Sentara® Health Plans

# 2025 Sentara Individual & Family Plans®

## (Insured through Individual Policy such as through Marketplace.Virginia.gov)

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| 1ST TIER COMFORTOUCH 28G LANCT | 1 | NO | NO | YES |
| 1ST TIER COMFORTOUCH 30G LANCT | 1 | NO | NO | YES |
| 24H NASAL ALLERGY 55 MCG SPRAY | 1 | NO | NO | NO |
| ABACAVIR 20 MG/ML SOLUTION | 1 | NO | NO | NO |
| ABACAVIR 300 MG TABLET | 1 | NO | NO | NO |
| ABACAVIR-LAMIVUDINE 600-300 MG | 2 | NO | NO | NO |
| ABIGALE 1 MG-0.5 MG TABLET | 2 | NO | NO | NO |
| ABIGALE LO 0.5-0.1 MG TABLET | 2 | NO | NO | NO |
| ABILIFY MAINTENA ER 300 MG SYR | 2 | YES | NO | YES |
| ABILIFY MAINTENA ER 300 MG VL | 2 | YES | NO | YES |
| ABILIFY MAINTENA ER 400 MG SYR | 2 | YES | NO | YES |
| ABILIFY MAINTENA ER 400 MG VL | 2 | YES | NO | YES |
| ABIRATERONE ACETATE 250 MG TAB | 4 | YES | NO | YES |
| ABIRTEGA 250 MG TABLET | 4 | YES | NO | YES |
| ABRYSVO ACT-O-VIAL | ZERO-COST SHARE/PREVENTATIVE | YES | NO | YES |



**Date Revised: 09/24/2025**

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ABRYSVO VIAL WITH DILUENT SYRG | ZERO-COST SHARE/PREVENTATIVE | YES | NO | YES |
| ACAMPROSATE CALC DR 333 MG TAB | 2 | NO | NO | NO |
| ACARBOSE 100 MG TABLET | 1 | NO | NO | NO |
| ACARBOSE 25 MG TABLET | 1 | NO | NO | NO |
| ACARBOSE 50 MG TABLET | 1 | NO | NO | NO |
| ACCU-CHEK FASTCLIX LANCET DRUM | 1 | NO | NO | YES |
| ACCU-CHEK FASTCLIX LANCING DEV | 1 | NO | NO | YES |
| ACCU-CHEK SAFE-T-PRO 23G LANCT | 1 | NO | NO | YES |
| ACCU-CHEK SAFE-T-PRO PLUS 23G | 1 | NO | NO | YES |
| ACCU-CHEK SOFTCLIX LANCET KIT | 1 | NO | NO | YES |
| ACCU-CHEK SOFTCLIX LANCETS | 1 | NO | NO | YES |
| ACEBUTOLOL 200 MG CAPSULE | 1 | NO | NO | NO |
| ACEBUTOLOL 400 MG CAPSULE | 1 | NO | NO | NO |
| ACETAMIN-CODEIN 300-30 MG/12.5 | 1 | NO | YES | NO |
| ACETAMINOP-CODEINE 120-12 MG/5 | 1 | NO | YES | NO |
| ACETAMINOPHEN-COD #2 TABLET | 1 | NO | YES | NO |
| ACETAMINOPHEN-COD #3 TABLET | 1 | NO | YES | NO |
| ACETAMINOPHEN-COD #4 TABLET | 1 | NO | YES | NO |
| ACETAZOLAMIDE 125 MG TABLET | 1 | NO | NO | NO |
| ACETAZOLAMIDE 250 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ACETAZOLAMIDE ER 500 MG CAP | 1 | NO | NO | NO |
| ACETIC ACID 2% EAR SOLUTION | 1 | NO | NO | NO |
| ACETYLCYSTEINE 10% VIAL | 1 | NO | NO | NO |
| ACETYLCYSTEINE 20% VIAL | 1 | NO | NO | NO |
| ACITRETIN 10 MG CAPSULE | 2 | NO | NO | NO |
| ACITRETIN 17.5 MG CAPSULE | 2 | NO | NO | NO |
| ACITRETIN 25 MG CAPSULE | 2 | NO | NO | NO |
| ACNE FOAMING 10% WASH | 1 | NO | NO | NO |
| ACNE MEDICATION 10% GEL | 1 | NO | NO | NO |
| ACNE MEDICATION 5% GEL | 1 | NO | NO | NO |
| ACNE TREATMENT 10% GEL | 1 | NO | NO | NO |
| ACNECLEAR GEL | 1 | NO | NO | NO |
| ACTEMRA 162 MG/0.9 ML SYRINGE | 4 | NO | YES | YES |
| ACTEMRA ACTPEN 162 MG/0.9 ML | 4 | NO | YES | YES |
| ACTHAR 40 UNIT/0.5 ML SELFJECT | 4 | YES | NO | NO |
| ACTHAR 80 UNIT/ML SELFJECT | 4 | YES | NO | NO |
| ACTHAR GEL 400 UNIT/5 ML VIAL | 4 | YES | NO | NO |
| ACTI-LANCE LITE 28G LANCETS | 1 | NO | NO | YES |
| ACTI-LANCE SPECIAL 17G LANCETS | 1 | NO | NO | YES |
| ACTI-LANCE UNIVERS 23G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ACTIMMUNE 100 MCG/0.5 ML VIAL | 4 | YES | NO | NO |
| ACYCLOVIR 200 MG CAPSULE | 1 | NO | NO | NO |
| ACYCLOVIR 200 MG/5 ML SUSP | 1 | NO | NO | NO |
| ACYCLOVIR 200 MG/5 ML SUSP CUP | 1 | NO | NO | NO |
| ACYCLOVIR 400 MG TABLET | 1 | NO | NO | NO |
| ACYCLOVIR 5% OINTMENT | 1 | NO | NO | NO |
| ACYCLOVIR 800 MG TABLET | 1 | NO | NO | NO |
| ACYCLOVIR 800 MG/20ML SUSP CUP | 1 | NO | NO | NO |
| ADALIMUMAB-ADBM(CF) 10 MG SYRG | 4 | YES | NO | YES |
| ADALIMUMAB-ADBM(CF) 20 MG SYRG | 4 | YES | NO | YES |
| ADALIMUMAB-ADBM(CF) 40 MG SYRG | 4 | YES | NO | YES |
| ADALIMUMAB-ADBM(CF) CRHN 40MG | 4 | YES | NO | YES |
| ADALIMUMAB-ADBM(CF) PEN 40 MG | 4 | YES | NO | YES |
| ADALIMUMAB-ADBM(CF) PS-UV 40MG | 4 | YES | NO | YES |
| ADAPALENE 0.1% CREAM | 2 | NO | YES | YES |
| ADAPALENE 0.3% GEL | 2 | NO | YES | YES |
| ADAPALENE-BNZYL PEROX 0.1-2.5% | 2 | NO | NO | NO |
| ADBRY 150 MG/ML SYRINGE | 4 | YES | NO | YES |
| ADBRY 300 MG/2 ML AUTOINJECTOR | 4 | YES | NO | YES |
| ADDYI 100 MG TABLET | 3 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ADEFOVIR DIPIVOXIL 10 MG TAB | 4 | YES | NO | YES |
| ADEMPAS 0.5 MG TABLET | 4 | YES | NO | YES |
| ADEMPAS 1 MG TABLET | 4 | YES | NO | YES |
| ADEMPAS 1.5 MG TABLET | 4 | YES | NO | YES |
| ADEMPAS 2 MG TABLET | 4 | YES | NO | YES |
| ADEMPAS 2.5 MG TABLET | 4 | YES | NO | YES |
| ADJUSTABLE LANCING DEVICE | 1 | NO | NO | YES |
| ADVAIR HFA 115-21 MCG INHALER | 2 | NO | NO | NO |
| ADVAIR HFA 230-21 MCG INHALER | 2 | NO | NO | NO |
| ADVAIR HFA 45-21 MCG INHALER | 2 | NO | NO | NO |
| ADVANCED LANCING DEVICE | 1 | NO | NO | YES |
| ADVANCED TRAVEL 28G LANCETS | 1 | NO | NO | YES |
| ADVANCED TRAVEL 30G LANCETS | 1 | NO | NO | YES |
| ADVOCATE 26G LANCETS | 1 | NO | NO | YES |
| ADVOCATE 30G LANCETS | 1 | NO | NO | YES |
| ADVOCATE INS 0.3 ML 30GX5/16" | 1 | NO | NO | NO |
| ADVOCATE INS 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| ADVOCATE INS SYR 0.3ML 29GX1/2 | 1 | NO | NO | NO |
| ADVOCATE LANCING DEVICE | 1 | NO | NO | YES |
| ADVOCATE RAPID-SAFE LANCING DV | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ADVOCATE SAFETY 21G LANCET | 1 | NO | NO | YES |
| ADVOCATE SAFETY 23G LANCET | 1 | NO | NO | YES |
| ADVOCATE SAFETY 28G LANCET | 1 | NO | NO | YES |
| AEROCHAMBER MECHANICAL VENT | 2 | NO | NO | NO |
| AEROCHAMBER MINI | 2 | NO | NO | NO |
| AEROCHAMBER MV HOLD CHAMBER | 2 | NO | NO | NO |
| AEROCHAMBER PLUS FLOW-VU | 2 | NO | NO | NO |
| AEROCHAMBER PLUS FLOW-VU LARGE | 2 | NO | NO | NO |
| AEROCHAMBER PLUS FLOW-VU MED | 2 | NO | NO | NO |
| AEROCHAMBER PLUS FLOW-VU SMALL | 2 | NO | NO | NO |
| AEROCHAMBER Z-STAT PLUS LARGE | 2 | NO | NO | NO |
| AEROCHAMBER Z-STAT PLUS W-FLOW | 2 | NO | NO | NO |
| AEROCHAMBER Z-STAT PLUS-MED | 2 | NO | NO | NO |
| AEROCHAMBER Z-STAT PLUS-SMALL | 2 | NO | NO | NO |
| AEROCHAMBER2GO | 2 | NO | NO | NO |
| AEROVENT PLUS HOLDING CHAMBER | 2 | NO | NO | NO |
| AFIRMELLE-28 TABLET | 1 | NO | NO | NO |
| AFLURIA 2025-2026 SYR (3YR UP) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AFLURIA 2025-2026 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AFLURIA QUAD 2022-2023 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| AFLURIA QUAD 2022-23 (3YR UP) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AFLURIA QUAD 2023-2024 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AFLURIA QUAD 2023-24 (3YR UP) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AFLURIA TRIVA 2024-25 (3YR UP) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AFLURIA TRIVALENT 2024-25 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AFTER PILL 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AGAMATRIX ULTRA-THIN 33G LANCT | 1 | NO | NO | YES |
| AGAMREE 40 MG/ML SUSPENSION | 3 | YES | NO | YES |
| AIMOVIG 140 MG/ML AUTOINJECTOR | 2 | YES | NO | YES |
| AIMOVIG 70 MG/ML AUTOINJECTOR | 2 | YES | NO | YES |
| AIMSCO LATEX CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AJOVY 225 MG/1.5 ML AUTOINJECT | 3 | YES | NO | YES |
| AJOVY 225 MG/1.5 ML SYRINGE | 3 | YES | NO | YES |
| AKEEGA 100-500 MG TABLET | 4 | YES | NO | YES |
| AKEEGA 50-500 MG TABLET | 4 | YES | NO | YES |
| AK-POLY-BAC EYE OINTMENT | 1 | NO | NO | NO |
| AKYNZEO 300-0.5 MG CAPSULE | 3 | NO | NO | YES |
| ALBENDAZOLE 200 MG TABLET | 2 | NO | NO | YES |
| ALBUTEROL 100 MG/20 ML SOLN | 1 | NO | NO | NO |
| ALBUTEROL 15 MG/3 ML SOLUTION | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ALBUTEROL 2 MG/5 ML SYRUP CUP | 1 | NO | NO | NO |
| ALBUTEROL 2.5 MG/0.5 ML SOL | 1 | NO | NO | NO |
| ALBUTEROL 25 MG/5 ML SOLUTION | 1 | NO | NO | NO |
| ALBUTEROL 5 MG/ML SOLUTION | 1 | NO | NO | NO |
| ALBUTEROL 75 MG/15 ML SOLN | 1 | NO | NO | NO |
| ALBUTEROL 8 MG/20 ML SYRUP CUP | 1 | NO | NO | NO |
| ALBUTEROL SUL 0.63 MG/3 ML SOL | 1 | NO | NO | NO |
| ALBUTEROL SUL 1.25 MG/3 ML SOL | 1 | NO | NO | NO |
| ALBUTEROL SUL 2.5 MG/3 ML SOLN | 1 | NO | NO | NO |
| ALBUTEROL SULF 2 MG/5 ML SYRUP | 1 | NO | NO | NO |
| ALBUTEROL SULFATE 2 MG TAB | 1 | NO | NO | NO |
| ALBUTEROL SULFATE 4 MG TAB | 1 | NO | NO | NO |
| ALCLOMETASONE DIPR 0.05% OINT | 2 | NO | NO | NO |
| ALCLOMETASONE DIPRO 0.05% CRM | 2 | NO | NO | NO |
| ALECENSA 150 MG CAPSULE | 4 | YES | NO | YES |
| ALENDRONATE SODIUM 10 MG TAB | 1 | NO | NO | NO |
| ALENDRONATE SODIUM 35 MG TAB | 1 | NO | NO | NO |
| ALENDRONATE SODIUM 70 MG TAB | 1 | NO | NO | NO |
| ALFERON N 5 MILLION UNITS VIAL | 4 | NO | NO | NO |
| ALFUZOSIN HCL ER 10 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ALHEMO 150 MG/1.5 ML PEN | 4 | YES | NO | NO |
| ALHEMO 300 MG/3 ML PEN | 4 | YES | NO | NO |
| ALHEMO 60 MG/1.5 ML PEN | 4 | YES | NO | NO |
| ALINIA 100 MG/5 ML SUSPENSION | 3 | YES | NO | YES |
| ALISKIREN 150 MG TABLET | 2 | NO | NO | YES |
| ALISKIREN 300 MG TABLET | 2 | NO | NO | YES |
| ALLER-CORT 55 MCG NASAL SPRAY | 1 | NO | NO | NO |
| ALLERGIST SYR 28GX1/2" 0.5 ML | 1 | NO | NO | NO |
| ALLOPURINOL 100 MG TABLET | 1 | NO | NO | NO |
| ALLOPURINOL 300 MG TABLET | 1 | NO | NO | NO |
| ALMOTRIPTAN MALATE 12.5 MG TAB | 2 | NO | NO | YES |
| ALMOTRIPTAN MALATE 6.25 MG TAB | 2 | NO | NO | YES |
| ALOCRIL 2% EYE DROPS | 3 | NO | YES | NO |
| ALOMIDE 0.1% EYE DROP | 3 | NO | NO | NO |
| ALOPHEN PILLS | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| ALOSETRON HCL 0.5 MG TABLET | 2 | YES | NO | YES |
| ALOSETRON HCL 1 MG TABLET | 2 | YES | NO | YES |
| ALPRAZOLAM 0.25 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM 0.5 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM 1 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ALPRAZOLAM 2 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM ER 0.5 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM ER 1 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM ER 2 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM ER 3 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM ODT 0.25 MG TAB | 2 | NO | NO | NO |
| ALPRAZOLAM ODT 0.5 MG TAB | 2 | NO | NO | NO |
| ALPRAZOLAM ODT 1 MG TAB | 2 | NO | NO | NO |
| ALPRAZOLAM ODT 2 MG TAB | 2 | NO | NO | NO |
| ALPRAZOLAM XR 0.5 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM XR 1 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM XR 2 MG TABLET | 1 | NO | NO | NO |
| ALPRAZOLAM XR 3 MG TABLET | 1 | NO | NO | NO |
| ALTABAX 1% OINTMENT | 3 | YES | NO | YES |
| ALTAVERA-28 TABLET | 1 | NO | NO | NO |
| ALTERNATE SITE 26G LANCETS | 1 | NO | NO | YES |
| ALTERNATE SITE LANCING DEVICE | 1 | NO | NO | YES |
| ALUNBRIG 180 MG TABLET | 4 | YES | NO | YES |
| ALUNBRIG 30 MG TABLET | 4 | YES | NO | YES |
| ALUNBRIG 90 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ALUNBRIG 90 MG-180 MG TAB PACK | 4 | YES | NO | YES |
| ALVAIZ 18 MG TABLET | 4 | YES | NO | YES |
| ALVAIZ 36 MG TABLET | 4 | YES | NO | YES |
| ALVAIZ 54 MG TABLET | 4 | YES | NO | YES |
| ALVAIZ 9 MG TABLET | 4 | YES | NO | YES |
| ALVIMOPAN 12 MG CAPSULE | 2 | NO | NO | NO |
| ALYACEN 1-35 28 TABLET | 1 | NO | NO | NO |
| ALYACEN 7-7-7-28 TABLET | 1 | NO | NO | NO |
| ALYFTREK 10-50-125 MG TABLET | 4 | YES | NO | YES |
| ALYFTREK 4-20-50 MG TABLET | 4 | YES | NO | YES |
| ALYQ 20 MG TABLET | 4 | YES | NO | YES |
| AMABELZ 0.5 MG-0.1 MG TABLET | 2 | NO | NO | NO |
| AMABELZ 1 MG-0.5 MG TABLET | 2 | NO | NO | NO |
| AMANTADINE 100 MG CAPSULE | 1 | NO | NO | NO |
| AMANTADINE 100 MG TABLET | 1 | NO | NO | NO |
| AMANTADINE 100 MG/10 ML CUP | 1 | NO | NO | NO |
| AMANTADINE 100 MG/10 ML SOLN | 1 | NO | NO | NO |
| AMANTADINE 50 MG/5 ML SOLUTION | 1 | NO | NO | NO |
| AMBRISENTAN 10 MG TABLET | 4 | YES | NO | YES |
| AMBRISENTAN 5 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| AMETHIA 0.15-0.03-0.01 MG TAB | 1 | NO | NO | NO |
| AMETHYST 90-20 MCG TABLET | 1 | NO | NO | NO |
| AMIKACIN SULF 1 GRAM/4 ML VIAL | 1 | NO | NO | NO |
| AMIKACIN SULF 1,000 MG/4 ML VL | 1 | NO | NO | NO |
| AMIKACIN SULF 500 MG/2 ML VIAL | 1 | NO | NO | NO |
| AMILORIDE HCL 5 MG TABLET | 1 | NO | NO | NO |
| AMILORIDE HCL-HCTZ 5-50 MG TAB | 1 | NO | NO | NO |
| AMINOCAPROIC ACID 0.25 GRAM/ML | 2 | NO | NO | NO |
| AMINOCAPROIC ACID 1,000 MG TAB | 1 | NO | NO | NO |
| AMINOCAPROIC ACID 500 MG TAB | 1 | NO | NO | NO |
| AMIODARONE HCL 100 MG TABLET | 2 | NO | NO | NO |
| AMIODARONE HCL 200 MG TABLET | 1 | NO | NO | NO |
| AMIODARONE HCL 400 MG TABLET | 2 | NO | NO | NO |
| AMITRIPTYLINE HCL 10 MG TAB | 1 | NO | NO | NO |
| AMITRIPTYLINE HCL 100 MG TAB | 1 | NO | NO | NO |
| AMITRIPTYLINE HCL 150 MG TAB | 1 | NO | NO | NO |
| AMITRIPTYLINE HCL 25 MG TAB | 1 | NO | NO | NO |
| AMITRIPTYLINE HCL 50 MG TAB | 1 | NO | NO | NO |
| AMITRIPTYLINE HCL 75 MG TAB | 1 | NO | NO | NO |
| AMLODIPINE BESYLATE 10 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| AMLODIPINE BESYLATE 2.5 MG TAB | 1 | NO | NO | NO |
| AMLODIPINE BESYLATE 5 MG TAB | 1 | NO | NO | NO |
| AMLODIPINE-ATORVAST 10-10 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 10-20 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 10-40 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 10-80 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 2.5-10 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 2.5-20 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 2.5-40 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 5-10 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 5-20 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 5-40 MG | 2 | NO | NO | NO |
| AMLODIPINE-ATORVAST 5-80 MG | 2 | NO | NO | NO |
| AMLODIPINE-BENAZEPRIL 10-20 MG | 1 | NO | NO | NO |
| AMLODIPINE-BENAZEPRIL 10-40 MG | 1 | NO | NO | NO |
| AMLODIPINE-BENAZEPRIL 2.5-10 | 1 | NO | NO | NO |
| AMLODIPINE-BENAZEPRIL 5-10 MG | 1 | NO | NO | NO |
| AMLODIPINE-BENAZEPRIL 5-20 MG | 1 | NO | NO | NO |
| AMLODIPINE-BENAZEPRIL 5-40 MG | 1 | NO | NO | NO |
| AMLODIPINE-OLMESARTAN 10-20 MG | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| AMLODIPINE-OLMESARTAN 10-40 MG | 2 | NO | NO | NO |
| AMLODIPINE-OLMESARTAN 5-20 MG | 2 | NO | NO | NO |
| AMLODIPINE-OLMESARTAN 5-40 MG | 2 | NO | NO | NO |
| AMLODIPINE-VALSARTAN 10-160 MG | 2 | NO | NO | NO |
| AMLODIPINE-VALSARTAN 10-320 MG | 2 | NO | NO | NO |
| AMLODIPINE-VALSARTAN 5-160 MG | 2 | NO | NO | NO |
| AMLODIPINE-VALSARTAN 5-320 MG | 2 | NO | NO | NO |
| AMMONIUM LACTATE 12% CREAM | 1 | NO | NO | NO |
| AMMONIUM LACTATE 12% LOTION | 1 | NO | NO | NO |
| AMNESTEEM 10 MG CAPSULE | 2 | NO | NO | NO |
| AMNESTEEM 20 MG CAPSULE | 2 | NO | NO | NO |
| AMNESTEEM 30 MG CAPSULE | 2 | NO | NO | NO |
| AMNESTEEM 40 MG CAPSULE | 2 | NO | NO | NO |
| AMOXAPINE 100 MG TABLET | 2 | NO | NO | NO |
| AMOXAPINE 150 MG TABLET | 2 | NO | NO | NO |
| AMOXAPINE 25 MG TABLET | 2 | NO | NO | NO |
| AMOXAPINE 50 MG TABLET | 2 | NO | NO | NO |
| AMOX-CLAV 200-28.5 MG TAB CHEW | 1 | NO | NO | NO |
| AMOX-CLAV 200-28.5 MG/5 ML SUS | 1 | NO | NO | NO |
| AMOX-CLAV 250-125 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| AMOX-CLAV 250-62.5 MG/5 ML SUS | 1 | NO | NO | NO |
| AMOX-CLAV 400-57 MG TAB CHEW | 1 | NO | NO | NO |
| AMOX-CLAV 400-57 MG/5 ML SUSP | 1 | NO | NO | NO |
| AMOX-CLAV 500-125 MG TABLET | 1 | NO | NO | NO |
| AMOX-CLAV 600-42.9 MG/5 ML SUS | 1 | NO | NO | NO |
| AMOX-CLAV 875-125 MG TABLET | 1 | NO | NO | NO |
| AMOX-CLAV ER 1,000-62.5 MG TAB | 1 | NO | NO | NO |
| AMOXICILLIN 125 MG TAB CHEW | 1 | NO | NO | NO |
| AMOXICILLIN 125 MG/5 ML SUSP | 1 | NO | NO | NO |
| AMOXICILLIN 200 MG/5 ML SUSP | 1 | NO | NO | NO |
| AMOXICILLIN 250 MG CAPSULE | 1 | NO | NO | NO |
| AMOXICILLIN 250 MG TAB CHEW | 1 | NO | NO | NO |
| AMOXICILLIN 250 MG/5 ML SUSP | 1 | NO | NO | NO |
| AMOXICILLIN 400 MG/5 ML SUSP | 1 | NO | NO | NO |
| AMOXICILLIN 500 MG CAPSULE | 1 | NO | NO | NO |
| AMOXICILLIN 500 MG TABLET | 1 | NO | NO | NO |
| AMOXICILLIN 875 MG TABLET | 1 | NO | NO | NO |
| AMPICILLIN 500 MG CAPSULE | 1 | NO | NO | NO |
| ANAGRELIDE HCL 0.5 MG CAPSULE | 1 | NO | NO | NO |
| ANAGRELIDE HCL 1 MG CAPSULE | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ANASPAZ 0.125 MG TABLET ODT | 1 | NO | NO | NO |
| ANASTROZOLE 1 MG TABLET | 1 | NO | NO | NO |
| ANDEMBRY 200 MG/1.2 ML AUTOINJ | 4 | YES | NO | YES |
| ANORO ELLIPTA 62.5-25 MCG INH | 2 | NO | NO | NO |
| ANUCORT-HC 25 MG SUPPOSITORY | 1 | NO | NO | NO |
| ANZEMET 50 MG TABLET | 3 | NO | NO | NO |
| APIDRA 100 UNIT/ML VIAL | 3 | YES | NO | NO |
| APOMORPHINE 30 MG/3 ML CARTRDG | 4 | YES | NO | YES |
| APRACLONIDINE HCL 0.5% DROPS | 1 | NO | NO | NO |
| APREPITANT 125 MG CAPSULE | 2 | NO | NO | YES |
| APREPITANT 125-80-80 MG PACK | 2 | NO | NO | YES |
| APREPITANT 40 MG CAPSULE | 2 | NO | NO | YES |
| APREPITANT 80 MG CAPSULE | 2 | NO | NO | YES |
| APRETUDE ER 600 MG/3 ML VIAL | 4 | NO | YES | YES |
| APRI 28 DAY TABLET | 1 | NO | NO | NO |
| APTIVUS 250 MG CAPSULE | 4 | NO | NO | NO |
| AQNEURSA 1 GRAM GRANULE PACKET | 4 | YES | NO | YES |
| AQUA CARE 0.9% NACL IRRIGATION | 1 | NO | NO | NO |
| AQUA LANCE LANCING DEVICE | 1 | NO | NO | YES |
| ARANELLE 28 TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ARANESP 10 MCG/0.4 ML SYRINGE | 4 | YES | NO | NO |
| ARANESP 100 MCG/0.5 ML SYRINGE | 4 | YES | NO | NO |
| ARANESP 100 MCG/ML VIAL | 4 | YES | NO | NO |
| ARANESP 150 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| ARANESP 200 MCG/0.4 ML SYRINGE | 4 | YES | NO | NO |
| ARANESP 200 MCG/ML VIAL | 4 | YES | NO | NO |
| ARANESP 25 MCG/0.42 ML SYRING | 4 | YES | NO | NO |
| ARANESP 25 MCG/ML VIAL | 4 | YES | NO | NO |
| ARANESP 300 MCG/0.6 ML SYRINGE | 4 | YES | NO | NO |
| ARANESP 40 MCG/0.4 ML SYRINGE | 4 | YES | NO | NO |
| ARANESP 40 MCG/ML VIAL | 4 | YES | NO | NO |
| ARANESP 500 MCG/1 ML SYRINGE | 4 | YES | NO | NO |
| ARANESP 60 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| ARANESP 60 MCG/ML VIAL | 4 | YES | NO | NO |
| ARCALYST 220 MG VIAL | 4 | YES | NO | YES |
| AREXVY VIAL KIT | ZERO-COST SHARE/PREVENTATIVE | YES | NO | YES |
| ARIKAYCE 590 MG/8.4 ML VIAL | 4 | YES | NO | YES |
| ARIPIPRAZOLE 10 MG TABLET | 1 | YES | NO | YES |
| ARIPIPRAZOLE 15 MG TABLET | 1 | YES | NO | YES |
| ARIPIPRAZOLE 2 MG TABLET | 1 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ARIPIPRAZOLE 20 MG TABLET | 1 | YES | NO | YES |
| ARIPIPRAZOLE 30 MG TABLET | 1 | YES | NO | YES |
| ARIPIPRAZOLE 5 MG TABLET | 1 | YES | NO | YES |
| ARISTADA ER 1064 MG/3.9 ML SYR | 2 | YES | NO | YES |
| ARISTADA ER 441 MG/1.6 ML SYRN | 2 | YES | NO | YES |
| ARISTADA ER 662 MG/2.4 ML SYRN | 2 | YES | NO | YES |
| ARISTADA ER 882 MG/3.2 ML SYRN | 2 | YES | NO | YES |
| ARISTADA INITIO ER 675 MG/2.4 | 2 | YES | NO | YES |
| ARMODAFINIL 150 MG TABLET | 2 | NO | NO | YES |
| ARMODAFINIL 200 MG TABLET | 2 | NO | NO | YES |
| ARMODAFINIL 250 MG TABLET | 2 | NO | NO | YES |
| ARMODAFINIL 50 MG TABLET | 2 | NO | NO | YES |
| ARNUITY ELLIPTA 100 MCG INH | 2 | NO | NO | NO |
| ARNUITY ELLIPTA 200 MCG INH | 2 | NO | NO | NO |
| ARNUITY ELLIPTA 50 MCG INH | 2 | NO | NO | NO |
| ASA-BUTALB-CAFF-COD #3 CAPSULE | 1 | NO | YES | NO |
| ASCOMP WITH CODEINE CAPSULE | 1 | NO | YES | NO |
| ASENAPINE 10 MG TABLET SL | 2 | YES | YES | YES |
| ASENAPINE 2.5 MG TABLET SL | 2 | YES | YES | YES |
| ASENAPINE 5 MG TABLET SL | 2 | YES | YES | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ASHLYNA 0.15-0.03-0.01 MG TAB | 1 | NO | NO | NO |
| ASMANEX HFA 100 MCG INHALER | 2 | NO | NO | NO |
| ASMANEX HFA 200 MCG INHALER | 2 | NO | NO | NO |
| ASMANEX HFA 50 MCG INHALER | 2 | NO | NO | NO |
| ASMANEX TWISTHALER 110 MCG #30 | 2 | NO | NO | NO |
| ASMANEX TWISTHALER 220 MCG #14 | 2 | NO | NO | NO |
| ASMANEX TWISTHALER 220 MCG #30 | 2 | NO | NO | NO |
| ASMANEX TWISTHALER 220 MCG #60 | 2 | NO | NO | NO |
| ASMANEX TWISTHALR 220 MCG #120 | 2 | NO | NO | NO |
| ASPIRIN 81 MG CHEWABLE TABLET | 1 | NO | NO | NO |
| ASPIRIN EC 81 MG TABLET | 1 | NO | NO | NO |
| ASSURE COMFORT 28G LANCETS | 1 | NO | NO | YES |
| ASSURE COMFORT 30G LANCETS | 1 | NO | NO | YES |
| ASSURE HAEMOLANCE PLUS 18G | 1 | NO | NO | YES |
| ASSURE HAEMOLANCE PLUS 21G | 1 | NO | NO | YES |
| ASSURE HAEMOLANCE PLUS 25G | 1 | NO | NO | YES |
| ASSURE HAEMOLANCE PLUS 28G | 1 | NO | NO | YES |
| ASSURE HAEMOLANCE PLUS BLADE | 1 | NO | NO | NO |
| ASSURE LANCE 25G LANCETS | 1 | NO | NO | YES |
| ASSURE LANCE 28G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ASSURE LANCE 28G SAFETY LANCET | 1 | NO | NO | YES |
| ASSURE LANCE PLUS 21G LANCETS | 1 | NO | NO | YES |
| ASSURE LANCE PLUS 25G LANCETS | 1 | NO | NO | YES |
| ASSURE LANCE PLUS 30G LANCETS | 1 | NO | NO | YES |
| ATAZANAVIR SULFATE 150 MG CAP | 2 | NO | NO | NO |
| ATAZANAVIR SULFATE 200 MG CAP | 2 | NO | NO | NO |
| ATAZANAVIR SULFATE 300 MG CAP | 2 | NO | NO | NO |
| ATENOLOL 100 MG TABLET | 1 | NO | NO | NO |
| ATENOLOL 25 MG TABLET | 1 | NO | NO | NO |
| ATENOLOL 50 MG TABLET | 1 | NO | NO | NO |
| ATENOLOL-CHLORTHALIDONE 100-25 | 1 | NO | NO | NO |
| ATENOLOL-CHLORTHALIDONE 50-25 | 1 | NO | NO | NO |
| ATOMOXETINE HCL 10 MG CAPSULE | 1 | NO | NO | YES |
| ATOMOXETINE HCL 100 MG CAPSULE | 1 | NO | NO | YES |
| ATOMOXETINE HCL 18 MG CAPSULE | 1 | NO | NO | YES |
| ATOMOXETINE HCL 25 MG CAPSULE | 1 | NO | NO | YES |
| ATOMOXETINE HCL 40 MG CAPSULE | 1 | NO | NO | YES |
| ATOMOXETINE HCL 60 MG CAPSULE | 1 | NO | NO | YES |
| ATOMOXETINE HCL 80 MG CAPSULE | 1 | NO | NO | YES |
| ATORVASTATIN 10 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ATORVASTATIN 20 MG TABLET | 1 | NO | NO | NO |
| ATORVASTATIN 40 MG TABLET | 1 | NO | NO | NO |
| ATORVASTATIN 80 MG TABLET | 1 | NO | NO | NO |
| ATOVAQUONE 1,500 MG/10 ML CUP | 2 | NO | NO | NO |
| ATOVAQUONE 750 MG/5 ML SUSP | 2 | NO | NO | NO |
| ATOVAQUONE 750 MG/5ML SUSP CUP | 2 | NO | NO | NO |
| ATOVAQUONE-PROGUANIL 250-100 | 2 | NO | NO | NO |
| ATOVAQUONE-PROGUANIL 62.5-25 | 2 | NO | NO | NO |
| ATRACURIUM 100 MG/10 ML VIAL | 4 | NO | NO | NO |
| ATRACURIUM 50 MG/5 ML VIAL | 4 | NO | NO | NO |
| ATROPINE 1% EYE DROP | 2 | NO | NO | NO |
| ATROPINE 1% EYE DROPS | 2 | NO | NO | NO |
| ATROPINE 1% EYE OINTMENT | 2 | NO | NO | NO |
| ATROVENT 17 MCG HFA INHALER | 3 | NO | NO | NO |
| ATTRUBY 356 MG TABLET | 4 | YES | NO | YES |
| AUBRA EQ-28 TABLET | 1 | NO | NO | NO |
| AUBRA-28 TABLET | 1 | NO | NO | NO |
| AUDENZ 5 ML VIAL (STOCKPILE) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AUDENZ SYRINGE (STOCKPILE) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| AUGTYRO 160 MG CAPSULE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| AUGTYRO 40 MG CAPSULE | 4 | YES | NO | YES |
| AUROVELA 1 MG-20 MCG TABLET | 1 | NO | NO | NO |
| AUROVELA 21 1.5-30 TABLET | 1 | NO | NO | NO |
| AUROVELA 24 FE 1 MG-20 MCG TAB | 1 | NO | NO | NO |
| AUROVELA FE 1.5 MG-30 MCG TAB | 1 | NO | NO | NO |
| AUROVELA FE 1-20 TABLET | 1 | NO | NO | NO |
| AUSTEDO 12 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO 6 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO 9 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR 12 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR 18 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR 24 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR 30 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR 36 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR 42 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR 48 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR 6 MG TABLET | 2 | YES | NO | YES |
| AUSTEDO XR TITR KT(6-12-24 MG) | 2 | YES | NO | YES |
| AUSTEDO XR TITR(12-18-24-30MG) | 2 | YES | NO | YES |
| AUTO-LANCET MINI LANCING DEV | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| AUTOLET IMPRESS LANCING DEVICE | 1 | NO | NO | YES |
| AUTOLET LANCING DEVICE | 1 | NO | NO | YES |
| AUTOLET LITE LANCING DEVICE | 1 | NO | NO | YES |
| AUTOLET PLUS LANCING DEVICE | 1 | NO | NO | YES |
| AUVI-Q 0.1 MG AUTO-INJECTOR | 3 | YES | NO | NO |
| AVIANE-28 TABLET | 1 | NO | NO | NO |
| AVIDOXY 100 MG TABLET | 1 | NO | NO | NO |
| AVITA 0.025% CREAM | 1 | NO | YES | YES |
| AVMAPKI-FAKZYNJA CO-PACK | 4 | YES | NO | YES |
| AVONEX 30 MCG/0.5 ML SYR (4PK) | 4 | NO | YES | NO |
| AVONEX 30 MCG/0.5 ML SYRINGE | 4 | NO | YES | NO |
| AVONEX PEN 30 MCG/0.5 ML (4PK) | 4 | NO | YES | NO |
| AYUNA-28 TABLET | 1 | NO | NO | NO |
| AYVAKIT 100 MG TABLET | 4 | YES | NO | YES |
| AYVAKIT 200 MG TABLET | 4 | YES | NO | YES |
| AYVAKIT 25 MG TABLET | 4 | YES | NO | YES |
| AYVAKIT 300 MG TABLET | 4 | YES | NO | YES |
| AYVAKIT 50 MG TABLET | 4 | YES | NO | YES |
| AZATHIOPRINE 50 MG TABLET | 1 | NO | NO | NO |
| AZELAIC ACID 15% GEL | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| AZELASTINE 0.1% (137 MCG) SPRY | 1 | NO | NO | NO |
| AZELASTINE 0.15% NASAL SPRAY | 1 | NO | NO | NO |
| AZELASTINE HCL 0.05% DROPS | 1 | NO | NO | NO |
| AZITHROMYCIN 1 GM PWD PACKET | 1 | NO | NO | NO |
| AZITHROMYCIN 100 MG/5 ML SUSP | 1 | NO | NO | NO |
| AZITHROMYCIN 200 MG/5 ML SUSP | 1 | NO | NO | NO |
| AZITHROMYCIN 250 MG TABLET | 1 | NO | NO | NO |
| AZITHROMYCIN 500 MG TABLET | 1 | NO | NO | NO |
| AZITHROMYCIN 600 MG TABLET | 1 | NO | NO | NO |
| AZURETTE 28 DAY TABLET | 1 | NO | NO | NO |
| B COMPLEX NUMBER 1 TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| BACITRACIN 500 UNIT/GM OPHTH | 2 | NO | NO | NO |
| BACITRACIN-POLYMYXIN EYE OINT | 1 | NO | NO | NO |
| BACLOFEN 10 MG TABLET | 1 | NO | NO | NO |
| BACLOFEN 20 MG TABLET | 1 | NO | NO | NO |
| BACLOFEN 5 MG TABLET | 2 | NO | NO | YES |
| BAFIERTAM DR 95 MG CAPSULE | 4 | NO | YES | YES |
| BALANCE B-100 TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| BALANCE B-50 TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| BALANCED B-COMPLEX CAPLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BAL-CARE DHA COMBO PACK | 1 | NO | NO | NO |
| BALSALAZIDE DISODIUM 750 MG CP | 1 | NO | NO | NO |
| BALVERSA 3 MG TABLET | 4 | YES | NO | YES |
| BALVERSA 4 MG TABLET | 4 | YES | NO | YES |
| BALVERSA 5 MG TABLET | 4 | YES | NO | YES |
| BALZIVA 28 TABLET | 1 | NO | NO | NO |
| BAQSIMI 3 MG SPRAY ONE PACK | 2 | NO | NO | NO |
| BAQSIMI 3 MG SPRAY TWO PACK | 2 | NO | NO | NO |
| BARACLUDE 0.05 MG/ML SOLUTION | 4 | NO | NO | YES |
| BAYER LOW DOSE EC 81 MG TAB | 1 | NO | NO | NO |
| B-COMPLEX PLUS VITAMIN C CPLT | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| B-COMPLEX TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| B-COMPLEX WITH VIT C CAPLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| B-COMPLEX WITH VIT C TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| BD BLUNT NEEDLE 18GX1-1/2" | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 18G 40MM | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 18GX1 1/2" | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 21GX1" | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 22GX1" | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 23G 25MM | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BD ECLIPSE NEEDLE 23GX1" | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 25G 16MM | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 25G 25MM | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 25G 40MM | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 25GX1" | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 25GX1.5" | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLE 30G 13MM | 1 | NO | NO | NO |
| BD ECLIPSE NEEDLES 21GX1.5" | 1 | NO | NO | NO |
| BD INS SYR 0.3 ML 8MMX31G(1/2) | 1 | NO | NO | NO |
| BD INS SYR UF 0.3ML 12.7MMX30G | 1 | NO | NO | NO |
| BD INS SYRNG 0.3 ML 29GX12.7MM | 1 | NO | NO | NO |
| BD INS SYRNG UF 0.3 ML 8MMX31G | 1 | NO | NO | NO |
| BD INTEGRA NEEDLE 25G X 5/8" | 1 | NO | NO | NO |
| BD INTEGRA RETRA NEEDLE 23GX1" | 1 | NO | NO | NO |
| BD MICROTAINER 21G LANCETS | 1 | NO | NO | YES |
| BD MICROTAINER 30G LANCETS | 1 | NO | NO | YES |
| BD MICROTAINER LANCETS | 1 | NO | NO | NO |
| BD NEEDLE 18GX1 1/2" | 1 | NO | NO | NO |
| BD NEEDLE 19GX1 1/2" | 1 | NO | NO | NO |
| BD NEEDLE 20GX1 1/2" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BD NEEDLE 21GX1 1/2" | 1 | NO | NO | NO |
| BD NEEDLE 21GX1" | 1 | NO | NO | NO |
| BD NEEDLE 22GX1 1/2" | 1 | NO | NO | NO |
| BD NEEDLE 22GX3/4" | 1 | NO | NO | NO |
| BD NEEDLE 23GX1 1/2" | 1 | NO | NO | NO |
| BD NEEDLE 23GX1" | 1 | NO | NO | NO |
| BD NEEDLE 25GX1" | 1 | NO | NO | NO |
| BD NEEDLE 25GX5/8" | 1 | NO | NO | NO |
| BD NEEDLE 26GX0.625" | 1 | NO | NO | NO |
| BD NEEDLES 16GX1" | 1 | NO | NO | NO |
| BD NEEDLES 16GX1.5" | 1 | NO | NO | NO |
| BD NEEDLES 18GX1" | 1 | NO | NO | NO |
| BD NEEDLES 18GX1.5" | 1 | NO | NO | NO |
| BD NEEDLES 19GX1" | 1 | NO | NO | NO |
| BD NEEDLES 19GX1.5" | 1 | NO | NO | NO |
| BD NEEDLES 20GX1" | 1 | NO | NO | NO |
| BD NEEDLES 20GX1.5" | 1 | NO | NO | NO |
| BD NEEDLES 21GX1" | 1 | NO | NO | NO |
| BD NEEDLES 21GX1.5" | 1 | NO | NO | NO |
| BD NEEDLES 21GX2" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BD NEEDLES 22GX1" | 1 | NO | NO | NO |
| BD NEEDLES 22GX1.5" | 1 | NO | NO | NO |
| BD NEEDLES 23GX0.75" | 1 | NO | NO | NO |
| BD NEEDLES 23GX1.25" | 1 | NO | NO | NO |
| BD NEEDLES 25GX0.625" | 1 | NO | NO | NO |
| BD NEEDLES 25GX0.875" | 1 | NO | NO | NO |
| BD NEEDLES 25GX1.5" | 1 | NO | NO | NO |
| BD NEEDLES 26GX0.375" | 1 | NO | NO | NO |
| BD NEEDLES 26GX0.5" | 1 | NO | NO | NO |
| BD NEEDLES 27GX0.5" | 1 | NO | NO | NO |
| BD NEEDLES 27GX1X1.25" | 1 | NO | NO | NO |
| BD NEEDLES 30GX0.5" | 1 | NO | NO | NO |
| BD NEEDLES 30GX1" | 1 | NO | NO | NO |
| BD PRECISIONGLI 27GX1-1/2" NDL | 1 | NO | NO | NO |
| BD PRECISIONGLIDE NDL 27G 3/8" | 1 | NO | NO | NO |
| BD PRECISIONGLIDE NEEDLE 25G | 1 | NO | NO | NO |
| BD QUINCKE SPNL NDL 20GX1 1/4" | 1 | NO | NO | NO |
| BD QUINCKE SPNL NDL 20GX2 1/2" | 1 | NO | NO | NO |
| BD SAFETYGLIDE NEEDLE | 1 | NO | NO | NO |
| BD SAFETYGLIDE NEEDLE 18GX1.5" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BD SAFETYGLIDE NEEDLE 21GX1" | 1 | NO | NO | NO |
| BD SAFETYGLIDE NEEDLE 21GX1.5" | 1 | NO | NO | NO |
| BD SAFETYGLIDE NEEDLE 22GX1.5" | 1 | NO | NO | NO |
| BD SAFETYGLIDE NEEDLE 23G 40MM | 1 | NO | NO | NO |
| BD SAFETYGLIDE NEEDLE 25GX1" | 1 | NO | NO | NO |
| BD SAFETYGLIDE NEEDLE 27GX5/8" | 1 | NO | NO | NO |
| BD VEO INS 0.3ML 6MMX31G (1/2) | 1 | NO | NO | NO |
| BD VEO INS SYRN 0.3 ML 6MMX31G | 1 | NO | NO | NO |
| BELBUCA 150 MCG FILM | 3 | YES | NO | YES |
| BELBUCA 300 MCG FILM | 3 | YES | NO | YES |
| BELBUCA 450 MCG FILM | 3 | YES | NO | YES |
| BELBUCA 600 MCG FILM | 3 | YES | NO | YES |
| BELBUCA 75 MCG FILM | 3 | YES | NO | YES |
| BELBUCA 750 MCG FILM | 3 | YES | NO | YES |
| BELBUCA 900 MCG FILM | 3 | YES | NO | YES |
| BENAZEPRIL HCL 10 MG TABLET | 1 | NO | NO | NO |
| BENAZEPRIL HCL 20 MG TABLET | 1 | NO | NO | NO |
| BENAZEPRIL HCL 40 MG TABLET | 1 | NO | NO | NO |
| BENAZEPRIL HCL 5 MG TABLET | 1 | NO | NO | NO |
| BENAZEPRIL-HCTZ 10-12.5 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BENAZEPRIL-HCTZ 20-12.5 MG TAB | 1 | NO | NO | NO |
| BENAZEPRIL-HCTZ 20-25 MG TAB | 1 | NO | NO | NO |
| BENAZEPRIL-HCTZ 5-6.25 MG TAB | 1 | NO | NO | NO |
| BENLYSTA 200 MG/ML AUTOINJECT | 4 | YES | NO | YES |
| BENLYSTA 200 MG/ML SYRINGE | 4 | YES | NO | YES |
| BENZNIDAZOLE 100 MG TABLET | 3 | YES | NO | NO |
| BENZNIDAZOLE 12.5 MG TABLET | 3 | YES | NO | NO |
| BENZONATATE 100 MG CAPSULE | 1 | NO | NO | NO |
| BENZONATATE 150 MG CAPSULE | 2 | NO | NO | NO |
| BENZONATATE 200 MG CAPSULE | 1 | NO | NO | NO |
| BENZONATATE PERLE 100 MG CAP | 1 | NO | NO | NO |
| BENZOYL PEROXIDE 10% GEL | 1 | NO | NO | NO |
| BENZOYL PEROXIDE 10% WASH | 1 | NO | NO | NO |
| BENZOYL PEROXIDE 5% GEL | 1 | NO | NO | NO |
| BENZTROPINE MES 0.5 MG TAB | 1 | NO | NO | NO |
| BENZTROPINE MES 1 MG TABLET | 1 | NO | NO | NO |
| BENZTROPINE MES 2 MG TABLET | 1 | NO | NO | NO |
| BEPOTASTINE 1.5% EYE DROP | 2 | NO | YES | NO |
| BESREMI 500 MCG/ML SYRINGE | 4 | YES | NO | YES |
| BETADINE 5% EYE SOLUTION | 3 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BETAINE 1 GRAM/SCOOP POWDER | 4 | NO | NO | NO |
| BETAMETHASONE DP 0.05% CRM | 2 | NO | NO | NO |
| BETAMETHASONE DP 0.05% LOT | 2 | NO | NO | NO |
| BETAMETHASONE DP 0.05% OINT | 2 | NO | NO | NO |
| BETAMETHASONE DP AUG 0.05% CRM | 1 | NO | NO | NO |
| BETAMETHASONE DP AUG 0.05% OIN | 2 | NO | NO | NO |
| BETAMETHASONE VA 0.1% CREAM | 2 | NO | NO | NO |
| BETAMETHASONE VA 0.1% LOTION | 2 | NO | NO | NO |
| BETAMETHASONE VALER 0.1% OINTM | 2 | NO | NO | NO |
| BETASERON 0.3 MG KIT | 4 | NO | YES | NO |
| BETAXOLOL 10 MG TABLET | 1 | NO | NO | NO |
| BETAXOLOL 20 MG TABLET | 1 | NO | NO | NO |
| BETAXOLOL HCL 0.5% EYE DROP | 2 | NO | NO | NO |
| BETHANECHOL 10 MG TABLET | 1 | NO | NO | NO |
| BETHANECHOL 25 MG TABLET | 1 | NO | NO | NO |
| BETHANECHOL 5 MG TABLET | 1 | NO | NO | NO |
| BETHANECHOL 50 MG TABLET | 1 | NO | NO | NO |
| BEXAROTENE 1% GEL | 4 | YES | NO | NO |
| BEXAROTENE 75 MG CAPSULE | 4 | YES | NO | NO |
| BICALUTAMIDE 50 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BIJUVA 0.5 MG-100 MG CAPSULE | 3 | NO | NO | YES |
| BIJUVA 1 MG-100 MG CAPSULE | 3 | NO | NO | YES |
| BIKTARVY 30-120-15 MG TABLET | 4 | NO | NO | NO |
| BIKTARVY 50-200-25 MG TABLET | 4 | NO | NO | NO |
| BIMATOPROST 0.03% EYE DROPS | 2 | NO | NO | NO |
| BIMZELX 160 MG/ML AUTOINJECTOR | 4 | NO | YES | YES |
| BIMZELX 160 MG/ML SYRINGE | 4 | NO | YES | YES |
| BIMZELX 320 MG/2 ML AUTOINJECT | 4 | NO | YES | YES |
| BIMZELX 320 MG/2 ML SYRINGE | 4 | NO | YES | YES |
| BISACODYL EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| BISOPROLOL FUMARATE 10 MG TAB | 1 | NO | NO | NO |
| BISOPROLOL FUMARATE 5 MG TAB | 1 | NO | NO | NO |
| BISOPROLOL-HCTZ 10-6.25 MG TAB | 1 | NO | NO | NO |
| BISOPROLOL-HCTZ 2.5-6.25 MG TB | 1 | NO | NO | NO |
| BISOPROLOL-HCTZ 5-6.25 MG TAB | 1 | NO | NO | NO |
| BLISOVI 24 FE TABLET | 1 | NO | NO | NO |
| BLISOVI FE 1.5-30 TABLET | 1 | NO | NO | NO |
| BLISOVI FE 1-20 TABLET | 1 | NO | NO | NO |
| BLOOD LANCETS 30G | 1 | NO | NO | YES |
| BLULINK BG SYSTEM REFILL | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BOSENTAN 125 MG TABLET | 4 | YES | NO | YES |
| BOSENTAN 32 MG TABLET FOR SUSP | 4 | YES | NO | YES |
| BOSENTAN 62.5 MG TABLET | 4 | YES | NO | YES |
| BOSULIF 100 MG CAPSULE | 4 | YES | NO | YES |
| BOSULIF 100 MG TABLET | 4 | YES | NO | YES |
| BOSULIF 400 MG TABLET | 4 | YES | NO | YES |
| BOSULIF 50 MG CAPSULE | 4 | YES | NO | YES |
| BOSULIF 500 MG TABLET | 4 | YES | NO | YES |
| BOTOX 100 UNIT VIAL | 4 | YES | NO | YES |
| BOTOX 200 UNIT VIAL | 4 | YES | NO | YES |
| BP 10% GEL | 1 | NO | NO | NO |
| BP 5% GEL | 1 | NO | NO | NO |
| BP WASH 10% LIQUID | 1 | NO | NO | NO |
| BRAFTOVI 75 MG CAPSULE | 4 | YES | NO | YES |
| BREO ELLIPTA 100-25 MCG INHALR | 2 | NO | NO | NO |
| BREO ELLIPTA 200-25 MCG INHALR | 2 | NO | NO | NO |
| BREO ELLIPTA 50-25 MCG INHALER | 2 | NO | NO | NO |
| BREXAFEMME 150 MG TABLET | 3 | YES | NO | NO |
| BREYNA 160-4.5 MCG INHALER | 2 | NO | NO | NO |
| BREYNA 80-4.5 MCG INHALER | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BRIELLYN TABLET | 1 | NO | NO | NO |
| BRIMONIDINE 0.2% EYE DROP | 1 | NO | NO | NO |
| BRIMONIDINE 0.33% GEL PUMP | 2 | YES | NO | YES |
| BRIMONIDINE TARTRATE 0.15% DRP | 2 | NO | NO | NO |
| BRIMONIDINE-TIMOLOL 0.2%-0.5% | 2 | NO | NO | NO |
| BRINZOLAMIDE 1% EYE DROPS | 2 | NO | NO | NO |
| BRIVIACT 10 MG TABLET | 3 | YES | NO | YES |
| BRIVIACT 10 MG/ML ORAL SOLN | 3 | YES | NO | YES |
| BRIVIACT 100 MG TABLET | 3 | YES | NO | YES |
| BRIVIACT 25 MG TABLET | 3 | YES | NO | YES |
| BRIVIACT 50 MG TABLET | 3 | YES | NO | YES |
| BRIVIACT 75 MG TABLET | 3 | YES | NO | YES |
| BRIXADI MONTH 128MG/0.36ML SYR | 4 | YES | NO | YES |
| BRIXADI MONTH 64 MG/0.18ML SYR | 4 | YES | NO | YES |
| BRIXADI MONTH 96 MG/0.27ML SYR | 4 | YES | NO | YES |
| BRIXADI WEEKLY 16MG/0.32ML SYR | 4 | YES | NO | YES |
| BRIXADI WEEKLY 24MG/0.48ML SYR | 4 | YES | NO | YES |
| BRIXADI WEEKLY 32MG/0.64ML SYR | 4 | YES | NO | YES |
| BRIXADI WEEKLY 8 MG/0.16ML SYR | 4 | YES | NO | YES |
| BROMFENAC SODIUM 0.09% EYE DRP | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BROMOCRIPTINE 2.5 MG TABLET | 1 | NO | NO | NO |
| BROMOCRIPTINE 5 MG CAPSULE | 1 | NO | NO | NO |
| BRONCHITOL 40 MG INHALE CAP | 4 | YES | NO | YES |
| BROOKS INSULIN 0.3ML SYRN | 1 | NO | NO | NO |
| BRUKINSA 80 MG CAPSULE | 4 | YES | NO | YES |
| BUDESONIDE 0.25 MG/2 ML SUSP | 1 | NO | NO | NO |
| BUDESONIDE 0.5 MG/2 ML SUSP | 1 | NO | NO | NO |
| BUDESONIDE 1 MG/2 ML INH SUSP | 1 | NO | NO | NO |
| BUDESONIDE 2 MG RECTAL FOAM | 2 | NO | NO | NO |
| BUDESONIDE 32 MCG NASAL SPRAY | 1 | NO | NO | NO |
| BUDESONIDE DR 3 MG CAPSULE | 1 | NO | NO | NO |
| BUDESONIDE EC 3 MG CAPSULE | 1 | NO | NO | NO |
| BUDESONIDE ER 9 MG TABLET | 2 | YES | NO | NO |
| BUDESONIDE-FORMOTEROL 160-4.5 | 2 | NO | NO | NO |
| BUDESONIDE-FORMOTEROL 80-4.5 | 2 | NO | NO | NO |
| BULLSEYE MINI SAFETY 21G | 1 | NO | NO | YES |
| BULLSEYE MINI SAFETY 25G LANCT | 1 | NO | NO | YES |
| BULLSEYE MINI SAFETY 28G LANCT | 1 | NO | NO | YES |
| BUMETANIDE 0.5 MG TABLET | 1 | NO | NO | NO |
| BUMETANIDE 1 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BUMETANIDE 2 MG TABLET | 1 | NO | NO | NO |
| BUPRENORPHINE 10 MCG/HR PATCH | 2 | YES | NO | YES |
| BUPRENORPHINE 15 MCG/HR PATCH | 2 | YES | NO | YES |
| BUPRENORPHINE 2 MG TABLET SL | 1 | NO | NO | YES |
| BUPRENORPHINE 20 MCG/HR PATCH | 2 | YES | NO | YES |
| BUPRENORPHINE 5 MCG/HR PATCH | 2 | YES | NO | YES |
| BUPRENORPHINE 7.5 MCG/HR PATCH | 2 | YES | NO | YES |
| BUPRENORPHINE 8 MG TABLET SL | 1 | NO | NO | YES |
| BUPRENORPHINE-NALOX 12-3MG FLM | 2 | NO | NO | YES |
| BUPRENORPHINE-NALOX 2-0.5MG FM | 2 | NO | NO | YES |
| BUPRENORPHINE-NALOX 2-0.5MG TB | 1 | NO | NO | YES |
| BUPRENORPHINE-NALOX 4-1MG FILM | 2 | NO | NO | YES |
| BUPRENORPHINE-NALOX 8-2 MG TAB | 1 | NO | NO | YES |
| BUPRENORPHINE-NALOX 8-2MG FILM | 2 | NO | NO | YES |
| BUPROPION HCL 100 MG TABLET | 1 | NO | NO | YES |
| BUPROPION HCL 75 MG TABLET | 1 | NO | NO | YES |
| BUPROPION HCL SR 100 MG TABLET | 1 | NO | NO | YES |
| BUPROPION HCL SR 150 MG TABLET | 1 | NO | NO | YES |
| BUPROPION HCL SR 200 MG TABLET | 1 | NO | NO | YES |
| BUPROPION HCL XL 150 MG TABLET | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| BUPROPION HCL XL 300 MG TABLET | 1 | NO | NO | YES |
| BUSPIRONE HCL 10 MG TABLET | 1 | NO | NO | NO |
| BUSPIRONE HCL 15 MG TABLET | 1 | NO | NO | NO |
| BUSPIRONE HCL 30 MG TABLET | 1 | NO | NO | NO |
| BUSPIRONE HCL 5 MG TABLET | 1 | NO | NO | NO |
| BUSPIRONE HCL 7.5 MG TABLET | 1 | NO | NO | NO |
| BUTALB-ACETAMIN-CAF-COD 50-325 | 1 | NO | YES | NO |
| BUTALB-ACETAMIN-CAFF 50-325-40 | 1 | NO | NO | YES |
| BUTALBITAL COMP-CODEINE #3 CAP | 1 | NO | YES | NO |
| BUTALBITAL-ACETAMINOPHN 50-325 | 1 | NO | NO | YES |
| BUTORPHANOL 10 MG/ML SPRAY | 1 | YES | NO | NO |
| BUTTERFLY TOUCH 30-36G LANCET | 1 | NO | NO | YES |
| BYLVAY 1,200 MCG CAPSULE | 4 | YES | NO | YES |
| BYLVAY 200 MCG PELLET | 4 | YES | NO | YES |
| BYLVAY 400 MCG CAPSULE | 4 | YES | NO | YES |
| BYLVAY 600 MCG PELLET | 4 | YES | NO | YES |
| CA INS SYR 0.3 ML 30GX5/16" | 1 | NO | NO | NO |
| CA INS SYR 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| CA INSULIN SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| CABENUVA ER 400 MG-600 MG SUSP | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CABENUVA ER 600 MG-900 MG SUSP | 4 | YES | NO | YES |
| CABERGOLINE 0.5 MG TABLET | 1 | NO | NO | NO |
| CABLIVI 11 MG KIT | 4 | YES | NO | YES |
| CABOMETYX 20 MG TABLET | 4 | YES | NO | YES |
| CABOMETYX 40 MG TABLET | 4 | YES | NO | YES |
| CABOMETYX 60 MG TABLET | 4 | YES | NO | YES |
| CAFFEINE CIT 60 MG/3 ML ORAL | 1 | NO | NO | NO |
| CALCIPOTRIENE 0.005% CREAM | 2 | NO | NO | NO |
| CALCIPOTRIENE 0.005% OINTMENT | 2 | NO | NO | NO |
| CALCIPOTRIENE 0.005% SOLUTION | 2 | NO | NO | NO |
| CALCITONIN-SALMON 200 UNIT SPR | 1 | NO | NO | NO |
| CALCITRIOL 0.25 MCG CAPSULE | 1 | NO | NO | NO |
| CALCITRIOL 0.5 MCG CAPSULE | 1 | NO | NO | NO |
| CALCITRIOL 1 MCG/ML SOLUTION | 1 | NO | NO | NO |
| CALCITRIOL 3 MCG/G OINTMENT | 2 | NO | NO | NO |
| CALCIUM ACETATE 667 MG CAPSULE | 1 | NO | NO | YES |
| CALCIUM ACETATE 667 MG GELCAP | 1 | NO | NO | YES |
| CALCIUM ACETATE 667 MG TABLET | 1 | NO | NO | YES |
| CALCIUM GLU 1,000MG/100ML-NACL | 4 | NO | NO | NO |
| CALQUENCE 100 MG CAPSULE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CALQUENCE 100 MG TABLET | 4 | YES | NO | YES |
| CAMILA 0.35 MG TABLET | 1 | NO | NO | NO |
| CAMRESE 0.15-0.03-0.01 MG TAB | 1 | NO | NO | NO |
| CAMRESE LO TABLET | 1 | NO | NO | NO |
| CAMZYOS 10 MG CAPSULE | 4 | YES | NO | YES |
| CAMZYOS 15 MG CAPSULE | 4 | YES | NO | YES |
| CAMZYOS 2.5 MG CAPSULE | 4 | YES | NO | YES |
| CAMZYOS 5 MG CAPSULE | 4 | YES | NO | YES |
| CANDESARTAN CILEXETIL 16 MG TB | 2 | NO | YES | NO |
| CANDESARTAN CILEXETIL 32 MG TB | 2 | NO | YES | NO |
| CANDESARTAN CILEXETIL 4 MG TAB | 2 | NO | YES | NO |
| CANDESARTAN CILEXETIL 8 MG TAB | 2 | NO | YES | NO |
| CANDESARTAN-HCTZ 16-12.5 MG TB | 2 | NO | YES | NO |
| CANDESARTAN-HCTZ 32-12.5 MG TB | 2 | NO | YES | NO |
| CANDESARTAN-HCTZ 32-25 MG TAB | 2 | NO | YES | NO |
| CAPECITABINE 150 MG TABLET | 4 | YES | NO | YES |
| CAPECITABINE 500 MG TABLET | 4 | YES | NO | YES |
| CAPRELSA 100 MG TABLET | 4 | YES | NO | YES |
| CAPRELSA 300 MG TABLET | 4 | YES | NO | YES |
| CAPTOPRIL 100 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CAPTOPRIL 12.5 MG TABLET | 1 | NO | NO | NO |
| CAPTOPRIL 25 MG TABLET | 1 | NO | NO | NO |
| CAPTOPRIL 50 MG TABLET | 1 | NO | NO | NO |
| CAPVAXIVE 0.5 ML SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CARBAMAZEPINE 100 MG TAB CHEW | 1 | NO | NO | NO |
| CARBAMAZEPINE 100 MG/5 ML CUP | 2 | NO | NO | NO |
| CARBAMAZEPINE 100 MG/5 ML SUSP | 2 | NO | NO | NO |
| CARBAMAZEPINE 200 MG TABLET | 1 | NO | NO | NO |
| CARBAMAZEPINE ER 100 MG CAP | 2 | NO | NO | NO |
| CARBAMAZEPINE ER 100 MG TABLET | 2 | NO | NO | NO |
| CARBAMAZEPINE ER 200 MG CAP | 2 | NO | NO | NO |
| CARBAMAZEPINE ER 200 MG TABLET | 2 | NO | NO | NO |
| CARBAMAZEPINE ER 300 MG CAP | 2 | NO | NO | NO |
| CARBAMAZEPINE ER 400 MG TABLET | 2 | NO | NO | NO |
| CARBIDOPA 25 MG TABLET | 2 | YES | NO | YES |
| CARBIDOPA-LEVO 10-100 MG ODT | 1 | NO | NO | NO |
| CARBIDOPA-LEVO 25-100 MG ODT | 1 | NO | NO | NO |
| CARBIDOPA-LEVO 25-250 MG ODT | 1 | NO | NO | NO |
| CARBIDOPA-LEVO ER 25-100 TAB | 1 | NO | NO | NO |
| CARBIDOPA-LEVO ER 50-200 TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CARBIDOPA-LEVODOPA 100 MG-ENTA | 1 | NO | NO | NO |
| CARBIDOPA-LEVODOPA 10-100 TAB | 1 | NO | NO | NO |
| CARBIDOPA-LEVODOPA 125 MG-ENTA | 1 | NO | NO | NO |
| CARBIDOPA-LEVODOPA 150 MG-ENTA | 1 | NO | NO | NO |
| CARBIDOPA-LEVODOPA 200 MG-ENTA | 1 | NO | NO | NO |
| CARBIDOPA-LEVODOPA 25-100 TAB | 1 | NO | NO | NO |
| CARBIDOPA-LEVODOPA 25-250 TAB | 1 | NO | NO | NO |
| CARBIDOPA-LEVODOPA 50 MG-ENTA | 1 | NO | NO | NO |
| CARBIDOPA-LEVODOPA 75 MG-ENTA | 1 | NO | NO | NO |
| CARBINOXAMINE 4 MG/5 ML LIQUID | 1 | NO | NO | YES |
| CARBINOXAMINE MALEATE 4 MG TAB | 1 | NO | NO | NO |
| CAREONE LANCING DEVICE | 1 | NO | NO | YES |
| CAREONE SYR 0.3 ML 30GX1/2" | 1 | NO | NO | NO |
| CAREONE ULTRA THIN LANCET | 1 | NO | NO | YES |
| CAREPOINT PRECISION NDL 20G 1" | 1 | NO | NO | NO |
| CAREPOINT PRECISION NDL 21G 1" | 1 | NO | NO | NO |
| CARESENS 30G LANCET | 1 | NO | NO | YES |
| CARETOUCH 26G SAFETY LANCETS | 1 | NO | NO | YES |
| CARETOUCH 28G SAFETY LANCETS | 1 | NO | NO | YES |
| CARETOUCH HYPO NEEDLE 26G 1" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CARETOUCH HYPODERMIC 18G 1.5" | 1 | NO | NO | NO |
| CARETOUCH HYPODERMIC 20G 1" | 1 | NO | NO | NO |
| CARETOUCH HYPODERMIC 22G 1" | 1 | NO | NO | NO |
| CARETOUCH HYPODERMIC 23G 1" | 1 | NO | NO | NO |
| CARETOUCH HYPODERMIC 23G 1.5" | 1 | NO | NO | NO |
| CARETOUCH HYPODERMIC 25G 1" | 1 | NO | NO | NO |
| CARETOUCH HYPODERMIC 25G 1.5" | 1 | NO | NO | NO |
| CARETOUCH HYPODERMIC 25G 5/8" | 1 | NO | NO | NO |
| CARETOUCH LANCING DEVICE | 1 | NO | NO | YES |
| CARETOUCH SYR 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| CARETOUCH TWIST 28G LANCET | 1 | NO | NO | YES |
| CARETOUCH TWIST 30G LANCET | 1 | NO | NO | YES |
| CARETOUCH TWIST 33G LANCET | 1 | NO | NO | YES |
| CARGLUMIC ACID 200 MG TAB SUSP | 4 | YES | NO | NO |
| CARISOPRODOL 350 MG TABLET | 1 | NO | NO | YES |
| CARTEOLOL HCL 1% EYE DROPS | 2 | NO | NO | NO |
| CARTIA XT 120 MG CAPSULE | 1 | NO | NO | NO |
| CARTIA XT 180 MG CAPSULE | 1 | NO | NO | NO |
| CARTIA XT 240 MG CAPSULE | 1 | NO | NO | NO |
| CARTIA XT 300 MG CAPSULE | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CARVEDILOL 12.5 MG TABLET | 1 | NO | NO | NO |
| CARVEDILOL 25 MG TABLET | 1 | NO | NO | NO |
| CARVEDILOL 3.125 MG TABLET | 1 | NO | NO | NO |
| CARVEDILOL 6.25 MG TABLET | 1 | NO | NO | NO |
| CATAFLAM 50 MG TABLET | 1 | NO | NO | YES |
| CAYA CONTOURED DIAPHRAGM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CAYSTON 75 MG INHAL SOLUTION | 4 | NO | NO | NO |
| CAZIANT 28 DAY TABLET | 1 | NO | NO | NO |
| CEFACLOR 125 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFACLOR 250 MG CAPSULE | 1 | NO | NO | NO |
| CEFACLOR 250 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFACLOR 375 MG/5 ML SUSPEN | 1 | NO | NO | NO |
| CEFACLOR 500 MG CAPSULE | 1 | NO | NO | NO |
| CEFACLOR ER 500 MG TABLET | 2 | NO | NO | NO |
| CEFADROXIL 1 GM TABLET | 1 | NO | NO | NO |
| CEFADROXIL 250 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFADROXIL 500 MG CAPSULE | 1 | NO | NO | NO |
| CEFADROXIL 500 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFDINIR 125 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFDINIR 250 MG/5 ML SUSP | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CEFDINIR 300 MG CAPSULE | 1 | NO | NO | NO |
| CEFIXIME 100 MG/5 ML SUSP | 2 | NO | NO | NO |
| CEFIXIME 200 MG/5 ML SUSP | 2 | NO | NO | NO |
| CEFIXIME 400 MG CAPSULE | 2 | NO | NO | NO |
| CEFPODOXIME 100 MG TABLET | 1 | NO | NO | NO |
| CEFPODOXIME 100 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFPODOXIME 200 MG TABLET | 1 | NO | NO | NO |
| CEFPODOXIME 50 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFPROZIL 125 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFPROZIL 250 MG TABLET | 1 | NO | NO | NO |
| CEFPROZIL 250 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEFPROZIL 500 MG TABLET | 1 | NO | NO | NO |
| CEFUROXIME AXETIL 250 MG TAB | 1 | NO | NO | NO |
| CEFUROXIME AXETIL 500 MG TAB | 1 | NO | NO | NO |
| CELECOXIB 100 MG CAPSULE | 1 | NO | NO | YES |
| CELECOXIB 200 MG CAPSULE | 1 | NO | NO | YES |
| CELECOXIB 400 MG CAPSULE | 1 | NO | NO | YES |
| CELECOXIB 50 MG CAPSULE | 1 | NO | NO | YES |
| CEPHALEXIN 125 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEPHALEXIN 250 MG CAPSULE | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CEPHALEXIN 250 MG/5 ML SUSP | 1 | NO | NO | NO |
| CEPHALEXIN 500 MG CAPSULE | 1 | NO | NO | NO |
| CEPHALEXIN 750 MG CAPSULE | 2 | NO | NO | NO |
| CERDELGA 84 MG CAPSULE | 4 | YES | NO | YES |
| CETIRIZINE HCL 1 MG/ML SOLN | 1 | NO | NO | NO |
| CETIRIZINE HCL 1 MG/ML SYRUP | 1 | NO | NO | NO |
| CEVIMELINE HCL 30 MG CAPSULE | 2 | NO | NO | NO |
| CHARLOTTE 24 FE CHEWABLE TAB | 1 | NO | NO | NO |
| CHATEAL EQ-28 TABLET | 1 | NO | NO | NO |
| CHEK-STIX STRIPS | 1 | NO | NO | NO |
| CHEMET 100 MG CAPSULE | 3 | YES | NO | NO |
| CHEMSTRIP 10 MD | 1 | NO | NO | NO |
| CHEMSTRIP 10 WITH SG | 1 | NO | NO | NO |
| CHEMSTRIP 2 GP | 1 | NO | NO | NO |
| CHEMSTRIP 50B | 1 | NO | NO | NO |
| CHEMSTRIP 7 | 1 | NO | NO | NO |
| CHEMSTRIP-9 | 1 | NO | NO | NO |
| CHENODAL 250 MG TABLET | 4 | NO | NO | YES |
| CHLORDIAZEPO-AMITRIPTYL 5-12.5 | 2 | NO | NO | NO |
| CHLORDIAZEPOX-AMITRIPTYL 10-25 | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CHLORDIAZEPOXIDE 10 MG CAPSULE | 1 | NO | NO | NO |
| CHLORDIAZEPOXIDE 25 MG CAPSULE | 1 | NO | NO | NO |
| CHLORDIAZEPOXIDE 5 MG CAPSULE | 1 | NO | NO | NO |
| CHLORDIAZEPOXIDE-CLIDINIUM CAP | 2 | NO | NO | NO |
| CHLORHEXIDINE 0.12% 15 ML CUP | 1 | NO | NO | NO |
| CHLORHEXIDINE 0.12% RINSE | 1 | NO | NO | NO |
| CHLOROQUINE PH 250 MG TABLET | 1 | NO | NO | NO |
| CHLOROQUINE PH 500 MG TABLET | 1 | NO | NO | NO |
| CHLORPROMAZINE 10 MG TABLET | 2 | YES | NO | YES |
| CHLORPROMAZINE 100 MG TABLET | 2 | YES | NO | YES |
| CHLORPROMAZINE 200 MG TABLET | 2 | YES | NO | YES |
| CHLORPROMAZINE 25 MG TABLET | 2 | YES | NO | YES |
| CHLORPROMAZINE 50 MG TABLET | 2 | YES | NO | YES |
| CHLORTHALIDONE 25 MG TABLET | 1 | NO | NO | NO |
| CHLORTHALIDONE 50 MG TABLET | 1 | NO | NO | NO |
| CHLORZOXAZONE 500 MG TABLET | 1 | NO | NO | NO |
| CHOLBAM 250 MG CAPSULE | 4 | YES | NO | YES |
| CHOLBAM 50 MG CAPSULE | 4 | YES | NO | YES |
| CHOLESTYRAMINE LIGHT PACKET | 1 | NO | NO | NO |
| CHOLESTYRAMINE LIGHT POWDER | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CHOLESTYRAMINE PACKET | 1 | NO | NO | NO |
| CHOLESTYRAMINE POWDER | 1 | NO | NO | NO |
| CHORIONIC GONAD 10,000 UNIT VL | 4 | YES | NO | NO |
| CHORIONIC GONAD 6,000 UNIT VL | 4 | YES | NO | NO |
| CHOSEN 30G LANCET | 1 | NO | NO | YES |
| CHOSEN LANCING DEVICE | 1 | NO | NO | YES |
| CHOSEN SAFETY 28G LANCET | 1 | NO | NO | YES |
| CICLODAN 0.77% CREAM | 1 | NO | NO | NO |
| CICLODAN 8% SOLUTION | 1 | NO | NO | NO |
| CICLOPIROX 0.77% CREAM | 1 | NO | NO | NO |
| CICLOPIROX 0.77% GEL | 2 | NO | NO | NO |
| CICLOPIROX 0.77% TOPICAL SUSP | 2 | NO | NO | NO |
| CICLOPIROX 1% SHAMPOO | 2 | NO | NO | NO |
| CICLOPIROX 8% SOLUTION | 1 | NO | NO | NO |
| CILOSTAZOL 100 MG TABLET | 1 | NO | NO | NO |
| CILOSTAZOL 50 MG TABLET | 1 | NO | NO | NO |
| CILOXAN 0.3% OINTMENT | 3 | NO | NO | NO |
| CIMDUO 300-300 MG TABLET | 4 | NO | NO | NO |
| CIMETIDINE 300 MG TABLET | 1 | NO | NO | NO |
| CIMETIDINE 300 MG/5 ML CUP | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CIMETIDINE 300 MG/5 ML SOLN | 1 | NO | NO | NO |
| CIMETIDINE 400 MG TABLET | 1 | NO | NO | NO |
| CIMETIDINE 400 MG/6.67 ML CUP | 1 | NO | NO | NO |
| CIMETIDINE 800 MG TABLET | 1 | NO | NO | NO |
| CIMZIA 2X200 MG VIAL KIT | 4 | NO | YES | YES |
| CIMZIA 2X200 MG/ML SYRINGE KIT | 4 | NO | YES | YES |
| CIMZIA 2X200 MG/ML(X3)START KT | 4 | NO | YES | YES |
| CINACALCET HCL 30 MG TABLET | 2 | YES | NO | YES |
| CINACALCET HCL 60 MG TABLET | 2 | YES | NO | YES |
| CINACALCET HCL 90 MG TABLET | 2 | YES | NO | YES |
| CINRYZE 500 UNIT VIAL | 4 | YES | NO | NO |
| CINRYZE 500 UNIT VIAL-DILUENT | 4 | YES | NO | NO |
| CIPRO HC OTIC SUSPENSION | 3 | NO | NO | NO |
| CIPROFLOXACIN 0.2% OTIC SOLN | 2 | NO | NO | NO |
| CIPROFLOXACIN 0.3% EYE DROP | 1 | NO | NO | NO |
| CIPROFLOXACIN HCL 100 MG TAB | 1 | NO | NO | NO |
| CIPROFLOXACIN HCL 250 MG TAB | 1 | NO | NO | NO |
| CIPROFLOXACIN HCL 500 MG TAB | 1 | NO | NO | NO |
| CIPROFLOXACIN HCL 750 MG TAB | 1 | NO | NO | NO |
| CIPROFLOX-DEXAMETH OTIC SUSP | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CITALOPRAM HBR 10 MG TABLET | 1 | NO | NO | YES |
| CITALOPRAM HBR 10 MG/5 ML SOLN | 2 | NO | NO | YES |
| CITALOPRAM HBR 20 MG TABLET | 1 | NO | NO | YES |
| CITALOPRAM HBR 20 MG/10 ML CUP | 2 | NO | NO | YES |
| CITALOPRAM HBR 40 MG TABLET | 1 | NO | NO | YES |
| CITROMA SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CLARAVIS 10 MG CAPSULE | 2 | NO | NO | NO |
| CLARAVIS 20 MG CAPSULE | 2 | NO | NO | NO |
| CLARAVIS 30 MG CAPSULE | 2 | NO | NO | NO |
| CLARAVIS 40 MG CAPSULE | 2 | NO | NO | NO |
| CLARITHROMYCIN 125 MG/5 ML SUS | 1 | NO | NO | NO |
| CLARITHROMYCIN 250 MG TABLET | 1 | NO | NO | NO |
| CLARITHROMYCIN 250 MG/5 ML SUS | 1 | NO | NO | NO |
| CLARITHROMYCIN 500 MG TABLET | 1 | NO | NO | NO |
| CLARITHROMYCIN ER 500 MG TAB | 1 | NO | NO | NO |
| CLASSIC PRENATAL TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CLEMASTINE FUM 2.68 MG TABLET | 2 | NO | NO | YES |
| CLEMASZ 2.68 MG TABLET | 2 | NO | NO | YES |
| CLEOCIN 100 MG VAGINAL OVULE | 3 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CLEVER CHEK ULTRA THIN 30G | 1 | NO | NO | YES |
| CLEVER CHOICE CHAMBER-LRG MASK | 2 | NO | NO | NO |
| CLEVER CHOICE CHAMBER-MED MASK | 2 | NO | NO | NO |
| CLEVER CHOICE CHAMBER-SM MASK | 2 | NO | NO | NO |
| CLIND PH-BENZOYL PEROX 1.2-5% | 1 | NO | NO | NO |
| CLINDACIN ETZ 1% PLEDGET | 1 | NO | NO | NO |
| CLINDACIN P 1% PLEDGETS | 1 | NO | NO | NO |
| CLINDAMYCIN (PEDI) 75 MG/5 ML | 1 | NO | NO | NO |
| CLINDAMYCIN 2% VAGINAL CREAM | 1 | NO | NO | NO |
| CLINDAMYCIN HCL 150 MG CAPSULE | 1 | NO | NO | NO |
| CLINDAMYCIN HCL 300 MG CAPSULE | 1 | NO | NO | NO |
| CLINDAMYCIN HCL 75 MG CAPSULE | 1 | NO | NO | NO |
| CLINDAMYCIN PH 1% GEL | 2 | NO | NO | NO |
| CLINDAMYCIN PH 1% SOLUTION | 1 | NO | NO | NO |
| CLINDAMYCIN PHOS 1% PLEDGET | 1 | NO | NO | NO |
| CLINDAMYCIN PHOSP 1% LOTION | 2 | NO | NO | NO |
| CLINDESSE 2% VAGINAL CREAM | 3 | NO | NO | NO |
| CLOBAZAM 10 MG TABLET | 2 | NO | NO | NO |
| CLOBAZAM 2.5 MG/ML SUSPENSION | 2 | YES | NO | NO |
| CLOBAZAM 20 MG TABLET | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CLOBETASOL 0.05% CREAM | 1 | NO | NO | NO |
| CLOBETASOL 0.05% GEL | 2 | NO | NO | NO |
| CLOBETASOL 0.05% OINTMENT | 1 | NO | NO | NO |
| CLOBETASOL 0.05% SHAMPOO | 2 | NO | NO | NO |
| CLOBETASOL 0.05% SOLUTION | 1 | NO | NO | NO |
| CLOBETASOL EMOLLIENT 0.05% CRM | 2 | NO | NO | NO |
| CLOBETASOL PROP 0.05% SPRAY | 2 | NO | NO | NO |
| CLODAN 0.05% SHAMPOO | 2 | NO | NO | NO |
| CLOMIPRAMINE 25 MG CAPSULE | 2 | NO | NO | NO |
| CLOMIPRAMINE 50 MG CAPSULE | 2 | NO | NO | NO |
| CLOMIPRAMINE 75 MG CAPSULE | 2 | NO | NO | NO |
| CLONAZEPAM 0.125 MG DIS TAB | 2 | NO | NO | NO |
| CLONAZEPAM 0.125 MG ODT | 2 | NO | NO | NO |
| CLONAZEPAM 0.25 MG ODT | 2 | NO | NO | NO |
| CLONAZEPAM 0.5 MG DIS TABLET | 2 | NO | NO | NO |
| CLONAZEPAM 0.5 MG ODT | 2 | NO | NO | NO |
| CLONAZEPAM 0.5 MG TABLET | 1 | NO | NO | NO |
| CLONAZEPAM 1 MG DIS TABLET | 2 | NO | NO | NO |
| CLONAZEPAM 1 MG ODT | 2 | NO | NO | NO |
| CLONAZEPAM 1 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CLONAZEPAM 2 MG ODT | 2 | NO | NO | NO |
| CLONAZEPAM 2 MG TABLET | 1 | NO | NO | NO |
| CLONIDINE 0.1 MG/DAY PATCH | 2 | NO | NO | NO |
| CLONIDINE 0.2 MG/DAY PATCH | 2 | NO | NO | NO |
| CLONIDINE 0.3 MG/DAY PATCH | 2 | NO | NO | NO |
| CLONIDINE HCL 0.1 MG TABLET | 1 | NO | NO | NO |
| CLONIDINE HCL 0.2 MG TABLET | 1 | NO | NO | NO |
| CLONIDINE HCL 0.3 MG TABLET | 1 | NO | NO | NO |
| CLONIDINE HCL ER 0.1 MG TABLET | 1 | NO | NO | NO |
| CLOPIDOGREL 300 MG TABLET | 1 | NO | NO | NO |
| CLOPIDOGREL 75 MG TABLET | 1 | NO | NO | NO |
| CLORAZEPATE 15 MG TABLET | 2 | NO | NO | NO |
| CLORAZEPATE 3.75 MG TABLET | 2 | NO | NO | NO |
| CLORAZEPATE 7.5 MG TABLET | 2 | NO | NO | NO |
| CLOTRIMAZOLE 10 MG LOZENGE | 1 | NO | NO | YES |
| CLOTRIMAZOLE 10 MG TROCHE | 1 | NO | NO | YES |
| CLOTRIMAZOLE-BETAMETHASONE CRM | 1 | NO | NO | NO |
| CLOZAPINE 100 MG TABLET | 2 | YES | NO | YES |
| CLOZAPINE 200 MG TABLET | 2 | YES | NO | YES |
| CLOZAPINE 25 MG TABLET | 2 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CLOZAPINE 50 MG TABLET | 2 | YES | NO | YES |
| C-NATE DHA SOFTGEL | 1 | NO | NO | NO |
| COAGUCHEK LANCETS | 1 | NO | NO | YES |
| COARTEM TABLETS | 3 | NO | NO | NO |
| CODEINE SULFATE 15 MG TABLET | 1 | NO | YES | NO |
| CODEINE SULFATE 30 MG TABLET | 1 | NO | YES | NO |
| CODEINE SULFATE 60 MG TABLET | 1 | NO | YES | NO |
| CODEINE-GUAIFEN 10-100 MG/5 ML | 1 | NO | NO | NO |
| COLCHICINE 0.6 MG TABLET | 1 | NO | NO | NO |
| COLESEVELAM 625 MG TABLET | 2 | NO | NO | NO |
| COLESEVELAM HCL 3.75 G PACKET | 2 | NO | NO | NO |
| COLESTIPOL HCL 1 GM TABLET | 1 | NO | NO | NO |
| COLESTIPOL HCL GRANULES | 1 | NO | NO | NO |
| COLESTIPOL HCL GRANULES PACKET | 1 | NO | NO | NO |
| COMBIPATCH 0.05-0.14 MG PTCH | 3 | NO | NO | NO |
| COMBIPATCH 0.05-0.25 MG PTCH | 3 | NO | NO | NO |
| COMBISTIX REAGENT STRIPS | 1 | NO | NO | NO |
| COMBIVENT RESPIMAT 20-100 MCG | 2 | NO | NO | NO |
| COMETRIQ 100 MG DAILY-DOSE PK | 4 | YES | NO | YES |
| COMETRIQ 140 MG DAILY-DOSE PK | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| COMETRIQ 60 MG DAILY-DOSE PACK | 4 | YES | NO | YES |
| COMFORT EZ 0.3 ML 31G 15/64" | 1 | NO | NO | NO |
| COMFORT EZ INS 0.3ML 30GX1/2" | 1 | NO | NO | NO |
| COMFORT EZ INS 0.3ML 30GX5/16" | 1 | NO | NO | NO |
| COMFORT EZ INSULIN SYR 0.3 ML | 1 | NO | NO | NO |
| COMFORT EZ PRESSURE ACTIVT 28G | 1 | NO | NO | YES |
| COMFORT EZ SAFETY 23G LANCETS | 1 | NO | NO | YES |
| COMFORT EZ SAFETY 28G LANCETS | 1 | NO | NO | YES |
| COMFORT EZ SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| COMFORT LANCETS | 1 | NO | NO | YES |
| COMFORT TOUCH ULT THIN 31G LAN | 1 | NO | NO | YES |
| COMFORTSEAL LARGE MASK | 2 | NO | NO | NO |
| COMFORTSEAL MEDIUM MASK | 2 | NO | NO | NO |
| COMFORTSEAL SMALL MASK | 2 | NO | NO | NO |
| COMFORTTOUCH PLUS SAF 30G LANC | 1 | NO | NO | YES |
| COMIRNATY 2023-24(12Y UP) SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| COMIRNATY 2023-24(12Y UP) VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| COMIRNATY 2024-25(12Y UP) SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| COMIRNATY 2025-26(12Y UP) SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| COMIRNATY 2025-26(5-11Y) VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| COMIRNATY 30MCG/0.3ML VAC-GRAY | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| COMPACT SPACE CHAMBER | 2 | NO | NO | NO |
| COMPACT SPACE CHAMBER-LRG MASK | 2 | NO | NO | NO |
| COMPACT SPACE CHAMBER-MED MASK | 2 | NO | NO | NO |
| COMPACT SPACE CHAMBER-SM MASK | 2 | NO | NO | NO |
| COMPLERA TABLET | 4 | NO | NO | NO |
| COMPLETE NATAL DHA | 1 | NO | NO | NO |
| COMPRO 25 MG SUPPOSITORY | 1 | NO | NO | NO |
| CONDOMS LUBRICATED | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CONSTULOSE 10 GM/15 ML SOLN | 1 | NO | NO | NO |
| COPIKTRA 15 MG CAPSULE | 4 | YES | NO | YES |
| COPIKTRA 25 MG CAPSULE | 4 | YES | NO | YES |
| CORLANOR 5 MG/5 ML ORAL SOLN | 3 | YES | NO | YES |
| CORTISPORIN-TC EAR SUSPENSION | 3 | NO | NO | NO |
| CORTROPHIN GEL 40 UNIT/0.5 ML | 4 | YES | NO | NO |
| CORTROPHIN GEL 400 UNIT/5 ML | 4 | YES | NO | NO |
| CORTROPHIN GEL 80 UNIT/ML SYR | 4 | YES | NO | NO |
| CORTROPHIN GEL 80 UNIT/ML VIAL | 4 | YES | NO | NO |
| COSENTYX 150 MG/ML SYRINGE | 4 | NO | YES | YES |
| COSENTYX 300 MG DOSE-2 SYRINGE | 4 | NO | YES | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| COSENTYX 75 MG/0.5 ML SYRINGE | 4 | NO | YES | YES |
| COSENTYX SENSOREADY 150 MG PEN | 4 | NO | YES | YES |
| COSENTYX SNRDY 300MG DOSE-2PEN | 4 | NO | YES | YES |
| COSENTYX UNOREADY 300 MG PEN | 4 | NO | YES | YES |
| COTELLIC 20 MG TABLET | 4 | YES | NO | YES |
| COVARYX H.S. TABLET | 2 | NO | NO | NO |
| COVARYX TABLET | 2 | NO | NO | NO |
| CRENESSITY 100 MG CAPSULE | 4 | YES | NO | YES |
| CRENESSITY 25 MG CAPSULE | 4 | YES | NO | YES |
| CRENESSITY 50 MG CAPSULE | 4 | YES | NO | YES |
| CRENESSITY 50 MG/ML SOLUTION | 4 | YES | NO | YES |
| CREON DR 12,000 UNIT CAPSULE | 2 | NO | NO | NO |
| CREON DR 24,000 UNIT CAPSULE | 2 | NO | NO | NO |
| CREON DR 3,000 UNIT CAPSULE | 2 | NO | NO | NO |
| CREON DR 36,000 UNIT CAPSULE | 2 | NO | NO | NO |
| CREON DR 6,000 UNIT CAPSULE | 2 | NO | NO | NO |
| CRINONE 4% GEL | 3 | YES | NO | NO |
| CRINONE 8% GEL | 3 | YES | NO | NO |
| CROMOLYN 100 MG/5 ML ORAL CONC | 1 | NO | NO | NO |
| CROMOLYN 20 MG/2 ML NEB SOLN | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CROMOLYN 4% EYE DROPS | 1 | NO | NO | NO |
| CRYSELLE-28 TABLET | 1 | NO | NO | NO |
| CTEXLI 250 MG TABLET | 4 | YES | NO | YES |
| CURAE 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CUVITRU 1 GRAM/5 ML VIAL | 4 | YES | NO | NO |
| CUVITRU 10 GRAM/50 ML VIAL | 4 | YES | NO | NO |
| CUVITRU 2 GRAM/10 ML VIAL | 4 | YES | NO | NO |
| CUVITRU 4 GRAM/20 ML VIAL | 4 | YES | NO | NO |
| CUVITRU 8 GRAM/ 40 ML VIAL | 4 | YES | NO | NO |
| CUVRIOR 300 MG TABLET | 4 | YES | NO | YES |
| CVS ACNE TREATMENT 10% GEL | 1 | NO | NO | NO |
| CVS ALLERGY 0.025% EYE DROPS | 1 | NO | NO | NO |
| CVS BISACODYL EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS BUDESONIDE 32 MCG SPRAY | 1 | NO | NO | NO |
| CVS CITRATE OF MAGNESIA SOLN | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS EYE ITCH RELIEF 0.025% DRP | 1 | NO | NO | NO |
| CVS FOAMING ACNE FACE 10% WASH | 1 | NO | NO | NO |
| CVS FOLIC ACID 800 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS GENTLE LAXATIVE EC 5 MG TB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS LANCING DEVICE | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CVS MAGNESIUM CITRATE SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS MICRO THIN 33G LANCETS | 1 | NO | NO | YES |
| CVS MILK OF MAGNESIA SUSP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS NASAL ALLERGY 24HR SPRAY | 1 | NO | NO | NO |
| CVS NIGHTTIME SLEEP 25 MG TAB | 1 | NO | NO | NO |
| CVS PINWORM TREATMENT 50 MG/ML | 1 | NO | NO | NO |
| CVS PRENATAL MULTI-DHA SOFTGEL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS PRENATAL MULTIVIT-DHA SFGL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS PRENATAL VITAMINS TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS PURELAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS SUPER B-COMPLEX-VIT C CPLT | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CVS THIN 26G LANCETS | 1 | NO | NO | YES |
| CVS ULTRA THIN 30G LANCETS | 1 | NO | NO | YES |
| CVS VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |
| CVS WOMEN'S GENTLE LAX EC 5 MG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| CYANOCOBALAMIN 1,000 MCG/ML VL | 1 | NO | NO | NO |
| CYANOCOBALAMIN 10,000 MCG/10ML | 1 | NO | NO | NO |
| CYANOCOBALAMIN 30,000 MCG/30ML | 1 | NO | NO | NO |
| CYCLOBENZAPRINE 10 MG TABLET | 1 | NO | NO | NO |
| CYCLOBENZAPRINE 5 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CYCLOPENTOLATE 0.5% EYE DROPS | 2 | NO | NO | NO |
| CYCLOPENTOLATE 1% EYE DROP | 1 | NO | NO | NO |
| CYCLOPENTOLATE 1% EYE DROPS | 1 | NO | NO | NO |
| CYCLOPENTOLATE HCL 2% DROPS | 2 | NO | NO | NO |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE | 4 | NO | NO | NO |
| CYCLOPHOSPHAMIDE 25 MG TABLET | 4 | NO | NO | NO |
| CYCLOPHOSPHAMIDE 50 MG CAPSULE | 4 | NO | NO | NO |
| CYCLOPHOSPHAMIDE 50 MG TABLET | 4 | NO | NO | NO |
| CYCLOSERINE 250 MG CAPSULE | 2 | NO | NO | NO |
| CYCLOSET 0.8 MG TABLET | 3 | NO | NO | NO |
| CYCLOSPORINE 0.05% EYE EMULS | 2 | NO | NO | YES |
| CYCLOSPORINE 100 MG CAPSULE | 1 | NO | NO | NO |
| CYCLOSPORINE 25 MG CAPSULE | 1 | NO | NO | NO |
| CYCLOSPORINE MODIFIED 100 MG | 1 | NO | NO | NO |
| CYCLOSPORINE MODIFIED 100MG/ML | 1 | NO | NO | NO |
| CYCLOSPORINE MODIFIED 25 MG | 1 | NO | NO | NO |
| CYCLOSPORINE MODIFIED 50 MG | 1 | NO | NO | NO |
| CYPROHEPTADINE 2 MG/5 ML SOLN | 1 | NO | NO | NO |
| CYPROHEPTADINE 2 MG/5 ML SYRUP | 1 | NO | NO | NO |
| CYPROHEPTADINE 4 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| CYRED 28 DAY TABLET | 1 | NO | NO | NO |
| CYRED EQ 28 DAY TABLET | 1 | NO | NO | NO |
| CYSTADROPS 0.37% EYE DROPS | 4 | YES | NO | YES |
| CYSTAGON 150 MG CAPSULE | 4 | NO | NO | NO |
| CYSTAGON 50 MG CAPSULE | 4 | NO | NO | NO |
| CYSTARAN 0.44% EYE DROPS | 4 | YES | NO | YES |
| DABIGATRAN ETEXILATE 110 MG CP | 2 | NO | NO | NO |
| DABIGATRAN ETEXILATE 150 MG CP | 2 | NO | NO | NO |
| DABIGATRAN ETEXILATE 75 MG CAP | 2 | NO | NO | NO |
| DALFAMPRIDINE ER 10 MG TABLET | 2 | NO | NO | YES |
| DANAZOL 100 MG CAPSULE | 2 | NO | NO | NO |
| DANAZOL 200 MG CAPSULE | 2 | NO | NO | NO |
| DANAZOL 50 MG CAPSULE | 2 | NO | NO | NO |
| DANTROLENE SODIUM 100 MG CAP | 2 | NO | NO | YES |
| DANTROLENE SODIUM 25 MG CAP | 2 | NO | NO | YES |
| DANTROLENE SODIUM 50 MG CAP | 2 | NO | NO | YES |
| DANZITEN 71 MG TABLET | 4 | YES | NO | YES |
| DANZITEN 95 MG TABLET | 4 | YES | NO | YES |
| DAPSONE 100 MG TABLET | 1 | NO | NO | NO |
| DAPSONE 25 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DAPSONE 5% GEL | 2 | NO | YES | NO |
| DARIFENACIN ER 15 MG TABLET | 2 | NO | NO | NO |
| DARIFENACIN ER 7.5 MG TABLET | 2 | NO | NO | NO |
| DARUNAVIR 600 MG TABLET | 4 | NO | NO | NO |
| DARUNAVIR 800 MG TABLET | 4 | NO | NO | NO |
| DASATINIB 100 MG TABLET | 4 | YES | NO | YES |
| DASATINIB 140 MG TABLET | 4 | YES | NO | YES |
| DASATINIB 20 MG TABLET | 4 | YES | NO | YES |
| DASATINIB 50 MG TABLET | 4 | YES | NO | YES |
| DASATINIB 70 MG TABLET | 4 | YES | NO | YES |
| DASATINIB 80 MG TABLET | 4 | YES | NO | YES |
| DASETTA 1-35-28 TABLET | 1 | NO | NO | NO |
| DASETTA 7/7/7-28 TABLET | 1 | NO | NO | NO |
| DAURISMO 100 MG TABLET | 4 | YES | NO | YES |
| DAURISMO 25 MG TABLET | 4 | YES | NO | YES |
| DAXXIFY 100 UNIT VIAL | 4 | YES | NO | YES |
| DAYBUE 200 MG/ML SOLUTION | 4 | YES | NO | YES |
| DAYSEE 0.15-0.03-0.01 MG TAB | 1 | NO | NO | NO |
| DEBLITANE 0.35 MG TABLET | 1 | NO | NO | NO |
| DEFERASIROX 125 MG TB FOR SUSP | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DEFERASIROX 180 MG GRANULE PKT | 4 | YES | NO | NO |
| DEFERASIROX 180 MG TABLET | 4 | YES | NO | NO |
| DEFERASIROX 250 MG TB FOR SUSP | 4 | YES | NO | NO |
| DEFERASIROX 360 MG GRANULE PKT | 4 | YES | NO | NO |
| DEFERASIROX 360 MG TABLET | 4 | YES | NO | NO |
| DEFERASIROX 500 MG TB FOR SUSP | 4 | YES | NO | NO |
| DEFERASIROX 90 MG GRANULE PKT | 4 | YES | NO | NO |
| DEFERASIROX 90 MG TABLET | 4 | YES | NO | NO |
| DEFERIPRONE 1,000 MG TB(3X/DY) | 4 | YES | NO | NO |
| DEFERIPRONE 500 MG TABLET | 4 | YES | NO | NO |
| DEFLAZACORT 18 MG TABLET | 4 | YES | NO | NO |
| DEFLAZACORT 22.75 MG/ML SUSP | 4 | YES | NO | NO |
| DEFLAZACORT 30 MG TABLET | 4 | YES | NO | NO |
| DEFLAZACORT 36 MG TABLET | 4 | YES | NO | NO |
| DEFLAZACORT 6 MG TABLET | 4 | YES | NO | NO |
| DELSTRIGO 100-300-300 MG TAB | 4 | NO | NO | NO |
| DEMECLOCYCLINE 150 MG TABLET | 1 | NO | NO | NO |
| DEMECLOCYCLINE 300 MG TABLET | 1 | NO | NO | NO |
| DENTA 5000 PLUS CREAM | 1 | NO | NO | NO |
| DENTA 5000 PLUS SENSITIV PASTE | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DENTAGEL 1.1% GEL | 1 | NO | NO | NO |
| DERMACINRX LIDOCAN 5% PATCH | 2 | NO | NO | YES |
| DESCOVY 120-15 MG TABLET | 4 | NO | NO | NO |
| DESCOVY 200-25 MG TABLET | 4 | NO | NO | NO |
| DESIPRAMINE 10 MG TABLET | 2 | NO | NO | NO |
| DESIPRAMINE 100 MG TABLET | 2 | NO | NO | NO |
| DESIPRAMINE 150 MG TABLET | 2 | NO | NO | NO |
| DESIPRAMINE 25 MG TABLET | 2 | NO | NO | NO |
| DESIPRAMINE 50 MG TABLET | 2 | NO | NO | NO |
| DESIPRAMINE 75 MG TABLET | 2 | NO | NO | NO |
| DESLORATADINE 5 MG TABLET | 1 | NO | NO | NO |
| DESMOPRESSIN 0.01% SOLUTION | 1 | NO | NO | NO |
| DESMOPRESSIN 1.5 MG/ML SPRAY | 4 | NO | NO | NO |
| DESMOPRESSIN 10 MCG/0.1 ML SPR | 1 | NO | NO | NO |
| DESMOPRESSIN 40 MCG/10 ML VIAL | 1 | NO | NO | NO |
| DESMOPRESSIN AC 4 MCG/ML AMPUL | 1 | NO | NO | NO |
| DESMOPRESSIN AC 4 MCG/ML VIAL | 1 | NO | NO | NO |
| DESMOPRESSIN ACETATE 0.1 MG TB | 1 | NO | NO | NO |
| DESMOPRESSIN ACETATE 0.2 MG TB | 1 | NO | NO | NO |
| DESOGESTREL-EE 0.15-0.03 MG TB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DESOGESTR-ETH ESTRAD ETH ESTRA | 1 | NO | NO | NO |
| DESONIDE 0.05% CREAM | 2 | NO | NO | NO |
| DESONIDE 0.05% LOTION | 2 | NO | NO | NO |
| DESONIDE 0.05% OINTMENT | 2 | NO | NO | NO |
| DESOXIMETASONE 0.25% CREAM | 2 | NO | NO | NO |
| DESOXIMETASONE 0.25% OINTMENT | 2 | NO | NO | NO |
| DESOXIMETASONE 0.25% SPRAY | 2 | NO | NO | NO |
| DESVENLAFAXINE SUCCNT ER 100MG | 2 | NO | NO | YES |
| DESVENLAFAXINE SUCCNT ER 25 MG | 2 | NO | NO | YES |
| DESVENLAFAXINE SUCCNT ER 50 MG | 2 | NO | NO | YES |
| DEXAMETHASONE 0.1% EYE DROP | 1 | NO | NO | NO |
| DEXAMETHASONE 0.5 MG TABLET | 1 | NO | NO | NO |
| DEXAMETHASONE 0.5 MG/5 ML ELX | 1 | NO | NO | NO |
| DEXAMETHASONE 0.5 MG/5 ML LIQ | 1 | NO | NO | NO |
| DEXAMETHASONE 0.75 MG TABLET | 1 | NO | NO | NO |
| DEXAMETHASONE 1 MG TABLET | 1 | NO | NO | NO |
| DEXAMETHASONE 1.5 MG TABLET | 1 | NO | NO | NO |
| DEXAMETHASONE 2 MG TABLET | 1 | NO | NO | NO |
| DEXAMETHASONE 4 MG TABLET | 1 | NO | NO | NO |
| DEXAMETHASONE 6 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DEXCOM G6 RECEIVER | 3 | YES | NO | YES |
| DEXCOM G6 SENSOR | 3 | YES | NO | YES |
| DEXCOM G6 TRANSMITTER | 3 | YES | NO | YES |
| DEXCOM G7 15 DAY SENSOR | 3 | YES | NO | YES |
| DEXCOM G7 RECEIVER | 3 | YES | NO | YES |
| DEXCOM G7 SENSOR | 3 | YES | NO | YES |
| DEXMETHYLPHENIDATE 10 MG TAB | 1 | YES | NO | YES |
| DEXMETHYLPHENIDATE 2.5 MG TAB | 1 | YES | NO | YES |
| DEXMETHYLPHENIDATE 5 MG TAB | 1 | YES | NO | YES |
| DEXMETHYLPHENIDATE ER 10 MG CP | 2 | YES | NO | YES |
| DEXMETHYLPHENIDATE ER 15 MG CP | 2 | YES | NO | YES |
| DEXMETHYLPHENIDATE ER 20 MG CP | 2 | YES | NO | YES |
| DEXMETHYLPHENIDATE ER 25 MG CP | 2 | YES | NO | YES |
| DEXMETHYLPHENIDATE ER 30 MG CP | 2 | YES | NO | YES |
| DEXMETHYLPHENIDATE ER 35 MG CP | 2 | YES | NO | YES |
| DEXMETHYLPHENIDATE ER 40 MG CP | 2 | YES | NO | YES |
| DEXMETHYLPHENIDATE ER 5 MG CAP | 2 | YES | NO | YES |
| DEXTROAMP-AMPHET ER 10 MG CAP | 1 | YES | NO | YES |
| DEXTROAMP-AMPHET ER 15 MG CAP | 1 | YES | NO | YES |
| DEXTROAMP-AMPHET ER 20 MG CAP | 1 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DEXTROAMP-AMPHET ER 25 MG CAP | 1 | YES | NO | YES |
| DEXTROAMP-AMPHET ER 30 MG CAP | 1 | YES | NO | YES |
| DEXTROAMP-AMPHET ER 5 MG CAP | 1 | YES | NO | YES |
| DEXTROAMP-AMPHETAM 12.5 MG TAB | 1 | YES | NO | YES |
| DEXTROAMP-AMPHETAM 7.5 MG TAB | 1 | YES | NO | YES |
| DEXTROAMP-AMPHETAMIN 10 MG TAB | 1 | YES | NO | YES |
| DEXTROAMP-AMPHETAMIN 15 MG TAB | 1 | YES | NO | YES |
| DEXTROAMP-AMPHETAMIN 20 MG TAB | 1 | YES | NO | YES |
| DEXTROAMP-AMPHETAMIN 30 MG TAB | 1 | YES | NO | YES |
| DEXTROAMP-AMPHETAMINE 5 MG TAB | 1 | YES | NO | YES |
| DEXTROAMPHETAMINE 10 MG TAB | 1 | YES | NO | YES |
| DEXTROAMPHETAMINE 5 MG TAB | 1 | YES | NO | YES |
| DEXTROAMPHETAMINE ER 10 MG CAP | 2 | YES | NO | YES |
| DEXTROAMPHETAMINE ER 15 MG CAP | 2 | YES | NO | YES |
| DEXTROAMPHETAMINE ER 5 MG CAP | 2 | YES | NO | YES |
| DIACOMIT 250 MG CAPSULE | 4 | YES | NO | YES |
| DIACOMIT 250 MG POWDER PACKET | 4 | YES | NO | YES |
| DIACOMIT 500 MG CAPSULE | 4 | YES | NO | YES |
| DIACOMIT 500 MG POWDER PACKET | 4 | YES | NO | YES |
| DIALYVITE 800 TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DIASTIX REAGENT STRIPS | 1 | NO | NO | NO |
| DIAZEPAM 10 MG RECTAL GEL SYRG | 2 | NO | NO | NO |
| DIAZEPAM 10 MG TABLET | 1 | NO | NO | NO |
| DIAZEPAM 10MG RECTAL GEL (2PK) | 2 | NO | NO | NO |
| DIAZEPAM 2 MG TABLET | 1 | NO | NO | NO |
| DIAZEPAM 2.5MG RECTAL GEL(2PK) | 2 | NO | NO | NO |
| DIAZEPAM 20 MG RECTAL GEL SYRG | 2 | NO | NO | NO |
| DIAZEPAM 20MG RECTAL GEL (2PK) | 2 | NO | NO | NO |
| DIAZEPAM 25 MG/5 ML ORAL CONC | 2 | NO | NO | NO |
| DIAZEPAM 5 MG TABLET | 1 | NO | NO | NO |
| DIAZEPAM 5 MG/5 ML ORAL CUP | 1 | NO | NO | NO |
| DIAZEPAM 5 MG/5 ML SOLUTION | 1 | NO | NO | NO |
| DIAZEPAM 5 MG/ML ORAL CONC | 2 | NO | NO | NO |
| DICHLORPHENAMIDE 50 MG TABLET | 4 | YES | NO | YES |
| DICLOFENAC 0.1% EYE DROPS | 1 | NO | NO | NO |
| DICLOFENAC POT 50 MG TABLET | 2 | NO | NO | YES |
| DICLOFENAC SOD DR 25 MG TAB | 2 | NO | NO | YES |
| DICLOFENAC SOD DR 50 MG TAB | 1 | NO | NO | YES |
| DICLOFENAC SOD DR 75 MG TAB | 1 | NO | NO | YES |
| DICLOFENAC SOD EC 25 MG TAB | 2 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DICLOFENAC SOD EC 50 MG TAB | 1 | NO | NO | YES |
| DICLOFENAC SOD EC 75 MG TAB | 1 | NO | NO | YES |
| DICLOFENAC SOD ER 100 MG TAB | 2 | NO | NO | YES |
| DICLOFENAC SODIUM 1% GEL | 1 | NO | NO | YES |
| DICLOFENAC SODIUM 3% GEL | 1 | NO | NO | YES |
| DICLOFENAC-MISOPROST 50-0.2 MG | 2 | YES | NO | YES |
| DICLOFENAC-MISOPROST 75-0.2 MG | 2 | YES | NO | YES |
| DICLOXACILLIN 250 MG CAPSULE | 1 | NO | NO | NO |
| DICLOXACILLIN 500 MG CAPSULE | 1 | NO | NO | NO |
| DICYCLOMINE 10 MG CAPSULE | 1 | NO | NO | NO |
| DICYCLOMINE 10 MG/5 ML SOLN | 2 | NO | NO | YES |
| DICYCLOMINE 20 MG TABLET | 1 | NO | NO | NO |
| DIDANOSINE DR 250 MG CAPSULE | 4 | NO | NO | NO |
| DIDANOSINE DR 400 MG CAPSULE | 4 | NO | NO | NO |
| DIFICID 200 MG TABLET | 3 | YES | NO | YES |
| DIFICID 40 MG/ML SUSPENSION | 3 | YES | NO | YES |
| DIFLUNISAL 500 MG TABLET | 2 | NO | NO | YES |
| DIGITEK 125 MCG TABLET | 1 | NO | NO | NO |
| DIGITEK 250 MCG TABLET | 1 | NO | NO | NO |
| DIGOX 125 MCG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DIGOX 250 MCG TABLET | 1 | NO | NO | NO |
| DIGOXIN 0.05 MG/ML SOLUTION | 1 | NO | NO | NO |
| DIGOXIN 0.125 MG TABLET | 1 | NO | NO | NO |
| DIGOXIN 0.25 MG TABLET | 1 | NO | NO | NO |
| DIGOXIN 125 MCG TABLET | 1 | NO | NO | NO |
| DIGOXIN 250 MCG TABLET | 1 | NO | NO | NO |
| DIHYDROERGOTAMINE 1 MG/ML AMP | 2 | YES | NO | YES |
| DIHYDROERGOTAMINE 4 MG/ML SPRY | 2 | YES | NO | YES |
| DILANTIN 30 MG CAPSULE | 3 | YES | NO | YES |
| DILT XR 120 MG CAPSULE | 1 | NO | NO | NO |
| DILT XR 180 MG CAPSULE | 1 | NO | NO | NO |
| DILT XR 240 MG CAPSULE | 1 | NO | NO | NO |
| DILTIAZEM 120 MG TABLET | 1 | NO | NO | NO |
| DILTIAZEM 24H ER(CD) 120 MG CP | 1 | NO | NO | NO |
| DILTIAZEM 24H ER(CD) 180 MG CP | 1 | NO | NO | NO |
| DILTIAZEM 24H ER(CD) 240 MG CP | 1 | NO | NO | NO |
| DILTIAZEM 24H ER(CD) 300 MG CP | 1 | NO | NO | NO |
| DILTIAZEM 24H ER(CD) 360 MG CP | 2 | NO | NO | NO |
| DILTIAZEM 24H ER(LA) 120 MG TB | 2 | NO | NO | NO |
| DILTIAZEM 24H ER(LA) 180 MG TB | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DILTIAZEM 24H ER(LA) 240 MG TB | 2 | NO | NO | NO |
| DILTIAZEM 24H ER(LA) 300 MG TB | 2 | NO | NO | NO |
| DILTIAZEM 24H ER(LA) 360 MG TB | 2 | NO | NO | NO |
| DILTIAZEM 24H ER(XR) 120 MG CP | 1 | NO | NO | NO |
| DILTIAZEM 24H ER(XR) 180 MG CP | 1 | NO | NO | NO |
| DILTIAZEM 24H ER(XR) 240 MG CP | 1 | NO | NO | NO |
| DILTIAZEM 24HR ER 120 MG CAP | 1 | NO | NO | NO |
| DILTIAZEM 24HR ER 180 MG CAP | 1 | NO | NO | NO |
| DILTIAZEM 24HR ER 240 MG CAP | 1 | NO | NO | NO |
| DILTIAZEM 24HR ER 300 MG CAP | 1 | NO | NO | NO |
| DILTIAZEM 24HR ER 360 MG CAP | 1 | NO | NO | NO |
| DILTIAZEM 24HR ER 420 MG CAP | 1 | NO | NO | NO |
| DILTIAZEM 30 MG TABLET | 1 | NO | NO | NO |
| DILTIAZEM 60 MG TABLET | 1 | NO | NO | NO |
| DILTIAZEM 90 MG TABLET | 1 | NO | NO | NO |
| DIMETHYL FUMARATE 30D START PK | 2 | NO | NO | YES |
| DIMETHYL FUMARATE DR 120 MG CP | 2 | NO | NO | YES |
| DIMETHYL FUMARATE DR 240 MG CP | 2 | NO | NO | YES |
| DIPENTUM 250 MG CAPSULE | 3 | NO | YES | NO |
| DIPHENHYDRAMINE 50 MG/ML VIAL | 4 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DIPHENOXYLATE-ATROP 2.5-0.025 | 1 | NO | NO | NO |
| DIPYRIDAMOLE 25 MG TABLET | 1 | NO | NO | NO |
| DIPYRIDAMOLE 50 MG TABLET | 1 | NO | NO | NO |
| DIPYRIDAMOLE 75 MG TABLET | 1 | NO | NO | NO |
| DISOPYRAMIDE 100 MG CAPSULE | 2 | NO | NO | NO |
| DISOPYRAMIDE 150 MG CAPSULE | 2 | NO | NO | NO |
| DISULFIRAM 250 MG TABLET | 2 | NO | NO | NO |
| DISULFIRAM 500 MG TABLET | 2 | NO | NO | NO |
| DIURIL 250 MG/5 ML ORAL SUSP | 3 | NO | NO | NO |
| DIVALPROEX DR 125 MG CAP SPRNK | 2 | NO | NO | NO |
| DIVALPROEX SOD DR 125 MG TAB | 1 | NO | NO | NO |
| DIVALPROEX SOD DR 250 MG TAB | 1 | NO | NO | NO |
| DIVALPROEX SOD DR 500 MG TAB | 1 | NO | NO | NO |
| DIVALPROEX SOD ER 250 MG TAB | 2 | NO | NO | NO |
| DIVALPROEX SOD ER 500 MG TAB | 2 | NO | NO | NO |
| DODEX 1,000 MCG/ML VIAL | 1 | NO | NO | NO |
| DODEX 10,000 MCG/10 ML VIAL | 1 | NO | NO | NO |
| DODEX 30,000 MCG/30 ML VIAL | 1 | NO | NO | NO |
| DOFETILIDE 125 MCG CAPSULE | 2 | NO | NO | YES |
| DOFETILIDE 250 MCG CAPSULE | 2 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DOFETILIDE 500 MCG CAPSULE | 2 | NO | NO | YES |
| DOJOLVI LIQUID | 4 | YES | NO | NO |
| DOLISHALE 90-20 MCG TABLET | 1 | NO | NO | NO |
| DONEPEZIL HCL 10 MG TABLET | 1 | NO | NO | NO |
| DONEPEZIL HCL 23 MG TABLET | 2 | NO | NO | NO |
| DONEPEZIL HCL 5 MG TABLET | 1 | NO | NO | NO |
| DONEPEZIL HCL ODT 10 MG TABLET | 1 | NO | NO | NO |
| DONEPEZIL HCL ODT 5 MG TABLET | 1 | NO | NO | NO |
| DOPTELET (10 TAB PK) 20 MG TAB | 4 | YES | NO | YES |
| DOPTELET (15 TAB PK) 20 MG TAB | 4 | YES | NO | YES |
| DOPTELET (30 TAB PK) 20 MG TAB | 4 | YES | NO | YES |
| DORZOLAMIDE HCL 2% EYE DROPS | 1 | NO | NO | NO |
| DORZOLAMIDE-TIMOLOL 2-0.5%(PF) | 2 | NO | NO | NO |
| DORZOLAMIDE-TIMOLOL EYE DROPS | 1 | NO | NO | NO |
| DOTTI 0.025 MG PATCH | 2 | NO | NO | NO |
| DOTTI 0.0375 MG PATCH | 2 | NO | NO | NO |
| DOTTI 0.05 MG PATCH | 2 | NO | NO | NO |
| DOTTI 0.075 MG PATCH | 2 | NO | NO | NO |
| DOTTI 0.1 MG PATCH | 2 | NO | NO | NO |
| DOVATO 50-300 MG TABLET | 4 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DOXAZOSIN MESYLATE 1 MG TAB | 1 | NO | NO | NO |
| DOXAZOSIN MESYLATE 2 MG TAB | 1 | NO | NO | NO |
| DOXAZOSIN MESYLATE 4 MG TAB | 1 | NO | NO | NO |
| DOXAZOSIN MESYLATE 8 MG TAB | 1 | NO | NO | NO |
| DOXEPIN 10 MG CAPSULE | 1 | NO | NO | NO |
| DOXEPIN 10 MG/ML ORAL CONC | 1 | NO | NO | NO |
| DOXEPIN 100 MG CAPSULE | 1 | NO | NO | NO |
| DOXEPIN 150 MG CAPSULE | 1 | NO | NO | NO |
| DOXEPIN 25 MG CAPSULE | 1 | NO | NO | NO |
| DOXEPIN 50 MG CAPSULE | 1 | NO | NO | NO |
| DOXEPIN 75 MG CAPSULE | 1 | NO | NO | NO |
| DOXERCALCIFEROL 0.5 MCG CAP | 2 | NO | NO | NO |
| DOXERCALCIFEROL 1 MCG CAPSULE | 2 | NO | NO | NO |
| DOXERCALCIFEROL 2.5 MCG CAP | 2 | NO | NO | NO |
| DOXYCYCLINE 25 MG/5 ML SUSP | 1 | NO | NO | NO |
| DOXYCYCLINE HYCLATE 100 MG CAP | 1 | NO | NO | NO |
| DOXYCYCLINE HYCLATE 100 MG TAB | 1 | NO | NO | NO |
| DOXYCYCLINE HYCLATE 20 MG TAB | 1 | NO | NO | NO |
| DOXYCYCLINE HYCLATE 50 MG CAP | 1 | NO | NO | NO |
| DOXYCYCLINE MONO 100 MG CAP | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DOXYCYCLINE MONO 100 MG TABLET | 1 | NO | NO | NO |
| DOXYCYCLINE MONO 50 MG CAP | 1 | NO | NO | NO |
| DOXYCYCLINE MONO 50 MG TABLET | 1 | NO | NO | NO |
| DOXYLAMINE-PYRIDOXINE 10-10 MG | 2 | NO | YES | YES |
| D-PENAMINE 125 MG TABLET | 4 | YES | NO | NO |
| DRONABINOL 10 MG CAPSULE | 1 | NO | NO | NO |
| DRONABINOL 2.5 MG CAPSULE | 1 | NO | NO | NO |
| DRONABINOL 5 MG CAPSULE | 1 | NO | NO | NO |
| DROPLET 0.5 ML 29GX12.5MM(1/2) | 1 | NO | NO | NO |
| DROPLET 0.5 ML 30GX12.5MM(1/2) | 1 | NO | NO | NO |
| DROPLET 30G LANCETS | 1 | NO | NO | YES |
| DROPLET GENTEEL LANCING DEVICE | 1 | NO | NO | YES |
| DROPLET INS 0.3 ML 29GX12.5MM | 1 | NO | NO | NO |
| DROPLET INS 0.3ML 30GX12.5MM | 1 | NO | NO | NO |
| DROPLET INS 0.5ML 30GX6MM(1/2) | 1 | NO | NO | NO |
| DROPLET INS 0.5ML 30GX8MM(1/2) | 1 | NO | NO | NO |
| DROPLET INS 0.5ML 31GX6MM(1/2) | 1 | NO | NO | NO |
| DROPLET INS 0.5ML 31GX8MM(1/2) | 1 | NO | NO | NO |
| DROPLET INS SYR 0.3 ML 30GX6MM | 1 | NO | NO | NO |
| DROPLET INS SYR 0.3 ML 30GX8MM | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DROPLET INS SYR 0.3 ML 31GX6MM | 1 | NO | NO | NO |
| DROPLET INS SYR 0.3 ML 31GX8MM | 1 | NO | NO | NO |
| DROPLET LANCING DEVICE | 1 | NO | NO | YES |
| DROPSAFE ACTI-LANCE 23G LANCET | 1 | NO | NO | YES |
| DROPSAFE SICURA NDL 25G 25MM | 1 | NO | NO | NO |
| DROSPIRENONE-EE 3-0.02 MG TAB | 1 | NO | NO | NO |
| DROSPIRENONE-EE 3-0.03 MG TAB | 1 | NO | NO | NO |
| DROXIA 200 MG CAPSULE | 2 | NO | NO | NO |
| DROXIA 300 MG CAPSULE | 2 | NO | NO | NO |
| DROXIA 400 MG CAPSULE | 2 | NO | NO | NO |
| DROXIDOPA 100 MG CAPSULE | 4 | YES | NO | NO |
| DROXIDOPA 200 MG CAPSULE | 4 | YES | NO | NO |
| DROXIDOPA 300 MG CAPSULE | 4 | YES | NO | NO |
| DRUG MART ULTRA COMFORT SYR | 1 | NO | NO | NO |
| DRYSOL DAB-O-MATIC SOLUTION | 1 | NO | NO | NO |
| DRYSOL SOLUTION | 1 | NO | NO | NO |
| DUAVEE 0.45-20 MG TABLET | 3 | YES | NO | NO |
| DULCOLAX 1,200 MG/15 ML LIQUID | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| DULERA 100 MCG-5 MCG INHALER | 2 | NO | NO | NO |
| DULERA 200 MCG-5 MCG INHALER | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| DULERA 50 MCG-5 MCG INHALER | 2 | NO | NO | NO |
| DULOXETINE HCL DR 20 MG CAP | 1 | NO | NO | YES |
| DULOXETINE HCL DR 30 MG CAP | 1 | NO | NO | YES |
| DULOXETINE HCL DR 60 MG CAP | 1 | NO | NO | YES |
| DUPIXENT 100 MG/0.67 ML SYRING | 4 | YES | NO | YES |
| DUPIXENT 200 MG/1.14 ML PEN | 4 | YES | NO | YES |
| DUPIXENT 200 MG/1.14 ML SYRING | 4 | YES | NO | YES |
| DUPIXENT 300 MG/2 ML PEN | 4 | YES | NO | YES |
| DUPIXENT 300 MG/2 ML SYRINGE | 4 | YES | NO | YES |
| DUREX AVANTI REAL FEEL CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| DUREX EXTRA SENSITIVE CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| DUREX TROPICAL CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| DUTASTERIDE 0.5 MG CAPSULE | 1 | NO | NO | NO |
| DUTASTERIDE-TAMSULOSIN 0.5-0.4 | 2 | NO | NO | NO |
| DUVYZAT 8.86 MG/ML ORAL SUSP | 4 | YES | NO | YES |
| DYSPORT 300 UNIT VIAL | 4 | YES | NO | YES |
| DYSPORT 500 UNIT VIAL | 4 | YES | NO | YES |
| E.E.S. 400 MG TABLET | 1 | NO | NO | NO |
| EASIVENT HOLDING CHAMBER | 2 | NO | NO | NO |
| EASIVENT MASK-LARGE | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EASIVENT MASK-MEDIUM | 2 | NO | NO | NO |
| EASIVENT MASK-SMALL | 2 | NO | NO | NO |
| EASY COMFORT 0.3 ML 31G 1/2" | 1 | NO | NO | NO |
| EASY COMFORT 0.3 ML 31G 5/16" | 1 | NO | NO | NO |
| EASY COMFORT 0.3 ML SYRINGE | 1 | NO | NO | NO |
| EASY COMFORT 30G LANCETS | 1 | NO | NO | YES |
| EASY GLIDE INS 0.3 ML 31GX6MM | 1 | NO | NO | NO |
| EASY MINI EJECT LANCING DEVICE | 1 | NO | NO | YES |
| EASY TOUCH 0.3 ML SYR 30GX1/2" | 1 | NO | NO | NO |
| EASY TOUCH FLIPLK NDL 30GX5/16 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLK NDL 31GX5/16 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 18GX1" | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 19GX1" | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 20GX1" | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 21GX1" | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 22GX1 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 23GX1" | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 25GX1" | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 26GX1" | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOCK NDL 27GX1" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EASY TOUCH FLIPLOK NDL 18GX1.5 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 19GX1.5 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 20GX1.5 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 21GX1.5 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 22GX1.5 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 22GX3/4 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 23GX1.5 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 23GX5/8 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 25GX1.5 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 25GX5/8 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 26GX1/2 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 27GX1/2 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 28GX1/2 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 29GX1/2 | 1 | NO | NO | NO |
| EASY TOUCH FLIPLOK NDL 30GX1/2 | 1 | NO | NO | NO |
| EASY TOUCH FLURINGE 25GX1 1 ML | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 16GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 16GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 18GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 18GX1.25 | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EASY TOUCH HYPODERMIC 18GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 19GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 19GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 20GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 20GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 21GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 21GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 22GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 22GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 23GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 23GX1.25 | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 23GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 23GX3/4" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 24GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 24GX1.25 | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 25GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 25GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 25GX5/8" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 26GX1/2" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 26GX3/8" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EASY TOUCH HYPODERMIC 26GX5/8" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 27GX1.25 | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 27GX1.5" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 27GX1/2" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 30GX1" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 30GX1/2" | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 31GX5/16 | 1 | NO | NO | NO |
| EASY TOUCH HYPODERMIC 32GX5/16 | 1 | NO | NO | NO |
| EASY TOUCH INSULIN SYR 0.3 ML | 1 | NO | NO | NO |
| EASY TOUCH LANCING DEVICE | 1 | NO | NO | YES |
| EASY TOUCH PULL-TOP 26G LANCET | 1 | NO | NO | YES |
| EASY TOUCH PULL-TOP 28G LANCET | 1 | NO | NO | YES |
| EASY TOUCH PULL-TOP 30G LANCET | 1 | NO | NO | YES |
| EASY TOUCH PULL-TOP 32G LANCET | 1 | NO | NO | YES |
| EASY TOUCH SAFETY 21G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH SAFETY 23G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH SAFETY 26G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH SAFETY 28G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH SAFETY 30G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH SAFETY 32G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EASY TOUCH SYR 26GX3/8" 1 ML | 1 | NO | NO | NO |
| EASY TOUCH SYR 27GX1/2" 1 ML | 1 | NO | NO | NO |
| EASY TOUCH TWIST 26G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH TWIST 28G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH TWIST 30G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH TWIST 32G LANCETS | 1 | NO | NO | YES |
| EASY TOUCH TWIST 33G LANCETS | 1 | NO | NO | YES |
| EASY TWIST & CAP 28G LANCETS | 1 | NO | NO | YES |
| EASYPOINT NEEDLE 18G X 1" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 18G X 1-1/2" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 20G X 1" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 20G X 1-1/2" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 21G X 1" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 21G X 1-1/2" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 22G X 1" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 22G X 1-1/2" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 23G X 1" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 25G 1.5" | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 25G 16MM | 1 | NO | NO | NO |
| EASYPOINT NEEDLE 25G X 1" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EASYPOINT NEEDLE 25G X 5/8" | 1 | NO | NO | NO |
| EC-NAPROXEN DR 375 MG TABLET | 1 | NO | NO | YES |
| EC-NAPROXEN DR 500 MG TABLET | 2 | NO | NO | YES |
| ECONAZOLE NITRATE 1% CREAM | 2 | NO | NO | NO |
| ECONTRA EZ 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| ECONTRA ONE-STEP 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| ECOTRIN EC 81 MG TABLET | 1 | NO | NO | NO |
| ED-SPAZ 0.125 MG ODT | 1 | NO | NO | NO |
| EDURANT 25 MG TABLET | 4 | NO | NO | NO |
| EDURANT PED 2.5MG TAB FOR SUSP | 4 | NO | NO | YES |
| EEMT DS 1.25-2.5 MG TABLET | 2 | NO | NO | NO |
| EEMT HS 0.625-1.25 MG TABLET | 2 | NO | NO | NO |
| EFAVIR-EMTRI-TENOF 600-200-300 | 4 | NO | NO | NO |
| EFAVIRENZ 200 MG CAPSULE | 2 | NO | NO | NO |
| EFAVIRENZ 50 MG CAPSULE | 2 | NO | NO | NO |
| EFAVIRENZ 600 MG TABLET | 2 | NO | NO | NO |
| EFAVIR-LAMIV-TENOF 400-300-300 | 1 | NO | NO | NO |
| EFAVIR-LAMIV-TENOF 600-300-300 | 1 | NO | NO | NO |
| EFFER-K 25 MEQ TABLET EFF | 1 | NO | NO | NO |
| EGRIFTA SV 2 MG VIAL | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EGRIFTA WR 11.6 MG VIAL | 4 | YES | NO | NO |
| EGRIFTA WR 11.6MG FOUR-VL KIT | 4 | YES | NO | NO |
| ELETRIPTAN HBR 20 MG TABLET | 2 | NO | NO | YES |
| ELETRIPTAN HBR 40 MG TABLET | 2 | NO | NO | YES |
| ELIGARD 22.5 MG SYRINGE KIT | 4 | YES | NO | YES |
| ELIGARD 30 MG SYRINGE KIT | 4 | YES | NO | YES |
| ELIGARD 45 MG SYRINGE KIT | 4 | YES | NO | YES |
| ELIGARD 7.5 MG SYRINGE KIT | 4 | YES | NO | YES |
| ELINEST-28 TABLET | 1 | NO | NO | NO |
| ELIQUIS 2.5 MG TABLET | 2 | NO | NO | NO |
| ELIQUIS 5 MG TABLET | 2 | NO | NO | NO |
| ELIQUIS DVT-PE TREAT START 5MG | 2 | NO | NO | NO |
| ELITE-OB CAPLET | 1 | NO | NO | NO |
| ELLA 30 MG TABLET | 3 | NO | NO | NO |
| ELTROMBOPAG 12.5 MG SUSP PKT | 4 | YES | NO | YES |
| ELTROMBOPAG 12.5 MG TABLET | 4 | YES | NO | YES |
| ELTROMBOPAG 25 MG SUSP PACKET | 4 | YES | NO | YES |
| ELTROMBOPAG 25 MG TABLET | 4 | YES | NO | YES |
| ELTROMBOPAG 50 MG TABLET | 4 | YES | NO | YES |
| ELTROMBOPAG 75 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ELURYNG VAGINAL RING | 1 | NO | NO | NO |
| EMBRACE 21G SAFETY LANCET | 1 | NO | NO | YES |
| EMBRACE 28G SAFETY LANCET | 1 | NO | NO | YES |
| EMBRACE 30G LANCETS | 1 | NO | NO | YES |
| EMBRACE LANCING DEVICE | 1 | NO | NO | YES |
| EMCYT 140 MG CAPSULE | 4 | YES | NO | NO |
| EMGALITY 100 MG/ML SYR(1 OF 3) | 2 | YES | NO | YES |
| EMGALITY 120 MG/ML PEN | 2 | YES | NO | YES |
| EMGALITY 120 MG/ML SYRINGE | 2 | YES | NO | YES |
| EMGALITY 300 MG (100 MG X3SYR) | 2 | YES | NO | YES |
| EMTRICITABINE 200 MG CAPSULE | 2 | NO | NO | NO |
| EMTRICITABINE-TENOFV 100-150MG | 4 | NO | NO | NO |
| EMTRICITABINE-TENOFV 133-200MG | 4 | NO | NO | NO |
| EMTRICITABINE-TENOFV 167-250MG | 4 | NO | NO | NO |
| EMTRICITABINE-TENOFV 200-300MG | 4 | NO | NO | NO |
| EMTRICIT-RILP-TENOF 200-25-300 | 4 | NO | NO | NO |
| EMTRIVA 10 MG/ML SOLUTION | 4 | NO | NO | NO |
| EMVERM 100 MG TABLET CHEW | 3 | YES | NO | YES |
| EMZAHH 0.35 MG TABLET | 1 | NO | NO | NO |
| ENALAPRIL MALEATE 10 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ENALAPRIL MALEATE 2.5 MG TAB | 1 | NO | NO | NO |
| ENALAPRIL MALEATE 20 MG TAB | 1 | NO | NO | NO |
| ENALAPRIL MALEATE 5 MG TABLET | 1 | NO | NO | NO |
| ENALAPRIL-HCTZ 10-25 MG TABLET | 1 | NO | NO | NO |
| ENALAPRIL-HCTZ 5-12.5 MG TAB | 1 | NO | NO | NO |
| ENBREL 25 MG KIT | 4 | NO | YES | YES |
| ENBREL 25 MG/0.5 ML SYRINGE | 4 | NO | YES | YES |
| ENBREL 25 MG/0.5 ML VIAL | 4 | NO | YES | YES |
| ENBREL 50 MG/ML MINI CARTRIDGE | 4 | NO | YES | YES |
| ENBREL 50 MG/ML SURECLICK | 4 | NO | YES | YES |
| ENBREL 50 MG/ML SYRINGE | 4 | NO | YES | YES |
| ENDARI 5 GRAM POWDER PACKET | 4 | YES | NO | YES |
| ENDOCET 10-325 MG TABLET | 1 | NO | YES | NO |
| ENDOCET 2.5-325 MG TABLET | 1 | NO | YES | NO |
| ENDOCET 5-325 MG TABLET | 1 | NO | YES | NO |
| ENDOCET 7.5-325 MG TABLET | 1 | NO | YES | NO |
| ENILLORING VAGINAL RING | 1 | NO | NO | NO |
| ENOXAPARIN 100 MG/ML SYRINGE | 4 | NO | NO | NO |
| ENOXAPARIN 120 MG/0.8 ML SYR | 4 | NO | NO | NO |
| ENOXAPARIN 150 MG/ML SYRINGE | 4 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ENOXAPARIN 30 MG/0.3 ML SYR | 4 | NO | NO | NO |
| ENOXAPARIN 300 MG/3 ML VIAL | 4 | NO | NO | NO |
| ENOXAPARIN 40 MG/0.4 ML SYR | 4 | NO | NO | NO |
| ENOXAPARIN 60 MG/0.6 ML SYR | 4 | NO | NO | NO |
| ENOXAPARIN 80 MG/0.8 ML SYR | 4 | NO | NO | NO |
| ENPRESSE-28 TABLET | 1 | NO | NO | NO |
| ENSACOVE 100 MG CAPSULE | 4 | YES | NO | YES |
| ENSACOVE 25 MG CAPSULE | 4 | YES | NO | YES |
| ENSKYCE 28 TABLET | 1 | NO | NO | NO |
| ENSPRYNG 120 MG/ML SYRINGE | 4 | YES | NO | YES |
| ENTACAPONE 200 MG TABLET | 1 | NO | NO | NO |
| ENTECAVIR 0.5 MG TABLET | 4 | NO | NO | YES |
| ENTECAVIR 1 MG TABLET | 4 | NO | NO | YES |
| ENTYVIO 108 MG/0.68 ML PEN | 4 | NO | YES | YES |
| ENULOSE 10 GM/15 ML SOLUTION | 1 | NO | NO | NO |
| EOHILIA 2 MG/10 ML STICK PACK | 4 | YES | NO | YES |
| EPCLUSA 150-37.5 MG PELLET PKT | 4 | YES | NO | YES |
| EPCLUSA 200 MG-50 MG TABLET | 4 | YES | NO | YES |
| EPCLUSA 200-50 MG PELLET PACK | 4 | YES | NO | YES |
| EPCLUSA 400 MG-100 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EPIDIOLEX 100 MG/ML SOLN PACK | 4 | YES | NO | NO |
| EPIDIOLEX 100 MG/ML SOLUTION | 4 | YES | NO | NO |
| EPINASTINE HCL 0.05% EYE DROPS | 2 | NO | NO | NO |
| EPINEPHRINE 0.15 MG AUTO-INJCT | 2 | NO | NO | NO |
| EPINEPHRINE 0.3 MG AUTO-INJECT | 2 | NO | NO | NO |
| EPITOL 200 MG TABLET | 1 | NO | NO | NO |
| EPIVIR HBV 25 MG/5 ML SOLN | 4 | NO | NO | YES |
| EPLERENONE 25 MG TABLET | 1 | NO | NO | NO |
| EPLERENONE 50 MG TABLET | 1 | NO | NO | NO |
| EPOGEN 10,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| EPOGEN 2,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| EPOGEN 20,000 UNIT/2 ML VIAL | 4 | YES | NO | NO |
| EPOGEN 20,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| EPOGEN 3,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| EPOGEN 4,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| EQ BUDESONIDE 32 MCG SPRAY | 1 | NO | NO | NO |
| EQ CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| EQ GENTLE LAXATIVE DR 5 MG TAB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| EQ MAGNESIUM CITRATE SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| EQ NASAL ALLERGY 24HR SPRAY | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EQ SPACE CHAMBER | 2 | NO | NO | NO |
| EQ SPACE CHAMBER-LARGE MASK | 2 | NO | NO | NO |
| EQ SPACE CHAMBER-MEDIUM MASK | 2 | NO | NO | NO |
| EQ SPACE CHAMBER-SMALL MASK | 2 | NO | NO | NO |
| EQL CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| EQL GENTLE LAXATIVE EC 5 MG TB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| EQL INSUL SYR 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| EQL INSULIN 0.3 ML SYRINGE | 1 | NO | NO | NO |
| EQL MICRO THIN 33G LANCETS | 1 | NO | NO | YES |
| EQL SLEEP AID 25 MG TABLET | 1 | NO | NO | NO |
| EQL VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |
| EQUETRO 100 MG CAPSULE | 3 | YES | NO | NO |
| EQUETRO 200 MG CAPSULE | 3 | YES | NO | NO |
| EQUETRO 300 MG CAPSULE | 3 | YES | NO | NO |
| ERGOLOID MESYLATES 1 MG TAB | 2 | NO | NO | NO |
| ERGOMAR 2 MG TABLET SL | 3 | NO | NO | YES |
| ERGOMAR 2 MG TABLET SUBLINGUAL | 3 | NO | NO | YES |
| ERGOTAMINE-CAFFEINE 1-100MG TB | 2 | NO | NO | NO |
| ERIVEDGE 150 MG CAPSULE | 4 | YES | NO | YES |
| ERLEADA 240 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ERLEADA 60 MG TABLET | 4 | YES | NO | YES |
| ERLOTINIB HCL 100 MG TABLET | 4 | YES | NO | YES |
| ERLOTINIB HCL 150 MG TABLET | 4 | YES | NO | YES |
| ERLOTINIB HCL 25 MG TABLET | 4 | YES | NO | YES |
| ERRIN 0.35 MG TABLET | 1 | NO | NO | NO |
| ERY 2% PADS | 2 | NO | NO | NO |
| ERYGEL 2% GEL | 2 | NO | NO | NO |
| ERY-TAB DR 250 MG TABLET | 2 | NO | NO | NO |
| ERY-TAB DR 333 MG TABLET | 2 | NO | NO | NO |
| ERYTHROCIN 250 MG TABLET | 2 | NO | NO | NO |
| ERYTHROMYCIN 0.5% EYE OINTMENT | 1 | NO | NO | NO |
| ERYTHROMYCIN 2% GEL | 2 | NO | NO | NO |
| ERYTHROMYCIN 2% SOLUTION | 1 | NO | NO | NO |
| ERYTHROMYCIN 200 MG/5 ML SUSP | 2 | YES | NO | NO |
| ERYTHROMYCIN 250 MG TABLET | 2 | NO | NO | NO |
| ERYTHROMYCIN 400 MG/5 ML SUSP | 2 | YES | NO | NO |
| ERYTHROMYCIN 500 MG TABLET | 2 | NO | NO | NO |
| ERYTHROMYCIN DR 250 MG CAP | 1 | NO | NO | NO |
| ERYTHROMYCIN DR 250 MG TABLET | 2 | NO | NO | NO |
| ERYTHROMYCIN DR 333 MG TABLET | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ERYTHROMYCIN DR 500 MG TABLET | 2 | NO | NO | NO |
| ERYTHROMYCIN ES 400 MG TAB | 1 | NO | NO | NO |
| ERYTHROMYCIN-BENZOYL GEL | 2 | NO | YES | NO |
| ESCITALOPRAM 10 MG TABLET | 1 | NO | NO | YES |
| ESCITALOPRAM 10 MG/10 ML CUP | 2 | NO | NO | YES |
| ESCITALOPRAM 20 MG TABLET | 1 | NO | NO | YES |
| ESCITALOPRAM 5 MG TABLET | 1 | NO | NO | YES |
| ESCITALOPRAM OXALATE 5 MG/5 ML | 2 | NO | NO | YES |
| ESLICARBAZEPINE 200 MG TABLET | 2 | YES | NO | YES |
| ESLICARBAZEPINE 400 MG TABLET | 2 | YES | NO | YES |
| ESLICARBAZEPINE 600 MG TABLET | 2 | YES | NO | YES |
| ESLICARBAZEPINE 800 MG TABLET | 2 | YES | NO | YES |
| ESOMEPRAZOLE DR 10 MG PACKET | 2 | YES | NO | YES |
| ESOMEPRAZOLE DR 2.5 MG PACKET | 2 | YES | NO | YES |
| ESOMEPRAZOLE DR 20 MG PACKET | 2 | YES | NO | YES |
| ESOMEPRAZOLE DR 40 MG PACKET | 2 | YES | NO | YES |
| ESOMEPRAZOLE DR 5 MG PACKET | 2 | YES | NO | YES |
| ESOMEPRAZOLE MAG DR 20 MG CAP | 1 | NO | NO | YES |
| ESOMEPRAZOLE MAG DR 40 MG CAP | 1 | NO | NO | YES |
| ESTARYLLA 0.25-0.035 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ESTAZOLAM 1 MG TABLET | 1 | NO | NO | NO |
| ESTAZOLAM 2 MG TABLET | 1 | NO | NO | NO |
| ESTRADIOL 0.01% CREAM | 2 | NO | NO | NO |
| ESTRADIOL 0.025 MG PATCH(1/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.025 MG PATCH(2/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.0375MG PATCH(1/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.0375MG PATCH(2/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.05 MG PATCH (1/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.05 MG PATCH (2/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.06 MG PATCH (1/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.075 MG PATCH(1/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.075 MG PATCH(2/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.1 MG PATCH (1/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.1 MG PATCH (2/WK) | 2 | NO | NO | NO |
| ESTRADIOL 0.5 MG TABLET | 1 | NO | NO | NO |
| ESTRADIOL 1 MG TABLET | 1 | NO | NO | NO |
| ESTRADIOL 10 MCG VAGINAL INSRT | 2 | NO | NO | NO |
| ESTRADIOL 2 MG TABLET | 1 | NO | NO | NO |
| ESTRADIOL-NORETH 0.5-0.1 MG TB | 2 | NO | NO | NO |
| ESTRADIOL-NORETH 1-0.5 MG TAB | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ESTROGEN-METHYLTESTOS F.S. TAB | 2 | NO | NO | NO |
| ESTROGEN-METHYLTESTOS H.S. TAB | 2 | NO | NO | NO |
| ESZOPICLONE 1 MG TABLET | 1 | NO | NO | YES |
| ESZOPICLONE 2 MG TABLET | 1 | NO | NO | YES |
| ESZOPICLONE 3 MG TABLET | 1 | NO | NO | YES |
| ETHACRYNIC ACID 25 MG TABLET | 2 | YES | NO | NO |
| ETHAMBUTOL HCL 100 MG TABLET | 1 | NO | NO | NO |
| ETHAMBUTOL HCL 400 MG TABLET | 1 | NO | NO | NO |
| ETHOSUXIMIDE 250 MG CAPSULE | 2 | NO | NO | NO |
| ETHOSUXIMIDE 250 MG/5 ML SOLN | 2 | NO | NO | NO |
| ETHYNODIOL-ETH ESTRA 1MG-35MCG | 1 | NO | NO | NO |
| ETHYNODIOL-ETH ESTRA 1MG-50MCG | 1 | NO | NO | NO |
| ETODOLAC 200 MG CAPSULE | 2 | NO | NO | YES |
| ETODOLAC 300 MG CAPSULE | 2 | NO | NO | YES |
| ETODOLAC 400 MG TABLET | 1 | NO | NO | YES |
| ETODOLAC 500 MG TABLET | 1 | NO | NO | YES |
| ETODOLAC ER 400 MG TABLET | 2 | NO | NO | YES |
| ETODOLAC ER 500 MG TABLET | 2 | NO | NO | YES |
| ETODOLAC ER 600 MG TABLET | 2 | NO | NO | YES |
| ETONOGESTREL-EE VAGINAL RING | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ETOPOSIDE 50 MG CAPSULE | 4 | YES | NO | NO |
| ETRAVIRINE 100 MG TABLET | 4 | NO | NO | NO |
| ETRAVIRINE 200 MG TABLET | 4 | NO | NO | NO |
| EUCRISA 2% OINTMENT | 3 | NO | YES | YES |
| EULEXIN 125 MG CAPSULE | 4 | YES | NO | NO |
| EUTHYROX 100 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 112 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 125 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 137 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 150 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 175 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 200 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 25 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 50 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 75 MCG TABLET | 1 | NO | NO | NO |
| EUTHYROX 88 MCG TABLET | 1 | NO | NO | NO |
| EVEROLIMUS 10 MG TABLET | 4 | YES | NO | YES |
| EVEROLIMUS 2 MG TAB FOR SUSP | 4 | YES | NO | NO |
| EVEROLIMUS 2.5 MG TABLET | 4 | YES | NO | YES |
| EVEROLIMUS 3 MG TAB FOR SUSP | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EVEROLIMUS 5 MG TAB FOR SUSP | 4 | YES | NO | NO |
| EVEROLIMUS 5 MG TABLET | 4 | YES | NO | YES |
| EVEROLIMUS 7.5 MG TABLET | 4 | YES | NO | YES |
| EVOTAZ 300 MG-150 MG TABLET | 4 | NO | NO | NO |
| EVRYSDI 5 MG TABLET | 4 | YES | NO | YES |
| EVRYSDI 60 MG/80 ML(0.75MG/ML) | 4 | YES | NO | YES |
| EXEL HUBER 22GX3/4" NEEDLE | 1 | NO | NO | NO |
| EXEL HUBER NEEDLE 22GX1" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 16GX1" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 18GX1" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 18GX1.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 19GX1" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 19GX1.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 20GX0.75" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 20GX1" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 20GX1.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 21GX1" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 21GX1.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 22GX0.75" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 22GX1" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EXEL HYPO NEEDLE 22GX1.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 23GX0.75" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 23GX1" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 25GX0.625" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 25GX0.75" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 25GX1" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 25GX1.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 26GX0.375" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 26GX0.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 26GX0.625" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 26GX1.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 27GX0.5" | 1 | NO | NO | NO |
| EXEL HYPO NEEDLE 30GX0.5" | 1 | NO | NO | NO |
| EXEL MTI DRAWING NDL 20GX1" | 1 | NO | NO | NO |
| EXEL MTI DRAWING NDL 21GX1" | 1 | NO | NO | NO |
| EXEL MTI DRAWING NDL 22GX1" | 1 | NO | NO | NO |
| EXEL U100 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| EXEL U100 0.3 ML 30GX5/16" | 1 | NO | NO | NO |
| EXEMESTANE 25 MG TABLET | 1 | NO | NO | NO |
| EXKIVITY 40 MG CAPSULE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| EXTAVIA 0.3 MG KIT | 4 | NO | YES | NO |
| EXTAVIA 0.3 MG VIAL | 4 | NO | YES | NO |
| EYE ITCH RELIEF 0.025% DROPS | 1 | NO | NO | NO |
| E-Z JECT COLORED LANCETS | 1 | NO | NO | YES |
| E-Z JECT LANCETS | 1 | NO | NO | YES |
| E-Z PULL & CLICK LANCING DEV | 1 | NO | NO | YES |
| EZ SMART 28G LANCETS | 1 | NO | NO | YES |
| EZETIMIBE 10 MG TABLET | 1 | NO | NO | NO |
| EZETIMIBE-SIMVASTATIN 10-10 MG | 2 | YES | NO | NO |
| EZETIMIBE-SIMVASTATIN 10-20 MG | 2 | YES | NO | NO |
| EZETIMIBE-SIMVASTATIN 10-40 MG | 2 | YES | NO | NO |
| EZETIMIBE-SIMVASTATIN 10-80 MG | 2 | YES | NO | NO |
| E-ZJECT COLOR 32G LANCETS | 1 | NO | NO | YES |
| E-ZJECT COLOR 33G LANCETS | 1 | NO | NO | YES |
| E-ZJECT SUPER THIN 30G LANCETS | 1 | NO | NO | YES |
| E-ZJECT THIN LANCETS | 1 | NO | NO | YES |
| EZ-LETS 26G LANCETS | 1 | NO | NO | YES |
| FABHALTA 200 MG CAPSULE | 4 | YES | NO | YES |
| FALMINA-28 TABLET | 1 | NO | NO | NO |
| FAMCICLOVIR 125 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FAMCICLOVIR 250 MG TABLET | 1 | NO | NO | NO |
| FAMCICLOVIR 500 MG TABLET | 1 | NO | NO | NO |
| FAMOTIDINE 20 MG TABLET | 1 | NO | NO | NO |
| FAMOTIDINE 40 MG TABLET | 1 | NO | NO | NO |
| FAMOTIDINE 40 MG/5 ML SUSP | 2 | NO | NO | NO |
| FANTASY CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FARXIGA 10 MG TABLET | 2 | NO | NO | YES |
| FARXIGA 5 MG TABLET | 2 | NO | NO | YES |
| FARYDAK 10 MG CAPSULE | 4 | YES | NO | YES |
| FARYDAK 15 MG CAPSULE | 4 | YES | NO | YES |
| FARYDAK 20 MG CAPSULE | 4 | YES | NO | YES |
| FASENRA 10 MG/0.5 ML SYRINGE | 4 | YES | NO | YES |
| FASENRA 30 MG/ML SYRINGE | 4 | YES | NO | YES |
| FASENRA PEN 30 MG/ML | 4 | YES | NO | YES |
| FC2 FEMALE CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FEBUXOSTAT 40 MG TABLET | 1 | NO | YES | NO |
| FEBUXOSTAT 80 MG TABLET | 1 | NO | YES | NO |
| FEIRZA 1 MG-20 MCG TABLET | 1 | NO | NO | NO |
| FEIRZA 1.5 MG-30 MCG TABLET | 1 | NO | NO | NO |
| FELBAMATE 400 MG TABLET | 2 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FELBAMATE 600 MG TABLET | 2 | YES | NO | NO |
| FELBAMATE 600 MG/5 ML SUSP | 2 | YES | NO | NO |
| FELBAMATE 600 MG/5 ML SUSP CUP | 2 | YES | NO | NO |
| FELODIPINE ER 10 MG TABLET | 1 | NO | NO | NO |
| FELODIPINE ER 2.5 MG TABLET | 1 | NO | NO | NO |
| FELODIPINE ER 5 MG TABLET | 1 | NO | NO | NO |
| FEMCAP 22 MM CERVICAL CAP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FEMCAP 26 MM CERVICAL CAP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FEMCAP 30 MM CERVICAL CAP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FEMYNOR 28 TABLET | 1 | NO | NO | NO |
| FENOFIBRATE 134 MG CAPSULE | 1 | NO | NO | NO |
| FENOFIBRATE 145 MG TABLET | 1 | NO | NO | NO |
| FENOFIBRATE 160 MG TABLET | 1 | NO | NO | NO |
| FENOFIBRATE 200 MG CAPSULE | 1 | NO | NO | NO |
| FENOFIBRATE 48 MG TABLET | 1 | NO | NO | NO |
| FENOFIBRATE 54 MG TABLET | 1 | NO | NO | NO |
| FENOFIBRATE 67 MG CAPSULE | 1 | NO | NO | NO |
| FENOFIBRIC ACID DR 135 MG CAP | 1 | NO | NO | NO |
| FENOFIBRIC ACID DR 45 MG CAP | 1 | NO | NO | NO |
| FENSOLVI 45 MG SYRINGE KIT | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FENTANYL 100 MCG/HR PATCH | 1 | YES | NO | NO |
| FENTANYL 12 MCG/HR PATCH | 1 | YES | NO | NO |
| FENTANYL 25 MCG/HR PATCH | 1 | YES | NO | NO |
| FENTANYL 50 MCG/HR PATCH | 1 | YES | NO | NO |
| FENTANYL 75 MCG/HR PATCH | 1 | YES | NO | NO |
| FENTANYL CIT 100 MCG BUCCAL TB | 3 | YES | NO | NO |
| FENTANYL CIT 200 MCG BUCCAL TB | 3 | YES | NO | NO |
| FENTANYL CIT 400 MCG BUCCAL TB | 3 | YES | NO | NO |
| FENTANYL CIT 600 MCG BUCCAL TB | 3 | YES | NO | NO |
| FENTANYL CIT 800 MCG BUCCAL TB | 3 | YES | NO | NO |
| FENTANYL CIT OTFC 1,200 MCG | 1 | YES | NO | NO |
| FENTANYL CIT OTFC 1,600 MCG | 1 | YES | NO | NO |
| FENTANYL CITRATE OTFC 200 MCG | 1 | YES | NO | NO |
| FENTANYL CITRATE OTFC 400 MCG | 1 | YES | NO | NO |
| FENTANYL CITRATE OTFC 600 MCG | 1 | YES | NO | NO |
| FENTANYL CITRATE OTFC 800 MCG | 1 | YES | NO | NO |
| FENTORA 100 MCG BUCCAL TABLET | 3 | YES | NO | NO |
| FENTORA 200 MCG BUCCAL TABLET | 3 | YES | NO | NO |
| FENTORA 400 MCG BUCCAL TABLET | 3 | YES | NO | NO |
| FENTORA 600 MCG BUCCAL TABLET | 3 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FENTORA 800 MCG BUCCAL TABLET | 3 | YES | NO | NO |
| FEROCON CAPSULE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FERRIPROX 100 MG/ML SOLUTION | 4 | YES | NO | NO |
| FESOTERODINE ER 4 MG TABLET | 2 | NO | YES | YES |
| FESOTERODINE ER 8 MG TABLET | 2 | NO | YES | YES |
| FIDAXOMICIN 200 MG TABLET | 2 | YES | NO | YES |
| FIFTY50 INS 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| FIFTY50 LANCING DEVICE | 1 | NO | NO | YES |
| FIFTY50 SAFETY SEAL 30G LANCET | 1 | NO | NO | YES |
| FIFTY50 SAFETY SEAL 32G LANCET | 1 | NO | NO | YES |
| FIFTY50 UNILET 33G LANCETS | 1 | NO | NO | YES |
| FILSPARI 200 MG TABLET | 4 | YES | NO | YES |
| FILSPARI 400 MG TABLET | 4 | YES | NO | YES |
| FILSUVEZ 10% GEL | 4 | YES | NO | NO |
| FINASTERIDE 5 MG TABLET | 1 | NO | NO | NO |
| FINGERSTIX LANCETS | 1 | NO | NO | YES |
| FINGOLIMOD 0.5 MG CAPSULE | 4 | NO | NO | NO |
| FINTEPLA 2.2 MG/ML SOLUTION | 4 | YES | NO | YES |
| FINZALA 1-0.02(24)-75 CHEW TAB | 1 | NO | NO | NO |
| FIRDAPSE 10 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FIRMAGON 2 X 120 MG KIT | 4 | YES | NO | YES |
| FIRMAGON 80 MG KIT | 4 | YES | NO | YES |
| FIRST-LANSOPRAZOLE 3 MG/ML | 4 | YES | NO | YES |
| FIRST-OMEPRAZOLE 2 MG/ML SUSP | 4 | YES | NO | YES |
| FLAC OTIC OIL 0.01% EAR DROP | 2 | NO | NO | NO |
| FLAREX 0.1% EYE DROPS | 3 | NO | NO | NO |
| FLAVOXATE HCL 100 MG TABLET | 1 | NO | NO | NO |
| FLECAINIDE ACETATE 100 MG TAB | 1 | NO | NO | NO |
| FLECAINIDE ACETATE 150 MG TAB | 1 | NO | NO | NO |
| FLECAINIDE ACETATE 50 MG TAB | 1 | NO | NO | NO |
| FLEET BISACODYL EC 5 MG TAB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLEXICHAMBER | 2 | NO | NO | NO |
| FLUAD 2025-2026 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUAD QUAD 2022-2023 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUAD QUAD 2023-2024 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUAD TRIVALENT 2024-2025 SYR | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUARIX 2025-2026 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUARIX QUAD 2022-2023 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUARIX QUAD 2023-2024 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUARIX TRIVALENT 2024-25 SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FLUBLOK 2025-2026 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUBLOK QUAD 2022-2023 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUBLOK QUAD 2023-2024 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUBLOK TRIVALENT 2024-25 SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCELVAX 2025-2026 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCELVAX 2025-2026 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCELVAX QUAD 2022-2023 SYR | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCELVAX QUAD 2022-2023 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCELVAX QUAD 2023-2024 SYR | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCELVAX QUAD 2023-2024 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCELVAX TRIVAL 2024-2025 SYR | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCELVAX TRIVAL 2024-2025 VL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUCONAZOLE 10 MG/ML SUSP | 1 | NO | NO | YES |
| FLUCONAZOLE 100 MG TABLET | 1 | NO | NO | YES |
| FLUCONAZOLE 150 MG TABLET | 1 | NO | NO | YES |
| FLUCONAZOLE 200 MG TABLET | 1 | NO | NO | YES |
| FLUCONAZOLE 40 MG/ML SUSP | 1 | NO | NO | YES |
| FLUCONAZOLE 50 MG TABLET | 1 | NO | NO | YES |
| FLUCYTOSINE 250 MG CAPSULE | 2 | YES | NO | NO |
| FLUCYTOSINE 500 MG CAPSULE | 2 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FLUDROCORTISONE 0.1 MG TABLET | 1 | NO | NO | NO |
| FLULAVAL 2025-2026 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLULAVAL QUAD 2022-2023 SYRING | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLULAVAL QUAD 2023-2024 SYRING | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLULAVAL TRIVALENT 2024-25 SYR | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUMIST 2025-2026 NASAL SPRAY | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUMIST QUAD NASAL 2022-23 VAC | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUMIST QUAD NASAL 2023-24 VAC | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUMIST TRIVALNT NASAL 2024-25 | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUNISOLIDE 0.025% SPRAY | 2 | NO | YES | NO |
| FLUOCINOLONE 0.01% BODY OIL | 2 | NO | NO | NO |
| FLUOCINOLONE 0.01% CREAM | 2 | NO | NO | NO |
| FLUOCINOLONE 0.01% SCALP OIL | 2 | NO | NO | NO |
| FLUOCINOLONE 0.01% SOLUTION | 2 | NO | NO | NO |
| FLUOCINOLONE 0.025% CREAM | 1 | NO | NO | NO |
| FLUOCINOLONE 0.025% OINTMENT | 2 | NO | NO | NO |
| FLUOCINOLONE OIL 0.01% EAR DRP | 2 | NO | NO | NO |
| FLUOCINONIDE 0.05% CREAM | 2 | NO | NO | NO |
| FLUOCINONIDE 0.05% OINTMENT | 2 | NO | NO | NO |
| FLUOCINONIDE 0.05% SOLUTION | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FLUORIDE 0.25 MG TABLET CHEW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUORIDE 0.5 MG TABLET CHEW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUORIDE 1 MG TABLET CHEWABLE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUOROMETHOLONE 0.1% EYE DROP | 1 | NO | NO | NO |
| FLUOROURACIL 2% TOPICAL SOLN | 1 | NO | NO | YES |
| FLUOROURACIL 5% CREAM | 1 | NO | NO | YES |
| FLUOROURACIL 5% TOPICAL SOLN | 1 | NO | NO | YES |
| FLUOXETINE 20 MG/5 ML SOLN CUP | 2 | NO | NO | YES |
| FLUOXETINE 20 MG/5 ML SOLUTION | 2 | NO | NO | YES |
| FLUOXETINE HCL 10 MG CAPSULE | 1 | NO | NO | YES |
| FLUOXETINE HCL 10 MG TABLET | 2 | NO | NO | YES |
| FLUOXETINE HCL 20 MG CAPSULE | 1 | NO | NO | YES |
| FLUOXETINE HCL 20 MG TABLET | 2 | NO | NO | YES |
| FLUOXETINE HCL 40 MG CAPSULE | 1 | NO | NO | YES |
| FLUPHENAZINE 1 MG TABLET | 2 | YES | NO | YES |
| FLUPHENAZINE 10 MG TABLET | 2 | YES | NO | YES |
| FLUPHENAZINE 2.5 MG TABLET | 2 | YES | NO | YES |
| FLUPHENAZINE 2.5 MG/5 ML ELIX | 2 | YES | NO | YES |
| FLUPHENAZINE 2.5 MG/ML VIAL | 2 | YES | NO | YES |
| FLUPHENAZINE 5 MG TABLET | 2 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FLUPHENAZINE 5 MG/ML CONC | 2 | YES | NO | YES |
| FLUPHENAZINE DEC 125 MG/5 ML | 2 | YES | NO | YES |
| FLURAZEPAM 15 MG CAPSULE | 1 | NO | NO | YES |
| FLURAZEPAM 30 MG CAPSULE | 1 | NO | NO | YES |
| FLURBIPROFEN 0.03% EYE DROP | 2 | NO | NO | NO |
| FLURBIPROFEN 100 MG TABLET | 1 | NO | NO | YES |
| FLUTAMIDE 125 MG CAPSULE | 4 | YES | NO | NO |
| FLUTICASONE PROP 0.005% OINT | 1 | NO | NO | NO |
| FLUTICASONE PROP 0.05% CREAM | 1 | NO | NO | NO |
| FLUTICASONE PROP 50 MCG SPRAY | 1 | NO | NO | NO |
| FLUTICASONE-SALMETEROL 100-50 | 1 | NO | NO | NO |
| FLUTICASONE-SALMETEROL 113-14 | 1 | NO | NO | NO |
| FLUTICASONE-SALMETEROL 232-14 | 1 | NO | NO | NO |
| FLUTICASONE-SALMETEROL 250-50 | 1 | NO | NO | NO |
| FLUTICASONE-SALMETEROL 500-50 | 1 | NO | NO | NO |
| FLUTICASONE-SALMETEROL 55-14 | 1 | NO | NO | NO |
| FLUVOXAMINE MALEATE 100 MG TAB | 2 | NO | NO | YES |
| FLUVOXAMINE MALEATE 25 MG TAB | 2 | NO | NO | YES |
| FLUVOXAMINE MALEATE 50 MG TAB | 2 | NO | NO | YES |
| FLUZONE 2025-2026 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FLUZONE 2025-2026 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE HIGH-DOSE 2025-26 SYR | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE HIGH-DOSE QUAD 2022-23 | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE HIGH-DOSE QUAD 2023-24 | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE HIGH-DOSE TRIV 2024-25 | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE QUAD 2022-2023 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE QUAD 2022-2023 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE QUAD 2023-2024 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE QUAD 2023-2024 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE TRIVALENT 2024-25 SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FLUZONE TRIVALENT 2024-25 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FOLIC ACID 0.4 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FOLIC ACID 0.8 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FOLIC ACID 1 MG TABLET | 1 | NO | NO | NO |
| FOLIC ACID 400 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FOLIC ACID 800 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FOLITAB 500 CAPLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FOLIVANE-OB CAPSULE | 1 | NO | NO | NO |
| FOLTABS 800 TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FONDAPARINUX 10 MG/0.8 ML SYR | 4 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FONDAPARINUX 2.5 MG/0.5 ML SYR | 4 | NO | NO | NO |
| FONDAPARINUX 5 MG/0.4 ML SYR | 4 | NO | NO | NO |
| FONDAPARINUX 7.5 MG/0.6 ML SYR | 4 | NO | NO | NO |
| FORA 30G LANCETS | 1 | NO | NO | YES |
| FORA LANCING DEVICE | 1 | NO | NO | YES |
| FORACARE 30G LANCETS | 1 | NO | NO | YES |
| FOSAMAX PLUS D 70 MG-2800 UNIT | 2 | NO | NO | NO |
| FOSAMAX PLUS D 70 MG-5600 UNIT | 2 | NO | NO | NO |
| FOSAMPRENAVIR 700 MG TABLET | 2 | NO | NO | NO |
| FOSFOMYCIN 3 GM SACHET | 2 | NO | NO | NO |
| FOSINOPRIL SODIUM 10 MG TAB | 1 | NO | NO | NO |
| FOSINOPRIL SODIUM 20 MG TAB | 1 | NO | NO | NO |
| FOSINOPRIL SODIUM 40 MG TAB | 1 | NO | NO | NO |
| FOSINOPRIL-HCTZ 10-12.5 MG TAB | 1 | NO | NO | NO |
| FOSINOPRIL-HCTZ 20-12.5 MG TAB | 1 | NO | NO | NO |
| FOTIVDA 0.89 MG CAPSULE | 4 | YES | NO | YES |
| FOTIVDA 1.34 MG CAPSULE | 4 | YES | NO | YES |
| FRAGMIN 10,000 UNIT/4 ML VIAL | 4 | NO | NO | NO |
| FRAGMIN 10,000 UNIT/ML SYRINGE | 4 | NO | NO | NO |
| FRAGMIN 12,500 UNIT/0.5 ML SYR | 4 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FRAGMIN 15,000 UNIT/0.6 ML SYR | 4 | NO | NO | NO |
| FRAGMIN 18,000 UNIT/0.72 ML | 4 | NO | NO | NO |
| FRAGMIN 2,500 UNIT/0.2 ML SYR | 4 | NO | NO | NO |
| FRAGMIN 5,000 UNIT/0.2 ML SYR | 4 | NO | NO | NO |
| FRAGMIN 7,500 UNIT/0.3 ML SYR | 4 | NO | NO | NO |
| FRAGMIN 95,000 UNIT/3.8 ML VL | 4 | NO | NO | NO |
| FREESTYLE 28G LANCETS | 1 | NO | NO | YES |
| FREESTYLE LIBRE 14 DAY READER | 2 | YES | NO | YES |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | YES | NO | YES |
| FREESTYLE LIBRE 2 PLUS SENSOR | 2 | YES | NO | YES |
| FREESTYLE LIBRE 2 READER | 2 | YES | NO | YES |
| FREESTYLE LIBRE 2 SENSOR | 2 | YES | NO | YES |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | YES | NO | YES |
| FREESTYLE LIBRE 3 READER | 2 | YES | NO | YES |
| FREESTYLE LIBRE 3 SENSOR | 2 | YES | NO | YES |
| FREESTYLE UNISTIK 2 LANCETS | 1 | NO | NO | YES |
| FROVATRIPTAN SUCC 2.5 MG TAB | 2 | NO | NO | YES |
| FRUZAQLA 1 MG CAPSULE | 4 | YES | NO | YES |
| FRUZAQLA 5 MG CAPSULE | 4 | YES | NO | YES |
| FT 24H NASAL ALLERGY 55MCG SPR | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FT CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FT FOLIC ACID 400 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FT FOLIC ACID 800 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FT LAXATIVE EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FT MAGNESIUM CITRATE SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FT MILK OF MAGNESIA SUSPENSION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FT PRENATAL TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FT SLEEP AID 25 MG TABLET | 1 | NO | NO | NO |
| FT VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |
| FULL SPECTRUM B WITH VIT C TAB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| FULPHILA 6 MG/0.6 ML SYRINGE | 4 | YES | NO | NO |
| FUROSEMIDE 10 MG/ML SOLUTION | 1 | NO | NO | NO |
| FUROSEMIDE 20 MG TABLET | 1 | NO | NO | NO |
| FUROSEMIDE 40 MG TABLET | 1 | NO | NO | NO |
| FUROSEMIDE 40 MG/5 ML SOLN | 1 | NO | NO | NO |
| FUROSEMIDE 80 MG TABLET | 1 | NO | NO | NO |
| FUZEON 90 MG VIAL | 4 | NO | NO | NO |
| FYAVOLV 0.5 MG-2.5 MCG TABLET | 2 | NO | NO | NO |
| FYAVOLV 1 MG-5 MCG TABLET | 2 | NO | NO | NO |
| FYCOMPA 0.5 MG/ML ORAL SUSP | 3 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| FYCOMPA 10 MG TABLET | 3 | YES | NO | YES |
| FYCOMPA 12 MG TABLET | 3 | YES | NO | YES |
| FYCOMPA 2 MG TABLET | 3 | YES | NO | YES |
| FYCOMPA 4 MG TABLET | 3 | YES | NO | YES |
| FYCOMPA 6 MG TABLET | 3 | YES | NO | YES |
| FYCOMPA 8 MG TABLET | 3 | YES | NO | YES |
| FYLNETRA 6 MG/0.6 ML SYRINGE | 4 | YES | NO | NO |
| G TUSSIN AC LIQUID | 1 | NO | NO | NO |
| GABAPENTIN 100 MG CAPSULE | 1 | NO | NO | NO |
| GABAPENTIN 250 MG/5 ML SOLN | 2 | NO | NO | NO |
| GABAPENTIN 250 MG/5ML SOLN CUP | 2 | NO | NO | NO |
| GABAPENTIN 300 MG CAPSULE | 1 | NO | NO | NO |
| GABAPENTIN 300 MG/6 ML SOLN | 2 | NO | NO | NO |
| GABAPENTIN 300 MG/6ML SOLN CUP | 2 | NO | NO | NO |
| GABAPENTIN 400 MG CAPSULE | 1 | NO | NO | NO |
| GABAPENTIN 600 MG TABLET | 1 | NO | NO | NO |
| GABAPENTIN 800 MG TABLET | 1 | NO | NO | NO |
| GALAFOLD 123 MG CAPSULE | 4 | YES | NO | YES |
| GALANTAMINE ER 16 MG CAPSULE | 2 | NO | NO | NO |
| GALANTAMINE ER 24 MG CAPSULE | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| GALANTAMINE ER 8 MG CAPSULE | 2 | NO | NO | NO |
| GALANTAMINE HBR 12 MG TABLET | 2 | NO | NO | NO |
| GALANTAMINE HBR 4 MG TABLET | 2 | NO | NO | NO |
| GALANTAMINE HBR 8 MG TABLET | 2 | NO | NO | NO |
| GALBRIELA 0.8-0.025 MG CHEW TB | 1 | NO | NO | NO |
| GALLIFREY 5 MG TABLET | 1 | NO | NO | NO |
| GATIFLOXACIN 0.5% EYE DROPS | 2 | NO | NO | NO |
| GATTEX 5 MG 30-VIAL KIT | 4 | YES | NO | NO |
| GATTEX 5 MG ONE-VIAL KIT | 4 | YES | NO | NO |
| GATTEX 5 MG VIAL | 4 | YES | NO | NO |
| GAVILAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GAVILYTE-C SOLUTION | 1 | NO | NO | NO |
| GAVILYTE-G SOLUTION | 1 | NO | NO | NO |
| GAVILYTE-N SOLUTION | 1 | NO | NO | NO |
| GAVRETO 100 MG CAPSULE | 4 | YES | NO | YES |
| GE LANCING DEVICE | 1 | NO | NO | YES |
| GEFITINIB 250 MG TABLET | 4 | YES | NO | YES |
| GELCLAIR ORAL GEL PACKET | 3 | NO | NO | YES |
| GEMFIBROZIL 600 MG TABLET | 1 | NO | NO | NO |
| GENERLAC 10 GM/15 ML SOLUTION | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| GENGRAF 100 MG CAPSULE | 1 | NO | NO | NO |
| GENGRAF 100 MG/ML SOLUTION | 1 | NO | NO | NO |
| GENGRAF 25 MG CAPSULE | 1 | NO | NO | NO |
| GENOTROPIN 12 MG CARTRIDGE | 4 | YES | NO | NO |
| GENOTROPIN 5 MG CARTRIDGE | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 0.2 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 0.4 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 0.6 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 0.8 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 1 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 1.2 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 1.4 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 1.6 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 1.8 MG | 4 | YES | NO | NO |
| GENOTROPIN MINIQUICK 2 MG | 4 | YES | NO | NO |
| GENTAK 0.3 % EYE OINTMENT | 1 | NO | NO | NO |
| GENTAMICIN 0.1% CREAM | 1 | NO | NO | NO |
| GENTAMICIN 0.1% OINTMENT | 1 | NO | NO | NO |
| GENTAMICIN 0.3% EYE DROP | 1 | NO | NO | NO |
| GENTEEL VACUUM LANCING DEVICE | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| GENTLE LAXATIVE 1,200 MG/15 ML | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GENTLE LAXATIVE EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GENVOYA TABLET | 4 | NO | NO | NO |
| GILOTRIF 20 MG TABLET | 4 | YES | NO | YES |
| GILOTRIF 30 MG TABLET | 4 | YES | NO | YES |
| GILOTRIF 40 MG TABLET | 4 | YES | NO | YES |
| GLATIRAMER 20 MG/ML SYRINGE | 4 | NO | NO | NO |
| GLATIRAMER 40 MG/ML SYRINGE | 4 | NO | NO | NO |
| GLATOPA 20 MG/ML SYRINGE | 4 | NO | NO | NO |
| GLATOPA 40 MG/ML SYRINGE | 4 | NO | NO | NO |
| GLEOSTINE 10 MG CAPSULE | 4 | YES | NO | NO |
| GLEOSTINE 100 MG CAPSULE | 4 | YES | NO | NO |
| GLEOSTINE 40 MG CAPSULE | 4 | YES | NO | NO |
| GLIMEPIRIDE 1 MG TABLET | 1 | NO | NO | NO |
| GLIMEPIRIDE 2 MG TABLET | 1 | NO | NO | NO |
| GLIMEPIRIDE 4 MG TABLET | 1 | NO | NO | NO |
| GLIPIZIDE 10 MG TABLET | 1 | NO | NO | NO |
| GLIPIZIDE 5 MG TABLET | 1 | NO | NO | NO |
| GLIPIZIDE ER 10 MG TABLET | 1 | NO | NO | NO |
| GLIPIZIDE ER 2.5 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| GLIPIZIDE ER 5 MG TABLET | 1 | NO | NO | NO |
| GLIPIZIDE XL 10 MG TABLET | 1 | NO | NO | NO |
| GLIPIZIDE XL 2.5 MG TABLET | 1 | NO | NO | NO |
| GLIPIZIDE XL 5 MG TABLET | 1 | NO | NO | NO |
| GLIPIZIDE-METFORMIN 2.5-250 MG | 1 | NO | NO | NO |
| GLIPIZIDE-METFORMIN 2.5-500 MG | 1 | NO | NO | NO |
| GLIPIZIDE-METFORMIN 5-500 MG | 1 | NO | NO | NO |
| GLUCAGON 1 MG EMERGENCY KIT | 2 | NO | NO | NO |
| GLUCOCOM 28G LANCETS | 1 | NO | NO | YES |
| GLUCOCOM 30G LANCETS | 1 | NO | NO | YES |
| GLUCOCOM 33G LANCETS | 1 | NO | NO | YES |
| GLYBURIDE 1.25 MG TABLET | 1 | NO | NO | NO |
| GLYBURIDE 2.5 MG TABLET | 1 | NO | NO | NO |
| GLYBURIDE 5 MG TABLET | 1 | NO | NO | NO |
| GLYBURIDE MICRO 1.5 MG TAB | 1 | NO | NO | NO |
| GLYBURIDE MICRO 3 MG TABLET | 1 | NO | NO | NO |
| GLYBURIDE MICRO 6 MG TABLET | 1 | NO | NO | NO |
| GLYBURIDE-METFORMIN 2.5-500 MG | 1 | NO | NO | NO |
| GLYBURIDE-METFORMIN 5-500 MG | 1 | NO | NO | NO |
| GLYBURID-METFORMIN 1.25-250 MG | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| GLYCOPYRROLATE 1 MG TABLET | 1 | NO | NO | NO |
| GLYCOPYRROLATE 1 MG/5 ML SOLN | 2 | YES | NO | NO |
| GLYCOPYRROLATE 2 MG TABLET | 1 | NO | NO | NO |
| GLYXAMBI 10 MG-5 MG TABLET | 2 | NO | NO | NO |
| GLYXAMBI 25 MG-5 MG TABLET | 2 | NO | NO | NO |
| GNP BUDESONIDE 32 MCG SPRAY | 1 | NO | NO | NO |
| GNP CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GNP FOLIC ACID 400 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GNP GENTLE LAXATIVE EC 5 MG TB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GNP INS SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| GNP INSUL SYR 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| GNP LANCING SYSTEM DEVICE | 1 | NO | NO | YES |
| GNP LAXATIVE EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GNP MAGNESIUM CITRATE SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GNP MILK OF MAGNESIA SUSP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GNP NIGHTTIME SLEEP 25 MG TAB | 1 | NO | NO | NO |
| GNP PRENATAL TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GNP SLEEP AID 25 MG CAPLET | 1 | NO | NO | NO |
| GNP SLEEP AID 25 MG TABLET | 1 | NO | NO | NO |
| GNP STERILE 33G LANCET | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| GNP ULT C 0.3ML 29GX1/2" (1/2) | 1 | NO | NO | NO |
| GNP ULTRA COMFORT 3/10 ML SYR | 1 | NO | NO | NO |
| GNP UNIVERSAL 1 STANDARD 21G | 1 | NO | NO | YES |
| GNP UNIVERSAL 1 THIN 26G LANCT | 1 | NO | NO | YES |
| GNP VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |
| GOJJI LANCETS 30G | 1 | NO | NO | YES |
| GOJJI LANCING DEVICE | 1 | NO | NO | YES |
| GOMEKLI 1 MG CAPSULE | 4 | YES | NO | YES |
| GOMEKLI 1 MG TABLET FOR SUSP | 4 | YES | NO | YES |
| GOMEKLI 2 MG CAPSULE | 4 | YES | NO | YES |
| GRANISETRON HCL 1 MG TABLET | 1 | NO | NO | YES |
| GRANIX 300 MCG/0.5 ML SAFE SYR | 4 | YES | NO | YES |
| GRANIX 300 MCG/0.5 ML SYRINGE | 4 | YES | NO | YES |
| GRANIX 300 MCG/ML VIAL | 4 | YES | NO | YES |
| GRANIX 480 MCG/0.8 ML SAFE SYR | 4 | YES | NO | YES |
| GRANIX 480 MCG/0.8 ML SYRINGE | 4 | YES | NO | YES |
| GRANIX 480 MCG/1.6 ML VIAL | 4 | YES | NO | YES |
| GRASTEK 2,800 BAU SL TABLET | 3 | YES | NO | YES |
| GRISEOFULVIN 125 MG/5 ML SUSP | 1 | NO | NO | YES |
| GRISEOFULVIN MICRO 500 MG TAB | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| GRISEOFULVIN ULTRA 125 MG TAB | 1 | NO | NO | YES |
| GRISEOFULVIN ULTRA 250 MG TAB | 1 | NO | NO | YES |
| GS BISACODYL EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GS CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GS MILK OF MAGNESIA SUSPENSION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| GS NASAL ALLERGY 24HR SPRAY | 1 | NO | NO | NO |
| GS NIGHTTIME SLEEP AID 25 MG | 1 | NO | NO | NO |
| GS SLEEP AID 25 MG TABLET | 1 | NO | NO | NO |
| GS SLEEP AID ULTRA 25 MG TAB | 1 | NO | NO | NO |
| GUAIATUSSIN AC LIQUID | 1 | NO | NO | NO |
| GUAIFEN-CODEINE 100-10 MG/5 ML | 1 | NO | NO | NO |
| GUAIFEN-CODEINE 200-20 MG/10ML | 1 | NO | NO | NO |
| GUAIFENESIN AC COUGH SYRUP | 1 | NO | NO | NO |
| GUANFACINE 1 MG TABLET | 1 | NO | NO | NO |
| GUANFACINE 2 MG TABLET | 1 | NO | NO | NO |
| GUANFACINE HCL ER 1 MG TABLET | 1 | NO | NO | NO |
| GUANFACINE HCL ER 2 MG TABLET | 1 | NO | NO | NO |
| GUANFACINE HCL ER 3 MG TABLET | 1 | NO | NO | NO |
| GUANFACINE HCL ER 4 MG TABLET | 1 | NO | NO | NO |
| GVOKE 1 MG/0.2 ML KIT | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| GVOKE 1 MG/0.2 ML VIAL | 2 | NO | NO | NO |
| GVOKE HYPOPEN 1PK 0.5MG/0.1 ML | 2 | NO | NO | NO |
| GVOKE HYPOPEN 1-PK 1 MG/0.2 ML | 2 | NO | NO | NO |
| GVOKE HYPOPEN 2PK 0.5MG/0.1 ML | 2 | NO | NO | NO |
| GVOKE HYPOPEN 2-PK 1 MG/0.2 ML | 2 | NO | NO | NO |
| GVOKE PFS 1PK 0.5MG/0.1 ML SYR | 2 | NO | NO | NO |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR | 2 | NO | NO | NO |
| GVOKE PFS 2PK 0.5MG/0.1 ML SYR | 2 | NO | NO | NO |
| GVOKE PFS 2-PK 1 MG/0.2 ML SYR | 2 | NO | NO | NO |
| GYNAZOLE 1 2% CREAM | 3 | NO | NO | NO |
| HAEGARDA 2,000 UNIT VIAL | 4 | YES | NO | NO |
| HAEGARDA 3,000 UNIT VIAL | 4 | YES | NO | NO |
| HAILEY 21 1.5 MG-30 MCG TAB | 1 | NO | NO | NO |
| HAILEY 24 FE 1 MG-20 MCG TAB | 1 | NO | NO | NO |
| HAILEY FE 1.5-30 TABLET | 1 | NO | NO | NO |
| HAILEY FE 1-20 TABLET | 1 | NO | NO | NO |
| HALOBETASOL PROP 0.05% CREAM | 2 | NO | NO | NO |
| HALOETTE VAGINAL RING | 1 | NO | NO | NO |
| HALOPERIDOL 0.5 MG TABLET | 1 | YES | NO | YES |
| HALOPERIDOL 1 MG TABLET | 1 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HALOPERIDOL 10 MG TABLET | 1 | YES | NO | YES |
| HALOPERIDOL 2 MG TABLET | 1 | YES | NO | YES |
| HALOPERIDOL 20 MG TABLET | 1 | YES | NO | YES |
| HALOPERIDOL 5 MG TABLET | 1 | YES | NO | YES |
| HALOPERIDOL DEC 100 MG/ML AMP | 2 | YES | NO | NO |
| HALOPERIDOL DEC 100 MG/ML VIAL | 2 | YES | NO | NO |
| HALOPERIDOL DEC 250 MG/5 ML VL | 2 | YES | NO | NO |
| HALOPERIDOL DEC 50 MG/ML AMPUL | 2 | YES | NO | NO |
| HALOPERIDOL DEC 50 MG/ML VIAL | 2 | YES | NO | NO |
| HALOPERIDOL DEC 500 MG/5 ML VL | 2 | YES | NO | NO |
| HALOPERIDOL LAC 10 MG/5 ML CUP | 1 | YES | NO | YES |
| HALOPERIDOL LAC 2 MG/ML CONC | 1 | YES | NO | YES |
| HALOPERIDOL LAC 5 MG/ML SYRING | 1 | YES | NO | NO |
| HALOPERIDOL LAC 5 MG/ML VIAL | 1 | YES | NO | NO |
| HALOPERIDOL LAC 50 MG/10 ML VL | 1 | YES | NO | NO |
| HARVONI 33.75-150 MG PELLET PK | 4 | YES | NO | NO |
| HARVONI 45-200 MG PELLET PACKT | 4 | YES | NO | NO |
| HARVONI 45-200 MG TABLET | 4 | YES | NO | NO |
| HARVONI 90-400 MG TABLET | 4 | YES | NO | NO |
| HEALTHWISE INS 0.3ML 30GX5/16" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HEALTHWISE INS 0.3ML 31GX5/16" | 1 | NO | NO | NO |
| HEALTHY ACCENTS AUTOLET DEVICE | 1 | NO | NO | YES |
| HEALTHY ACCENTS UNILET 30G | 1 | NO | NO | YES |
| HEATHER 0.35 MG TABLET | 1 | NO | NO | NO |
| HEB MICRO THIN 33G LANCETS | 1 | NO | NO | YES |
| HEMA-COMBISTIX REAGENT STRIPS | 1 | NO | NO | NO |
| HEMANGEOL 4.28 MG/ML ORAL SOLN | 3 | YES | NO | NO |
| HEMMOREX-HC 25 MG SUPPOSITORY | 1 | NO | NO | NO |
| HEPARIN 10,000 UNIT/10 ML VIAL | 1 | NO | NO | NO |
| HEPARIN 2,000 UNIT/2 ML VIAL | 1 | NO | NO | NO |
| HEPARIN 30,000 UNIT/30 ML VIAL | 1 | NO | NO | NO |
| HEPARIN 40,000 UNIT/4 ML VIAL | 1 | NO | NO | NO |
| HEPARIN 5,000 UNIT/ML CARPUJCT | 1 | NO | NO | NO |
| HEPARIN 50,000 UNIT/10 ML VIAL | 1 | NO | NO | NO |
| HEPARIN 50,000 UNIT/5 ML VIAL | 1 | NO | NO | NO |
| HEPARIN SOD 1,000 UNIT/ML VIAL | 1 | NO | NO | NO |
| HEPARIN SOD 10,000 UNIT/ML VL | 1 | NO | NO | NO |
| HEPARIN SOD 20,000 UNIT/ML VL | 1 | NO | NO | NO |
| HEPARIN SOD 5,000 UNIT/0.5 ML | 1 | NO | NO | NO |
| HEPARIN SOD 5,000 UNIT/ML SYRG | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HEPARIN SOD 5,000 UNIT/ML VIAL | 1 | NO | NO | NO |
| HER STYLE 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| HERNEXEOS 60 MG TABLET | 4 | YES | NO | YES |
| HETLIOZ LQ 4 MG/ML SUSPENSION | 4 | YES | NO | NO |
| HM 24H NASAL ALLERGY 55MCG SPR | 1 | NO | NO | NO |
| HM CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| HM LAXATIVE EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| HM MAGNESIUM CITRATE SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| HM MILK OF MAGNESIA SUSPENSION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| HOMATROPAIRE 5% EYE DROPS | 1 | NO | NO | NO |
| HUMALOG 100 UNIT/ML CARTRIDGE | 1 | NO | NO | NO |
| HUMALOG 100 UNIT/ML KWIKPEN | 1 | NO | NO | NO |
| HUMALOG 100 UNIT/ML VIAL | 1 | NO | NO | NO |
| HUMALOG 200 UNIT/ML KWIKPEN | 1 | NO | NO | NO |
| HUMALOG JR 100 UNIT/ML KWIKPEN | 1 | NO | NO | NO |
| HUMALOG MIX 50-50 KWIKPEN | 1 | NO | NO | NO |
| HUMALOG MIX 50-50 VIAL | 1 | NO | NO | NO |
| HUMALOG MIX 75-25 KWIKPEN | 1 | NO | NO | NO |
| HUMALOG MIX 75-25 VIAL | 1 | NO | NO | NO |
| HUMATROPE 12 MG CARTRIDGE | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HUMATROPE 24 MG CARTRIDGE | 4 | YES | NO | NO |
| HUMATROPE 6 MG CARTRIDGE | 4 | YES | NO | NO |
| HUMULIN 70/30 KWIKPEN | 2 | NO | NO | NO |
| HUMULIN 70-30 VIAL | 2 | NO | NO | NO |
| HUMULIN N 100 UNIT/ML KWIKPEN | 2 | NO | NO | NO |
| HUMULIN N 100 UNIT/ML VIAL | 2 | NO | NO | NO |
| HUMULIN R 100 UNIT/ML VIAL | 2 | NO | NO | NO |
| HUMULIN R 500 UNIT/ML KWIKPEN | 2 | NO | NO | NO |
| HUMULIN R 500 UNIT/ML VIAL | 2 | NO | NO | NO |
| HV MILK OF MAGNESIA SUSPENSION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| HYCAMTIN 0.25 MG CAPSULE | 4 | YES | NO | NO |
| HYCAMTIN 1 MG CAPSULE | 4 | YES | NO | NO |
| HYDRALAZINE 10 MG TABLET | 1 | NO | NO | NO |
| HYDRALAZINE 100 MG TABLET | 1 | NO | NO | NO |
| HYDRALAZINE 25 MG TABLET | 1 | NO | NO | NO |
| HYDRALAZINE 50 MG TABLET | 1 | NO | NO | NO |
| HYDROCHLOROTHIAZIDE 12.5 MG CP | 1 | NO | NO | NO |
| HYDROCHLOROTHIAZIDE 12.5 MG TB | 1 | NO | NO | NO |
| HYDROCHLOROTHIAZIDE 25 MG TAB | 1 | NO | NO | NO |
| HYDROCHLOROTHIAZIDE 50 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HYDROCODONE ER 10 MG CAPSULE | 2 | YES | NO | NO |
| HYDROCODONE ER 100 MG TABLET | 2 | YES | NO | NO |
| HYDROCODONE ER 120 MG TABLET | 2 | YES | NO | NO |
| HYDROCODONE ER 15 MG CAPSULE | 2 | YES | NO | NO |
| HYDROCODONE ER 20 MG CAPSULE | 2 | YES | NO | NO |
| HYDROCODONE ER 20 MG TABLET | 2 | YES | NO | NO |
| HYDROCODONE ER 30 MG CAPSULE | 2 | YES | NO | NO |
| HYDROCODONE ER 30 MG TABLET | 2 | YES | NO | NO |
| HYDROCODONE ER 40 MG CAPSULE | 2 | YES | NO | NO |
| HYDROCODONE ER 40 MG TABLET | 2 | YES | NO | NO |
| HYDROCODONE ER 50 MG CAPSULE | 2 | YES | NO | NO |
| HYDROCODONE ER 60 MG TABLET | 2 | YES | NO | NO |
| HYDROCODONE ER 80 MG TABLET | 2 | YES | NO | NO |
| HYDROCODONE-ACETAMIN 10-300 MG | 1 | NO | YES | NO |
| HYDROCODONE-ACETAMIN 10-300/15 | 2 | NO | YES | NO |
| HYDROCODONE-ACETAMIN 10-325 MG | 1 | NO | YES | NO |
| HYDROCODONE-ACETAMIN 10-325/15 | 2 | NO | YES | NO |
| HYDROCODONE-ACETAMIN 2.5-108/5 | 1 | NO | YES | NO |
| HYDROCODONE-ACETAMIN 5-217/10 | 1 | NO | YES | NO |
| HYDROCODONE-ACETAMIN 5-300 MG | 1 | NO | YES | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HYDROCODONE-ACETAMIN 5-325 MG | 1 | NO | YES | NO |
| HYDROCODONE-ACETAMIN 7.5-300 | 1 | NO | YES | NO |
| HYDROCODONE-ACETAMIN 7.5-325 | 1 | NO | YES | NO |
| HYDROCODONE-ACETAMN 7.5-325/15 | 2 | NO | YES | NO |
| HYDROCODONE-CHLORPHEN ER SUSP | 1 | NO | NO | YES |
| HYDROCODONE-HOMATROP 5 ML CUP | 1 | NO | NO | NO |
| HYDROCODONE-HOMATROPINE 5-1.5 | 1 | NO | NO | NO |
| HYDROCODONE-HOMATROPINE SOLN | 1 | NO | NO | NO |
| HYDROCODONE-IBUPROFEN 10-200 | 2 | NO | YES | NO |
| HYDROCODONE-IBUPROFEN 5-200 MG | 2 | NO | YES | NO |
| HYDROCODONE-IBUPROFEN 7.5-200 | 1 | NO | YES | NO |
| HYDROCORT BUTY 0.1% LIPID CRM | 2 | NO | NO | NO |
| HYDROCORT BUTY 0.1% LIPO CREAM | 2 | NO | NO | NO |
| HYDROCORTISON-ACETIC ACID SOLN | 1 | NO | NO | NO |
| HYDROCORTISONE 10 MG TABLET | 1 | NO | NO | NO |
| HYDROCORTISONE 100 MG/60 ML | 1 | NO | NO | NO |
| HYDROCORTISONE 2.5% CREAM | 1 | NO | NO | NO |
| HYDROCORTISONE 2.5% LOTION | 1 | NO | NO | NO |
| HYDROCORTISONE 2.5% OINTMENT | 1 | NO | NO | NO |
| HYDROCORTISONE 20 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HYDROCORTISONE 5 MG TABLET | 1 | NO | NO | NO |
| HYDROCORTISONE AC 25 MG SUPP | 1 | NO | NO | NO |
| HYDROCORTISONE BUTY 0.1% CREAM | 2 | NO | NO | NO |
| HYDROCORTISONE BUTYR 0.1% OINT | 2 | NO | NO | NO |
| HYDROCORTISONE BUTYR 0.1% SOLN | 2 | NO | NO | NO |
| HYDROCORTISONE SS 100 MG VIAL | 2 | NO | NO | YES |
| HYDROCORTISONE VAL 0.2% CREAM | 2 | NO | NO | NO |
| HYDROCORTISONE-ACETIC EAR DROP | 1 | NO | NO | NO |
| HYDROCORT-PRAMOXINE 1%-1% CRM | 2 | NO | NO | NO |
| HYDROCORT-PRAMOXINE 2.5-1% CRM | 2 | NO | NO | NO |
| HYDROMET 5 MG-1.5 MG/5 ML SOLN | 1 | NO | NO | NO |
| HYDROMORPHONE 1 MG/ML SOLUTION | 1 | NO | YES | NO |
| HYDROMORPHONE 2 MG TABLET | 1 | NO | YES | NO |
| HYDROMORPHONE 3 MG SUPPOS | 1 | NO | YES | NO |
| HYDROMORPHONE 4 MG TABLET | 1 | NO | YES | NO |
| HYDROMORPHONE 5 MG/5 ML SOLN | 1 | NO | YES | NO |
| HYDROMORPHONE 8 MG TABLET | 1 | NO | YES | NO |
| HYDROMORPHONE HCL ER 12 MG TAB | 2 | YES | NO | NO |
| HYDROMORPHONE HCL ER 16 MG TAB | 2 | YES | NO | NO |
| HYDROMORPHONE HCL ER 32 MG TAB | 2 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HYDROMORPHONE HCL ER 8 MG TAB | 2 | YES | NO | NO |
| HYDROXYCHLOROQUINE 200 MG TAB | 1 | NO | NO | NO |
| HYDROXYCHLOROQUINE 300 MG TAB | 1 | NO | NO | NO |
| HYDROXYCHLOROQUINE 400 MG TAB | 1 | NO | NO | NO |
| HYDROXYUREA 500 MG CAPSULE | 1 | NO | NO | NO |
| HYDROXYZINE 10 MG/5 ML SOLN | 1 | NO | NO | NO |
| HYDROXYZINE 10 MG/5 ML SYRUP | 1 | NO | NO | NO |
| HYDROXYZINE 50 MG/25 ML CUP | 1 | NO | NO | NO |
| HYDROXYZINE HCL 10 MG TABLET | 1 | NO | NO | NO |
| HYDROXYZINE HCL 25 MG TABLET | 1 | NO | NO | NO |
| HYDROXYZINE HCL 50 MG TABLET | 1 | NO | NO | NO |
| HYDROXYZINE PAM 100 MG CAP | 1 | NO | NO | NO |
| HYDROXYZINE PAM 25 MG CAP | 1 | NO | NO | NO |
| HYDROXYZINE PAM 50 MG CAP | 1 | NO | NO | NO |
| HYFTOR 0.2% GEL | 4 | YES | NO | YES |
| HYMPAVZI 150 MG/ML PEN | 4 | YES | NO | YES |
| HYOSCYAMINE 0.125 MG ODT | 1 | NO | NO | NO |
| HYOSCYAMINE 0.125 MG TAB SL | 1 | NO | NO | NO |
| HYOSCYAMINE 0.125 MG/5 ML ELIX | 1 | NO | NO | NO |
| HYOSCYAMINE ER 0.375 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| HYOSCYAMINE SR 0.375 MG TAB | 1 | NO | NO | NO |
| HYOSCYAMINE SULF 0.125 MG TAB | 1 | NO | NO | NO |
| HYOSYNE 125 MCG/5 ML ELIXIR | 1 | NO | NO | NO |
| HYPER-SAL 3.5% VIAL | 3 | NO | NO | NO |
| HYPO NEEDLE,POLYPROPYL HUB | 1 | NO | NO | NO |
| HYPODERMIC NEEDLE,ALUM HUB | 1 | NO | NO | NO |
| HYPOLANCE AST LANCING KIT | 1 | NO | NO | YES |
| IBANDRONATE SODIUM 150 MG TAB | 1 | NO | NO | NO |
| IBRANCE 100 MG CAPSULE | 4 | YES | NO | YES |
| IBRANCE 100 MG TABLET | 4 | YES | NO | YES |
| IBRANCE 125 MG CAPSULE | 4 | YES | NO | YES |
| IBRANCE 125 MG TABLET | 4 | YES | NO | YES |
| IBRANCE 75 MG CAPSULE | 4 | YES | NO | YES |
| IBRANCE 75 MG TABLET | 4 | YES | NO | YES |
| IBSRELA 50 MG TABLET | 3 | YES | NO | YES |
| IBTROZI 200 MG CAPSULE | 4 | YES | NO | YES |
| IBU 400 MG TABLET | 1 | NO | NO | NO |
| IBU 600 MG TABLET | 1 | NO | NO | NO |
| IBU 800 MG TABLET | 1 | NO | NO | NO |
| IBUPROFEN 100 MG/5 ML SUSP | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| IBUPROFEN 400 MG TABLET | 1 | NO | NO | NO |
| IBUPROFEN 600 MG TABLET | 1 | NO | NO | NO |
| IBUPROFEN 800 MG TABLET | 1 | NO | NO | NO |
| ICATIBANT 30 MG/3 ML SYRINGE | 4 | YES | NO | YES |
| ICLEVIA 0.15 MG-0.03 MG TABLET | 1 | NO | NO | NO |
| ICLUSIG 10 MG TABLET | 4 | YES | NO | YES |
| ICLUSIG 15 MG TABLET | 4 | YES | NO | YES |
| ICLUSIG 30 MG TABLET | 4 | YES | NO | YES |
| ICLUSIG 45 MG TABLET | 4 | YES | NO | YES |
| ICOSAPENT ETHYL 0.5 GM CAPSULE | 2 | YES | NO | YES |
| ICOSAPENT ETHYL 1 GRAM CAPSULE | 2 | YES | NO | YES |
| ICOSAPENT ETHYL 500 MG CAPSULE | 2 | YES | NO | YES |
| IDHIFA 100 MG TABLET | 4 | YES | NO | YES |
| IDHIFA 50 MG TABLET | 4 | YES | NO | YES |
| ILUMYA 100 MG/ML SYRINGE | 4 | NO | YES | YES |
| IMATINIB MESYLATE 100 MG TAB | 4 | YES | NO | YES |
| IMATINIB MESYLATE 400 MG TAB | 4 | YES | NO | YES |
| IMBRUVICA 140 MG CAPSULE | 4 | YES | NO | YES |
| IMBRUVICA 140 MG TABLET | 4 | YES | NO | YES |
| IMBRUVICA 280 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| IMBRUVICA 420 MG TABLET | 4 | YES | NO | YES |
| IMBRUVICA 560 MG TABLET | 4 | YES | NO | YES |
| IMBRUVICA 70 MG CAPSULE | 4 | YES | NO | YES |
| IMBRUVICA 70 MG/ML SUSPENSION | 4 | YES | NO | YES |
| IMCIVREE 10 MG/ML VIAL | 4 | YES | NO | YES |
| IMIPRAMINE HCL 10 MG TABLET | 1 | NO | NO | NO |
| IMIPRAMINE HCL 25 MG TABLET | 1 | NO | NO | NO |
| IMIPRAMINE HCL 50 MG TABLET | 1 | NO | NO | NO |
| IMIQUIMOD 5% CREAM PACKET | 1 | NO | NO | YES |
| IMKELDI 80 MG/ML SOLUTION | 4 | YES | NO | YES |
| INBRIJA 42 MG INHALATION CAP | 4 | YES | NO | YES |
| INCASSIA 0.35 MG TABLET | 1 | NO | NO | NO |
| INCONTROL LANCING DEVICE | 1 | NO | NO | YES |
| INCONTROL SUPER THIN 30G LANCT | 1 | NO | NO | YES |
| INCONTROL ULTRA THIN 28G LANCT | 1 | NO | NO | YES |
| INCRELEX 40 MG/4 ML VIAL | 4 | YES | NO | NO |
| INCRUSE ELLIPTA 62.5 MCG INH | 2 | NO | NO | NO |
| INDAPAMIDE 1.25 MG TABLET | 1 | NO | NO | NO |
| INDAPAMIDE 2.5 MG TABLET | 1 | NO | NO | NO |
| INDOMETHACIN 25 MG CAPSULE | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| INDOMETHACIN 50 MG CAPSULE | 1 | NO | NO | YES |
| INDOMETHACIN ER 75 MG CAPSULE | 1 | NO | NO | YES |
| INGREZZA 40 MG CAPSULE | 2 | YES | NO | YES |
| INGREZZA 40 MG SPRINKLE CAP | 2 | YES | NO | YES |
| INGREZZA 60 MG CAPSULE | 2 | YES | NO | YES |
| INGREZZA 60 MG SPRINKLE CAP | 2 | YES | NO | YES |
| INGREZZA 80 MG CAPSULE | 2 | YES | NO | YES |
| INGREZZA 80 MG SPRINKLE CAP | 2 | YES | NO | YES |
| INGREZZA INITIATION PK(TARDIV) | 2 | YES | NO | YES |
| INJECT EASE 28G LANCETS | 1 | NO | NO | YES |
| INJECT EASE 30G LANCETS | 1 | NO | NO | YES |
| INLYTA 1 MG TABLET | 4 | YES | NO | YES |
| INLYTA 5 MG TABLET | 4 | YES | NO | YES |
| INQOVI 35 MG-100 MG TABLET | 4 | YES | NO | YES |
| INREBIC 100 MG CAPSULE | 4 | YES | NO | YES |
| INSULIN 3/10 ML SYRINGE | 1 | NO | NO | NO |
| INSULIN SYR 0.3 ML 30GX5/16" | 1 | NO | NO | NO |
| INSULIN SYR 0.3ML 31GX1/4(1/2) | 1 | NO | NO | NO |
| INSULIN SYRIN 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| INSULIN SYRIN 0.3 ML 30GX1/2" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| INSULIN SYRIN 0.3 ML 30GX5/16" | 1 | NO | NO | NO |
| INSULIN SYRIN 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| INSULIN SYRINGE 0.3 ML | 1 | NO | NO | NO |
| INSULIN SYRINGE 0.3 ML 31GX1/4 | 1 | NO | NO | NO |
| INTELENCE 25 MG TABLET | 4 | NO | NO | NO |
| INTRAROSA 6.5 MG VAG INSERT | 3 | NO | NO | NO |
| INTRON A 10 MILLION UNITS VIAL | 4 | NO | NO | NO |
| INTRON A 18 MILLION UNITS VIAL | 4 | NO | NO | NO |
| INTRON A 50 MILLION UNITS VIAL | 4 | NO | NO | NO |
| INTROVALE 0.15-0.03 MG TABLET | 1 | NO | NO | NO |
| INVACARE 30G LANCETS | 1 | NO | NO | YES |
| INVACARE LANCING DEVICE | 1 | NO | NO | YES |
| INVEGA HAFYERA 1,092 MG/3.5 ML | 2 | YES | NO | YES |
| INVEGA HAFYERA 1,560 MG/5 ML | 2 | YES | NO | YES |
| INVEGA SUSTENNA 117 MG/0.75 ML | 2 | YES | NO | YES |
| INVEGA SUSTENNA 156 MG/ML SYRG | 2 | YES | NO | YES |
| INVEGA SUSTENNA 234 MG/1.5 ML | 2 | YES | NO | YES |
| INVEGA SUSTENNA 39 MG/0.25 ML | 2 | YES | NO | YES |
| INVEGA SUSTENNA 78 MG/0.5 ML | 2 | YES | NO | YES |
| INVEGA TRINZA 273 MG/0.88 ML | 2 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| INVEGA TRINZA 410 MG/1.32 ML | 2 | YES | NO | YES |
| INVEGA TRINZA 546 MG/1.75 ML | 2 | YES | NO | YES |
| INVEGA TRINZA 819 MG/2.63 ML | 2 | YES | NO | YES |
| IPRAT-ALBUT 0.5-3(2.5) MG/3 ML | 1 | NO | NO | NO |
| IPRATROPIUM 0.03% SPRAY | 1 | NO | NO | NO |
| IPRATROPIUM 0.06% SPRAY | 1 | NO | NO | NO |
| IPRATROPIUM BR 0.02% SOLN | 1 | NO | NO | NO |
| IQIRVO 80 MG TABLET | 4 | YES | NO | YES |
| IRBESARTAN 150 MG TABLET | 1 | NO | NO | NO |
| IRBESARTAN 300 MG TABLET | 1 | NO | NO | NO |
| IRBESARTAN 75 MG TABLET | 1 | NO | NO | NO |
| IRBESARTAN-HCTZ 150-12.5 MG TB | 1 | NO | NO | NO |
| IRBESARTAN-HCTZ 300-12.5 MG TB | 1 | NO | NO | NO |
| ISENTRESS 100 MG POWDER PACKET | 4 | NO | NO | NO |
| ISENTRESS 100 MG TABLET CHEW | 4 | NO | NO | NO |
| ISENTRESS 25 MG TABLET CHEW | 4 | NO | NO | NO |
| ISENTRESS 400 MG TABLET | 4 | NO | NO | NO |
| ISENTRESS HD 600 MG TABLET | 4 | NO | NO | NO |
| ISIBLOOM 28 DAY TABLET | 1 | NO | NO | NO |
| ISONIAZID 100 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ISONIAZID 300 MG TABLET | 1 | NO | NO | NO |
| ISONIAZID 50 MG/5 ML SOLUTION | 1 | NO | NO | NO |
| ISOSORBIDE DINITRATE 10 MG TAB | 1 | NO | NO | NO |
| ISOSORBIDE DINITRATE 20 MG TAB | 1 | NO | NO | NO |
| ISOSORBIDE DINITRATE 30 MG TAB | 1 | NO | NO | NO |
| ISOSORBIDE DINITRATE 40 MG TAB | 1 | NO | NO | NO |
| ISOSORBIDE DINITRATE 5 MG TAB | 1 | NO | NO | NO |
| ISOSORBIDE MONONIT 10 MG TAB | 1 | NO | NO | NO |
| ISOSORBIDE MONONIT 20 MG TAB | 1 | NO | NO | NO |
| ISOSORBIDE MONONIT ER 120 MG | 1 | NO | NO | NO |
| ISOSORBIDE MONONIT ER 30 MG TB | 1 | NO | NO | NO |
| ISOSORBIDE MONONIT ER 60 MG TB | 1 | NO | NO | NO |
| ISOXSUPRINE 10 MG TABLET | 2 | NO | NO | NO |
| ISRADIPINE 2.5 MG CAPSULE | 2 | NO | NO | NO |
| ISRADIPINE 5 MG CAPSULE | 2 | NO | NO | NO |
| ISTURISA 1 MG TABLET | 4 | YES | NO | YES |
| ISTURISA 10 MG TABLET | 4 | YES | NO | YES |
| ISTURISA 5 MG TABLET | 4 | YES | NO | YES |
| ITOVEBI 3 MG TABLET | 4 | YES | NO | YES |
| ITOVEBI 9 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ITRACONAZOLE 100 MG CAPSULE | 2 | NO | NO | YES |
| IVABRADINE HCL 5 MG TABLET | 2 | NO | NO | YES |
| IVABRADINE HCL 7.5 MG TABLET | 2 | NO | NO | YES |
| IVERMECTIN 1% CREAM | 2 | YES | NO | NO |
| IVERMECTIN 3 MG TABLET | 1 | YES | NO | YES |
| IWILFIN 192 MG TABLET | 4 | YES | NO | YES |
| JAIMIESS 0.15-0.03-0.01 MG TAB | 1 | NO | NO | NO |
| JAKAFI 10 MG TABLET | 4 | YES | NO | YES |
| JAKAFI 15 MG TABLET | 4 | YES | NO | YES |
| JAKAFI 20 MG TABLET | 4 | YES | NO | YES |
| JAKAFI 25 MG TABLET | 4 | YES | NO | YES |
| JAKAFI 5 MG TABLET | 4 | YES | NO | YES |
| JANSSEN COVID-19 VACCINE (EUA) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| JANTOVEN 1 MG TABLET | 1 | NO | NO | NO |
| JANTOVEN 10 MG TABLET | 1 | NO | NO | NO |
| JANTOVEN 2 MG TABLET | 1 | NO | NO | NO |
| JANTOVEN 2.5 MG TABLET | 1 | NO | NO | NO |
| JANTOVEN 3 MG TABLET | 1 | NO | NO | NO |
| JANTOVEN 4 MG TABLET | 1 | NO | NO | NO |
| JANTOVEN 5 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| JANTOVEN 6 MG TABLET | 1 | NO | NO | NO |
| JANTOVEN 7.5 MG TABLET | 1 | NO | NO | NO |
| JANUMET 50-1,000 MG TABLET | 2 | NO | NO | NO |
| JANUMET 50-500 MG TABLET | 2 | NO | NO | NO |
| JANUMET XR 100-1,000 MG TABLET | 2 | NO | NO | NO |
| JANUMET XR 50-1,000 MG TABLET | 2 | NO | NO | NO |
| JANUMET XR 50-500 MG TABLET | 2 | NO | NO | NO |
| JANUVIA 100 MG TABLET | 2 | NO | NO | NO |
| JANUVIA 25 MG TABLET | 2 | NO | NO | NO |
| JANUVIA 50 MG TABLET | 2 | NO | NO | NO |
| JARDIANCE 10 MG TABLET | 2 | NO | NO | NO |
| JARDIANCE 25 MG TABLET | 2 | NO | NO | NO |
| JASMIEL 3 MG-0.02 MG TABLET | 1 | NO | NO | NO |
| JAYPIRCA 100 MG TABLET | 4 | YES | NO | YES |
| JAYPIRCA 50 MG TABLET | 4 | YES | NO | YES |
| JENCYCLA 0.35 MG TABLET | 1 | NO | NO | NO |
| JENTADUETO 2.5 MG-1000 MG TAB | 2 | NO | NO | NO |
| JENTADUETO 2.5 MG-500 MG TAB | 2 | NO | NO | NO |
| JENTADUETO 2.5 MG-850 MG TAB | 2 | NO | NO | NO |
| JENTADUETO XR 2.5 MG-1,000 MG | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| JENTADUETO XR 5 MG-1,000 MG TB | 2 | NO | NO | NO |
| JINTELI 1 MG-5 MCG TABLET | 2 | NO | NO | NO |
| JOENJA 70 MG TABLET | 4 | YES | NO | YES |
| JOLESSA 0.15 MG-0.03 MG TABLET | 1 | NO | NO | NO |
| JULEBER 28 DAY TABLET | 1 | NO | NO | NO |
| JULUCA 50-25 MG TABLET | 4 | NO | NO | NO |
| JUNEL 1 MG-20 MCG TABLET | 1 | NO | NO | NO |
| JUNEL 1.5 MG-30 MCG TABLET | 1 | NO | NO | NO |
| JUNEL FE 1 MG-20 MCG TABLET | 1 | NO | NO | NO |
| JUNEL FE 1.5 MG-30 MCG TABLET | 1 | NO | NO | NO |
| JUNEL FE 24 TABLET | 1 | NO | NO | NO |
| JUXTAPID 10 MG CAPSULE | 4 | YES | NO | NO |
| JUXTAPID 20 MG CAPSULE | 4 | YES | NO | NO |
| JUXTAPID 30 MG CAPSULE | 4 | YES | NO | NO |
| JUXTAPID 5 MG CAPSULE | 4 | YES | NO | NO |
| KAITLIB FE 0.8-0.025MG CHEW TB | 1 | NO | NO | NO |
| KALETRA 80 MG-20 MG/ML SOLN | 4 | NO | NO | NO |
| KALLIGA 28 DAY TABLET | 1 | NO | NO | NO |
| KALYDECO 13.4 MG GRANULES PKT | 4 | YES | NO | YES |
| KALYDECO 150 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| KALYDECO 25 MG GRANULES PACKET | 4 | YES | NO | YES |
| KALYDECO 5.8 MG GRANULES PKT | 4 | YES | NO | YES |
| KALYDECO 50 MG GRANULES PACKET | 4 | YES | NO | YES |
| KALYDECO 75 MG GRANULES PACKET | 4 | YES | NO | YES |
| KARIVA 28 DAY TABLET | 1 | NO | NO | NO |
| KELNOR 1-35 28 TABLET | 1 | NO | NO | NO |
| KELNOR 1-50 TABLET | 1 | NO | NO | NO |
| KERENDIA 10 MG TABLET | 3 | YES | NO | YES |
| KERENDIA 20 MG TABLET | 3 | YES | NO | YES |
| KESIMPTA 20 MG/0.4 ML PEN | 4 | YES | NO | YES |
| KETOCONAZOLE 2% CREAM | 1 | NO | NO | NO |
| KETOCONAZOLE 2% SHAMPOO | 1 | NO | NO | NO |
| KETOCONAZOLE 200 MG TABLET | 1 | NO | NO | YES |
| KETO-DIASTIX REAGENT STRIPS | 1 | NO | NO | NO |
| KETOPROFEN 25 MG CAPSULE | 2 | YES | NO | YES |
| KETOROLAC 0.4% OPHTH SOLUTION | 1 | NO | NO | NO |
| KETOROLAC 0.5% OPHTH SOLUTION | 1 | NO | NO | NO |
| KETOROLAC 10 MG TABLET | 1 | NO | NO | YES |
| KETOTIFEN 0.025% (0.035%) DROP | 1 | NO | NO | NO |
| KETOTIFEN FUM 0.025% EYE DROPS | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| KEVZARA 150 MG/1.14 ML PEN INJ | 4 | NO | YES | YES |
| KEVZARA 150 MG/1.14 ML SYRINGE | 4 | NO | YES | YES |
| KEVZARA 200 MG/1.14 ML PEN INJ | 4 | NO | YES | YES |
| KEVZARA 200 MG/1.14 ML SYRINGE | 4 | NO | YES | YES |
| KIMONO MAXX CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| KIMONO MICROTHIN AQUA LUBE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| KIMONO MICROTHIN CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| KIMONO MICROTHIN LARGE CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| KIMONO TEXTURED CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| KIMONO THIN LUBRICATED CONDOMS | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| KINERET 100 MG/0.67 ML SYRINGE | 4 | YES | NO | YES |
| KINRAY SYRING 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| KIONEX 15 GM/60 ML SUSPENSION | 2 | NO | NO | NO |
| KISQALI 200 MG DAILY DOSE | 4 | YES | NO | YES |
| KISQALI 400 MG DAILY DOSE | 4 | YES | NO | YES |
| KISQALI 600 MG DAILY DOSE | 4 | YES | NO | YES |
| KISQALI FEMARA 200 MG CO-PACK | 4 | YES | NO | YES |
| KISQALI FEMARA 400 MG CO-PACK | 4 | YES | NO | YES |
| KISQALI FEMARA 600 MG CO-PACK | 4 | YES | NO | YES |
| KLAYESTA 100,000 UNIT/GM POWD | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| KLOR-CON 10 MEQ TABLET | 1 | NO | NO | NO |
| KLOR-CON 8 MEQ TABLET | 1 | NO | NO | NO |
| KLOR-CON M10 TABLET | 1 | NO | NO | NO |
| KLOR-CON M15 TABLET | 1 | NO | NO | NO |
| KLOR-CON M20 TABLET | 1 | NO | NO | NO |
| KLOR-CON-EF 25 MEQ TAB EFF | 1 | NO | NO | NO |
| KLOXXADO 8 MG NASAL SPRAY | 2 | NO | NO | YES |
| KOBEE TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| KOSELUGO 10 MG CAPSULE | 4 | YES | NO | YES |
| KOSELUGO 25 MG CAPSULE | 4 | YES | NO | YES |
| KOURZEQ 0.1% DENTAL PASTE | 1 | NO | NO | NO |
| KRAZATI 200 MG TABLET | 4 | YES | NO | YES |
| KRINTAFEL 150 MG TABLET | 3 | NO | NO | YES |
| KRO AUTOLET LANCING DEVICE | 1 | NO | NO | YES |
| KRO GENTLELAX 17 GRAM POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| KRO INS SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| KRO LANCING DEVICE | 1 | NO | NO | YES |
| KRO UNIVERSAL 1 THIN 26G LANCT | 1 | NO | NO | YES |
| KROGER INS SYR 0.3 ML 30GX5/16 | 1 | NO | NO | NO |
| KROGER LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| KROGER LANCING DEVICE | 1 | NO | NO | YES |
| KROGER SUPER THIN LANCETS | 1 | NO | NO | YES |
| KROGER SYRING 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| KURVELO-28 TABLET | 1 | NO | NO | NO |
| KYNMOBI 10 MG SL FILM | 4 | YES | NO | YES |
| KYNMOBI 15 MG SL FILM | 4 | YES | NO | YES |
| KYNMOBI 20 MG SL FILM | 4 | YES | NO | YES |
| KYNMOBI 25 MG SL FILM | 4 | YES | NO | YES |
| KYNMOBI 30 MG SL FILM | 4 | YES | NO | YES |
| KYZATREX 100 MG CAPSULE | 3 | YES | NO | YES |
| KYZATREX 150 MG CAPSULE | 3 | YES | NO | YES |
| KYZATREX 200 MG CAPSULE | 3 | YES | NO | YES |
| LABETALOL HCL 100 MG TABLET | 1 | NO | NO | NO |
| LABETALOL HCL 200 MG TABLET | 1 | NO | NO | NO |
| LABETALOL HCL 300 MG TABLET | 1 | NO | NO | NO |
| LABSTIX REAGENT STRIPS | 1 | NO | NO | NO |
| LACOSAMIDE 10 MG/ML SOLUTION | 2 | YES | NO | NO |
| LACOSAMIDE 100 MG TABLET | 2 | YES | NO | NO |
| LACOSAMIDE 100 MG/10 ML CUP | 2 | YES | NO | NO |
| LACOSAMIDE 150 MG TABLET | 2 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LACOSAMIDE 150 MG/15 ML CUP | 2 | YES | NO | NO |
| LACOSAMIDE 200 MG TABLET | 2 | YES | NO | NO |
| LACOSAMIDE 200 MG/20 ML CUP | 2 | YES | NO | NO |
| LACOSAMIDE 50 MG TABLET | 2 | YES | NO | NO |
| LACOSAMIDE 50 MG/5 ML CUP | 2 | YES | NO | NO |
| LACTULOSE 10 GM/15 ML SOLN CUP | 1 | NO | NO | NO |
| LACTULOSE 10 GM/15 ML SOLUTION | 1 | NO | NO | NO |
| LACTULOSE 20 GM/30 ML SOLN CUP | 1 | NO | NO | NO |
| LACTULOSE 20 GM/30 ML SOLUTION | 1 | NO | NO | NO |
| LAMIVUDINE 10 MG/ML ORAL SOLN | 1 | NO | NO | NO |
| LAMIVUDINE 150 MG TABLET | 1 | NO | NO | NO |
| LAMIVUDINE 300 MG TABLET | 1 | NO | NO | NO |
| LAMIVUDINE 300 MG/30ML SOL CUP | 1 | NO | NO | NO |
| LAMIVUDINE HBV 100 MG TABLET | 4 | NO | NO | YES |
| LAMIVUDINE-ZIDOVUDINE TABLET | 2 | NO | NO | NO |
| LAMOTRIGINE 100 MG TABLET | 1 | NO | NO | NO |
| LAMOTRIGINE 150 MG TABLET | 1 | NO | NO | NO |
| LAMOTRIGINE 200 MG TABLET | 1 | NO | NO | NO |
| LAMOTRIGINE 25 MG DISPER TAB | 1 | NO | NO | NO |
| LAMOTRIGINE 25 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LAMOTRIGINE 5 MG DISPER TABLET | 1 | NO | NO | NO |
| LAMPIT 120 MG TABLET | 3 | YES | NO | NO |
| LAMPIT 30 MG TABLET | 3 | YES | NO | NO |
| LANCETS | 1 | NO | NO | YES |
| LANCETS 26G X 1.8MM | 1 | NO | NO | YES |
| LANCETS 28G LANCETS | 1 | NO | NO | YES |
| LANCETS 30G | 1 | NO | NO | YES |
| LANCETS 33G | 1 | NO | NO | YES |
| LANCETS ULTRA FINE 28G | 1 | NO | NO | YES |
| LANCING DEVICE | 1 | NO | NO | YES |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 2 | NO | NO | YES |
| LANSOPRAZOLE DR 15 MG CAPSULE | 1 | NO | NO | YES |
| LANSOPRAZOLE DR 15 MG ODT | 2 | YES | NO | YES |
| LANSOPRAZOLE DR 30 MG CAPSULE | 1 | NO | NO | YES |
| LANSOPRAZOLE DR 30 MG ODT | 2 | YES | NO | YES |
| LANTHANUM CARB 1,000 MG TB CHW | 2 | NO | YES | YES |
| LANTHANUM CARB 500 MG TAB CHEW | 2 | NO | YES | YES |
| LANTHANUM CARB 750 MG TAB CHEW | 2 | NO | YES | YES |
| LANTUS 100 UNIT/ML VIAL | 2 | NO | NO | NO |
| LANTUS SOLOSTAR 100 UNIT/ML | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LANZO LANCING DEVICE | 1 | NO | NO | YES |
| LAPATINIB 250 MG TABLET | 4 | YES | NO | YES |
| LARIN 1.5 MG-30 MCG TABLET | 1 | NO | NO | NO |
| LARIN 21 1-20 TABLET | 1 | NO | NO | NO |
| LARIN 24 FE 1 MG-20 MCG TABLET | 1 | NO | NO | NO |
| LARIN FE 1.5-30 TABLET | 1 | NO | NO | NO |
| LARIN FE 1-20 TABLET | 1 | NO | NO | NO |
| LARISSIA-28 TABLET | 1 | NO | NO | NO |
| LATANOPROST 0.005% EYE DROPS | 1 | NO | NO | NO |
| LAXATIVE EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| LAYOLIS FE CHEWABLE TABLET | 1 | NO | NO | NO |
| LAZANDA 100 MCG NASAL SPRAY | 3 | YES | NO | NO |
| LAZANDA 400 MCG NASAL SPRAY | 3 | YES | NO | NO |
| LAZCLUZE 240 MG TABLET | 4 | YES | NO | YES |
| LAZCLUZE 80 MG TABLET | 4 | YES | NO | YES |
| LEADER INS SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| LEADER INSULIN SYRINGE 0.3 ML | 1 | NO | NO | NO |
| LEADER SYRING 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| LEDIPASVIR-SOFOSBUVIR 90-400MG | 2 | YES | NO | NO |
| LEENA 28 TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LEFLUNOMIDE 10 MG TABLET | 1 | NO | NO | NO |
| LEFLUNOMIDE 20 MG TABLET | 1 | NO | NO | NO |
| LENALIDOMIDE 10 MG CAPSULE | 4 | YES | NO | YES |
| LENALIDOMIDE 15 MG CAPSULE | 4 | YES | NO | YES |
| LENALIDOMIDE 2.5 MG CAPSULE | 4 | YES | NO | YES |
| LENALIDOMIDE 20 MG CAPSULE | 4 | YES | NO | YES |
| LENALIDOMIDE 25 MG CAPSULE | 4 | YES | NO | YES |
| LENALIDOMIDE 5 MG CAPSULE | 4 | YES | NO | YES |
| LENVIMA 10 MG DAILY DOSE | 4 | YES | NO | YES |
| LENVIMA 12 MG DAILY DOSE | 4 | YES | NO | YES |
| LENVIMA 14 MG DAILY DOSE | 4 | YES | NO | YES |
| LENVIMA 18 MG DAILY DOSE | 4 | YES | NO | YES |
| LENVIMA 20 MG DAILY DOSE | 4 | YES | NO | YES |
| LENVIMA 24 MG DAILY DOSE | 4 | YES | NO | YES |
| LENVIMA 4 MG CAPSULE | 4 | YES | NO | YES |
| LENVIMA 8 MG DAILY DOSE | 4 | YES | NO | YES |
| LEQSELVI 8 MG TABLET | 4 | YES | NO | YES |
| LESSINA-28 TABLET | 1 | NO | NO | NO |
| LETROZOLE 2.5 MG TABLET | 1 | NO | NO | NO |
| LEUCOVORIN CALCIUM 10 MG TAB | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LEUCOVORIN CALCIUM 15 MG TAB | 2 | NO | NO | NO |
| LEUCOVORIN CALCIUM 25 MG TAB | 2 | NO | NO | NO |
| LEUCOVORIN CALCIUM 5 MG TAB | 1 | NO | NO | NO |
| LEUKERAN 2 MG TABLET | 4 | YES | NO | NO |
| LEUKINE 250 MCG VIAL | 4 | YES | NO | NO |
| LEUPROLIDE 2WK 14 MG/2.8 ML KT | 4 | YES | NO | YES |
| LEUPROLIDE DEPOT 22.5 MG VIAL | 4 | YES | NO | YES |
| LEVALBUTEROL 0.31 MG/3 ML SOL | 2 | NO | NO | NO |
| LEVALBUTEROL 0.63 MG/3 ML SOL | 2 | NO | NO | NO |
| LEVALBUTEROL 1.25 MG/3 ML SOL | 2 | NO | NO | NO |
| LEVALBUTEROL CONC 1.25 MG/0.5 | 2 | NO | NO | NO |
| LEVETIRACETAM 1,000 MG TABLET | 1 | NO | NO | NO |
| LEVETIRACETAM 1,000MG/10ML CUP | 1 | NO | NO | NO |
| LEVETIRACETAM 100 MG/ML SOLN | 1 | NO | NO | NO |
| LEVETIRACETAM 250 MG TABLET | 1 | NO | NO | NO |
| LEVETIRACETAM 500 MG TABLET | 1 | NO | NO | NO |
| LEVETIRACETAM 500 MG/5 ML CUP | 1 | NO | NO | NO |
| LEVETIRACETAM 500 MG/5 ML SOLN | 1 | NO | NO | NO |
| LEVETIRACETAM 750 MG TABLET | 1 | NO | NO | NO |
| LEVETIRACETAM ER 500 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LEVETIRACETAM ER 750 MG TABLET | 1 | NO | NO | NO |
| LEVOBUNOLOL 0.5% EYE DROPS | 1 | NO | NO | NO |
| LEVOCARNITINE 1 G/10 ML CUP | 2 | NO | NO | NO |
| LEVOCARNITINE 1 G/10 ML SOLN | 2 | NO | NO | NO |
| LEVOCARNITINE 330 MG TABLET | 2 | NO | NO | NO |
| LEVOCARNITINE 500 MG/5 ML CUP | 2 | NO | NO | NO |
| LEVOCARNITINE SF 1 G/10 ML SOL | 2 | NO | NO | NO |
| LEVOCETIRIZINE 2.5 MG/5 ML SOL | 1 | NO | NO | NO |
| LEVOCETIRIZINE 5 MG TABLET | 1 | NO | NO | NO |
| LEVOFLOXACIN 0.5% EYE DROP | 2 | NO | NO | NO |
| LEVOFLOXACIN 0.5% EYE DROPS | 2 | NO | NO | NO |
| LEVOFLOXACIN 1.5% EYE DROPS | 2 | NO | NO | NO |
| LEVOFLOXACIN 25 MG/ML SOLUTION | 2 | NO | NO | NO |
| LEVOFLOXACIN 250 MG TABLET | 1 | NO | NO | NO |
| LEVOFLOXACIN 500 MG TABLET | 1 | NO | NO | NO |
| LEVOFLOXACIN 750 MG TABLET | 1 | NO | NO | NO |
| LEVONEST-28 TABLET | 1 | NO | NO | NO |
| LEVONO-E ESTRAD 0.15-0.03-0.01 | 1 | NO | NO | NO |
| LEVONOR-E ESTRAD 0.1-0.02-0.01 | 1 | NO | NO | NO |
| LEVONOR-ETH ESTRA 0.09-0.02 MG | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LEVONOR-ETH ESTRAD 0.1-0.02 MG | 1 | NO | NO | NO |
| LEVONOR-ETH ESTRAD 0.15-0.03 | 1 | NO | NO | NO |
| LEVONOR-ETH ESTRAD TRIPHASIC | 1 | NO | NO | NO |
| LEVONORG 0.15MG-EE 20-25-30MCG | 1 | NO | NO | NO |
| LEVONORGESTREL 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| LEVORA-28 TABLET | 1 | NO | NO | NO |
| LEVO-T 100 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 112 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 125 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 137 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 150 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 175 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 200 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 25 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 300 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 50 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 75 MCG TABLET | 1 | NO | NO | NO |
| LEVO-T 88 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 100 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 112 MCG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LEVOTHYROXINE 125 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 137 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 150 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 175 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 200 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 25 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 300 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 50 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 75 MCG TABLET | 1 | NO | NO | NO |
| LEVOTHYROXINE 88 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 100 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 112 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 125 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 137 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 150 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 175 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 200 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 25 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 50 MCG TABLET | 1 | NO | NO | NO |
| LEVOXYL 75 MCG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LEVOXYL 88 MCG TABLET | 1 | NO | NO | NO |
| LEXIVA 50 MG/ML SUSPENSION | 4 | NO | NO | NO |
| L-GLUTAMINE 5 GRAM POWDER PKT | 4 | YES | NO | YES |
| LIBERVANT 10 MG FILM | 3 | YES | NO | YES |
| LIBERVANT 12.5 MG FILM | 3 | YES | NO | YES |
| LIBERVANT 15 MG FILM | 3 | YES | NO | YES |
| LIBERVANT 5 MG FILM | 3 | YES | NO | YES |
| LIBERVANT 7.5 MG FILM | 3 | YES | NO | YES |
| LIDOCAINE 2% VISCOUS 15 ML CUP | 1 | YES | NO | NO |
| LIDOCAINE 2% VISCOUS SOLN | 1 | YES | NO | NO |
| LIDOCAINE 5% OINTMENT | 1 | NO | NO | NO |
| LIDOCAINE 5% PATCH | 2 | NO | NO | YES |
| LIDOCAINE HCL 4% SOLUTION | 2 | NO | NO | NO |
| LIDOCAINE-HC 3-0.5% CREAM | 1 | NO | NO | NO |
| LIDOCAINE-PRILOCAINE CREAM | 1 | NO | NO | NO |
| LIDOCAN III 5% PATCH | 2 | NO | NO | YES |
| LIDOCAN IV 5% PATCH | 2 | NO | NO | YES |
| LIDOCAN V 5% PATCH | 2 | NO | NO | YES |
| LILLOW-28 TABLET | 1 | NO | NO | NO |
| LINDANE 1% SHAMPOO | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LINEZOLID 100 MG/5 ML SUSP | 1 | NO | NO | NO |
| LINEZOLID 600 MG TABLET | 1 | NO | NO | NO |
| LINZESS 145 MCG CAPSULE | 2 | NO | NO | YES |
| LINZESS 290 MCG CAPSULE | 2 | NO | NO | YES |
| LINZESS 72 MCG CAPSULE | 2 | NO | NO | YES |
| LIOTHYRONINE SOD 25 MCG TAB | 1 | NO | NO | NO |
| LIOTHYRONINE SOD 5 MCG TAB | 1 | NO | NO | NO |
| LIOTHYRONINE SOD 50 MCG TAB | 1 | NO | NO | NO |
| LISDEXAMFETAMINE 10 MG CAPSULE | 1 | YES | NO | YES |
| LISDEXAMFETAMINE 10 MG TB CHEW | 2 | YES | NO | YES |
| LISDEXAMFETAMINE 20 MG CAPSULE | 1 | YES | NO | YES |
| LISDEXAMFETAMINE 20 MG TB CHEW | 2 | YES | NO | YES |
| LISDEXAMFETAMINE 30 MG CAPSULE | 1 | YES | NO | YES |
| LISDEXAMFETAMINE 30 MG TB CHEW | 2 | YES | NO | YES |
| LISDEXAMFETAMINE 40 MG CAPSULE | 1 | YES | NO | YES |
| LISDEXAMFETAMINE 40 MG TB CHEW | 2 | YES | NO | YES |
| LISDEXAMFETAMINE 50 MG CAPSULE | 1 | YES | NO | YES |
| LISDEXAMFETAMINE 50 MG TB CHEW | 2 | YES | NO | YES |
| LISDEXAMFETAMINE 60 MG CAPSULE | 1 | YES | NO | YES |
| LISDEXAMFETAMINE 60 MG TB CHEW | 2 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LISDEXAMFETAMINE 70 MG CAPSULE | 1 | YES | NO | YES |
| LISINOPRIL 10 MG TABLET | 1 | NO | NO | NO |
| LISINOPRIL 2.5 MG TABLET | 1 | NO | NO | NO |
| LISINOPRIL 20 MG TABLET | 1 | NO | NO | NO |
| LISINOPRIL 30 MG TABLET | 1 | NO | NO | NO |
| LISINOPRIL 40 MG TABLET | 1 | NO | NO | NO |
| LISINOPRIL 5 MG TABLET | 1 | NO | NO | NO |
| LISINOPRIL-HCTZ 10-12.5 MG TAB | 1 | NO | NO | NO |
| LISINOPRIL-HCTZ 20-12.5 MG TAB | 1 | NO | NO | NO |
| LISINOPRIL-HCTZ 20-25 MG TAB | 1 | NO | NO | NO |
| LITE TOUCH 28G LANCETS | 1 | NO | NO | YES |
| LITE TOUCH 30G LANCETS | 1 | NO | NO | YES |
| LITE TOUCH 33G LANCETS | 1 | NO | NO | YES |
| LITE TOUCH INSULIN SYR 0.3 ML | 1 | NO | NO | NO |
| LITE TOUCH LANCING PEN | 1 | NO | NO | YES |
| LITETOUCH INS 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| LITETOUCH INS 0.3 ML 30GX5/16" | 1 | NO | NO | NO |
| LITETOUCH INS 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| LITFULO 50 MG CAPSULE | 4 | NO | YES | YES |
| LITHIUM 8 MEQ/5 ML SOLN CUP | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LITHIUM 8 MEQ/5 ML SOLUTION | 1 | NO | NO | YES |
| LITHIUM CARBONATE 150 MG CAP | 1 | NO | NO | NO |
| LITHIUM CARBONATE 300 MG CAP | 1 | NO | NO | NO |
| LITHIUM CARBONATE 300 MG TAB | 1 | NO | NO | NO |
| LITHIUM CARBONATE 600 MG CAP | 1 | NO | NO | NO |
| LITHIUM CARBONATE ER 300 MG TB | 1 | NO | NO | NO |
| LITHIUM CARBONATE ER 450 MG TB | 1 | NO | NO | NO |
| LIVDELZI 10 MG CAPSULE | 4 | YES | NO | YES |
| LIVE BETTER ADVANCED LANCING | 1 | NO | NO | YES |
| LIVE BETTER ULTRA THIN LANCET | 1 | NO | NO | YES |
| LIVMARLI 10 MG TABLET | 4 | YES | NO | YES |
| LIVMARLI 15 MG TABLET | 4 | YES | NO | YES |
| LIVMARLI 19 MG/ML ORAL SOLN | 4 | YES | NO | YES |
| LIVMARLI 20 MG TABLET | 4 | YES | NO | YES |
| LIVMARLI 30 MG TABLET | 4 | YES | NO | YES |
| LIVMARLI 9.5 MG/ML ORAL SOLN | 4 | YES | NO | YES |
| LIVTENCITY 200 MG TABLET | 4 | YES | NO | YES |
| LO LOESTRIN FE 1-10 TABLET | 2 | NO | NO | NO |
| LODOCO 0.5 MG TABLET | 3 | YES | NO | YES |
| LOJAIMIESS 0.1-0.02-0.01 TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LOKELMA 10 GRAM POWDER PACKET | 3 | YES | NO | YES |
| LOKELMA 5 GRAM POWDER PACKET | 3 | YES | NO | YES |
| LONGS THIN LANCETS 26G | 1 | NO | NO | YES |
| LONGS THIN LANCETS 30G | 1 | NO | NO | YES |
| LONSURF 15 MG-6.14 MG TABLET | 4 | YES | NO | YES |
| LONSURF 20 MG-8.19 MG TABLET | 4 | YES | NO | YES |
| LOPINAVIR-RITONAVIR 80-20MG/ML | 2 | NO | NO | NO |
| LOPINAVIR-RITONAVR 100-25MG TB | 4 | NO | NO | NO |
| LOPINAVIR-RITONAVR 200-50MG TB | 4 | NO | NO | NO |
| LORAZEPAM 0.5 MG TABLET | 1 | NO | NO | NO |
| LORAZEPAM 1 MG TABLET | 1 | NO | NO | NO |
| LORAZEPAM 2 MG TABLET | 1 | NO | NO | NO |
| LORAZEPAM 2 MG/ML ORAL CONCENT | 2 | NO | NO | NO |
| LORAZEPAM INTENSOL 2 MG/ML | 2 | NO | NO | NO |
| LORBRENA 100 MG TABLET | 4 | YES | NO | YES |
| LORBRENA 25 MG TABLET | 4 | YES | NO | YES |
| LORTAB 10 MG-300 MG/15 ML ELXR | 3 | NO | YES | NO |
| LORYNA 3 MG-0.02 MG TABLET | 1 | NO | NO | NO |
| LOSARTAN POTASSIUM 100 MG TAB | 1 | NO | NO | NO |
| LOSARTAN POTASSIUM 25 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LOSARTAN POTASSIUM 50 MG TAB | 1 | NO | NO | NO |
| LOSARTAN-HCTZ 100-12.5 MG TAB | 1 | NO | NO | NO |
| LOSARTAN-HCTZ 100-25 MG TAB | 1 | NO | NO | NO |
| LOSARTAN-HCTZ 50-12.5 MG TAB | 1 | NO | NO | NO |
| LOTEPREDNOL ETABONATE 0.5% DRP | 2 | NO | NO | NO |
| LOVASTATIN 10 MG TABLET | 1 | NO | NO | NO |
| LOVASTATIN 20 MG TABLET | 1 | NO | NO | NO |
| LOVASTATIN 40 MG TABLET | 1 | NO | NO | NO |
| LOW-OGESTREL-28 TABLET | 1 | NO | NO | NO |
| LOXAPINE 10 MG CAPSULE | 2 | YES | NO | YES |
| LOXAPINE 25 MG CAPSULE | 2 | YES | NO | YES |
| LOXAPINE 5 MG CAPSULE | 2 | YES | NO | YES |
| LOXAPINE 50 MG CAPSULE | 2 | YES | NO | YES |
| LO-ZUMANDIMINE 3 MG-0.02 MG TB | 1 | NO | NO | NO |
| LUBIPROSTONE 24 MCG CAPSULE | 2 | NO | NO | YES |
| LUBIPROSTONE 8 MCG CAPSULE | 2 | NO | NO | YES |
| LUDENT FLUORIDE 0.25 MG TB CHW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| LUDENT FLUORIDE 0.5 MG TB CHEW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| LUDENT FLUORIDE 1 MG TAB CHEW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| LULICONAZOLE 1% CREAM | 3 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LUMAKRAS 120 MG TABLET | 4 | YES | NO | YES |
| LUMAKRAS 240 MG TABLET | 4 | YES | NO | YES |
| LUMAKRAS 320 MG TABLET | 4 | YES | NO | YES |
| LUMIGAN 0.01% EYE DROPS | 2 | NO | NO | NO |
| LUMRYZ 4.5-6-7.5 GM STARTER PK | 4 | YES | NO | YES |
| LUMRYZ ER 4.5 GM PACKET | 4 | YES | NO | YES |
| LUMRYZ ER 6 GM PACKET | 4 | YES | NO | YES |
| LUMRYZ ER 7.5 GM PACKET | 4 | YES | NO | YES |
| LUMRYZ ER 9 GM PACKET | 4 | YES | NO | YES |
| LUPKYNIS 7.9 MG CAPSULE | 4 | YES | NO | YES |
| LUPRON DEPOT 11.25 MG 3MO KIT | 4 | YES | NO | YES |
| LUPRON DEPOT 22.5 MG 3MO KIT | 4 | YES | NO | YES |
| LUPRON DEPOT 3.75 MG KIT | 4 | YES | NO | YES |
| LUPRON DEPOT 45 MG 6MO KIT | 4 | YES | NO | YES |
| LUPRON DEPOT 7.5 MG KIT | 4 | YES | NO | YES |
| LUPRON DEPOT-4 MONTH KIT | 4 | YES | NO | YES |
| LUPRON DEPOT-PED 11.25 MG 3MO | 4 | YES | NO | YES |
| LUPRON DEPOT-PED 11.25 MG KIT | 4 | YES | NO | YES |
| LUPRON DEPOT-PED 15 MG KIT | 4 | YES | NO | YES |
| LUPRON DEPOT-PED 30 MG 3MO KIT | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LUPRON DEPOT-PED 45 MG 6MO KIT | 4 | YES | NO | YES |
| LUPRON DEPOT-PED 7.5 MG KIT | 4 | YES | NO | YES |
| LURASIDONE HCL 120 MG TABLET | 2 | YES | YES | YES |
| LURASIDONE HCL 20 MG TABLET | 2 | YES | YES | YES |
| LURASIDONE HCL 40 MG TABLET | 2 | YES | YES | YES |
| LURASIDONE HCL 60 MG TABLET | 2 | YES | YES | YES |
| LURASIDONE HCL 80 MG TABLET | 2 | YES | YES | YES |
| LURBIPR 100 MG TABLET | 1 | NO | NO | YES |
| LUTERA-28 TABLET | 1 | NO | NO | NO |
| LUTRATE DEPOT 22.5 MG VIAL | 4 | YES | NO | YES |
| LYLEQ 0.35 MG TABLET | 1 | NO | NO | NO |
| LYLLANA 0.025 MG PATCH | 2 | NO | NO | NO |
| LYLLANA 0.0375 MG PATCH | 2 | NO | NO | NO |
| LYLLANA 0.05 MG PATCH | 2 | NO | NO | NO |
| LYLLANA 0.075 MG PATCH | 2 | NO | NO | NO |
| LYLLANA 0.1 MG PATCH | 2 | NO | NO | NO |
| LYNPARZA 100 MG TABLET | 4 | YES | NO | YES |
| LYNPARZA 150 MG TABLET | 4 | YES | NO | YES |
| LYSODREN 500 MG TABLET | 4 | YES | NO | NO |
| LYTGOBI 12 MG DOSE (3X 4MG TB) | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| LYTGOBI 16 MG DOSE (4X 4MG TB) | 4 | YES | NO | YES |
| LYTGOBI 20 MG DOSE (5X 4MG TB) | 4 | YES | NO | YES |
| LYZA 0.35 MG TABLET | 1 | NO | NO | NO |
| MAGNESIUM CITRATE SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MALATHION 0.5% LOTION | 1 | NO | NO | YES |
| MARAVIROC 150 MG TABLET | 4 | NO | NO | NO |
| MARAVIROC 300 MG TABLET | 4 | NO | NO | NO |
| MARLISSA-28 TABLET | 1 | NO | NO | NO |
| MARPLAN 10 MG TABLET | 3 | YES | NO | NO |
| MATULANE 50 MG CAPSULE | 4 | YES | NO | NO |
| MATZIM LA 180 MG TABLET | 2 | NO | NO | NO |
| MATZIM LA 240 MG TABLET | 2 | NO | NO | NO |
| MATZIM LA 300 MG TABLET | 2 | NO | NO | NO |
| MATZIM LA 360 MG TABLET | 2 | NO | NO | NO |
| MAVENCLAD 10 MG X 10 TABLET PK | 4 | NO | YES | YES |
| MAVENCLAD 10 MG X 4 TABLET PK | 4 | NO | YES | YES |
| MAVENCLAD 10 MG X 5 TABLET PK | 4 | NO | YES | YES |
| MAVENCLAD 10 MG X 6 TABLET PK | 4 | NO | YES | YES |
| MAVENCLAD 10 MG X 7 TABLET PK | 4 | NO | YES | YES |
| MAVENCLAD 10 MG X 8 TABLET PK | 4 | NO | YES | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MAVENCLAD 10 MG X 9 TABLET PK | 4 | NO | YES | YES |
| MAVYRET 100-40 MG TABLET | 2 | YES | NO | YES |
| MAVYRET 50-20 MG PELLET PACKET | 2 | YES | NO | YES |
| MAXI-TUSS AC LIQUID | 1 | NO | NO | NO |
| MAYZENT 0.25 MG TABLET | 4 | NO | YES | YES |
| MAYZENT 0.25MG START-1MG MAINT | 4 | NO | YES | YES |
| MAYZENT 0.25MG START-2MG MAINT | 4 | NO | YES | YES |
| MAYZENT 1 MG TABLET | 4 | NO | YES | YES |
| MAYZENT 2 MG TABLET | 4 | NO | YES | YES |
| MECLIZINE 12.5 MG TABLET | 1 | NO | NO | NO |
| MECLIZINE 25 MG TABLET | 1 | NO | NO | NO |
| MEDISENSE THIN 28G LANCETS | 1 | NO | NO | YES |
| MEDISENSE THIN LANCETS | 1 | NO | NO | YES |
| MEDLANCE PLUS 21G LANCETS | 1 | NO | NO | YES |
| MEDLANCE PLUS 30G LANCETS | 1 | NO | NO | YES |
| MEDLANCE PLUS EXTRA 21G LANCET | 1 | NO | NO | YES |
| MEDLANCE PLUS LITE 25G LANCETS | 1 | NO | NO | YES |
| MEDLANCE PLUS SPECIAL BLADE | 1 | NO | NO | NO |
| MEDROXYPROGESTERONE 10 MG TAB | 1 | NO | NO | NO |
| MEDROXYPROGESTERONE 150 MG/ML | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MEDROXYPROGESTERONE 2.5 MG TAB | 1 | NO | NO | NO |
| MEDROXYPROGESTERONE 5 MG TAB | 1 | NO | NO | NO |
| MEFENAMIC ACID 250 MG CAPSULE | 2 | YES | NO | YES |
| MEFLOQUINE HCL 250 MG TABLET | 1 | NO | NO | NO |
| MEGESTROL 20 MG TABLET | 1 | NO | NO | NO |
| MEGESTROL 40 MG TABLET | 1 | NO | NO | NO |
| MEGESTROL 400 MG/10 ML CUP | 1 | NO | NO | NO |
| MEGESTROL 400 MG/10ML SUSP CUP | 1 | NO | NO | NO |
| MEGESTROL ACET 40 MG/ML SUSP | 1 | NO | NO | NO |
| MEGESTROL ACET 400 MG/10 ML | 1 | NO | NO | NO |
| MEIJER LANCETS | 1 | NO | NO | YES |
| MEIJER UNIVERSAL 1 26G LANCETS | 1 | NO | NO | YES |
| MEKINIST 0.05 MG/ML SOLUTION | 4 | YES | NO | YES |
| MEKINIST 0.5 MG TABLET | 4 | YES | NO | YES |
| MEKINIST 2 MG TABLET | 4 | YES | NO | YES |
| MEKTOVI 15 MG TABLET | 4 | YES | NO | YES |
| MELEYA 0.35 MG TABLET | 1 | NO | NO | NO |
| MELOXICAM 15 MG TABLET | 1 | NO | NO | NO |
| MELOXICAM 7.5 MG TABLET | 1 | NO | NO | NO |
| MELPHALAN 2 MG TABLET | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MEMANTINE 5-10 MG TITRATION PK | 1 | NO | NO | NO |
| MEMANTINE HCL 10 MG TABLET | 1 | NO | NO | NO |
| MEMANTINE HCL 5 MG TABLET | 1 | NO | NO | NO |
| MEMANTINE HCL ER 14 MG CAPSULE | 2 | NO | NO | NO |
| MEMANTINE HCL ER 21 MG CAPSULE | 2 | NO | NO | NO |
| MEMANTINE HCL ER 28 MG CAPSULE | 2 | NO | NO | NO |
| MEMANTINE HCL ER 7 MG CAPSULE | 2 | NO | NO | NO |
| MEPERIDINE 50 MG TABLET | 1 | NO | YES | NO |
| MEPERIDINE 50 MG/5 ML SOLUTION | 1 | NO | YES | NO |
| MEPROBAMATE 200 MG TABLET | 1 | NO | NO | NO |
| MEPROBAMATE 400 MG TABLET | 1 | NO | NO | NO |
| MERCAPTOPURINE 50 MG TABLET | 1 | NO | NO | NO |
| MEROPENEM IV 1 GM VIAL | 4 | NO | NO | NO |
| MERZEE 1 MG-20 MCG CAPSULE | 1 | NO | NO | NO |
| MESALAMINE 1,000 MG SUPP | 1 | NO | NO | YES |
| MESALAMINE 4 GM/60 ML ENEMA | 1 | NO | NO | NO |
| MESALAMINE 800 MG DR TABLET | 2 | NO | YES | NO |
| MESALAMINE DR 1.2 GM TABLET | 2 | NO | NO | NO |
| MESALAMINE DR 400 MG CAPSULE | 2 | NO | NO | NO |
| MESALAMINE ER 0.375 GRAM CAP | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MESALAMINE ER 500 MG CAPSULE | 2 | NO | NO | NO |
| MESNA 400 MG TABLET | 4 | NO | NO | NO |
| METAXALONE 800 MG TABLET | 2 | NO | YES | YES |
| METFORMIN HCL 1,000 MG TABLET | 1 | NO | NO | NO |
| METFORMIN HCL 500 MG TABLET | 1 | NO | NO | NO |
| METFORMIN HCL 850 MG TABLET | 1 | NO | NO | NO |
| METFORMIN HCL ER 500 MG TABLET | 1 | NO | NO | NO |
| METFORMIN HCL ER 750 MG TABLET | 1 | NO | NO | NO |
| METHADONE 10 MG/5 ML SOLUTION | 1 | YES | NO | NO |
| METHADONE 10 MG/ML ORAL CONC | 1 | YES | NO | NO |
| METHADONE 5 MG/5 ML SOLUTION | 1 | YES | NO | NO |
| METHADONE HCL 10 MG TABLET | 1 | YES | NO | NO |
| METHADONE HCL 5 MG TABLET | 1 | YES | NO | NO |
| METHADONE INTENSOL 10 MG/ML | 1 | YES | NO | NO |
| METHADOSE 10 MG/ML ORAL CONC | 1 | YES | NO | NO |
| METHAMPHETAMINE 5 MG TABLET | 2 | YES | NO | YES |
| METHAZOLAMIDE 25 MG TABLET | 2 | NO | NO | NO |
| METHAZOLAMIDE 50 MG TABLET | 2 | NO | NO | NO |
| METHENAMINE HIPP 1 GM TABLET | 2 | NO | NO | NO |
| METHENAMINE MAND 1 GM TABLET | 2 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| METHENAMINE MAND 500 MG TABLET | 2 | NO | NO | YES |
| METHIMAZOLE 10 MG TABLET | 1 | NO | NO | NO |
| METHIMAZOLE 5 MG TABLET | 1 | NO | NO | NO |
| METHOCARBAMOL 500 MG TABLET | 1 | NO | NO | NO |
| METHOCARBAMOL 750 MG TABLET | 1 | NO | NO | NO |
| METHOTREXATE 1 GRAM/40 ML VIAL | 1 | NO | NO | NO |
| METHOTREXATE 2.5 MG TABLET | 1 | NO | NO | NO |
| METHOTREXATE 250 MG/10 ML VIAL | 1 | NO | NO | NO |
| METHOTREXATE 50 MG/2 ML VIAL | 1 | NO | NO | NO |
| METHOXSALEN 10 MG SOFTGEL | 4 | NO | NO | NO |
| METHSCOPOLAMINE BROM 2.5 MG TB | 1 | NO | NO | NO |
| METHSCOPOLAMINE BROM 5 MG TAB | 1 | NO | NO | NO |
| METHSUXIMIDE 300 MG CAPSULE | 2 | NO | NO | NO |
| METHYLDOPA 250 MG TABLET | 1 | NO | NO | NO |
| METHYLDOPA 500 MG TABLET | 1 | NO | NO | NO |
| METHYLERGONOVINE 0.2 MG TABLET | 2 | NO | NO | NO |
| METHYLPHENIDATE 10 MG TABLET | 1 | YES | NO | YES |
| METHYLPHENIDATE 10 MG/5 ML SOL | 2 | YES | NO | YES |
| METHYLPHENIDATE 20 MG TABLET | 1 | YES | NO | YES |
| METHYLPHENIDATE 5 MG TABLET | 1 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| METHYLPHENIDATE 5 MG/5 ML SOLN | 2 | YES | NO | YES |
| METHYLPHENIDATE CD 10 MG CAP | 2 | YES | NO | YES |
| METHYLPHENIDATE CD 20 MG CAP | 2 | YES | NO | YES |
| METHYLPHENIDATE CD 30 MG CAP | 2 | YES | NO | YES |
| METHYLPHENIDATE CD 40 MG CAP | 2 | YES | NO | YES |
| METHYLPHENIDATE CD 50 MG CAP | 2 | YES | NO | YES |
| METHYLPHENIDATE CD 60 MG CAP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER 10 MG TAB | 1 | YES | NO | YES |
| METHYLPHENIDATE ER 18 MG TAB | 2 | YES | NO | YES |
| METHYLPHENIDATE ER 20 MG TAB | 1 | YES | NO | YES |
| METHYLPHENIDATE ER 27 MG TAB | 2 | YES | NO | YES |
| METHYLPHENIDATE ER 36 MG TAB | 2 | YES | NO | YES |
| METHYLPHENIDATE ER 54 MG TAB | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(CD) 10MG CP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(CD) 20MG CP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(CD) 30MG CP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(CD) 40MG CP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(CD) 50MG CP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(CD) 60MG CP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(LA) 10MG CP | 2 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| METHYLPHENIDATE ER(LA) 20MG CP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(LA) 30MG CP | 2 | YES | NO | YES |
| METHYLPHENIDATE ER(LA) 40MG CP | 2 | YES | NO | YES |
| METHYLPREDNISOLONE 16 MG TAB | 2 | NO | NO | NO |
| METHYLPREDNISOLONE 32 MG TAB | 2 | NO | NO | NO |
| METHYLPREDNISOLONE 4 MG DOSEPK | 1 | NO | NO | NO |
| METHYLPREDNISOLONE 4 MG TABLET | 1 | NO | NO | NO |
| METHYLPREDNISOLONE 8 MG TABLET | 2 | NO | NO | NO |
| METHYLTESTOSTERONE 10 MG CAP | 2 | NO | NO | YES |
| METOCLOPRAMIDE 10 MG TABLET | 1 | NO | NO | NO |
| METOCLOPRAMIDE 10 MG/10 ML CUP | 1 | NO | NO | NO |
| METOCLOPRAMIDE 10 MG/10 ML SOL | 1 | NO | NO | NO |
| METOCLOPRAMIDE 5 MG TABLET | 1 | NO | NO | NO |
| METOCLOPRAMIDE 5 MG/5 ML SOLN | 1 | NO | NO | NO |
| METOLAZONE 10 MG TABLET | 1 | NO | NO | NO |
| METOLAZONE 2.5 MG TABLET | 1 | NO | NO | NO |
| METOLAZONE 5 MG TABLET | 1 | NO | NO | NO |
| METOPROLOL SUCC ER 100 MG TAB | 1 | NO | NO | NO |
| METOPROLOL SUCC ER 200 MG TAB | 1 | NO | NO | NO |
| METOPROLOL SUCC ER 25 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| METOPROLOL SUCC ER 50 MG TAB | 1 | NO | NO | NO |
| METOPROLOL TARTRATE 100 MG TAB | 1 | NO | NO | NO |
| METOPROLOL TARTRATE 25 MG TAB | 1 | NO | NO | NO |
| METOPROLOL TARTRATE 37.5 MG TB | 1 | NO | NO | NO |
| METOPROLOL TARTRATE 50 MG TAB | 1 | NO | NO | NO |
| METOPROLOL TARTRATE 75 MG TAB | 1 | NO | NO | NO |
| METOPROLOL-HCTZ 100-25 MG TAB | 2 | NO | NO | NO |
| METOPROLOL-HCTZ 100-50 MG TAB | 2 | NO | NO | NO |
| METOPROLOL-HCTZ 50-25 MG TAB | 2 | NO | NO | NO |
| METRONIDAZOLE 0.75% CREAM | 1 | NO | NO | NO |
| METRONIDAZOLE 250 MG TABLET | 1 | NO | NO | NO |
| METRONIDAZOLE 500 MG TABLET | 1 | NO | NO | NO |
| METRONIDAZOLE TOP 1% GEL PUMP | 2 | NO | NO | YES |
| METRONIDAZOLE TOPICAL 0.75% GL | 1 | NO | NO | YES |
| METRONIDAZOLE TOPICAL 1% GEL | 2 | NO | NO | YES |
| METRONIDAZOLE VAGINAL 0.75% GL | 1 | NO | NO | NO |
| METYROSINE 250 MG CAPSULE | 2 | YES | NO | YES |
| MEXILETINE 150 MG CAPSULE | 2 | NO | NO | NO |
| MEXILETINE 200 MG CAPSULE | 2 | NO | NO | NO |
| MEXILETINE 250 MG CAPSULE | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MIBELAS 24 FE CHEWABLE TABLET | 1 | NO | NO | NO |
| MICONAZOLE 3 200 MG VAG SUPP | 1 | NO | NO | NO |
| MICRO THIN 33G LANCETS | 1 | NO | NO | YES |
| MICROCHAMBER | 2 | NO | NO | NO |
| MICROGESTIN 21 1.5-30 TAB | 1 | NO | NO | NO |
| MICROGESTIN 21 1-20 TABLET | 1 | NO | NO | NO |
| MICROGESTIN 24 FE 1 MG-20 MCG | 1 | NO | NO | NO |
| MICROGESTIN FE 1.5-30 TAB | 1 | NO | NO | NO |
| MICROGESTIN FE 1-20 TABLET | 1 | NO | NO | NO |
| MICROLET 2 LANCING DEVICE | 1 | NO | NO | YES |
| MICROLET LANCETS | 1 | NO | NO | YES |
| MICROLET NEXT LANCING DEVICE | 1 | NO | NO | YES |
| MIDAZOLAM HCL 10 MG/5 ML CUP | 3 | NO | NO | NO |
| MIDAZOLAM HCL 2 MG/ML SYRUP | 1 | NO | NO | NO |
| MIDAZOLAM HCL 5 MG/2.5 ML CUP | 3 | NO | NO | NO |
| MIDODRINE HCL 10 MG TABLET | 1 | NO | NO | NO |
| MIDODRINE HCL 2.5 MG TABLET | 1 | NO | NO | NO |
| MIDODRINE HCL 5 MG TABLET | 1 | NO | NO | NO |
| MIFEPRISTONE 200 MG TABLET | 2 | YES | NO | NO |
| MIFEPRISTONE 300 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MIGLITOL 100 MG TABLET | 2 | NO | NO | NO |
| MIGLITOL 25 MG TABLET | 2 | NO | NO | NO |
| MIGLITOL 50 MG TABLET | 2 | NO | NO | NO |
| MIGLUSTAT 100 MG CAPSULE | 4 | YES | NO | YES |
| MILI 0.25-0.035 MG TABLET | 1 | NO | NO | NO |
| MILK OF MAGNESIA CONC 10ML CUP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MILK OF MAGNESIA SUSP 30ML CUP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MILK OF MAGNESIA SUSPENSION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MIMVEY 1-0.5 MG TABLET | 2 | NO | NO | NO |
| MINI LANCING DEVICE | 1 | NO | NO | YES |
| MINOCYCLINE 100 MG CAPSULE | 1 | NO | NO | NO |
| MINOCYCLINE 50 MG CAPSULE | 1 | NO | NO | NO |
| MINOCYCLINE 75 MG CAPSULE | 1 | NO | NO | NO |
| MINOXIDIL 10 MG TABLET | 1 | NO | NO | NO |
| MINOXIDIL 2.5 MG TABLET | 1 | NO | NO | NO |
| MIPLYFFA 124 MG CAPSULE | 4 | YES | NO | YES |
| MIPLYFFA 47 MG CAPSULE | 4 | YES | NO | YES |
| MIPLYFFA 62 MG CAPSULE | 4 | YES | NO | YES |
| MIPLYFFA 93 MG CAPSULE | 4 | YES | NO | YES |
| MIRABEGRON ER 25 MG TABLET | 2 | NO | YES | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MIRABEGRON ER 50 MG TABLET | 2 | NO | YES | YES |
| MIRCERA 100 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| MIRCERA 120 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| MIRCERA 150 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| MIRCERA 200 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| MIRCERA 30 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| MIRCERA 50 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| MIRCERA 75 MCG/0.3 ML SYRINGE | 4 | YES | NO | NO |
| MIRTAZAPINE 15 MG ODT | 2 | NO | NO | YES |
| MIRTAZAPINE 15 MG TABLET | 1 | NO | NO | YES |
| MIRTAZAPINE 30 MG ODT | 2 | NO | NO | YES |
| MIRTAZAPINE 30 MG TABLET | 1 | NO | NO | YES |
| MIRTAZAPINE 45 MG ODT | 2 | NO | NO | YES |
| MIRTAZAPINE 45 MG TABLET | 1 | NO | NO | YES |
| MIRTAZAPINE 7.5 MG TABLET | 2 | NO | NO | YES |
| MISOPROSTOL 100 MCG TABLET | 1 | NO | NO | NO |
| MISOPROSTOL 200 MCG TABLET | 1 | NO | NO | NO |
| M-NATAL PLUS TABLET | 1 | NO | NO | NO |
| MNEXSPIKE 2025-26 (12Y UP) SYR | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MOBILE 30G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MODAFINIL 100 MG TABLET | 2 | NO | NO | YES |
| MODAFINIL 200 MG TABLET | 2 | NO | NO | YES |
| MODERNA COVID (12Y UP)VAC(EUA) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MODERNA COVID 23-24(6M-11Y)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MODERNA COVID 24-25(6M-11Y)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MODERNA COVID BIVAL(6MO UP)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MODERNA COVID BIVAL(6MO-5Y)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MODERNA COVID(6M-5Y) VACC(EUA) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MODERNA COVID-19 BOOSTER (EUA) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MOEXIPRIL HCL 15 MG TABLET | 1 | NO | NO | NO |
| MOEXIPRIL HCL 7.5 MG TABLET | 1 | NO | NO | NO |
| MOMETASONE FUROATE 0.1% CREAM | 1 | NO | NO | NO |
| MOMETASONE FUROATE 0.1% OINT | 1 | NO | NO | NO |
| MOMETASONE FUROATE 0.1% SOLN | 1 | NO | NO | NO |
| MOMETASONE FUROATE 50 MCG SPRY | 2 | NO | YES | NO |
| MONDOXYNE NL 100 MG CAPSULE | 1 | NO | NO | NO |
| MONOJECT HYPO NDL 27GX1-1/2" | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 18X1A | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 19X1 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 19X1-1/2 | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MONOJECT HYPO NEEDLE 20X1 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 20X1-1/2 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 21X1 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 21X1-1/2 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 22X1 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 22X1.5 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 23X1 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 25X1 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 25X1.5 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 25X5/8 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 26X1.5 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 27X0.5 | 1 | NO | NO | NO |
| MONOJECT HYPO NEEDLE 30X3/4 | 1 | NO | NO | NO |
| MONOJECT HYPODERMIC NEEDLE | 1 | NO | NO | NO |
| MONOJECT INSUL SYR U100 | 1 | NO | NO | NO |
| MONOJECT INSULIN SYR 0.3 ML | 1 | NO | NO | NO |
| MONOJECT INSULIN SYRN 3/10 ML | 1 | NO | NO | NO |
| MONOJECT SYRINGE 0.3 ML | 1 | NO | NO | NO |
| MONOLET 21G LANCETS | 1 | NO | NO | YES |
| MONOLET THIN 28G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MONO-LINYAH 28 TABLET | 1 | NO | NO | NO |
| MONTELUKAST SOD 10 MG TABLET | 1 | NO | NO | NO |
| MONTELUKAST SOD 4 MG GRANULES | 1 | NO | NO | NO |
| MONTELUKAST SOD 4 MG TAB CHEW | 1 | NO | NO | NO |
| MONTELUKAST SOD 5 MG TAB CHEW | 1 | NO | NO | NO |
| MORPHINE SULF 10 MG SUPPOS | 2 | NO | YES | NO |
| MORPHINE SULF 10 MG/5 ML CUP | 1 | NO | YES | NO |
| MORPHINE SULF 10 MG/5 ML SOLN | 1 | NO | YES | NO |
| MORPHINE SULF 100 MG/5 ML CONC | 1 | NO | YES | NO |
| MORPHINE SULF 20 MG SUPPOS | 2 | NO | YES | NO |
| MORPHINE SULF 20 MG/5 ML SOLN | 1 | NO | YES | NO |
| MORPHINE SULF 30 MG SUPPOS | 2 | NO | YES | NO |
| MORPHINE SULF 5 MG SUPPOS | 2 | NO | YES | NO |
| MORPHINE SULF ER 100 MG TABLET | 1 | YES | NO | NO |
| MORPHINE SULF ER 15 MG TABLET | 1 | YES | NO | NO |
| MORPHINE SULF ER 200 MG TABLET | 1 | YES | NO | NO |
| MORPHINE SULF ER 30 MG TABLET | 1 | YES | NO | NO |
| MORPHINE SULF ER 60 MG TABLET | 1 | YES | NO | NO |
| MORPHINE SULFATE IR 15 MG TAB | 1 | NO | YES | NO |
| MORPHINE SULFATE IR 30 MG TAB | 1 | NO | YES | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MOTEGRITY 1 MG TABLET | 3 | NO | YES | YES |
| MOTEGRITY 2 MG TABLET | 3 | NO | YES | YES |
| MOUNJARO 10 MG/0.5 ML PEN | 2 | NO | YES | YES |
| MOUNJARO 12.5 MG/0.5 ML PEN | 2 | NO | YES | YES |
| MOUNJARO 15 MG/0.5 ML PEN | 2 | NO | YES | YES |
| MOUNJARO 2.5 MG/0.5 ML PEN | 2 | NO | YES | YES |
| MOUNJARO 5 MG/0.5 ML PEN | 2 | NO | YES | YES |
| MOUNJARO 7.5 MG/0.5 ML PEN | 2 | NO | YES | YES |
| MOVANTIK 12.5 MG TABLET | 2 | NO | NO | YES |
| MOVANTIK 25 MG TABLET | 2 | NO | NO | YES |
| MOXIFLOXACIN 0.5% EYE DROPS | 1 | NO | NO | NO |
| MOXIFLOXACIN HCL 400 MG TABLET | 2 | NO | NO | NO |
| MRESVIA 50 MCG/0.5 ML SYRINGE | ZERO-COST SHARE/PREVENTATIVE | YES | NO | YES |
| MS INSUL SYR 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| MS INSULIN SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| MS INSULIN SYRINGE 0.3 ML | 1 | NO | NO | NO |
| MULPLETA 3 MG TABLET | 4 | YES | NO | YES |
| MULTAQ 400 MG TABLET | 2 | NO | NO | NO |
| MULTI-LANCET DEVICE 2 KIT | 1 | NO | NO | YES |
| MULTISTIX 10 SG REAGENT STRIPS | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MULTISTIX 5 STRIPS | 1 | NO | NO | NO |
| MULTISTIX 7 REAGENT STRIPS | 1 | NO | NO | NO |
| MULTISTIX 8 SG REAGENT STRIPS | 1 | NO | NO | NO |
| MULTISTIX 9 REAGENT STRIPS | 1 | NO | NO | NO |
| MULTISTIX 9 SG REAGENT STRIPS | 1 | NO | NO | NO |
| MULTISTIX REAGENT STRIPS | 1 | NO | NO | NO |
| MULTIVIT-FLUOR 0.25 MG TAB CHW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MULTIVIT-FLUOR 0.25 MG/ML DROP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MULTIVIT-FLUOR 0.5 MG TAB CHEW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MULTIVIT-FLUOR 0.5 MG/ML DROP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MULTIVIT-FLUORIDE 1 MG TAB CHW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MUPIROCIN 2% OINTMENT | 1 | NO | NO | NO |
| MVC-FLUORIDE 0.25 MG TAB CHEW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MVC-FLUORIDE 0.5 MG TAB CHEW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MVC-FLUORIDE 1 MG TAB CHEW | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MY CHOICE 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MY WAY 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| MYALEPT 11.3 MG (5 MG/ML) VIAL | 4 | YES | NO | NO |
| MYCAPSSA DR 20 MG CAPSULE | 4 | YES | NO | YES |
| MYCOPHENOLATE 200 MG/ML SUSP | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| MYCOPHENOLATE 250 MG CAPSULE | 1 | NO | NO | NO |
| MYCOPHENOLATE 500 MG TABLET | 1 | NO | NO | NO |
| MYCOPHENOLIC ACID DR 180 MG TB | 1 | NO | NO | NO |
| MYCOPHENOLIC ACID DR 360 MG TB | 1 | NO | NO | NO |
| MYFEMBREE 40 MG-1 MG-0.5 MG TB | 3 | YES | NO | YES |
| MYGLUCOHEALTH 30G LANCETS | 1 | NO | NO | YES |
| MYHIBBIN 200 MG/ML SUSPENSION | 4 | YES | NO | YES |
| MYLERAN 2 MG TABLET | 4 | YES | NO | NO |
| MYNATAL CAPSULE | 1 | NO | NO | NO |
| MYNATAL PLUS CAPTAB | 1 | NO | NO | NO |
| MYNATAL ULTRACAPLET | 1 | NO | NO | NO |
| MYNATAL-Z CAPTAB | 1 | NO | NO | NO |
| MYOBLOC 10,000 UNITS/2 ML VIAL | 4 | YES | NO | YES |
| MYOBLOC 2,500 UNIT/0.5 ML VIAL | 4 | YES | NO | YES |
| MYOBLOC 5,000 UNITS/1 ML VIAL | 4 | YES | NO | YES |
| MYORISAN 10 MG CAPSULE | 2 | NO | NO | NO |
| MYORISAN 20 MG CAPSULE | 2 | NO | NO | NO |
| MYORISAN 30 MG CAPSULE | 2 | NO | NO | NO |
| MYORISAN 40 MG CAPSULE | 2 | NO | NO | NO |
| NABUMETONE 500 MG TABLET | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NABUMETONE 750 MG TABLET | 1 | NO | NO | YES |
| NADOLOL 20 MG TABLET | 1 | NO | NO | NO |
| NADOLOL 40 MG TABLET | 1 | NO | NO | NO |
| NADOLOL 80 MG TABLET | 1 | NO | NO | NO |
| NAFTIFINE HCL 1% CREAM | 2 | YES | NO | NO |
| NAFTIFINE HCL 2% CREAM | 2 | YES | NO | NO |
| NALOXONE 0.4 MG/ML CARPUJECT | 1 | NO | NO | NO |
| NALOXONE 0.4 MG/ML SYRINGE | 1 | NO | NO | NO |
| NALOXONE 0.4 MG/ML VIAL | 1 | NO | NO | NO |
| NALOXONE 2 MG/2 ML SYRINGE | 1 | NO | NO | NO |
| NALOXONE 4 MG/10 ML VIAL | 1 | NO | NO | NO |
| NALOXONE HCL 4 MG NASAL SPRAY | 2 | NO | NO | YES |
| NALTREXONE 50 MG TABLET | 1 | NO | NO | NO |
| NAPROXEN 250 MG TABLET | 1 | NO | NO | YES |
| NAPROXEN 375 MG TABLET | 1 | NO | NO | YES |
| NAPROXEN 500 MG KIT | 1 | NO | NO | YES |
| NAPROXEN 500 MG TABLET | 1 | NO | NO | YES |
| NAPROXEN DR 375 MG TABLET | 1 | NO | NO | YES |
| NAPROXEN DR 500 MG TABLET | 2 | NO | NO | YES |
| NAPROXEN SODIUM 275 MG TAB | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NAPROXEN SODIUM 550 MG TAB | 2 | NO | NO | NO |
| NARATRIPTAN HCL 1 MG TABLET | 1 | NO | NO | YES |
| NARATRIPTAN HCL 2.5 MG TABLET | 1 | NO | NO | YES |
| NASAL ALLERGY 24HR SPRAY | 1 | NO | NO | NO |
| NATACYN 5% EYE DROPS | 3 | NO | NO | NO |
| NATEGLINIDE 120 MG TABLET | 2 | NO | NO | NO |
| NATEGLINIDE 60 MG TABLET | 2 | NO | NO | NO |
| NATPARA 100 MCG DOSE CARTRIDGE | 4 | YES | NO | NO |
| NATPARA 25 MCG DOSE CARTRIDGE | 4 | YES | NO | NO |
| NATPARA 50 MCG DOSE CARTRIDGE | 4 | YES | NO | NO |
| NATPARA 75 MCG DOSE CARTRIDGE | 4 | YES | NO | NO |
| NAYZILAM 5 MG NASAL SPRAY | 3 | YES | NO | YES |
| NEBIVOLOL 10 MG TABLET | 2 | NO | NO | NO |
| NEBIVOLOL 2.5 MG TABLET | 2 | NO | NO | NO |
| NEBIVOLOL 20 MG TABLET | 2 | NO | NO | NO |
| NEBIVOLOL 5 MG TABLET | 2 | NO | NO | NO |
| NECON 0.5-35-28 TABLET | 1 | NO | NO | NO |
| NEFAZODONE HCL 100 MG TABLET | 2 | NO | NO | YES |
| NEFAZODONE HCL 150 MG TABLET | 2 | NO | NO | YES |
| NEFAZODONE HCL 200 MG TABLET | 2 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NEFAZODONE HCL 250 MG TABLET | 2 | NO | NO | YES |
| NEFAZODONE HCL 50 MG TABLET | 2 | NO | NO | YES |
| NEMLUVIO 30 MG PEN | 4 | YES | NO | YES |
| NEO-BACIT-POLY-HC EYE OINTMENT | 1 | NO | NO | NO |
| NEOMYC-BACIT-POLYMIX EYE OINT | 1 | NO | NO | NO |
| NEOMYCIN 500 MG TABLET | 1 | NO | NO | NO |
| NEOMYCIN-POLY-HC EYE DROPS | 1 | NO | NO | NO |
| NEOMYCIN-POLYMYXIN-HC EAR SOLN | 1 | NO | NO | NO |
| NEOMYCIN-POLYMYXIN-HC EAR SUSP | 1 | NO | NO | NO |
| NEOMYC-POLYM-DEXAMET EYE OINTM | 1 | NO | NO | NO |
| NEOMYC-POLYM-DEXAMETH EYE DROP | 1 | NO | NO | NO |
| NEOMYC-POLYM-GRAMICID EYE DROP | 1 | NO | NO | NO |
| NEO-POLYCIN EYE OINTMENT | 1 | NO | NO | NO |
| NEO-POLYCIN HC EYE OINTMENT | 1 | NO | NO | NO |
| NEPHRONEX-SL TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| NERLYNX 40 MG TABLET | 4 | YES | NO | YES |
| NEUAC GEL | 1 | NO | NO | NO |
| NEULASTA 6 MG/0.6 ML SYRINGE | 4 | YES | NO | NO |
| NEULASTA ONPRO 6 MG/0.6 ML KIT | 4 | YES | NO | NO |
| NEUPOGEN 300 MCG/0.5 ML SYR | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NEUPOGEN 300 MCG/ML VIAL | 4 | YES | NO | YES |
| NEUPOGEN 480 MCG/0.8 ML SYR | 4 | YES | NO | YES |
| NEUPOGEN 480 MCG/1.6 ML VIAL | 4 | YES | NO | YES |
| NEUPRO 1 MG/24 HR PATCH | 3 | YES | NO | YES |
| NEUPRO 2 MG/24 HR PATCH | 3 | YES | NO | YES |
| NEUPRO 3 MG/24 HR PATCH | 3 | YES | NO | YES |
| NEUPRO 4 MG/24 HR PATCH | 3 | YES | NO | YES |
| NEUPRO 6 MG/24 HR PATCH | 3 | YES | NO | YES |
| NEUPRO 8 MG/24 HR PATCH | 3 | YES | NO | YES |
| NEVIRAPINE 200 MG TABLET | 2 | NO | NO | NO |
| NEVIRAPINE 50 MG/5 ML SUSP | 2 | NO | NO | NO |
| NEVIRAPINE ER 100 MG TABLET | 2 | NO | NO | NO |
| NEVIRAPINE ER 400 MG TABLET | 2 | NO | NO | NO |
| NEW DAY 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| NEWGEN TABLET | 1 | NO | NO | NO |
| NEXLETOL 180 MG TABLET | 3 | YES | NO | YES |
| NEXLIZET 180-10 MG TABLET | 3 | YES | NO | YES |
| NGENLA PEN 24 MG/1.2 ML | 4 | YES | NO | NO |
| NGENLA PEN 60 MG/1.2 ML | 4 | YES | NO | NO |
| NIACIN 500 MG TABLET | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NIACIN ER 1,000 MG TABLET | 2 | NO | NO | NO |
| NIACIN ER 500 MG TABLET | 2 | NO | NO | NO |
| NIACIN ER 750 MG TABLET | 2 | NO | NO | NO |
| NIACOR 500 MG TABLET | 2 | NO | NO | NO |
| NICORETTE 4 MG CHEWING GUM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 14 MG/24HR PATCH | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 2 MG CHEWING GUM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 2 MG LOZENGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 2 MG MINI LOZENGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 21 MG/24HR PATCH | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 4 MG CHEWING GUM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 4 MG LOZENGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 4 MG MINI LOZENGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE 7 MG/24HR PATCH | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTINE TRANSDERMAL SYSTEM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| NICOTROL CARTRIDGE INHALER | 3 | NO | NO | YES |
| NICOTROL NS 10 MG/ML SPRAY | 3 | NO | NO | YES |
| NIFEDIPINE 10 MG CAPSULE | 1 | NO | NO | NO |
| NIFEDIPINE 20 MG CAPSULE | 1 | NO | NO | NO |
| NIFEDIPINE ER 30 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NIFEDIPINE ER 60 MG TABLET | 1 | NO | NO | NO |
| NIFEDIPINE ER 90 MG TABLET | 1 | NO | NO | NO |
| NIKKI 3 MG-0.02 MG TABLET | 1 | NO | NO | NO |
| NILOTINIB 150 MG CAPSULE | 4 | YES | NO | YES |
| NILOTINIB 200 MG CAPSULE | 4 | YES | NO | YES |
| NILOTINIB 50 MG CAPSULE | 4 | YES | NO | YES |
| NILUTAMIDE 150 MG TABLET | 4 | YES | NO | YES |
| NIMODIPINE 30 MG CAPSULE | 2 | NO | NO | NO |
| NINLARO 2.3 MG CAPSULE | 4 | YES | NO | YES |
| NINLARO 3 MG CAPSULE | 4 | YES | NO | YES |
| NINLARO 4 MG CAPSULE | 4 | YES | NO | YES |
| NITAZOXANIDE 500 MG TABLET | 2 | YES | NO | YES |
| NITISINONE 10 MG CAPSULE | 4 | YES | NO | NO |
| NITISINONE 2 MG CAPSULE | 4 | YES | NO | NO |
| NITISINONE 20 MG CAPSULE | 4 | YES | NO | NO |
| NITISINONE 5 MG CAPSULE | 4 | YES | NO | NO |
| NITRO-BID 2% OINTMENT | 2 | NO | NO | NO |
| NITROFURANTOIN 25 MG/5 ML SUSP | 2 | NO | NO | NO |
| NITROFURANTOIN MCR 100 MG CAP | 1 | NO | NO | NO |
| NITROFURANTOIN MCR 25 MG CAP | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NITROFURANTOIN MCR 50 MG CAP | 1 | NO | NO | NO |
| NITROFURANTOIN MONO-MCR 100 MG | 1 | NO | NO | NO |
| NITROGLYCERIN 0.1 MG/HR PATCH | 1 | NO | NO | NO |
| NITROGLYCERIN 0.2 MG/HR PATCH | 1 | NO | NO | NO |
| NITROGLYCERIN 0.3 MG TABLET SL | 1 | NO | NO | NO |
| NITROGLYCERIN 0.4 MG TABLET SL | 1 | NO | NO | NO |
| NITROGLYCERIN 0.4 MG/HR PATCH | 1 | NO | NO | NO |
| NITROGLYCERIN 0.4% OINTMENT | 2 | NO | NO | NO |
| NITROGLYCERIN 0.6 MG TABLET SL | 1 | NO | NO | NO |
| NITROGLYCERIN 0.6 MG/HR PATCH | 1 | NO | NO | NO |
| NITYR 10 MG TABLET | 4 | YES | NO | NO |
| NITYR 2 MG TABLET | 4 | YES | NO | NO |
| NITYR 5 MG TABLET | 4 | YES | NO | NO |
| NIVESTYM 300 MCG/0.5 ML SYRING | 4 | YES | NO | YES |
| NIVESTYM 300 MCG/ML VIAL | 4 | YES | NO | YES |
| NIVESTYM 480 MCG/0.8 ML SYRING | 4 | YES | NO | YES |
| NIVESTYM 480 MCG/1.6 ML VIAL | 4 | YES | NO | YES |
| NIZATIDINE 150 MG CAPSULE | 2 | NO | NO | NO |
| NIZATIDINE 300 MG CAPSULE | 2 | NO | NO | NO |
| NORA-BE TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NORDITROPIN FLEXPRO 10 MG/1.5 | 4 | YES | NO | NO |
| NORDITROPIN FLEXPRO 15 MG/1.5 | 4 | YES | NO | NO |
| NORDITROPIN FLEXPRO 30 MG/3 ML | 4 | YES | NO | NO |
| NORDITROPIN FLEXPRO 5 MG/1.5 | 4 | YES | NO | NO |
| NORELGESTROM-EE 150-35 MCG/DAY | 1 | NO | NO | NO |
| NORET-ESTR-FE 0.4-0.035(21)-75 | 1 | NO | NO | NO |
| NORETH-EE-FE 1 MG/20-30-35 MCG | 1 | NO | NO | NO |
| NORETH-EE-FE 1.5-0.03MG(21)-75 | 1 | NO | NO | NO |
| NORETH-EE-FE 1-0.02(21)-75 TAB | 1 | NO | NO | NO |
| NORETH-EE-FE 1-0.02(24)-75 CHW | 1 | NO | NO | NO |
| NORETHIND-ETH ESTRAD 0.5-2.5 | 2 | NO | NO | NO |
| NORETHIND-ETH ESTRAD 1-0.02 MG | 1 | NO | NO | NO |
| NORETHINDRONE 0.35 MG TABLET | 1 | NO | NO | NO |
| NORETHINDRONE 5 MG TABLET | 1 | NO | NO | NO |
| NORETHIN-EE 1.5-0.03 MG(21) TB | 1 | NO | NO | NO |
| NORETHIN-ETH ESTRAD 1 MG-5 MCG | 2 | NO | NO | NO |
| NORG-EE 0.18-0.215-0.25/0.025 | 1 | NO | NO | NO |
| NORG-EE 0.18-0.215-0.25/0.035 | 1 | NO | NO | NO |
| NORGESTIMATE-EE 0.25-0.035 MG | 1 | NO | NO | NO |
| NORG-ETHIN ESTRA 0.25-0.035 MG | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NORLYDA 0.35 MG TABLET | 1 | NO | NO | NO |
| NORTREL 0.5-35-28 TABLET | 1 | NO | NO | NO |
| NORTREL 1-35 21 TABLET | 1 | NO | NO | NO |
| NORTREL 1-35 28 TABLET | 1 | NO | NO | NO |
| NORTREL 7-7-7-28 TABLET | 1 | NO | NO | NO |
| NORTRIPTYLINE 10 MG/5 ML SOLN | 2 | NO | NO | NO |
| NORTRIPTYLINE HCL 10 MG CAP | 1 | NO | NO | NO |
| NORTRIPTYLINE HCL 25 MG CAP | 1 | NO | NO | NO |
| NORTRIPTYLINE HCL 50 MG CAP | 1 | NO | NO | NO |
| NORTRIPTYLINE HCL 75 MG CAP | 1 | NO | NO | NO |
| NORVIR 100 MG POWDER PACKET | 4 | NO | NO | NO |
| NORVIR 80 MG/ML SOLUTION | 4 | NO | NO | NO |
| NOURIANZ 20 MG TABLET | 3 | YES | NO | YES |
| NOURIANZ 40 MG TABLET | 3 | YES | NO | YES |
| NOVA SAFETY 23G LANCETS | 1 | NO | NO | YES |
| NOVA SAFETY 28G LANCETS | 1 | NO | NO | YES |
| NOVA SUREFLEX LANCING DEVICE | 1 | NO | NO | YES |
| NOVA SUREFLEX THIN LANCETS | 1 | NO | NO | YES |
| NOVAREL 5,000 UNIT VIAL | 4 | YES | NO | NO |
| NOVAVAX COVID 2023-24 VL (EUA) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NOVAVAX COVID 2024-25 SYR(EUA) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| NOXAFIL 300 MG POWDERMIX SUSP | 3 | YES | NO | YES |
| NP THYROID 120 MG TABLET | 1 | NO | NO | NO |
| NP THYROID 15 MG TABLET | 1 | NO | NO | NO |
| NP THYROID 30 MG TABLET | 1 | NO | NO | NO |
| NP THYROID 60 MG TABLET | 1 | NO | NO | NO |
| NP THYROID 90 MG TABLET | 1 | NO | NO | NO |
| NUBEQA 300 MG TABLET | 4 | YES | NO | YES |
| NUCALA 100 MG/ML AUTO-INJECTOR | 4 | YES | NO | YES |
| NUCALA 100 MG/ML POWDER VIAL | 4 | YES | NO | YES |
| NUCALA 100 MG/ML SYRINGE | 4 | YES | NO | YES |
| NUCALA 40 MG/0.4 ML SYRINGE | 4 | YES | NO | YES |
| NUCYNTA 100 MG TABLET | 3 | YES | YES | NO |
| NUCYNTA 50 MG TABLET | 3 | YES | YES | NO |
| NUCYNTA 75 MG TABLET | 3 | YES | YES | NO |
| NUCYNTA ER 100 MG TABLET | 3 | YES | NO | NO |
| NUCYNTA ER 150 MG TABLET | 3 | YES | NO | NO |
| NUCYNTA ER 200 MG TABLET | 3 | YES | NO | NO |
| NUCYNTA ER 250 MG TABLET | 3 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NUCYNTA ER 50 MG TABLET | 3 | YES | NO | NO |
| NUEDEXTA 20-10 MG CAPSULE | 4 | YES | NO | YES |
| NULIBRY 9.5 MG VIAL | 4 | YES | NO | NO |
| NUPLAZID 10 MG TABLET | 4 | YES | NO | YES |
| NUPLAZID 34 MG CAPSULE | 4 | YES | NO | YES |
| NURTEC ODT 75 MG TABLET | 2 | YES | NO | YES |
| NUTROPIN AQ NUSPIN 10 INJECTOR | 4 | YES | NO | NO |
| NUTROPIN AQ NUSPIN 20 INJECTOR | 4 | YES | NO | NO |
| NUTROPIN AQ NUSPIN 5 INJECTOR | 4 | YES | NO | NO |
| NUVAXOVID 2025-26 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| NUVESSA VAGINAL 1.3% GEL | 3 | NO | NO | NO |
| NYAMYC 100,000 UNIT/GM POWDER | 1 | NO | NO | NO |
| NYLIA 1-35 28 TABLET | 1 | NO | NO | NO |
| NYLIA 7-7-7-28 TABLET | 1 | NO | NO | NO |
| NYMYO 0.25-0.035 MG (28) TAB | 1 | NO | NO | NO |
| NYPOZI 300 MCG/0.5 ML SYRINGE | 4 | YES | NO | YES |
| NYPOZI 480 MCG/0.8 ML SYRINGE | 4 | YES | NO | YES |
| NYSTATIN 100,000 UNIT/GM CREAM | 1 | NO | NO | NO |
| NYSTATIN 100,000 UNIT/GM OINT | 1 | NO | NO | NO |
| NYSTATIN 100,000 UNIT/GM POWD | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| NYSTATIN 100,000 UNIT/ML SUSP | 1 | NO | NO | YES |
| NYSTATIN 500,000 UNIT ORAL TAB | 1 | NO | NO | YES |
| NYSTATIN 500,000 UNIT/5 ML CUP | 1 | NO | NO | YES |
| NYSTATIN-TRIAMCINOLONE CREAM | 1 | NO | NO | NO |
| NYSTATIN-TRIAMCINOLONE OINTM | 1 | NO | NO | NO |
| NYSTOP 100,000 UNIT/GM POWDER | 1 | NO | NO | NO |
| NYVEPRIA 6 MG/0.6 ML SYRINGE | 4 | YES | NO | NO |
| OBSTETRIX DHA COMBO PAK | 1 | NO | NO | NO |
| OCALIVA 10 MG TABLET | 4 | YES | NO | YES |
| OCALIVA 5 MG TABLET | 4 | YES | NO | YES |
| OCELLA 3 MG-0.03 MG TABLET | 1 | NO | NO | NO |
| OCTREOTIDE ACET ER 10 MG IM VL | 4 | YES | NO | NO |
| OCTREOTIDE ACET ER 20 MG IM VL | 4 | YES | NO | NO |
| OCTREOTIDE ACET ER 30 MG IM VL | 4 | YES | NO | NO |
| ODACTRA 12 SQ-HDM SL TABLET | 3 | YES | NO | YES |
| ODEFSEY TABLET | 4 | NO | NO | NO |
| ODOMZO 200 MG CAPSULE | 4 | YES | NO | YES |
| OFEV 100 MG CAPSULE | 4 | YES | NO | YES |
| OFEV 150 MG CAPSULE | 4 | YES | NO | YES |
| OFLOXACIN 0.3% EAR DROPS | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OFLOXACIN 0.3% EYE DROPS | 1 | NO | NO | NO |
| OFLOXACIN 300 MG TABLET | 1 | NO | NO | NO |
| OFLOXACIN 400 MG TABLET | 1 | NO | NO | NO |
| OGSIVEO 100 MG TABLET | 4 | YES | NO | YES |
| OGSIVEO 150 MG TABLET | 4 | YES | NO | YES |
| OGSIVEO 50 MG TABLET | 4 | YES | NO | YES |
| OHTUVAYRE 3 MG/2.5ML INHAL SUS | 4 | YES | NO | YES |
| OJEMDA 100 MG TAB (400MG DOSE) | 4 | YES | NO | YES |
| OJEMDA 100 MG TAB (500MG DOSE) | 4 | YES | NO | YES |
| OJEMDA 100 MG TAB (600MG DOSE) | 4 | YES | NO | YES |
| OJEMDA 25 MG/ML ORAL SUSP | 4 | YES | NO | YES |
| OJJAARA 100 MG TABLET | 4 | YES | NO | YES |
| OJJAARA 150 MG TABLET | 4 | YES | NO | YES |
| OJJAARA 200 MG TABLET | 4 | YES | NO | YES |
| OLANZAPINE 10 MG TABLET | 1 | YES | NO | YES |
| OLANZAPINE 15 MG TABLET | 1 | YES | NO | YES |
| OLANZAPINE 2.5 MG TABLET | 1 | YES | NO | YES |
| OLANZAPINE 20 MG TABLET | 1 | YES | NO | YES |
| OLANZAPINE 5 MG TABLET | 1 | YES | NO | YES |
| OLANZAPINE 7.5 MG TABLET | 1 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OLANZAPINE-FLUOXETINE 12-25 MG | 2 | YES | NO | NO |
| OLANZAPINE-FLUOXETINE 12-50 MG | 2 | YES | NO | NO |
| OLANZAPINE-FLUOXETINE 3-25 MG | 2 | YES | NO | NO |
| OLANZAPINE-FLUOXETINE 6-25 MG | 2 | YES | NO | NO |
| OLANZAPINE-FLUOXETINE 6-50 MG | 2 | YES | NO | NO |
| OLMESARTAN MEDOXOMIL 20 MG TAB | 1 | NO | NO | NO |
| OLMESARTAN MEDOXOMIL 40 MG TAB | 1 | NO | NO | NO |
| OLMESARTAN MEDOXOMIL 5 MG TAB | 1 | NO | NO | NO |
| OLMESARTAN-HCTZ 20-12.5 MG TAB | 1 | NO | NO | NO |
| OLMESARTAN-HCTZ 40-12.5 MG TAB | 1 | NO | NO | NO |
| OLMESARTAN-HCTZ 40-25 MG TAB | 1 | NO | NO | NO |
| OLOPATADINE 665 MCG NASAL SPRY | 2 | NO | NO | NO |
| OLOPATADINE HCL 0.1% EYE DROPS | 1 | NO | NO | NO |
| OLOPATADINE HCL 0.2% EYE DROP | 1 | NO | NO | NO |
| OLPRUVA 2 GRAM DOSE ENVELOPE | 4 | YES | NO | NO |
| OLPRUVA 2 GRAM DOSE KIT | 4 | YES | NO | NO |
| OLPRUVA 3 GRAM DOSE ENVELOPE | 4 | YES | NO | NO |
| OLPRUVA 3 GRAM DOSE KIT | 4 | YES | NO | NO |
| OLPRUVA 4 GRAM DOSE ENVELOPE | 4 | YES | NO | NO |
| OLPRUVA 4 GRAM DOSE KIT | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OLPRUVA 5 GRAM DOSE ENVELOPE | 4 | YES | NO | NO |
| OLPRUVA 5 GRAM DOSE KIT | 4 | YES | NO | NO |
| OLPRUVA 6 GRAM DOSE ENVELOPE | 4 | YES | NO | NO |
| OLPRUVA 6 GRAM DOSE KIT | 4 | YES | NO | NO |
| OLPRUVA 6.67 GM DOSE ENVELOPE | 4 | YES | NO | NO |
| OLPRUVA 6.67 GRAM DOSE KIT | 4 | YES | NO | NO |
| OLUMIANT 1 MG TABLET | 4 | NO | YES | YES |
| OLUMIANT 2 MG TABLET | 4 | NO | YES | YES |
| OLUMIANT 4 MG TABLET | 4 | NO | YES | YES |
| OMEGA-3 ETHYL ESTERS 1 GM CAP | 2 | NO | NO | YES |
| OMEPRAZOLE DR 10 MG CAPSULE | 1 | NO | NO | YES |
| OMEPRAZOLE DR 20 MG CAPSULE | 1 | NO | NO | YES |
| OMEPRAZOLE DR 40 MG CAPSULE | 1 | NO | NO | YES |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) | 2 | NO | NO | YES |
| OMNIPOD 5 DEXG7G6 INTRO(GEN 5) | 2 | NO | NO | YES |
| OMNIPOD 5 DEXG7G6 PODS (GEN 5) | 2 | NO | NO | YES |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 2 | NO | NO | YES |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 2 | NO | NO | YES |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | 2 | NO | NO | YES |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | 2 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OMNIPOD CLASSIC PODS(GEN3) 5PK | 2 | NO | NO | YES |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2 | NO | NO | YES |
| OMNIPOD DASH PODS (GEN 4) 5PK | 2 | NO | NO | YES |
| OMNIPOD GO 10 UNIT/DAY PODS | 2 | NO | NO | YES |
| OMNIPOD GO 15 UNIT/DAY PODS | 2 | NO | NO | YES |
| OMNIPOD GO 20 UNIT/DAY PODS | 2 | NO | NO | YES |
| OMNIPOD GO 25 UNIT/DAY PODS | 2 | NO | NO | YES |
| OMNIPOD GO 30 UNIT/DAY PODS | 2 | NO | NO | YES |
| OMNIPOD GO 35 UNIT/DAY PODS | 2 | NO | NO | YES |
| OMNIPOD GO 40 UNIT/DAY PODS | 2 | NO | NO | YES |
| OMNITROPE 10 MG/1.5 ML CRTG | 4 | YES | NO | NO |
| OMNITROPE 5 MG/1.5 ML CRTG | 4 | YES | NO | NO |
| OMNITROPE 5.8 MG VIAL | 4 | YES | NO | NO |
| OMVOH 100 MG/ML PEN | 4 | NO | YES | YES |
| OMVOH 100 MG/ML SYRINGE | 4 | NO | YES | YES |
| OMVOH 300 MG DOSE - 2 PENS | 4 | NO | YES | YES |
| OMVOH 300 MG DOSE - 2 SYRINGES | 4 | NO | YES | YES |
| ON CALL 30G LANCET | 1 | NO | NO | YES |
| ON CALL LANCING DEVICE | 1 | NO | NO | YES |
| ON CALL PLUS 30G LANCET | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ON CALL PLUS LANCING DEVICE | 1 | NO | NO | YES |
| ONAPGO 98 MG/20 ML CARTRIDGE | 4 | YES | NO | YES |
| ONDANSETRON 4 MG/5 ML SOLN CUP | 1 | NO | NO | NO |
| ONDANSETRON 4 MG/5 ML SOLUTION | 1 | NO | NO | NO |
| ONDANSETRON HCL 4 MG TABLET | 1 | NO | NO | NO |
| ONDANSETRON HCL 8 MG TABLET | 1 | NO | NO | NO |
| ONDANSETRON ODT 4 MG TABLET | 1 | NO | NO | NO |
| ONDANSETRON ODT 8 MG TABLET | 1 | NO | NO | NO |
| ONELAX MAGNESIUM CITRATE SOLN | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| ONETOUCH DELICA PLUS 30G LANCT | 1 | NO | NO | YES |
| ONETOUCH DELICA PLUS 33G LANCT | 1 | NO | NO | YES |
| ONETOUCH DELICA PLUS LANC DEV | 1 | NO | NO | YES |
| ONETOUCH DELICA SAF 30G LANCET | 1 | NO | NO | YES |
| ONETOUCH SURESOFT 18G LANC DEV | 1 | NO | NO | YES |
| ONETOUCH SURESOFT 21G LANC DEV | 1 | NO | NO | YES |
| ONETOUCH SURESOFT 28G LANC DEV | 1 | NO | NO | YES |
| ONETOUCH ULTRA CONTROL SOLN | 1 | NO | NO | NO |
| ONETOUCH ULTRA TEST STRIP | 1 | NO | NO | YES |
| ONETOUCH ULTRA2 GLUCOSE SYST | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| ONETOUCH ULTRASOFT LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ONETOUCH ULTRASOFT2 30G LANCET | 1 | NO | NO | YES |
| ONETOUCH VERIO FLEX METER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| ONETOUCH VERIO HIGH CNTRL SOLN | 1 | NO | NO | NO |
| ONETOUCH VERIO MID CNTRL SOLN | 1 | NO | NO | NO |
| ONETOUCH VERIO REFLECT METER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| ONETOUCH VERIO TEST STRIP | 1 | NO | NO | YES |
| ONGENTYS 25 MG CAPSULE | 3 | YES | NO | YES |
| ONGENTYS 50 MG CAPSULE | 3 | YES | NO | YES |
| ON-THE-GO 30G LANCETS | 1 | NO | NO | YES |
| ONUREG 200 MG TABLET | 4 | YES | NO | YES |
| ONUREG 300 MG TABLET | 4 | YES | NO | YES |
| OPCICON ONE-STEP 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| OPFOLDA 65 MG CAPSULE | 4 | YES | NO | YES |
| OPILL 0.075 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| OPSUMIT 10 MG TABLET | 4 | YES | NO | YES |
| OPSYNVI 10-20 MG TABLET | 4 | YES | NO | YES |
| OPSYNVI 10-40 MG TABLET | 4 | YES | NO | YES |
| OPTICHAMBER DIAMOND VHC | 2 | NO | NO | NO |
| OPTICHAMBER DIAMOND W-LRG MASK | 2 | NO | NO | NO |
| OPTICHAMBER DIAMOND W-MED MASK | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OPTICHAMBER DIAMOND W-SML MASK | 2 | NO | NO | NO |
| OPTION 2 1.5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| OPVEE 2.7 MG NASAL SPRAY | 3 | NO | NO | YES |
| OPZELURA 1.5% CREAM | 4 | YES | NO | YES |
| ORAL SALINE LAXATIVE LIQUID | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| ORALAIR 300 IR SUBLINGUAL TAB | 3 | YES | NO | YES |
| ORALONE 0.1% PASTE | 1 | NO | NO | NO |
| ORENCIA 125 MG/ML SYRINGE | 4 | NO | YES | YES |
| ORENCIA 50 MG/0.4 ML SYRINGE | 4 | NO | YES | YES |
| ORENCIA 87.5 MG/0.7 ML SYRINGE | 4 | NO | YES | YES |
| ORENCIA CLICKJECT 125 MG/ML | 4 | NO | YES | YES |
| ORENITRAM ER 0.125 MG TABLET | 4 | YES | NO | YES |
| ORENITRAM ER 0.25 MG TABLET | 4 | YES | NO | YES |
| ORENITRAM ER 1 MG TABLET | 4 | YES | NO | YES |
| ORENITRAM ER 2.5 MG TABLET | 4 | YES | NO | YES |
| ORENITRAM ER 5 MG TABLET | 4 | YES | NO | YES |
| ORENITRAM MONTH 1 TITRATION KT | 4 | YES | NO | YES |
| ORENITRAM MONTH 2 TITRATION KT | 4 | YES | NO | YES |
| ORENITRAM MONTH 3 TITRATION KT | 4 | YES | NO | YES |
| ORFADIN 4 MG/ML SUSPENSION | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ORGOVYX 120 MG TABLET | 4 | YES | NO | YES |
| ORIAHNN 300-1-0.5MG/300MG CAPS | 3 | YES | NO | YES |
| ORILISSA 150 MG TABLET | 3 | YES | NO | NO |
| ORILISSA 200 MG TABLET | 3 | YES | NO | NO |
| ORKAMBI 100 MG-125 MG TABLET | 4 | YES | NO | YES |
| ORKAMBI 100-125 MG GRANULE PKT | 4 | YES | NO | YES |
| ORKAMBI 150-188 MG GRANULE PKT | 4 | YES | NO | YES |
| ORKAMBI 200 MG-125 MG TABLET | 4 | YES | NO | YES |
| ORKAMBI 75-94 MG GRANULE PKT | 4 | YES | NO | YES |
| ORLADEYO 110 MG CAPSULE | 4 | YES | NO | YES |
| ORLADEYO 150 MG CAPSULE | 4 | YES | NO | YES |
| ORPHENADRINE ER 100 MG TABLET | 1 | NO | NO | NO |
| ORQUIDEA 0.35 MG TABLET | 1 | NO | NO | NO |
| ORSERDU 345 MG TABLET | 4 | YES | NO | YES |
| ORSERDU 86 MG TABLET | 4 | YES | NO | YES |
| OSCIMIN 0.125 MG TABLET | 1 | NO | NO | NO |
| OSCIMIN SL 0.125 MG TABLET | 1 | NO | NO | NO |
| OSELTAMIVIR 6 MG/ML SUSPENSION | 1 | NO | NO | NO |
| OSELTAMIVIR PHOS 30 MG CAPSULE | 1 | NO | NO | NO |
| OSELTAMIVIR PHOS 45 MG CAPSULE | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OSELTAMIVIR PHOS 75 MG CAPSULE | 1 | NO | NO | NO |
| OSPHENA 60 MG TABLET | 3 | YES | NO | NO |
| OTEZLA 10-20 MG STARTER 28 DAY | 4 | NO | YES | YES |
| OTEZLA 10-20-30MG START 14 DAY | 4 | NO | YES | YES |
| OTEZLA 10-20-30MG START 28 DAY | 4 | NO | YES | YES |
| OTEZLA 20 MG TABLET | 4 | NO | YES | YES |
| OTEZLA 30 MG TABLET | 4 | NO | YES | YES |
| OTREXUP 10 MG/0.4 ML AUTO-INJ | 3 | NO | YES | NO |
| OTREXUP 12.5 MG/0.4 ML AUTOINJ | 3 | NO | YES | NO |
| OTREXUP 15 MG/0.4 ML AUTO-INJ | 3 | NO | YES | NO |
| OTREXUP 17.5 MG/0.4 ML AUTOINJ | 3 | NO | YES | NO |
| OTREXUP 20 MG/0.4 ML AUTO-INJ | 3 | NO | YES | NO |
| OTREXUP 22.5 MG/0.4 ML AUTOINJ | 3 | NO | YES | NO |
| OTREXUP 25 MG/0.4 ML AUTO-INJ | 3 | NO | YES | NO |
| OVIDREL 250 MCG/0.5 ML SYRG | 4 | YES | NO | NO |
| OXANDROLONE 10 MG TABLET | 1 | NO | NO | NO |
| OXANDROLONE 2.5 MG TABLET | 1 | NO | NO | NO |
| OXAPROZIN 600 MG CAPLET | 1 | NO | NO | YES |
| OXAPROZIN 600 MG TABLET | 1 | NO | NO | YES |
| OXAZEPAM 10 MG CAPSULE | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OXAZEPAM 15 MG CAPSULE | 2 | NO | NO | NO |
| OXAZEPAM 30 MG CAPSULE | 2 | NO | NO | NO |
| OXBRYTA 300 MG TABLET | 4 | YES | NO | YES |
| OXBRYTA 300 MG TABLET FOR SUSP | 4 | YES | NO | YES |
| OXBRYTA 500 MG TABLET | 4 | YES | NO | YES |
| OXCARBAZEPINE 150 MG TABLET | 1 | NO | NO | NO |
| OXCARBAZEPINE 300 MG TABLET | 1 | NO | NO | NO |
| OXCARBAZEPINE 300 MG/5 ML CUP | 2 | NO | NO | NO |
| OXCARBAZEPINE 300 MG/5 ML SUSP | 2 | NO | NO | NO |
| OXCARBAZEPINE 600 MG TABLET | 1 | NO | NO | NO |
| OXCARBAZEPINE ER 150 MG TABLET | 2 | YES | NO | YES |
| OXCARBAZEPINE ER 300 MG TABLET | 2 | YES | NO | YES |
| OXCARBAZEPINE ER 600 MG TABLET | 2 | YES | NO | YES |
| OXERVATE 0.002% EYE DROP | 4 | YES | NO | YES |
| OXICONAZOLE NITRATE 1% CREAM | 2 | YES | NO | NO |
| OXLUMO 94.5 MG/0.5 ML VIAL | 4 | YES | NO | NO |
| OXYBUTYNIN 5 MG TABLET | 1 | NO | NO | NO |
| OXYBUTYNIN 5 MG/5 ML SOLN CUP | 1 | NO | NO | NO |
| OXYBUTYNIN 5 MG/5 ML SOLUTION | 1 | NO | NO | NO |
| OXYBUTYNIN 5 MG/5 ML SYRUP | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OXYBUTYNIN CL ER 10 MG TABLET | 1 | NO | NO | NO |
| OXYBUTYNIN CL ER 15 MG TABLET | 1 | NO | NO | NO |
| OXYBUTYNIN CL ER 5 MG TABLET | 1 | NO | NO | NO |
| OXYCODONE HCL (IR) 10 MG TAB | 1 | NO | YES | NO |
| OXYCODONE HCL (IR) 15 MG TAB | 1 | NO | YES | NO |
| OXYCODONE HCL (IR) 20 MG TAB | 1 | NO | YES | NO |
| OXYCODONE HCL (IR) 30 MG TAB | 1 | NO | YES | NO |
| OXYCODONE HCL (IR) 5 MG CAP | 1 | NO | YES | NO |
| OXYCODONE HCL (IR) 5 MG TABLET | 1 | NO | YES | NO |
| OXYCODONE HCL 100 MG/5 ML CONC | 1 | NO | YES | NO |
| OXYCODONE HCL 5 MG/5 ML CUP | 1 | NO | YES | NO |
| OXYCODONE HCL 5 MG/5 ML SOLN | 1 | NO | YES | NO |
| OXYCODONE-ACETAMINOPHEN 10-325 | 1 | NO | YES | NO |
| OXYCODONE-ACETAMINOPHEN 5-325 | 1 | NO | YES | NO |
| OXYCODONE-ACETAMINOPHN 2.5-325 | 1 | NO | YES | NO |
| OXYCODONE-ACETAMINOPHN 7.5-325 | 1 | NO | YES | NO |
| OXYCONTIN ER 10 MG TABLET | 2 | YES | NO | NO |
| OXYCONTIN ER 15 MG TABLET | 2 | YES | NO | NO |
| OXYCONTIN ER 20 MG TABLET | 2 | YES | NO | NO |
| OXYCONTIN ER 30 MG TABLET | 2 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| OXYCONTIN ER 40 MG TABLET | 2 | YES | NO | NO |
| OXYCONTIN ER 60 MG TABLET | 2 | YES | NO | NO |
| OXYCONTIN ER 80 MG TABLET | 2 | YES | NO | NO |
| OXYMORPHONE HCL 10 MG TABLET | 1 | NO | YES | NO |
| OXYMORPHONE HCL 5 MG TABLET | 1 | NO | YES | NO |
| OXYMORPHONE HCL ER 10 MG TAB | 2 | YES | NO | NO |
| OXYMORPHONE HCL ER 15 MG TAB | 2 | YES | NO | NO |
| OXYMORPHONE HCL ER 20 MG TAB | 2 | YES | NO | NO |
| OXYMORPHONE HCL ER 30 MG TAB | 2 | YES | NO | NO |
| OXYMORPHONE HCL ER 40 MG TAB | 2 | YES | NO | NO |
| OXYMORPHONE HCL ER 5 MG TABLET | 2 | YES | NO | NO |
| OXYMORPHONE HCL ER 7.5 MG TAB | 2 | YES | NO | NO |
| OZEMPIC 0.25-0.5 MG/DOSE PEN | 2 | NO | YES | YES |
| OZEMPIC 1 MG/DOSE (4 MG/3 ML) | 2 | NO | YES | YES |
| OZEMPIC 2 MG/DOSE (8 MG/3 ML) | 2 | NO | YES | YES |
| PACERONE 100 MG TABLET | 2 | NO | NO | NO |
| PACERONE 200 MG TABLET | 1 | NO | NO | NO |
| PACERONE 400 MG TABLET | 2 | NO | NO | NO |
| PALFORZIA 1 MG (LEVEL 0) | 4 | YES | NO | YES |
| PALFORZIA 12 MG (LEVEL 3) | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PALFORZIA 120 MG (LEVEL 7) | 4 | YES | NO | YES |
| PALFORZIA 160 MG (LEVEL 8) | 4 | YES | NO | YES |
| PALFORZIA 20 MG (LEVEL 4) | 4 | YES | NO | YES |
| PALFORZIA 200 MG (LEVEL 9) | 4 | YES | NO | YES |
| PALFORZIA 240 MG (LEVEL 10) | 4 | YES | NO | YES |
| PALFORZIA 3 MG (LEVEL 1) | 4 | YES | NO | YES |
| PALFORZIA 300 MG (LEVEL 11) | 4 | YES | NO | YES |
| PALFORZIA 300 MG (MAINTENANCE) | 4 | YES | NO | YES |
| PALFORZIA 40 MG (LEVEL 5) | 4 | YES | NO | YES |
| PALFORZIA 6 MG (LEVEL 2) | 4 | YES | NO | YES |
| PALFORZIA 80 MG (LEVEL 6) | 4 | YES | NO | YES |
| PALFORZIA INITIAL (1-3 YRS) | 4 | YES | NO | YES |
| PALFORZIA INITIAL (4-17 YRS) | 4 | YES | NO | YES |
| PALIPERIDONE ER 1.5 MG TABLET | 2 | YES | YES | YES |
| PALIPERIDONE ER 3 MG TABLET | 2 | YES | YES | YES |
| PALIPERIDONE ER 6 MG TABLET | 2 | YES | YES | YES |
| PALIPERIDONE ER 9 MG TABLET | 2 | YES | YES | YES |
| PALYNZIQ 10 MG/0.5 ML SYRINGE | 4 | YES | NO | YES |
| PALYNZIQ 2.5 MG/0.5 ML SYRINGE | 4 | YES | NO | YES |
| PALYNZIQ 20 MG/ML SYRINGE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PANCREAZE DR 10,500 UNIT CAP | 3 | NO | YES | NO |
| PANCREAZE DR 16,800 UNIT CAP | 3 | NO | YES | NO |
| PANCREAZE DR 2,600 UNIT CAP | 3 | NO | YES | NO |
| PANCREAZE DR 21,000 UNIT CAP | 3 | NO | YES | NO |
| PANCREAZE DR 37,000 UNIT CAP | 3 | NO | YES | NO |
| PANCREAZE DR 4,200 UNIT CAP | 3 | NO | YES | NO |
| PANOXYL 10% ACNE FOAMING WASH | 1 | NO | NO | NO |
| PANRETIN 0.1% GEL | 4 | YES | NO | NO |
| PANTOPRAZOLE SOD DR 20 MG TAB | 1 | NO | NO | YES |
| PANTOPRAZOLE SOD DR 40 MG TAB | 1 | NO | NO | YES |
| PARICALCITOL 1 MCG CAPSULE | 2 | NO | NO | NO |
| PARICALCITOL 2 MCG CAPSULE | 2 | NO | NO | NO |
| PARICALCITOL 4 MCG CAPSULE | 2 | NO | NO | NO |
| PAROEX 0.12% ORAL RINSE | 1 | NO | NO | NO |
| PAROXETINE HCL 10 MG TABLET | 1 | NO | NO | YES |
| PAROXETINE HCL 20 MG TABLET | 1 | NO | NO | YES |
| PAROXETINE HCL 30 MG TABLET | 1 | NO | NO | YES |
| PAROXETINE HCL 40 MG TABLET | 1 | NO | NO | YES |
| PASER GRANULES 4 GM PACKET | 3 | NO | NO | NO |
| PAXLOVID 150-100 MG (MODERATE) | 2 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PAXLOVID 300/150-100MG(SEVERE) | 2 | NO | NO | YES |
| PAXLOVID 300-100 MG DOSE PACK | 2 | NO | NO | YES |
| PAZOPANIB HCL 200 MG TABLET | 4 | YES | NO | YES |
| PC SUPER THIN 30G LANCETS | 1 | NO | NO | YES |
| PEAK-AIR PEAK FLOW METER | 3 | NO | NO | NO |
| PEG 3350-ELECTROLYTE SOLUTION | 1 | NO | NO | NO |
| PEG-3350 AND ELECTROLYTES SOLN | 1 | NO | NO | NO |
| PEGASYS 180 MCG/0.5 ML SYRINGE | 4 | NO | NO | NO |
| PEGASYS 180 MCG/ML VIAL | 4 | NO | NO | NO |
| PEG-PREP KIT | 2 | NO | NO | NO |
| PEMAZYRE 13.5 MG TABLET | 4 | YES | NO | YES |
| PEMAZYRE 4.5 MG TABLET | 4 | YES | NO | YES |
| PEMAZYRE 9 MG TABLET | 4 | YES | NO | YES |
| PEN NEEDLES | 1 | NO | NO | NO |
| PENCICLOVIR 1% CREAM | 2 | YES | NO | YES |
| PENICILLAMINE 250 MG CAPSULE | 4 | YES | NO | YES |
| PENICILLAMINE 250 MG TABLET | 4 | YES | NO | YES |
| PENICILLIN VK 125 MG/5 ML SOLN | 1 | NO | NO | NO |
| PENICILLIN VK 250 MG TABLET | 1 | NO | NO | NO |
| PENICILLIN VK 250 MG/5 ML SOLN | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PENICILLIN VK 500 MG TABLET | 1 | NO | NO | NO |
| PENTAMIDINE 300 MG INHAL POWDR | 2 | NO | NO | NO |
| PENTASA 250 MG CAPSULE | 2 | NO | NO | NO |
| PENTAZOCINE-NALOXONE TABLET | 2 | NO | YES | NO |
| PENTOXIFYLLINE ER 400 MG TAB | 1 | NO | NO | NO |
| PERAMPANEL 10 MG TABLET | 2 | YES | NO | YES |
| PERAMPANEL 12 MG TABLET | 2 | YES | NO | YES |
| PERAMPANEL 2 MG TABLET | 2 | YES | NO | YES |
| PERAMPANEL 4 MG TABLET | 2 | YES | NO | YES |
| PERAMPANEL 6 MG TABLET | 2 | YES | NO | YES |
| PERAMPANEL 8 MG TABLET | 2 | YES | NO | YES |
| PERFECT POINT 28G SAFETY LANCT | 1 | NO | NO | YES |
| PERFECT POINT 30G SAFETY LANCT | 1 | NO | NO | YES |
| PERFECT POINT NEEDLE 25G 1" | 1 | NO | NO | NO |
| PERINDOPRIL ERBUMINE 2 MG TAB | 1 | NO | NO | NO |
| PERINDOPRIL ERBUMINE 4 MG TAB | 1 | NO | NO | NO |
| PERINDOPRIL ERBUMINE 8 MG TAB | 1 | NO | NO | NO |
| PERIOGARD 0.12% ORAL RINSE | 1 | NO | NO | NO |
| PERMETHRIN 5% CREAM | 1 | NO | NO | YES |
| PERPHEN-AMITRIP 2 MG-10 MG TAB | 2 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PERPHEN-AMITRIP 2 MG-25 MG TAB | 2 | YES | NO | NO |
| PERPHEN-AMITRIP 4 MG-10 MG TAB | 2 | YES | NO | NO |
| PERPHEN-AMITRIP 4 MG-25 MG TAB | 2 | YES | NO | NO |
| PERPHEN-AMITRIP 4 MG-50 MG TAB | 2 | YES | NO | NO |
| PERPHENAZINE 16 MG TABLET | 2 | YES | NO | YES |
| PERPHENAZINE 2 MG TABLET | 2 | YES | NO | YES |
| PERPHENAZINE 4 MG TABLET | 2 | YES | NO | YES |
| PERPHENAZINE 8 MG TABLET | 2 | YES | NO | YES |
| PERRY PRENATAL CAPSULE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PERSA-GEL 10% | 1 | NO | NO | NO |
| PERSERIS ER 120 MG SYRINGE KIT | 2 | YES | NO | YES |
| PERSERIS ER 90 MG SYRINGE KIT | 2 | YES | NO | YES |
| PERSONAL BEST PEAK FLOW MTR | 3 | NO | NO | NO |
| PERTZYE DR 16,000 UNIT CAPSULE | 3 | NO | YES | NO |
| PERTZYE DR 24,000 UNIT CAPSULE | 3 | NO | YES | NO |
| PERTZYE DR 4,000 UNIT CAPSULE | 3 | NO | YES | NO |
| PERTZYE DR 8,000 UNIT CAPSULE | 3 | NO | YES | NO |
| PFIZER COVID (12Y UP) VAC-GRAY | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID (5-11Y) VAC-ORANG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID (6M-4Y)VAC-MAROON | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PFIZER COVID 2023-24(5-11Y)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID 2023-24(6M-4Y)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID 2024-25(5-11Y)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID 2024-25(6M-4Y)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID BIVAL (12Y UP)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID BIVAL (5-11YR)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID BIVAL (6MO-4Y)EUA | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PFIZER COVID-19 VACCINE-PURPLE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PHARMACIST CHOICE 28G LANCETS | 1 | NO | NO | YES |
| PHARMACIST CHOICE 30G LANCETS | 1 | NO | NO | YES |
| PHARMACIST CHOICE 33G LANCETS | 1 | NO | NO | YES |
| PHEBURANE PELLET | 4 | YES | NO | NO |
| PHENAZOPYRIDINE 100 MG TAB | 1 | NO | NO | NO |
| PHENAZOPYRIDINE 200 MG TAB | 1 | NO | NO | NO |
| PHENELZINE SULFATE 15 MG TAB | 1 | NO | NO | NO |
| PHENOBARBITAL 100 MG TABLET | 1 | NO | NO | NO |
| PHENOBARBITAL 15 MG TABLET | 1 | NO | NO | NO |
| PHENOBARBITAL 16.2 MG TABLET | 1 | NO | NO | NO |
| PHENOBARBITAL 20 MG/5 ML CUP | 1 | NO | NO | NO |
| PHENOBARBITAL 20 MG/5 ML ELIX | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PHENOBARBITAL 20 MG/5 ML SOLN | 1 | NO | NO | NO |
| PHENOBARBITAL 30 MG TABLET | 1 | NO | NO | NO |
| PHENOBARBITAL 30 MG/7.5 ML CUP | 1 | NO | NO | NO |
| PHENOBARBITAL 32.4 MG TABLET | 1 | NO | NO | NO |
| PHENOBARBITAL 60 MG TABLET | 1 | NO | NO | NO |
| PHENOBARBITAL 60 MG/15 ML CUP | 1 | NO | NO | NO |
| PHENOBARBITAL 64.8 MG TABLET | 1 | NO | NO | NO |
| PHENOBARBITAL 97.2 MG TABLET | 1 | NO | NO | NO |
| PHENOXYBENZAMINE HCL 10 MG CAP | 2 | YES | NO | YES |
| PHENYLEPHRINE 10% EYE DROP | 2 | NO | NO | NO |
| PHENYLEPHRINE 10% EYE DROPS | 2 | NO | NO | NO |
| PHENYLEPHRINE 2.5% EYE DROP | 2 | NO | NO | NO |
| PHENYTOIN 100 MG/4 ML SUSP CUP | 1 | NO | NO | NO |
| PHENYTOIN 125 MG/5 ML SUSP | 1 | NO | NO | NO |
| PHENYTOIN 50 MG INFATAB CHEW | 1 | NO | NO | NO |
| PHENYTOIN 50 MG TABLET CHEW | 1 | NO | NO | NO |
| PHENYTOIN SOD EXT 100 MG CAP | 1 | NO | NO | NO |
| PHENYTOIN SOD EXT 200 MG CAP | 2 | NO | NO | NO |
| PHENYTOIN SOD EXT 300 MG CAP | 2 | NO | NO | NO |
| PHILITH 0.4-0.035 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PHOSPHATE ORAL SALINE LAXATIVE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PHYTONADIONE 5 MG TABLET | 1 | NO | NO | NO |
| PIASKY 340 MG/2 ML VIAL | 4 | YES | NO | YES |
| PIFELTRO 100 MG TABLET | 4 | NO | NO | NO |
| PILOCARPINE 1% EYE DROPS | 1 | NO | NO | NO |
| PILOCARPINE 2% EYE DROPS | 1 | NO | NO | NO |
| PILOCARPINE 4% EYE DROPS | 1 | NO | NO | NO |
| PILOCARPINE HCL 5 MG TABLET | 1 | NO | NO | NO |
| PILOCARPINE HCL 7.5 MG TABLET | 1 | NO | NO | NO |
| PIMECROLIMUS 1% CREAM | 2 | NO | YES | NO |
| PIMOZIDE 1 MG TABLET | 2 | NO | NO | YES |
| PIMOZIDE 2 MG TABLET | 2 | NO | NO | YES |
| PIMTREA 28 DAY TABLET | 1 | NO | NO | NO |
| PINAWAY 50 MG/ML SUSPENSION | 1 | NO | NO | NO |
| PINDOLOL 10 MG TABLET | 2 | NO | NO | NO |
| PINDOLOL 5 MG TABLET | 2 | NO | NO | NO |
| PINWORM MEDICINE 144 MG/ML | 1 | NO | NO | NO |
| PIOGLITAZONE HCL 15 MG TABLET | 1 | NO | NO | NO |
| PIOGLITAZONE HCL 30 MG TABLET | 1 | NO | NO | NO |
| PIOGLITAZONE HCL 45 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PIOGLITAZONE-METFORMIN 15-500 | 1 | NO | NO | NO |
| PIOGLITAZONE-METFORMIN 15-850 | 1 | NO | NO | NO |
| PIP 28G LANCET | 1 | NO | NO | YES |
| PIP 30G LANCET | 1 | NO | NO | YES |
| PIQRAY 200 MG DAILY DOSE PACK | 4 | YES | NO | YES |
| PIQRAY 250 MG DAILY DOSE PACK | 4 | YES | NO | YES |
| PIQRAY 300 MG DAILY DOSE PACK | 4 | YES | NO | YES |
| PIRFENIDONE 267 MG CAPSULE | 4 | YES | NO | YES |
| PIRFENIDONE 267 MG TABLET | 4 | YES | NO | YES |
| PIRFENIDONE 534 MG TABLET | 4 | YES | NO | YES |
| PIRFENIDONE 801 MG TABLET | 4 | YES | NO | YES |
| PIRMELLA 1-35 28 TABLET | 1 | NO | NO | NO |
| PIRMELLA 7-7-7-28 TABLET | 1 | NO | NO | NO |
| PIROXICAM 10 MG CAPSULE | 1 | NO | NO | YES |
| PIROXICAM 20 MG CAPSULE | 1 | NO | NO | YES |
| PLEGRIDY 125 MCG/0.5 ML PEN | 4 | NO | YES | YES |
| PLEGRIDY 125 MCG/0.5 ML SYRING | 4 | NO | YES | YES |
| PLEGRIDY PEN INJ STARTER PACK | 4 | NO | YES | YES |
| PLEGRIDY SYRINGE STARTER PACK | 4 | NO | YES | YES |
| PNEUMOVAX 23 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PNEUMOVAX 23 VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PNV PRENATAL PLUS MULTIVIT TAB | 1 | NO | NO | NO |
| PNV-DHA + DOCUSATE SOFTGEL | 1 | NO | NO | NO |
| PNV-DHA SOFTGEL | 1 | NO | NO | NO |
| PNV-OMEGA SOFTGEL | 1 | NO | NO | NO |
| PNV-SELECT TABLET | 1 | NO | NO | NO |
| POCKET CHAMBER | 2 | NO | NO | NO |
| PODOFILOX 0.5% TOPICAL SOLN | 1 | NO | NO | NO |
| POLY HUB NEEDLE 18GX1" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 18GX1-1/2" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 21GX1" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 21GX1-1/2" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 22GX1" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 22GX1-1/2" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 23GX1" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 23GX1-1/2" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 25GX1" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 25GX1-1/2" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 25GX5/8" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 27GX1/2" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| POLY HUB NEEDLE 27GX1-1/4" | 1 | NO | NO | NO |
| POLY HUB NEEDLE 30GX1/2" | 1 | NO | NO | NO |
| POLYCIN EYE OINTMENT | 1 | NO | NO | NO |
| POLYETHYLENE GLYCOL 3350 POWD | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| POLYMYXIN B-TMP EYE DROPS | 1 | NO | NO | NO |
| POMALYST 1 MG CAPSULE | 4 | YES | NO | YES |
| POMALYST 2 MG CAPSULE | 4 | YES | NO | YES |
| POMALYST 3 MG CAPSULE | 4 | YES | NO | YES |
| POMALYST 4 MG CAPSULE | 4 | YES | NO | YES |
| PONVORY 14-DAY STARTER PACK | 4 | NO | YES | YES |
| PONVORY 20 MG TABLET | 4 | NO | YES | YES |
| PORTIA-28 TABLET | 1 | NO | NO | NO |
| POSACONAZOLE 200 MG/5 ML SUSP | 2 | YES | NO | YES |
| POSACONAZOLE DR 100 MG TABLET | 2 | YES | NO | YES |
| POTASSIUM CITRATE ER 10 MEQ TB | 1 | NO | NO | NO |
| POTASSIUM CITRATE ER 15 MEQ TB | 1 | NO | NO | NO |
| POTASSIUM CITRATE ER 5 MEQ TAB | 1 | NO | NO | NO |
| POTASSIUM CL 10% (20 MEQ/15ML) | 1 | NO | NO | NO |
| POTASSIUM CL 10% (40 MEQ/30ML) | 1 | NO | NO | NO |
| POTASSIUM CL 20% (40 MEQ/15ML) | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| POTASSIUM CL ER 10 MEQ CAPSULE | 1 | NO | NO | NO |
| POTASSIUM CL ER 10 MEQ TABLET | 1 | NO | NO | NO |
| POTASSIUM CL ER 15 MEQ TABLET | 1 | NO | NO | NO |
| POTASSIUM CL ER 20 MEQ TABLET | 1 | NO | NO | NO |
| POTASSIUM CL ER 8 MEQ CAPSULE | 1 | NO | NO | NO |
| POTASSIUM CL ER 8 MEQ TABLET | 1 | NO | NO | NO |
| POTASSIUM CL10%(20MEQ/15ML)CUP | 1 | NO | NO | NO |
| POTASSIUM CL10%(40MEQ/30ML)CUP | 1 | NO | NO | NO |
| POTASSIUM CL20%(40MEQ/15ML)CUP | 1 | NO | NO | NO |
| POWDERLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PR NATAL 400 COMBO PACK | 1 | NO | NO | NO |
| PR NATAL 400 EC COMBO PACK | 1 | NO | NO | NO |
| PR NATAL 430 COMBO PACK | 1 | NO | NO | NO |
| PR NATAL 430 EC COMBO PACK | 1 | NO | NO | NO |
| PRAMIPEXOLE 0.125 MG TABLET | 1 | NO | NO | NO |
| PRAMIPEXOLE 0.25 MG TABLET | 1 | NO | NO | NO |
| PRAMIPEXOLE 0.5 MG TABLET | 1 | NO | NO | NO |
| PRAMIPEXOLE 0.75 MG TABLET | 1 | NO | NO | NO |
| PRAMIPEXOLE 1 MG TABLET | 1 | NO | NO | NO |
| PRAMIPEXOLE 1.5 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PRASUGREL 10 MG TABLET | 1 | NO | NO | NO |
| PRASUGREL 5 MG TABLET | 1 | NO | NO | NO |
| PRAVASTATIN SODIUM 10 MG TAB | 1 | NO | NO | NO |
| PRAVASTATIN SODIUM 20 MG TAB | 1 | NO | NO | NO |
| PRAVASTATIN SODIUM 40 MG TAB | 1 | NO | NO | NO |
| PRAVASTATIN SODIUM 80 MG TAB | 1 | NO | NO | NO |
| PRAZIQUANTEL 600 MG TABLET | 2 | NO | NO | NO |
| PRAZOSIN 1 MG CAPSULE | 1 | NO | NO | NO |
| PRAZOSIN 2 MG CAPSULE | 1 | NO | NO | NO |
| PRAZOSIN 5 MG CAPSULE | 1 | NO | NO | NO |
| PREDNICARBATE 0.1% OINTMENT | 2 | NO | NO | NO |
| PREDNISOLONE 15 MG/5 ML SOLN | 1 | NO | NO | NO |
| PREDNISOLONE 15 MG/5 ML SYRUP | 1 | NO | NO | NO |
| PREDNISOLONE 15MG/5ML SOLN CUP | 1 | NO | NO | NO |
| PREDNISOLONE 5 MG/5 ML SOLN | 1 | NO | NO | NO |
| PREDNISOLONE AC 1% EYE DROP | 1 | NO | NO | NO |
| PREDNISOLONE SOD 1% EYE DROP | 1 | NO | NO | NO |
| PREDNISOLONE SOD PH 25 MG/5 ML | 2 | NO | NO | NO |
| PREDNISONE 1 MG TABLET | 1 | NO | NO | NO |
| PREDNISONE 10 MG TAB DOSE PACK | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PREDNISONE 10 MG TABLET | 1 | NO | NO | NO |
| PREDNISONE 2.5 MG TABLET | 1 | NO | NO | NO |
| PREDNISONE 20 MG TABLET | 1 | NO | NO | NO |
| PREDNISONE 5 MG TAB DOSE PACK | 1 | NO | NO | NO |
| PREDNISONE 5 MG TABLET | 1 | NO | NO | NO |
| PREDNISONE 5 MG/5 ML SOLUTION | 1 | NO | NO | NO |
| PREDNISONE 50 MG TABLET | 1 | NO | NO | NO |
| PREF PLUS INS 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| PREFERRED PLUS 0.3 ML 30GX5/16 | 1 | NO | NO | NO |
| PREFERRED PLUS LANCETS | 1 | NO | NO | YES |
| PREFERRED PLUS THIN LANCETS | 1 | NO | NO | YES |
| PREGABALIN 100 MG CAPSULE | 1 | NO | NO | NO |
| PREGABALIN 150 MG CAPSULE | 1 | NO | NO | NO |
| PREGABALIN 20 MG/ML SOLUTION | 2 | NO | NO | NO |
| PREGABALIN 200 MG CAPSULE | 1 | NO | NO | NO |
| PREGABALIN 225 MG CAPSULE | 1 | NO | NO | NO |
| PREGABALIN 25 MG CAPSULE | 1 | NO | NO | NO |
| PREGABALIN 300 MG CAPSULE | 1 | NO | NO | NO |
| PREGABALIN 50 MG CAPSULE | 1 | NO | NO | NO |
| PREGABALIN 75 MG CAPSULE | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PREGNYL 10,000 UNIT VIAL | 4 | YES | NO | NO |
| PREMARIN 0.3 MG TABLET | 2 | NO | NO | NO |
| PREMARIN 0.45 MG TABLET | 2 | NO | NO | NO |
| PREMARIN 0.625 MG TABLET | 2 | NO | NO | NO |
| PREMARIN 0.9 MG TABLET | 2 | NO | NO | NO |
| PREMARIN 1.25 MG TABLET | 2 | NO | NO | NO |
| PREMARIN VAGINAL CREAM-APPL | 2 | NO | NO | NO |
| PREMPHASE 0.625-5 MG TABLET | 2 | NO | NO | NO |
| PREMPRO 0.3 MG-1.5 MG TABLET | 2 | NO | NO | NO |
| PREMPRO 0.45-1.5 MG TABLET | 2 | NO | NO | NO |
| PREMPRO 0.625-2.5 MG TABLET | 2 | NO | NO | NO |
| PREMPRO 0.625-5 MG TABLET | 2 | NO | NO | NO |
| PRENAISSANCE CAPSULE | 1 | NO | NO | NO |
| PRENAISSANCE PLUS SOFTGEL | 1 | NO | NO | NO |
| PRENATABS FA TABLET | 1 | NO | NO | NO |
| PRENATABS RX TABLET | 1 | NO | NO | NO |
| PRENATAL CAPLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PRENATAL COMPLETE CAPLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PRENATAL MULTI-DHA SOFTGEL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PRENATAL MULTIVITAMIN TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PRENATAL ONE DAILY TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PRENATAL PLUS IRON TABLET | 1 | NO | NO | NO |
| PRENATAL TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PRENATAL VITAMIN PLUS LOW IRON | 1 | NO | NO | NO |
| PRENATAL VITAMIN TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PRENATAL VITAMINS TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PRENATAL-U CAPSULE | 1 | NO | NO | NO |
| PRESSURE ACTIVATED 21G LANCETS | 1 | NO | NO | YES |
| PRESSURE ACTIVATED 28G LANCETS | 1 | NO | NO | YES |
| PRETOMANID 200 MG TABLET | 3 | YES | NO | YES |
| PREVALITE PACKET | 1 | NO | NO | NO |
| PREVALITE POWDER | 1 | NO | NO | NO |
| PREVNAR 13 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PREVNAR 20 SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PREVYMIS 120 MG PELLET PACKET | 4 | YES | NO | YES |
| PREVYMIS 20 MG PELLET PACKET | 4 | YES | NO | YES |
| PREVYMIS 240 MG TABLET | 4 | YES | NO | YES |
| PREVYMIS 480 MG TABLET | 4 | YES | NO | YES |
| PREZCOBIX 675 MG-150 MG TABLET | 4 | NO | NO | YES |
| PREZCOBIX 800 MG-150 MG TABLET | 4 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PREZISTA 100 MG/ML SUSPENSION | 4 | NO | NO | NO |
| PREZISTA 150 MG TABLET | 4 | NO | NO | NO |
| PREZISTA 75 MG TABLET | 4 | NO | NO | NO |
| PRIFTIN 150 MG TABLET | 3 | NO | NO | YES |
| PRIMAQUINE 26.3 MG TABLET | 1 | NO | NO | NO |
| PRIMIDONE 250 MG TABLET | 1 | NO | NO | NO |
| PRIMIDONE 50 MG TABLET | 1 | NO | NO | NO |
| PRO COMFORT 30G LANCETS | 1 | NO | NO | YES |
| PRO COMFORT 30G SAFETY LANCET | 1 | NO | NO | YES |
| PRO COMFORT 31G LANCET | 1 | NO | NO | YES |
| PRO COMFORT SPACER-ADULT MASK | 2 | NO | NO | NO |
| PRO COMFORT SPACER-CHILD MASK | 2 | NO | NO | NO |
| PRO COMFORT SPACER-INFANT MASK | 2 | NO | NO | NO |
| PROBENECID 500 MG TABLET | 1 | NO | NO | NO |
| PROBENECID-COLCHICINE TABLET | 1 | NO | NO | NO |
| PROCARE SPACER WITH ADULT MASK | 2 | NO | NO | NO |
| PROCARE SPACER WITH CHILD MASK | 2 | NO | NO | NO |
| PROCHLORPERAZINE 10 MG TAB | 1 | NO | NO | NO |
| PROCHLORPERAZINE 25 MG SUPP | 1 | NO | NO | NO |
| PROCHLORPERAZINE 5 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PROCRIT 10,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| PROCRIT 2,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| PROCRIT 20,000 UNIT/2 ML VIAL | 4 | YES | NO | NO |
| PROCRIT 20,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| PROCRIT 3,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| PROCRIT 4,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| PROCRIT 40,000 UNITS/ML VIAL | 4 | YES | NO | NO |
| PROCTOFOAM-HC 1%-1% FOAM | 2 | NO | NO | NO |
| PROCTO-MED HC 2.5% CREAM | 1 | NO | NO | NO |
| PROCTOSOL-HC 2.5% CREAM | 1 | NO | NO | NO |
| PROCTOZONE-HC 2.5% CREAM | 1 | NO | NO | NO |
| PROCYSBI DR 25 MG CAPSULE | 4 | YES | NO | NO |
| PROCYSBI DR 300 MG GRANULE PKT | 4 | YES | NO | NO |
| PROCYSBI DR 75 MG CAPSULE | 4 | YES | NO | NO |
| PROCYSBI DR 75 MG GRANULE PKT | 4 | YES | NO | NO |
| PRODIGY LANCING DEVICE | 1 | NO | NO | YES |
| PRODIGY PRESSURE ACTIVATED 28G | 1 | NO | NO | YES |
| PRODIGY SAFETY 26G LANCETS | 1 | NO | NO | YES |
| PRODIGY SYRNGE 0.3ML 31GX5/16" | 1 | NO | NO | NO |
| PRODIGY TWIST TOP 28G LANCET | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PROGESTERONE 100 MG CAPSULE | 1 | NO | NO | NO |
| PROGESTERONE 200 MG CAPSULE | 1 | NO | NO | NO |
| PROGESTERONE 500 MG/10 ML VIAL | 1 | NO | NO | NO |
| PROMETHAZINE 12.5 MG SUPPOS | 1 | NO | NO | NO |
| PROMETHAZINE 12.5 MG TABLET | 1 | NO | NO | NO |
| PROMETHAZINE 12.5 MG/10 ML CUP | 1 | NO | NO | NO |
| PROMETHAZINE 25 MG SUPPOSITORY | 1 | NO | NO | NO |
| PROMETHAZINE 25 MG TABLET | 1 | NO | NO | NO |
| PROMETHAZINE 50 MG TABLET | 1 | NO | NO | NO |
| PROMETHAZINE 6.25 MG/5 ML CUP | 1 | NO | NO | NO |
| PROMETHAZINE 6.25 MG/5 ML SOLN | 1 | NO | NO | NO |
| PROMETHAZINE 6.25 MG/5 ML SYRP | 1 | NO | NO | NO |
| PROMETHAZINE VC SOLUTION | 1 | NO | NO | NO |
| PROMETHAZINE VC-CODEINE SOLN | 1 | NO | NO | NO |
| PROMETHAZINE-CODEINE SOLUTION | 1 | NO | NO | NO |
| PROMETHAZINE-CODEINE SYRUP | 1 | NO | NO | NO |
| PROMETHAZINE-DM 6.25-15 MG/5ML | 1 | NO | NO | NO |
| PROMETHAZINE-PE 6.25-5 MG/5 ML | 1 | NO | NO | NO |
| PROMETHAZINE-PE-CODEINE SYRUP | 1 | NO | NO | NO |
| PROMETHAZINE-PHENYLEPHRINE SYR | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PROMETHEGAN 12.5 MG SUPPOS | 1 | NO | NO | NO |
| PROMETHEGAN 25 MG SUPPOSITORY | 1 | NO | NO | NO |
| PROMETHEGAN 50 MG SUPPOSITORY | 1 | NO | NO | NO |
| PROPAFENONE HCL 150 MG TABLET | 1 | NO | NO | NO |
| PROPAFENONE HCL 225 MG TAB | 1 | NO | NO | NO |
| PROPAFENONE HCL 300 MG TAB | 1 | NO | NO | NO |
| PROPARACAINE 0.5% EYE DROPS | 1 | NO | NO | NO |
| PROPRANOLOL 10 MG TABLET | 1 | NO | NO | NO |
| PROPRANOLOL 20 MG TABLET | 1 | NO | NO | NO |
| PROPRANOLOL 20 MG/5 ML SOLN | 1 | NO | NO | NO |
| PROPRANOLOL 40 MG TABLET | 1 | NO | NO | NO |
| PROPRANOLOL 40 MG/5 ML SOLN | 1 | NO | NO | NO |
| PROPRANOLOL 60 MG TABLET | 1 | NO | NO | NO |
| PROPRANOLOL 80 MG TABLET | 1 | NO | NO | NO |
| PROPRANOLOL ER 120 MG CAPSULE | 1 | NO | NO | NO |
| PROPRANOLOL ER 160 MG CAPSULE | 1 | NO | NO | NO |
| PROPRANOLOL ER 60 MG CAPSULE | 1 | NO | NO | NO |
| PROPRANOLOL ER 80 MG CAPSULE | 1 | NO | NO | NO |
| PROPYLTHIOURACIL 50 MG TABLET | 1 | NO | NO | NO |
| PROTRIPTYLINE HCL 10 MG TABLET | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PROTRIPTYLINE HCL 5 MG TABLET | 2 | NO | NO | NO |
| PRUCALOPRIDE 1 MG TABLET | 2 | NO | YES | YES |
| PRUCALOPRIDE 2 MG TABLET | 2 | NO | YES | YES |
| PUB 28G LANCETS | 1 | NO | NO | YES |
| PUB ADVANCED LANCING DEVICE | 1 | NO | NO | YES |
| PUB INS SYRIN 0.3 ML 30GX1/2" | 1 | NO | NO | NO |
| PUB INSUL SYR 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| PUB LAXATIVE EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PUB MICRO THIN 33G LANCET | 1 | NO | NO | YES |
| PUB MILK OF MAGNESIA SUSP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| PUB STOP SMOKING AID 2 MG LOZG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| PUB STOP SMOKING AID 4 MG LOZG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| PULMOZYME 1 MG/ML AMPUL | 4 | YES | NO | YES |
| PURE COMFORT 30G SAFETY LANCET | 1 | NO | NO | YES |
| PURE COMFORT 30G TWIST LANCET | 1 | NO | NO | YES |
| PURE COMFORT SPACER-ADULT MASK | 2 | NO | NO | NO |
| PUSH BUTTON SAFETY 28G LANCET | 1 | NO | NO | YES |
| PV AUTOLET LANCING DEVICE | 1 | NO | NO | YES |
| PV UNILET MICRO THIN 33G LANCT | 1 | NO | NO | YES |
| PV UNILET SUPER THIN 30G LANCT | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| PYRAZINAMIDE 500 MG TABLET | 2 | NO | NO | NO |
| PYRIDOSTIGMINE BR 30 MG TABLET | 1 | NO | NO | NO |
| PYRIDOSTIGMINE BR 60 MG TABLET | 1 | NO | NO | NO |
| PYRIDOSTIGMINE ER 180 MG TAB | 1 | NO | NO | NO |
| PYRIDOXINE 25 MG TABLET | 1 | NO | NO | NO |
| PYRIDOXINE 250 MG TABLET | 1 | NO | NO | NO |
| PYRIDOXINE 50 MG TABLET | 1 | NO | NO | NO |
| PYRIMETHAMINE 25 MG TABLET | 4 | YES | NO | YES |
| PYRUKYND 20 MG TABLET | 4 | YES | NO | YES |
| PYRUKYND 20-5 MG TAPER PACK | 4 | YES | NO | YES |
| PYRUKYND 5 MG TABLET | 4 | YES | NO | YES |
| PYRUKYND 5 MG TAPER PACK | 4 | YES | NO | YES |
| PYRUKYND 50 MG TABLET | 4 | YES | NO | YES |
| PYRUKYND 50-20 MG TAPER PACK | 4 | YES | NO | YES |
| QC AUTOLET LANCING DEVICE | 1 | NO | NO | YES |
| QC MAGNESIUM CITRATE SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| QC MILK OF MAGNESIA SUSPENSION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| QC NATURA-LAX 17 GM POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| QC UNILET SUPER THIN 30G LANCT | 1 | NO | NO | YES |
| QC UNILET ULTRA THIN 28G LANCT | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| QELBREE ER 100 MG CAPSULE | 3 | YES | NO | YES |
| QELBREE ER 150 MG CAPSULE | 3 | YES | NO | YES |
| QELBREE ER 200 MG CAPSULE | 3 | YES | NO | YES |
| QFITLIA 20 MG/0.2 ML VIAL | 4 | YES | NO | YES |
| QFITLIA 50 MG/0.5 ML PEN | 4 | YES | NO | YES |
| QINLOCK 50 MG TABLET | 4 | YES | NO | YES |
| QUETIAPINE ER 150 MG TABLET | 2 | YES | NO | YES |
| QUETIAPINE ER 200 MG TABLET | 2 | YES | NO | YES |
| QUETIAPINE ER 300 MG TABLET | 2 | YES | NO | YES |
| QUETIAPINE ER 400 MG TABLET | 2 | YES | NO | YES |
| QUETIAPINE ER 50 MG TABLET | 2 | YES | NO | YES |
| QUETIAPINE FUMARATE 100 MG TAB | 1 | YES | NO | YES |
| QUETIAPINE FUMARATE 200 MG TAB | 1 | YES | NO | YES |
| QUETIAPINE FUMARATE 25 MG TAB | 1 | YES | NO | YES |
| QUETIAPINE FUMARATE 300 MG TAB | 1 | YES | NO | YES |
| QUETIAPINE FUMARATE 400 MG TAB | 1 | YES | NO | YES |
| QUETIAPINE FUMARATE 50 MG TAB | 1 | YES | NO | YES |
| QUINAPRIL 10 MG TABLET | 1 | NO | NO | NO |
| QUINAPRIL 20 MG TABLET | 1 | NO | NO | NO |
| QUINAPRIL 40 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| QUINAPRIL 5 MG TABLET | 1 | NO | NO | NO |
| QUINAPRIL-HCTZ 10-12.5 MG TAB | 1 | NO | NO | NO |
| QUINAPRIL-HCTZ 20-12.5 MG TAB | 1 | NO | NO | NO |
| QUINAPRIL-HCTZ 20-25 MG TAB | 1 | NO | NO | NO |
| QUINIDINE GLUC ER 324 MG TAB | 2 | NO | NO | NO |
| QUININE SULFATE 324 MG CAPSULE | 2 | NO | NO | NO |
| QUIT 2 MG CHEWING GUM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| QUIT 2 MG LOZENGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| QUIT 4 MG CHEWING GUM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| QUIT 4 MG LOZENGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | YES |
| QULIPTA 10 MG TABLET | 2 | YES | NO | YES |
| QULIPTA 30 MG TABLET | 2 | YES | NO | YES |
| QULIPTA 60 MG TABLET | 2 | YES | NO | YES |
| QVAR REDIHALER 40 MCG | 2 | NO | NO | NO |
| QVAR REDIHALER 80 MCG | 2 | NO | NO | NO |
| RA BALANCED B-100 TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA BISACODYL EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA BUDESONIDE 32 MCG SPRAY | 1 | NO | NO | NO |
| RA CITRATE OF MAGNESIA SOLN | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA EYE ITCH RELIEF 0.025% DROP | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RA E-ZJECT 26G LANCETS | 1 | NO | NO | YES |
| RA E-ZJECT 28G LANCETS | 1 | NO | NO | YES |
| RA E-ZJECT 30G LANCETS | 1 | NO | NO | YES |
| RA E-ZJECT COLOR 33G LANCETS | 1 | NO | NO | YES |
| RA FOLIC ACID 0.4 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA FOLIC ACID 800 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA HEALTH CARE LANCING DEVICE | 1 | NO | NO | YES |
| RA LAXATIVE EC 5 MG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA LAXATIVE PEG 3350 POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA MILK OF MAGNESIA SUSPENSION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA NASAL ALLERGY 24HR SPRAY | 1 | NO | NO | NO |
| RA ONE DAILY PRENATAL DHA PACK | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA PRENATAL TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| RA SLEEP AID 25 MG CAPLET | 1 | NO | NO | NO |
| RA SLEEP AID 25 MG TABLET | 1 | NO | NO | NO |
| RA VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |
| RA VITAMIN B-6 50 MG TABLET | 1 | NO | NO | NO |
| RABEPRAZOLE SOD DR 20 MG TAB | 2 | NO | NO | YES |
| RADICAVA ORS 105 MG/5 ML SUSP | 4 | YES | NO | YES |
| RADICAVA ORS STARTER KIT SUSP | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RAGWITEK SUBLINGUAL TABLET | 3 | YES | NO | YES |
| RALOXIFENE HCL 60 MG TABLET | 1 | NO | NO | NO |
| RAMELTEON 8 MG TABLET | 2 | NO | YES | YES |
| RAMIPRIL 1.25 MG CAPSULE | 1 | NO | NO | NO |
| RAMIPRIL 10 MG CAPSULE | 1 | NO | NO | NO |
| RAMIPRIL 2.5 MG CAPSULE | 1 | NO | NO | NO |
| RAMIPRIL 5 MG CAPSULE | 1 | NO | NO | NO |
| RANOLAZINE ER 1,000 MG TABLET | 2 | NO | NO | NO |
| RANOLAZINE ER 500 MG TABLET | 2 | NO | NO | NO |
| RASAGILINE MESYLATE 0.5 MG TAB | 2 | NO | NO | NO |
| RASAGILINE MESYLATE 1 MG TAB | 2 | NO | NO | NO |
| RASUVO 10 MG/0.2 ML AUTOINJ | 3 | NO | YES | NO |
| RASUVO 12.5 MG/0.25 ML AUTOINJ | 3 | NO | YES | NO |
| RASUVO 15 MG/0.3 ML AUTOINJ | 3 | NO | YES | NO |
| RASUVO 17.5 MG/0.35 ML AUTOINJ | 3 | NO | YES | NO |
| RASUVO 20 MG/0.4 ML AUTOINJ | 3 | NO | YES | NO |
| RASUVO 22.5 MG/0.45 ML AUTOINJ | 3 | NO | YES | NO |
| RASUVO 25 MG/0.5 ML AUTOINJ | 3 | NO | YES | NO |
| RASUVO 30 MG/0.6 ML AUTOINJ | 3 | NO | YES | NO |
| RASUVO 7.5 MG/0.15 ML AUTOINJ | 3 | NO | YES | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RAVICTI 1.1 GRAM/ML LIQUID | 4 | YES | NO | YES |
| READYLANCE 21G SAFETY LANCETS | 1 | NO | NO | YES |
| READYLANCE 23G SAFETY LANCETS | 1 | NO | NO | YES |
| READYLANCE 26G SAFETY LANCETS | 1 | NO | NO | YES |
| READYLANCE 28G SAFETY LANCETS | 1 | NO | NO | YES |
| READYLANCE 30G SAFETY LANCETS | 1 | NO | NO | YES |
| REBIF 22 MCG/0.5 ML SYRINGE | 4 | NO | YES | YES |
| REBIF 44 MCG/0.5 ML SYRINGE | 4 | NO | YES | YES |
| REBIF REBIDOSE 22 MCG/0.5 ML | 4 | NO | YES | YES |
| REBIF REBIDOSE 44 MCG/0.5 ML | 4 | NO | YES | YES |
| REBIF REBIDOSE TITRATION PACK | 4 | NO | YES | YES |
| REBIF TITRATION PACK | 4 | NO | YES | YES |
| RECLIPSEN 28 DAY TABLET | 1 | NO | NO | NO |
| RECORLEV 150 MG TABLET | 4 | YES | NO | YES |
| REDITREX 10 MG/0.4 ML SYRINGE | 3 | NO | YES | NO |
| REDITREX 12.5 MG/0.5 ML SYRING | 3 | NO | YES | NO |
| REDITREX 15 MG/0.6 ML SYRINGE | 3 | NO | YES | NO |
| REDITREX 17.5 MG/0.7 ML SYRING | 3 | NO | YES | NO |
| REDITREX 20 MG/0.8 ML SYRINGE | 3 | NO | YES | NO |
| REDITREX 22.5 MG/0.9 ML SYRING | 3 | NO | YES | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| REDITREX 25 MG/ML SYRINGE | 3 | NO | YES | NO |
| REDITREX 7.5 MG/0.3 ML SYRINGE | 3 | NO | YES | NO |
| REESE'S PINWORM 144 MG/ML SUSP | 1 | NO | NO | NO |
| REGRANEX 0.01% GEL | 3 | NO | NO | YES |
| RELEUKO 300 MCG/0.5 ML SYRINGE | 4 | YES | NO | YES |
| RELEUKO 300 MCG/ML VIAL | 4 | YES | NO | YES |
| RELEUKO 480 MCG/0.8 ML SYRINGE | 4 | YES | NO | YES |
| RELEUKO 480 MCG/1.6 ML VIAL | 4 | YES | NO | YES |
| RELIAMED 28G LANCETS | 1 | NO | NO | YES |
| RELIAMED 30G LANCETS | 1 | NO | NO | YES |
| RELIAMED LANCING DEVICE | 1 | NO | NO | YES |
| RELIAMED MINI LANCING DEVICE | 1 | NO | NO | YES |
| RELIAMED SAFETY SEAL 28G LANCT | 1 | NO | NO | YES |
| RELIAMED SAFETY SEAL 30G LANCT | 1 | NO | NO | YES |
| RELION 2-IN-1 LANCET DEVICE | 1 | NO | NO | YES |
| RELION INS SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| RELION INS SYR 0.3 ML 31GX6MM | 1 | NO | NO | NO |
| RELION LANCING DEVICE | 1 | NO | NO | YES |
| RELION MICRO THIN 33G LANCET | 1 | NO | NO | YES |
| RELION SYRING 0.3 ML 31GX5/16" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RELION THIN 26G LANCETS | 1 | NO | NO | YES |
| RELION ULTRA THIN 30G LANCETS | 1 | NO | NO | YES |
| RELION ULTRA THIN PLUS 33G | 1 | NO | NO | YES |
| RELISTOR 12 MG/0.6 ML SYRINGE | 3 | YES | NO | YES |
| RELISTOR 12 MG/0.6 ML VIAL | 3 | YES | NO | YES |
| RELISTOR 150 MG TABLET | 3 | YES | NO | YES |
| RELISTOR 8 MG/0.4 ML SYRINGE | 3 | YES | NO | YES |
| RELYVRIO 3 GM-1 GM POWDER PKT | 4 | YES | NO | YES |
| RENACIDIN IRRIGATION SOLUTION | 4 | NO | NO | NO |
| RENA-VITE TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| REPAGLINIDE 0.5 MG TABLET | 2 | NO | NO | NO |
| REPAGLINIDE 1 MG TABLET | 2 | NO | NO | NO |
| REPAGLINIDE 2 MG TABLET | 2 | NO | NO | NO |
| REPATHA 140 MG/ML SURECLICK | 2 | YES | NO | YES |
| REPATHA 140 MG/ML SYRINGE | 2 | YES | NO | YES |
| REPATHA 420 MG/3.5ML PUSHTRONX | 2 | YES | NO | YES |
| RETACRIT 10,000 UNIT/ML VIAL | 4 | YES | NO | NO |
| RETACRIT 2,000 UNIT/ML VIAL | 4 | YES | NO | NO |
| RETACRIT 20,000 UNIT/2 ML VIAL | 4 | YES | NO | NO |
| RETACRIT 20,000 UNIT/ML VIAL | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RETACRIT 3,000 UNIT/ML VIAL | 4 | YES | NO | NO |
| RETACRIT 4,000 UNIT/ML VIAL | 4 | YES | NO | NO |
| RETACRIT 40,000 UNIT/ML VIAL | 4 | YES | NO | NO |
| RETEVMO 120 MG TABLET | 4 | YES | NO | YES |
| RETEVMO 160 MG TABLET | 4 | YES | NO | YES |
| RETEVMO 40 MG CAPSULE | 4 | YES | NO | YES |
| RETEVMO 40 MG TABLET | 4 | YES | NO | YES |
| RETEVMO 80 MG CAPSULE | 4 | YES | NO | YES |
| RETEVMO 80 MG TABLET | 4 | YES | NO | YES |
| REVCOVI 2.4 MG/1.5 ML VIAL | 4 | YES | NO | NO |
| REVLIMID 10 MG CAPSULE | 4 | YES | NO | YES |
| REVLIMID 15 MG CAPSULE | 4 | YES | NO | YES |
| REVLIMID 2.5 MG CAPSULE | 4 | YES | NO | YES |
| REVLIMID 20 MG CAPSULE | 4 | YES | NO | YES |
| REVLIMID 25 MG CAPSULE | 4 | YES | NO | YES |
| REVLIMID 5 MG CAPSULE | 4 | YES | NO | YES |
| REVUFORJ 110 MG TABLET | 4 | YES | NO | YES |
| REVUFORJ 160 MG TABLET | 4 | YES | NO | YES |
| REVUFORJ 25 MG TABLET | 4 | YES | NO | YES |
| REXALL UNIVERSAL 1 30G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| REXTOVY 4 MG NASAL SPRAY | 3 | NO | NO | YES |
| REXULTI 0.25 MG TABLET | 3 | YES | YES | YES |
| REXULTI 0.5 MG TABLET | 3 | YES | YES | YES |
| REXULTI 1 MG TABLET | 3 | YES | YES | YES |
| REXULTI 2 MG TABLET | 3 | YES | YES | YES |
| REXULTI 3 MG TABLET | 3 | YES | YES | YES |
| REXULTI 4 MG TABLET | 3 | YES | YES | YES |
| REYATAZ 50 MG POWDER PACKET | 4 | NO | NO | NO |
| REYVOW 100 MG TABLET | 3 | YES | NO | YES |
| REYVOW 50 MG TABLET | 3 | YES | NO | YES |
| REZDIFFRA 100 MG TABLET | 4 | YES | NO | YES |
| REZDIFFRA 60 MG TABLET | 4 | YES | NO | YES |
| REZDIFFRA 80 MG TABLET | 4 | YES | NO | YES |
| REZLIDHIA 150 MG CAPSULE | 4 | YES | NO | YES |
| REZUROCK 200 MG TABLET | 4 | YES | NO | YES |
| RIBAVIRIN 200 MG CAPSULE | 4 | NO | NO | NO |
| RIBAVIRIN 200 MG TABLET | 4 | NO | NO | NO |
| RIBAVIRIN 6 GM INHALATION VIAL | 4 | NO | NO | NO |
| RIDAURA 3 MG CAPSULE | 3 | NO | NO | YES |
| RIFABUTIN 150 MG CAPSULE | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RIFAMPIN 150 MG CAPSULE | 1 | NO | NO | NO |
| RIFAMPIN 300 MG CAPSULE | 1 | NO | NO | NO |
| RIGHTEST GD500 LANCING DEVICE | 1 | NO | NO | YES |
| RIGHTEST GL300 30G LANCETS | 1 | NO | NO | YES |
| RILUZOLE 50 MG TABLET | 2 | NO | NO | NO |
| RIMANTADINE HCL 100 MG TABLET | 1 | NO | NO | NO |
| RINVOQ ER 15 MG TABLET | 4 | NO | YES | YES |
| RINVOQ ER 30 MG TABLET | 4 | NO | YES | YES |
| RINVOQ ER 45 MG TABLET | 4 | NO | YES | YES |
| RINVOQ LQ 1 MG/ML SOLUTION | 4 | NO | YES | YES |
| RISEDRONATE SODIUM 150 MG TAB | 2 | NO | NO | NO |
| RISEDRONATE SODIUM 30 MG TAB | 2 | NO | NO | NO |
| RISEDRONATE SODIUM 35 MG TAB | 2 | NO | NO | NO |
| RISEDRONATE SODIUM 5 MG TABLET | 2 | NO | NO | NO |
| RISPERIDONE 0.25 MG TABLET | 1 | YES | NO | YES |
| RISPERIDONE 0.5 MG TABLET | 1 | YES | NO | YES |
| RISPERIDONE 1 MG TABLET | 1 | YES | NO | YES |
| RISPERIDONE 1 MG/ML SOLUTION | 1 | YES | NO | YES |
| RISPERIDONE 2 MG TABLET | 1 | YES | NO | YES |
| RISPERIDONE 3 MG TABLET | 1 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RISPERIDONE 4 MG TABLET | 1 | YES | NO | YES |
| RISPERIDONE ER 12.5 MG VIAL | 2 | YES | NO | YES |
| RISPERIDONE ER 25 MG VIAL | 2 | YES | NO | YES |
| RISPERIDONE ER 37.5 MG VIAL | 2 | YES | NO | YES |
| RISPERIDONE ER 50 MG VIAL | 2 | YES | NO | YES |
| RITEFLO SPACER | 2 | NO | NO | NO |
| RITONAVIR 100 MG TABLET | 1 | NO | NO | NO |
| RIVAROXABAN 1 MG/ML SUSPENSION | 2 | NO | NO | YES |
| RIVAROXABAN 2.5 MG TABLET | 2 | NO | NO | NO |
| RIVASTIGMINE 1.5 MG CAPSULE | 1 | NO | NO | NO |
| RIVASTIGMINE 13.3 MG/24HR PTCH | 1 | NO | NO | NO |
| RIVASTIGMINE 3 MG CAPSULE | 1 | NO | NO | NO |
| RIVASTIGMINE 4.5 MG CAPSULE | 1 | NO | NO | NO |
| RIVASTIGMINE 4.6 MG/24HR PATCH | 1 | NO | NO | NO |
| RIVASTIGMINE 6 MG CAPSULE | 1 | NO | NO | NO |
| RIVASTIGMINE 9.5 MG/24HR PATCH | 1 | NO | NO | NO |
| RIVFLOZA 128 MG/0.8 ML SYRINGE | 4 | YES | NO | YES |
| RIVFLOZA 160 MG/ML SYRINGE | 4 | YES | NO | YES |
| RIVFLOZA 80 MG/0.5 ML VIAL | 4 | YES | NO | YES |
| RIZATRIPTAN 10 MG ODT | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RIZATRIPTAN 10 MG TABLET | 1 | NO | NO | YES |
| RIZATRIPTAN 5 MG ODT | 1 | NO | NO | YES |
| RIZATRIPTAN 5 MG TABLET | 1 | NO | NO | YES |
| ROFLUMILAST 250 MCG TABLET | 2 | NO | NO | YES |
| ROFLUMILAST 500 MCG TABLET | 2 | NO | NO | YES |
| ROLVEDON 13.2 MG/0.6 ML SYRING | 4 | YES | NO | NO |
| ROMVIMZA 14 MG CAPSULE | 4 | YES | NO | YES |
| ROMVIMZA 20 MG CAPSULE | 4 | YES | NO | YES |
| ROMVIMZA 30 MG CAPSULE | 4 | YES | NO | YES |
| ROPINIROLE HCL 0.25 MG TABLET | 1 | NO | NO | NO |
| ROPINIROLE HCL 0.5 MG TABLET | 1 | NO | NO | NO |
| ROPINIROLE HCL 1 MG TABLET | 1 | NO | NO | NO |
| ROPINIROLE HCL 2 MG TABLET | 1 | NO | NO | NO |
| ROPINIROLE HCL 3 MG TABLET | 1 | NO | NO | NO |
| ROPINIROLE HCL 4 MG TABLET | 1 | NO | NO | NO |
| ROPINIROLE HCL 5 MG TABLET | 1 | NO | NO | NO |
| ROPINIROLE HCL ER 12 MG TABLET | 2 | NO | NO | NO |
| ROPINIROLE HCL ER 2 MG TABLET | 2 | NO | NO | NO |
| ROPINIROLE HCL ER 4 MG TABLET | 2 | NO | NO | NO |
| ROPINIROLE HCL ER 6 MG TABLET | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ROPINIROLE HCL ER 8 MG TABLET | 2 | NO | NO | NO |
| ROSADAN 0.75% CREAM | 1 | NO | NO | NO |
| ROSADAN 0.75% GEL | 1 | NO | NO | YES |
| ROSUVASTATIN CALCIUM 10 MG TAB | 1 | NO | NO | NO |
| ROSUVASTATIN CALCIUM 20 MG TAB | 1 | NO | NO | NO |
| ROSUVASTATIN CALCIUM 40 MG TAB | 1 | NO | NO | NO |
| ROSUVASTATIN CALCIUM 5 MG TAB | 1 | NO | NO | NO |
| ROZLYTREK 100 MG CAPSULE | 4 | YES | NO | YES |
| ROZLYTREK 200 MG CAPSULE | 4 | YES | NO | YES |
| ROZLYTREK 50 MG PELLET PACKET | 4 | YES | NO | YES |
| RUBRACA 200 MG TABLET | 4 | YES | NO | YES |
| RUBRACA 250 MG TABLET | 4 | YES | NO | YES |
| RUBRACA 300 MG TABLET | 4 | YES | NO | YES |
| RUCONEST 2,100 UNIT VIAL | 4 | YES | NO | YES |
| RUFINAMIDE 200 MG TABLET | 2 | YES | NO | NO |
| RUFINAMIDE 40 MG/ML SUSPENSION | 2 | YES | NO | NO |
| RUFINAMIDE 400 MG TABLET | 2 | YES | NO | NO |
| RUKOBIA ER 600 MG TABLET | 4 | YES | NO | YES |
| RYBELSUS 1.5 MG TABLET | 2 | NO | YES | YES |
| RYBELSUS 14 MG TABLET | 2 | NO | YES | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| RYBELSUS 3 MG TABLET | 2 | NO | YES | YES |
| RYBELSUS 4 MG TABLET | 2 | NO | YES | YES |
| RYBELSUS 7 MG TABLET | 2 | NO | YES | YES |
| RYBELSUS 9 MG TABLET | 2 | NO | YES | YES |
| RYDAPT 25 MG CAPSULE | 4 | YES | NO | YES |
| RYKINDO ER 25 MG VIAL | 2 | YES | NO | YES |
| RYKINDO ER 25 MG VIAL KIT | 2 | YES | NO | YES |
| RYKINDO ER 37.5 MG VIAL | 2 | YES | NO | YES |
| RYKINDO ER 37.5 MG VIAL KIT | 2 | YES | NO | YES |
| RYKINDO ER 50 MG VIAL | 2 | YES | NO | YES |
| RYKINDO ER 50 MG VIAL KIT | 2 | YES | NO | YES |
| RYZNEUTA 20 MG/ML SYRINGE | 4 | YES | NO | NO |
| SACUBITRIL-VALSARTAN 24-26 MG | 2 | NO | NO | NO |
| SACUBITRIL-VALSARTAN 49-51 MG | 2 | NO | NO | NO |
| SACUBITRIL-VALSARTAN 97-103 MG | 2 | NO | NO | NO |
| SAFESNAP INSUL SYRINGE 0.3 ML | 1 | NO | NO | NO |
| SAFESNAP INSUL SYRINGE 0.5 ML | 1 | NO | NO | NO |
| SAFESNAP INSULIN SYRINGE 1 ML | 1 | NO | NO | NO |
| SAFETY 21G LANCETS | 1 | NO | NO | YES |
| SAFETY 28G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SAFETY LANCETS 26G | 1 | NO | NO | YES |
| SAFETY SEAL 28G LANCETS | 1 | NO | NO | YES |
| SAFETY SEAL 30G LANCETS | 1 | NO | NO | YES |
| SAFETY-LET 30G LANCETS | 1 | NO | NO | YES |
| SAIZEN 5 MG VIAL | 4 | YES | NO | NO |
| SAIZEN 8.8 MG SAIZENPREP CART | 4 | YES | NO | NO |
| SAIZEN 8.8 MG VIAL | 4 | YES | NO | NO |
| SAJAZIR 30 MG/3 ML SYRINGE | 4 | YES | NO | YES |
| SALSALATE 500 MG TABLET | 1 | NO | NO | NO |
| SALSALATE 750 MG TABLET | 1 | NO | NO | NO |
| SANDIMMUNE 100 MG/ML SOLN | 2 | NO | NO | NO |
| SANDOSTATIN LAR DEPOT 10 MG KT | 4 | YES | NO | NO |
| SANDOSTATIN LAR DEPOT 10 MG VL | 4 | YES | NO | NO |
| SANDOSTATIN LAR DEPOT 20 MG KT | 4 | YES | NO | NO |
| SANDOSTATIN LAR DEPOT 20 MG VL | 4 | YES | NO | NO |
| SANDOSTATIN LAR DEPOT 30 MG KT | 4 | YES | NO | NO |
| SANDOSTATIN LAR DEPOT 30 MG VL | 4 | YES | NO | NO |
| SANTYL OINTMENT | 3 | NO | NO | YES |
| SAPROPTERIN 100 MG POWDER PKT | 4 | YES | NO | NO |
| SAPROPTERIN 100 MG TABLET | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SAPROPTERIN 500 MG POWDER PKT | 4 | YES | NO | NO |
| SAPS TWIST TOP 30G LANCET | 1 | NO | NO | YES |
| SAPS TWIST TOP 30G LANCETS | 1 | NO | NO | YES |
| SAVELLA 100 MG TABLET | 3 | NO | YES | NO |
| SAVELLA 12.5 MG TABLET | 3 | NO | YES | NO |
| SAVELLA 25 MG TABLET | 3 | NO | YES | NO |
| SAVELLA 50 MG TABLET | 3 | NO | YES | NO |
| SCEMBLIX 100 MG TABLET | 4 | YES | NO | NO |
| SCEMBLIX 20 MG TABLET | 4 | YES | NO | YES |
| SCEMBLIX 40 MG TABLET | 4 | YES | NO | YES |
| SCOPOLAMINE 1 MG/3 DAY PATCH | 1 | NO | NO | YES |
| SELEGILINE HCL 5 MG CAPSULE | 1 | NO | NO | NO |
| SELEGILINE HCL 5 MG TABLET | 1 | NO | NO | NO |
| SELENIUM SULFIDE 2.25% SHAMPOO | 2 | NO | NO | NO |
| SELENIUM SULFIDE 2.5% LOTION | 1 | NO | NO | NO |
| SELZENTRY 20 MG/ML ORAL SOLN | 4 | NO | NO | NO |
| SELZENTRY 25 MG TABLET | 4 | NO | NO | NO |
| SELZENTRY 75 MG TABLET | 4 | NO | NO | NO |
| SE-NATAL 19 CHEWABLE TABLET | 1 | NO | NO | NO |
| SE-NATAL 19 TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SEREVENT DISKUS 50 MCG | 2 | NO | NO | NO |
| SEROSTIM 4 MG VIAL | 4 | YES | NO | NO |
| SEROSTIM 5 MG VIAL | 4 | YES | NO | NO |
| SEROSTIM 6 MG VIAL | 4 | YES | NO | NO |
| SERTRALINE 20 MG/ML ORAL CONC | 2 | NO | NO | YES |
| SERTRALINE HCL 100 MG TABLET | 1 | NO | NO | YES |
| SERTRALINE HCL 25 MG TABLET | 1 | NO | NO | YES |
| SERTRALINE HCL 50 MG TABLET | 1 | NO | NO | YES |
| SETLAKIN 0.15 MG-0.03 MG TAB | 1 | NO | NO | NO |
| SEVELAMER CARBONATE 800 MG TAB | 1 | NO | NO | YES |
| SF 1.1% GEL | 1 | NO | NO | NO |
| SF 5000 PLUS CREAM | 1 | NO | NO | NO |
| SHAROBEL 0.35 MG TABLET | 1 | NO | NO | NO |
| SHINGRIX VIAL KIT | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SHOPKO AUTOLET LANCING DEVICE | 1 | NO | NO | YES |
| SHOPKO ON-THE-GO 30G LANCETS | 1 | NO | NO | YES |
| SHOPKO UNILET SUPER THIN 30G | 1 | NO | NO | YES |
| SHOPKO UNILET ULTRA THIN 28G | 1 | NO | NO | YES |
| SIGNIFOR 0.3 MG/ML AMPULE | 4 | YES | NO | NO |
| SIGNIFOR 0.6 MG/ML AMPULE | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SIGNIFOR 0.9 MG/ML AMPULE | 4 | YES | NO | NO |
| SILDENAFIL 10 MG/ML ORAL SUSP | 4 | YES | NO | YES |
| SILDENAFIL 20 MG TABLET | 4 | YES | NO | YES |
| SILIQ 210 MG/1.5 ML SYRINGE | 4 | NO | YES | YES |
| SILODOSIN 4 MG CAPSULE | 2 | NO | NO | NO |
| SILODOSIN 8 MG CAPSULE | 2 | NO | NO | NO |
| SILVER SULFADIAZINE 1% CREAM | 1 | NO | NO | NO |
| SIMLANDI(CF) 20 MG/0.2 ML SYRG | 4 | YES | NO | YES |
| SIMLANDI(CF) 40 MG/0.4 ML SYRG | 4 | YES | NO | YES |
| SIMLANDI(CF) 80 MG/0.8 ML SYRG | 4 | YES | NO | YES |
| SIMLANDI(CF) AI 40 MG/0.4 ML | 4 | YES | NO | YES |
| SIMLANDI(CF) AI 80 MG/0.8 ML | 4 | YES | NO | YES |
| SIMLIYA 28 DAY TABLET | 1 | NO | NO | NO |
| SIMPESSE 0.15-0.03-0.01 MG TAB | 1 | NO | NO | NO |
| SIMPLE DIAGNSTIC LANCET DEVICE | 1 | NO | NO | YES |
| SIMPONI 100 MG/ML PEN INJECTOR | 4 | NO | YES | YES |
| SIMPONI 100 MG/ML SYRINGE | 4 | NO | YES | YES |
| SIMPONI 50 MG/0.5 ML PEN INJEC | 4 | NO | YES | YES |
| SIMPONI 50 MG/0.5 ML SYRINGE | 4 | NO | YES | YES |
| SIMVASTATIN 10 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SIMVASTATIN 20 MG TABLET | 1 | NO | NO | NO |
| SIMVASTATIN 40 MG TABLET | 1 | NO | NO | NO |
| SIMVASTATIN 5 MG TABLET | 1 | NO | NO | NO |
| SIMVASTATIN 80 MG TABLET | 1 | NO | NO | NO |
| SINGLE-LET LANCETS | 1 | NO | NO | YES |
| SIROLIMUS 0.5 MG TABLET | 2 | NO | NO | NO |
| SIROLIMUS 1 MG TABLET | 2 | NO | NO | NO |
| SIROLIMUS 1 MG/ML ORAL SOLN | 2 | NO | NO | NO |
| SIROLIMUS 1 MG/ML SOLUTION | 2 | NO | NO | NO |
| SIROLIMUS 2 MG TABLET | 2 | NO | NO | NO |
| SIVEXTRO 200 MG TABLET | 4 | NO | NO | NO |
| SKYCLARYS 50 MG CAPSULE | 4 | YES | NO | YES |
| SKYRIZI 150 MG/ML PEN | 4 | NO | YES | YES |
| SKYRIZI 150 MG/ML SYRINGE | 4 | NO | YES | YES |
| SKYRIZI 180 MG/1.2 ML ON-BODY | 4 | NO | YES | YES |
| SKYRIZI 360 MG/2.4 ML ON-BODY | 4 | NO | YES | YES |
| SKYRIZI 600 MG/10 ML VIAL | 4 | NO | YES | YES |
| SKYTROFA 11 MG CARTRIDGE | 4 | YES | NO | NO |
| SKYTROFA 13.3 MG CARTRIDGE | 4 | YES | NO | NO |
| SKYTROFA 3 MG CARTRIDGE | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SKYTROFA 3.6 MG CARTRIDGE | 4 | YES | NO | NO |
| SKYTROFA 4.3 MG CARTRIDGE | 4 | YES | NO | NO |
| SKYTROFA 5.2 MG CARTRIDGE | 4 | YES | NO | NO |
| SKYTROFA 6.3 MG CARTRIDGE | 4 | YES | NO | NO |
| SKYTROFA 7.6 MG CARTRIDGE | 4 | YES | NO | NO |
| SKYTROFA 9.1 MG CARTRIDGE | 4 | YES | NO | NO |
| SLEEP AID 25 MG CAPLET | 1 | NO | NO | NO |
| SLEEP AID 25 MG TABLET | 1 | NO | NO | NO |
| SM CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SM COLOR LANCETS 21G | 1 | NO | NO | YES |
| SM FOLIC ACID 400 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SM GENTLE LAXATIVE EC 5 MG TAB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SM INS SYRING 0.3 ML 30GX5/16" | 1 | NO | NO | NO |
| SM INSUL SYR 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| SM INSULIN SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| SM LANCETS 21G | 1 | NO | NO | YES |
| SM MAGNESIUM CITRATE SOLUTION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SM MICRO THIN 33G LANCETS | 1 | NO | NO | YES |
| SM MILK OF MAGNESIA SUSPENSION | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SM SLEEP AID 25 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SM SUPER THIN 30G LANCETS | 1 | NO | NO | YES |
| SM THIN LANCETS 26G | 1 | NO | NO | YES |
| SM VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |
| SMART SENSE COLOR 33G LANCETS | 1 | NO | NO | YES |
| SMART SENSE STANDARD 21G | 1 | NO | NO | YES |
| SMART SENSE SUPER THIN 30G | 1 | NO | NO | YES |
| SMART SENSE THIN 26G LANCETS | 1 | NO | NO | YES |
| SMARTEST LANCET | 1 | NO | NO | YES |
| SMOOTHLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SOD FLUORIDE ENAM PROT 5000PPM | 1 | NO | NO | NO |
| SOD SULFACET-SULFUR 10-5% CLSR | 1 | NO | NO | NO |
| SODIUM CHLORIDE 0.9% INHAL VL | 1 | NO | NO | NO |
| SODIUM CHLORIDE 0.9% IRRIG | 1 | NO | NO | NO |
| SODIUM CHLORIDE 0.9% IRRIG. | 1 | NO | NO | NO |
| SODIUM CHLORIDE 0.9% PRCSS SOL | 1 | NO | NO | NO |
| SODIUM CHLORIDE 10% VIAL | 1 | NO | NO | NO |
| SODIUM CHLORIDE 3% VIAL | 1 | NO | NO | NO |
| SODIUM CHLORIDE 7% VIAL | 1 | NO | NO | NO |
| SODIUM FLUORIDE 0.25 (0.55) MG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SODIUM FLUORIDE 0.5 MG(1.1 MG) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SODIUM FLUORIDE 0.5 MG/ML DROP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SODIUM FLUORIDE 1 MG (2.2 MG) | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SODIUM FLUORIDE 1.1% CREAM | 1 | NO | NO | NO |
| SODIUM FLUORIDE 1.1% GEL | 1 | NO | NO | NO |
| SODIUM FLUORIDE 5000 DRY MOUTH | 1 | NO | NO | NO |
| SODIUM FLUORIDE 5000 PLUS CRM | 1 | NO | NO | NO |
| SODIUM FLUORIDE 5000 PPM CREAM | 1 | NO | NO | NO |
| SODIUM FLUORIDE 5000 PPM PASTE | 1 | NO | NO | NO |
| SODIUM FLUORIDE SENSTV 5000PPM | 1 | NO | NO | NO |
| SODIUM FLUORIDE-POTASSIUM NITR | 1 | NO | NO | NO |
| SODIUM OXYBATE 0.5 G/ML SOLN | 4 | YES | NO | YES |
| SODIUM PHENYLBUTYRATE 500MG TB | 4 | YES | NO | NO |
| SODIUM PHENYLBUTYRATE POWDER | 4 | YES | NO | NO |
| SODIUM POLYSTYRENE SULF POWDER | 1 | NO | NO | NO |
| SODIUM SULFACETAMIDE 10% LOTN | 2 | NO | NO | NO |
| SOFOSBUVIR-VELPATASVIR 400-100 | 2 | YES | NO | YES |
| SOGROYA 10 MG/1.5 ML PEN | 4 | YES | NO | YES |
| SOGROYA 15 MG/1.5 ML PEN | 4 | YES | NO | YES |
| SOGROYA 5 MG/1.5 ML PEN | 4 | YES | NO | YES |
| SOHONOS 1 MG CAPSULE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SOHONOS 1.5 MG CAPSULE | 4 | YES | NO | YES |
| SOHONOS 10 MG CAPSULE | 4 | YES | NO | YES |
| SOHONOS 2.5 MG CAPSULE | 4 | YES | NO | YES |
| SOHONOS 5 MG CAPSULE | 4 | YES | NO | YES |
| SOLIFENACIN 10 MG TABLET | 1 | NO | NO | NO |
| SOLIFENACIN 5 MG TABLET | 1 | NO | NO | NO |
| SOLIQUA 100 UNIT-33 MCG/ML PEN | 3 | NO | YES | YES |
| SOLTAMOX 20 MG/10 ML SOLN | 3 | NO | NO | NO |
| SOLU-CORTEF 1,000 MG ACT-O-VL | 3 | NO | NO | YES |
| SOLU-CORTEF 100 MG ACT-O-VIAL | 3 | NO | NO | YES |
| SOLU-CORTEF 100 MG VIAL | 3 | NO | NO | YES |
| SOLU-CORTEF 250 MG ACT-O-VIAL | 3 | NO | NO | YES |
| SOLUS V2 28G LANCETS | 1 | NO | NO | YES |
| SOLUS V2 30G TWIST LANCETS | 1 | NO | NO | YES |
| SOLUS V2 LANCING DEVICE | 1 | NO | NO | YES |
| SOLUVITA 0.5 MG/ML DROP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SOLUVITA A,C,D-FLUOR 0.25MG/ML | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SOMAVERT 10 MG VIAL | 4 | YES | NO | NO |
| SOMAVERT 15 MG VIAL | 4 | YES | NO | NO |
| SOMAVERT 20 MG VIAL | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SOMAVERT 25 MG VIAL | 4 | YES | NO | NO |
| SOMAVERT 30 MG VIAL | 4 | YES | NO | NO |
| SORAFENIB 200 MG TABLET | 4 | YES | NO | YES |
| SORINE 120 MG TABLET | 1 | NO | NO | NO |
| SORINE 160 MG TABLET | 1 | NO | NO | NO |
| SORINE 240 MG TABLET | 1 | NO | NO | NO |
| SORINE 80 MG TABLET | 1 | NO | NO | NO |
| SOTALOL 120 MG TABLET | 1 | NO | NO | NO |
| SOTALOL 160 MG TABLET | 1 | NO | NO | NO |
| SOTALOL 240 MG TABLET | 1 | NO | NO | NO |
| SOTALOL 80 MG TABLET | 1 | NO | NO | NO |
| SOTALOL AF 120 MG TABLET | 1 | NO | NO | NO |
| SOTALOL AF 160 MG TABLET | 1 | NO | NO | NO |
| SOTALOL AF 80 MG TABLET | 1 | NO | NO | NO |
| SOTYKTU 6 MG TABLET | 4 | NO | YES | YES |
| SOVALDI 150 MG PELLET PACKET | 4 | YES | NO | NO |
| SOVALDI 200 MG PELLET PACKET | 4 | YES | NO | NO |
| SOVALDI 200 MG TABLET | 4 | YES | NO | NO |
| SOVALDI 400 MG TABLET | 4 | YES | NO | NO |
| SPEVIGO 150 MG/ML SYRINGE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SPEVIGO 300 MG/2 ML SYRINGE | 4 | YES | NO | YES |
| SPIKEVAX 2023-24 (12Y UP) SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SPIKEVAX 2023-24 (12Y UP) VIAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SPIKEVAX 2024-25 (12Y UP) SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SPIKEVAX 2025-26 (12Y UP) SYRG | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SPIKEVAX 2025-26 (6M-11Y) SYR | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SPIKEVAX COVID (18Y UP) VACC | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SPINOSAD 0.9% TOPICAL SUSP | 2 | NO | NO | YES |
| SPIRIVA RESPIMAT 1.25 MCG INH | 2 | NO | NO | NO |
| SPIRIVA RESPIMAT 2.5 MCG INH | 2 | NO | NO | NO |
| SPIRONOLACTONE 100 MG TABLET | 1 | NO | NO | NO |
| SPIRONOLACTONE 25 MG TABLET | 1 | NO | NO | NO |
| SPIRONOLACTONE 50 MG TABLET | 1 | NO | NO | NO |
| SPIRONOLACTONE-HCTZ 25-25 TAB | 1 | NO | NO | NO |
| SPRAVATO 56 MG DOSE PACK | 4 | YES | NO | YES |
| SPRAVATO 84 MG DOSE PACK | 4 | YES | NO | YES |
| SPRINTEC 28 DAY TABLET | 1 | NO | NO | NO |
| SPS 15 GM/60 ML SUSPENSION | 2 | NO | NO | NO |
| SPS 30 GM/120 ML ENEMA SUSP | 2 | NO | NO | NO |
| SRONYX 0.10-0.02 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SSD 1% CREAM | 1 | NO | NO | NO |
| STAVUDINE 15 MG CAPSULE | 2 | NO | NO | NO |
| STAVUDINE 20 MG CAPSULE | 2 | NO | NO | NO |
| STAVUDINE 30 MG CAPSULE | 2 | NO | NO | NO |
| STAVUDINE 40 MG CAPSULE | 2 | NO | NO | NO |
| STELARA 130 MG/26 ML VIAL | 4 | NO | YES | YES |
| STELARA 45 MG/0.5 ML SYRINGE | 4 | NO | YES | YES |
| STELARA 45 MG/0.5 ML VIAL | 4 | NO | YES | YES |
| STELARA 90 MG/ML SYRINGE | 4 | NO | YES | YES |
| STERILANCE TL TWIST 30G LANCET | 1 | NO | NO | YES |
| STERILANCE TL TWIST 32G LANCET | 1 | NO | NO | YES |
| STERILE 33G LANCET | 1 | NO | NO | YES |
| STIMUFEND 6 MG/0.6 ML SYRINGE | 4 | YES | NO | NO |
| STIOLTO RESPIMAT INHALER (10) | 2 | NO | NO | NO |
| STIOLTO RESPIMAT INHALER (60) | 2 | NO | NO | NO |
| STIVARGA 40 MG TABLET | 4 | YES | NO | YES |
| STRENSIQ 18 MG/0.45 ML VIAL | 4 | YES | NO | NO |
| STRENSIQ 28 MG/0.7 ML VIAL | 4 | YES | NO | NO |
| STRENSIQ 40 MG/ML VIAL | 4 | YES | NO | NO |
| STRENSIQ 80 MG/0.8 ML VIAL | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| STRESS FORMULA WITH IRON TAB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| STRESS-C WITH IRON TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| STRIBILD TABLET | 4 | NO | NO | NO |
| STRIVERDI RESPIMAT INHAL SPRAY | 2 | NO | NO | NO |
| SUBLOCADE 100 MG/0.5 ML SYRING | 4 | YES | NO | YES |
| SUBLOCADE 300 MG/1.5 ML SYRING | 4 | YES | NO | YES |
| SUBSYS 1,200 MCG SPRAY | 3 | YES | NO | NO |
| SUBSYS 1,600 MCG SPRAY | 3 | YES | NO | NO |
| SUBSYS 100 MCG SPRAY | 3 | YES | NO | NO |
| SUBSYS 200 MCG SPRAY | 3 | YES | NO | NO |
| SUBSYS 400 MCG SPRAY | 3 | YES | NO | NO |
| SUBSYS 600 MCG SPRAY | 3 | YES | NO | NO |
| SUBSYS 800 MCG SPRAY | 3 | YES | NO | NO |
| SUBVENITE 100 MG TABLET | 1 | NO | NO | NO |
| SUBVENITE 150 MG TABLET | 1 | NO | NO | NO |
| SUBVENITE 200 MG TABLET | 1 | NO | NO | NO |
| SUBVENITE 25 MG TABLET | 1 | NO | NO | NO |
| SUCRAID 17,000 UNIT/2 ML SOLN | 4 | YES | NO | YES |
| SUCRAID 8,500 UNIT/ML SOLN | 4 | YES | NO | YES |
| SUCRALFATE 1 GM TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SUCRALFATE 1 GM/10 ML SUSP | 2 | NO | NO | NO |
| SUCRALFATE 1 GM/10 ML SUSP CUP | 2 | NO | NO | NO |
| SULCONAZOLE NITRATE 1% SOLN | 3 | YES | NO | NO |
| SULFACETAMIDE 10% EYE DROPS | 2 | NO | NO | NO |
| SULFACETAMIDE 10% EYE OINTMENT | 2 | NO | NO | NO |
| SULFACETAMIDE SOD 10% TOP SUSP | 2 | NO | NO | NO |
| SULFADIAZINE 500 MG TABLET | 2 | NO | NO | NO |
| SULFAMETHOXAZOLE-TMP 20 ML CUP | 1 | NO | NO | NO |
| SULFAMETHOXAZOLE-TMP DS TABLET | 1 | NO | NO | NO |
| SULFAMETHOXAZOLE-TMP SS TABLET | 1 | NO | NO | NO |
| SULFAMETHOXAZOLE-TMP SUSP | 1 | NO | NO | NO |
| SULFAMYLON 8.5% CREAM | 3 | NO | NO | NO |
| SULFASALAZINE 500 MG TABLET | 1 | NO | NO | NO |
| SULFASALAZINE DR 500 MG TAB | 1 | NO | NO | NO |
| SULFATRIM PEDIATRIC SUSPENSION | 1 | NO | NO | NO |
| SULF-PRED 10-0.23% EYE DROPS | 1 | NO | NO | NO |
| SULINDAC 150 MG TABLET | 1 | NO | NO | YES |
| SULINDAC 200 MG TABLET | 1 | NO | NO | YES |
| SUMATRIPTAN 20 MG NASAL SPRAY | 1 | NO | NO | YES |
| SUMATRIPTAN 4 MG/0.5 ML CART | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SUMATRIPTAN 4 MG/0.5 ML INJECT | 1 | NO | NO | YES |
| SUMATRIPTAN 5 MG NASAL SPRAY | 1 | NO | NO | YES |
| SUMATRIPTAN 6 MG/0.5 ML CART | 1 | NO | NO | YES |
| SUMATRIPTAN 6 MG/0.5 ML SYRNG | 1 | NO | NO | NO |
| SUMATRIPTAN 6 MG/0.5 ML VIAL | 1 | NO | NO | YES |
| SUMATRIPTAN 6 MG/0.5ML AUTOINJ | 1 | NO | NO | YES |
| SUMATRIPTAN SUCC 100 MG TABLET | 1 | NO | NO | YES |
| SUMATRIPTAN SUCC 25 MG TABLET | 1 | NO | NO | YES |
| SUMATRIPTAN SUCC 50 MG TABLET | 1 | NO | NO | YES |
| SUNITINIB MALATE 12.5 MG CAP | 4 | YES | NO | YES |
| SUNITINIB MALATE 25 MG CAPSULE | 4 | YES | NO | YES |
| SUNITINIB MALATE 37.5 MG CAP | 4 | YES | NO | YES |
| SUNITINIB MALATE 50 MG CAPSULE | 4 | YES | NO | YES |
| SUNLENCA 300 MG TABLET | 4 | YES | NO | YES |
| SUNLENCA 4- 300 MG TABLET | 4 | YES | NO | YES |
| SUNLENCA 463.5 MG/1.5 ML VIAL | 4 | YES | NO | YES |
| SUNLENCA 5- 300 MG TABLET | 4 | YES | NO | YES |
| SUNOSI 150 MG TABLET | 3 | YES | NO | YES |
| SUNOSI 75 MG TABLET | 3 | YES | NO | YES |
| SUPER B COMPLEX TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SUPER B COMPLEX-VIT C CAPLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SUPER B MAXI COMPLEX CAPLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SUPER B-50 COMPLEX CAPSULE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SUPER QUINTS B-50 TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SUPER THIN 28G LANCETS | 1 | NO | NO | YES |
| SUPER THIN 30G LANCETS | 1 | NO | NO | YES |
| SUPPRELIN LA 50 MG KIT | 4 | YES | NO | YES |
| SURE COMFORT 0.3 ML SYRINGE | 1 | NO | NO | NO |
| SURE COMFORT 18G LANCETS | 1 | NO | NO | YES |
| SURE COMFORT 21G LANCETS | 1 | NO | NO | YES |
| SURE COMFORT 23G LANCETS | 1 | NO | NO | YES |
| SURE COMFORT 28G LANCETS | 1 | NO | NO | YES |
| SURE COMFORT 3/10 ML SYRINGE | 1 | NO | NO | NO |
| SURE COMFORT 30G LANCETS | 1 | NO | NO | YES |
| SURE COMFORT INS 0.3ML 31GX1/4 | 1 | NO | NO | NO |
| SURE COMFORT LANCING PEN | 1 | NO | NO | YES |
| SURE-JECT INS 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| SURE-JECT INSU SYR U100 0.3 ML | 1 | NO | NO | NO |
| SURE-LANCE 26G LANCETS | 1 | NO | NO | YES |
| SURE-LANCE FLAT LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SURE-LANCE THIN 28G LANCETS | 1 | NO | NO | YES |
| SURE-LANCE ULTRA THIN 30G | 1 | NO | NO | YES |
| SURE-PEN LANCING DEVICE | 1 | NO | NO | YES |
| SURE-TOUCH LANCET | 1 | NO | NO | YES |
| SV FOLIC ACID 800 MCG TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SV PRENATAL TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SV VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |
| SW CLEARLAX POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| SWI TWIST TOP 30G LANCET | 1 | NO | NO | YES |
| SYEDA 28 TABLET | 1 | NO | NO | NO |
| SYMDEKO 100/150 MG-150 MG TABS | 4 | YES | NO | YES |
| SYMDEKO 50/75 MG-75 MG TABLETS | 4 | YES | NO | YES |
| SYMLINPEN 120 PEN INJECTOR | 3 | NO | NO | NO |
| SYMLINPEN 60 PEN INJECTOR | 3 | NO | NO | NO |
| SYMPROIC 0.2 MG TABLET | 2 | NO | NO | YES |
| SYMTUZA 800-150-200-10 MG TAB | 4 | NO | NO | NO |
| SYNAGIS 100 MG/ML VIAL | 4 | YES | NO | YES |
| SYNAGIS 50 MG/0.5 ML VIAL | 4 | YES | NO | YES |
| SYNAREL 2 MG/ML NASAL SPRAY | 4 | YES | NO | YES |
| SYNDROS 5 MG/ML SOLUTION | 3 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SYNJARDY 12.5-1,000 MG TABLET | 2 | NO | NO | NO |
| SYNJARDY 12.5-500 MG TABLET | 2 | NO | NO | NO |
| SYNJARDY 5-1,000 MG TABLET | 2 | NO | NO | NO |
| SYNJARDY 5-500 MG TABLET | 2 | NO | NO | NO |
| SYNJARDY XR 10-1,000 MG TABLET | 2 | NO | NO | NO |
| SYNJARDY XR 12.5-1,000 MG TAB | 2 | NO | NO | NO |
| SYNJARDY XR 25-1,000 MG TABLET | 2 | NO | NO | NO |
| SYNJARDY XR 5-1,000 MG TABLET | 2 | NO | NO | NO |
| SYNTHROID 100 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 112 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 125 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 137 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 150 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 175 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 200 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 25 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 300 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 50 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 75 MCG TABLET | 3 | NO | NO | NO |
| SYNTHROID 88 MCG TABLET | 3 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| SYRINGE | 1 | NO | NO | NO |
| SYRINGE WITH NEEDLE | 1 | NO | NO | NO |
| TABLOID 40 MG TABLET | 4 | YES | NO | NO |
| TABRECTA 150 MG TABLET | 4 | YES | NO | YES |
| TABRECTA 200 MG TABLET | 4 | YES | NO | YES |
| TACROLIMUS 0.03% OINTMENT | 1 | NO | NO | NO |
| TACROLIMUS 0.1% OINTMENT | 1 | NO | NO | NO |
| TACROLIMUS 0.5 MG CAPSULE (IR) | 1 | NO | NO | NO |
| TACROLIMUS 1 MG CAPSULE (IR) | 1 | NO | NO | NO |
| TACROLIMUS 5 MG CAPSULE (IR) | 1 | NO | NO | NO |
| TADALAFIL 20 MG TABLET | 4 | YES | NO | YES |
| TADALAFIL 5 MG TABLET | 1 | YES | NO | YES |
| TADLIQ 20 MG/5 ML SUSPENSION | 4 | YES | NO | YES |
| TAFINLAR 10 MG TABLET FOR SUSP | 4 | YES | NO | YES |
| TAFINLAR 50 MG CAPSULE | 4 | YES | NO | YES |
| TAFINLAR 75 MG CAPSULE | 4 | YES | NO | YES |
| TAFLUPROST 0.0015% EYE DROP | 2 | NO | YES | NO |
| TAGRISSO 40 MG TABLET | 4 | YES | NO | YES |
| TAGRISSO 80 MG TABLET | 4 | YES | NO | YES |
| TAKHZYRO 150 MG/ML SYRINGE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TAKHZYRO 300 MG/2 ML SYRINGE | 4 | YES | NO | YES |
| TAKHZYRO 300 MG/2 ML VIAL | 4 | YES | NO | YES |
| TALTZ 20 MG/0.25 ML SYRINGE | 4 | NO | YES | YES |
| TALTZ 40 MG/0.5 ML SYRINGE | 4 | NO | YES | YES |
| TALTZ 80 MG/ML AUTOINJ (2-PK) | 4 | NO | YES | YES |
| TALTZ 80 MG/ML AUTOINJ (3-PK) | 4 | NO | YES | YES |
| TALTZ 80 MG/ML AUTOINJECTOR | 4 | NO | YES | YES |
| TALTZ 80 MG/ML SYRINGE | 4 | NO | YES | YES |
| TALZENNA 0.1 MG CAPSULE | 4 | YES | NO | YES |
| TALZENNA 0.1 MG SOFTGEL | 4 | YES | NO | YES |
| TALZENNA 0.25 MG CAPSULE | 4 | YES | NO | YES |
| TALZENNA 0.25 MG SOFTGEL | 4 | YES | NO | YES |
| TALZENNA 0.35 MG CAPSULE | 4 | YES | NO | YES |
| TALZENNA 0.35 MG SOFTGEL | 4 | YES | NO | YES |
| TALZENNA 0.5 MG CAPSULE | 4 | YES | NO | YES |
| TALZENNA 0.5 MG SOFTGEL | 4 | YES | NO | YES |
| TALZENNA 0.75 MG CAPSULE | 4 | YES | NO | YES |
| TALZENNA 0.75 MG SOFTGEL | 4 | YES | NO | YES |
| TALZENNA 1 MG CAPSULE | 4 | YES | NO | YES |
| TALZENNA 1 MG SOFTGEL | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TAMOXIFEN 10 MG TABLET | 1 | NO | NO | NO |
| TAMOXIFEN 20 MG TABLET | 1 | NO | NO | NO |
| TAMSULOSIN HCL 0.4 MG CAPSULE | 1 | NO | NO | NO |
| TARINA 24 FE 1 MG-20 MCG TAB | 1 | NO | NO | NO |
| TARINA FE 1-20 EQ TABLET | 1 | NO | NO | NO |
| TARINA FE 1-20 TABLET | 1 | NO | NO | NO |
| TARON-C DHA CAPSULE | 1 | NO | NO | NO |
| TARON-PREX PRENATAL DHA CAP | 1 | NO | NO | NO |
| TARPEYO DR 4 MG CAPSULE | 4 | YES | NO | YES |
| TASIGNA 150 MG CAPSULE | 4 | YES | NO | YES |
| TASIGNA 200 MG CAPSULE | 4 | YES | NO | YES |
| TASIGNA 50 MG CAPSULE | 4 | YES | NO | YES |
| TASIMELTEON 20 MG CAPSULE | 4 | YES | NO | YES |
| TAVABOROLE 5% TOPICAL SOLUTION | 2 | NO | NO | NO |
| TAVALISSE 100 MG TABLET | 4 | YES | NO | YES |
| TAVALISSE 150 MG TABLET | 4 | YES | NO | YES |
| TAVNEOS 10 MG CAPSULE | 4 | YES | NO | YES |
| TAYSOFY 1 MG-20 MCG CAPSULE | 1 | NO | NO | NO |
| TAZAROTENE 0.1% CREAM | 2 | NO | NO | NO |
| TAZTIA XT 120 MG CAPSULE | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TAZTIA XT 180 MG CAPSULE | 1 | NO | NO | NO |
| TAZTIA XT 240 MG CAPSULE | 1 | NO | NO | NO |
| TAZTIA XT 300 MG CAPSULE | 1 | NO | NO | NO |
| TAZTIA XT 360 MG CAPSULE | 1 | NO | NO | NO |
| TAZVERIK 200 MG TABLET | 4 | YES | NO | YES |
| TECHLITE 0.3 ML 29GX12MM (1/2) | 1 | NO | NO | NO |
| TECHLITE 0.3 ML 30GX8MM (1/2) | 1 | NO | NO | NO |
| TECHLITE 0.3 ML 31GX6MM (1/2) | 1 | NO | NO | NO |
| TECHLITE 0.3 ML 31GX8MM (1/2) | 1 | NO | NO | NO |
| TECHLITE 0.5 ML 30GX12MM (1/2) | 1 | NO | NO | NO |
| TECHLITE 0.5 ML 30GX8MM (1/2) | 1 | NO | NO | NO |
| TECHLITE 0.5 ML 31GX6MM (1/2) | 1 | NO | NO | NO |
| TECHLITE 0.5 ML 31GX8MM (1/2) | 1 | NO | NO | NO |
| TECHLITE 25G LANCETS | 1 | NO | NO | YES |
| TECHLITE 26G LANCETS | 1 | NO | NO | YES |
| TECHLITE 28G LANCETS | 1 | NO | NO | YES |
| TECHLITE 30G LANCETS | 1 | NO | NO | YES |
| TELCARE ULTRA THIN 30G LANCETS | 1 | NO | NO | YES |
| TELMISARTAN 20 MG TABLET | 1 | NO | NO | NO |
| TELMISARTAN 40 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TELMISARTAN 80 MG TABLET | 1 | NO | NO | NO |
| TEMAZEPAM 15 MG CAPSULE | 1 | NO | NO | YES |
| TEMAZEPAM 30 MG CAPSULE | 1 | NO | NO | YES |
| TEMIXYS 300-300 MG TABLET | 4 | NO | NO | NO |
| TEMOZOLOMIDE 100 MG CAPSULE | 4 | YES | NO | NO |
| TEMOZOLOMIDE 140 MG CAPSULE | 4 | YES | NO | NO |
| TEMOZOLOMIDE 180 MG CAPSULE | 4 | YES | NO | NO |
| TEMOZOLOMIDE 20 MG CAPSULE | 4 | YES | NO | NO |
| TEMOZOLOMIDE 250 MG CAPSULE | 4 | YES | NO | NO |
| TEMOZOLOMIDE 5 MG CAPSULE | 4 | YES | NO | NO |
| TENCON 50-325 MG TABLET | 1 | NO | NO | YES |
| TENOFOVIR DISOP FUM 300 MG TB | 2 | NO | NO | YES |
| TEPMETKO 225 MG TABLET | 4 | YES | NO | YES |
| TERAZOSIN 1 MG CAPSULE | 1 | NO | NO | NO |
| TERAZOSIN 10 MG CAPSULE | 1 | NO | NO | NO |
| TERAZOSIN 2 MG CAPSULE | 1 | NO | NO | NO |
| TERAZOSIN 5 MG CAPSULE | 1 | NO | NO | NO |
| TERBINAFINE HCL 250 MG TABLET | 1 | NO | NO | YES |
| TERBUTALINE SULFATE 2.5 MG TAB | 1 | NO | NO | NO |
| TERBUTALINE SULFATE 5 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TERCONAZOLE 0.4% CREAM | 1 | NO | NO | NO |
| TERCONAZOLE 0.8% CREAM | 1 | NO | NO | NO |
| TERCONAZOLE 80 MG SUPPOSITORY | 1 | NO | NO | NO |
| TERIFLUNOMIDE 14 MG TABLET | 4 | NO | NO | NO |
| TERIFLUNOMIDE 7 MG TABLET | 4 | NO | NO | NO |
| TERIPARATIDE 560 MCG/2.24 ML | 4 | YES | NO | YES |
| TERIPARATIDE 560MCG/2.24ML PEN | 4 | YES | NO | YES |
| TERUMO INS SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| TERUMO INS SYRINGE U100-1/3 ML | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NDL 21GX1 1.5 | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NDL 22X1-1/2" | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NDL 23X1-1/2" | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 18GX1" | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 18X1.5 | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 19GX1" | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 19X1.5 | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 20GX1" | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 20X1.5 | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 21GX1" | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 22GX1" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TERUMO SURGUARD2 NEEDLE 23GX1" | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 25GX1" | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 25X1.5 | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 25X5/8 | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 26X1/2 | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 27X1/2 | 1 | NO | NO | NO |
| TERUMO SURGUARD2 NEEDLE 30X1/2 | 1 | NO | NO | NO |
| TESTOSTERON ENAN 1,000 MG/5 ML | 1 | YES | NO | NO |
| TESTOSTERONE 1% (25MG/2.5G) PK | 2 | NO | YES | NO |
| TESTOSTERONE 1% (50 MG/5 G) PK | 2 | NO | YES | NO |
| TESTOSTERONE 1.62% (2.5 G) PKT | 2 | NO | YES | NO |
| TESTOSTERONE 1.62% GEL PUMP | 2 | NO | YES | NO |
| TESTOSTERONE 1.62%(1.25 G) PKT | 2 | NO | YES | NO |
| TESTOSTERONE 10 MG GEL PUMP | 2 | NO | YES | NO |
| TESTOSTERONE 12.5 MG/1.25 GRAM | 2 | NO | YES | NO |
| TESTOSTERONE 30 MG/1.5 ML PUMP | 2 | NO | YES | NO |
| TESTOSTERONE 50 MG/5 GRAM GEL | 2 | NO | YES | NO |
| TESTOSTERONE 50 MG/5 GRAM PKT | 2 | NO | YES | NO |
| TESTOSTERONE CYP 1,000 MG/10ML | 1 | YES | NO | NO |
| TESTOSTERONE CYP 1,000 MG/5 ML | 1 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TESTOSTERONE CYP 2,000 MG/10ML | 1 | YES | NO | NO |
| TESTOSTERONE CYP 200 MG/ML | 1 | YES | NO | NO |
| TESTOSTERONE CYP 500 MG/2.5 ML | 1 | YES | NO | NO |
| TESTOSTERONE CYP 6,000 MG/30ML | 1 | YES | NO | NO |
| TESTOSTERONE ENAN 200 MG/ML | 1 | YES | NO | NO |
| TETRABENAZINE 12.5 MG TABLET | 4 | YES | NO | YES |
| TETRABENAZINE 25 MG TABLET | 4 | YES | NO | YES |
| TETRACAINE 0.5% EYE DROP | 1 | NO | NO | NO |
| TETRACAINE 0.5% STERI-UNIT SOL | 1 | NO | NO | NO |
| TETRACYCLINE 250 MG CAPSULE | 1 | NO | NO | NO |
| TETRACYCLINE 500 MG CAPSULE | 1 | NO | NO | NO |
| TEZSPIRE 210 MG/1.91 ML PEN | 4 | YES | NO | YES |
| TEZSPIRE 210 MG/1.91 ML SYRING | 4 | YES | NO | YES |
| THALOMID 100 MG CAPSULE | 4 | NO | NO | YES |
| THALOMID 150 MG CAPSULE | 4 | NO | NO | YES |
| THALOMID 200 MG CAPSULE | 4 | NO | NO | YES |
| THALOMID 50 MG CAPSULE | 4 | NO | NO | YES |
| THEOPHYLLINE ER 100 MG TABLET | 1 | NO | NO | NO |
| THEOPHYLLINE ER 200 MG TABLET | 1 | NO | NO | NO |
| THEOPHYLLINE ER 300 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| THEOPHYLLINE ER 400 MG TABLET | 1 | NO | NO | NO |
| THEOPHYLLINE ER 450 MG TABLET | 1 | NO | NO | NO |
| THEOPHYLLINE ER 600 MG TABLET | 1 | NO | NO | NO |
| THIN 26G LANCETS | 1 | NO | NO | YES |
| THIN LANCETS 28G | 1 | NO | NO | YES |
| THINPRO INS SYRIN U100-0.3 ML | 1 | NO | NO | NO |
| THIORIDAZINE 10 MG TABLET | 2 | YES | NO | YES |
| THIORIDAZINE 100 MG TABLET | 2 | YES | NO | YES |
| THIORIDAZINE 25 MG TABLET | 2 | YES | NO | YES |
| THIORIDAZINE 50 MG TABLET | 2 | YES | NO | YES |
| THIOTHIXENE 1 MG CAPSULE | 2 | YES | NO | YES |
| THIOTHIXENE 10 MG CAPSULE | 2 | YES | NO | YES |
| THIOTHIXENE 2 MG CAPSULE | 2 | YES | NO | YES |
| THIOTHIXENE 5 MG CAPSULE | 2 | YES | NO | YES |
| TIADYLT ER 120 MG CAPSULE | 1 | NO | NO | NO |
| TIADYLT ER 180 MG CAPSULE | 1 | NO | NO | NO |
| TIADYLT ER 240 MG CAPSULE | 1 | NO | NO | NO |
| TIADYLT ER 300 MG CAPSULE | 1 | NO | NO | NO |
| TIADYLT ER 360 MG CAPSULE | 1 | NO | NO | NO |
| TIADYLT ER 420 MG CAPSULE | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TIAGABINE HCL 12 MG TABLET | 2 | YES | NO | NO |
| TIAGABINE HCL 16 MG TABLET | 2 | YES | NO | NO |
| TIAGABINE HCL 2 MG TABLET | 2 | NO | NO | NO |
| TIAGABINE HCL 4 MG TABLET | 2 | YES | NO | NO |
| TIBSOVO 250 MG TABLET | 4 | YES | NO | YES |
| TICAGRELOR 60 MG TABLET | 2 | NO | NO | NO |
| TICAGRELOR 90 MG TABLET | 2 | NO | NO | NO |
| TILIA FE 28 TABLET | 1 | NO | NO | NO |
| TIMOLOL MALEATE 0.25% EYE DROP | 1 | NO | NO | NO |
| TIMOLOL MALEATE 0.5% EYE DROPS | 1 | NO | NO | NO |
| TIMOLOL MALEATE 10 MG TABLET | 2 | NO | NO | NO |
| TIMOLOL MALEATE 20 MG TABLET | 2 | NO | NO | NO |
| TIMOLOL MALEATE 5 MG TABLET | 2 | NO | NO | NO |
| TINIDAZOLE 250 MG TABLET | 1 | NO | NO | NO |
| TINIDAZOLE 500 MG TABLET | 1 | NO | NO | NO |
| TIOPRONIN 100 MG TABLET | 4 | YES | NO | NO |
| TIOPRONIN DR 100 MG TABLET | 4 | YES | NO | NO |
| TIOPRONIN DR 300 MG TABLET | 4 | YES | NO | NO |
| TIOTROPIUM 18 MCG CAP-INHALER | 2 | NO | NO | NO |
| TIVICAY 10 MG TABLET | 4 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TIVICAY 25 MG TABLET | 4 | NO | NO | NO |
| TIVICAY 50 MG TABLET | 4 | NO | NO | NO |
| TIVICAY PD 5 MG TAB FOR SUSP | 4 | NO | NO | YES |
| TIZANIDINE HCL 2 MG CAPSULE | 2 | NO | NO | NO |
| TIZANIDINE HCL 2 MG TABLET | 1 | NO | NO | NO |
| TIZANIDINE HCL 4 MG CAPSULE | 2 | NO | NO | NO |
| TIZANIDINE HCL 4 MG TABLET | 1 | NO | NO | NO |
| TIZANIDINE HCL 6 MG CAPSULE | 2 | NO | NO | NO |
| TOBI PODHALER 28 MG INHALE CAP | 4 | NO | YES | NO |
| TOBRAMYCIN 0.3% EYE DROP | 1 | NO | NO | NO |
| TOBRAMYCIN 300 MG/4 ML AMPULE | 4 | NO | NO | NO |
| TOBRAMYCIN 300 MG/5 ML AMPULE | 4 | NO | NO | NO |
| TOBRAMYCIN-DEXAMETH OPHTH SUSP | 1 | NO | NO | NO |
| TOLCAPONE 100 MG TABLET | 2 | YES | NO | YES |
| TOLMETIN SODIUM 200 MG TAB | 2 | NO | NO | NO |
| TOLMETIN SODIUM 400 MG CAP | 2 | NO | NO | NO |
| TOLMETIN SODIUM 600 MG TAB | 2 | NO | NO | NO |
| TOLTERODINE TART ER 2 MG CAP | 2 | NO | NO | NO |
| TOLTERODINE TART ER 4 MG CAP | 2 | NO | NO | NO |
| TOLTERODINE TARTRATE 1 MG TAB | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TOLTERODINE TARTRATE 2 MG TAB | 2 | NO | NO | NO |
| TOLVAPTAN 15 MG TABLET | 4 | YES | NO | YES |
| TOLVAPTAN 15 MG-15 MG TABLET | 4 | YES | NO | YES |
| TOLVAPTAN 30 MG TABLET | 4 | YES | NO | YES |
| TOLVAPTAN 30 MG-15 MG TABLET | 4 | YES | NO | YES |
| TOLVAPTAN 45 MG-15 MG TABLET | 4 | YES | NO | YES |
| TOLVAPTAN 60 MG-30 MG TABLET | 4 | YES | NO | YES |
| TOLVAPTAN 90 MG-30 MG TABLET | 4 | YES | NO | YES |
| TOPCARE ULTRA COMFORT SYRINGE | 1 | NO | NO | NO |
| TOPCARE UNIVERSAL1 33G LANCETS | 1 | NO | NO | YES |
| TOPCARE UNIVERSAL1 THIN LANCET | 1 | NO | NO | YES |
| TOPIRAMATE 100 MG TABLET | 1 | NO | NO | NO |
| TOPIRAMATE 15 MG SPRINKLE CAP | 2 | NO | NO | NO |
| TOPIRAMATE 200 MG TABLET | 1 | NO | NO | NO |
| TOPIRAMATE 25 MG SPRINKLE CAP | 2 | NO | NO | NO |
| TOPIRAMATE 25 MG TABLET | 1 | NO | NO | NO |
| TOPIRAMATE 50 MG TABLET | 1 | NO | NO | NO |
| TOREMIFENE CITRATE 60 MG TAB | 4 | YES | NO | YES |
| TORPENZ 10 MG TABLET | 4 | YES | NO | YES |
| TORPENZ 2.5 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TORPENZ 5 MG TABLET | 4 | YES | NO | YES |
| TORPENZ 7.5 MG TABLET | 4 | YES | NO | YES |
| TORSEMIDE 10 MG TABLET | 1 | NO | NO | NO |
| TORSEMIDE 100 MG TABLET | 1 | NO | NO | NO |
| TORSEMIDE 20 MG TABLET | 1 | NO | NO | NO |
| TORSEMIDE 5 MG TABLET | 1 | NO | NO | NO |
| TOUJEO MAX SOLOSTR 300 UNIT/ML | 2 | NO | NO | NO |
| TOUJEO SOLOSTAR 300 UNIT/ML | 2 | NO | NO | NO |
| TRACLEER 32 MG TABLET FOR SUSP | 4 | YES | NO | YES |
| TRADJENTA 5 MG TABLET | 2 | NO | NO | NO |
| TRAMADOL ER 100 MG TABLET | 2 | YES | NO | NO |
| TRAMADOL ER 200 MG TABLET | 2 | YES | NO | NO |
| TRAMADOL ER 300 MG TABLET | 2 | YES | NO | NO |
| TRAMADOL HCL 50 MG TABLET | 1 | NO | YES | NO |
| TRAMADOL HCL ER 100 MG TABLET | 2 | YES | NO | NO |
| TRAMADOL HCL ER 200 MG TABLET | 2 | YES | NO | NO |
| TRAMADOL HCL ER 300 MG TABLET | 2 | YES | NO | NO |
| TRAMADOL-ACETAMINOPHN 37.5-325 | 1 | NO | YES | NO |
| TRANDOLAPRIL 1 MG TABLET | 1 | NO | NO | NO |
| TRANDOLAPRIL 2 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TRANDOLAPRIL 4 MG TABLET | 1 | NO | NO | NO |
| TRANDOLAPR-VERAPAM ER 1-240 MG | 2 | NO | NO | NO |
| TRANDOLAPR-VERAPAM ER 2-180 MG | 2 | NO | NO | NO |
| TRANDOLAPR-VERAPAM ER 2-240 MG | 2 | NO | NO | NO |
| TRANDOLAPR-VERAPAM ER 4-240 MG | 2 | NO | NO | NO |
| TRANEXAMIC ACID 650 MG TABLET | 2 | NO | NO | NO |
| TRANYLCYPROMINE SULF 10 MG TAB | 2 | NO | NO | YES |
| TRAVOPROST 0.004% EYE DROP | 2 | NO | YES | NO |
| TRAZODONE 100 MG TABLET | 1 | NO | NO | YES |
| TRAZODONE 150 MG TABLET | 1 | NO | NO | YES |
| TRAZODONE 300 MG TABLET | 2 | NO | NO | YES |
| TRAZODONE 50 MG TABLET | 1 | NO | NO | YES |
| TRECATOR 250 MG TABLET | 3 | NO | NO | NO |
| TRELEGY ELLIPTA 100-62.5-25 | 2 | NO | NO | NO |
| TRELEGY ELLIPTA 200-62.5-25 | 2 | NO | NO | NO |
| TRELSTAR 11.25 MG VIAL | 4 | YES | NO | YES |
| TRELSTAR 22.5 MG VIAL | 4 | YES | NO | YES |
| TRELSTAR 3.75 MG VIAL | 4 | YES | NO | YES |
| TREMFYA 100 MG/ML ONE-PRESS | 4 | NO | YES | YES |
| TREMFYA 100 MG/ML PEN | 4 | NO | YES | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TREMFYA 100 MG/ML SYRINGE | 4 | NO | YES | YES |
| TREMFYA 200 MG/2 ML PEN | 4 | NO | YES | YES |
| TREMFYA 200 MG/2 ML SYRINGE | 4 | NO | YES | YES |
| TREMFYA 200MG/2ML PEN INDCT PK | 4 | NO | YES | YES |
| TRESIBA 100 UNIT/ML VIAL | 2 | NO | NO | NO |
| TRESIBA FLEXTOUCH 100 UNIT/ML | 2 | NO | NO | NO |
| TRESIBA FLEXTOUCH 200 UNIT/ML | 2 | NO | NO | NO |
| TRETINOIN 0.025% CREAM | 1 | NO | YES | YES |
| TRETINOIN 0.05% CREAM | 1 | NO | YES | YES |
| TRETINOIN 0.1% CREAM | 2 | NO | YES | YES |
| TRETINOIN 10 MG CAPSULE | 4 | YES | NO | NO |
| TRI FEMYNOR 28 TABLET | 1 | NO | NO | NO |
| TRIAMCINOLONE 0.025% CREAM | 1 | NO | NO | NO |
| TRIAMCINOLONE 0.025% LOTION | 1 | NO | NO | NO |
| TRIAMCINOLONE 0.025% OINT | 1 | NO | NO | NO |
| TRIAMCINOLONE 0.1% CREAM | 1 | NO | NO | NO |
| TRIAMCINOLONE 0.1% LOTION | 1 | NO | NO | NO |
| TRIAMCINOLONE 0.1% OINTMENT | 1 | NO | NO | NO |
| TRIAMCINOLONE 0.1% PASTE | 1 | NO | NO | NO |
| TRIAMCINOLONE 0.5% CREAM | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TRIAMCINOLONE 0.5% OINTMENT | 1 | NO | NO | NO |
| TRIAMCINOLONE 55 MCG NASAL SPR | 1 | NO | NO | NO |
| TRIAMTERENE 100 MG CAPSULE | 1 | NO | NO | NO |
| TRIAMTERENE 50 MG CAPSULE | 1 | NO | NO | NO |
| TRIAMTERENE-HCTZ 37.5-25 MG CP | 1 | NO | NO | NO |
| TRIAMTERENE-HCTZ 37.5-25 MG TB | 1 | NO | NO | NO |
| TRIAMTERENE-HCTZ 75-50 MG TAB | 1 | NO | NO | NO |
| TRIAZOLAM 0.125 MG TABLET | 1 | NO | NO | YES |
| TRIAZOLAM 0.25 MG TABLET | 1 | NO | NO | YES |
| TRICON CAPSULE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRIDERM 0.1% CREAM | 1 | NO | NO | NO |
| TRIDERM 0.5% CREAM | 1 | NO | NO | NO |
| TRIENTINE HCL 250 MG CAPSULE | 4 | YES | NO | YES |
| TRIENTINE HCL 500 MG CAPSULE | 4 | YES | NO | YES |
| TRI-ESTARYLLA TABLET | 1 | NO | NO | NO |
| TRIFLUOPERAZINE 1 MG TABLET | 2 | YES | NO | YES |
| TRIFLUOPERAZINE 10 MG TABLET | 2 | YES | NO | YES |
| TRIFLUOPERAZINE 2 MG TABLET | 2 | YES | NO | YES |
| TRIFLUOPERAZINE 5 MG TABLET | 2 | YES | NO | YES |
| TRIFLURIDINE 1% EYE DROPS | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TRIHEXYPHENIDYL 2 MG TABLET | 1 | NO | NO | NO |
| TRIHEXYPHENIDYL 2 MG/5 ML SOLN | 1 | NO | NO | NO |
| TRIHEXYPHENIDYL 5 MG TABLET | 1 | NO | NO | NO |
| TRIJARDY XR 10-5-1,000 MG TAB | 2 | NO | NO | YES |
| TRIJARDY XR 12.5-2.5-1,000 MG | 2 | NO | NO | YES |
| TRIJARDY XR 25-5-1,000 MG TAB | 2 | NO | NO | YES |
| TRIJARDY XR 5-2.5-1,000 MG TAB | 2 | NO | NO | YES |
| TRIKAFTA 100-50-75 MG/150 MG | 4 | YES | NO | YES |
| TRIKAFTA 100-50-75 MG/75MG PKT | 4 | YES | NO | YES |
| TRIKAFTA 50-25-37.5 MG/75 MG | 4 | YES | NO | YES |
| TRIKAFTA 80-40-60MG/59.5MG PKT | 4 | YES | NO | YES |
| TRI-LEGEST FE-28 DAY TABLET | 1 | NO | NO | NO |
| TRI-LINYAH TABLET | 1 | NO | NO | NO |
| TRI-LO-ESTARYLLA TABLET | 1 | NO | NO | NO |
| TRI-LO-MARZIA TABLET | 1 | NO | NO | NO |
| TRI-LO-MILI TABLET | 1 | NO | NO | NO |
| TRI-LO-SPRINTEC TABLET | 1 | NO | NO | NO |
| TRIMETHOBENZAMIDE 300 MG CAP | 1 | NO | NO | NO |
| TRIMETHOPRIM 100 MG TABLET | 1 | NO | NO | NO |
| TRI-MILI 28 TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TRIMIPRAMINE MALEATE 100 MG CP | 2 | NO | NO | NO |
| TRIMIPRAMINE MALEATE 25 MG CAP | 2 | NO | NO | NO |
| TRIMIPRAMINE MALEATE 50 MG CAP | 2 | NO | NO | NO |
| TRINATAL RX 1 TABLET | 1 | NO | NO | NO |
| TRINATE TABLET | 1 | NO | NO | NO |
| TRINTELLIX 10 MG TABLET | 3 | YES | NO | YES |
| TRINTELLIX 20 MG TABLET | 3 | YES | NO | YES |
| TRINTELLIX 5 MG TABLET | 3 | YES | NO | YES |
| TRI-NYMYO 28 TABLET | 1 | NO | NO | NO |
| TRIPTODUR 22.5 MG KIT | 4 | YES | NO | YES |
| TRI-SPRINTEC TABLET | 1 | NO | NO | NO |
| TRIUMEQ 600-50-300 MG TABLET | 4 | NO | NO | NO |
| TRIUMEQ PD 60-5-30 MG TAB SUSP | 4 | NO | NO | NO |
| TRI-VITE-FLUORIDE 0.25 MG/ML | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRI-VITE-FLUORIDE 0.5 MG/ML | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRI-VIT-FLUOR 0.25 MG/ML DROP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRI-VIT-FLUOR 0.5 MG/ML DROP | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRIVORA-28 TABLET | 1 | NO | NO | NO |
| TRI-VYLIBRA 28 TABLET | 1 | NO | NO | NO |
| TRI-VYLIBRA LO TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TROJAN ENZ CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TROJAN ENZ SPERMICIDE CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TROJAN MAGNUM CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TROJAN ULTRA RIBBED CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TROJAN ULTRA THIN CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TROJAN ULTRA THIN-SPERMICIDAL | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TROPICAMIDE 0.5% EYE DROP | 1 | NO | NO | NO |
| TROPICAMIDE 0.5% EYE DROPS | 1 | NO | NO | NO |
| TROPICAMIDE 1% EYE DROP | 1 | NO | NO | NO |
| TROPICAMIDE 1% EYE DROPS | 1 | NO | NO | NO |
| TROSPIUM CHLORIDE 20 MG TABLET | 1 | NO | NO | NO |
| TROSPIUM CHLORIDE ER 60 MG CAP | 2 | NO | NO | NO |
| TRUE COMFORT 30G LANCET | 1 | NO | NO | YES |
| TRUE COMFORT 30G SAFETY LANCET | 1 | NO | NO | YES |
| TRUE COMFORT 30G TWIST LANCET | 1 | NO | NO | YES |
| TRUE COVER CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRUE FOLIC ACID 667 MCG DFE TB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRUE LAXATIVE PEG 3350 POWDER | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRUE VITAMIN B-6 10 MG TABLET | 1 | NO | NO | NO |
| TRUE VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TRUE VITAMIN B-6 25 MG TABLET | 1 | NO | NO | NO |
| TRUE VITAMIN B-6 50 MG TABLET | 1 | NO | NO | NO |
| TRUEDRAW LANCING DEVICE | 1 | NO | NO | YES |
| TRUEPLUS 33G LANCETS | 1 | NO | NO | YES |
| TRUEPLUS SAFETY 28G LANCET | 1 | NO | NO | YES |
| TRUEPLUS SAFETY 28G LANCETS | 1 | NO | NO | YES |
| TRUEPLUS SUPER THIN 28G LANCET | 1 | NO | NO | YES |
| TRUEPLUS SYR 0.3ML 29GX1/2" | 1 | NO | NO | NO |
| TRUEPLUS SYR 0.3ML 30GX5/16" | 1 | NO | NO | NO |
| TRUEPLUS SYR 0.3ML 31GX5/16" | 1 | NO | NO | NO |
| TRUEPLUS ULTRA THIN 30G LANCET | 1 | NO | NO | YES |
| TRULANCE 3 MG TABLET | 3 | YES | NO | YES |
| TRULICITY 0.75 MG/0.5 ML PEN | 2 | NO | YES | YES |
| TRULICITY 1.5 MG/0.5 ML PEN | 2 | NO | YES | YES |
| TRULICITY 3 MG/0.5 ML PEN | 2 | NO | YES | YES |
| TRULICITY 4.5 MG/0.5 ML PEN | 2 | NO | YES | YES |
| TRUQAP 160 MG TABLET | 4 | YES | NO | YES |
| TRUQAP 200 MG TABLET | 4 | YES | NO | YES |
| TRUSELTIQ 100 MG DAILY DOSE PK | 4 | YES | NO | YES |
| TRUSELTIQ 125 MG DAILY DOSE PK | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TRUSELTIQ 50 MG DAILY DOSE PK | 4 | YES | NO | YES |
| TRUSELTIQ 75 MG DAILY DOSE PK | 4 | YES | NO | YES |
| TRUSTEX CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRUSTEX LATEX CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRUSTEX-RIA CONDOM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| TRYNGOLZA 80 MG/0.8 ML AUTOINJ | 4 | YES | NO | YES |
| TRYVIO 12.5 MG TABLET | 4 | YES | NO | YES |
| TUKYSA 150 MG TABLET | 4 | YES | NO | YES |
| TUKYSA 50 MG TABLET | 4 | YES | NO | YES |
| TULANA 0.35 MG TABLET | 1 | NO | NO | NO |
| TURALIO 125 MG CAPSULE | 4 | YES | NO | YES |
| TURALIO 200 MG CAPSULE | 4 | YES | NO | YES |
| TURQOZ-28 TABLET | 1 | NO | NO | NO |
| TUXARIN ER 8-54.3 MG TABLET | 3 | NO | NO | YES |
| TWIST LANCETS | 1 | NO | NO | YES |
| TWIST LANCETS 30G | 1 | NO | NO | YES |
| TWIST LANCETS 32G | 1 | NO | NO | YES |
| TWIST TOP 30G LANCET | 1 | NO | NO | YES |
| TYBOST 150 MG TABLET | 4 | NO | NO | NO |
| TYDEMY 3-0.03-0.451 MG TABLET | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| TYENNE 162 MG/0.9 ML AUTOINJCT | 4 | YES | NO | YES |
| TYENNE 162 MG/0.9 ML SYRINGE | 4 | YES | NO | YES |
| TYMLOS 80 MCG DOSE PEN INJECTR | 4 | YES | NO | YES |
| TYVASO 1.74 MG/2.9 ML SOLUTION | 4 | YES | NO | YES |
| TYVASO DPI 16 MCG CARTRIDGE | 4 | YES | NO | YES |
| TYVASO DPI 16-32 MCG TITR KIT | 4 | YES | NO | YES |
| TYVASO DPI 16-32-48 MCG TITRAT | 4 | YES | NO | YES |
| TYVASO DPI 32 MCG CARTRIDGE | 4 | YES | NO | YES |
| TYVASO DPI 32-48 MCG MAINT KIT | 4 | YES | NO | YES |
| TYVASO DPI 48 MCG CARTRIDGE | 4 | YES | NO | YES |
| TYVASO DPI 64 MCG CARTRIDGE | 4 | YES | NO | YES |
| TYVASO INHALATION REFILL KIT | 4 | YES | NO | YES |
| TYVASO INHALATION STARTER KIT | 4 | YES | NO | YES |
| TYVASO INSTITUTIONAL START KIT | 4 | YES | NO | YES |
| UBRELVY 100 MG TABLET | 3 | YES | NO | YES |
| UBRELVY 50 MG TABLET | 3 | YES | NO | YES |
| UDENYCA 6 MG/0.6 ML AUTOINJECT | 4 | YES | NO | NO |
| UDENYCA 6 MG/0.6 ML ONBODY | 4 | YES | NO | NO |
| UDENYCA 6 MG/0.6 ML SYRINGE | 4 | YES | NO | NO |
| ULT CFT 0.3 ML 29GX1/2" (1/2) | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ULT CFT 0.3 ML 31GX5/16" (1/2) | 1 | NO | NO | NO |
| ULTICAR INS 0.3ML 31GX1/4(1/2) | 1 | NO | NO | NO |
| ULTICARE INS 0.3 ML 30GX1/2" | 1 | NO | NO | NO |
| ULTICARE INS 0.3 ML 31GX1/4" | 1 | NO | NO | NO |
| ULTICARE SYR 0.3 ML 30GX1/2" | 1 | NO | NO | NO |
| ULTICARE SYR 0.3 ML 30GX5/16" | 1 | NO | NO | NO |
| ULTICARE SYR 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| ULTICARE SYRIN 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| ULTIGUARD SAFE 1ML 30G 12.7MM | 1 | NO | NO | NO |
| ULTIGUARD SAFE0.3ML 30G 12.7MM | 1 | NO | NO | NO |
| ULTIGUARD SAFE0.5ML 30G 12.7MM | 1 | NO | NO | NO |
| ULTIGUARD SAFEPACK 1ML 31G 8MM | 1 | NO | NO | NO |
| ULTIGUARD SAFEPK 0.3ML 31G 8MM | 1 | NO | NO | NO |
| ULTIGUARD SAFEPK 0.5ML 31G 8MM | 1 | NO | NO | NO |
| ULTI-LANCE AUTO-AD DEVICE | 1 | NO | NO | YES |
| ULTI-LANCE AUTOMATIC DEVICE | 1 | NO | NO | YES |
| ULTILET 28G LANCETS | 1 | NO | NO | YES |
| ULTILET 30G LANCETS | 1 | NO | NO | YES |
| ULTILET 33G LANCETS | 1 | NO | NO | YES |
| ULTILET BASIC 30G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ULTILET CLASSIC 26G LANCETS | 1 | NO | NO | YES |
| ULTILET CLASSIC 28G LANCETS | 1 | NO | NO | YES |
| ULTILET CLASSIC 30G LANCETS | 1 | NO | NO | YES |
| ULTILET CLASSIC 33G LANCETS | 1 | NO | NO | YES |
| ULTILET INSULIN SYRINGE 0.3 ML | 1 | NO | NO | NO |
| ULTILET SAFETY 23G LANCETS | 1 | NO | NO | YES |
| ULTRA COMFORT 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| ULTRA COMFORT 0.3 ML SYRINGE | 1 | NO | NO | NO |
| ULTRA FLO 0.3ML 30G 1/2" (1/2) | 1 | NO | NO | NO |
| ULTRA FLO 0.3ML 30G 5/16"(1/2) | 1 | NO | NO | NO |
| ULTRA FLO 0.3ML 31G 5/16"(1/2) | 1 | NO | NO | NO |
| ULTRA FLO SYR 0.3 ML 29GX1/2" | 1 | NO | NO | NO |
| ULTRA FLO SYR 0.3 ML 30G 5/16" | 1 | NO | NO | NO |
| ULTRA FLO SYR 0.3 ML 31G 5/16" | 1 | NO | NO | NO |
| ULTRA THIN 28G LANCETS | 1 | NO | NO | YES |
| ULTRA THIN 30G LANCETS | 1 | NO | NO | YES |
| ULTRA THIN 31G LANCET | 1 | NO | NO | YES |
| ULTRA THIN 31G LANCETS | 1 | NO | NO | YES |
| ULTRA-CARE 30G LANCETS | 1 | NO | NO | YES |
| ULTRACARE INS 0.3 ML 30GX5/16" | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ULTRACARE INS 0.3 ML 31GX5/16" | 1 | NO | NO | NO |
| ULTRA-FINE 0.3 ML 30G 12.7MM | 1 | NO | NO | NO |
| ULTRA-FINE SYR 0.3 ML 31G 6MM | 1 | NO | NO | NO |
| ULTRA-FINE SYR 0.3 ML 31G 8MM | 1 | NO | NO | NO |
| ULTRALANCE 26G LANCETS | 1 | NO | NO | YES |
| ULTRALANCE 28G LANCETS | 1 | NO | NO | YES |
| ULTRA-THIN II 28G LANCETS | 1 | NO | NO | YES |
| ULTRA-THIN II 30G LANCETS | 1 | NO | NO | YES |
| ULTRA-THIN II INS 0.3 ML 30G | 1 | NO | NO | NO |
| ULTRA-THIN II INS 0.3 ML 31G | 1 | NO | NO | NO |
| ULTRATLC LANCETS | 1 | NO | NO | YES |
| UNILET COMFORTOUCH 26G LANCETS | 1 | NO | NO | YES |
| UNILET COMFORTOUCH LANCET | 1 | NO | NO | YES |
| UNILET EXCELITE II LANCET | 1 | NO | NO | YES |
| UNILET EXCELITE LANCET | 1 | NO | NO | YES |
| UNILET GP LANCET | 1 | NO | NO | YES |
| UNILET GP LANCET SUPERLITE | 1 | NO | NO | YES |
| UNILET MICRO THIN 33G LANCET | 1 | NO | NO | YES |
| UNILET MICRO THIN 33G LANCETS | 1 | NO | NO | YES |
| UNILET SUPER THIN 30G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| UNILET ULTRA THIN 28G LANCETS | 1 | NO | NO | YES |
| UNISTIK 2 COMFORT 28G LANCET | 1 | NO | NO | YES |
| UNISTIK 2 EXTRA 21G LANCET | 1 | NO | NO | YES |
| UNISTIK 2 NORMAL 21G LANCET | 1 | NO | NO | YES |
| UNISTIK 3 COMFORT 28G LANCET | 1 | NO | NO | YES |
| UNISTIK 3 DUAL 18G LANCET | 1 | NO | NO | YES |
| UNISTIK 3 EXTRA 21G LANCETS | 1 | NO | NO | YES |
| UNISTIK 3 GENTLE 30G LANCETS | 1 | NO | NO | YES |
| UNISTIK 3 GENTLE ON-THE-GO 30G | 1 | NO | NO | YES |
| UNISTIK 3 NORMAL 23G LANCET | 1 | NO | NO | YES |
| UNISTIK 3 NORMAL 23G LANCETS | 1 | NO | NO | YES |
| UNISTIK 3 SAFETY 21G LANCETS | 1 | NO | NO | YES |
| UNISTIK COMFORT 28G LANCETS | 1 | NO | NO | YES |
| UNISTIK CZT COMFORT 28G LANCET | 1 | NO | NO | YES |
| UNISTIK CZT NORMAL 23G LANCETS | 1 | NO | NO | YES |
| UNISTIK EXTRA 21G LANCETS | 1 | NO | NO | YES |
| UNISTIK NORMAL 23G LANCETS | 1 | NO | NO | YES |
| UNISTIK PRO 21G LANCET | 1 | NO | NO | YES |
| UNISTIK PRO 25G LANCET | 1 | NO | NO | YES |
| UNISTIK PRO 28G LANCET | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| UNISTIK SAFETY 28G LANCET | 1 | NO | NO | YES |
| UNISTIK SAFETY 30G LANCETS | 1 | NO | NO | YES |
| UNISTIK TOUCH 21G LANCETS | 1 | NO | NO | YES |
| UNISTIK TOUCH 23G LANCETS | 1 | NO | NO | YES |
| UNISTIK TOUCH 28G LANCETS | 1 | NO | NO | YES |
| UNISTIK TOUCH 30G LANCETS | 1 | NO | NO | YES |
| UNISTIK-2 3 MM DEVICE | 1 | NO | NO | YES |
| UNITHROID 100 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 112 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 125 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 137 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 150 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 175 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 200 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 25 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 300 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 50 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 75 MCG TABLET | 1 | NO | NO | NO |
| UNITHROID 88 MCG TABLET | 1 | NO | NO | NO |
| UNIVERSAL 1 33G LANCETS | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| UPTRAVI 1,000 MCG TABLET | 4 | YES | NO | YES |
| UPTRAVI 1,200 MCG TABLET | 4 | YES | NO | YES |
| UPTRAVI 1,400 MCG TABLET | 4 | YES | NO | YES |
| UPTRAVI 1,600 MCG TABLET | 4 | YES | NO | YES |
| UPTRAVI 200 MCG TABLET | 4 | YES | NO | YES |
| UPTRAVI 200-800 TITRATION PACK | 4 | YES | NO | YES |
| UPTRAVI 400 MCG TABLET | 4 | YES | NO | YES |
| UPTRAVI 600 MCG TABLET | 4 | YES | NO | YES |
| UPTRAVI 800 MCG TABLET | 4 | YES | NO | YES |
| URISTIX 4 REAGENT STRIPS | 1 | NO | NO | NO |
| URISTIX REAGENT STRIPS | 1 | NO | NO | NO |
| URSODIOL 250 MG TABLET | 2 | NO | NO | NO |
| URSODIOL 300 MG CAPSULE | 2 | NO | NO | NO |
| URSODIOL 500 MG TABLET | 2 | NO | NO | NO |
| UZEDY ER 100 MG/0.28 ML SYRING | 2 | YES | NO | YES |
| UZEDY ER 125 MG/0.35 ML SYRING | 2 | YES | NO | YES |
| UZEDY ER 150 MG/0.42 ML SYRING | 2 | YES | NO | YES |
| UZEDY ER 200 MG/0.56 ML SYRING | 2 | YES | NO | YES |
| UZEDY ER 250 MG/0.7 ML SYRINGE | 2 | YES | NO | YES |
| UZEDY ER 50 MG/0.14 ML SYRINGE | 2 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| UZEDY ER 75 MG/0.21 ML SYRINGE | 2 | YES | NO | YES |
| VABOMERE 2 GRAM VIAL | 4 | NO | NO | NO |
| VALACYCLOVIR HCL 1 GRAM TABLET | 1 | NO | NO | NO |
| VALACYCLOVIR HCL 500 MG TABLET | 1 | NO | NO | NO |
| VALCHLOR 0.016% GEL | 4 | YES | NO | YES |
| VALGANCICLOVIR 450 MG TABLET | 4 | NO | NO | NO |
| VALGANCICLOVIR HCL 50 MG/ML | 4 | YES | NO | NO |
| VALPROIC ACID 250 MG CAPSULE | 1 | NO | NO | NO |
| VALPROIC ACID 250 MG/5 ML CUP | 1 | NO | NO | NO |
| VALPROIC ACID 250 MG/5 ML SOLN | 1 | NO | NO | NO |
| VALPROIC ACID 500 MG/10 ML CUP | 1 | NO | NO | NO |
| VALPROIC ACID 500 MG/10 ML SOL | 1 | NO | NO | NO |
| VALSARTAN 160 MG TABLET | 1 | NO | NO | NO |
| VALSARTAN 320 MG TABLET | 2 | NO | NO | NO |
| VALSARTAN 40 MG TABLET | 2 | NO | NO | NO |
| VALSARTAN 80 MG TABLET | 1 | NO | NO | NO |
| VALSARTAN-HCTZ 160-12.5 MG TAB | 1 | NO | NO | NO |
| VALSARTAN-HCTZ 160-25 MG TAB | 1 | NO | NO | NO |
| VALSARTAN-HCTZ 320-12.5 MG TAB | 1 | NO | NO | NO |
| VALSARTAN-HCTZ 320-25 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VALSARTAN-HCTZ 80-12.5 MG TAB | 1 | NO | NO | NO |
| VALTOCO 10 MG NASAL SPRAY | 3 | YES | NO | YES |
| VALTOCO 15 MG NASAL SPRAY | 3 | YES | NO | YES |
| VALTOCO 20 MG NASAL SPRAY | 3 | YES | NO | YES |
| VALTOCO 5 MG NASAL SPRAY | 3 | YES | NO | YES |
| VALTYA 1 MG-50 MCG TABLET | 1 | NO | NO | NO |
| VALUE PLUS LANCING DEVICE | 1 | NO | NO | YES |
| VANADOM 350 MG TABLET | 1 | NO | NO | YES |
| VANCOMYCIN HCL 125 MG CAPSULE | 2 | NO | NO | NO |
| VANCOMYCIN HCL 250 MG CAPSULE | 2 | NO | NO | NO |
| VANDAZOLE VAGINAL 0.75% GEL | 1 | NO | NO | NO |
| VANFLYTA 17.7 MG TABLET | 4 | YES | NO | YES |
| VANFLYTA 26.5 MG TABLET | 4 | YES | NO | YES |
| VANRAFIA 0.75 MG TABLET | 4 | YES | NO | YES |
| VANTAGE LANCING DEVICE | 1 | NO | NO | YES |
| VARENICLINE 0.5 MG TABLET | 2 | NO | NO | YES |
| VARENICLINE 1 MG CONT MONTH BX | 2 | NO | NO | YES |
| VARENICLINE 1 MG TABLET | 2 | NO | NO | YES |
| VARENICLINE STARTING MONTH BOX | 2 | NO | NO | YES |
| VARUBI 180 MG DOSE(2X 90MG TB) | 3 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VAXNEUVANCE 0.5 ML SYRINGE | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| VECAMYL 2.5 MG TABLET | 4 | YES | NO | NO |
| VELIVET 28 DAY TABLET | 1 | NO | NO | NO |
| VELPHORO 500 MG CHEWABLE TAB | 3 | NO | YES | YES |
| VELSIPITY 2 MG TABLET | 4 | NO | YES | YES |
| VELTASSA 1 GM POWDER PACKET | 3 | YES | NO | YES |
| VELTASSA 16.8 GM POWDER PACKET | 3 | YES | NO | YES |
| VELTASSA 25.2 GM POWDER PACKET | 3 | YES | NO | YES |
| VELTASSA 8.4 GM POWDER PACKET | 3 | YES | NO | YES |
| VEMLIDY 25 MG TABLET | 4 | YES | NO | YES |
| VENCLEXTA 10 MG TAB (10MG X 2) | 4 | YES | NO | YES |
| VENCLEXTA 10 MG TABLET | 4 | YES | NO | YES |
| VENCLEXTA 100 MG TABLET | 4 | YES | NO | YES |
| VENCLEXTA 50 MG TABLET | 4 | YES | NO | YES |
| VENCLEXTA STARTING PACK | 4 | YES | NO | YES |
| VENLAFAXINE HCL 100 MG TABLET | 1 | NO | NO | YES |
| VENLAFAXINE HCL 25 MG TABLET | 1 | NO | NO | YES |
| VENLAFAXINE HCL 37.5 MG TABLET | 1 | NO | NO | YES |
| VENLAFAXINE HCL 50 MG TABLET | 1 | NO | NO | YES |
| VENLAFAXINE HCL 75 MG TABLET | 1 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VENLAFAXINE HCL ER 150 MG CAP | 1 | NO | NO | YES |
| VENLAFAXINE HCL ER 37.5 MG CAP | 1 | NO | NO | YES |
| VENLAFAXINE HCL ER 75 MG CAP | 1 | NO | NO | YES |
| VENTAVIS 10 MCG/1 ML SOLUTION | 4 | YES | NO | YES |
| VENTAVIS 20 MCG/1 ML SOLUTION | 4 | YES | NO | YES |
| VENTOLIN HFA 90 MCG INHALER | 1 | NO | NO | NO |
| VENXXIVA DR 100 MG TABLET | 4 | YES | NO | NO |
| VENXXIVA DR 300 MG TABLET | 4 | YES | NO | NO |
| VERAPAMIL 120 MG TABLET | 1 | NO | NO | NO |
| VERAPAMIL 40 MG TABLET | 1 | NO | NO | NO |
| VERAPAMIL 80 MG TABLET | 1 | NO | NO | NO |
| VERAPAMIL ER 120 MG CAPSULE | 2 | NO | NO | NO |
| VERAPAMIL ER 120 MG TABLET | 1 | NO | NO | NO |
| VERAPAMIL ER 180 MG CAPSULE | 2 | NO | NO | NO |
| VERAPAMIL ER 180 MG TABLET | 1 | NO | NO | NO |
| VERAPAMIL ER 240 MG CAPSULE | 2 | NO | NO | NO |
| VERAPAMIL ER 240 MG TABLET | 1 | NO | NO | NO |
| VERAPAMIL SR 120 MG CAPSULE | 2 | NO | NO | NO |
| VERAPAMIL SR 180 MG CAPSULE | 2 | NO | NO | NO |
| VERAPAMIL SR 240 MG CAPSULE | 2 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VERIFINE INS SYR 0.3ML 31G 8MM | 1 | NO | NO | NO |
| VERIFINE SAFETY 21G LANCT MINI | 1 | NO | NO | YES |
| VERIFINE SAFETY 23G LANCT MINI | 1 | NO | NO | YES |
| VERIFINE SAFETY 28G LANCT MINI | 1 | NO | NO | YES |
| VERIFINE SAFETY 30G LANCT MINI | 1 | NO | NO | YES |
| VERIFINE SYRNG 0.3ML 31G 5/16" | 1 | NO | NO | NO |
| VERIFINE UNIVERSAL 28G LANCET | 1 | NO | NO | YES |
| VERIFINE UNIVERSAL 30G LANCET | 1 | NO | NO | YES |
| VERIFINE UNIVERSAL 33G LANCET | 1 | NO | NO | YES |
| VERQUVO 10 MG TABLET | 3 | YES | NO | YES |
| VERQUVO 2.5 MG TABLET | 3 | YES | NO | YES |
| VERQUVO 5 MG TABLET | 3 | YES | NO | YES |
| VERZENIO 100 MG TABLET | 4 | YES | NO | YES |
| VERZENIO 150 MG TABLET | 4 | YES | NO | YES |
| VERZENIO 200 MG TABLET | 4 | YES | NO | YES |
| VERZENIO 50 MG TABLET | 4 | YES | NO | YES |
| VESTURA 3 MG-0.02 MG TABLET | 1 | NO | NO | NO |
| V-GO 20 DISPOSABLE DEVICE | 2 | NO | NO | YES |
| V-GO 30 DISPOSABLE DEVICE | 2 | NO | NO | YES |
| V-GO 40 DISPOSABLE DEVICE | 2 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VIBERZI 100 MG TABLET | 3 | YES | NO | YES |
| VIBERZI 75 MG TABLET | 3 | YES | NO | YES |
| VIENVA-28 TABLET | 1 | NO | NO | NO |
| VIGABATRIN 500 MG POWDER PACKT | 4 | YES | NO | NO |
| VIGABATRIN 500 MG TABLET | 4 | YES | NO | NO |
| VIGADRONE 500 MG POWDER PACKET | 4 | YES | NO | NO |
| VIGADRONE 500 MG TABLET | 4 | YES | NO | NO |
| VIGAFYDE 100 MG/ML ORAL SOLN | 4 | YES | NO | NO |
| VIGPODER 500 MG POWDER PACKET | 4 | YES | NO | NO |
| VIJOICE 125 MG TABLET | 4 | YES | NO | YES |
| VIJOICE 250 MG DAILY DOSE PACK | 4 | YES | NO | YES |
| VIJOICE 50 MG GRANULE PACKET | 4 | YES | NO | YES |
| VIJOICE 50 MG TABLET | 4 | YES | NO | YES |
| VILAZODONE HCL 10 MG TABLET | 2 | YES | NO | YES |
| VILAZODONE HCL 20 MG TABLET | 2 | YES | NO | YES |
| VILAZODONE HCL 40 MG TABLET | 2 | YES | NO | YES |
| VIOKACE 10,440-39,150 UNIT TAB | 3 | NO | YES | NO |
| VIOKACE 20,880-78,300 UNITS TB | 3 | NO | YES | NO |
| VIORELE 28 DAY TABLET | 1 | NO | NO | NO |
| VIRACEPT 250 MG TABLET | 4 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VIRACEPT 625 MG TABLET | 4 | NO | NO | NO |
| VIREAD 150 MG TABLET | 4 | NO | NO | YES |
| VIREAD 200 MG TABLET | 4 | NO | NO | YES |
| VIREAD 250 MG TABLET | 4 | NO | NO | YES |
| VIREAD POWDER | 4 | NO | NO | YES |
| VIRT-C DHA SOFTGEL | 1 | NO | NO | NO |
| VIRT-NATE DHA SOFTGEL | 1 | NO | NO | NO |
| VIRT-PN DHA SOFTGEL | 1 | NO | NO | NO |
| VISTOGARD 10 GRAM PACKET | 4 | NO | NO | NO |
| VIT A,C,D-FLUORIDE 0.25 MG/ML | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| VIT A,C,D-FLUORIDE 0.5 MG/ML | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| VITAMIN B COMPLEX TABLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| VITAMIN B COMPLEX-VITAMIN C TB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| VITAMIN B-6 100 MG TABLET | 1 | NO | NO | NO |
| VITAMIN B-6 25 MG TABLET | 1 | NO | NO | NO |
| VITAMIN B-6 250 MG TABLET | 1 | NO | NO | NO |
| VITAMIN B-6 50 MG TABLET | 1 | NO | NO | NO |
| VITAMIN B-COMPLEX & C CAPLET | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| VITAMIN D2 1.25MG(50,000 UNIT) | 1 | NO | NO | NO |
| VITRAKVI 100 MG CAPSULE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VITRAKVI 20 MG/ML SOLUTION | 4 | YES | NO | YES |
| VITRAKVI 25 MG CAPSULE | 4 | YES | NO | YES |
| VIVAGUARD 30G LANCET | 1 | NO | NO | YES |
| VIVAGUARD LANCING DEVICE | 1 | NO | NO | YES |
| VIVAGUARD SAFETY 28G LANCET | 1 | NO | NO | YES |
| VIVITROL 380 MG VIAL-DILUENT | 4 | NO | NO | NO |
| VIVJOA 150 MG CAPSULE | 3 | YES | NO | YES |
| VIZIMPRO 15 MG TABLET | 4 | YES | NO | YES |
| VIZIMPRO 30 MG TABLET | 4 | YES | NO | YES |
| VIZIMPRO 45 MG TABLET | 4 | YES | NO | YES |
| VOLNEA 0.15-0.02-0.01 MG TAB | 1 | NO | NO | NO |
| VONJO 100 MG CAPSULE | 4 | YES | NO | YES |
| VORANIGO 10 MG TABLET | 4 | YES | NO | YES |
| VORANIGO 40 MG TABLET | 4 | YES | NO | YES |
| VORICONAZOLE 200 MG TABLET | 2 | NO | NO | YES |
| VORICONAZOLE 50 MG TABLET | 2 | NO | NO | YES |
| VORTEX HOLDING CHAMBER | 2 | NO | NO | NO |
| VORTEX VHC PEDIATRIC MED MASK | 2 | NO | NO | NO |
| VOSEVI 400-100-100 MG TABLET | 4 | YES | NO | NO |
| VOWST CAPSULE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VOXZOGO 0.4 MG VIAL | 4 | YES | NO | YES |
| VOXZOGO 0.56 MG VIAL | 4 | YES | NO | YES |
| VOXZOGO 1.2 MG VIAL | 4 | YES | NO | YES |
| VOYDEYA 100 MG TABLET | 4 | YES | NO | YES |
| VOYDEYA 150 MG DOSE TABLET | 4 | YES | NO | YES |
| VUMERITY DR 231 MG CAPSULE | 4 | NO | YES | YES |
| VYALEV 120 MG-2,400 MG/10ML VL | 4 | YES | NO | YES |
| VYFEMLA 0.4 MG-0.035 MG TABLET | 1 | NO | NO | NO |
| VYKAT XR 150 MG TABLET | 4 | YES | NO | YES |
| VYKAT XR 25 MG TABLET | 4 | YES | NO | YES |
| VYKAT XR 75 MG TABLET | 4 | YES | NO | YES |
| VYLIBRA 28 TABLET | 1 | NO | NO | NO |
| VYNDAMAX 61 MG CAPSULE | 4 | YES | NO | YES |
| VYNDAQEL 20 MG CAPSULE | 4 | YES | NO | YES |
| VYVANSE 10 MG CAPSULE | 2 | YES | NO | YES |
| VYVANSE 20 MG CAPSULE | 2 | YES | NO | YES |
| VYVANSE 30 MG CAPSULE | 2 | YES | NO | YES |
| VYVANSE 40 MG CAPSULE | 2 | YES | NO | YES |
| VYVANSE 50 MG CAPSULE | 2 | YES | NO | YES |
| VYVANSE 60 MG CAPSULE | 2 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| VYVANSE 70 MG CAPSULE | 2 | YES | NO | YES |
| VYVGART HYTRULO 1,000MG-10,000 | 4 | YES | NO | YES |
| WAINUA 45 MG/0.8 ML AUTOINJECT | 4 | YES | NO | YES |
| WAKIX 17.8 MG TABLET | 4 | YES | NO | YES |
| WAKIX 4.45 MG TABLET | 4 | YES | NO | YES |
| WALGREENS THIN LANCETS | 1 | NO | NO | YES |
| WALGREENS ULTRA THIN LANCETS | 1 | NO | NO | YES |
| WAL-SOM 25 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 1 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 10 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 2 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 2.5 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 3 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 4 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 5 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 6 MG TABLET | 1 | NO | NO | NO |
| WARFARIN SODIUM 7.5 MG TABLET | 1 | NO | NO | NO |
| WELIREG 40 MG TABLET | 4 | YES | NO | YES |
| WERA 0.5/0.035 MG 28 TABLET | 1 | NO | NO | NO |
| WESCAP-C DHA SOFTGEL | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| WESNATAL DHA COMPLETE | 1 | NO | NO | NO |
| WESTAB PLUS TABLET | 1 | NO | NO | NO |
| WIDE SEAL DIAPHRAGM 60MM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WIDE SEAL DIAPHRAGM 65MM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WIDE SEAL DIAPHRAGM 70MM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WIDE SEAL DIAPHRAGM 75MM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WIDE SEAL DIAPHRAGM 80MM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WIDE SEAL DIAPHRAGM 85MM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WIDE SEAL DIAPHRAGM 90MM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WIDE SEAL DIAPHRAGM 95MM | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WINREVAIR 45 MG ONE-VIAL KIT | 4 | YES | NO | YES |
| WINREVAIR 45 MG TWO-VIAL KIT | 4 | YES | NO | YES |
| WINREVAIR 60 MG ONE-VIAL KIT | 4 | YES | NO | YES |
| WINREVAIR 60 MG TWO-VIAL KIT | 4 | YES | NO | YES |
| WIXELA 100-50 INHUB | 1 | NO | NO | NO |
| WIXELA 250-50 INHUB | 1 | NO | NO | NO |
| WIXELA 500-50 INHUB | 1 | NO | NO | NO |
| WOMEN'S GENTLE LAX EC 5 MG TAB | ZERO-COST SHARE/PREVENTATIVE | NO | NO | NO |
| WYMZYA FE 0.4-0.035 MG CHEW TB | 1 | NO | NO | NO |
| XACIATO 2% VAGINAL GEL | 3 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| XADAGO 100 MG TABLET | 3 | YES | NO | YES |
| XADAGO 50 MG TABLET | 3 | YES | NO | YES |
| XALKORI 150 MG PELLET | 4 | YES | NO | YES |
| XALKORI 20 MG PELLET | 4 | YES | NO | YES |
| XALKORI 200 MG CAPSULE | 4 | YES | NO | YES |
| XALKORI 250 MG CAPSULE | 4 | YES | NO | YES |
| XALKORI 50 MG PELLET | 4 | YES | NO | YES |
| XARAH FE 1 MG/20-30-35 MCG TAB | 1 | NO | NO | NO |
| XARELTO 1 MG/ML SUSPENSION | 2 | NO | NO | YES |
| XARELTO 10 MG TABLET | 2 | NO | NO | NO |
| XARELTO 15 MG TABLET | 2 | NO | NO | NO |
| XARELTO 2.5 MG TABLET | 2 | NO | NO | NO |
| XARELTO 20 MG TABLET | 2 | NO | NO | NO |
| XARELTO DVT-PE TREAT START 30D | 2 | NO | NO | NO |
| XCOPRI 100 MG TABLET | 3 | YES | NO | YES |
| XCOPRI 12.5-25 MG TITRATION PK | 3 | YES | NO | YES |
| XCOPRI 150 MG TABLET | 3 | YES | NO | YES |
| XCOPRI 150-200 MG TITRATION PK | 3 | YES | NO | YES |
| XCOPRI 200 MG TABLET | 3 | YES | NO | YES |
| XCOPRI 25 MG TABLET | 3 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| XCOPRI 250 MG DAILY DOSE PACK | 3 | YES | NO | YES |
| XCOPRI 350 MG DAILY DOSE PACK | 3 | YES | NO | YES |
| XCOPRI 50 MG TABLET | 3 | YES | NO | YES |
| XCOPRI 50-100 MG TITRATION PAK | 3 | YES | NO | YES |
| XDEMVY 0.25% DROP | 4 | YES | NO | YES |
| XELJANZ 1 MG/ML SOLUTION | 4 | NO | YES | YES |
| XELJANZ 10 MG TABLET | 4 | NO | YES | YES |
| XELJANZ 5 MG TABLET | 4 | NO | YES | YES |
| XELJANZ XR 11 MG TABLET | 4 | NO | YES | YES |
| XELJANZ XR 22 MG TABLET | 4 | NO | YES | YES |
| XELRIA FE 0.4-0.035 MG CHEW TB | 1 | NO | NO | NO |
| XEOMIN 100 UNIT VIAL | 4 | YES | NO | YES |
| XEOMIN 200 UNIT VIAL | 4 | YES | NO | YES |
| XEOMIN 50 UNIT VIAL | 4 | YES | NO | YES |
| XEPI 1% CREAM | 3 | YES | NO | YES |
| XERMELO 250 MG TABLET | 4 | YES | NO | NO |
| XHANCE 93 MCG NASAL SPRAY | 3 | YES | NO | YES |
| XIFAXAN 200 MG TABLET | 3 | NO | NO | YES |
| XIFAXAN 550 MG TABLET | 3 | YES | NO | YES |
| XIGDUO XR 10 MG-1,000 MG TAB | 2 | NO | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| XIGDUO XR 10 MG-500 MG TABLET | 2 | NO | NO | YES |
| XIGDUO XR 2.5 MG-1,000 MG TAB | 2 | NO | NO | YES |
| XIGDUO XR 5 MG-1,000 MG TABLET | 2 | NO | NO | YES |
| XIGDUO XR 5 MG-500 MG TABLET | 2 | NO | NO | YES |
| XIIDRA 5% EYE DROPS | 2 | NO | NO | YES |
| XOFLUZA 40 MG TABLET | 3 | NO | NO | YES |
| XOFLUZA 80 MG TABLET | 3 | NO | NO | YES |
| XOLAIR 150 MG/1.2 ML POWDER VL | 4 | YES | NO | YES |
| XOLAIR 150 MG/ML AUTOINJECTOR | 4 | YES | NO | YES |
| XOLAIR 150 MG/ML SYRINGE | 4 | YES | NO | YES |
| XOLAIR 300 MG/2 ML AUTOINJECT | 4 | YES | NO | YES |
| XOLAIR 300 MG/2 ML SYRINGE | 4 | YES | NO | YES |
| XOLAIR 75 MG/0.5 ML AUTOINJECT | 4 | YES | NO | YES |
| XOLAIR 75 MG/0.5 ML SYRINGE | 4 | YES | NO | YES |
| XOLREMDI 100 MG CAPSULE | 4 | YES | NO | YES |
| XOSPATA 40 MG TABLET | 4 | YES | NO | YES |
| XPOVIO 100 MG ONCE WEEKLY DOSE | 4 | YES | NO | YES |
| XPOVIO 40 MG ONCE WEEKLY DOSE | 4 | YES | NO | YES |
| XPOVIO 40 MG TWICE WEEKLY DOSE | 4 | YES | NO | YES |
| XPOVIO 60 MG ONCE WEEKLY DOSE | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| XPOVIO 60 MG TWICE WEEKLY DOSE | 4 | YES | NO | YES |
| XPOVIO 80 MG ONCE WEEKLY DOSE | 4 | YES | NO | YES |
| XPOVIO 80 MG TWICE WEEKLY DOSE | 4 | YES | NO | YES |
| XTAMPZA ER 13.5 MG CAPSULE | 3 | YES | NO | NO |
| XTAMPZA ER 18 MG CAPSULE | 3 | YES | NO | NO |
| XTAMPZA ER 27 MG CAPSULE | 3 | YES | NO | NO |
| XTAMPZA ER 36 MG CAPSULE | 3 | YES | NO | NO |
| XTAMPZA ER 9 MG CAPSULE | 3 | YES | NO | NO |
| XTANDI 40 MG CAPSULE | 4 | YES | NO | YES |
| XTANDI 40 MG TABLET | 4 | YES | NO | YES |
| XTANDI 80 MG TABLET | 4 | YES | NO | YES |
| XULANE 150-35 MCG/DAY PATCH | 1 | NO | NO | NO |
| XULTOPHY 100 UNIT-3.6MG/ML PEN | 3 | NO | YES | YES |
| XURIDEN 2 GM GRANULE PACKET | 4 | NO | NO | NO |
| XYWAV 0.5 GM/ML ORAL SOLUTION | 4 | YES | NO | YES |
| YALE NEEDLES 21GX1.25" | 1 | NO | NO | NO |
| YARGESA 100 MG CAPSULE | 4 | YES | NO | YES |
| YEZTUGO 300 MG TABLET | 4 | YES | NO | YES |
| YONSA 125 MG TABLET | 4 | YES | NO | YES |
| YORVIPATH 168 MCG/0.56 ML PEN | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| YORVIPATH 294 MCG/0.98 ML PEN | 4 | YES | NO | YES |
| YORVIPATH 420 MCG/1.4 ML PEN | 4 | YES | NO | YES |
| YUTREPIA 106 MCG INHAL CAP | 4 | YES | NO | YES |
| YUTREPIA 26.5 MCG INHAL CAP | 4 | YES | NO | YES |
| YUTREPIA 53 MCG INHAL CAP | 4 | YES | NO | YES |
| YUTREPIA 79.5 MCG INHAL CAP | 4 | YES | NO | YES |
| YUVAFEM 10 MCG VAGINAL INSERT | 2 | NO | NO | NO |
| ZAFEMY 150-35 MCG/DAY PATCH | 1 | NO | NO | NO |
| ZAFIRLUKAST 10 MG TABLET | 2 | NO | NO | NO |
| ZAFIRLUKAST 20 MG TABLET | 2 | NO | NO | NO |
| ZALEPLON 10 MG CAPSULE | 1 | NO | NO | YES |
| ZALEPLON 5 MG CAPSULE | 1 | NO | NO | YES |
| ZARAH TABLET | 1 | NO | NO | NO |
| ZARXIO 300 MCG/0.5 ML SYRINGE | 4 | YES | NO | YES |
| ZARXIO 480 MCG/0.8 ML SYRINGE | 4 | YES | NO | YES |
| ZATEAN-PN DHA CAPSULE | 1 | NO | NO | NO |
| ZATEAN-PN PLUS SOFTGEL | 1 | NO | NO | NO |
| ZAVZPRET 10 MG NASAL SPRAY | 3 | YES | NO | YES |
| ZEJULA 100 MG CAPSULE | 4 | YES | NO | YES |
| ZEJULA 100 MG TABLET | 4 | YES | NO | YES |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ZEJULA 200 MG TABLET | 4 | YES | NO | YES |
| ZEJULA 300 MG TABLET | 4 | YES | NO | YES |
| ZELBORAF 240 MG TABLET | 4 | YES | NO | YES |
| ZELNORM 6 MG TABLET | 3 | YES | NO | YES |
| ZELSUVMI 10.3% GEL | 4 | YES | NO | YES |
| ZENATANE 10 MG CAPSULE | 2 | NO | NO | NO |
| ZENATANE 20 MG CAPSULE | 2 | NO | NO | NO |
| ZENATANE 30 MG CAPSULE | 2 | NO | NO | NO |
| ZENATANE 40 MG CAPSULE | 2 | NO | NO | NO |
| ZENPEP DR 10,000 UNIT CAPSULE | 2 | NO | NO | NO |
| ZENPEP DR 15,000 UNIT CAPSULE | 2 | NO | NO | NO |
| ZENPEP DR 20,000 UNIT CAPSULE | 2 | NO | NO | NO |
| ZENPEP DR 25,000 UNIT CAPSULE | 2 | NO | NO | NO |
| ZENPEP DR 3,000 UNIT CAPSULE | 2 | NO | NO | NO |
| ZENPEP DR 40,000 UNIT CAPSULE | 2 | NO | NO | NO |
| ZENPEP DR 5,000 UNIT CAPSULE | 2 | NO | NO | NO |
| ZENPEP DR 60,000 UNIT CAPSULE | 2 | NO | NO | NO |
| ZENZEDI 10 MG TABLET | 1 | YES | NO | YES |
| ZENZEDI 5 MG TABLET | 1 | YES | NO | YES |
| ZEPATIER 50-100 MG TABLET | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ZEPOSIA 0.92 MG CAPSULE | 4 | NO | YES | YES |
| ZEPOSIA STARTER KIT (28-DAY) | 4 | NO | YES | YES |
| ZEPOSIA STARTER KIT (37-DAY) | 4 | NO | YES | YES |
| ZEPOSIA STARTER PACK (7-DAY) | 4 | NO | YES | YES |
| ZIDOVUDINE 100 MG CAPSULE | 1 | NO | NO | NO |
| ZIDOVUDINE 300 MG TABLET | 1 | NO | NO | NO |
| ZIDOVUDINE 50 MG/5 ML SYRUP | 1 | NO | NO | NO |
| ZIEXTENZO 6 MG/0.6 ML SYRINGE | 4 | YES | NO | NO |
| ZILBRYSQ 16.6 MG/0.416 ML SYRN | 4 | YES | NO | YES |
| ZILBRYSQ 23 MG/0.574 ML SYRING | 4 | YES | NO | YES |
| ZILBRYSQ 32.4 MG/0.81 ML SYRNG | 4 | YES | NO | YES |
| ZILEUTON ER 600 MG TABLET | 2 | YES | NO | YES |
| ZIMHI 5 MG/0.5 ML SYRINGE | 3 | NO | NO | YES |
| ZIPRASIDONE HCL 20 MG CAPSULE | 2 | YES | NO | YES |
| ZIPRASIDONE HCL 40 MG CAPSULE | 2 | YES | NO | YES |
| ZIPRASIDONE HCL 60 MG CAPSULE | 2 | YES | NO | YES |
| ZIPRASIDONE HCL 80 MG CAPSULE | 2 | YES | NO | YES |
| ZIRGAN 0.15% OPHTHALMIC GEL | 3 | NO | NO | NO |
| ZOKINVY 50 MG CAPSULE | 4 | YES | NO | NO |
| ZOKINVY 75 MG CAPSULE | 4 | YES | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ZOLADEX 10.8 MG IMPLANT SYRN | 4 | YES | NO | YES |
| ZOLADEX 3.6 MG IMPLANT SYRN | 4 | YES | NO | YES |
| ZOLINZA 100 MG CAPSULE | 4 | YES | NO | YES |
| ZOLMITRIPTAN 2.5 MG TABLET | 1 | NO | NO | YES |
| ZOLMITRIPTAN 5 MG TABLET | 1 | NO | NO | YES |
| ZOLPIDEM TART ER 12.5 MG TAB | 2 | NO | NO | YES |
| ZOLPIDEM TART ER 6.25 MG TAB | 2 | NO | NO | YES |
| ZOLPIDEM TARTRATE 10 MG TABLET | 1 | NO | NO | YES |
| ZOLPIDEM TARTRATE 5 MG TABLET | 1 | NO | NO | YES |
| ZOMACTON 10 MG VIAL | 4 | YES | NO | NO |
| ZOMACTON 5 MG VIAL | 4 | YES | NO | NO |
| ZONISAMIDE 100 MG CAPSULE | 1 | NO | NO | NO |
| ZONISAMIDE 25 MG CAPSULE | 1 | NO | NO | NO |
| ZONISAMIDE 50 MG CAPSULE | 1 | NO | NO | NO |
| ZONTIVITY 2.08 MG TABLET | 3 | YES | NO | NO |
| ZORYVE 0.15% CREAM | 3 | YES | NO | YES |
| ZORYVE 0.3% FOAM | 3 | YES | NO | YES |
| ZOVIA 1-35 TABLET | 1 | NO | NO | NO |
| ZTALMY 50 MG/ML SUSPENSION | 3 | YES | NO | YES |
| ZUMANDIMINE 3 MG-0.03 MG TAB | 1 | NO | NO | NO |

| PRODUCT LABEL | FORMULARY TIER | PRIOR AUTH REQUIRED | STEP THERAPY REQUIRED | QUANTITY LIMITS |
|---|---|---|---|---|
| ZURZUVAE 20 MG CAPSULE | 4 | YES | NO | YES |
| ZURZUVAE 25 MG CAPSULE | 4 | YES | NO | YES |
| ZURZUVAE 30 MG CAPSULE | 4 | YES | NO | YES |
| ZYDELIG 100 MG TABLET | 4 | YES | NO | YES |
| ZYDELIG 150 MG TABLET | 4 | YES | NO | YES |
| ZYKADIA 150 MG TABLET | 4 | YES | NO | YES |
| ZYMFENTRA 120 MG/ML PEN (2PK) | 4 | YES | NO | YES |
| ZYMFENTRA 120 MG/ML PEN KIT | 4 | YES | NO | YES |
| ZYMFENTRA 120 MG/ML SYRNG(2PK) | 4 | YES | NO | YES |
| ZYPREXA RELPREVV 210 MG VIAL | 2 | YES | NO | YES |
| ZYPREXA RELPREVV 210 MG VL KIT | 2 | YES | NO | YES |
| ZYPREXA RELPREVV 300 MG VIAL | 2 | YES | NO | YES |
| ZYPREXA RELPREVV 300 MG VL KIT | 2 | YES | NO | YES |
| ZYPREXA RELPREVV 405 MG VIAL | 2 | YES | NO | YES |
| ZYPREXA RELPREVV 405 MG VL KIT | 2 | YES | NO | YES |