.03 MG NASAL SPRAY	3		PA		
TYVASO 1.74 MG/2.9 ML SOLUTION	2		PA		SP
TYVASO DPI 16 MCG CARTRIDGE	2		PA		SP
TYVASO DPI 16-32 MCG TITR KIT	2		PA		SP
TYVASO DPI 16-32-48 MCG TITRAT	2		PA		SP
TYVASO DPI 32 MCG CARTRIDGE	2		PA		SP
TYVASO DPI 32-48 MCG MAINT KIT	2		PA		SP
TYVASO DPI 48 MCG CARTRIDGE	2		PA		SP
TYVASO DPI 64 MCG CARTRIDGE	2		PA		SP
TYVASO INHALATION REFILL KIT	2		PA		SP
TYVASO INHALATION STARTER KIT	2		PA		SP
TYVASO INSTITUTIONAL START KIT	2		PA		SP
UBRELVY 100 MG TABLET	2	QL	PA		
UBRELVY 50 MG TABLET	2	QL	PA		
UCERIS 2 MG RECTAL FOAM	3				
UCERIS 9 MG ER TABLET	3				
UKONIQ 200 MG TABLET	3				
ULESFIA 5% LOTION	3				
ULTANE 250 ML PEN BOTTLE	3				
ULTICARE LDS SYR 1 ML 22G 1.5"	3				
ULTICARE LDS SYR 3 ML 22GX1.5"	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ULTICARE SAFETY 3 ML 21GX1-1/2	3				
ULTICARE SAFETY 3 ML 22GX1"	3				
ULTICARE SAFETY 3 ML 22GX1-1/2	3				
ULTICARE SAFETY 3 ML 23GX1"	3				
ULTICARE SAFETY 3 ML 25GX1"	3				
ULTICARE SAFETY 3 ML 25GX5/8"	3				
ULTICARE SAFETY SYRINGE 3 ML	3				
ULTICARE TB SAFETY 1 ML 25GX1"	2				
ULTICARE TB SAFETY 1ML 25GX5/8	2				
ULTICARE TB SAFETY 1ML 27GX1/2	2				
ULTICARE TB SAFETY 1ML 27GX5/8	2				
ULTICARE TB SAFETY 1ML 28GX1/2	2				
ULTI-LANCE AUTO-AD DEVICE	2				
ULTI-LANCE AUTOMATIC DEVICE	2				
ULTILET 28G LANCETS	2				
ULTILET 30G LANCETS	2				
ULTILET 33G LANCETS	2				
ULTILET BASIC 30G LANCETS	2				
ULTILET CLASSIC 26G LANCETS	2				
ULTILET CLASSIC 28G LANCETS	2				
ULTILET CLASSIC 30G LANCETS	2				
ULTILET CLASSIC 33G LANCETS	2				
ULTILET SAFETY 23G LANCETS	2				
ULTRA THIN 28G LANCETS	2				
ULTRA THIN 30G LANCETS	2				
ULTRA THIN 31G LANCET	2				
ULTRA THIN 31G LANCETS	2				
ULTRA THIN 33G LANCETS	2				
ULTRA-CARE 30G LANCETS	2				
ULTRACET TABLET	3	QL		ST	
ULTRAFOAM 2X6.25X7CM SPONGE	3				
ULTRAFOAM 8X12.5X1CM SPONGE	3				
ULTRAFOAM 8X12.5X3CM SPONGE	3				
ULTRAFOAM 8X6.25X1CM SPONGE	3				
ULTRALANCE 26G LANCETS	2				
ULTRALANCE 28G LANCETS	2				
ULTRAM 50 MG TABLET	3	QL		ST	
ULTRA-THIN II 28G LANCETS	2				
ULTRA-THIN II 30G LANCETS	2				
ULTRATLC LANCETS	2				
ULTRATRAK CONTROL SOL NORMAL	3				
ULTRATRAK CONTROL SOLUTION	3				
ULTRATRAK ULTIMATE CNTRL SOLN	3				
UNILET COMFORTOUCH 26G LANCETS	2				
UNILET COMFORTOUCH LANCET	2				
UNILET EXCELITE II LANCET	2				
UNILET EXCELITE LANCET	2				
UNILET GP LANCET	2				
UNILET GP LANCET SUPERLITE	2				
UNILET MICRO THIN 33G LANCET	2				
UNILET MICRO THIN 33G LANCETS	2				
UNILET SUPER THIN 30G LANCETS	2				
UNILET ULTRA THIN 28G LANCETS	2				
UNISTIK 2 COMFORT 28G LANCET	2				
UNISTIK 2 EXTRA 21G LANCET	2				
UNISTIK 2 NORMAL 21G LANCET	2				
UNISTIK 3 COMFORT 28G LANCET	2				
UNISTIK 3 DUAL 18G LANCET	2				
UNISTIK 3 EXTRA 21G LANCETS	2				
UNISTIK 3 GENTLE 30G LANCETS	2				
UNISTIK 3 GENTLE ON-THE-GO 30G	2				
UNISTIK 3 NORMAL 23G LANCET	2				
UNISTIK 3 NORMAL 23G LANCETS	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
UNISTIK 3 SAFETY 21G LANCETS	2				
UNISTIK COMFORT 28G LANCETS	2				
UNISTIK CZT COMFORT 28G LANCET	2				
UNISTIK CZT NORMAL 23G LANCETS	2				
UNISTIK EXTRA 21G LANCETS	2				
UNISTIK NORMAL 23G LANCETS	2				
UNISTIK PRO 21G LANCET	2				
UNISTIK PRO 25G LANCET	2				
UNISTIK PRO 28G LANCET	2				
UNISTIK SAFETY 28G LANCET	2				
UNISTIK SAFETY 30G LANCETS	2				
UNISTIK TOUCH 21G LANCETS	2				
UNISTIK TOUCH 23G LANCETS	2				
UNISTIK TOUCH 28G LANCETS	2				
UNISTIK TOUCH 30G LANCETS	2				
UNISTIK-2 3 MM DEVICE	2				
UNISTRIP CONTROL SOLUTION HIGH	3				
UNISTRIP CONTROL SOLUTION LOW	3				
UNITHROID 100 MCG TABLET	1				
UNITHROID 112 MCG TABLET	1				
UNITHROID 125 MCG TABLET	1				
UNITHROID 137 MCG TABLET	1				
UNITHROID 150 MCG TABLET	1				
UNITHROID 175 MCG TABLET	1				
UNITHROID 200 MCG TABLET	1				
UNITHROID 25 MCG TABLET	1				
UNITHROID 300 MCG TABLET	1				
UNITHROID 50 MCG TABLET	1				
UNITHROID 75 MCG TABLET	1				
UNITHROID 88 MCG TABLET	1				
UNIVERSAL 1 33G LANCETS	2				
UNIVERSAL SYRINGE TIP ADPTR	3				
UPTRAVI 1,000 MCG TABLET	2	QL	PA		SP
UPTRAVI 1,200 MCG TABLET	2	QL	PA		SP
UPTRAVI 1,400 MCG TABLET	2	QL	PA		SP
UPTRAVI 1,600 MCG TABLET	2	QL	PA		SP
UPTRAVI 200 MCG TABLET	2	QL	PA		SP
UPTRAVI 200-800 TITRATION PACK	2	QL	PA		SP
UPTRAVI 400 MCG TABLET	2	QL	PA		SP
UPTRAVI 600 MCG TABLET	2	QL	PA		SP
UPTRAVI 800 MCG TABLET	2	QL	PA		SP
URAMAXIN GT 45% KIT	3				
URELLE TABLET	3				
URETRON D-S TABLET	1				
URIBEL CAPSULE	3				
URIBEL TABLET	3				
URIMAR-T TABLET	1				
URISTIX 4 REAGENT STRIPS	2				
URISTIX REAGENT STRIPS	2				
URO-458 TABLET	1				
UROCIT-K ER 15 MEQ TABLET	3				
UROCIT-K SR 10 MEQ TABLET	3				
UROCIT-K SR 5 MEQ TABLET	3				
UROGESIC-BLUE TABLET	1				
URO-MP CAPSULE	1				
UROQID-ACID NO.2 500-500 TB	3				
URO-SP CAPSULE	1				
URSO 250 MG TABLET	3				
URSO FORTE 500 MG TABLET	3				
URSODIOL 200 MG CAPSULE	1				
URSODIOL 250 MG TABLET	1				
URSODIOL 300 MG CAPSULE	1				
URSODIOL 400 MG CAPSULE	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
URSODIOL 500 MG TABLET	1				
URYL TABLET	1				
USTELL CAPSULE	1				
UTIRA-C TABLET	1				
VALACYCLOVIR HCL 1 GRAM TABLET	1	QL			
VALACYCLOVIR HCL 500 MG TABLET	1	QL			
VALCHLOR 0.016% GEL	2		PA		SP
VALCYTE 450 MG TABLET	3				
VALCYTE 50 MG/ML SOLUTION	3				
VALGANCICLOVIR 450 MG TABLET	1				
VALGANCICLOVIR HCL 50 MG/ML	1				
VALPROIC ACID 250 MG CAPSULE	1				
VALPROIC ACID 250 MG/5 ML CUP	1				
VALPROIC ACID 250 MG/5 ML SOLN	1				
VALPROIC ACID 500 MG/10 ML CUP	1				
VALPROIC ACID 500 MG/10 ML SOL	1				
VALSARTAN 160 MG TABLET	1				
VALSARTAN 320 MG TABLET	1				
VALSARTAN 40 MG TABLET	1				
VALSARTAN 80 MG TABLET	1				
VALSARTAN-HCTZ 160-12.5 MG TAB	1				
VALSARTAN-HCTZ 160-25 MG TAB	1				
VALSARTAN-HCTZ 320-12.5 MG TAB	1				
VALSARTAN-HCTZ 320-25 MG TAB	1				
VALSARTAN-HCTZ 80-12.5 MG TAB	1				
VALTOCO 10 MG NASAL SPRAY	2	QL	PA		
VALTOCO 15 MG NASAL SPRAY	2	QL	PA		
VALTOCO 20 MG NASAL SPRAY	2	QL	PA		
VALTOCO 5 MG NASAL SPRAY	2	QL	PA		
VALUE PLUS LANCING DEVICE	2				
VANADOM 350 MG TABLET	1				
VANOCIN HCL 125 MG CAPSULE	3	QL	PA		
VANOCIN HCL 250 MG CAPSULE	3	QL	PA		
VANCOMYCIN 250 MG/5ML ORAL SOL	1	QL			
VANCOMYCIN 50 MG/ML ORAL SOLN	1	QL			
VANCOMYCIN HCL 125 MG CAPSULE	1	QL	PA		
VANCOMYCIN HCL 250 MG CAPSULE	1	QL	PA		
VANDAZOLE VAGINAL 0.75% GEL	1				
VANISHPOINT 1 ML TB SYR 25X5/8	2				
VANISHPOINT 1 ML TB SYR 27X1/2	2				
VANISHPOINT 10 ML 21GX1-1/2"	3				
VANISHPOINT 20GX1" 3 ML SYRING	2				
VANISHPOINT 21GX1" 5 ML SYRING	2				
VANISHPOINT 21GX1.5" 3 ML SYR	2				
VANISHPOINT 22GX1" 3 ML SYR	2				
VANISHPOINT 22GX1-1/2" 5 ML SY	2				
VANISHPOINT 23GX1" 3 ML SYRING	2				
VANISHPOINT 23GX1-1/2 3 ML SYR	2				
VANISHPOINT 25GX1" 3 ML SYRING	2				
VANISHPOINT 25GX5/8" 3 ML SYR	2				
VANISHPOINT 3 ML 21GX1" SYRING	2				
VANISHPOINT 3 ML 22GX1.5" SYRG	2				
VANISHPOINT 3 ML 27G 1-1/2"	3				
VANISHPOINT 5 ML 21GX1-1/2"	3				
VANISHPOINT SYR 3 ML 25G 38MM	3				
VANISHPOINT SYRINGE 1 ML 25X1"	2				
VANOXIDE-HC LOTION	3			ST	
VANTAGE LANCING DEVICE	2				
VAQTA 25 UNITS/0.5 ML SYRINGE	2				
VAQTA 25 UNITS/0.5 ML VIAL	2				
VAQTA 50 UNITS/ML SYRINGE	2				
VAQTA 50 UNITS/ML VIAL	2				
VARIVAX VACCINE VIAL	2				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
VARIVAX VACCINE WITH DILUENT	2				
VARUBI 180 MG DOSE(2X 90MG TB)	2	QL			
VASCEPA 0.5 GM CAPSULE	2		PA		
VASCEPA 1 GM CAPSULE	2		PA		
VASERETIC 10-25 MG TABLET	3				
VASOTEC 10 MG TABLET	3				
VASOTEC 2.5 MG TABLET	3				
VASOTEC 20 MG TABLET	3				
VASOTEC 5 MG TABLET	3				
VAXCHORA VACCINE	2				
VAXELIS VACCINE SYRINGE	2				
VAXELIS VACCINE VIAL	2				
VAXNEUVANCE 0.5 ML SYRINGE	2				
VCF CONTRACEPTIVE FILM	2				
VCF CONTRACEPTIVE GEL	2				
VECAMYL 2.5 MG TABLET	3		PA		
VECTICAL 3 MCG/G OINTMENT	3				
VELETRI 0.5 MG VIAL	1		PA		SP
VELETRI 1.5 MG VIAL	1		PA		SP
VELIVET 28 DAY TABLET	1				
VELPHORO 500 MG CHEWABLE TAB	2	QL			
VELSIPITY 2 MG TABLET	2	QL	PA		SP
VELTASSA 16.8 GM POWDER PACKET	2	QL			
VELTASSA 25.2 GM POWDER PACKET	2	QL			
VELTASSA 8.4 GM POWDER PACKET	2	QL			
VEMLIDY 25 MG TABLET	2				
VENCLEXTA 10 MG TAB (10MG X 2)	2	QL	PA		SP
VENCLEXTA 10 MG TABLET	2	QL	PA		SP
VENCLEXTA 100 MG TABLET	2	QL	PA		SP
VENCLEXTA 50 MG TABLET	2	QL	PA		SP
VENCLEXTA STARTING PACK	2	QL	PA		SP
VENLAFAXINE HCL 100 MG TABLET	1	QL			
VENLAFAXINE HCL 25 MG TABLET	1	QL			
VENLAFAXINE HCL 37.5 MG TABLET	1	QL			
VENLAFAXINE HCL 50 MG TABLET	1	QL			
VENLAFAXINE HCL 75 MG TABLET	1	QL			
VENLAFAXINE HCL ER 150 MG CAP	1	QL			
VENLAFAXINE HCL ER 37.5 MG CAP	1	QL			
VENLAFAXINE HCL ER 75 MG CAP	1	QL			
VENTAVIS 10 MCG/1 ML SOLUTION	3		PA		SP
VENTAVIS 20 MCG/1 ML SOLUTION	3		PA		SP
VEOZAH 45 MG TABLET	3				
VERAPAMIL 120 MG TABLET	1				
VERAPAMIL 40 MG TABLET	1				
VERAPAMIL 80 MG TABLET	1				
VERAPAMIL ER 120 MG CAPSULE	1				
VERAPAMIL ER 120 MG TABLET	1				
VERAPAMIL ER 180 MG CAPSULE	1				
VERAPAMIL ER 180 MG TABLET	1				
VERAPAMIL ER 240 MG CAPSULE	1				
VERAPAMIL ER 240 MG TABLET	1				
VERAPAMIL ER PM 100 MG CAPSULE	1				
VERAPAMIL ER PM 200 MG CAPSULE	1				
VERAPAMIL ER PM 300 MG CAPSULE	1				
VERAPAMIL SR 120 MG CAPSULE	1				
VERAPAMIL SR 180 MG CAPSULE	1				
VERAPAMIL SR 240 MG CAPSULE	1				
VERAPAMIL SR 360 MG CAPSULE	1				
VERELAN 120 MG CAP PELLETT	3				
VERELAN 180 MG CAP PELLETT	3				
VERELAN 240 MG CAP PELLETT	3				
VERELAN 360 MG CAP PELLETT	3				
VERELAN PM 100 MG CAP PELLETT	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
VERELAN PM 200 MG CAP PELLETT	3				
VERELAN PM 300 MG CAP PELLETT	3				
VERIFINE SAFETY 21G LANCT MINI	2				
VERIFINE SAFETY 23G LANCT MINI	2				
VERIFINE SAFETY 28G LANCT MINI	2				
VERIFINE SAFETY 30G LANCT MINI	2				
VERIFINE UNIVERSAL 28G LANCET	2				
VERIFINE UNIVERSAL 30G LANCET	2				
VERIFINE UNIVERSAL 33G LANCET	2				
VERIPRED 20 20 MG/5 ML SOLN	1				
VERQUVO 10 MG TABLET	2	QL			
VERQUVO 2.5 MG TABLET	2	QL			
VERQUVO 5 MG TABLET	2	QL			
VERSACLOZ 50 MG/ML SUSPENSION	3				
VERTIGOHEEL DROPS	3				
VERTIGOHEEL ORAL VIAL	3				
VERTIGOHEEL TABLET SOLUBLE	3				
VERZENIO 100 MG TABLET	2	QL	PA		SP
VERZENIO 150 MG TABLET	2	QL	PA		SP
VERZENIO 200 MG TABLET	2	QL	PA		SP
VERZENIO 50 MG TABLET	2	QL	PA		SP
VESTURA 3 MG-0.02 MG TABLET	1				
VEVYE 0.1% EYE DROP	3	QL	PA		
VFEND 200 MG TABLET	3		PA		
VFEND 40 MG/ML SUSPENSION	3		PA		
VFEND 50 MG TABLET	3		PA		
V-GO 20 DISPOSABLE DEVICE	2	QL	PA		
V-GO 30 DISPOSABLE DEVICE	2	QL	PA		
V-GO 40 DISPOSABLE DEVICE	2	QL	PA		
VIBERZI 100 MG TABLET	2				
VIBERZI 75 MG TABLET	2				
VIBRAMYCIN 100 MG CAPSULE	3			ST	
VIBRAMYCIN 50 MG/5 ML SYRUP	3			ST	
VIENVA-28 TABLET	1				
VIGABATRIN 500 MG POWDER PACKT	1	QL	PA		SP
VIGABATRIN 500 MG TABLET	1	QL	PA		SP
VIGADRONE 500 MG POWDER PACKET	1	QL	PA		SP
VIGADRONE 500 MG TABLET	1	QL	PA		SP
VIGAMOX 0.5% EYE DROPS	3				
VIGPODER 500 MG POWDER PACKET	1	QL	PA		SP
VIJOICE 125 MG TABLET	2	QL	PA		SP
VIJOICE 250 MG DAILY DOSE PACK	2	QL	PA		SP
VIJOICE 50 MG GRANULE PACKET	2	QL	PA		SP
VIJOICE 50 MG TABLET	2	QL	PA		SP
VILAZODONE HCL 10 MG TABLET	1	QL		ST	
VILAZODONE HCL 20 MG TABLET	1	QL		ST	
VILAZODONE HCL 40 MG TABLET	1	QL		ST	
VIOKACE 10,440-39,150 UNIT TAB	2				
VIOKACE 20,880-78,300 UNITS TB	2				
VIORELE 28 DAY TABLET	1				
VIRACEPT 250 MG TABLET	2				
VIRACEPT 625 MG TABLET	2				
VIRAMUNE 50 MG/5 ML SUSP	3				
VIRAMUNE XR 400 MG TABLET	3				
VIREAD 150 MG TABLET	2				
VIREAD 200 MG TABLET	2				
VIREAD 250 MG TABLET	2				
VIREAD 300 MG TABLET	3				
VIREAD POWDER	2				
VIRT-C DHA SOFTGEL	1				
VIRT-NATE DHA SOFTGEL	1				
VIRT-PN DHA SOFTGEL	1				
VIRT-PN PLUS SOFTGEL	1				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
VIRTUSSIN AC 10-100 MG/5 ML LQ	1				
VIRTUSSIN AC W-ALC 10-100 MG/5	1				
VIRTUSSIN DAC LIQUID	1				
VISCOAT SYRINGE	3				
VISIONBLUE 0.06% SYRINGE	3				
VISTARIL 25 MG CAPSULE	3				
VISTARIL 50 MG CAPSULE	3				
VISTOGARD 10 GRAM PACKET	2	QL	PA		SP
VIT A,C,D-FLUORIDE 0.25 MG/ML	1				
VIT A,C,D-FLUORIDE 0.5 MG/ML	1				
VITAFOL FE PLUS SOFTGEL	3				
VITAFOL GUMMIES	3				
VITAFOL NANO TABLET	3				
VITAFOL ULTRA SOFTGEL	3				
VITAFOL-OB CAPLET	3				
VITAFOL-OB+DHA COMBO PACK	3				
VITAFOL-ONE CAPSULE	3				
VITAMEDMD ONE RX SOFTGEL	3				
VITAMEDMD REDICHEW RX TAB CHEW	3				
VITAMIN B COMPLEX TABLET	1				
VITAMIN B COMPLEX-VITAMIN C TB	1				
VITAMIN B-COMPLEX & C CAPLET	1				
VITAMIN D2 1.25MG(50,000 UNIT)	1				
VITAMIN K-1 1 MG/0.5 ML AMPUL	1				
VITAMIN K-1 10 MG/ML AMPUL	1				
VITAPEARL SOFTGEL	3				
VITATRUE COMBO PACK	3				
VITRAKVI 100 MG CAPSULE	2	QL	PA		SP
VITRAKVI 20 MG/ML SOLUTION	2	QL	PA		SP
VITRAKVI 25 MG CAPSULE	2	QL	PA		SP
VIVAGUARD 30G LANCET	2				
VIVAGUARD INO CTRL SOLN-L1, L3	3				
VIVAGUARD INO CTRL SOLN-L1,2,3	3				
VIVAGUARD INO CTRL SOLN-L2	3				
VIVAGUARD LANCING DEVICE	2				
VIVAGUARD SAFETY 28G LANCET	2				
VIVITROL 380 MG VIAL-DILUENT	2				SP
VIVJOA 150 MG CAPSULE	3	QL	PA		SP
VIVOTIF EC CAPSULE	2				
VIZIMPRO 15 MG TABLET	2	QL	PA		SP
VIZIMPRO 30 MG TABLET	2	QL	PA		SP
VIZIMPRO 45 MG TABLET	2	QL	PA		SP
VOGELXO 12.5 MG/1.25 GRAM PUMP	3	QL	PA		
VOGELXO 50 MG/5 GRAM GEL	3	QL	PA		
VOGELXO 50 MG/5 GRAM GEL PACKT	3	QL	PA		
VOLNEA 0.15-0.02-0.01 MG TAB	1				
VONJO 100 MG CAPSULE	2	QL	PA		SP
VOQUEZNA 10 MG TABLET	3			ST	
VOQUEZNA 20 MG TABLET	3			ST	
VOQUEZNA DUAL PAK	3				
VOQUEZNA TRIPLE PAK	3				
VORANIGO 10 MG TABLET	3		PA		SP
VORANIGO 40 MG TABLET	3		PA		SP
VORICONAZOLE 200 MG TABLET	1		PA		
VORICONAZOLE 40 MG/ML SUSP	1		PA		
VORICONAZOLE 50 MG TABLET	1		PA		
VORTEX ADULT MASK	2				
VORTEX HOLDING CHAMBER	2				
VORTEX VHC FROG CHILD MASK	2				
VORTEX VHC LADYBUG TODDLER MSK	2				
VOSEVI 400-100-100 MG TABLET	2	QL	PA		SP
VOTRIENT 200 MG TABLET	3	QL	PA		SP
VOWST CAPSULE	3				SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
VOXZOGO 0.4 MG VIAL	3		PA		SP
VOXZOGO 0.56 MG VIAL	3		PA		SP
VOXZOGO 1.2 MG VIAL	3		PA		SP
VOYDEYA 100 MG TABLET	2		PA		SP
VOYDEYA 150 MG DOSE TABLET	2		PA		SP
VP-PNV-DHA SOFTGEL	3				
VRAYLAR 1.5 MG CAPSULE	3	QL			
VRAYLAR 1.5 MG-3 MG PACK	3	QL			
VRAYLAR 3 MG CAPSULE	3	QL			
VRAYLAR 4.5 MG CAPSULE	3	QL			
VRAYLAR 6 MG CAPSULE	3	QL			
VTAMA 1% CREAM	3	QL	PA		
VTOL LQ 50-325-40 MG/15 ML SOL	1				
VYFEMLA 0.4 MG-0.035 MG TABLET	1				
VYLIBRA 28 TABLET	1				
VYLOY 100 MG VIAL	2		PA		SP
VYNDAMAX 61 MG CAPSULE	2		PA		SP
VYNDALCEL 20 MG CAPSULE	2		PA		SP
VYVANSE 10 MG CAPSULE	3			ST	
VYVANSE 10 MG CHEWABLE TABLET	3			ST	
VYVANSE 20 MG CAPSULE	3			ST	
VYVANSE 20 MG CHEWABLE TABLET	3			ST	
VYVANSE 30 MG CAPSULE	3			ST	
VYVANSE 30 MG CHEWABLE TABLET	3			ST	
VYVANSE 40 MG CAPSULE	3			ST	
VYVANSE 40 MG CHEWABLE TABLET	3			ST	
VYVANSE 50 MG CAPSULE	3			ST	
VYVANSE 50 MG CHEWABLE TABLET	3			ST	
VYVANSE 60 MG CAPSULE	3			ST	
VYVANSE 60 MG CHEWABLE TABLET	3			ST	
VYVANSE 70 MG CAPSULE	3			ST	
VYVGART HYTRULO 1,008MG-11,200	3		PA		SP
WAKIX 17.8 MG TABLET	3	QL		ST	SP
WAKIX 4.45 MG TABLET	3	QL		ST	SP
WALGREENS THIN LANCETS	2				
WALGREENS ULTRA THIN LANCETS	2				
WARFARIN SODIUM 1 MG TABLET	1				
WARFARIN SODIUM 10 MG TABLET	1				
WARFARIN SODIUM 2 MG TABLET	1				
WARFARIN SODIUM 2.5 MG TABLET	1				
WARFARIN SODIUM 3 MG TABLET	1				
WARFARIN SODIUM 4 MG TABLET	1				
WARFARIN SODIUM 5 MG TABLET	1				
WARFARIN SODIUM 6 MG TABLET	1				
WARFARIN SODIUM 7.5 MG TABLET	1				
WAVESENSE CONTROL SOLN NORMAL	3				
WELIREG 40 MG TABLET	3		PA		SP
WERA 0.5/0.035 MG 28 TABLET	1				
WESCAP-C DHA SOFTGEL	1				
WESCAP-PN DHA CAPSULE	1				
WESNATAL DHA COMPLETE	1				
WESNATE DHA SOFTGEL	1				
WESTAB PLUS TABLET	1				
WESTGEL DHA SOFTGEL	1				
WIDE SEAL DIAPHRAGM 60MM	3				
WIDE SEAL DIAPHRAGM 65MM	3				
WIDE SEAL DIAPHRAGM 70MM	3				
WIDE SEAL DIAPHRAGM 75MM	3				
WIDE SEAL DIAPHRAGM 80MM	3				
WIDE SEAL DIAPHRAGM 85MM	3				
WIDE SEAL DIAPHRAGM 90MM	3				
WIDE SEAL DIAPHRAGM 95MM	3				
WINREVAIR 45 MG ONE-VIAL KIT	2		PA		SP

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
WINREVAIR 45 MG TWO-VIAL KIT	2		PA		SP
WINREVAIR 60 MG ONE-VIAL KIT	2		PA		SP
WINREVAIR 60 MG TWO-VIAL KIT	2		PA		SP
WINTERGREEN OIL	1				
WIXELA 100-50 INHUB	1	QL		ST	
WIXELA 250-50 INHUB	1	QL		ST	
WIXELA 500-50 INHUB	1	QL		ST	
WOMEN'S GENTLE LAX EC 5 MG TAB	1				
WYMZYA FE 0.4-0.035 MG CHEW TB	1				
WYNZORA 0.005%-0.064% CREAM	3	QL		ST	
XACIATO 2% VAGINAL GEL	2				
XALKORI 150 MG PELLET	2	QL	PA		SP
XALKORI 20 MG PELLET	2	QL	PA		SP
XALKORI 200 MG CAPSULE	2	QL	PA		SP
XALKORI 250 MG CAPSULE	2	QL	PA		SP
XALKORI 50 MG PELLET	2	QL	PA		SP
XARELTO 1 MG/ML SUSPENSION	2		PA		
XARELTO 10 MG TABLET	2		PA		
XARELTO 15 MG TABLET	2		PA		
XARELTO 2.5 MG TABLET	2		PA		
XARELTO 20 MG TABLET	2		PA		
XARELTO DVT-PE TREAT START 30D	2		PA		
XCOPRI 100 MG TABLET	3	QL			
XCOPRI 12.5-25 MG TITRATION PK	3	QL			
XCOPRI 150 MG TABLET	3	QL			
XCOPRI 150-200 MG TITRATION PK	3	QL			
XCOPRI 200 MG TABLET	3	QL			
XCOPRI 25 MG TABLET	3	QL			
XCOPRI 250 MG DAILY DOSE PACK	3	QL			
XCOPRI 350 MG DAILY DOSE PACK	3	QL			
XCOPRI 50 MG TABLET	3	QL			
XCOPRI 50-100 MG TITRATION PAK	3	QL			
XDEMY 0.25% DROP	2	QL			SP
XELJANZ 1 MG/ML SOLUTION	2	QL	PA		SP
XELJANZ 10 MG TABLET	2	QL	PA		SP
XELJANZ 5 MG TABLET	2	QL	PA		SP
XELJANZ XR 11 MG TABLET	2	QL	PA		SP
XELJANZ XR 22 MG TABLET	2	QL	PA		SP
XELODA 150 MG TABLET	3	QL	PA		SP
XELODA 500 MG TABLET	3	QL	PA		SP
XENLETA 600 MG TABLET	3				
XEPI 1% CREAM	3	QL		ST	
XERMELO 250 MG TABLET	2	QL	PA		SP
XHANCE 93 MCG NASAL SPRAY	2	QL		ST	
XIFAXAN 200 MG TABLET	2	QL			
XIFAXAN 550 MG TABLET	2	QL			
XIGDUO XR 10 MG-1,000 MG TAB	2	QL		ST	
XIGDUO XR 10 MG-500 MG TABLET	2	QL		ST	
XIGDUO XR 2.5 MG-1,000 MG TAB	2	QL		ST	
XIGDUO XR 5 MG-1,000 MG TABLET	2	QL		ST	
XIGDUO XR 5 MG-500 MG TABLET	2	QL		ST	
XIIDRA 5% EYE DROPS	2	QL	PA		
XOFLUZA 20 MG TAB (40 MG DOSE)	3	QL			
XOFLUZA 40 MG TABLET	3	QL			
XOFLUZA 80 MG TABLET	3	QL			
XOLAIR 150 MG/ML AUTOINJECTOR	2	QL	PA		SP
XOLAIR 150 MG/ML SYRINGE	2	QL	PA		SP
XOLAIR 300 MG/2 ML AUTOINJECT	2	QL	PA		SP
XOLAIR 300 MG/2 ML SYRINGE	2	QL	PA		SP
XOLAIR 75 MG/0.5 ML AUTOINJECT	2	QL	PA		SP
XOLAIR 75 MG/0.5 ML SYRINGE	2	QL	PA		SP
XOLREMDI 100 MG CAPSULE	3		PA		SP
XOPENEX 0.31 MG/3 ML SOLUTION	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
XOPENEX 0.63 MG/3 ML SOLUTION	3				
XOPENEX 1.25 MG/3 ML SOLUTION	3				
XOPENEX CONC 1.25 MG/0.5 ML	3				
XOSPATA 40 MG TABLET	2	QL	PA		SP
XTANDI 40 MG CAPSULE	2	QL	PA		SP
XTANDI 40 MG TABLET	2	QL	PA		SP
XTANDI 80 MG TABLET	2	QL	PA		SP
XULANE 150-35 MCG/DAY PATCH	1				
XURIDEN 2 GM GRANULE PACKET	2		PA		SP
XYOSTED 100 MG/0.5 ML AUTO-INJ	2	QL	PA		
XYOSTED 50 MG/0.5 ML AUTO-INJ	2	QL	PA		
XYOSTED 75 MG/0.5 ML AUTO-INJ	2	QL	PA		
XYWAV 0.5 GM/ML ORAL SOLUTION	2	QL	PA		SP
YALE NEEDLES 21GX1.25"	2				
YARGESA 100 MG CAPSULE	1	QL	PA		SP
YAZ 28 TABLET	3				
YCANTH 0.7% SOLUTION	3				SP
YF-VAX 1 DOSE VIAL	2				
YF-VAX 5 DOSE VIAL	2				
YONSA 125 MG TABLET	2	QL	PA		SP
YORVIPATH 168 MCG/0.56 ML PEN	3		PA		SP
YORVIPATH 294 MCG/0.98 ML PEN	3		PA		SP
YORVIPATH 420 MCG/1.4 ML PEN	3		PA		SP
YUPELRI 175 MCG/3 ML SOLUTION	2	QL			
YUVAFEM 10 MCG VAGINAL INSERT	1				
ZAFEMY 150-35 MCG/DAY PATCH	1				
ZAFIRLUKAST 10 MG TABLET	1				
ZAFIRLUKAST 20 MG TABLET	1				
ZALEPLON 10 MG CAPSULE	1	QL		ST	
ZALEPLON 5 MG CAPSULE	1	QL		ST	
ZANAFLEX 2 MG CAPSULE	3				
ZANAFLEX 4 MG CAPSULE	3				
ZANAFLEX 4 MG TABLET	3				
ZANAFLEX 6 MG CAPSULE	3				
ZARAH TABLET	1				
ZARONTIN 250 MG CAPSULE	3				
ZARONTIN 250 MG/5 ML SOLUTION	3				
ZATEAN-PN DHA CAPSULE	1				
ZATEAN-PN PLUS SOFTGEL	1				
ZCORT 7 DAY 1.5 MG TABLET	3			ST	
ZEBUTAL 50-325-40 MG CAPSULE	1				
ZELBORAF 240 MG TABLET	2	QL	PA		SP
ZELNORM 6 MG TABLET	3				
ZEMPLAR 1 MCG CAPSULE	3				
ZEMPLAR 10 MCG/2 ML VIAL	3				
ZEMPLAR 2 MCG CAPSULE	3				
ZEMPLAR 2 MCG/ML VIAL	3				
ZEMPLAR 5 MCG/ML VIAL	3				
ZENATANE 10 MG CAPSULE	1				
ZENATANE 20 MG CAPSULE	1				
ZENATANE 30 MG CAPSULE	1				
ZENATANE 40 MG CAPSULE	1				
ZENPEP DR 10,000 UNIT CAPSULE	2				
ZENPEP DR 15,000 UNIT CAPSULE	2				
ZENPEP DR 20,000 UNIT CAPSULE	2				
ZENPEP DR 25,000 UNIT CAPSULE	2				
ZENPEP DR 3,000 UNIT CAPSULE	2				
ZENPEP DR 40,000 UNIT CAPSULE	2				
ZENPEP DR 5,000 UNIT CAPSULE	2				
ZENPEP DR 60,000 UNIT CAPSULE	2				
ZENZEDI 10 MG TABLET	1				
ZENZEDI 15 MG TABLET	3				
ZENZEDI 2.5 MG TABLET	3				

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ZENZEDI 20 MG TABLET	3				
ZENZEDI 30 MG TABLET	3				
ZENZEDI 5 MG TABLET	1				
ZENZEDI 7.5 MG TABLET	3				
ZEPATIER 50-100 MG TABLET	2	QL	PA		SP
ZEPOSIA 0.92 MG CAPSULE	2	QL	PA		SP
ZEPOSIA STARTER KIT (28-DAY)	2	QL	PA		SP
ZEPOSIA STARTER KIT (37-DAY)	2	QL	PA		SP
ZEPOSIA STARTER PACK (7-DAY)	2	QL	PA		SP
ZESTORETIC 10-12.5 MG TABLET	3				
ZESTORETIC 20-12.5 MG TABLET	3				
ZESTORETIC 20-25 MG TABLET	3				
ZESTRIL 10 MG TABLET	3				
ZESTRIL 2.5 MG TABLET	3				
ZESTRIL 20 MG TABLET	3				
ZESTRIL 30 MG TABLET	3				
ZESTRIL 40 MG TABLET	3				
ZESTRIL 5 MG TABLET	3				
ZIAC 10-6.25 MG TABLET	3				
ZIAC 2.5-6.25 MG TABLET	3				
ZIAC 5-6.25 MG TABLET	3				
ZIAGEN 20 MG/ML SOLUTION	3				
ZIAGEN 300 MG TABLET	3				
ZIANA GEL	3			ST	
ZIDOVUDINE 100 MG CAPSULE	1				
ZIDOVUDINE 300 MG TABLET	1				
ZIDOVUDINE 50 MG/5 ML SYRUP	1				
ZIEXTENZO 6 MG/0.6 ML SYRINGE	2	QL	PA		SP
ZINC OXIDE 20% OINTMENT	1				
ZINC OXIDE PASTE	2				
ZINGIBER TABLET	1				
ZIPRASIDONE HCL 20 MG CAPSULE	1	QL			
ZIPRASIDONE HCL 40 MG CAPSULE	1	QL			
ZIPRASIDONE HCL 60 MG CAPSULE	1	QL			
ZIPRASIDONE HCL 80 MG CAPSULE	1	QL			
ZIRGAN 0.15% OPHTHALMIC GEL	3				
ZITHROMAX 1 GM POWDER PACKET	3				
ZITHROMAX 100 MG/5 ML SUSP	3				
ZITHROMAX 200 MG/5 ML SUSP	3				
ZITHROMAX 250 MG TABLET	3				
ZITHROMAX 250 MG Z-PAK TABLET	3				
ZITHROMAX 500 MG TABLET	3				
ZITHROMAX TRI-PAK 500 MG TAB	3				
ZOFRAN 4 MG TABLET	3	QL			
ZOHDRO ER 10 MG CAPSULE	3	QL	PA		
ZOHDRO ER 15 MG CAPSULE	3	QL	PA		
ZOHDRO ER 20 MG CAPSULE	3	QL	PA		
ZOHDRO ER 30 MG CAPSULE	3	QL	PA		
ZOHDRO ER 40 MG CAPSULE	3	QL	PA		
ZOHDRO ER 50 MG CAPSULE	3	QL	PA		
ZOKINVY 50 MG CAPSULE	3	QL	PA		SP
ZOKINVY 75 MG CAPSULE	3	QL	PA		SP
ZOLADEX 10.8 MG IMPLANT SYRN	2		PA		SP
ZOLADEX 3.6 MG IMPLANT SYRN	2		PA		SP
ZOLINZA 100 MG CAPSULE	2	QL	PA		SP
ZOLPIDEM TART 1.75 MG TAB SL	1	QL		ST	
ZOLPIDEM TART 3.5 MG TABLET SL	1	QL		ST	
ZOLPIDEM TART ER 12.5 MG TAB	1	QL		ST	
ZOLPIDEM TART ER 6.25 MG TAB	1	QL		ST	
ZOLPIDEM TARTRATE 10 MG TABLET	1	QL		ST	
ZOLPIDEM TARTRATE 5 MG TABLET	1	QL		ST	
ZOLPIMIST 5 MG ORAL SPRAY	3	QL		ST	
ZONALON 5% CREAM	3	QL		ST	

Label Name	Tier	Quantity Limit Required	Prior Authorization Required	Step Therapy Required	Specialty Medication
ZONISAMIDE 100 MG CAPSULE	1				
ZONISAMIDE 25 MG CAPSULE	1				
ZONISAMIDE 50 MG CAPSULE	1				
ZONTIVITY 2.08 MG TABLET	3		PA		
ZORBTIVE 8.8 MG VIAL	3				SP
ZORTRESS 0.25 MG TABLET	3				
ZORTRESS 0.5 MG TABLET	3				
ZORTRESS 0.75 MG TABLET	3				
ZORTRESS 1 MG TABLET	3				
ZORYVE 0.3% CREAM	3	QL	PA		
ZORYVE 0.3% FOAM	3	QL			
ZOVIA 1-35 TABLET	1			1	
ZOVIA 1-35E TABLET	1				
ZOVIRAX 200 MG/5 ML SUSP	3				
ZOVIRAX 5% CREAM	3	QL	PA		
ZTALMY 50 MG/ML SUSPENSION	2		PA		SP
ZTLIDO 1.8% TOPICAL SYSTEM	2		PA		
ZUBSOLV 0.7-0.18 MG TABLET SL	2	QL	PA		
ZUBSOLV 1.4-0.36 MG TABLET SL	2	QL	PA		
ZUBSOLV 11.4-2.9 MG TABLET SL	2	QL	PA		
ZUBSOLV 2.9-0.71 MG TABLET SL	2	QL	PA		
ZUBSOLV 5.7-1.4 MG TABLET SL	2	QL	PA		
ZUBSOLV 8.6-2.1 MG TABLET SL	2	QL	PA		
ZUMANDIMINE 3 MG-0.03 MG TAB	1				
ZURZUVAE 20 MG CAPSULE	2	QL	PA		SP
ZURZUVAE 25 MG CAPSULE	2	QL	PA		SP
ZURZUVAE 30 MG CAPSULE	2	QL	PA		SP
ZYDELIG 100 MG TABLET	2	QL	PA		SP
ZYDELIG 150 MG TABLET	2	QL	PA		SP
ZYKADIA 150 MG TABLET	2	QL	PA		SP
ZYLOPRIM 100 MG TABLET	3				
ZYMAXID 0.5% EYE DROPS	3				
ZYMFENTRA 120 MG/ML PEN KIT	2	QL	PA		SP
ZYMFENTRA 120 MG/ML SYRINGE KT	2	QL	PA		SP
ZYPITAMAG 2 MG TABLET	3	QL		ST	
ZYPITAMAG 4 MG TABLET	3	QL		ST	
ZYPRAM CREAM	3				
ZYPREXA 10 MG TABLET	3	QL			
ZYPREXA 15 MG TABLET	3	QL			
ZYPREXA 2.5 MG TABLET	3	QL			
ZYPREXA 20 MG TABLET	3	QL			
ZYPREXA 5 MG TABLET	3	QL			
ZYPREXA 7.5 MG TABLET	3	QL			
ZYPREXA ZYDIS 10 MG TABLET	3	QL			
ZYPREXA ZYDIS 15 MG TABLET	3	QL			
ZYPREXA ZYDIS 20 MG TABLET	3	QL			
ZYPREXA ZYDIS 5 MG TABLET	3	QL			
ZYVOX 100 MG/5 ML SUSPENSION	3				
ZYVOX 600 MG TABLET	3				