Sentara® Health Plans

2027 Sentara Health Plans (50 or Less Employees)

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
1ST TIER COMFORTOUCH 28G LANCT	1	N	N	Y
1ST TIER COMFORTOUCH 30G LANCT	1	N	N	Y
24H NASAL ALLERGY 55 MCG SPRAY	1	N	N	N
ABACAVIR 20 MG/ML SOLUTION	2	N	N	N
ABACAVIR 300 MG TABLET	2	N	N	N
ABACAVIR-LAMIVUDINE 600-300 MG	2	N	N	N
ABIGALE 1 MG-0.5 MG TABLET	2	N	N	N
ABIGALE LO 0.5-0.1 MG TABLET	2	N	N	N
ABILIFY ASIMTUFII 720 MG/2.4ML	2	Y	N	Y
ABILIFY ASIMTUFII 960 MG/3.2ML	2	Y	N	Y
ABILIFY MAINTENA ER 300 MG SYR	2	Y	N	Y
ABILIFY MAINTENA ER 300 MG VL	2	Y	N	Y
ABILIFY MAINTENA ER 400 MG SYR	2	Y	N	Y
ABILIFY MAINTENA ER 400 MG VL	2	Y	N	Y
ABIRATERONE ACETATE 250 MG TAB	4	Y	N	Y

Date Revised: 10/29/2026

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ABIRTEGA 250 MG TABLET	4	Y	N	Y
ABRYSVO ACT-O-VIAL	ZERO-COST SHARE/PREVENTATIVE	Y	N	Y
ABRYSVO VIAL WITH DILUENT SYRG	ZERO-COST SHARE/PREVENTATIVE	Y	N	Y
ACAMPROSATE CALC DR 333 MG TAB	2	N	N	N
ACARBOSE 100 MG TABLET	1	N	N	N
ACARBOSE 25 MG TABLET	1	N	N	N
ACARBOSE 50 MG TABLET	1	N	N	N
ACCU-CHEK FASTCLIX LANCET DRUM	1	N	N	Y
ACCU-CHEK FASTCLIX LANCING DEV	1	N	N	Y
ACCU-CHEK SAFE-T-PRO 23G LANCT	1	N	N	Y
ACCU-CHEK SAFE-T-PRO PLUS 23G	1	N	N	Y
ACCU-CHEK SOFTCLIX LANCET KIT	1	N	N	Y
ACCU-CHEK SOFTCLIX LANCETS	1	N	N	Y
ACEBUTOLOL 200 MG CAPSULE	2	N	N	N
ACEBUTOLOL 400 MG CAPSULE	2	N	N	N
ACETAMIN-CODEIN 300-30 MG/12.5	1	N	Y	N
ACETAMINOP-CODEINE 120-12 MG/5	1	N	Y	N
ACETAMINOPHEN-COD #2 TABLET	1	N	Y	N
ACETAMINOPHEN-COD #3 TABLET	1	N	Y	N
ACETAMINOPHEN-COD #4 TABLET	1	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ACETAZOLAMIDE 125 MG TABLET	1	N	N	N
ACETAZOLAMIDE 250 MG TABLET	1	N	N	N
ACETAZOLAMIDE ER 500 MG CAP	1	N	N	N
ACETIC ACID 2% EAR SOLUTION	1	N	N	N
ACETYLCYSTEINE 10% VIAL	1	N	N	N
ACETYLCYSTEINE 20% VIAL	1	N	N	N
ACITRETIN 10 MG CAPSULE	2	N	N	N
ACITRETIN 17.5 MG CAPSULE	2	N	N	N
ACITRETIN 25 MG CAPSULE	2	N	N	N
ACNE FOAMING 10% WASH	1	N	N	N
ACNE MEDICATION 10% GEL	1	N	N	N
ACNE MEDICATION 5% GEL	1	N	N	N
ACNE TREATMENT 10% GEL	1	N	N	N
ACNECLEAR GEL	1	N	N	N
ACTI-LANCE LITE 28G LANCETS	1	N	N	Y
ACTI-LANCE SPECIAL 17G LANCETS	1	N	N	Y
ACTI-LANCE UNIVERS 23G LANCETS	1	N	N	Y
ACTIMMUNE 100 MCG/0.5 ML VIAL	4	Y	N	N
ACYCLOVIR 200 MG CAPSULE	1	N	N	N
ACYCLOVIR 200 MG/5 ML SUSP	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ACYCLOVIR 200 MG/5 ML SUSP CUP	1	N	N	N
ACYCLOVIR 400 MG TABLET	1	N	N	N
ACYCLOVIR 5% OINTMENT	1	N	N	N
ACYCLOVIR 800 MG TABLET	1	N	N	N
ACYCLOVIR 800 MG/20ML SUSP CUP	1	N	N	N
ADALIMUMAB-ADBM(CF) 10 MG SYRG	4	Y	N	Y
ADALIMUMAB-ADBM(CF) 20 MG SYRG	4	Y	N	Y
ADALIMUMAB-ADBM(CF) 40 MG SYRG	4	Y	N	Y
ADALIMUMAB-ADBM(CF) CRHN 40MG	4	Y	N	Y
ADALIMUMAB-ADBM(CF) PEN 40 MG	4	Y	N	Y
ADALIMUMAB-ADBM(CF) PS-UV 40MG	4	Y	N	Y
ADAPALENE 0.1% CREAM	2	N	Y	Y
ADAPALENE 0.3% GEL	2	N	Y	Y
ADAPALENE-BNZYL PEROX 0.1-2.5%	2	N	N	N
ADDYI 100 MG TABLET	3	Y	N	Y
ADEFOVIR DIPIVOXIL 10 MG TAB	4	Y	N	Y
ADEMPAS 0.5 MG TABLET	4	Y	N	Y
ADEMPAS 1 MG TABLET	4	Y	N	Y
ADEMPAS 1.5 MG TABLET	4	Y	N	Y
ADEMPAS 2 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ADEMPAS 2.5 MG TABLET	4	Y	N	Y
ADJUSTABLE LANCING DEVICE	1	N	N	Y
ADULT ASPIRIN REGIMEN EC 81 MG	1	N	N	N
ADVAIR HFA 115-21 MCG INHALER	2	N	N	Y
ADVAIR HFA 230-21 MCG INHALER	2	N	N	Y
ADVAIR HFA 45-21 MCG INHALER	2	N	N	Y
ADVANCED LANCING DEVICE	1	N	N	Y
ADVANCED TRAVEL 28G LANCETS	1	N	N	Y
ADVANCED TRAVEL 30G LANCETS	1	N	N	Y
ADVANTAGE SAFETY 28G LANCET	1	N	N	Y
ADVOCATE 26G LANCETS	1	N	N	Y
ADVOCATE 30G LANCETS	1	N	N	Y
ADVOCATE INS 0.3 ML 30GX5/16"	1	N	N	N
ADVOCATE INS 0.3 ML 31GX5/16"	1	N	N	N
ADVOCATE INS 0.5 ML 30GX5/16"	1	N	N	N
ADVOCATE INS 0.5 ML 31GX5/16"	1	N	N	N
ADVOCATE INS 1 ML 31GX5/16"	1	N	N	N
ADVOCATE INS SYR 0.3ML 29GX1/2	1	N	N	N
ADVOCATE INS SYR 0.5ML 29GX1/2	1	N	N	N
ADVOCATE INS SYR 1 ML 29GX1/2"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ADVOCATE INS SYR 1 ML 30GX5/16	1	N	N	N
ADVOCATE LANCING DEVICE	1	N	N	Y
ADVOCATE RAPID-SAFE LANCING DV	1	N	N	Y
ADVOCATE SAFETY 21G LANCET	1	N	N	Y
ADVOCATE SAFETY 23G LANCET	1	N	N	Y
ADVOCATE SAFETY 28G LANCET	1	N	N	Y
AEROCHAMBER MECHANICAL VENT	2	N	N	N
AEROCHAMBER MINI	2	N	N	N
AEROCHAMBER MV HOLD CHAMBER	2	N	N	N
AEROCHAMBER PLUS FLOW-VU	2	N	N	N
AEROCHAMBER PLUS FLOW-VU LARGE	2	N	N	N
AEROCHAMBER PLUS FLOW-VU MED	2	N	N	N
AEROCHAMBER PLUS FLOW-VU SMALL	2	N	N	N
AEROCHAMBER Z-STAT PLUS LARGE	2	N	N	N
AEROCHAMBER Z-STAT PLUS W-FLOW	2	N	N	N
AEROCHAMBER Z-STAT PLUS-MED	2	N	N	N
AEROCHAMBER Z-STAT PLUS-SMALL	2	N	N	N
AEROCHAMBER2GO	2	N	N	N
AEROVENT PLUS HOLDING CHAMBER	2	N	N	N
AFIRMELLE-28 TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AFLURIA 2025-2026 SYR (3YR UP)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AFLURIA QUAD 2022-2023 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AFLURIA QUAD 2022-23 (3YR UP)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AFLURIA QUAD 2023-2024 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AFLURIA QUAD 2023-24 (3YR UP)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AFLURIA TRIVA 2024-25 (3YR UP)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AFLURIA TRIVALENT 2024-25 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AFTER PILL 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AGAMATRIX ULTRA-THIN 33G LANCT	1	N	N	Y
AIMOVIG 140 MG/ML AUTOINJECTOR	2	Y	N	Y
AIMOVIG 70 MG/ML AUTOINJECTOR	2	Y	N	Y
AIMSCO LATEX CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AK-POLY-BAC EYE OINTMENT	1	N	N	N
AKYNZEO 300-0.5 MG CAPSULE	3	N	N	Y
ALBENDAZOLE 200 MG TABLET	2	N	N	Y
ALBUTEROL 100 MG/20 ML SOLN	1	N	N	N
ALBUTEROL 15 MG/3 ML SOLUTION	1	N	N	N
ALBUTEROL 2 MG/5 ML SYRUP CUP	1	N	N	N
ALBUTEROL 2.5 MG/0.5 ML SOL	1	N	N	N
ALBUTEROL 25 MG/5 ML SOLUTION	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ALBUTEROL 5 MG/ML SOLUTION	1	N	N	N
ALBUTEROL 75 MG/15 ML SOLN	1	N	N	N
ALBUTEROL 8 MG/20 ML SYRUP CUP	1	N	N	N
ALBUTEROL SUL 0.63 MG/3 ML SOL	1	N	N	N
ALBUTEROL SUL 1.25 MG/3 ML SOL	1	N	N	N
ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	N	N	N
ALBUTEROL SULF 2 MG/5 ML SYRUP	1	N	N	N
ALBUTEROL SULFATE 2 MG TAB	1	N	N	N
ALBUTEROL SULFATE 4 MG TAB	1	N	N	N
ALCLOMETASONE DIPR 0.05% OINT	2	N	N	N
ALCLOMETASONE DIPRO 0.05% CRM	2	N	N	N
ALENDRONATE SODIUM 10 MG TAB	1	N	N	Y
ALENDRONATE SODIUM 35 MG TAB	1	N	N	Y
ALENDRONATE SODIUM 70 MG TAB	1	N	N	Y
ALFERON N 5 MILLION UNITS VIAL	4	N	N	N
ALFUZOSIN HCL ER 10 MG TABLET	1	N	N	N
ALHEMO 150 MG/1.5 ML PEN	4	Y	N	N
ALHEMO 300 MG/3 ML PEN	4	Y	N	N
ALHEMO 60 MG/1.5 ML PEN	4	Y	N	N
ALINIA 100 MG/5 ML SUSPENSION	3	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ALLER-CORT 55 MCG NASAL SPRAY	1	N	N	N
ALLERGIST SYR 27GX1/2" 1 ML	1	N	N	N
ALLERGIST SYR 28GX1/2" 0.5 ML	1	N	N	N
ALLERGY SYRINGE 1 ML 27GX1/2"	1	N	N	N
ALLERGY SYRINGE 1 ML 27GX3/8"	1	N	N	N
ALLERGY TRAY SYR 28GX1/2" 1 ML	1	N	N	N
ALLOPURINOL 100 MG TABLET	1	N	N	N
ALLOPURINOL 300 MG TABLET	1	N	N	N
ALMOTRIPTAN MALATE 12.5 MG TAB	2	N	N	Y
ALMOTRIPTAN MALATE 6.25 MG TAB	2	N	N	Y
ALOMIDE 0.1% EYE DROP	3	Y	N	N
ALOPHEN PILLS	ZERO-COST SHARE/PREVENTATIVE	N	N	N
ALOSETRON HCL 0.5 MG TABLET	2	Y	N	Y
ALOSETRON HCL 1 MG TABLET	2	Y	N	Y
ALPRAZOLAM 0.25 MG TABLET	1	N	N	N
ALPRAZOLAM 0.5 MG TABLET	1	N	N	N
ALPRAZOLAM 1 MG TABLET	1	N	N	N
ALPRAZOLAM 2 MG TABLET	1	N	N	N
ALPRAZOLAM ER 0.5 MG TABLET	1	N	N	N
ALPRAZOLAM ER 1 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ALPRAZOLAM ER 2 MG TABLET	1	N	N	N
ALPRAZOLAM ER 3 MG TABLET	1	N	N	N
ALPRAZOLAM ODT 0.25 MG TAB	2	N	N	N
ALPRAZOLAM ODT 0.5 MG TAB	2	N	N	N
ALPRAZOLAM ODT 1 MG TAB	2	N	N	N
ALPRAZOLAM ODT 2 MG TAB	2	N	N	N
ALPRAZOLAM XR 0.5 MG TABLET	1	N	N	N
ALPRAZOLAM XR 1 MG TABLET	1	N	N	N
ALPRAZOLAM XR 2 MG TABLET	1	N	N	N
ALPRAZOLAM XR 3 MG TABLET	1	N	N	N
ALTABAX 1% OINTMENT	3	Y	N	Y
ALTAVERA-28 TABLET	1	N	N	N
ALTERNATE SITE 26G LANCETS	1	N	N	Y
ALTERNATE SITE LANCING DEVICE	1	N	N	Y
ALVAIZ 18 MG TABLET	4	Y	N	Y
ALVAIZ 36 MG TABLET	4	Y	N	Y
ALVAIZ 54 MG TABLET	4	Y	N	Y
ALVAIZ 9 MG TABLET	4	Y	N	Y
ALVIMOPAN 12 MG CAPSULE	2	N	N	N
ALYACEN 1-35 28 TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ALYACEN 7-7-7-28 TABLET	1	N	N	N
ALYQ 20 MG TABLET	4	Y	N	Y
AMABELZ 0.5 MG-0.1 MG TABLET	2	N	N	N
AMABELZ 1 MG-0.5 MG TABLET	2	N	N	N
AMANTADINE 100 MG CAPSULE	1	N	N	N
AMANTADINE 100 MG TABLET	2	N	N	N
AMANTADINE 100 MG/10 ML CUP	1	N	N	N
AMANTADINE 100 MG/10 ML SOLN	1	N	N	N
AMANTADINE 50 MG/5 ML SOLUTION	1	N	N	N
AMBRISENTAN 10 MG TABLET	4	Y	N	Y
AMBRISENTAN 5 MG TABLET	4	Y	N	Y
AMCINONIDE 0.1% OINTMENT	2	N	Y	N
AMETHIA 0.15-0.03-0.01 MG TAB	1	N	N	N
AMETHYST 90-20 MCG TABLET	1	N	N	N
AMIKACIN SULF 1 GRAM/4 ML VIAL	1	N	N	N
AMIKACIN SULF 1,000 MG/4 ML VL	1	N	N	N
AMIKACIN SULF 500 MG/2 ML VIAL	1	N	N	N
AMILORIDE HCL 5 MG TABLET	1	N	N	N
AMILORIDE HCL-HCTZ 5-50 MG TAB	1	N	N	N
AMIODARONE HCL 100 MG TABLET	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMIODARONE HCL 200 MG TABLET	1	N	N	N
AMIODARONE HCL 400 MG TABLET	2	N	N	N
AMITRIPTYLINE HCL 10 MG TAB	1	N	N	N
AMITRIPTYLINE HCL 100 MG TAB	1	N	N	N
AMITRIPTYLINE HCL 150 MG TAB	1	N	N	N
AMITRIPTYLINE HCL 25 MG TAB	1	N	N	N
AMITRIPTYLINE HCL 50 MG TAB	1	N	N	N
AMITRIPTYLINE HCL 75 MG TAB	1	N	N	N
AMLODIPINE BESYLATE 10 MG TAB	1	N	N	N
AMLODIPINE BESYLATE 2.5 MG TAB	1	N	N	N
AMLODIPINE BESYLATE 5 MG TAB	1	N	N	N
AMLODIPINE-ATORVAST 10-10 MG	2	N	N	Y
AMLODIPINE-ATORVAST 10-20 MG	2	N	N	Y
AMLODIPINE-ATORVAST 10-40 MG	2	N	N	Y
AMLODIPINE-ATORVAST 10-80 MG	2	N	N	Y
AMLODIPINE-ATORVAST 2.5-10 MG	2	N	N	Y
AMLODIPINE-ATORVAST 2.5-20 MG	2	N	N	Y
AMLODIPINE-ATORVAST 2.5-40 MG	2	N	N	Y
AMLODIPINE-ATORVAST 5-10 MG	2	N	N	Y
AMLODIPINE-ATORVAST 5-20 MG	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMLODIPINE-ATORVAST 5-40 MG	2	N	N	Y
AMLODIPINE-ATORVAST 5-80 MG	2	N	N	Y
AMLODIPINE-BENAZEPRIL 10-20 MG	1	N	N	N
AMLODIPINE-BENAZEPRIL 10-40 MG	1	N	N	N
AMLODIPINE-BENAZEPRIL 2.5-10	1	N	N	N
AMLODIPINE-BENAZEPRIL 5-10 MG	1	N	N	N
AMLODIPINE-BENAZEPRIL 5-20 MG	1	N	N	N
AMLODIPINE-BENAZEPRIL 5-40 MG	1	N	N	N
AMLODIPINE-VALSARTAN 10-160 MG	2	N	N	N
AMLODIPINE-VALSARTAN 10-320 MG	2	N	N	N
AMLODIPINE-VALSARTAN 5-160 MG	2	N	N	N
AMLODIPINE-VALSARTAN 5-320 MG	2	N	N	N
AMMONIUM LACTATE 12% CREAM	1	N	N	N
AMMONIUM LACTATE 12% LOTION	1	N	N	N
AMNESTEEM 10 MG CAPSULE	2	N	N	N
AMNESTEEM 20 MG CAPSULE	2	N	N	N
AMNESTEEM 30 MG CAPSULE	2	N	N	N
AMNESTEEM 40 MG CAPSULE	2	N	N	N
AMOXAPINE 100 MG TABLET	2	N	N	N
AMOXAPINE 150 MG TABLET	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMOXAPINE 25 MG TABLET	2	N	N	N
AMOXAPINE 50 MG TABLET	2	N	N	N
AMOX-CLAV 200-28.5 MG TAB CHEW	1	N	N	N
AMOX-CLAV 200-28.5 MG/5 ML SUS	1	N	N	N
AMOX-CLAV 250-125 MG TABLET	1	N	N	N
AMOX-CLAV 250-62.5 MG/5 ML SUS	1	N	N	N
AMOX-CLAV 400-57 MG TAB CHEW	1	N	N	N
AMOX-CLAV 400-57 MG/5 ML SUSP	1	N	N	N
AMOX-CLAV 500-125 MG TABLET	1	N	N	N
AMOX-CLAV 600-42.9 MG/5 ML SUS	1	N	N	N
AMOX-CLAV 875-125 MG TABLET	1	N	N	N
AMOX-CLAV ER 1,000-62.5 MG TAB	1	N	N	N
AMOXICILLIN 125 MG TAB CHEW	1	N	N	N
AMOXICILLIN 125 MG/5 ML SUSP	1	N	N	N
AMOXICILLIN 200 MG/5 ML SUSP	1	N	N	N
AMOXICILLIN 250 MG CAPSULE	1	N	N	N
AMOXICILLIN 250 MG TAB CHEW	1	N	N	N
AMOXICILLIN 250 MG/5 ML SUSP	1	N	N	N
AMOXICILLIN 400 MG/5 ML SUSP	1	N	N	N
AMOXICILLIN 500 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMOXICILLIN 500 MG TABLET	1	N	N	N
AMOXICILLIN 875 MG TABLET	1	N	N	N
AMPICILLIN 500 MG CAPSULE	1	N	N	N
ANAGRELIDE HCL 0.5 MG CAPSULE	1	N	N	N
ANAGRELIDE HCL 1 MG CAPSULE	1	N	N	N
ANASPAZ 0.125 MG TABLET ODT	1	N	N	N
ANASTROZOLE 1 MG TABLET	1	N	N	N
ANDEMBRY 200 MG/1.2 ML AUTOINJ	4	Y	N	Y
ANORO ELLIPTA 62.5-25 MCG INH	2	N	N	Y
ANUCORT-HC 25 MG SUPPOSITORY	1	N	N	N
ANZEMET 50 MG TABLET	3	N	N	N
APOMORPHINE 30 MG/3 ML CARTRDG	4	Y	N	Y
APRACLONIDINE HCL 0.5% DROPS	1	N	N	N
APREPITANT 125 MG CAPSULE	2	N	N	Y
APREPITANT 125-80-80 MG PACK	2	N	N	Y
APREPITANT 40 MG CAPSULE	2	N	N	Y
APREPITANT 80 MG CAPSULE	2	N	N	Y
APRI 28 DAY TABLET	1	N	N	N
APTIVUS 250 MG CAPSULE	4	N	N	N
AQ INSULIN SYR 0.5 ML 30G 8MM	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AQ INSULIN SYR 1 ML 31G 8MM	1	N	N	N
AQ INSULIN SYRIN 1 ML 29G 12MM	1	N	N	N
AQNEURSA 1 GRAM GRANULE PACKET	4	Y	N	Y
AQUA CARE 0.9% NACL IRRIGATION	1	N	N	N
AQUA LANCE LANCING DEVICE	1	N	N	Y
ARANELLE 28 TABLET	1	N	N	N
ARANESP 10 MCG/0.4 ML SYRINGE	4	Y	N	N
ARANESP 100 MCG/0.5 ML SYRINGE	4	Y	N	N
ARANESP 100 MCG/ML VIAL	4	Y	N	N
ARANESP 150 MCG/0.3 ML SYRINGE	4	Y	N	N
ARANESP 200 MCG/0.4 ML SYRINGE	4	Y	N	N
ARANESP 200 MCG/ML VIAL	4	Y	N	N
ARANESP 25 MCG/0.42 ML SYRING	4	Y	N	N
ARANESP 25 MCG/ML VIAL	4	Y	N	N
ARANESP 300 MCG/0.6 ML SYRINGE	4	Y	N	N
ARANESP 40 MCG/0.4 ML SYRINGE	4	Y	N	N
ARANESP 40 MCG/ML VIAL	4	Y	N	N
ARANESP 500 MCG/1 ML SYRINGE	4	Y	N	N
ARANESP 60 MCG/0.3 ML SYRINGE	4	Y	N	N
ARANESP 60 MCG/ML VIAL	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AREXVY VIAL KIT	ZERO-COST SHARE/PREVENTATIVE	Y	N	Y
ARIKAYCE 590 MG/8.4 ML VIAL	4	Y	N	Y
ARIPIPRAZOLE 10 MG TABLET	1	Y	N	Y
ARIPIPRAZOLE 15 MG TABLET	1	Y	N	Y
ARIPIPRAZOLE 2 MG TABLET	1	Y	N	Y
ARIPIPRAZOLE 20 MG TABLET	1	Y	N	Y
ARIPIPRAZOLE 30 MG TABLET	1	Y	N	Y
ARIPIPRAZOLE 5 MG TABLET	1	Y	N	Y
ARISTADA ER 1064 MG/3.9 ML SYR	2	Y	N	Y
ARISTADA ER 441 MG/1.6 ML SYRN	2	Y	N	Y
ARISTADA ER 662 MG/2.4 ML SYRN	2	Y	N	Y
ARISTADA ER 882 MG/3.2 ML SYRN	2	Y	N	Y
ARISTADA INITIO ER 675 MG/2.4	2	Y	N	Y
ARMODAFINIL 150 MG TABLET	2	N	N	Y
ARMODAFINIL 200 MG TABLET	2	N	N	Y
ARMODAFINIL 250 MG TABLET	2	N	N	Y
ARMODAFINIL 50 MG TABLET	2	N	N	Y
ARNUITY ELLIPTA 100 MCG INH	2	N	N	Y
ARNUITY ELLIPTA 200 MCG INH	2	N	N	Y
ARNUITY ELLIPTA 50 MCG INH	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ASA-BUTALB-CAFF-COD #3 CAPSULE	1	N	Y	N
ASCOMP WITH CODEINE CAPSULE	1	N	Y	N
ASENAPINE 10 MG TABLET SL	2	Y	Y	Y
ASENAPINE 2.5 MG TABLET SL	2	Y	Y	Y
ASENAPINE 5 MG TABLET SL	2	Y	Y	Y
ASHLYNA 0.15-0.03-0.01 MG TAB	1	N	N	N
ASMANEX HFA 100 MCG INHALER	2	N	N	Y
ASMANEX HFA 200 MCG INHALER	2	N	N	Y
ASMANEX HFA 50 MCG INHALER	2	N	N	Y
ASMANEX TWISTHALER 110 MCG #30	2	N	N	Y
ASMANEX TWISTHALER 220 MCG #14	2	N	N	Y
ASMANEX TWISTHALER 220 MCG #30	2	N	N	Y
ASMANEX TWISTHALER 220 MCG #60	2	N	N	Y
ASMANEX TWISTHALR 220 MCG #120	2	N	N	Y
ASPIRIN 81 MG CHEWABLE TABLET	1	N	N	N
ASPIRIN 81 MG TABLET	1	N	N	N
ASPIRIN EC 81 MG TABLET	1	N	N	N
ASPIRIN REGIMEN 81 MG EC TAB	1	N	N	N
ASPIRIN-DIPYRIDAM ER 25-200 MG	2	N	N	N
ASSURE COMFORT 28G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ASSURE COMFORT 30G LANCETS	1	N	N	Y
ASSURE HAEMOLANCE PLUS 18G	1	N	N	Y
ASSURE HAEMOLANCE PLUS 21G	1	N	N	Y
ASSURE HAEMOLANCE PLUS 25G	1	N	N	Y
ASSURE HAEMOLANCE PLUS 28G	1	N	N	Y
ASSURE HAEMOLANCE PLUS BLADE	1	N	N	N
ASSURE ID SYR 0.5ML 31GX15/64"	1	N	N	N
ASSURE ID SYR 1 ML 31GX15/64"	1	N	N	N
ASSURE LANCE 25G LANCETS	1	N	N	Y
ASSURE LANCE 28G LANCETS	1	N	N	Y
ASSURE LANCE 28G SAFETY LANCET	1	N	N	Y
ASSURE LANCE PLUS 21G LANCETS	1	N	N	Y
ASSURE LANCE PLUS 25G LANCETS	1	N	N	Y
ASSURE LANCE PLUS 30G LANCETS	1	N	N	Y
ATAZANAVIR SULFATE 150 MG CAP	2	N	N	N
ATAZANAVIR SULFATE 200 MG CAP	2	N	N	N
ATAZANAVIR SULFATE 300 MG CAP	2	N	N	N
ATENOLOL 100 MG TABLET	1	N	N	N
ATENOLOL 25 MG TABLET	1	N	N	N
ATENOLOL 50 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ATENOLOL-CHLORTHALIDONE 100-25	1	N	N	N
ATENOLOL-CHLORTHALIDONE 50-25	1	N	N	N
ATOMOXETINE HCL 10 MG CAPSULE	1	N	N	Y
ATOMOXETINE HCL 100 MG CAPSULE	1	N	N	Y
ATOMOXETINE HCL 18 MG CAPSULE	1	N	N	Y
ATOMOXETINE HCL 25 MG CAPSULE	1	N	N	Y
ATOMOXETINE HCL 40 MG CAPSULE	1	N	N	Y
ATOMOXETINE HCL 60 MG CAPSULE	1	N	N	Y
ATOMOXETINE HCL 80 MG CAPSULE	1	N	N	Y
ATORVASTATIN 10 MG TABLET	1	N	N	N
ATORVASTATIN 20 MG TABLET	1	N	N	N
ATORVASTATIN 40 MG TABLET	1	N	N	N
ATORVASTATIN 80 MG TABLET	1	N	N	N
ATOVAQUONE 1,500 MG/10 ML CUP	2	N	N	N
ATOVAQUONE 750 MG/5 ML SUSP	2	N	N	N
ATOVAQUONE 750 MG/5ML SUSP CUP	2	N	N	N
ATOVAQUONE-PROGUANIL 250-100	2	N	N	N
ATOVAQUONE-PROGUANIL 62.5-25	2	N	N	N
ATRACURIUM 50 MG/5 ML VIAL	4	N	N	N
ATROPINE 1% EYE DROP	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ATROPINE 1% EYE DROPS	2	N	N	N
ATROPINE 1% EYE OINTMENT	2	N	N	N
ATTRUBY 356 MG TABLET	4	Y	N	Y
AUBRA EQ-28 TABLET	1	N	N	N
AUBRA-28 TABLET	1	N	N	N
AUDENZ 5 ML VIAL (STOCKPILE)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AUDENZ SYRINGE (STOCKPILE)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
AUROVELA 1 MG-20 MCG TABLET	1	N	N	N
AUROVELA 21 1.5-30 TABLET	1	N	N	N
AUROVELA 24 FE 1 MG-20 MCG TAB	1	N	N	N
AUROVELA FE 1.5 MG-30 MCG TAB	1	N	N	N
AUROVELA FE 1-20 TABLET	1	N	N	N
AUTO-LANCET MINI LANCING DEV	1	N	N	Y
AUTOLET IMPRESS LANCING DEVICE	1	N	N	Y
AUTOLET LANCING DEVICE	1	N	N	Y
AUTOLET LITE LANCING DEVICE	1	N	N	Y
AUTOLET PLUS LANCING DEVICE	1	N	N	Y
AUTOSHIELD DUO PEN NDL 30G 5MM	1	N	N	N
AUVI-Q 0.1 MG AUTO-INJECTOR	3	Y	N	N
AVIANE-28 TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AVIDOXY 100 MG TABLET	1	N	N	N
AVITA 0.025% CREAM	1	N	Y	Y
AVMAPKI-FAKZYNJA CO-PACK	4	Y	N	Y
AVONEX 30 MCG/0.5 ML SYR (4PK)	4	N	Y	Y
AVONEX 30 MCG/0.5 ML SYRINGE	4	N	Y	Y
AVONEX PEN 30 MCG/0.5 ML (4PK)	4	N	Y	Y
AYUNA-28 TABLET	1	N	N	N
AZATHIOPRINE 50 MG TABLET	1	N	N	N
AZELAIC ACID 15% GEL	2	N	N	N
AZELASTINE 0.1% (137 MCG) SPRY	1	N	N	N
AZELASTINE 0.15% NASAL SPRAY	1	N	N	N
AZELASTINE HCL 0.05% DROPS	1	N	N	N
AZITHROMYCIN 1 GM PWD PACKET	1	N	N	N
AZITHROMYCIN 100 MG/5 ML SUSP	1	N	N	N
AZITHROMYCIN 200 MG/5 ML SUSP	1	N	N	N
AZITHROMYCIN 250 MG TABLET	1	N	N	N
AZITHROMYCIN 500 MG TABLET	1	N	N	N
AZITHROMYCIN 600 MG TABLET	1	N	N	N
AZURETTE 28 DAY TABLET	1	N	N	N
B COMPLEX NUMBER 1 TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BACITRACIN 500 UNIT/GM OPHTH	2	N	N	N
BACITRACIN-POLYMYXIN EYE OINT	1	N	N	N
BACLOFEN 10 MG TABLET	1	N	N	N
BACLOFEN 20 MG TABLET	1	N	N	N
BACLOFEN 5 MG TABLET	2	N	N	Y
BALANCE B-100 TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
BALANCE B-50 TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
BALANCED B-COMPLEX CAPLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
BAL-CARE DHA COMBO PACK	1	N	N	N
BALSALAZIDE DISODIUM 750 MG CP	1	N	N	N
BALZIVA 28 TABLET	1	N	N	N
BAQSIMI 3 MG SPRAY ONE PACK	2	N	N	N
BAQSIMI 3 MG SPRAY TWO PACK	2	N	N	N
BARACLUDE 0.05 MG/ML SOLUTION	4	N	N	Y
BAYER LOW DOSE EC 81 MG TAB	1	N	N	N
B-COMPLEX PLUS VITAMIN C CPLT	ZERO-COST SHARE/PREVENTATIVE	N	N	N
B-COMPLEX WITH VIT C CAPLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
B-COMPLEX WITH VIT C TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
BD 1 ML SYRINGE WITH NEEDLE	1	N	N	N
BD 10 ML CONTROL SYRINGE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD 10 ML SYRINGE	1	N	N	N
BD 10 ML SYRINGE 20GX1"	1	N	N	N
BD 10 ML SYRINGE 20GX1-1/2"	1	N	N	N
BD 10 ML SYRINGE 21GX1"	1	N	N	N
BD 10 ML SYRINGE 21GX1-1/2"	1	N	N	N
BD 10 ML SYRINGE 22GX1"	1	N	N	N
BD 10 ML SYRINGE BULK	1	N	N	N
BD 3 ML SYRINGE	1	N	N	N
BD 3 ML SYRINGE 18GX1-1/2"	1	N	N	N
BD 3 ML SYRINGE 20GX1-1/2"	1	N	N	N
BD 3 ML SYRINGE 25GX1"	1	N	N	N
BD 3 ML SYRINGE 25GX1-1/2"	1	N	N	N
BD 3 ML SYRINGE WITH NEEDLE	1	N	N	N
BD 5 ML SYRINGE 20GX1"	1	N	N	N
BD 5 ML SYRINGE 20GX1-1/2"	1	N	N	N
BD 5 ML SYRINGE 21GX1"	1	N	N	N
BD 5 ML SYRINGE 21GX1-1/2"	1	N	N	N
BD 5 ML SYRINGE 22GX1"	1	N	N	N
BD 5 ML SYRINGE 22GX1-1/2"	1	N	N	N
BD ALLERGY SYRINGE-NEEDLE 1 ML	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD AUTOSHIELD DUO NDL 5MMX30G	1	N	N	N
BD BLUNT NEEDLE 18GX1-1/2"	1	N	N	N
BD BULK SYRINGE 1 ML	1	N	N	N
BD BULK SYRINGE 10 ML	1	N	N	N
BD BULK SYRINGE 5 ML	1	N	N	N
BD ECLIPSE 30GX1/2" SYRINGE	1	N	N	N
BD ECLIPSE LUER-LOK SYR 1 ML	1	N	N	N
BD ECLIPSE LUER-LOK SYR 3 ML	1	N	N	N
BD ECLIPSE NEEDLE 18G 40MM	1	N	N	N
BD ECLIPSE NEEDLE 18GX1 1/2"	1	N	N	N
BD ECLIPSE NEEDLE 21GX1"	1	N	N	N
BD ECLIPSE NEEDLE 22GX1"	1	N	N	N
BD ECLIPSE NEEDLE 23G 25MM	1	N	N	N
BD ECLIPSE NEEDLE 23GX1"	1	N	N	N
BD ECLIPSE NEEDLE 25G 16MM	1	N	N	N
BD ECLIPSE NEEDLE 25G 25MM	1	N	N	N
BD ECLIPSE NEEDLE 25G 40MM	1	N	N	N
BD ECLIPSE NEEDLE 25GX1"	1	N	N	N
BD ECLIPSE NEEDLE 25GX1.5"	1	N	N	N
BD ECLIPSE NEEDLE 30G 13MM	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD ECLIPSE NEEDLES 21GX1.5"	1	N	N	N
BD ECLIPSE SYR 1 ML 25GX5/8	1	N	N	N
BD ECLIPSE SYR 3 ML 22GX1-1/2"	1	N	N	N
BD ECLIPSE SYRINGE 3 ML 21GX1"	1	N	N	N
BD ECLIPSE SYRINGE 3 ML 22GX1"	1	N	N	N
BD ECLIPSE SYRINGE 3 ML 25GX1"	1	N	N	N
BD ECLIPSE SYRNG 3 ML 23G 40MM	1	N	N	N
BD INS SYR 0.3 ML 8MMX31G(1/2)	1	N	N	N
BD INS SYR U-500 1/2ML 6MMX31G	1	N	N	N
BD INS SYR UF 0.3ML 12.7MMX30G	1	N	N	N
BD INS SYR UF 0.5ML 12.7MMX30G	1	N	N	N
BD INS SYRN UF 1 ML 12.7MMX30G	1	N	N	N
BD INS SYRN UF 1 ML 30G 12.7MM	1	N	N	N
BD INS SYRNG 0.3 ML 29GX12.7MM	1	N	N	N
BD INS SYRNG 0.5 ML 29GX12.7MM	1	N	N	N
BD INS SYRNG UF 0.3 ML 8MMX31G	1	N	N	N
BD INS SYRNG UF 0.5 ML 8MMX31G	1	N	N	N
BD INSULIN SYR 0.5 ML 28GX1/2"	1	N	N	N
BD INSULIN SYR 1 ML 27GX12.7MM	1	N	N	N
BD INSULIN SYR 1 ML 27GX5/8"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD INSULIN SYR 1 ML 28GX1/2"	1	N	N	N
BD INSULIN SYR 1 ML 29GX12.7MM	1	N	N	N
BD INSULIN SYR UF 1 ML 8MMX31G	1	N	N	N
BD INTEGRA NEEDLE 25G X 5/8"	1	N	N	N
BD INTEGRA RETRA NEEDLE 23GX1"	1	N	N	N
BD INTEGRA SYR 3 ML 21GX1 1/2"	1	N	N	N
BD INTEGRA SYR 3 ML 22GX1 1/2"	1	N	N	N
BD INTEGRA SYR 3 ML 25GX5/8"	1	N	N	N
BD INTEGRA SYRINGE 3 ML 21GX1"	1	N	N	N
BD INTEGRA SYRINGE 3 ML 23GX1"	1	N	N	N
BD INTEGRA SYRINGE 3 ML 25GX1"	1	N	N	N
BD LUER-LOK 5 ML SYRINGE	1	N	N	N
BD LUER-LOK SYR 3 ML 25GX5/8"	1	N	N	N
BD LUER-LOK SYRINGE 1 ML	1	N	N	N
BD LUER-LOK SYRINGE 1ML 20GX1"	1	N	N	N
BD LUER-LOK SYRINGE 3 ML	1	N	N	N
BD LUER-LOK SYRINGE 5 ML	1	N	N	N
BD LUERSLIP SYRINGE 1 ML	1	N	N	N
BD MICROTAINER 21G LANCETS	1	N	N	Y
BD MICROTAINER 30G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD MICROTAINER LANCETS	1	N	N	N
BD NANO 2 GEN PEN NDL 32G 4MM	1	N	N	N
BD NEEDLE 18GX1 1/2"	1	N	N	N
BD NEEDLE 19GX1 1/2"	1	N	N	N
BD NEEDLE 20GX1 1/2"	1	N	N	N
BD NEEDLE 21GX1 1/2"	1	N	N	N
BD NEEDLE 21GX1"	1	N	N	N
BD NEEDLE 22GX1 1/2"	1	N	N	N
BD NEEDLE 22GX3/4"	1	N	N	N
BD NEEDLE 23GX1 1/2"	1	N	N	N
BD NEEDLE 23GX1"	1	N	N	N
BD NEEDLE 25GX1"	1	N	N	N
BD NEEDLE 25GX5/8"	1	N	N	N
BD NEEDLE 26GX0.625"	1	N	N	N
BD NEEDLES 16GX1"	1	N	N	N
BD NEEDLES 16GX1.5"	1	N	N	N
BD NEEDLES 18GX1"	1	N	N	N
BD NEEDLES 18GX1.5"	1	N	N	N
BD NEEDLES 19GX1"	1	N	N	N
BD NEEDLES 19GX1.5"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD NEEDLES 20GX1"	1	N	N	N
BD NEEDLES 20GX1.5"	1	N	N	N
BD NEEDLES 21GX1"	1	N	N	N
BD NEEDLES 21GX1.5"	1	N	N	N
BD NEEDLES 21GX2"	1	N	N	N
BD NEEDLES 22GX1"	1	N	N	N
BD NEEDLES 22GX1.5"	1	N	N	N
BD NEEDLES 23GX0.75"	1	N	N	N
BD NEEDLES 23GX1.25"	1	N	N	N
BD NEEDLES 25GX0.625"	1	N	N	N
BD NEEDLES 25GX0.875"	1	N	N	N
BD NEEDLES 25GX1.5"	1	N	N	N
BD NEEDLES 26GX0.375"	1	N	N	N
BD NEEDLES 26GX0.5"	1	N	N	N
BD NEEDLES 27GX0.5"	1	N	N	N
BD NEEDLES 27GX1X1.25"	1	N	N	N
BD NEEDLES 30GX0.5"	1	N	N	N
BD NEEDLES 30GX1"	1	N	N	N
BD PRECISIONGLI 27GX1-1/2" NDL	1	N	N	N
BD PRECISIONGLIDE 3 ML 22GX3/4	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD PRECISIONGLIDE NDL 27G 3/8"	1	N	N	N
BD PRECISIONGLIDE NEEDLE 25G	1	N	N	N
BD QUINCKE SPNL NDL 20GX1 1/4"	1	N	N	N
BD QUINCKE SPNL NDL 20GX2 1/2"	1	N	N	N
BD SAFETGLD INS 0.3ML 29G 13MM	1	N	N	N
BD SAFETYGLD INS 0.3ML 31G 8MM	1	N	N	N
BD SAFETYGLD INS 0.5ML 30G 8MM	1	N	N	N
BD SAFETYGLD INS 1 ML 29G 13MM	1	N	N	N
BD SAFETYGLID INS 1 ML 6MMX31G	1	N	N	N
BD SAFETYGLIDE 3 ML SYRINGE	1	N	N	N
BD SAFETYGLIDE ALLERGY 27G SYR	1	N	N	N
BD SAFETYGLIDE ALLERGY SYRINGE	1	N	N	N
BD SAFETYGLIDE NEEDLE	1	N	N	N
BD SAFETYGLIDE NEEDLE 18GX1.5"	1	N	N	N
BD SAFETYGLIDE NEEDLE 21GX1"	1	N	N	N
BD SAFETYGLIDE NEEDLE 21GX1.5"	1	N	N	N
BD SAFETYGLIDE NEEDLE 22GX1.5"	1	N	N	N
BD SAFETYGLIDE NEEDLE 23G 40MM	1	N	N	N
BD SAFETYGLIDE NEEDLE 25GX1"	1	N	N	N
BD SAFETYGLIDE NEEDLE 27GX5/8"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD SAFETYGLIDE SYR 22GX1.5"	1	N	N	N
BD SAFETYGLIDE SYR 3 ML 25GX1"	1	N	N	N
BD SAFETYGLIDE SYRINGE 27GX5/8	1	N	N	N
BD SAFETYGLIDE TB 1 ML SYR	1	N	N	N
BD SAFETYGLIDE TB 1ML 27G 10MM	1	N	N	N
BD SAFETYGLIDE TUBERCULIN SYR	1	N	N	N
BD SAFTYGLD INS 0.3 ML 6MMX31G	1	N	N	N
BD SAFTYGLD INS 0.5 ML 6MMX31G	1	N	N	N
BD SAFTYGLD INS 0.5ML 29G 13MM	1	N	N	N
BD SLIP TIP 5 ML SYRINGE	1	N	N	N
BD SYRINGE 3 ML	1	N	N	N
BD SYRINGE SLIP TIP 10 ML	1	N	N	N
BD SYRINGE-LUER TIP CAP	1	N	N	N
BD SYRINGE-SAFETY GLIDE	1	N	N	N
BD TB ST SYRINGE 1 ML 27G 10MM	1	N	N	N
BD TB SYRINGE 21GX1"	1	N	N	N
BD TB SYRINGE 25GX5/8"	1	N	N	N
BD TB SYRINGE 26GX3/8"	1	N	N	N
BD TB SYRINGE 27GX1/2"	1	N	N	N
BD TB SYRNGE 27GX1/2"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BD TUBERCULIN 1 ML SYRINGE	1	N	N	N
BD UF MICRO PEN NEEDLE 6MMX32G	1	N	N	N
BD UF MINI PEN NEEDLE 5MMX31G	1	N	N	N
BD UF NANO PEN NEEDLE 4MMX32G	1	N	N	N
BD UF ORIG PEN NDL 12.7MMX29G	1	N	N	N
BD UF SHORT PEN NEEDLE 8MMX31G	1	N	N	N
BD VEO INS 0.3ML 6MMX31G (1/2)	1	N	N	N
BD VEO INS SYRING 1 ML 6MMX31G	1	N	N	N
BD VEO INS SYRN 0.3 ML 6MMX31G	1	N	N	N
BD VEO INS SYRN 0.5 ML 6MMX31G	1	N	N	N
BELBUCA 150 MCG FILM	3	Y	N	Y
BELBUCA 300 MCG FILM	3	Y	N	Y
BELBUCA 450 MCG FILM	3	Y	N	Y
BELBUCA 600 MCG FILM	3	Y	N	Y
BELBUCA 75 MCG FILM	3	Y	N	Y
BELBUCA 750 MCG FILM	3	Y	N	Y
BELBUCA 900 MCG FILM	3	Y	N	Y
BENAZEPRIL HCL 10 MG TABLET	1	N	N	N
BENAZEPRIL HCL 20 MG TABLET	1	N	N	N
BENAZEPRIL HCL 40 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BENAZEPRIL HCL 5 MG TABLET	1	N	N	N
BENAZEPRIL-HCTZ 10-12.5 MG TAB	1	N	N	N
BENAZEPRIL-HCTZ 20-12.5 MG TAB	1	N	N	N
BENAZEPRIL-HCTZ 20-25 MG TAB	1	N	N	N
BENAZEPRIL-HCTZ 5-6.25 MG TAB	1	N	N	N
BENLYSTA 200 MG/ML AUTOINJECT	4	Y	N	Y
BENLYSTA 200 MG/ML SYRINGE	4	Y	N	Y
BENZNIDAZOLE 100 MG TABLET	3	Y	N	N
BENZNIDAZOLE 12.5 MG TABLET	3	Y	N	N
BENZONATATE 100 MG CAPSULE	1	N	N	N
BENZONATATE 150 MG CAPSULE	2	N	N	N
BENZONATATE 200 MG CAPSULE	1	N	N	N
BENZONATATE PERLE 100 MG CAP	1	N	N	N
BENZOYL PEROXIDE 10% GEL	1	N	N	N
BENZOYL PEROXIDE 10% WASH	1	N	N	N
BENZOYL PEROXIDE 5% GEL	1	N	N	N
BENZTROPINE MES 0.5 MG TAB	1	N	N	N
BENZTROPINE MES 1 MG TABLET	1	N	N	N
BENZTROPINE MES 2 MG TABLET	1	N	N	N
BEPOTASTINE 1.5% EYE DROP	2	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BETADINE 5% EYE SOLUTION	3	N	N	N
BETAINE 1 GRAM/SCOOP POWDER	4	N	N	N
BETAMETHASONE DP 0.05% CRM	2	N	N	N
BETAMETHASONE DP 0.05% LOT	2	N	N	N
BETAMETHASONE DP 0.05% OINT	2	N	N	N
BETAMETHASONE DP AUG 0.05% CRM	1	N	N	N
BETAMETHASONE DP AUG 0.05% OIN	2	N	N	N
BETAMETHASONE VA 0.1% CREAM	2	N	N	N
BETAMETHASONE VA 0.1% LOTION	2	N	N	N
BETAMETHASONE VALER 0.1% OINTM	2	N	N	N
BETASERON 0.3 MG KIT	4	N	Y	Y
BETAXOLOL 10 MG TABLET	1	N	N	N
BETAXOLOL 20 MG TABLET	1	N	N	N
BETAXOLOL HCL 0.5% EYE DROP	2	N	N	N
BETHANECHOL 10 MG TABLET	2	N	N	N
BETHANECHOL 25 MG TABLET	2	N	N	N
BETHANECHOL 5 MG TABLET	2	N	N	N
BETHANECHOL 50 MG TABLET	2	N	N	N
BEXAROTENE 1% GEL	4	Y	N	N
BEXAROTENE 75 MG CAPSULE	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BICALUTAMIDE 50 MG TABLET	1	N	N	N
BIJUVA 0.5 MG-100 MG CAPSULE	3	N	N	Y
BIJUVA 1 MG-100 MG CAPSULE	3	N	N	Y
BIKTARVY 30-120-15 MG TABLET	4	N	N	N
BIKTARVY 50-200-25 MG TABLET	4	N	N	N
BIMATOPROST 0.03% EYE DROPS	2	N	N	N
BISACODYL EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
BISOPROLOL FUMARATE 10 MG TAB	1	N	N	N
BISOPROLOL FUMARATE 5 MG TAB	1	N	N	N
BISOPROLOL-HCTZ 10-6.25 MG TAB	1	N	N	N
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	N	N	N
BISOPROLOL-HCTZ 5-6.25 MG TAB	1	N	N	N
BLISOVI 24 FE TABLET	1	N	N	N
BLISOVI FE 1.5-30 TABLET	1	N	N	N
BLISOVI FE 1-20 TABLET	1	N	N	N
BLULINK BG SYSTEM REFILL	1	N	N	N
BOSENTAN 125 MG TABLET	4	Y	N	Y
BOSENTAN 32 MG TABLET FOR SUSP	4	Y	N	Y
BOSENTAN 62.5 MG TABLET	4	Y	N	Y
BOSULIF 100 MG CAPSULE	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BOSULIF 100 MG TABLET	4	Y	N	Y
BOSULIF 400 MG TABLET	4	Y	N	Y
BOSULIF 50 MG CAPSULE	4	Y	N	Y
BOSULIF 500 MG TABLET	4	Y	N	Y
BP WASH 10% LIQUID	1	N	N	N
BREO ELLIPTA 100-25 MCG INHALR	2	N	N	Y
BREO ELLIPTA 200-25 MCG INHALR	2	N	N	Y
BREO ELLIPTA 50-25 MCG INHALER	2	N	N	Y
BREXAFEMME 150 MG TABLET	3	Y	N	Y
BREYNA 160-4.5 MCG INHALER	2	N	N	Y
BREYNA 80-4.5 MCG INHALER	2	N	N	Y
BRIELLYN TABLET	1	N	N	N
BRIMONIDINE 0.2% EYE DROP	1	N	N	N
BRIMONIDINE 0.33% GEL PUMP	2	Y	N	Y
BRIMONIDINE TARTRATE 0.15% DRP	2	N	N	N
BRIMONIDINE-TIMOLOL 0.2%-0.5%	2	N	N	N
BRINZOLAMIDE 1% EYE DROPS	2	N	N	N
BRIVIACT 10 MG TABLET	3	Y	N	Y
BRIVIACT 10 MG/ML ORAL SOLN	3	Y	N	Y
BRIVIACT 100 MG TABLET	3	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BRIVIACT 25 MG TABLET	3	Y	N	Y
BRIVIACT 50 MG TABLET	3	Y	N	Y
BRIVIACT 75 MG TABLET	3	Y	N	Y
BRIXADI MONTH 128MG/0.36ML SYR	4	Y	N	Y
BRIXADI MONTH 64 MG/0.18ML SYR	4	Y	N	Y
BRIXADI MONTH 96 MG/0.27ML SYR	4	Y	N	Y
BRIXADI WEEKLY 16MG/0.32ML SYR	4	Y	N	Y
BRIXADI WEEKLY 24MG/0.48ML SYR	4	Y	N	Y
BRIXADI WEEKLY 32MG/0.64ML SYR	4	Y	N	Y
BRIXADI WEEKLY 8 MG/0.16ML SYR	4	Y	N	Y
BROMFENAC SODIUM 0.09% EYE DRP	2	N	N	N
BROMOCRIPTINE 2.5 MG TABLET	2	N	N	N
BROMOCRIPTINE 5 MG CAPSULE	2	N	N	N
BROOKS INSULIN 0.3ML SYRN	1	N	N	N
BRUKINSA 160 MG TABLET	4	Y	N	Y
BRUKINSA 80 MG CAPSULE	4	Y	N	Y
BUDESONIDE 0.25 MG/2 ML SUSP	1	N	N	Y
BUDESONIDE 0.5 MG/2 ML SUSP	1	N	N	Y
BUDESONIDE 1 MG/2 ML INH SUSP	1	N	N	Y
BUDESONIDE 2 MG RECTAL FOAM	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BUDESONIDE 32 MCG NASAL SPRAY	1	N	N	N
BUDESONIDE DR 3 MG CAPSULE	1	N	N	N
BUDESONIDE EC 3 MG CAPSULE	1	N	N	N
BUDESONIDE ER 9 MG TABLET	2	Y	N	N
BUDESONIDE-FORMOTEROL 160-4.5	2	N	N	Y
BUDESONIDE-FORMOTEROL 80-4.5	2	N	N	Y
BULLSEYE MINI SAFETY 21G	1	N	N	Y
BULLSEYE MINI SAFETY 25G LANCT	1	N	N	Y
BULLSEYE MINI SAFETY 28G LANCT	1	N	N	Y
BUMETANIDE 0.5 MG TABLET	1	N	N	N
BUMETANIDE 1 MG TABLET	1	N	N	N
BUMETANIDE 2 MG TABLET	1	N	N	N
BUPRENORPHINE 10 MCG/HR PATCH	2	N	Y	Y
BUPRENORPHINE 15 MCG/HR PATCH	2	N	Y	Y
BUPRENORPHINE 2 MG TABLET SL	1	N	N	Y
BUPRENORPHINE 20 MCG/HR PATCH	2	N	Y	Y
BUPRENORPHINE 5 MCG/HR PATCH	2	N	Y	Y
BUPRENORPHINE 7.5 MCG/HR PATCH	2	N	Y	Y
BUPRENORPHINE 8 MG TABLET SL	1	N	N	Y
BUPRENORPHINE-NALOX 12-3MG FLM	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BUPRENORPHINE-NALOX 2-0.5MG FM	2	N	N	Y
BUPRENORPHINE-NALOX 2-0.5MG TB	1	N	N	Y
BUPRENORPHINE-NALOX 4-1MG FILM	2	N	N	Y
BUPRENORPHINE-NALOX 8-2 MG TAB	1	N	N	Y
BUPRENORPHINE-NALOX 8-2MG FILM	2	N	N	Y
BUPROPION HCL 100 MG TABLET	1	N	N	Y
BUPROPION HCL 75 MG TABLET	1	N	N	Y
BUPROPION HCL SR 100 MG TABLET	1	N	N	Y
BUPROPION HCL SR 150 MG TABLET	1	N	N	Y
BUPROPION HCL SR 200 MG TABLET	1	N	N	Y
BUPROPION HCL XL 150 MG TABLET	1	N	N	Y
BUPROPION HCL XL 300 MG TABLET	1	N	N	Y
BUSPIRONE HCL 10 MG TABLET	1	N	N	N
BUSPIRONE HCL 15 MG TABLET	1	N	N	N
BUSPIRONE HCL 30 MG TABLET	1	N	N	N
BUSPIRONE HCL 5 MG TABLET	1	N	N	N
BUSPIRONE HCL 7.5 MG TABLET	1	N	N	N
BUTALB-ACETAMIN-CAF-COD 50-325	1	N	Y	N
BUTALB-ACETAMIN-CAFF 50-325-40	1	N	N	Y
BUTALBITAL COMP-CODEINE #3 CAP	1	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BUTALBITAL-ACETAMINOPHN 50-325	1	N	N	Y
BUTALBITAL-ASPIRIN-CAFFEINE CP	1	N	N	N
BUTORPHANOL 10 MG/ML SPRAY	1	Y	N	N
BUTTERFLY TOUCH 30-36G LANCET	1	N	N	Y
BYNFEZIA 7,000 MCG/2.8 ML PEN	4	Y	N	N
CA INS SYR 0.3 ML 30GX5/16"	1	N	N	N
CA INS SYR 0.3 ML 31GX5/16"	1	N	N	N
CA INS SYR 0.5 ML 30GX5/16"	1	N	N	N
CA INS SYR 0.5 ML 31GX5/16"	1	N	N	N
CA INSULIN SYR 0.3 ML 29GX1/2"	1	N	N	N
CA INSULIN SYR 0.5 ML 29GX1/2"	1	N	N	N
CA INSULIN SYR 1 ML 29GX1/2"	1	N	N	N
CA INSULIN SYR 1 ML 30GX5/16"	1	N	N	N
CA INSULIN SYR 1 ML 31GX5/16"	1	N	N	N
CABERGOLINE 0.5 MG TABLET	1	N	N	N
CAFFEINE CIT 60 MG/3 ML ORAL	1	N	N	N
CALCIPOTRIENE 0.005% CREAM	2	N	N	N
CALCIPOTRIENE 0.005% OINTMENT	2	N	N	N
CALCIPOTRIENE 0.005% SOLUTION	2	N	N	N
CALCITONIN-SALMON 200 UNIT SPR	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CALCITRIOL 0.25 MCG CAPSULE	1	N	N	N
CALCITRIOL 0.5 MCG CAPSULE	1	N	N	N
CALCITRIOL 1 MCG/ML SOLUTION	1	N	N	N
CALCIUM ACETATE 667 MG CAPSULE	1	N	N	Y
CALCIUM ACETATE 667 MG GELCAP	1	N	N	Y
CALCIUM ACETATE 667 MG TABLET	1	N	N	Y
CALCIUM GLU 2,000MG/100ML-NACL	4	N	N	N
CALQUENCE 100 MG CAPSULE	4	Y	N	Y
CALQUENCE 100 MG TABLET	4	Y	N	Y
CAMILA 0.35 MG TABLET	1	N	N	N
CAMRESE 0.15-0.03-0.01 MG TAB	1	N	N	N
CAMRESE LO TABLET	1	N	N	N
CANDESARTAN CILEXETIL 16 MG TB	2	N	Y	Y
CANDESARTAN CILEXETIL 32 MG TB	2	N	Y	Y
CANDESARTAN CILEXETIL 4 MG TAB	2	N	Y	Y
CANDESARTAN CILEXETIL 8 MG TAB	2	N	Y	Y
CAPECITABINE 150 MG TABLET	4	Y	N	Y
CAPECITABINE 500 MG TABLET	4	Y	N	Y
CAPRELSA 100 MG TABLET	4	Y	N	Y
CAPRELSA 300 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CAPTOPRIL 100 MG TABLET	2	N	N	N
CAPTOPRIL 12.5 MG TABLET	2	N	N	N
CAPTOPRIL 25 MG TABLET	2	N	N	N
CAPTOPRIL 50 MG TABLET	2	N	N	N
CAPVAXIVE 0.5 ML SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CARBAMAZEPINE 100 MG TAB CHEW	1	N	N	N
CARBAMAZEPINE 100 MG/5 ML CUP	2	N	N	N
CARBAMAZEPINE 100 MG/5 ML SUSP	2	N	N	N
CARBAMAZEPINE 200 MG TABLET	1	N	N	N
CARBAMAZEPINE ER 100 MG CAP	2	N	N	N
CARBAMAZEPINE ER 100 MG TABLET	2	N	N	N
CARBAMAZEPINE ER 200 MG CAP	2	N	N	N
CARBAMAZEPINE ER 200 MG TABLET	2	N	N	N
CARBAMAZEPINE ER 300 MG CAP	2	N	N	N
CARBAMAZEPINE ER 400 MG TABLET	2	N	N	N
CARBIDOPA 25 MG TABLET	2	Y	N	Y
CARBIDOPA-LEVO 10-100 MG ODT	2	N	N	N
CARBIDOPA-LEVO 25-100 MG ODT	2	N	N	N
CARBIDOPA-LEVO 25-250 MG ODT	2	N	N	N
CARBIDOPA-LEVO ER 25-100 TAB	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CARBIDOPA-LEVO ER 50-200 TAB	2	N	N	N
CARBIDOPA-LEVODOPA 100 MG-ENTA	2	N	N	N
CARBIDOPA-LEVODOPA 10-100 TAB	1	N	N	N
CARBIDOPA-LEVODOPA 125 MG-ENTA	2	N	N	N
CARBIDOPA-LEVODOPA 150 MG-ENTA	2	N	N	N
CARBIDOPA-LEVODOPA 200 MG-ENTA	2	N	N	N
CARBIDOPA-LEVODOPA 25-100 TAB	1	N	N	N
CARBIDOPA-LEVODOPA 25-250 TAB	1	N	N	N
CARBIDOPA-LEVODOPA 50 MG-ENTA	2	N	N	N
CARBIDOPA-LEVODOPA 75 MG-ENTA	2	N	N	N
CARBINOXAMINE MALEATE 4 MG TAB	1	N	N	N
CAREONE LANCING DEVICE	1	N	N	Y
CAREONE SYR 0.3 ML 30GX1/2"	1	N	N	N
CAREONE SYR 0.5 ML 30GX1/2"	1	N	N	N
CAREONE SYR 1 ML 30GX1/2"	1	N	N	N
CAREONE ULTRA THIN LANCET	1	N	N	Y
CAREPOINT LL SYR 3 ML 20G 1.5"	1	N	N	N
CAREPOINT LL SYR 3 ML 21G 1"	1	N	N	N
CAREPOINT LL SYR 3 ML 21G 1.5"	1	N	N	N
CAREPOINT LL SYR 3 ML 22G 1"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CAREPOINT LL SYR 3 ML 22G 38MM	1	N	N	N
CAREPOINT LL SYR 3 ML 23G 1"	1	N	N	N
CAREPOINT LL SYR 3 ML 23G 1.5"	1	N	N	N
CAREPOINT LL SYR 3 ML 25G 1"	1	N	N	N
CAREPOINT LL SYR 3 ML 25G 5/8"	1	N	N	N
CAREPOINT LS SYR 1 ML 25G 5/8"	1	N	N	N
CAREPOINT LUER LOCK SYR 3 ML	1	N	N	N
CAREPOINT LUER SLIP 1 ML SYRNG	1	N	N	N
CAREPOINT PRECISION LUER 3 ML	1	N	N	N
CAREPOINT PRECISION NDL 20G 1"	1	N	N	N
CAREPOINT PRECISION NDL 21G 1"	1	N	N	N
CAREPOINT SAFETY LL 1ML 25G 1"	1	N	N	N
CAREPOINT SAFTY 1ML 23G 25.4MM	1	N	N	N
CARESENS 30G LANCET	1	N	N	Y
CARETOUCH 26G SAFETY LANCETS	1	N	N	Y
CARETOUCH 28G SAFETY LANCETS	1	N	N	Y
CARETOUCH HYPO NEEDLE 26G 1"	1	N	N	N
CARETOUCH HYPODERMIC 18G 1.5"	1	N	N	N
CARETOUCH HYPODERMIC 20G 1"	1	N	N	N
CARETOUCH HYPODERMIC 22G 1"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CARETOUCH HYPODERMIC 23G 1"	1	N	N	N
CARETOUCH HYPODERMIC 23G 1.5"	1	N	N	N
CARETOUCH HYPODERMIC 25G 1"	1	N	N	N
CARETOUCH HYPODERMIC 25G 1.5"	1	N	N	N
CARETOUCH HYPODERMIC 25G 5/8"	1	N	N	N
CARETOUCH LANCING DEVICE	1	N	N	Y
CARETOUCH LL SYR 3 ML 22G 1"	1	N	N	N
CARETOUCH LL SYR 3 ML 22G 1.5"	1	N	N	N
CARETOUCH LL SYR 3 ML 23G 1"	1	N	N	N
CARETOUCH LL SYR 3 ML 23G 1.5"	1	N	N	N
CARETOUCH LL SYR 3 ML 25G 1"	1	N	N	N
CARETOUCH LL SYR 3 ML 25G 1.5"	1	N	N	N
CARETOUCH LL SYR 3 ML 25G 5/8"	1	N	N	N
CARETOUCH LUER LOCK 1 ML SYR	1	N	N	N
CARETOUCH LUER LOCK 3 ML SYR	1	N	N	N
CARETOUCH LUER LOCK 5 ML SYR	1	N	N	N
CARETOUCH LUER SLIP 1 ML SYRN	1	N	N	N
CARETOUCH LUER SLIP 10 ML SYR	1	N	N	N
CARETOUCH LUER SLIP 3 ML SYRN	1	N	N	N
CARETOUCH LUER SLIP 5 ML SYR	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CARETOUCH SYR 0.3 ML 31GX5/16"	1	N	N	N
CARETOUCH SYR 0.5 ML 30GX5/16"	1	N	N	N
CARETOUCH SYR 0.5 ML 31GX5/16"	1	N	N	N
CARETOUCH SYR 1 ML 28GX5/16"	1	N	N	N
CARETOUCH SYR 1 ML 29GX5/16"	1	N	N	N
CARETOUCH SYR 1 ML 30GX5/16"	1	N	N	N
CARETOUCH SYR 1 ML 31GX5/16"	1	N	N	N
CARETOUCH TWIST 28G LANCET	1	N	N	Y
CARETOUCH TWIST 30G LANCET	1	N	N	Y
CARETOUCH TWIST 33G LANCET	1	N	N	Y
CARGLUMIC ACID 200 MG TAB SUSP	4	Y	N	N
CARISOPRODOL 350 MG TABLET	1	N	N	Y
CARISOPRODOL-ASPIRIN-CODEIN TB	1	N	Y	N
CARTEOLOL HCL 1% EYE DROPS	2	N	N	N
CARTIA XT 120 MG CAPSULE	1	N	N	N
CARTIA XT 180 MG CAPSULE	1	N	N	N
CARTIA XT 240 MG CAPSULE	1	N	N	N
CARTIA XT 300 MG CAPSULE	1	N	N	N
CARVEDILOL 12.5 MG TABLET	1	N	N	N
CARVEDILOL 25 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CARVEDILOL 3.125 MG TABLET	1	N	N	N
CARVEDILOL 6.25 MG TABLET	1	N	N	N
CAYA CONTOURED DIAPHRAGM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CAYSTON 75 MG INHAL SOLUTION	4	N	N	Y
CAZIANT 28 DAY TABLET	1	N	N	N
CEFACLOR 125 MG/5 ML SUSP	1	N	N	N
CEFACLOR 250 MG CAPSULE	1	N	N	N
CEFACLOR 250 MG/5 ML SUSP	1	N	N	N
CEFACLOR 375 MG/5 ML SUSPEN	1	N	N	N
CEFACLOR 500 MG CAPSULE	1	N	N	N
CEFACLOR ER 500 MG TABLET	2	N	N	N
CEFADROXIL 1 GM TABLET	1	N	N	N
CEFADROXIL 250 MG/5 ML SUSP	1	N	N	N
CEFADROXIL 500 MG CAPSULE	1	N	N	N
CEFADROXIL 500 MG/5 ML SUSP	1	N	N	N
CEFDINIR 125 MG/5 ML SUSP	1	N	N	N
CEFDINIR 250 MG/5 ML SUSP	1	N	N	N
CEFDINIR 300 MG CAPSULE	1	N	N	N
CEFIXIME 100 MG/5 ML SUSP	2	N	N	N
CEFIXIME 200 MG/5 ML SUSP	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CEFIXIME 400 MG CAPSULE	2	N	N	N
CEFPODOXIME 100 MG TABLET	1	N	N	N
CEFPODOXIME 100 MG/5 ML SUSP	1	N	N	N
CEFPODOXIME 200 MG TABLET	1	N	N	N
CEFPODOXIME 50 MG/5 ML SUSP	1	N	N	N
CEFPROZIL 125 MG/5 ML SUSP	1	N	N	N
CEFPROZIL 250 MG TABLET	1	N	N	N
CEFPROZIL 250 MG/5 ML SUSP	1	N	N	N
CEFPROZIL 500 MG TABLET	1	N	N	N
CEFUROXIME AXETIL 250 MG TAB	1	N	N	N
CEFUROXIME AXETIL 500 MG TAB	1	N	N	N
CELECOXIB 100 MG CAPSULE	1	N	N	Y
CELECOXIB 200 MG CAPSULE	1	N	N	Y
CELECOXIB 400 MG CAPSULE	1	N	N	Y
CELECOXIB 50 MG CAPSULE	1	N	N	Y
CEPHALEXIN 125 MG/5 ML SUSP	1	N	N	N
CEPHALEXIN 250 MG CAPSULE	1	N	N	N
CEPHALEXIN 250 MG/5 ML SUSP	1	N	N	N
CEPHALEXIN 500 MG CAPSULE	1	N	N	N
CEPHALEXIN 750 MG CAPSULE	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CETIRIZINE HCL 1 MG/ML SOLN	1	N	N	N
CETIRIZINE HCL 1 MG/ML SYRUP	1	N	N	N
CEVIMELINE HCL 30 MG CAPSULE	2	N	N	N
CHARLOTTE 24 FE CHEWABLE TAB	1	N	N	N
CHATEAL EQ-28 TABLET	1	N	N	N
CHEK-STIX STRIPS	1	N	N	N
CHEMET 100 MG CAPSULE	3	Y	N	N
CHEMSTRIP 10 MD	1	N	N	N
CHEMSTRIP 10 WITH SG	1	N	N	N
CHEMSTRIP 2 GP	1	N	N	N
CHEMSTRIP 50B	1	N	N	N
CHEMSTRIP 7	1	N	N	N
CHEMSTRIP-9	1	N	N	N
CHENODAL 250 MG TABLET	4	Y	N	Y
CHILD ASPIRIN 81 MG TAB CHEW	1	N	N	N
CHLORDIAZEPO-AMITRIPTYL 5-12.5	2	N	N	N
CHLORDIAZEPOX-AMITRIPTYL 10-25	2	N	N	N
CHLORDIAZEPOXIDE 10 MG CAPSULE	1	N	N	N
CHLORDIAZEPOXIDE 25 MG CAPSULE	1	N	N	N
CHLORDIAZEPOXIDE 5 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	N	N	N
CHLORHEXIDINE 0.12% 15 ML CUP	1	N	N	N
CHLORHEXIDINE 0.12% RINSE	1	N	N	N
CHLOROQUINE PH 250 MG TABLET	1	N	N	N
CHLOROQUINE PH 500 MG TABLET	1	N	N	N
CHLORPROMAZINE 10 MG TABLET	2	Y	N	Y
CHLORPROMAZINE 100 MG TABLET	2	Y	N	Y
CHLORPROMAZINE 200 MG TABLET	2	Y	N	Y
CHLORPROMAZINE 25 MG TABLET	2	Y	N	Y
CHLORPROMAZINE 50 MG TABLET	2	Y	N	Y
CHLORTHALIDONE 25 MG TABLET	1	N	N	N
CHLORTHALIDONE 50 MG TABLET	1	N	N	N
CHLORZOXAZONE 500 MG TABLET	1	N	N	N
CHOLESTYRAMINE LIGHT PACKET	2	N	N	N
CHOLESTYRAMINE LIGHT POWDER	2	N	N	N
CHOLESTYRAMINE PACKET	2	N	N	N
CHORIONIC GONAD 10,000 UNIT VL	4	Y	N	N
CHORIONIC GONAD 6,000 UNIT VL	4	Y	N	N
CHOSEN 30G LANCET	1	N	N	Y
CHOSEN LANCING DEVICE	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CHOSEN SAFETY 28G LANCET	1	N	N	Y
CICLODAN 0.77% CREAM	1	N	N	N
CICLODAN 8% SOLUTION	1	N	N	N
CICLOPIROX 0.77% CREAM	1	N	N	N
CICLOPIROX 0.77% GEL	2	N	N	N
CICLOPIROX 0.77% TOPICAL SUSP	2	N	N	N
CICLOPIROX 1% SHAMPOO	2	N	N	N
CICLOPIROX 8% SOLUTION	1	N	N	N
CILOSTAZOL 100 MG TABLET	1	N	N	N
CILOSTAZOL 50 MG TABLET	1	N	N	N
CILOXAN 0.3% OINTMENT	3	N	N	N
CIMETIDINE 300 MG TABLET	1	N	N	N
CIMETIDINE 300 MG/5 ML CUP	1	N	N	N
CIMETIDINE 300 MG/5 ML SOLN	1	N	N	N
CIMETIDINE 400 MG TABLET	1	N	N	N
CIMETIDINE 400 MG/6.67 ML CUP	1	N	N	N
CIMETIDINE 800 MG TABLET	1	N	N	N
CIMZIA 200 MG/ML SYRINGE KIT	4	N	Y	Y
CIMZIA 2X200 MG VIAL KIT	4	N	Y	Y
CIMZIA 2X200 MG/ML SYRINGE KIT	4	N	Y	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CIMZIA 2X200 MG/ML(X3)START KT	4	N	Y	Y
CINACALCET HCL 30 MG TABLET	2	Y	N	Y
CINACALCET HCL 60 MG TABLET	2	Y	N	Y
CINACALCET HCL 90 MG TABLET	2	Y	N	Y
CIPRO HC OTIC SUSPENSION	3	N	N	N
CIPROFLOXACIN 0.2% OTIC SOLN	2	N	N	N
CIPROFLOXACIN 0.3% EYE DROP	1	N	N	N
CIPROFLOXACIN HCL 100 MG TAB	1	N	N	N
CIPROFLOXACIN HCL 250 MG TAB	1	N	N	N
CIPROFLOXACIN HCL 500 MG TAB	1	N	N	N
CIPROFLOXACIN HCL 750 MG TAB	1	N	N	N
CIPROFLOXACIN-HYDROCORT 0.2-1%	2	N	N	N
CIPROFLOX-DEXAMETH OTIC SUSP	2	N	N	N
CITALOPRAM HBR 10 MG TABLET	1	N	N	Y
CITALOPRAM HBR 10 MG/5 ML SOLN	2	N	N	Y
CITALOPRAM HBR 20 MG TABLET	1	N	N	Y
CITALOPRAM HBR 20 MG/10 ML CUP	2	N	N	Y
CITALOPRAM HBR 40 MG TABLET	1	N	N	Y
CITROMA SOLUTION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CLARAVIS 10 MG CAPSULE	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CLARAVIS 20 MG CAPSULE	2	N	N	N
CLARAVIS 30 MG CAPSULE	2	N	N	N
CLARAVIS 40 MG CAPSULE	2	N	N	N
CLARITHROMYCIN 125 MG/5 ML SUS	1	N	N	N
CLARITHROMYCIN 250 MG TABLET	1	N	N	N
CLARITHROMYCIN 250 MG/5 ML SUS	1	N	N	N
CLARITHROMYCIN 500 MG TABLET	1	N	N	N
CLARITHROMYCIN ER 500 MG TAB	1	N	N	N
CLASSIC PRENATAL TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CLEMASTINE FUM 2.68 MG TABLET	2	N	N	Y
CLEMASZ 2.68 MG TABLET	2	N	N	Y
CLEMSZA 2.68 MG TABLET	2	N	N	Y
CLENPIQ 160 ML SOLUTION	3	N	N	N
CLENPIQ 175 ML SOLUTION	3	N	N	N
CLEOCIN 100 MG VAGINAL OVULE	3	N	N	N
CLEVER CHEK ULTRA THIN 30G	1	N	N	Y
CLEVER CHOICE CHAMBER-LRG MASK	2	N	N	N
CLEVER CHOICE CHAMBER-MED MASK	2	N	N	N
CLEVER CHOICE CHAMBER-SM MASK	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CLIND PH-BENZOYL PEROX 1.2-5%	1	N	N	N
CLINDACIN ETZ 1% PLEDGET	1	N	N	N
CLINDACIN P 1% PLEDGETS	1	N	N	N
CLINDAMYCIN (PEDI) 75 MG/5 ML	1	N	N	N
CLINDAMYCIN 2% VAGINAL CREAM	1	N	N	N
CLINDAMYCIN HCL 150 MG CAPSULE	1	N	N	N
CLINDAMYCIN HCL 300 MG CAPSULE	1	N	N	N
CLINDAMYCIN HCL 75 MG CAPSULE	1	N	N	N
CLINDAMYCIN PH 1% GEL	2	N	N	N
CLINDAMYCIN PH 1% SOLUTION	1	N	N	N
CLINDAMYCIN PHOS 1% PLEDGET	1	N	N	N
CLINDAMYCIN PHOSP 1% LOTION	2	N	N	N
CLINDESSE 2% VAGINAL CREAM	3	N	N	N
CLOBAZAM 10 MG TABLET	2	N	N	N
CLOBAZAM 2.5 MG/ML SUSPENSION	2	Y	N	N
CLOBAZAM 20 MG TABLET	2	N	N	N
CLOBETASOL 0.05% CREAM	1	N	N	N
CLOBETASOL 0.05% GEL	2	N	N	N
CLOBETASOL 0.05% OINTMENT	1	N	N	N
CLOBETASOL 0.05% SHAMPOO	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CLOBETASOL 0.05% SOLUTION	1	N	N	N
CLOBETASOL EMOLLIENT 0.05% CRM	2	N	N	N
CLOBETASOL PROP 0.05% SPRAY	2	N	N	N
CLOCORTOLONE PIVALATE 0.1% CRM	2	N	Y	N
CLOMIPHENE CITRATE 50 MG TAB	2	N	N	Y
CLOMIPRAMINE 25 MG CAPSULE	2	N	N	N
CLOMIPRAMINE 50 MG CAPSULE	2	N	N	N
CLOMIPRAMINE 75 MG CAPSULE	2	N	N	N
CLONAZEPAM 0.125 MG DIS TAB	2	N	N	N
CLONAZEPAM 0.125 MG ODT	2	N	N	N
CLONAZEPAM 0.25 MG ODT	2	N	N	N
CLONAZEPAM 0.5 MG DIS TABLET	2	N	N	N
CLONAZEPAM 0.5 MG ODT	2	N	N	N
CLONAZEPAM 0.5 MG TABLET	1	N	N	N
CLONAZEPAM 1 MG DIS TABLET	2	N	N	N
CLONAZEPAM 1 MG ODT	2	N	N	N
CLONAZEPAM 1 MG TABLET	1	N	N	N
CLONAZEPAM 2 MG ODT	2	N	N	N
CLONAZEPAM 2 MG TABLET	1	N	N	N
CLONIDINE 0.1 MG/DAY PATCH	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CLONIDINE 0.2 MG/DAY PATCH	2	N	N	Y
CLONIDINE 0.3 MG/DAY PATCH	2	N	N	Y
CLONIDINE HCL 0.1 MG TABLET	1	N	N	N
CLONIDINE HCL 0.2 MG TABLET	1	N	N	N
CLONIDINE HCL 0.3 MG TABLET	1	N	N	N
CLONIDINE HCL ER 0.1 MG TABLET	1	N	N	N
CLOPIDOGREL 300 MG TABLET	1	N	N	N
CLOPIDOGREL 75 MG TABLET	1	N	N	N
CLORAZEPATE 15 MG TABLET	2	N	N	N
CLORAZEPATE 3.75 MG TABLET	2	N	N	N
CLORAZEPATE 7.5 MG TABLET	2	N	N	N
CLOTRIMAZOLE 10 MG LOZENGE	1	N	N	Y
CLOTRIMAZOLE 10 MG TROCHE	1	N	N	Y
CLOTRIMAZOLE-BETAMETHASONE CRM	1	N	N	N
CLOZAPINE 100 MG TABLET	2	Y	N	Y
CLOZAPINE 200 MG TABLET	2	Y	N	Y
CLOZAPINE 25 MG TABLET	2	Y	N	Y
CLOZAPINE 50 MG TABLET	2	Y	N	Y
C-NATE DHA SOFTGEL	1	N	N	N
COAGUCHEK LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
COARTEM TABLETS	3	N	N	Y
CODEINE SULFATE 15 MG TABLET	1	N	Y	N
CODEINE SULFATE 30 MG TABLET	1	N	Y	N
CODEINE SULFATE 60 MG TABLET	1	N	Y	N
CODEINE-GUAIFEN 10-100 MG/5 ML	1	N	N	N
COLCHICINE 0.6 MG TABLET	2	N	N	N
COLESEVELAM 625 MG TABLET	2	N	N	N
COLESEVELAM HCL 3.75 G PACKET	2	N	N	N
COLESTIPOL HCL 1 GM TABLET	2	N	N	N
COLESTIPOL HCL GRANULES	2	N	N	N
COLESTIPOL HCL GRANULES PACKET	2	N	N	N
COMBIPATCH 0.05-0.14 MG PTCH	3	N	N	N
COMBIPATCH 0.05-0.25 MG PTCH	3	N	N	N
COMBISTIX REAGENT STRIPS	1	N	N	N
COMBIVENT RESPIMAT 20-100 MCG	2	N	N	Y
COMETRIQ 100 MG DAILY-DOSE PK	4	Y	N	Y
COMETRIQ 140 MG DAILY-DOSE PK	4	Y	N	Y
COMETRIQ 60 MG DAILY-DOSE PACK	4	Y	N	Y
COMFORT EZ 0.3 ML 31G 15/64"	1	N	N	N
COMFORT EZ 0.5 ML 31G 15/64"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
COMFORT EZ INS 0.3ML 30GX1/2"	1	N	N	N
COMFORT EZ INS 0.3ML 30GX5/16"	1	N	N	N
COMFORT EZ INS 0.5ML 31GX5/16"	1	N	N	N
COMFORT EZ INS 1 ML 31G 15/64"	1	N	N	N
COMFORT EZ INS 1 ML 31GX5/16"	1	N	N	N
COMFORT EZ INSULIN SYR 0.3 ML	1	N	N	N
COMFORT EZ INSULIN SYR 0.5 ML	1	N	N	N
COMFORT EZ PRESSURE ACTIVT 28G	1	N	N	Y
COMFORT EZ SAFETY 23G LANCETS	1	N	N	Y
COMFORT EZ SAFETY 28G LANCETS	1	N	N	Y
COMFORT EZ SYR 0.3 ML 29GX1/2"	1	N	N	N
COMFORT EZ SYR 0.5 ML 28GX1/2"	1	N	N	N
COMFORT EZ SYR 0.5 ML 29GX1/2"	1	N	N	N
COMFORT EZ SYR 0.5 ML 30GX1/2"	1	N	N	N
COMFORT EZ SYR 1 ML 27G 12.7MM	1	N	N	N
COMFORT EZ SYR 1 ML 28GX1/2"	1	N	N	N
COMFORT EZ SYR 1 ML 29GX1/2"	1	N	N	N
COMFORT EZ SYR 1 ML 30GX1/2"	1	N	N	N
COMFORT EZ SYR 1 ML 30GX5/16"	1	N	N	N
COMFORT LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
COMFORT TOUCH ULT THIN 31G LAN	1	N	N	Y
COMFORTSEAL LARGE MASK	2	N	N	N
COMFORTSEAL MEDIUM MASK	2	N	N	N
COMFORTSEAL SMALL MASK	2	N	N	N
COMFORTTOUCH PLUS SAF 30G LANC	1	N	N	Y
COMIRNATY 2023-24(12Y UP) SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
COMIRNATY 2023-24(12Y UP) VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
COMIRNATY 2024-25(12Y UP) SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
COMIRNATY 2025-26(12Y UP) SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
COMIRNATY 2025-26(5-11Y) VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
COMIRNATY 30MCG/0.3ML VAC-GRAY	ZERO-COST SHARE/PREVENTATIVE	N	N	N
COMPACT SPACE CHAMBER	2	N	N	N
COMPACT SPACE CHAMBER-LRG MASK	2	N	N	N
COMPACT SPACE CHAMBER-MED MASK	2	N	N	N
COMPACT SPACE CHAMBER-SM MASK	2	N	N	N
COMPLETE NATAL DHA	1	N	N	N
COMPRO 25 MG SUPPOSITORY	1	N	N	N
CONJUGATED ESTROGEN 0.625MG TB	2	N	N	N
CONJUGATED ESTROGENS 0.3 MG TB	2	N	N	N
CONJUGATED ESTROGENS 0.45MG TB	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CONJUGATED ESTROGENS 0.9 MG TB	2	N	N	N
CONJUGATED ESTROGENS 1.25MG TB	2	N	N	N
CONSTULOSE 10 GM/15 ML SOLN	1	N	N	N
CORTISPORIN-TC EAR SUSPENSION	3	N	N	N
COSENTYX 150 MG/ML SYRINGE	4	N	Y	Y
COSENTYX 300 MG DOSE-2 SYRINGE	4	N	Y	Y
COSENTYX 75 MG/0.5 ML SYRINGE	4	N	Y	Y
COSENTYX SENSOREADY 150 MG PEN	4	N	Y	Y
COSENTYX SNRDY 300MG DOSE-2PEN	4	N	Y	Y
COSENTYX UNOREADY 300 MG PEN	4	N	Y	Y
COVARYX H.S. TABLET	2	N	N	N
COVARYX TABLET	2	N	N	N
CRENESSITY 100 MG CAPSULE	4	Y	N	Y
CRENESSITY 25 MG CAPSULE	4	Y	N	Y
CRENESSITY 50 MG CAPSULE	4	Y	N	Y
CRENESSITY 50 MG/ML SOLUTION	4	Y	N	Y
CREON DR 12,000 UNIT CAPSULE	2	N	N	N
CREON DR 24,000 UNIT CAPSULE	2	N	N	N
CREON DR 3,000 UNIT CAPSULE	2	N	N	N
CREON DR 36,000 UNIT CAPSULE	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CREON DR 6,000 UNIT CAPSULE	2	N	N	N
CRINONE 4% GEL	3	Y	N	N
CRINONE 8% GEL	3	Y	N	N
CROMOLYN 20 MG/2 ML NEB SOLN	2	N	N	N
CROMOLYN 4% EYE DROPS	1	N	N	N
CRYSELLE-28 TABLET	1	N	N	N
CTEXLI 250 MG TABLET	4	Y	N	Y
CURAE 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS ACNE TREATMENT 10% GEL	1	N	N	N
CVS ALLERGY 0.025% EYE DROPS	1	N	N	N
CVS ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
CVS ASPIRIN EC 81 MG TABLET	1	N	N	N
CVS BISACODYL EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS BUDESONIDE 32 MCG SPRAY	1	N	N	N
CVS EYE ITCH RELIEF 0.025% DRP	1	N	N	N
CVS FOAMING ACNE FACE 10% WASH	1	N	N	N
CVS FOLIC ACID 800 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS GENTLE LAXATIVE EC 5 MG TB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS LANCING DEVICE	1	N	N	Y
CVS MAGNESIUM CITRATE SOLUTION	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CVS MICRO THIN 33G LANCETS	1	N	N	Y
CVS MILK OF MAGNESIA SUSP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS NASAL ALLERGY 24HR SPRAY	1	N	N	N
CVS NICOTINE 14 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NICOTINE 2 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NICOTINE 4 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NICOTINE 7 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
CVS NIGHTTIME SLEEP 25 MG TAB	1	N	N	N
CVS PINWORM TREATMENT 50 MG/ML	1	N	N	N
CVS PRENATAL MULTI-DHA SOFTGEL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS PRENATAL MULTIVIT-DHA SFGL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS PRENATAL VITAMINS TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS PURELAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS SUPER B-COMPLEX-VIT C CPLT	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CVS THIN 26G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CVS ULTRA THIN 30G LANCETS	1	N	N	Y
CVS VITAMIN B-6 100 MG TABLET	1	N	N	N
CVS WOMEN'S GENTLE LAX EC 5 MG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
CYANOCOBALAMIN 1,000 MCG/ML VL	1	N	N	N
CYANOCOBALAMIN 10,000 MCG/10ML	1	N	N	N
CYANOCOBALAMIN 30,000 MCG/30ML	1	N	N	N
CYCLOBENZAPRINE 10 MG TABLET	1	N	N	N
CYCLOBENZAPRINE 5 MG TABLET	1	N	N	N
CYCLOPENTOLATE 0.5% EYE DROPS	2	N	N	N
CYCLOPENTOLATE 1% EYE DROP	1	N	N	N
CYCLOPENTOLATE 1% EYE DROPS	1	N	N	N
CYCLOPENTOLATE HCL 2% DROPS	2	N	N	N
CYCLOPHOSPHAMIDE 25 MG CAPSULE	4	N	N	N
CYCLOPHOSPHAMIDE 25 MG TABLET	4	N	N	N
CYCLOPHOSPHAMIDE 50 MG CAPSULE	4	N	N	N
CYCLOPHOSPHAMIDE 50 MG TABLET	4	N	N	N
CYCLOSERINE 250 MG CAPSULE	2	N	N	N
CYCLOSET 0.8 MG TABLET	3	N	N	N
CYCLOSPORINE 0.05% EYE EMULS	2	N	N	Y
CYCLOSPORINE 100 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CYCLOSPORINE 25 MG CAPSULE	1	N	N	N
CYCLOSPORINE MODIFIED 100 MG	1	N	N	N
CYCLOSPORINE MODIFIED 100MG/ML	1	N	N	N
CYCLOSPORINE MODIFIED 25 MG	1	N	N	N
CYCLOSPORINE MODIFIED 50 MG	1	N	N	N
CYPROHEPTADINE 2 MG/5 ML SOLN	1	N	N	N
CYPROHEPTADINE 2 MG/5 ML SYRUP	1	N	N	N
CYPROHEPTADINE 4 MG TABLET	1	N	N	N
CYRED 28 DAY TABLET	1	N	N	N
CYRED EQ 28 DAY TABLET	1	N	N	N
DABIGATRAN ETEXILATE 110 MG CP	2	N	N	N
DABIGATRAN ETEXILATE 150 MG CP	2	N	N	N
DABIGATRAN ETEXILATE 75 MG CAP	2	N	N	N
DALFAMPRIDINE ER 10 MG TABLET	4	N	N	Y
DANAZOL 100 MG CAPSULE	2	N	N	N
DANAZOL 200 MG CAPSULE	2	N	N	N
DANAZOL 50 MG CAPSULE	2	N	N	N
DANTROLENE SODIUM 100 MG CAP	2	N	N	Y
DANTROLENE SODIUM 25 MG CAP	2	N	N	Y
DANTROLENE SODIUM 50 MG CAP	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DANZITEN 71 MG TABLET	4	Y	N	Y
DANZITEN 95 MG TABLET	4	Y	N	Y
DAPSONE 100 MG TABLET	1	N	N	N
DAPSONE 25 MG TABLET	1	N	N	N
DAPSONE 5% GEL	2	N	Y	N
DARIFENACIN ER 15 MG TABLET	2	N	N	N
DARIFENACIN ER 7.5 MG TABLET	2	N	N	N
DARUNAVIR 600 MG TABLET	4	N	N	N
DARUNAVIR 800 MG TABLET	4	N	N	N
DASATINIB 100 MG TABLET	4	Y	N	Y
DASATINIB 140 MG TABLET	4	Y	N	Y
DASATINIB 20 MG TABLET	4	Y	N	Y
DASATINIB 50 MG TABLET	4	Y	N	Y
DASATINIB 70 MG TABLET	4	Y	N	Y
DASATINIB 80 MG TABLET	4	Y	N	Y
DASETTA 1-35-28 TABLET	1	N	N	N
DASETTA 7/7/7-28 TABLET	1	N	N	N
DAWNZERA 80 MG/0.8 ML PEN	4	Y	N	Y
DAYSEE 0.15-0.03-0.01 MG TAB	1	N	N	N
DEBLITANE 0.35 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DEFERIPRONE 1,000 MG TB(3X/DY)	4	Y	N	N
DEFERIPRONE 500 MG TABLET	4	Y	N	N
DEMECLOCYCLINE 150 MG TABLET	1	N	N	N
DEMECLOCYCLINE 300 MG TABLET	1	N	N	N
DENTA 5000 PLUS CREAM	1	N	N	N
DENTA 5000 PLUS SENSITIV PASTE	1	N	N	N
DENTAGEL 1.1% GEL	1	N	N	N
DERMACINRX LIDOCAN 5% PATCH	2	N	N	Y
DESCOVY 120-15 MG TABLET	4	N	N	N
DESCOVY 200-25 MG TABLET	4	N	N	N
DESIPRAMINE 10 MG TABLET	2	N	N	N
DESIPRAMINE 100 MG TABLET	2	N	N	N
DESIPRAMINE 150 MG TABLET	2	N	N	N
DESIPRAMINE 25 MG TABLET	2	N	N	N
DESIPRAMINE 50 MG TABLET	2	N	N	N
DESIPRAMINE 75 MG TABLET	2	N	N	N
DESLORATADINE 5 MG TABLET	1	N	N	N
DESMOPRESSIN 0.01% SOLUTION	2	N	N	N
DESMOPRESSIN 10 MCG/0.1 ML SPR	2	N	N	N
DESMOPRESSIN ACETATE 0.1 MG TB	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DESMOPRESSIN ACETATE 0.2 MG TB	2	N	N	N
DESOGESTREL-EE 0.15-0.03 MG TB	1	N	N	N
DESOGESTR-ETH ESTRAD ETH ESTRA	1	N	N	N
DESONIDE 0.05% CREAM	2	N	N	N
DESONIDE 0.05% LOTION	2	N	N	N
DESONIDE 0.05% OINTMENT	2	N	N	N
DESOXIMETASONE 0.25% CREAM	2	N	N	N
DESOXIMETASONE 0.25% OINTMENT	2	N	N	N
DESVENLAFAXINE SUCCNT ER 100MG	2	N	N	Y
DESVENLAFAXINE SUCCNT ER 25 MG	2	N	N	Y
DESVENLAFAXINE SUCCNT ER 50 MG	2	N	N	Y
DEXAMETHASONE 0.1% EYE DROP	1	N	N	N
DEXAMETHASONE 0.5 MG TABLET	1	N	N	N
DEXAMETHASONE 0.5 MG/5 ML ELX	1	N	N	N
DEXAMETHASONE 0.5 MG/5 ML LIQ	1	N	N	N
DEXAMETHASONE 0.75 MG TABLET	1	N	N	N
DEXAMETHASONE 1 MG TABLET	1	N	N	N
DEXAMETHASONE 1.5 MG TABLET	1	N	N	N
DEXAMETHASONE 2 MG TABLET	1	N	N	N
DEXAMETHASONE 4 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DEXAMETHASONE 6 MG TABLET	1	N	N	N
DEXCOM G6 RECEIVER	3	N	Y	Y
DEXCOM G6 SENSOR	3	N	Y	Y
DEXCOM G6 TRANSMITTER	3	N	Y	Y
DEXCOM G7 15 DAY SENSOR	3	N	Y	Y
DEXCOM G7 RECEIVER	3	N	Y	Y
DEXCOM G7 SENSOR	3	N	Y	Y
DEXMETHYLPHENIDATE 10 MG TAB	1	Y	N	Y
DEXMETHYLPHENIDATE 2.5 MG TAB	1	Y	N	Y
DEXMETHYLPHENIDATE 5 MG TAB	1	Y	N	Y
DEXMETHYLPHENIDATE ER 10 MG CP	2	Y	N	Y
DEXMETHYLPHENIDATE ER 15 MG CP	2	Y	N	Y
DEXMETHYLPHENIDATE ER 20 MG CP	2	Y	N	Y
DEXMETHYLPHENIDATE ER 25 MG CP	2	Y	N	Y
DEXMETHYLPHENIDATE ER 30 MG CP	2	Y	N	Y
DEXMETHYLPHENIDATE ER 35 MG CP	2	Y	N	Y
DEXMETHYLPHENIDATE ER 40 MG CP	2	Y	N	Y
DEXMETHYLPHENIDATE ER 5 MG CAP	2	Y	N	Y
DEXTROAMP-AMPHET ER 10 MG CAP	1	Y	N	Y
DEXTROAMP-AMPHET ER 15 MG CAP	1	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DEXTROAMP-AMPHET ER 20 MG CAP	1	Y	N	Y
DEXTROAMP-AMPHET ER 25 MG CAP	1	Y	N	Y
DEXTROAMP-AMPHET ER 30 MG CAP	1	Y	N	Y
DEXTROAMP-AMPHET ER 5 MG CAP	1	Y	N	Y
DEXTROAMP-AMPHETAM 12.5 MG TAB	1	Y	N	Y
DEXTROAMP-AMPHETAM 7.5 MG TAB	1	Y	N	Y
DEXTROAMP-AMPHETAMIN 10 MG TAB	1	Y	N	Y
DEXTROAMP-AMPHETAMIN 15 MG TAB	1	Y	N	Y
DEXTROAMP-AMPHETAMIN 20 MG TAB	1	Y	N	Y
DEXTROAMP-AMPHETAMIN 30 MG TAB	1	Y	N	Y
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	Y	N	Y
DEXTROAMPHETAMINE 10 MG TAB	1	Y	N	Y
DEXTROAMPHETAMINE 5 MG TAB	1	Y	N	Y
DEXTROAMPHETAMINE ER 10 MG CAP	2	Y	N	Y
DEXTROAMPHETAMINE ER 15 MG CAP	2	Y	N	Y
DEXTROAMPHETAMINE ER 5 MG CAP	2	Y	N	Y
DIACOMIT 250 MG CAPSULE	4	Y	N	Y
DIACOMIT 250 MG POWDER PACKET	4	Y	N	Y
DIACOMIT 500 MG CAPSULE	4	Y	N	Y
DIACOMIT 500 MG POWDER PACKET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DIALYVITE 800 TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
DIASTIX REAGENT STRIPS	1	N	N	N
DIAZEPAM 10 MG RECTAL GEL SYRG	2	N	N	N
DIAZEPAM 10 MG TABLET	1	N	N	N
DIAZEPAM 10MG RECTAL GEL (2PK)	2	N	N	N
DIAZEPAM 2 MG TABLET	1	N	N	N
DIAZEPAM 2.5MG RECTAL GEL(2PK)	2	N	N	N
DIAZEPAM 20 MG RECTAL GEL SYRG	2	N	N	N
DIAZEPAM 20MG RECTAL GEL (2PK)	2	N	N	N
DIAZEPAM 25 MG/5 ML ORAL CONC	2	N	N	N
DIAZEPAM 5 MG TABLET	1	N	N	N
DIAZEPAM 5 MG/5 ML ORAL CUP	1	N	N	N
DIAZEPAM 5 MG/5 ML SOLUTION	1	N	N	N
DIAZEPAM 5 MG/ML ORAL CONC	2	N	N	N
DICHLORPHENAMIDE 50 MG TABLET	4	Y	N	Y
DICLOFENAC 0.1% EYE DROPS	1	N	N	N
DICLOFENAC POT 50 MG TABLET	2	N	N	Y
DICLOFENAC SOD DR 25 MG TAB	2	N	N	Y
DICLOFENAC SOD DR 50 MG TAB	1	N	N	Y
DICLOFENAC SOD DR 75 MG TAB	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DICLOFENAC SOD EC 25 MG TAB	2	N	N	Y
DICLOFENAC SOD EC 50 MG TAB	1	N	N	Y
DICLOFENAC SOD EC 75 MG TAB	1	N	N	Y
DICLOFENAC SOD ER 100 MG TAB	2	N	N	Y
DICLOFENAC SODIUM 1% GEL	1	N	N	Y
DICLOFENAC SODIUM 3% GEL	2	N	N	Y
DICLOFENAC-MISOPROST 50-0.2 MG	2	Y	N	Y
DICLOFENAC-MISOPROST 75-0.2 MG	2	Y	N	Y
DICLOXACILLIN 250 MG CAPSULE	1	N	N	N
DICLOXACILLIN 500 MG CAPSULE	1	N	N	N
DICYCLOMINE 10 MG CAPSULE	1	N	N	N
DICYCLOMINE 10 MG/5 ML SOLN	2	N	N	Y
DICYCLOMINE 20 MG TABLET	1	N	N	N
DIDANOSINE DR 250 MG CAPSULE	4	N	N	N
DIDANOSINE DR 400 MG CAPSULE	4	N	N	N
DIFICID 40 MG/ML SUSPENSION	3	Y	N	Y
DIFLORASONE 0.05% CREAM	2	N	Y	N
DIFLUNISAL 500 MG TABLET	2	N	N	Y
DIGITEK 125 MCG TABLET	1	N	N	N
DIGITEK 250 MCG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DIGOXIN 0.05 MG/ML SOLUTION	1	N	N	N
DIGOXIN 0.125 MG TABLET	1	N	N	N
DIGOXIN 0.25 MG TABLET	1	N	N	N
DIGOXIN 125 MCG TABLET	1	N	N	N
DIGOXIN 250 MCG TABLET	1	N	N	N
DIHYDROERGOTAMINE 1 MG/ML AMP	2	Y	N	Y
DIHYDROERGOTAMINE 4 MG/ML SPRY	2	Y	N	Y
DILANTIN 30 MG CAPSULE	3	Y	N	Y
DILT XR 120 MG CAPSULE	1	N	N	N
DILT XR 180 MG CAPSULE	1	N	N	N
DILT XR 240 MG CAPSULE	1	N	N	N
DILTIAZEM 120 MG TABLET	1	N	N	N
DILTIAZEM 24H ER(CD) 120 MG CP	1	N	N	N
DILTIAZEM 24H ER(CD) 180 MG CP	1	N	N	N
DILTIAZEM 24H ER(CD) 240 MG CP	1	N	N	N
DILTIAZEM 24H ER(CD) 300 MG CP	1	N	N	N
DILTIAZEM 24H ER(CD) 360 MG CP	2	N	N	N
DILTIAZEM 24H ER(LA) 120 MG TB	2	N	N	N
DILTIAZEM 24H ER(LA) 180 MG TB	2	N	N	N
DILTIAZEM 24H ER(LA) 240 MG TB	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DILTIAZEM 24H ER(LA) 300 MG TB	2	N	N	N
DILTIAZEM 24H ER(LA) 360 MG TB	2	N	N	N
DILTIAZEM 24H ER(XR) 120 MG CP	1	N	N	N
DILTIAZEM 24H ER(XR) 180 MG CP	1	N	N	N
DILTIAZEM 24H ER(XR) 240 MG CP	1	N	N	N
DILTIAZEM 24HR ER 120 MG CAP	1	N	N	N
DILTIAZEM 24HR ER 180 MG CAP	1	N	N	N
DILTIAZEM 24HR ER 240 MG CAP	1	N	N	N
DILTIAZEM 24HR ER 300 MG CAP	1	N	N	N
DILTIAZEM 24HR ER 360 MG CAP	1	N	N	N
DILTIAZEM 24HR ER 420 MG CAP	1	N	N	N
DILTIAZEM 30 MG TABLET	1	N	N	N
DILTIAZEM 60 MG TABLET	1	N	N	N
DILTIAZEM 90 MG TABLET	1	N	N	N
DIMETHYL FUMARATE 30D START PK	2	N	N	Y
DIMETHYL FUMARATE DR 120 MG CP	2	N	N	Y
DIMETHYL FUMARATE DR 240 MG CP	2	N	N	Y
DIPENTUM 250 MG CAPSULE	3	N	Y	N
DIPHENOXYLATE-ATROP 2.5-0.025	1	N	N	N
DIPYRIDAMOLE 25 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DIPYRIDAMOLE 50 MG TABLET	1	N	N	N
DIPYRIDAMOLE 75 MG TABLET	1	N	N	N
DISOPYRAMIDE 100 MG CAPSULE	2	N	N	N
DISOPYRAMIDE 150 MG CAPSULE	2	N	N	N
DISULFIRAM 250 MG TABLET	2	N	N	N
DISULFIRAM 500 MG TABLET	2	N	N	N
DIVALPROEX DR 125 MG CAP SPRNK	2	N	N	N
DIVALPROEX SOD DR 125 MG TAB	1	N	N	N
DIVALPROEX SOD DR 250 MG TAB	1	N	N	N
DIVALPROEX SOD DR 500 MG TAB	1	N	N	N
DIVALPROEX SOD ER 250 MG TAB	2	N	N	N
DIVALPROEX SOD ER 500 MG TAB	2	N	N	N
DODEX 1,000 MCG/ML VIAL	1	N	N	N
DODEX 10,000 MCG/10 ML VIAL	1	N	N	N
DODEX 30,000 MCG/30 ML VIAL	1	N	N	N
DOFETILIDE 125 MCG CAPSULE	2	N	N	Y
DOFETILIDE 250 MCG CAPSULE	2	N	N	Y
DOFETILIDE 500 MCG CAPSULE	2	N	N	Y
DOLISHALE 90-20 MCG TABLET	1	N	N	N
DONEPEZIL HCL 10 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DONEPEZIL HCL 23 MG TABLET	2	N	N	N
DONEPEZIL HCL 5 MG TABLET	1	N	N	N
DONEPEZIL HCL ODT 10 MG TABLET	1	N	N	N
DONEPEZIL HCL ODT 5 MG TABLET	1	N	N	N
DORZOLAMIDE HCL 2% EYE DROPS	1	N	N	N
DORZOLAMIDE-TIMOLOL 2-0.5%(PF)	2	N	N	N
DORZOLAMIDE-TIMOLOL EYE DROPS	1	N	N	N
DOTTI 0.025 MG PATCH	2	N	N	Y
DOTTI 0.0375 MG PATCH	2	N	N	Y
DOTTI 0.05 MG PATCH	2	N	N	Y
DOTTI 0.075 MG PATCH	2	N	N	Y
DOTTI 0.1 MG PATCH	2	N	N	Y
DOVATO 50-300 MG TABLET	4	N	N	Y
DOXAZOSIN MESYLATE 1 MG TAB	1	N	N	N
DOXAZOSIN MESYLATE 2 MG TAB	1	N	N	N
DOXAZOSIN MESYLATE 4 MG TAB	1	N	N	N
DOXAZOSIN MESYLATE 8 MG TAB	1	N	N	N
DOXEPIN 10 MG CAPSULE	1	N	N	N
DOXEPIN 10 MG/ML ORAL CONC	1	N	N	N
DOXEPIN 100 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DOXEPIN 150 MG CAPSULE	1	N	N	N
DOXEPIN 25 MG CAPSULE	1	N	N	N
DOXEPIN 50 MG CAPSULE	1	N	N	N
DOXEPIN 75 MG CAPSULE	1	N	N	N
DOXERCALCIFEROL 0.5 MCG CAP	2	N	N	N
DOXERCALCIFEROL 1 MCG CAPSULE	2	N	N	N
DOXERCALCIFEROL 2.5 MCG CAP	2	N	N	N
DOXYCYCLINE 25 MG/5 ML SUSP	1	N	N	N
DOXYCYCLINE HYCLATE 100 MG CAP	1	N	N	N
DOXYCYCLINE HYCLATE 100 MG TAB	1	N	N	N
DOXYCYCLINE HYCLATE 20 MG TAB	1	N	N	N
DOXYCYCLINE HYCLATE 50 MG CAP	1	N	N	N
DOXYCYCLINE MONO 100 MG CAP	1	N	N	N
DOXYCYCLINE MONO 100 MG TABLET	1	N	N	N
DOXYCYCLINE MONO 50 MG CAP	1	N	N	N
DOXYCYCLINE MONO 50 MG TABLET	1	N	N	N
DOXYLAMINE-PYRIDOXINE 10-10 MG	2	N	Y	Y
D-PENAMINE 125 MG TABLET	4	Y	N	N
DRONABINOL 10 MG CAPSULE	1	N	N	N
DRONABINOL 2.5 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DRONABINOL 5 MG CAPSULE	1	N	N	N
DROPLET 0.3 ML 29G 12.7MM(1/2)	1	N	N	N
DROPLET 0.3 ML 30G 12.7MM(1/2)	1	N	N	N
DROPLET 0.5 ML 29GX12.5MM(1/2)	1	N	N	N
DROPLET 0.5 ML 30GX12.5MM(1/2)	1	N	N	N
DROPLET 30G LANCETS	1	N	N	Y
DROPLET GENTEEL LANCING DEVICE	1	N	N	Y
DROPLET INS 0.3 ML 29GX12.5MM	1	N	N	N
DROPLET INS 0.3ML 30G 8MM(1/2)	1	N	N	N
DROPLET INS 0.3ML 30GX12.5MM	1	N	N	N
DROPLET INS 0.3ML 31G 6MM(1/2)	1	N	N	N
DROPLET INS 0.3ML 31G 8MM(1/2)	1	N	N	N
DROPLET INS 0.5 ML 29G 12.7MM	1	N	N	N
DROPLET INS 0.5 ML 30G 12.7MM	1	N	N	N
DROPLET INS 0.5ML 30GX6MM(1/2)	1	N	N	N
DROPLET INS 0.5ML 30GX8MM(1/2)	1	N	N	N
DROPLET INS 0.5ML 31GX6MM(1/2)	1	N	N	N
DROPLET INS 0.5ML 31GX8MM(1/2)	1	N	N	N
DROPLET INS SYR 0.3 ML 30GX6MM	1	N	N	N
DROPLET INS SYR 0.3 ML 30GX8MM	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DROPLET INS SYR 0.3 ML 31GX6MM	1	N	N	N
DROPLET INS SYR 0.3 ML 31GX8MM	1	N	N	N
DROPLET INS SYR 0.5 ML 31G 6MM	1	N	N	N
DROPLET INS SYR 0.5 ML 31G 8MM	1	N	N	N
DROPLET INS SYR 0.5ML 30G 8MM	1	N	N	N
DROPLET INS SYR 1 ML 30G 8MM	1	N	N	N
DROPLET INS SYR 1 ML 30GX6MM	1	N	N	N
DROPLET INS SYR 1 ML 30GX8MM	1	N	N	N
DROPLET INS SYR 1 ML 31G 6MM	1	N	N	N
DROPLET INS SYR 1 ML 31G 8MM	1	N	N	N
DROPLET INS SYR 1 ML 31GX6MM	1	N	N	N
DROPLET INS SYR 1 ML 31GX8MM	1	N	N	N
DROPLET INS SYR 1ML 29G 12.7MM	1	N	N	N
DROPLET INS SYR 1ML 29GX12.5MM	1	N	N	N
DROPLET INS SYR 1ML 30G 12.7MM	1	N	N	N
DROPLET INS SYR 1ML 30GX12.5MM	1	N	N	N
DROPLET LANCING DEVICE	1	N	N	Y
DROPSAFE ACTI-LANCE 23G LANCET	1	N	N	Y
DROPSAFE INS SYR 0.3ML 31G 6MM	1	N	N	N
DROPSAFE INS SYR 0.3ML 31G 8MM	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DROPSAFE INS SYR 0.5ML 31G 6MM	1	N	N	N
DROPSAFE INS SYR 0.5ML 31G 8MM	1	N	N	N
DROPSAFE INSUL SYR 1ML 31G 6MM	1	N	N	N
DROPSAFE INSUL SYR 1ML 31G 8MM	1	N	N	N
DROPSAFE INSULN 1ML 29G 12.5MM	1	N	N	N
DROPSAFE MEDLANCE 30G LANCET	1	N	N	Y
DROPSAFE SICURA NDL 25G 25MM	1	N	N	N
DROSPIRENONE-EE 3-0.02 MG TAB	1	N	N	N
DROSPIRENONE-EE 3-0.03 MG TAB	1	N	N	N
DROXIA 200 MG CAPSULE	2	N	N	N
DROXIA 300 MG CAPSULE	2	N	N	N
DROXIA 400 MG CAPSULE	2	N	N	N
DRUG MART ULTRA COMFORT SYR	1	N	N	N
DRYSOL DAB-O-MATIC SOLUTION	1	N	N	N
DRYSOL SOLUTION	1	N	N	N
DUAVEE 0.45-20 MG TABLET	3	Y	N	N
DULCOLAX 1,200 MG/15 ML LIQUID	ZERO-COST SHARE/PREVENTATIVE	N	N	N
DULERA 100 MCG-5 MCG INHALER	2	N	N	Y
DULERA 200 MCG-5 MCG INHALER	2	N	N	Y
DULERA 50 MCG-5 MCG INHALER	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DULOXETINE HCL DR 20 MG CAP	1	N	N	Y
DULOXETINE HCL DR 30 MG CAP	1	N	N	Y
DULOXETINE HCL DR 60 MG CAP	1	N	N	Y
DUPIXENT 100 MG/0.67 ML SYRING	4	Y	N	Y
DUPIXENT 200 MG/1.14 ML PEN	4	Y	N	Y
DUPIXENT 200 MG/1.14 ML SYRING	4	Y	N	Y
DUPIXENT 300 MG/2 ML PEN	4	Y	N	Y
DUPIXENT 300 MG/2 ML SYRINGE	4	Y	N	Y
DUREX AVANTI REAL FEEL CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
DUREX EXTRA SENSITIVE CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
DUREX TROPICAL CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
DUTASTERIDE 0.5 MG CAPSULE	1	N	N	N
DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	N	N	N
E.E.S. 400 MG TABLET	1	N	N	N
EASIVENT HOLDING CHAMBER	2	N	N	N
EASIVENT MASK-LARGE	2	N	N	N
EASIVENT MASK-MEDIUM	2	N	N	N
EASIVENT MASK-SMALL	2	N	N	N
EASY COMFORT 0.3 ML 31G 1/2"	1	N	N	N
EASY COMFORT 0.3 ML 31G 5/16"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY COMFORT 0.5 ML 30GX1/2"	1	N	N	N
EASY COMFORT 0.5 ML 31GX5/16"	1	N	N	N
EASY COMFORT 0.5 ML 32GX5/16"	1	N	N	N
EASY COMFORT 0.5 ML SYRINGE	1	N	N	N
EASY COMFORT 1 ML 31GX5/16"	1	N	N	N
EASY COMFORT 1 ML 32GX5/16"	1	N	N	N
EASY COMFORT 30G LANCETS	1	N	N	Y
EASY COMFORT INSULIN 1 ML SYR	1	N	N	N
EASY COMFORT SYR 0.5ML 29G 8MM	1	N	N	N
EASY COMFORT SYR 1 ML 29G 8MM	1	N	N	N
EASY COMFORT SYR 1 ML 30GX1/2"	1	N	N	N
EASY COMFORT SYR 1 ML 32G 8MM	1	N	N	N
EASY GLIDE INS 0.3 ML 31GX6MM	1	N	N	N
EASY GLIDE INS 0.5 ML 31GX6MM	1	N	N	N
EASY GLIDE INS 1 ML 31GX6MM	1	N	N	N
EASY GLIDE LUER LOCK 1 ML SYR	1	N	N	N
EASY GLIDE LUER LOCK 10 ML SYR	1	N	N	N
EASY GLIDE LUER LOCK 3 ML SYR	1	N	N	N
EASY GLIDE LUER SLIP TB 1 ML	1	N	N	N
EASY MINI EJECT LANCING DEVICE	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH 0.3 ML SYR 30GX1/2"	1	N	N	N
EASY TOUCH 0.5 ML SYR 27GX1/2"	1	N	N	N
EASY TOUCH 0.5 ML SYR 29GX1/2"	1	N	N	N
EASY TOUCH 0.5 ML SYR 30GX1/2"	1	N	N	N
EASY TOUCH 0.5 ML SYR 30GX5/16	1	N	N	N
EASY TOUCH 1 ML SYR 27GX1/2"	1	N	N	N
EASY TOUCH 1 ML SYR 29GX1/2"	1	N	N	N
EASY TOUCH 1 ML SYR 30GX1/2"	1	N	N	N
EASY TOUCH FLIPLK 10ML 18GX1.5	1	N	N	N
EASY TOUCH FLIPLK 10ML 20GX1.5	1	N	N	N
EASY TOUCH FLIPLK 10ML 21GX1.5	1	N	N	N
EASY TOUCH FLIPLK 10ML 22GX1.5	1	N	N	N
EASY TOUCH FLIPLK 5 ML 20GX1.5	1	N	N	N
EASY TOUCH FLIPLK 5 ML 21GX1.5	1	N	N	N
EASY TOUCH FLIPLK 5 ML 22GX1.5	1	N	N	N
EASY TOUCH FLIPLK 5 ML 25GX5/8	1	N	N	N
EASY TOUCH FLIPLK NDL 30GX5/16	1	N	N	N
EASY TOUCH FLIPLK NDL 31GX5/16	1	N	N	N
EASY TOUCH FLIPLOCK 1 ML 25GX1	1	N	N	N
EASY TOUCH FLIPLOCK 10ML 21GX1	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH FLIPLOCK 3 ML 18GX1	1	N	N	N
EASY TOUCH FLIPLOCK 3 ML 19GX1	1	N	N	N
EASY TOUCH FLIPLOCK 3 ML 20GX1	1	N	N	N
EASY TOUCH FLIPLOCK 3 ML 21GX1	1	N	N	N
EASY TOUCH FLIPLOCK 3 ML 22GX1	1	N	N	N
EASY TOUCH FLIPLOCK 3 ML 23GX1	1	N	N	N
EASY TOUCH FLIPLOCK 3 ML 25GX1	1	N	N	N
EASY TOUCH FLIPLOCK 5 ML 18GX1	1	N	N	N
EASY TOUCH FLIPLOCK 5 ML 21GX1	1	N	N	N
EASY TOUCH FLIPLOCK 5 ML 25GX1	1	N	N	N
EASY TOUCH FLIPLOCK NDL 18GX1"	1	N	N	N
EASY TOUCH FLIPLOCK NDL 19GX1"	1	N	N	N
EASY TOUCH FLIPLOCK NDL 20GX1"	1	N	N	N
EASY TOUCH FLIPLOCK NDL 21GX1"	1	N	N	N
EASY TOUCH FLIPLOCK NDL 22GX1	1	N	N	N
EASY TOUCH FLIPLOCK NDL 23GX1"	1	N	N	N
EASY TOUCH FLIPLOCK NDL 25GX1"	1	N	N	N
EASY TOUCH FLIPLOCK NDL 26GX1"	1	N	N	N
EASY TOUCH FLIPLOCK NDL 27GX1"	1	N	N	N
EASY TOUCH FLIPLOCK SYR 20GX1"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH FLIPLOK 10 ML 18GX1	1	N	N	N
EASY TOUCH FLIPLOK 10 ML 20GX1	1	N	N	N
EASY TOUCH FLIPLOK 10 ML 25GX1	1	N	N	N
EASY TOUCH FLIPLOK 1ML 26GX3/8	1	N	N	N
EASY TOUCH FLIPLOK 1ML 27GX0.5	1	N	N	N
EASY TOUCH FLIPLOK 3ML 18GX1.5	1	N	N	N
EASY TOUCH FLIPLOK 3ML 19GX1.5	1	N	N	N
EASY TOUCH FLIPLOK 3ML 20GX1.5	1	N	N	N
EASY TOUCH FLIPLOK 3ML 21GX1.5	1	N	N	N
EASY TOUCH FLIPLOK 3ML 22GX1.5	1	N	N	N
EASY TOUCH FLIPLOK 3ML 23GX1.5	1	N	N	N
EASY TOUCH FLIPLOK 3ML 25GX5/8	1	N	N	N
EASY TOUCH FLIPLOK NDL 18GX1.5	1	N	N	N
EASY TOUCH FLIPLOK NDL 19GX1.5	1	N	N	N
EASY TOUCH FLIPLOK NDL 20GX1.5	1	N	N	N
EASY TOUCH FLIPLOK NDL 21GX1.5	1	N	N	N
EASY TOUCH FLIPLOK NDL 22GX1.5	1	N	N	N
EASY TOUCH FLIPLOK NDL 22GX3/4	1	N	N	N
EASY TOUCH FLIPLOK NDL 23GX1.5	1	N	N	N
EASY TOUCH FLIPLOK NDL 23GX5/8	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH FLIPLOK NDL 25GX1.5	1	N	N	N
EASY TOUCH FLIPLOK NDL 25GX5/8	1	N	N	N
EASY TOUCH FLIPLOK NDL 26GX1/2	1	N	N	N
EASY TOUCH FLIPLOK NDL 27GX1/2	1	N	N	N
EASY TOUCH FLIPLOK NDL 28GX1/2	1	N	N	N
EASY TOUCH FLIPLOK NDL 29GX1/2	1	N	N	N
EASY TOUCH FLIPLOK NDL 30GX1/2	1	N	N	N
EASY TOUCH FLURING 1ML 25GX5/8	1	N	N	N
EASY TOUCH FLURINGE 1 ML 25GX1	1	N	N	N
EASY TOUCH FLURINGE 25GX1 1 ML	1	N	N	N
EASY TOUCH FLURINGE 25GX5/8"	1	N	N	N
EASY TOUCH HYPODERMIC 16GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 16GX1.5"	1	N	N	N
EASY TOUCH HYPODERMIC 18GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 18GX1.25	1	N	N	N
EASY TOUCH HYPODERMIC 18GX1.5"	1	N	N	N
EASY TOUCH HYPODERMIC 19GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 19GX1.5"	1	N	N	N
EASY TOUCH HYPODERMIC 20GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 20GX1.5"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH HYPODERMIC 21GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 21GX1.5"	1	N	N	N
EASY TOUCH HYPODERMIC 22GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 22GX1.5"	1	N	N	N
EASY TOUCH HYPODERMIC 23GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 23GX1.25	1	N	N	N
EASY TOUCH HYPODERMIC 23GX1.5"	1	N	N	N
EASY TOUCH HYPODERMIC 23GX3/4"	1	N	N	N
EASY TOUCH HYPODERMIC 24GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 24GX1.25	1	N	N	N
EASY TOUCH HYPODERMIC 25GX1"	1	N	N	N
EASY TOUCH HYPODERMIC 25GX1.5"	1	N	N	N
EASY TOUCH HYPODERMIC 25GX5/8"	1	N	N	N
EASY TOUCH HYPODERMIC 26GX1/2"	1	N	N	N
EASY TOUCH HYPODERMIC 26GX3/8"	1	N	N	N
EASY TOUCH HYPODERMIC 26GX5/8"	1	N	N	N
EASY TOUCH HYPODERMIC 27GX1.25	1	N	N	N
EASY TOUCH HYPODERMIC 27GX1.5"	1	N	N	N
EASY TOUCH HYPODERMIC 27GX1/2"	1	N	N	N
EASY TOUCH HYPODERMIC 30GX1"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH HYPODERMIC 30GX1/2"	1	N	N	N
EASY TOUCH HYPODERMIC 31GX5/16	1	N	N	N
EASY TOUCH HYPODERMIC 32GX5/16	1	N	N	N
EASY TOUCH INSULIN 1ML 29GX1/2	1	N	N	N
EASY TOUCH INSULIN 1ML 30GX1/2	1	N	N	N
EASY TOUCH INSULIN SYR 0.3 ML	1	N	N	N
EASY TOUCH INSULIN SYR 0.5 ML	1	N	N	N
EASY TOUCH INSULIN SYR 1 ML	1	N	N	N
EASY TOUCH INSULN 1ML 29GX1/2"	1	N	N	N
EASY TOUCH INSULN 1ML 30GX1/2"	1	N	N	N
EASY TOUCH INSULN 1ML 30GX5/16	1	N	N	N
EASY TOUCH INSULN 1ML 31GX5/16	1	N	N	N
EASY TOUCH LANCING DEVICE	1	N	N	Y
EASY TOUCH LUER LOCK 1 ML SYR	1	N	N	N
EASY TOUCH LUER LOCK 10 ML SYR	1	N	N	N
EASY TOUCH LUER LOCK 3 ML SYR	1	N	N	N
EASY TOUCH LUER LOCK 5 ML SYR	1	N	N	N
EASY TOUCH LUER LOK INSUL 1 ML	1	N	N	N
EASY TOUCH PEN NEEDLE 29GX1/2"	1	N	N	N
EASY TOUCH PEN NEEDLE 30GX5/16	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH PEN NEEDLE 31GX1/4"	1	N	N	N
EASY TOUCH PEN NEEDLE 31GX3/16	1	N	N	N
EASY TOUCH PEN NEEDLE 31GX5/16	1	N	N	N
EASY TOUCH PEN NEEDLE 32GX1/4"	1	N	N	N
EASY TOUCH PEN NEEDLE 32GX3/16	1	N	N	N
EASY TOUCH PEN NEEDLE 32GX5/32	1	N	N	N
EASY TOUCH PULL-TOP 26G LANCET	1	N	N	Y
EASY TOUCH PULL-TOP 28G LANCET	1	N	N	Y
EASY TOUCH PULL-TOP 30G LANCET	1	N	N	Y
EASY TOUCH PULL-TOP 32G LANCET	1	N	N	Y
EASY TOUCH SAFETY 21G LANCETS	1	N	N	Y
EASY TOUCH SAFETY 23G LANCETS	1	N	N	Y
EASY TOUCH SAFETY 26G LANCETS	1	N	N	Y
EASY TOUCH SAFETY 28G LANCETS	1	N	N	Y
EASY TOUCH SAFETY 30G LANCETS	1	N	N	Y
EASY TOUCH SAFETY 32G LANCETS	1	N	N	Y
EASY TOUCH SHEATH 10 ML 25GX1"	1	N	N	N
EASY TOUCH SHEATH 10ML 21GX1.5	1	N	N	N
EASY TOUCH SHEATH 10ML 22GX1.5	1	N	N	N
EASY TOUCH SHEATH 3 ML 21GX1"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH SHEATH 3 ML 21GX1.5	1	N	N	N
EASY TOUCH SHEATH 3 ML 22GX1"	1	N	N	N
EASY TOUCH SHEATH 3 ML 22GX1.5	1	N	N	N
EASY TOUCH SHEATH 3 ML 23GX1"	1	N	N	N
EASY TOUCH SHEATH 3 ML 25GX1"	1	N	N	N
EASY TOUCH SHEATH 3 ML 25GX5/8	1	N	N	N
EASY TOUCH SHEATH 5 ML 21GX1.5	1	N	N	N
EASY TOUCH SHEATH 5 ML 22GX1.5	1	N	N	N
EASY TOUCH SHEATH 5 ML 25GX1"	1	N	N	N
EASY TOUCH SHEATHLOCK 10ML SYR	1	N	N	N
EASY TOUCH SHEATHLOCK 3 ML SYR	1	N	N	N
EASY TOUCH SYR 0.5ML 27G12.7MM	1	N	N	N
EASY TOUCH SYR 0.5ML 28G12.7MM	1	N	N	N
EASY TOUCH SYR 0.5ML 29G12.7MM	1	N	N	N
EASY TOUCH SYR 1 ML 25GX5/8"	1	N	N	N
EASY TOUCH SYR 1 ML 27G 12.7MM	1	N	N	N
EASY TOUCH SYR 1 ML 27G 16MM	1	N	N	N
EASY TOUCH SYR 1 ML 28G 12.7MM	1	N	N	N
EASY TOUCH SYR 1 ML 29G 12.7MM	1	N	N	N
EASY TOUCH SYR 26GX3/8" 1 ML	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH SYR 27GX1/2" 1 ML	1	N	N	N
EASY TOUCH SYR 3 ML 22GX1-1/2"	1	N	N	N
EASY TOUCH SYR 3 ML 25GX5/8"	1	N	N	N
EASY TOUCH SYRINGE 1 ML 25GX1"	1	N	N	N
EASY TOUCH SYRINGE 3 ML 20GX1"	1	N	N	N
EASY TOUCH SYRINGE 3 ML 21GX1"	1	N	N	N
EASY TOUCH SYRINGE 3 ML 22GX1"	1	N	N	N
EASY TOUCH SYRINGE 3 ML 23GX1"	1	N	N	N
EASY TOUCH SYRINGE 3 ML 25GX1"	1	N	N	N
EASY TOUCH TB FLP 1 ML 26GX5/8	1	N	N	N
EASY TOUCH TB FLP 1 ML 27GX1/2	1	N	N	N
EASY TOUCH TB FLP 1 ML 28GX1/2	1	N	N	N
EASY TOUCH TB SHLK 1ML 25GX5/8	1	N	N	N
EASY TOUCH TB SHLK 1ML 26GX5/8	1	N	N	N
EASY TOUCH TB SHLK 1ML 27GX1/2	1	N	N	N
EASY TOUCH TB SHLK 1ML 28GX1/2	1	N	N	N
EASY TOUCH TWIST 26G LANCETS	1	N	N	Y
EASY TOUCH TWIST 28G LANCETS	1	N	N	Y
EASY TOUCH TWIST 30G LANCETS	1	N	N	Y
EASY TOUCH TWIST 32G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH TWIST 33G LANCETS	1	N	N	Y
EASY TOUCH UNI-SLIP 10 ML SYR	1	N	N	N
EASY TOUCH UNI-SLIP 3 ML SYR	1	N	N	N
EASY TOUCH UNI-SLIP 5 ML SYR	1	N	N	N
EASY TOUCH UNI-SLIP SYR 1 ML	1	N	N	N
EASY TWIST & CAP 28G LANCETS	1	N	N	Y
EASY-COMFORT 30G SAFETY LANCET	1	N	N	Y
EASY-COMFORT 30G TWIST LANCET	1	N	N	Y
EASYPOINT NEEDLE 18G X 1"	1	N	N	N
EASYPOINT NEEDLE 18G X 1-1/2"	1	N	N	N
EASYPOINT NEEDLE 20G X 1"	1	N	N	N
EASYPOINT NEEDLE 20G X 1-1/2"	1	N	N	N
EASYPOINT NEEDLE 21G X 1"	1	N	N	N
EASYPOINT NEEDLE 21G X 1-1/2"	1	N	N	N
EASYPOINT NEEDLE 22G X 1"	1	N	N	N
EASYPOINT NEEDLE 22G X 1-1/2"	1	N	N	N
EASYPOINT NEEDLE 23G X 1"	1	N	N	N
EASYPOINT NEEDLE 25G 1.5"	1	N	N	N
EASYPOINT NEEDLE 25G 16MM	1	N	N	N
EASYPOINT NEEDLE 25G X 1"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASYPOINT NEEDLE 25G X 5/8"	1	N	N	N
EASY-TOUCH INS 1 ML 31GX5/16"	1	N	N	N
EC-NAPROXEN DR 375 MG TABLET	1	N	N	Y
EC-NAPROXEN DR 500 MG TABLET	2	N	N	Y
ECONAZOLE NITRATE 1% CREAM	2	N	N	N
ECONTRA EZ 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
ECONTRA ONE-STEP 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
ECOTRIN EC 81 MG TABLET	1	N	N	N
ED-SPAZ 0.125 MG ODT	1	N	N	N
EDURANT 25 MG TABLET	4	N	N	N
EDURANT PED 2.5MG TAB FOR SUSP	4	N	N	Y
EEMT DS 1.25-2.5 MG TABLET	2	N	N	N
EEMT HS 0.625-1.25 MG TABLET	2	N	N	N
EFAVIR-EMTRI-TENOF 600-200-300	2	N	N	N
EFAVIRENZ 200 MG CAPSULE	2	N	N	N
EFAVIRENZ 50 MG CAPSULE	2	N	N	N
EFAVIRENZ 600 MG TABLET	2	N	N	N
EFAVIR-LAMIV-TENOF 400-300-300	4	N	N	N
EFAVIR-LAMIV-TENOF 600-300-300	4	N	N	N
EFFER-K 25 MEQ TABLET EFF	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EKTERLY 300 MG TABLET	4	Y	N	Y
ELETRIPTAN HBR 20 MG TABLET	2	N	N	Y
ELETRIPTAN HBR 40 MG TABLET	2	N	N	Y
ELIGARD 22.5 MG SYRINGE KIT	4	Y	N	Y
ELIGARD 30 MG SYRINGE KIT	4	Y	N	Y
ELIGARD 45 MG SYRINGE KIT	4	Y	N	Y
ELIGARD 7.5 MG SYRINGE KIT	4	Y	N	Y
ELINEST-28 TABLET	1	N	N	N
ELIQUIS 2.5 MG TABLET	2	N	N	N
ELIQUIS 5 MG TABLET	2	N	N	N
ELIQUIS DVT-PE TREAT START 5MG	2	N	N	N
ELITE-OB CAPLET	1	N	N	N
ELLA 30 MG TABLET	3	N	N	N
ELMIRON 100 MG CAPSULE	3	Y	N	N
ELTROMBOPAG 12.5 MG SUSP PKT	4	Y	N	Y
ELTROMBOPAG 12.5 MG TABLET	4	Y	N	Y
ELTROMBOPAG 25 MG SUSP PACKET	4	Y	N	Y
ELTROMBOPAG 25 MG TABLET	4	Y	N	Y
ELTROMBOPAG 50 MG TABLET	4	Y	N	Y
ELTROMBOPAG 75 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ELURYNG VAGINAL RING	1	N	N	N
EMBRACE 21G SAFETY LANCET	1	N	N	Y
EMBRACE 28G SAFETY LANCET	1	N	N	Y
EMBRACE 30G LANCETS	1	N	N	Y
EMBRACE LANCING DEVICE	1	N	N	Y
EMCYT 140 MG CAPSULE	4	Y	N	N
EMGALITY 100 MG/ML SYR(1 OF 3)	2	Y	N	Y
EMGALITY 120 MG/ML PEN	2	Y	N	Y
EMGALITY 120 MG/ML SYRINGE	2	Y	N	Y
EMGALITY 300 MG (100 MG X3SYR)	2	Y	N	Y
EMTRICITABINE 200 MG CAPSULE	4	N	N	N
EMTRICITABINE-TENOFV 100-150MG	4	N	N	N
EMTRICITABINE-TENOFV 133-200MG	4	N	N	N
EMTRICITABINE-TENOFV 167-250MG	4	N	N	N
EMTRICITABINE-TENOFV 200-300MG	4	N	N	N
EMTRICIT-RILP-TENOF 200-25-300	4	N	N	N
EMTRIVA 10 MG/ML SOLUTION	4	N	N	N
EMVERM 100 MG TABLET CHEW	3	Y	N	Y
EMZAHH 0.35 MG TABLET	1	N	N	N
ENALAPRIL MALEATE 10 MG TAB	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ENALAPRIL MALEATE 2.5 MG TAB	1	N	N	N
ENALAPRIL MALEATE 20 MG TAB	1	N	N	N
ENALAPRIL MALEATE 5 MG TABLET	1	N	N	N
ENALAPRIL-HCTZ 10-25 MG TABLET	1	N	N	N
ENALAPRIL-HCTZ 5-12.5 MG TAB	1	N	N	N
ENBREL 25 MG KIT	4	N	Y	Y
ENBREL 25 MG/0.5 ML SYRINGE	4	N	Y	Y
ENBREL 25 MG/0.5 ML VIAL	4	N	Y	Y
ENBREL 50 MG/ML MINI CARTRIDGE	4	N	Y	Y
ENBREL 50 MG/ML SURECLICK	4	N	Y	Y
ENBREL 50 MG/ML SYRINGE	4	N	Y	Y
ENDOCET 10-325 MG TABLET	1	N	Y	N
ENDOCET 2.5-325 MG TABLET	1	N	Y	N
ENDOCET 5-325 MG TABLET	1	N	Y	N
ENDOCET 7.5-325 MG TABLET	1	N	Y	N
ENILLORING VAGINAL RING	1	N	N	N
ENOXAPARIN 100 MG/ML SYRINGE	4	N	N	N
ENOXAPARIN 120 MG/0.8 ML SYR	4	N	N	N
ENOXAPARIN 150 MG/ML SYRINGE	4	N	N	N
ENOXAPARIN 30 MG/0.3 ML SYR	4	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ENOXAPARIN 300 MG/3 ML VIAL	4	N	N	N
ENOXAPARIN 40 MG/0.4 ML SYR	4	N	N	N
ENOXAPARIN 60 MG/0.6 ML SYR	4	N	N	N
ENOXAPARIN 80 MG/0.8 ML SYR	4	N	N	N
ENPRESSE-28 TABLET	1	N	N	N
ENSACOVE 100 MG CAPSULE	4	Y	N	Y
ENSACOVE 25 MG CAPSULE	4	Y	N	Y
ENSKYCE 28 TABLET	1	N	N	N
ENTACAPONE 200 MG TABLET	2	N	N	N
ENTECAVIR 0.5 MG TABLET	4	N	N	Y
ENTECAVIR 1 MG TABLET	4	N	N	Y
ENTYVIO 108 MG/0.68 ML PEN	4	N	Y	Y
ENULOSE 10 GM/15 ML SOLUTION	1	N	N	N
EOHILIA 2 MG/10 ML PACKET	4	Y	N	Y
EPCLUSA 150-37.5 MG PELLET PKT	4	Y	N	Y
EPCLUSA 200 MG-50 MG TABLET	4	Y	N	Y
EPCLUSA 200-50 MG PELLET PACK	4	Y	N	Y
EPCLUSA 400 MG-100 MG TABLET	4	Y	N	Y
EPINASTINE HCL 0.05% EYE DROPS	2	N	N	N
EPINEPHRINE 0.15 MG AUTO-INJCT	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EPINEPHRINE 0.3 MG AUTO-INJECT	2	N	N	N
EPITOL 200 MG TABLET	1	N	N	N
EPIVIR HBV 25 MG/5 ML SOLN	4	N	N	Y
EPLERENONE 25 MG TABLET	2	N	N	N
EPLERENONE 50 MG TABLET	2	N	N	N
EQ ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
EQ ASPIRIN EC 81 MG TABLET	1	N	N	N
EQ BUDESONIDE 32 MCG SPRAY	1	N	N	N
EQ CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
EQ GENTLE LAXATIVE DR 5 MG TAB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
EQ MAGNESIUM CITRATE SOLUTION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
EQ NASAL ALLERGY 24HR SPRAY	1	N	N	N
EQ NICOTINE 14 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
EQ NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
EQ NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
EQ NICOTINE 2 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
EQ NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
EQ NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
EQ NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
EQ NICOTINE 4 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EQ NICOTINE 7 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
EQ SPACE CHAMBER	2	N	N	N
EQ SPACE CHAMBER-LARGE MASK	2	N	N	N
EQ SPACE CHAMBER-MEDIUM MASK	2	N	N	N
EQ SPACE CHAMBER-SMALL MASK	2	N	N	N
EQL ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
EQL ASPIRIN EC 81 MG TABLET	1	N	N	N
EQL CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
EQL GENTLE LAXATIVE EC 5 MG TB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
EQL INS SYR 1 ML 29GX1/2"	1	N	N	N
EQL INSUL SYR 0.3 ML 31GX5/16"	1	N	N	N
EQL INSUL SYR 0.5 ML 31GX5/16"	1	N	N	N
EQL INSULIN 0.3 ML SYRINGE	1	N	N	N
EQL INSULIN 0.5 ML SYRINGE	1	N	N	N
EQL INSULIN 1 ML SYRINGE	1	N	N	N
EQL INSULIN SYR 1 ML 31GX5/16"	1	N	N	N
EQL MICRO THIN 33G LANCETS	1	N	N	Y
EQL VITAMIN B-6 100 MG TABLET	1	N	N	N
ERGOLOID MESYLATES 1 MG TAB	2	N	N	N
ERGOMAR 2 MG TABLET SL	3	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ERGOMAR 2 MG TABLET SUBLINGUAL	3	N	N	Y
ERGOTAMINE-CAFFEINE 1-100MG TB	2	N	N	N
ERIVEDGE 150 MG CAPSULE	4	Y	N	Y
ERLEADA 240 MG TABLET	4	Y	N	Y
ERLEADA 60 MG TABLET	4	Y	N	Y
ERLOTINIB HCL 100 MG TABLET	4	Y	N	Y
ERLOTINIB HCL 150 MG TABLET	4	Y	N	Y
ERLOTINIB HCL 25 MG TABLET	4	Y	N	Y
ERRIN 0.35 MG TABLET	1	N	N	N
ERY 2% PADS	2	N	N	N
ERYGEL 2% GEL	2	N	N	N
ERY-TAB DR 250 MG TABLET	2	N	N	N
ERY-TAB DR 333 MG TABLET	2	N	N	N
ERYTHROCIN 250 MG TABLET	2	N	N	N
ERYTHROMYCIN 0.5% EYE OINTMENT	1	N	N	N
ERYTHROMYCIN 2% GEL	2	N	N	N
ERYTHROMYCIN 2% SOLUTION	1	N	N	N
ERYTHROMYCIN 200 MG/5 ML SUSP	2	Y	N	N
ERYTHROMYCIN 250 MG TABLET	2	N	N	N
ERYTHROMYCIN 400 MG/5 ML SUSP	2	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ERYTHROMYCIN 500 MG TABLET	2	N	N	N
ERYTHROMYCIN DR 250 MG CAP	1	N	N	N
ERYTHROMYCIN DR 250 MG TABLET	2	N	N	N
ERYTHROMYCIN DR 333 MG TABLET	2	N	N	N
ERYTHROMYCIN DR 500 MG TABLET	2	N	N	N
ERYTHROMYCIN ES 400 MG TAB	1	N	N	N
ERYTHROMYCIN-BENZOYL GEL	2	N	Y	N
ERZOFRI 117 MG/0.75 ML SYRINGE	2	Y	N	Y
ERZOFRI 156 MG/ML SYRINGE	2	Y	N	Y
ERZOFRI 234 MG/1.5 ML SYRINGE	2	Y	N	Y
ERZOFRI 351 MG/2.25 ML SYRINGE	2	Y	N	Y
ERZOFRI 39 MG/0.25 ML SYRINGE	2	Y	N	Y
ERZOFRI 78 MG/0.5 ML SYRINGE	2	Y	N	Y
ESCITALOPRAM 10 MG TABLET	1	N	N	Y
ESCITALOPRAM 10 MG/10 ML CUP	2	N	N	Y
ESCITALOPRAM 20 MG TABLET	1	N	N	Y
ESCITALOPRAM 5 MG TABLET	1	N	N	Y
ESCITALOPRAM OXALATE 5 MG/5 ML	2	N	N	Y
ESLICARBAZEPINE 200 MG TABLET	2	Y	N	Y
ESLICARBAZEPINE 400 MG TABLET	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ESLICARBAZEPINE 600 MG TABLET	2	Y	N	Y
ESLICARBAZEPINE 800 MG TABLET	2	Y	N	Y
ESOMEPRAZOLE DR 10 MG PACKET	2	Y	N	Y
ESOMEPRAZOLE DR 2.5 MG PACKET	2	Y	N	Y
ESOMEPRAZOLE DR 20 MG PACKET	2	Y	N	Y
ESOMEPRAZOLE DR 40 MG PACKET	2	Y	N	Y
ESOMEPRAZOLE DR 5 MG PACKET	2	Y	N	Y
ESOMEPRAZOLE MAG DR 20 MG CAP	1	N	N	Y
ESOMEPRAZOLE MAG DR 40 MG CAP	1	N	N	Y
ESTARYLLA 0.25-0.035 MG TABLET	1	N	N	N
ESTAZOLAM 1 MG TABLET	1	N	N	Y
ESTAZOLAM 2 MG TABLET	1	N	N	Y
ESTRADIOL 0.01% CREAM	2	N	N	N
ESTRADIOL 0.025 MG PATCH(1/WK)	2	N	N	Y
ESTRADIOL 0.025 MG PATCH(2/WK)	2	N	N	Y
ESTRADIOL 0.0375MG PATCH(1/WK)	2	N	N	Y
ESTRADIOL 0.0375MG PATCH(2/WK)	2	N	N	Y
ESTRADIOL 0.05 MG PATCH (1/WK)	2	N	N	Y
ESTRADIOL 0.05 MG PATCH (2/WK)	2	N	N	Y
ESTRADIOL 0.06 MG PATCH (1/WK)	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ESTRADIOL 0.075 MG PATCH(1/WK)	2	N	N	Y
ESTRADIOL 0.075 MG PATCH(2/WK)	2	N	N	Y
ESTRADIOL 0.1 MG PATCH (1/WK)	2	N	N	Y
ESTRADIOL 0.1 MG PATCH (2/WK)	2	N	N	Y
ESTRADIOL 0.5 MG TABLET	1	N	N	N
ESTRADIOL 1 MG TABLET	1	N	N	N
ESTRADIOL 10 MCG VAGINAL INSRT	2	N	N	N
ESTRADIOL 2 MG TABLET	1	N	N	N
ESTRADIOL-NORETH 0.5-0.1 MG TB	2	N	N	N
ESTRADIOL-NORETH 1-0.5 MG TAB	2	N	N	N
ESTROGEN-METHYLTESTOS F.S. TAB	2	N	N	N
ESTROGEN-METHYLTESTOS H.S. TAB	2	N	N	N
ESZOPICLONE 1 MG TABLET	1	N	N	Y
ESZOPICLONE 2 MG TABLET	1	N	N	Y
ESZOPICLONE 3 MG TABLET	1	N	N	Y
ETHACRYNIC ACID 25 MG TABLET	2	Y	N	N
ETHAMBUTOL HCL 100 MG TABLET	1	N	N	N
ETHAMBUTOL HCL 400 MG TABLET	1	N	N	N
ETHOSUXIMIDE 250 MG CAPSULE	2	N	N	N
ETHOSUXIMIDE 250 MG/5 ML SOLN	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1	N	N	N
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1	N	N	N
ETODOLAC 200 MG CAPSULE	2	N	N	Y
ETODOLAC 300 MG CAPSULE	2	N	N	Y
ETODOLAC 400 MG TABLET	1	N	N	Y
ETODOLAC 500 MG TABLET	1	N	N	Y
ETODOLAC ER 400 MG TABLET	2	N	N	Y
ETODOLAC ER 500 MG TABLET	2	N	N	Y
ETODOLAC ER 600 MG TABLET	2	N	N	Y
ETONOGESTREL-EE VAGINAL RING	1	N	N	N
ETOPOSIDE 50 MG CAPSULE	4	Y	N	N
ETRAVIRINE 100 MG TABLET	4	N	N	N
ETRAVIRINE 200 MG TABLET	4	N	N	N
EUCRISA 2% OINTMENT	3	N	Y	Y
EULEXIN 125 MG CAPSULE	4	Y	N	N
EUTHYROX 100 MCG TABLET	1	N	N	N
EUTHYROX 112 MCG TABLET	1	N	N	N
EUTHYROX 125 MCG TABLET	1	N	N	N
EUTHYROX 137 MCG TABLET	1	N	N	N
EUTHYROX 150 MCG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EUTHYROX 175 MCG TABLET	1	N	N	N
EUTHYROX 200 MCG TABLET	1	N	N	N
EUTHYROX 25 MCG TABLET	1	N	N	N
EUTHYROX 50 MCG TABLET	1	N	N	N
EUTHYROX 75 MCG TABLET	1	N	N	N
EUTHYROX 88 MCG TABLET	1	N	N	N
EVEROLIMUS 10 MG TABLET	4	Y	N	Y
EVEROLIMUS 2 MG TAB FOR SUSP	4	Y	N	N
EVEROLIMUS 2.5 MG TABLET	4	Y	N	Y
EVEROLIMUS 3 MG TAB FOR SUSP	4	Y	N	N
EVEROLIMUS 5 MG TAB FOR SUSP	4	Y	N	N
EVEROLIMUS 5 MG TABLET	4	Y	N	Y
EVEROLIMUS 7.5 MG TABLET	4	Y	N	Y
EVOTAZ 300 MG-150 MG TABLET	4	N	N	N
EXEL 3 ML SYRN 27G X 1 1/4"	1	N	N	N
EXEL HUBER 22GX3/4" NEEDLE	1	N	N	N
EXEL HUBER NEEDLE 22GX1"	1	N	N	N
EXEL HYPO NEEDLE 16GX1"	1	N	N	N
EXEL HYPO NEEDLE 18GX1"	1	N	N	N
EXEL HYPO NEEDLE 18GX1.5"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EXEL HYPO NEEDLE 19GX1"	1	N	N	N
EXEL HYPO NEEDLE 19GX1.5"	1	N	N	N
EXEL HYPO NEEDLE 20GX0.75"	1	N	N	N
EXEL HYPO NEEDLE 20GX1"	1	N	N	N
EXEL HYPO NEEDLE 20GX1.5"	1	N	N	N
EXEL HYPO NEEDLE 21GX1"	1	N	N	N
EXEL HYPO NEEDLE 21GX1.5"	1	N	N	N
EXEL HYPO NEEDLE 22GX0.75"	1	N	N	N
EXEL HYPO NEEDLE 22GX1"	1	N	N	N
EXEL HYPO NEEDLE 22GX1.5"	1	N	N	N
EXEL HYPO NEEDLE 23GX0.75"	1	N	N	N
EXEL HYPO NEEDLE 23GX1"	1	N	N	N
EXEL HYPO NEEDLE 25GX0.625"	1	N	N	N
EXEL HYPO NEEDLE 25GX0.75"	1	N	N	N
EXEL HYPO NEEDLE 25GX1"	1	N	N	N
EXEL HYPO NEEDLE 25GX1.5"	1	N	N	N
EXEL HYPO NEEDLE 26GX0.375"	1	N	N	N
EXEL HYPO NEEDLE 26GX0.5"	1	N	N	N
EXEL HYPO NEEDLE 26GX0.625"	1	N	N	N
EXEL HYPO NEEDLE 26GX1.5"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EXEL HYPO NEEDLE 27GX0.5"	1	N	N	N
EXEL HYPO NEEDLE 30GX0.5"	1	N	N	N
EXEL INS SYR U100 1 ML 28GX1/2	1	N	N	N
EXEL MTI DRAWING NDL 20GX1"	1	N	N	N
EXEL MTI DRAWING NDL 21GX1"	1	N	N	N
EXEL MTI DRAWING NDL 22GX1"	1	N	N	N
EXEL SYRINGE 20GX1" 3 ML	1	N	N	N
EXEL SYRINGE 20GX1-1/2" 3 ML	1	N	N	N
EXEL SYRINGE 21GX1" 3 ML	1	N	N	N
EXEL SYRINGE 21GX1-1/2" 3 ML	1	N	N	N
EXEL SYRINGE 22GX1" 3 ML	1	N	N	N
EXEL SYRINGE 22GX1-1/2" 3 ML	1	N	N	N
EXEL SYRINGE 22GX3/4" 3 ML	1	N	N	N
EXEL SYRINGE 23GX1" 3 ML	1	N	N	N
EXEL SYRINGE 25GX1" 3 ML	1	N	N	N
EXEL SYRINGE 3 ML	1	N	N	N
EXEL SYRINGE 5 ML	1	N	N	N
EXEL TB WITH NEEDLE 25GX5/8"	1	N	N	N
EXEL TB WITH NEEDLE 26GX3/8"	1	N	N	N
EXEL TB WITH NEEDLE 27GX1/2"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EXEL TUBERCULIN SYRINGE 1 ML	1	N	N	N
EXEL U100 0.3 ML 29GX1/2"	1	N	N	N
EXEL U100 0.3 ML 30GX5/16"	1	N	N	N
EXEL U100 0.5 ML 28GX1/2"	1	N	N	N
EXEL U100 0.5 ML 29GX1/2"	1	N	N	N
EXEL U100 0.5 ML 30GX5/16"	1	N	N	N
EXEL U100 1 ML 30GX5/16"	1	N	N	N
EXEL U100 INS SYR 1 ML 29GX1/2	1	N	N	N
EXEMESTANE 25 MG TABLET	1	N	N	N
EXKIVITY 40 MG CAPSULE	4	Y	N	Y
EYE ITCH RELIEF 0.025% DROPS	1	N	N	N
E-Z JECT COLORED LANCETS	1	N	N	Y
E-Z JECT LANCETS	1	N	N	Y
E-Z PULL & CLICK LANCING DEV	1	N	N	Y
EZ SMART 28G LANCETS	1	N	N	Y
EZETIMIBE 10 MG TABLET	1	N	N	N
EZETIMIBE-SIMVASTATIN 10-10 MG	2	Y	N	Y
EZETIMIBE-SIMVASTATIN 10-20 MG	2	Y	N	Y
EZETIMIBE-SIMVASTATIN 10-40 MG	2	Y	N	Y
EZETIMIBE-SIMVASTATIN 10-80 MG	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
E-ZJECT COLOR 32G LANCETS	1	N	N	Y
E-ZJECT COLOR 33G LANCETS	1	N	N	Y
E-ZJECT SUPER THIN 30G LANCETS	1	N	N	Y
E-ZJECT THIN LANCETS	1	N	N	Y
EZ-LETS 26G LANCETS	1	N	N	Y
FALMINA-28 TABLET	1	N	N	N
FAMCICLOVIR 125 MG TABLET	1	N	N	N
FAMCICLOVIR 250 MG TABLET	1	N	N	N
FAMCICLOVIR 500 MG TABLET	1	N	N	N
FAMOTIDINE 20 MG TABLET	1	N	N	N
FAMOTIDINE 40 MG TABLET	1	N	N	N
FAMOTIDINE 40 MG/5 ML SUSP	2	N	N	N
FANTASY CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FARXIGA 10 MG TABLET	2	Y	N	Y
FARXIGA 5 MG TABLET	2	Y	N	Y
FARYDAK 10 MG CAPSULE	4	Y	N	Y
FARYDAK 15 MG CAPSULE	4	Y	N	Y
FARYDAK 20 MG CAPSULE	4	Y	N	Y
FC2 FEMALE CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FEBUXOSTAT 40 MG TABLET	2	N	Y	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FEBUXOSTAT 80 MG TABLET	2	N	Y	Y
FEIRZA 1 MG-20 MCG TABLET	1	N	N	N
FEIRZA 1.5 MG-30 MCG TABLET	1	N	N	N
FELBAMATE 400 MG TABLET	2	Y	N	N
FELBAMATE 600 MG TABLET	2	Y	N	N
FELBAMATE 600 MG/5 ML SUSP	2	Y	N	N
FELBAMATE 600 MG/5 ML SUSP CUP	2	Y	N	N
FELODIPINE ER 10 MG TABLET	1	N	N	N
FELODIPINE ER 2.5 MG TABLET	1	N	N	N
FELODIPINE ER 5 MG TABLET	1	N	N	N
FEMCAP 22 MM CERVICAL CAP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FEMCAP 26 MM CERVICAL CAP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FEMCAP 30 MM CERVICAL CAP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FEMYNOR 28 TABLET	1	N	N	N
FENOFIBRATE 134 MG CAPSULE	1	N	N	N
FENOFIBRATE 145 MG TABLET	1	N	N	N
FENOFIBRATE 160 MG TABLET	1	N	N	N
FENOFIBRATE 200 MG CAPSULE	1	N	N	N
FENOFIBRATE 48 MG TABLET	1	N	N	N
FENOFIBRATE 54 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FENOFIBRATE 67 MG CAPSULE	1	N	N	N
FENOFIBRIC ACID DR 135 MG CAP	1	N	N	N
FENOFIBRIC ACID DR 45 MG CAP	1	N	N	N
FENTANYL 100 MCG/HR PATCH	1	N	Y	N
FENTANYL 12 MCG/HR PATCH	1	N	Y	N
FENTANYL 25 MCG/HR PATCH	1	N	Y	N
FENTANYL 50 MCG/HR PATCH	1	N	Y	N
FENTANYL 75 MCG/HR PATCH	1	N	Y	N
FENTANYL CIT 100 MCG BUCCAL TB	3	Y	N	N
FENTANYL CIT 200 MCG BUCCAL TB	3	Y	N	N
FENTANYL CIT 400 MCG BUCCAL TB	3	Y	N	N
FENTANYL CIT 600 MCG BUCCAL TB	3	Y	N	N
FENTANYL CIT 800 MCG BUCCAL TB	3	Y	N	N
FENTANYL CIT OTFC 1,200 MCG	1	N	Y	N
FENTANYL CIT OTFC 1,600 MCG	1	N	Y	N
FENTANYL CITRATE OTFC 200 MCG	1	N	Y	N
FENTANYL CITRATE OTFC 400 MCG	1	N	Y	N
FENTANYL CITRATE OTFC 600 MCG	1	N	Y	N
FENTANYL CITRATE OTFC 800 MCG	1	N	Y	N
FENTORA 100 MCG BUCCAL TABLET	3	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FENTORA 200 MCG BUCCAL TABLET	3	Y	N	N
FENTORA 400 MCG BUCCAL TABLET	3	Y	N	N
FENTORA 600 MCG BUCCAL TABLET	3	Y	N	N
FENTORA 800 MCG BUCCAL TABLET	3	Y	N	N
FEROCON CAPSULE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FERRIC CITRATE 210 MG TABLET	3	Y	Y	Y
FESOTERODINE ER 4 MG TABLET	2	N	Y	Y
FESOTERODINE ER 8 MG TABLET	2	N	Y	Y
FIDAXOMICIN 200 MG TABLET	2	Y	N	Y
FIFTY50 INS 0.3 ML 31GX5/16"	1	N	N	N
FIFTY50 INS 0.5 ML 31GX5/16"	1	N	N	N
FIFTY50 INS SYR 1 ML 31GX5/16"	1	N	N	N
FIFTY50 UNILET 33G LANCETS	1	N	N	Y
FILSUVEZ 10% GEL	4	Y	N	N
FINASTERIDE 5 MG TABLET	1	N	N	N
FINGERSTIX LANCETS	1	N	N	Y
FINGOLIMOD 0.5 MG CAPSULE	4	N	N	Y
FINZALA 1-0.02(24)-75 CHEW TAB	1	N	N	N
FIRST-LANSOPRAZOLE 3 MG/ML	4	Y	N	Y
FIRST-OMEPRAZOLE 2 MG/ML SUSP	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLAC OTIC OIL 0.01% EAR DROP	2	N	N	N
FLAVOXATE HCL 100 MG TABLET	1	N	N	N
FLEBOGAMMA DIF 5% VIAL	4	Y	N	N
FLECAINIDE ACETATE 100 MG TAB	1	N	N	N
FLECAINIDE ACETATE 150 MG TAB	1	N	N	N
FLECAINIDE ACETATE 50 MG TAB	1	N	N	N
FLEET BISACODYL EC 5 MG TAB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLEXICHAMBER	2	N	N	N
FLOTREX 0.25 MG TABLET CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLOTREX 0.5 MG TABLET CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLOTREX 1 MG TABLET CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUAD 2025-2026 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUAD QUAD 2022-2023 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUAD QUAD 2023-2024 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUAD TRIVALENT 2024-2025 SYR	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUARIX 2025-2026 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUARIX QUAD 2022-2023 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUARIX QUAD 2023-2024 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUARIX TRIVALENT 2024-25 SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUBLOK 2025-2026 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLUBLOK QUAD 2022-2023 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUBLOK QUAD 2023-2024 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUBLOK TRIVALENT 2024-25 SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUCELVAX 2025-2026 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUCELVAX QUAD 2022-2023 SYR	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUCELVAX QUAD 2022-2023 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUCELVAX QUAD 2023-2024 SYR	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUCELVAX QUAD 2023-2024 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUCELVAX TRIVAL 2024-2025 SYR	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUCELVAX TRIVAL 2024-2025 VL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUCONAZOLE 10 MG/ML SUSP	1	N	N	Y
FLUCONAZOLE 100 MG TABLET	1	N	N	Y
FLUCONAZOLE 150 MG TABLET	1	N	N	Y
FLUCONAZOLE 200 MG TABLET	1	N	N	Y
FLUCONAZOLE 40 MG/ML SUSP	1	N	N	Y
FLUCONAZOLE 50 MG TABLET	1	N	N	Y
FLUDROCORTISONE 0.1 MG TABLET	1	N	N	N
FLULAVAL 2025-2026 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLULAVAL QUAD 2022-2023 SYRING	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLULAVAL QUAD 2023-2024 SYRING	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLULAVAL TRIVALENT 2024-25 SYR	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUMIST 2025-2026 NASAL SPRAY	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUMIST HOME 2025-2026 NASAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUMIST QUAD NASAL 2022-23 VAC	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUMIST QUAD NASAL 2023-24 VAC	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUMIST TRIVALNT NASAL 2024-25	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUNISOLIDE 0.025% SPRAY	2	N	Y	N
FLUOCINOLONE 0.01% BODY OIL	2	N	N	N
FLUOCINOLONE 0.01% CREAM	2	N	N	N
FLUOCINOLONE 0.01% SCALP OIL	2	N	N	N
FLUOCINOLONE 0.01% SOLUTION	2	N	N	N
FLUOCINOLONE 0.025% CREAM	1	N	N	N
FLUOCINOLONE 0.025% OINTMENT	2	N	N	N
FLUOCINOLONE OIL 0.01% EAR DRP	2	N	N	N
FLUOCINONIDE 0.05% CREAM	2	N	N	N
FLUOCINONIDE 0.05% OINTMENT	2	N	N	N
FLUOCINONIDE 0.05% SOLUTION	2	N	N	N
FLUORIDE 0.25 MG TABLET CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUORIDE 0.5 MG TABLET CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUORIDE 1 MG TABLET CHEWABLE	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLUOROMETHOLONE 0.1% EYE DROP	1	N	N	N
FLUOROURACIL 2% TOPICAL SOLN	1	N	N	Y
FLUOROURACIL 5% CREAM	1	N	N	Y
FLUOROURACIL 5% TOPICAL SOLN	1	N	N	Y
FLUOXETINE 20 MG/5 ML SOLN CUP	2	N	N	Y
FLUOXETINE 20 MG/5 ML SOLUTION	2	N	N	Y
FLUOXETINE HCL 10 MG CAPSULE	1	N	N	Y
FLUOXETINE HCL 10 MG TABLET	2	N	N	Y
FLUOXETINE HCL 20 MG CAPSULE	1	N	N	Y
FLUOXETINE HCL 20 MG TABLET	2	N	N	Y
FLUOXETINE HCL 40 MG CAPSULE	1	N	N	Y
FLUPHENAZINE 1 MG TABLET	2	Y	N	Y
FLUPHENAZINE 10 MG TABLET	2	Y	N	Y
FLUPHENAZINE 2.5 MG TABLET	2	Y	N	Y
FLUPHENAZINE 2.5 MG/5 ML ELIX	2	Y	N	Y
FLUPHENAZINE 2.5 MG/ML VIAL	2	Y	N	Y
FLUPHENAZINE 5 MG TABLET	2	Y	N	Y
FLUPHENAZINE 5 MG/ML CONC	2	Y	N	Y
FLUPHENAZINE DEC 125 MG/5 ML	2	Y	N	Y
FLURANDRENOLIDE 0.05% CREAM	2	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLURAZEPAM 15 MG CAPSULE	1	N	N	Y
FLURAZEPAM 30 MG CAPSULE	1	N	N	Y
FLURBIPROFEN 0.03% EYE DROP	2	N	N	N
FLURBIPROFEN 100 MG TABLET	1	N	N	Y
FLUTAMIDE 125 MG CAPSULE	4	Y	N	N
FLUTICASONE PROP 0.005% OINT	1	N	N	N
FLUTICASONE PROP 0.05% CREAM	1	N	N	N
FLUTICASONE PROP 50 MCG SPRAY	1	N	N	Y
FLUTICASONE-SALMETEROL 100-50	1	N	N	Y
FLUTICASONE-SALMETEROL 250-50	1	N	N	Y
FLUTICASONE-SALMETEROL 500-50	1	N	N	Y
FLUVOXAMINE MALEATE 100 MG TAB	2	N	N	Y
FLUVOXAMINE MALEATE 25 MG TAB	2	N	N	Y
FLUVOXAMINE MALEATE 50 MG TAB	2	N	N	Y
FLUZONE 2025-2026 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE HIGH-DOSE 2025-26 SYR	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE HIGH-DOSE QUAD 2022-23	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE HIGH-DOSE QUAD 2023-24	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE HIGH-DOSE TRIV 2024-25	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE QUAD 2022-2023 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLUZONE QUAD 2022-2023 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE QUAD 2023-2024 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE QUAD 2023-2024 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE TRIVALENT 2024-25 SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FLUZONE TRIVALENT 2024-25 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FOLIC ACID 0.4 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FOLIC ACID 0.8 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FOLIC ACID 1 MG TABLET	1	N	N	N
FOLIC ACID 400 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FOLIC ACID 800 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FOLITAB 500 CAPLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FOLIVANE-OB CAPSULE	1	N	N	N
FOLTABS 800 TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FONDAPARINUX 10 MG/0.8 ML SYR	4	N	N	N
FONDAPARINUX 2.5 MG/0.5 ML SYR	4	N	N	N
FONDAPARINUX 5 MG/0.4 ML SYR	4	N	N	N
FONDAPARINUX 7.5 MG/0.6 ML SYR	4	N	N	N
FONDCIRCLE 30G LANCET	1	N	N	Y
FONDCIRCLE LANCING DEVICE	1	N	N	Y
FORA 30G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FORA LANCING DEVICE	1	N	N	Y
FORACARE 30G LANCETS	1	N	N	Y
FORZINITY 280 MG/3.5 ML VIAL	4	Y	N	Y
FOSAMAX PLUS D 70 MG-2800 UNIT	3	N	N	Y
FOSAMAX PLUS D 70 MG-5600 UNIT	3	N	N	Y
FOSAMPRENAVIR 700 MG TABLET	4	N	N	N
FOSFOMYCIN 3 GM SACHET	2	N	N	N
FOSINOPRIL SODIUM 10 MG TAB	1	N	N	N
FOSINOPRIL SODIUM 20 MG TAB	1	N	N	N
FOSINOPRIL SODIUM 40 MG TAB	1	N	N	N
FOSINOPRIL-HCTZ 10-12.5 MG TAB	2	N	N	N
FOSINOPRIL-HCTZ 20-12.5 MG TAB	2	N	N	N
FRAGMIN 10,000 UNIT/4 ML VIAL	4	N	N	N
FRAGMIN 10,000 UNIT/ML SYRINGE	4	N	N	N
FRAGMIN 12,500 UNIT/0.5 ML SYR	4	N	N	N
FRAGMIN 15,000 UNIT/0.6 ML SYR	4	N	N	N
FRAGMIN 18,000 UNIT/0.72 ML	4	N	N	N
FRAGMIN 2,500 UNIT/0.2 ML SYR	4	N	N	N
FRAGMIN 5,000 UNIT/0.2 ML SYR	4	N	N	N
FRAGMIN 7,500 UNIT/0.3 ML SYR	4	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FRAGMIN 95,000 UNIT/3.8 ML VL	4	N	N	N
FREESTYLE 28G LANCETS	1	N	N	Y
FREESTYLE CONTROL SOLUTION	1	N	N	N
FREESTYLE FREEDOM KIT	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FREESTYLE FREEDOM LITE METER	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FREESTYLE INSULINX GLUCOSE SYS	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FREESTYLE INSULINX TEST STRIP	1	N	N	Y
FREESTYLE INSULINX TEST STRIPS	1	N	N	Y
FREESTYLE LIBRE 14 DAY READER	2	N	Y	Y
FREESTYLE LIBRE 14 DAY SENSOR	2	N	Y	Y
FREESTYLE LIBRE 2 PLUS SENSOR	2	N	Y	Y
FREESTYLE LIBRE 2 READER	2	N	Y	Y
FREESTYLE LIBRE 2 SENSOR	2	N	Y	Y
FREESTYLE LIBRE 3 PLUS SENSOR	2	N	Y	Y
FREESTYLE LIBRE 3 PLUS SENSOR	2	N	N	Y
FREESTYLE LIBRE 3 READER	2	N	Y	Y
FREESTYLE LIBRE 3 SENSOR	2	N	Y	Y
FREESTYLE LITE METER	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FREESTYLE LITE TEST STRIP	1	N	N	Y
FREESTYLE PREC 0.5 ML 30GX5/16	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FREESTYLE PREC 0.5 ML 31GX5/16	1	N	N	N
FREESTYLE PREC 1 ML 30GX5/16"	1	N	N	N
FREESTYLE PREC 1 ML 31GX5/16"	1	N	N	N
FREESTYLE PREC NEO TEST STRIPS	1	N	N	Y
FREESTYLE SYSTEM KIT	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FREESTYLE TEST STRIPS	1	N	N	Y
FREESTYLE UNISTIK 2 LANCETS	1	N	N	Y
FROVATRIPTAN SUCC 2.5 MG TAB	2	N	N	Y
FT 24H NASAL ALLERGY 55MCG SPR	1	N	N	N
FT ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
FT ASPIRIN EC 81 MG TABLET	1	N	N	N
FT CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FT FOLIC ACID 400 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FT FOLIC ACID 800 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FT LAXATIVE EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FT MAGNESIUM CITRATE SOLUTION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FT MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FT NICOTINE 14 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FT NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FT NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FT NICOTINE 2 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FT NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FT NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FT NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FT NICOTINE 4 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FT NICOTINE 7 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
FT PRENATAL TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FT SLEEP AID 25 MG TABLET	1	N	N	N
FT VITAMIN B-6 100 MG TABLET	1	N	N	N
FULL SPECTRUM B WITH VIT C TAB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
FUROSEMIDE 10 MG/ML SOLUTION	1	N	N	N
FUROSEMIDE 20 MG TABLET	1	N	N	N
FUROSEMIDE 40 MG TABLET	1	N	N	N
FUROSEMIDE 40 MG/5 ML SOLN	1	N	N	N
FUROSEMIDE 80 MG TABLET	1	N	N	N
FUZEON 90 MG VIAL	4	N	N	Y
FYAVOLV 0.5 MG-2.5 MCG TABLET	2	N	N	N
FYAVOLV 1 MG-5 MCG TABLET	2	N	N	N
G TUSSIN AC LIQUID	1	N	N	N
GABAPENTIN 100 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GABAPENTIN 250 MG/5 ML SOLN	2	N	N	N
GABAPENTIN 250 MG/5ML SOLN CUP	2	N	N	N
GABAPENTIN 300 MG CAPSULE	1	N	N	N
GABAPENTIN 300 MG/6 ML SOLN	2	N	N	N
GABAPENTIN 300 MG/6ML SOLN CUP	2	N	N	N
GABAPENTIN 400 MG CAPSULE	1	N	N	N
GABAPENTIN 600 MG TABLET	1	N	N	N
GABAPENTIN 800 MG TABLET	1	N	N	N
GALANTAMINE 4 MG/ML ORAL SOLN	2	N	N	N
GALANTAMINE ER 16 MG CAPSULE	2	N	N	N
GALANTAMINE ER 24 MG CAPSULE	2	N	N	N
GALANTAMINE ER 8 MG CAPSULE	2	N	N	N
GALANTAMINE HBR 12 MG TABLET	2	N	N	N
GALANTAMINE HBR 4 MG TABLET	2	N	N	N
GALANTAMINE HBR 8 MG TABLET	2	N	N	N
GALBRIELA 0.8-0.025 MG CHEW TB	1	N	N	N
GALLIFREY 5 MG TABLET	1	N	N	N
GATIFLOXACIN 0.5% EYE DROPS	2	N	N	N
GAVILAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GAVILYTE-C SOLUTION	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GAVILYTE-G SOLUTION	1	N	N	N
GAVILYTE-N SOLUTION	1	N	N	N
GE LANCING DEVICE	1	N	N	Y
GELCLAIR ORAL GEL PACKET	3	N	N	Y
GEMFIBROZIL 600 MG TABLET	1	N	N	N
GENERLAC 10 GM/15 ML SOLUTION	1	N	N	N
GENGRAF 100 MG CAPSULE	1	N	N	N
GENGRAF 100 MG/ML SOLUTION	1	N	N	N
GENGRAF 25 MG CAPSULE	1	N	N	N
GENTAK 0.3 % EYE OINTMENT	1	N	N	N
GENTAMICIN 0.1% CREAM	1	N	N	N
GENTAMICIN 0.1% OINTMENT	1	N	N	N
GENTAMICIN 0.3% EYE DROP	1	N	N	N
GENTEEL VACUUM LANCING DEVICE	1	N	N	Y
GENTLE LAXATIVE 1,200 MG/15 ML	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GENTLE LAXATIVE EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GENVOYA TABLET	4	N	N	N
GILOTRIF 20 MG TABLET	4	Y	N	Y
GILOTRIF 30 MG TABLET	4	Y	N	Y
GILOTRIF 40 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GLATIRAMER 20 MG/ML SYRINGE	4	N	N	Y
GLATIRAMER 40 MG/ML SYRINGE	4	N	N	Y
GLATOPA 20 MG/ML SYRINGE	4	N	N	Y
GLATOPA 40 MG/ML SYRINGE	4	N	N	Y
GLIMEPIRIDE 1 MG TABLET	1	N	N	N
GLIMEPIRIDE 2 MG TABLET	1	N	N	N
GLIMEPIRIDE 4 MG TABLET	1	N	N	N
GLIPIZIDE 10 MG TABLET	1	N	N	N
GLIPIZIDE 5 MG TABLET	1	N	N	N
GLIPIZIDE ER 10 MG TABLET	1	N	N	N
GLIPIZIDE ER 2.5 MG TABLET	1	N	N	N
GLIPIZIDE ER 5 MG TABLET	1	N	N	N
GLIPIZIDE XL 10 MG TABLET	1	N	N	N
GLIPIZIDE XL 2.5 MG TABLET	1	N	N	N
GLIPIZIDE XL 5 MG TABLET	1	N	N	N
GLIPIZIDE-METFORMIN 2.5-250 MG	1	N	N	N
GLIPIZIDE-METFORMIN 2.5-500 MG	1	N	N	N
GLIPIZIDE-METFORMIN 5-500 MG	1	N	N	N
GLUCAGON 1 MG EMERGENCY KIT	2	N	N	N
GLUCOCOM 28G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GLUCOCOM 30G LANCETS	1	N	N	Y
GLUCOCOM 33G LANCETS	1	N	N	Y
GLYBURIDE 1.25 MG TABLET	1	N	N	N
GLYBURIDE 2.5 MG TABLET	1	N	N	N
GLYBURIDE 5 MG TABLET	1	N	N	N
GLYBURIDE MICRO 1.5 MG TAB	1	N	N	N
GLYBURIDE MICRO 3 MG TABLET	1	N	N	N
GLYBURIDE MICRO 6 MG TABLET	1	N	N	N
GLYBURIDE-METFORMIN 2.5-500 MG	1	N	N	N
GLYBURIDE-METFORMIN 5-500 MG	1	N	N	N
GLYBURID-METFORMIN 1.25-250 MG	1	N	N	N
GLYCOPYRROLATE 1 MG TABLET	1	N	N	N
GLYCOPYRROLATE 1 MG/5 ML SOLN	2	Y	N	N
GLYCOPYRROLATE 2 MG TABLET	1	N	N	N
GLYXAMBI 10 MG-5 MG TABLET	2	Y	N	Y
GLYXAMBI 25 MG-5 MG TABLET	2	Y	N	Y
GNP ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
GNP ASPIRIN EC 81 MG TABLET	1	N	N	N
GNP BUDESONIDE 32 MCG SPRAY	1	N	N	N
GNP CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GNP FOLIC ACID 400 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GNP GENTLE LAXATIVE EC 5 MG TB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GNP INS SYR 0.3 ML 29GX1/2"	1	N	N	N
GNP INS SYRINGE 1 ML 28G 1/2"	1	N	N	N
GNP INSUL SYR 0.3 ML 31GX5/16"	1	N	N	N
GNP INSUL SYR 0.5 ML 31GX5/16"	1	N	N	N
GNP INSULIN SYR 1 ML 31GX5/16"	1	N	N	N
GNP LANCING SYSTEM DEVICE	1	N	N	Y
GNP MAGNESIUM CITRATE SOLUTION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GNP MILK OF MAGNESIA SUSP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GNP NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GNP NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GNP NICOTINE 2 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GNP NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GNP NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GNP NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GNP NICOTINE 4 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GNP NIGHTTIME SLEEP 25 MG TAB	1	N	N	N
GNP PRENATAL TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GNP SLEEP AID 25 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GNP STERILE 33G LANCET	1	N	N	Y
GNP ULT C 0.3ML 29GX1/2" (1/2)	1	N	N	N
GNP ULT CMFRT 0.5 ML 29GX1/2"	1	N	N	N
GNP ULTICARE PEN NDL 31G 5MM	1	N	N	N
GNP ULTICARE PEN NDL 31G 8MM	1	N	N	N
GNP ULTICARE PEN NDL 32G 4MM	1	N	N	N
GNP ULTICARE PEN NDL 32G 6MM	1	N	N	N
GNP ULTR CMFRT 0.5 ML 28GX1/2"	1	N	N	N
GNP ULTRA COMFORT 0.5 ML SYR	1	N	N	N
GNP ULTRA COMFORT 1 ML SYRINGE	1	N	N	N
GNP ULTRA COMFORT 3/10 ML SYR	1	N	N	N
GNP UNIVERSAL 1 STANDARD 21G	1	N	N	Y
GNP UNIVERSAL 1 THIN 26G LANCT	1	N	N	Y
GNP VITAMIN B-6 100 MG TABLET	1	N	N	N
GOJJI LANCETS 30G	1	N	N	Y
GOJJI LANCING DEVICE	1	N	N	Y
GOMEKLI 1 MG CAPSULE	4	Y	N	Y
GOMEKLI 1 MG TABLET FOR SUSP	4	Y	N	Y
GOMEKLI 2 MG CAPSULE	4	Y	N	Y
GRANISETRON HCL 1 MG TABLET	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GRASTEK 2,800 BAU SL TABLET	3	Y	N	Y
GRISEOFULVIN 125 MG/5 ML SUSP	1	N	N	Y
GRISEOFULVIN MICRO 500 MG TAB	1	N	N	Y
GRISEOFULVIN ULTRA 125 MG TAB	1	N	N	Y
GRISEOFULVIN ULTRA 250 MG TAB	1	N	N	Y
GS ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
GS ASPIRIN EC 81 MG TABLET	1	N	N	N
GS BISACODYL EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GS CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GS MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
GS NASAL ALLERGY 24HR SPRAY	1	N	N	N
GS NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GS NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GS NICOTINE 2 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GS NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GS NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GS NICOTINE 4 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
GS SLEEP AID 25 MG TABLET	1	N	N	N
GS SLEEP AID ULTRA 25 MG TAB	1	N	N	N
GUAIATUSSIN AC LIQUID	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GUAIFEN-CODEINE 100-10 MG/5 ML	1	N	N	N
GUAIFEN-CODEINE 200-20 MG/10ML	1	N	N	N
GUAIFENESIN AC COUGH SYRUP	1	N	N	N
GUANFACINE 1 MG TABLET	1	N	N	N
GUANFACINE 2 MG TABLET	1	N	N	N
GUANFACINE HCL ER 1 MG TABLET	1	N	N	N
GUANFACINE HCL ER 2 MG TABLET	1	N	N	N
GUANFACINE HCL ER 3 MG TABLET	1	N	N	N
GUANFACINE HCL ER 4 MG TABLET	1	N	N	N
GVOKE 1 MG/0.2 ML KIT	2	N	N	N
GVOKE 1 MG/0.2 ML VIAL	2	N	N	N
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	2	N	N	N
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	2	N	N	N
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	2	N	N	N
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	2	N	N	N
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	2	N	N	N
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	2	N	N	N
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	2	N	N	N
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	2	N	N	N
GYNAZOLE 1 2% CREAM	3	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HAILEY 21 1.5 MG-30 MCG TAB	1	N	N	N
HAILEY 24 FE 1 MG-20 MCG TAB	1	N	N	N
HAILEY FE 1.5-30 TABLET	1	N	N	N
HAILEY FE 1-20 TABLET	1	N	N	N
HALOBETASOL PROP 0.05% CREAM	2	N	N	N
HALOETTE VAGINAL RING	1	N	N	N
HALOPERIDOL 0.5 MG TABLET	1	Y	N	Y
HALOPERIDOL 1 MG TABLET	1	Y	N	Y
HALOPERIDOL 10 MG TABLET	1	Y	N	Y
HALOPERIDOL 2 MG TABLET	1	Y	N	Y
HALOPERIDOL 20 MG TABLET	1	Y	N	Y
HALOPERIDOL 5 MG TABLET	1	Y	N	Y
HALOPERIDOL DEC 100 MG/ML AMP	2	Y	N	N
HALOPERIDOL DEC 100 MG/ML VIAL	2	Y	N	N
HALOPERIDOL DEC 250 MG/5 ML VL	2	Y	N	N
HALOPERIDOL DEC 50 MG/ML AMPUL	2	Y	N	N
HALOPERIDOL DEC 50 MG/ML VIAL	2	Y	N	N
HALOPERIDOL DEC 500 MG/5 ML VL	2	Y	N	N
HALOPERIDOL LAC 10 MG/5 ML CUP	1	Y	N	Y
HALOPERIDOL LAC 2 MG/ML CONC	1	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HALOPERIDOL LAC 5 MG/ML SYRING	1	Y	N	N
HALOPERIDOL LAC 5 MG/ML VIAL	1	Y	N	N
HALOPERIDOL LAC 50 MG/10 ML VL	1	Y	N	N
HARLIKU 2 MG TABLET	4	Y	N	Y
HARVONI 33.75-150 MG PELLET PK	4	Y	N	N
HARVONI 45-200 MG PELLET PACKT	4	Y	N	N
HARVONI 45-200 MG TABLET	4	Y	N	N
HARVONI 90-400 MG TABLET	4	Y	N	N
HEALTHWISE INS 0.3ML 30GX5/16"	1	N	N	N
HEALTHWISE INS 0.3ML 31GX5/16"	1	N	N	N
HEALTHWISE INS 0.5ML 30GX5/16"	1	N	N	N
HEALTHWISE INS 0.5ML 31GX5/16"	1	N	N	N
HEALTHWISE INS 1 ML 30GX5/16"	1	N	N	N
HEALTHWISE INS 1 ML 31GX5/16"	1	N	N	N
HEALTHY ACCENTS AUTOLET DEVICE	1	N	N	Y
HEALTHY ACCENTS PENTP 12MM 29G	1	N	N	N
HEALTHY ACCENTS UNILET 30G	1	N	N	Y
HEATHER 0.35 MG TABLET	1	N	N	N
HEB MICRO THIN 33G LANCETS	1	N	N	Y
HEMA-COMBISTIX REAGENT STRIPS	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HEMMOREX-HC 25 MG SUPPOSITORY	1	N	N	N
HEPARIN 10,000 UNIT/10 ML VIAL	2	N	N	N
HEPARIN 2,000 UNIT/2 ML VIAL	2	N	N	N
HEPARIN 30,000 UNIT/30 ML VIAL	2	N	N	N
HEPARIN 40,000 UNIT/4 ML VIAL	2	N	N	N
HEPARIN 5,000 UNIT/ML CARPUJCT	2	N	N	N
HEPARIN 50,000 UNIT/10 ML VIAL	2	N	N	N
HEPARIN 50,000 UNIT/5 ML VIAL	2	N	N	N
HEPARIN SOD 1,000 UNIT/ML VIAL	2	N	N	N
HEPARIN SOD 10,000 UNIT/ML VL	2	N	N	N
HEPARIN SOD 20,000 UNIT/ML VL	2	N	N	N
HEPARIN SOD 5,000 UNIT/0.5 ML	2	N	N	N
HEPARIN SOD 5,000 UNIT/ML SYRG	2	N	N	N
HEPARIN SOD 5,000 UNIT/ML VIAL	2	N	N	N
HER STYLE 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
HERNEXEOS 60 MG TABLET	4	Y	N	Y
HM 24H NASAL ALLERGY 55MCG SPR	1	N	N	N
HM ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
HM ASPIRIN EC 81 MG TABLET	1	N	N	N
HM CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HM LAXATIVE EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
HM MAGNESIUM CITRATE SOLUTION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
HM MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
HM NICOTINE 14 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM NICOTINE 2 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM NICOTINE 4 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM NICOTINE 7 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
HM ULTICARE PEN NEEDLE 4MM 32G	1	N	N	N
HM ULTICARE PEN NEEDLE 5MM 31G	1	N	N	N
HM ULTICARE PEN NEEDLE 6MM 31G	1	N	N	N
HM ULTICARE PEN NEEDLE 8MM 31G	1	N	N	N
HOMATROPAIRE 5% EYE DROPS	1	N	N	N
HUMALOG 100 UNIT/ML CARTRIDGE	2	N	N	N
HUMALOG 100 UNIT/ML KWIKPEN	2	N	N	N
HUMALOG 100 UNIT/ML VIAL	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HUMALOG JR 100 UNIT/ML KWIKPEN	2	N	N	N
HUMALOG MIX 50-50 KWIKPEN	2	N	N	N
HUMALOG MIX 50-50 VIAL	2	N	N	N
HUMALOG MIX 75-25 KWIKPEN	2	N	N	N
HUMALOG MIX 75-25 VIAL	2	N	N	N
HUMULIN 70/30 KWIKPEN	2	N	N	N
HUMULIN 70-30 VIAL	2	N	N	N
HUMULIN N 100 UNIT/ML KWIKPEN	2	N	N	N
HUMULIN N 100 UNIT/ML VIAL	2	N	N	N
HUMULIN R 100 UNIT/ML VIAL	2	N	N	N
HUMULIN R 500 UNIT/ML KWIKPEN	2	N	N	N
HUMULIN R 500 UNIT/ML VIAL	2	N	N	N
HV MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
HYCAMTIN 0.25 MG CAPSULE	4	Y	N	N
HYCAMTIN 1 MG CAPSULE	4	Y	N	N
HYDRALAZINE 10 MG TABLET	1	N	N	N
HYDRALAZINE 100 MG TABLET	1	N	N	N
HYDRALAZINE 25 MG TABLET	1	N	N	N
HYDRALAZINE 50 MG TABLET	1	N	N	N
HYDROCHLOROTHIAZIDE 12.5 MG CP	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROCHLOROTHIAZIDE 12.5 MG TB	1	N	N	N
HYDROCHLOROTHIAZIDE 25 MG TAB	1	N	N	N
HYDROCHLOROTHIAZIDE 50 MG TAB	1	N	N	N
HYDROCODONE ER 10 MG CAPSULE	2	N	Y	N
HYDROCODONE ER 100 MG TABLET	2	N	Y	N
HYDROCODONE ER 120 MG TABLET	2	N	Y	N
HYDROCODONE ER 15 MG CAPSULE	2	N	Y	N
HYDROCODONE ER 20 MG CAPSULE	2	N	Y	N
HYDROCODONE ER 20 MG TABLET	2	N	Y	N
HYDROCODONE ER 30 MG CAPSULE	2	N	Y	N
HYDROCODONE ER 30 MG TABLET	2	N	Y	N
HYDROCODONE ER 40 MG CAPSULE	2	N	Y	N
HYDROCODONE ER 40 MG TABLET	2	N	Y	N
HYDROCODONE ER 50 MG CAPSULE	2	N	Y	N
HYDROCODONE ER 60 MG TABLET	2	N	Y	N
HYDROCODONE ER 80 MG TABLET	2	N	Y	N
HYDROCODONE-ACETAMIN 10-300 MG	1	N	Y	N
HYDROCODONE-ACETAMIN 10-300/15	2	N	Y	N
HYDROCODONE-ACETAMIN 10-325 MG	1	N	Y	N
HYDROCODONE-ACETAMIN 10-325/15	2	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROCODONE-ACETAMIN 2.5-108/5	1	N	Y	N
HYDROCODONE-ACETAMIN 2.5-108/5	2	N	Y	N
HYDROCODONE-ACETAMIN 5-217/10	1	N	Y	N
HYDROCODONE-ACETAMIN 5-217/10	2	N	Y	N
HYDROCODONE-ACETAMIN 5-300 MG	1	N	Y	N
HYDROCODONE-ACETAMIN 5-325 MG	1	N	Y	N
HYDROCODONE-ACETAMIN 7.5-300	1	N	Y	N
HYDROCODONE-ACETAMIN 7.5-325	1	N	Y	N
HYDROCODONE-ACETAMN 7.5-325/15	2	N	Y	N
HYDROCODONE-ACETAMN 7.5-325/15	1	N	Y	N
HYDROCODONE-CHLORPHEN ER SUSP	1	N	N	Y
HYDROCODONE-HOMATROP 5 ML CUP	1	N	N	N
HYDROCODONE-HOMATROPINE 5-1.5	1	N	N	N
HYDROCODONE-HOMATROPINE SOLN	1	N	N	N
HYDROCODONE-IBUPROFEN 10-200	2	N	Y	N
HYDROCODONE-IBUPROFEN 5-200 MG	2	N	Y	N
HYDROCODONE-IBUPROFEN 7.5-200	1	N	Y	N
HYDROCORT BUTY 0.1% LIPID CRM	2	N	N	N
HYDROCORT BUTY 0.1% LIPO CREAM	2	N	N	N
HYDROCORTISON-ACETIC ACID SOLN	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROCORTISONE 10 MG TABLET	1	N	N	N
HYDROCORTISONE 100 MG/60 ML	1	N	N	N
HYDROCORTISONE 2.5% CREAM	1	N	N	N
HYDROCORTISONE 2.5% LOTION	1	N	N	N
HYDROCORTISONE 2.5% OINTMENT	1	N	N	N
HYDROCORTISONE 20 MG TABLET	1	N	N	N
HYDROCORTISONE 5 MG TABLET	1	N	N	N
HYDROCORTISONE AC 25 MG SUPP	1	N	N	N
HYDROCORTISONE BUTY 0.1% CREAM	2	N	N	N
HYDROCORTISONE BUTYR 0.1% OINT	2	N	N	N
HYDROCORTISONE BUTYR 0.1% SOLN	2	N	N	N
HYDROCORTISONE SS 100 MG VIAL	2	N	N	Y
HYDROCORTISONE VAL 0.2% CREAM	2	N	N	N
HYDROCORTISONE-ACETIC EAR DROP	1	N	N	N
HYDROCORT-PRAMOXINE 1%-1% CRM	2	N	N	N
HYDROCORT-PRAMOXINE 2.5-1% CRM	2	N	N	N
HYDROMET 5 MG-1.5 MG/5 ML SOLN	1	N	N	N
HYDROMORPHONE 1 MG/ML SOLUTION	1	N	Y	N
HYDROMORPHONE 2 MG TABLET	1	N	Y	N
HYDROMORPHONE 3 MG SUPPOS	1	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROMORPHONE 4 MG TABLET	1	N	Y	N
HYDROMORPHONE 5 MG/5 ML SOLN	1	N	Y	N
HYDROMORPHONE 8 MG TABLET	1	N	Y	N
HYDROMORPHONE HCL ER 12 MG TAB	2	N	Y	N
HYDROMORPHONE HCL ER 16 MG TAB	2	N	Y	N
HYDROMORPHONE HCL ER 32 MG TAB	2	N	Y	N
HYDROMORPHONE HCL ER 8 MG TAB	2	N	Y	N
HYDROXYCHLOROQUINE 100 MG TAB	1	N	N	N
HYDROXYCHLOROQUINE 200 MG TAB	1	N	N	N
HYDROXYCHLOROQUINE 300 MG TAB	1	N	N	N
HYDROXYCHLOROQUINE 400 MG TAB	1	N	N	N
HYDROXYUREA 500 MG CAPSULE	1	N	N	N
HYDROXYZINE 10 MG/5 ML SOLN	1	N	N	N
HYDROXYZINE 10 MG/5 ML SYRUP	1	N	N	N
HYDROXYZINE 50 MG/25 ML CUP	1	N	N	N
HYDROXYZINE HCL 10 MG TABLET	1	N	N	N
HYDROXYZINE HCL 25 MG TABLET	1	N	N	N
HYDROXYZINE HCL 50 MG TABLET	1	N	N	N
HYDROXYZINE PAM 100 MG CAP	1	N	N	N
HYDROXYZINE PAM 25 MG CAP	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROXYZINE PAM 50 MG CAP	1	N	N	N
HYMPAVZI 150 MG/ML PEN	4	Y	N	Y
HYOSCYAMINE 0.125 MG ODT	1	N	N	N
HYOSCYAMINE 0.125 MG TAB SL	1	N	N	N
HYOSCYAMINE 0.125 MG/5 ML ELIX	1	N	N	N
HYOSCYAMINE ER 0.375 MG TAB	1	N	N	N
HYOSCYAMINE SR 0.375 MG TAB	1	N	N	N
HYOSCYAMINE SULF 0.125 MG TAB	1	N	N	N
HYOSYNE 125 MCG/5 ML ELIXIR	1	N	N	N
HYPER-SAL 3.5% VIAL	3	N	N	N
HYPO NEEDLE,POLYPROPYL HUB	1	N	N	N
HYPODERMIC NEEDLE 18G 1-1/2"	1	N	N	N
HYPODERMIC NEEDLE 27G 1/2"	1	N	N	N
HYPODERMIC NEEDLE 27G 1-1/2"	1	N	N	N
HYPODERMIC NEEDLE,ALUM HUB	1	N	N	N
HYPOLANCE AST LANCING KIT	1	N	N	Y
HYRNUO 10 MG TABLET	4	Y	N	Y
IBANDRONATE SODIUM 150 MG TAB	1	N	N	Y
IBRANCE 100 MG CAPSULE	4	Y	N	Y
IBRANCE 100 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
IBRANCE 125 MG CAPSULE	4	Y	N	Y
IBRANCE 125 MG TABLET	4	Y	N	Y
IBRANCE 75 MG CAPSULE	4	Y	N	Y
IBRANCE 75 MG TABLET	4	Y	N	Y
IBSRELA 50 MG TABLET	3	Y	N	Y
IBTROZI 200 MG CAPSULE	4	Y	N	Y
IBU 400 MG TABLET	1	N	N	N
IBU 600 MG TABLET	1	N	N	N
IBU 800 MG TABLET	1	N	N	N
IBUPROFEN 100 MG/5 ML SUSP	1	N	N	N
IBUPROFEN 400 MG TABLET	1	N	N	N
IBUPROFEN 600 MG TABLET	1	N	N	N
IBUPROFEN 800 MG TABLET	1	N	N	N
ICATIBANT 30 MG/3 ML SYRINGE	4	Y	N	Y
ICLEVIA 0.15 MG-0.03 MG TABLET	1	N	N	N
ICLUSIG 10 MG TABLET	4	Y	N	Y
ICLUSIG 15 MG TABLET	4	Y	N	Y
ICLUSIG 30 MG TABLET	4	Y	N	Y
ICLUSIG 45 MG TABLET	4	Y	N	Y
ICOSAPENT ETHYL 0.5 GM CAPSULE	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ICOSAPENT ETHYL 1 GRAM CAPSULE	2	Y	N	Y
ICOSAPENT ETHYL 500 MG CAPSULE	2	Y	N	Y
IMATINIB MESYLATE 100 MG TAB	4	Y	N	Y
IMATINIB MESYLATE 400 MG TAB	4	Y	N	Y
IMBRUVICA 140 MG CAPSULE	4	Y	N	Y
IMBRUVICA 140 MG TABLET	4	Y	N	Y
IMBRUVICA 280 MG TABLET	4	Y	N	Y
IMBRUVICA 420 MG TABLET	4	Y	N	Y
IMBRUVICA 560 MG TABLET	4	Y	N	Y
IMBRUVICA 70 MG CAPSULE	4	Y	N	Y
IMIPRAMINE HCL 10 MG TABLET	1	N	N	N
IMIPRAMINE HCL 25 MG TABLET	1	N	N	N
IMIPRAMINE HCL 50 MG TABLET	1	N	N	N
IMIQUIMOD 5% CREAM PACKET	1	N	N	Y
IMKELDI 80 MG/ML SOLUTION	4	Y	N	Y
INCASSIA 0.35 MG TABLET	1	N	N	N
INCONTROL LANCING DEVICE	1	N	N	Y
INCONTROL SUPER THIN 30G LANCT	1	N	N	Y
INCONTROL ULTICARE NDL 31G 6MM	1	N	N	N
INCONTROL ULTICARE NDL 31G 8MM	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
INCONTROL ULTICARE NDL 32G 4MM	1	N	N	N
INCONTROL ULTRA THIN 28G LANCT	1	N	N	Y
INCRUSE ELLIPTA 62.5 MCG INH	2	N	N	Y
INDAPAMIDE 1.25 MG TABLET	1	N	N	N
INDAPAMIDE 2.5 MG TABLET	1	N	N	N
INDOMETHACIN 25 MG CAPSULE	1	N	N	Y
INDOMETHACIN 50 MG CAPSULE	1	N	N	Y
INDOMETHACIN ER 75 MG CAPSULE	1	N	N	Y
INJECT EASE 28G LANCETS	1	N	N	Y
INJECT EASE 30G LANCETS	1	N	N	Y
INLURIYO 200 MG TABLET	4	Y	N	Y
INQOVI 35 MG-100 MG TABLET	4	Y	N	Y
INS SYR U-500 0.5 ML 31G 6MM	1	N	N	N
INSULIN 1 ML SYRINGE	1	N	N	N
INSULIN 1/2 ML SYRINGE	1	N	N	N
INSULIN 3/10 ML SYRINGE	1	N	N	N
INSULIN LISPRO 100 UNIT/ML PEN	2	N	N	N
INSULIN LISPRO 100 UNIT/ML VL	2	N	N	N
INSULIN LISPRO JR 100 UNIT/ML	2	N	N	N
INSULIN LISPRO MIX 75-25 KWKPN	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
INSULIN SYR 0.3 ML 30GX5/16"	1	N	N	N
INSULIN SYR 0.3ML 31GX1/4(1/2)	1	N	N	N
INSULIN SYR 0.5 ML 28G 12.7MM	1	N	N	N
INSULIN SYRIN 0.3 ML 29GX1/2"	1	N	N	N
INSULIN SYRIN 0.3 ML 30GX1/2"	1	N	N	N
INSULIN SYRIN 0.3 ML 30GX5/16"	1	N	N	N
INSULIN SYRIN 0.3 ML 31GX5/16"	1	N	N	N
INSULIN SYRIN 0.5 ML 28G 1/2"	1	N	N	N
INSULIN SYRIN 0.5 ML 28GX1/2"	1	N	N	N
INSULIN SYRIN 0.5 ML 29GX1/2"	1	N	N	N
INSULIN SYRIN 0.5 ML 30G 1/2"	1	N	N	N
INSULIN SYRIN 0.5 ML 30G 5/16"	1	N	N	N
INSULIN SYRIN 0.5 ML 30GX1/2"	1	N	N	N
INSULIN SYRIN 0.5 ML 30GX5/16"	1	N	N	N
INSULIN SYRIN 0.5 ML 31G 5/16"	1	N	N	N
INSULIN SYRIN 0.5 ML 31GX5/16"	1	N	N	N
INSULIN SYRIN 1 ML 29GX1/2"	1	N	N	N
INSULIN SYRING 0.5 ML 27G 1/2"	1	N	N	N
INSULIN SYRING 0.5 ML 27G 13MM	1	N	N	N
INSULIN SYRING 0.5 ML 28G 1/2"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
INSULIN SYRING 0.5 ML 29G 1/2"	1	N	N	N
INSULIN SYRING 0.5 ML 29GX1/2"	1	N	N	N
INSULIN SYRINGE 0.3 ML	1	N	N	N
INSULIN SYRINGE 0.3 ML 31GX1/4	1	N	N	N
INSULIN SYRINGE 0.5 ML	1	N	N	N
INSULIN SYRINGE 0.5 ML 31GX1/4	1	N	N	N
INSULIN SYRINGE 1 ML	1	N	N	N
INSULIN SYRINGE 1 ML 27G 1/2"	1	N	N	N
INSULIN SYRINGE 1 ML 27G 13MM	1	N	N	N
INSULIN SYRINGE 1 ML 27G 16MM	1	N	N	N
INSULIN SYRINGE 1 ML 27GX1/2"	1	N	N	N
INSULIN SYRINGE 1 ML 28G 1/2"	1	N	N	N
INSULIN SYRINGE 1 ML 28G 13MM	1	N	N	N
INSULIN SYRINGE 1 ML 28GX1/2"	1	N	N	N
INSULIN SYRINGE 1 ML 29G 1/2"	1	N	N	N
INSULIN SYRINGE 1 ML 29GX1/2"	1	N	N	N
INSULIN SYRINGE 1 ML 30G 1/2"	1	N	N	N
INSULIN SYRINGE 1 ML 30G 5/16"	1	N	N	N
INSULIN SYRINGE 1 ML 30GX1/2"	1	N	N	N
INSULIN SYRINGE 1 ML 30GX5/16"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
INSULIN SYRINGE 1 ML 31G 5/16"	1	N	N	N
INSULIN SYRINGE 1 ML 31GX1/4"	1	N	N	N
INSULIN SYRINGE 1 ML 31GX5/16"	1	N	N	N
INSULIN SYRINGE 1ML 28G 12.7MM	1	N	N	N
INTELENCE 25 MG TABLET	4	N	N	N
INTRAROSA 6.5 MG VAG INSERT	3	N	N	N
INTROVALE 0.15-0.03 MG TABLET	1	N	N	N
INVACARE 30G LANCETS	1	N	N	Y
INVACARE LANCING DEVICE	1	N	N	Y
INVEGA HAFYERA 1,092 MG/3.5 ML	2	Y	N	Y
INVEGA HAFYERA 1,560 MG/5 ML	2	Y	N	Y
INVEGA SUSTENNA 117 MG/0.75 ML	2	Y	N	Y
INVEGA SUSTENNA 156 MG/ML SYRG	2	Y	N	Y
INVEGA SUSTENNA 234 MG/1.5 ML	2	Y	N	Y
INVEGA SUSTENNA 39 MG/0.25 ML	2	Y	N	Y
INVEGA SUSTENNA 78 MG/0.5 ML	2	Y	N	Y
INVEGA TRINZA 273 MG/0.88 ML	2	Y	N	Y
INVEGA TRINZA 410 MG/1.32 ML	2	Y	N	Y
INVEGA TRINZA 546 MG/1.75 ML	2	Y	N	Y
INVEGA TRINZA 819 MG/2.63 ML	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1	N	N	Y
IPRATROPIUM 0.03% SPRAY	1	N	N	Y
IPRATROPIUM 0.06% SPRAY	1	N	N	Y
IPRATROPIUM BR 0.02% SOLN	1	N	N	N
IRBESARTAN 150 MG TABLET	1	N	N	N
IRBESARTAN 300 MG TABLET	1	N	N	N
IRBESARTAN 75 MG TABLET	1	N	N	N
IRBESARTAN-HCTZ 150-12.5 MG TB	1	N	N	N
IRBESARTAN-HCTZ 300-12.5 MG TB	1	N	N	N
ISENTRESS 100 MG TABLET CHEW	4	N	N	N
ISENTRESS 25 MG TABLET CHEW	4	N	N	N
ISENTRESS 400 MG TABLET	4	N	N	N
ISENTRESS HD 600 MG TABLET	4	N	N	N
ISIBLOOM 28 DAY TABLET	1	N	N	N
ISONIAZID 100 MG TABLET	1	N	N	N
ISONIAZID 300 MG TABLET	1	N	N	N
ISONIAZID 50 MG/5 ML SOLUTION	1	N	N	N
ISOSORBIDE DINITRATE 10 MG TAB	1	N	N	N
ISOSORBIDE DINITRATE 20 MG TAB	1	N	N	N
ISOSORBIDE DINITRATE 30 MG TAB	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ISOSORBIDE DINITRATE 5 MG TAB	1	N	N	N
ISOSORBIDE MONONIT 10 MG TAB	1	N	N	N
ISOSORBIDE MONONIT 20 MG TAB	1	N	N	N
ISOSORBIDE MONONIT ER 120 MG	1	N	N	N
ISOSORBIDE MONONIT ER 30 MG TB	1	N	N	N
ISOSORBIDE MONONIT ER 60 MG TB	1	N	N	N
ISOSORBIDE-HYDRALAZINE 20-37.5	2	Y	N	Y
ISRADIPINE 2.5 MG CAPSULE	2	N	N	N
ISRADIPINE 5 MG CAPSULE	2	N	N	N
ITRACONAZOLE 100 MG CAPSULE	2	N	N	Y
IVERMECTIN 1% CREAM	2	Y	N	N
IVERMECTIN 3 MG TABLET	1	Y	N	Y
JAIMIESS 0.15-0.03-0.01 MG TAB	1	N	N	N
JAKAFI 10 MG TABLET	4	Y	N	Y
JAKAFI 15 MG TABLET	4	Y	N	Y
JAKAFI 20 MG TABLET	4	Y	N	Y
JAKAFI 25 MG TABLET	4	Y	N	Y
JAKAFI 5 MG TABLET	4	Y	N	Y
JANSSEN COVID-19 VACCINE (EUA)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
JANTOVEN 1 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
JANTOVEN 10 MG TABLET	1	N	N	N
JANTOVEN 2 MG TABLET	1	N	N	N
JANTOVEN 2.5 MG TABLET	1	N	N	N
JANTOVEN 3 MG TABLET	1	N	N	N
JANTOVEN 4 MG TABLET	1	N	N	N
JANTOVEN 5 MG TABLET	1	N	N	N
JANTOVEN 6 MG TABLET	1	N	N	N
JANTOVEN 7.5 MG TABLET	1	N	N	N
JANUMET 50-1,000 MG TABLET	2	N	N	Y
JANUMET 50-500 MG TABLET	2	N	N	Y
JANUMET XR 100-1,000 MG TABLET	2	N	N	Y
JANUMET XR 50-1,000 MG TABLET	2	N	N	Y
JANUMET XR 50-500 MG TABLET	2	N	N	Y
JANUVIA 100 MG TABLET	2	N	N	Y
JANUVIA 25 MG TABLET	2	N	N	Y
JANUVIA 50 MG TABLET	2	N	N	Y
JARDIANCE 10 MG TABLET	2	Y	N	Y
JARDIANCE 25 MG TABLET	2	Y	N	Y
JASCAYD 18 MG TABLET	4	Y	N	Y
JASCAYD 9 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
JASMIEL 3 MG-0.02 MG TABLET	1	N	N	N
JAYTHARI 18 MG TABLET	4	Y	N	N
JAYTHARI 22.75 MG/ML ORAL SUSP	4	Y	N	N
JAYTHARI 30 MG TABLET	4	Y	N	N
JAYTHARI 36 MG TABLET	4	Y	N	N
JAYTHARI 6 MG TABLET	4	Y	N	N
JENCYCLA 0.35 MG TABLET	1	N	N	N
JENTADUETO 2.5 MG-1000 MG TAB	2	N	N	Y
JENTADUETO 2.5 MG-500 MG TAB	2	N	N	Y
JENTADUETO 2.5 MG-850 MG TAB	2	N	N	Y
JENTADUETO XR 2.5 MG-1,000 MG	2	N	N	Y
JENTADUETO XR 5 MG-1,000 MG TB	2	N	N	Y
JINTELI 1 MG-5 MCG TABLET	2	N	N	N
JOLESSA 0.15 MG-0.03 MG TABLET	1	N	N	N
JULEBER 28 DAY TABLET	1	N	N	N
JULUCA 50-25 MG TABLET	4	N	N	N
JUNEL 1 MG-20 MCG TABLET	1	N	N	N
JUNEL 1.5 MG-30 MCG TABLET	1	N	N	N
JUNEL FE 1 MG-20 MCG TABLET	1	N	N	N
JUNEL FE 1.5 MG-30 MCG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
JUNEL FE 24 TABLET	1	N	N	N
KAITLIB FE 0.8-0.025MG CHEW TB	1	N	N	N
KALETRA 80 MG-20 MG/ML SOLN	4	N	N	N
KALLIGA 28 DAY TABLET	1	N	N	N
KARIVA 28 DAY TABLET	1	N	N	N
KELNOR 1-35 28 TABLET	1	N	N	N
KELNOR 1-50 TABLET	1	N	N	N
KESIMPTA 20 MG/0.4 ML PEN	4	Y	N	Y
KETOCONAZOLE 2% CREAM	1	N	N	N
KETOCONAZOLE 2% SHAMPOO	1	N	N	N
KETOCONAZOLE 200 MG TABLET	1	N	N	Y
KETO-DIASTIX REAGENT STRIPS	1	N	N	N
KETOPROFEN 50 MG CAPSULE	2	Y	N	Y
KETOPROFEN 75 MG CAPSULE	2	Y	N	Y
KETOROLAC 0.4% OPHTH SOLUTION	1	N	N	N
KETOROLAC 0.5% OPHTH SOLUTION	1	N	N	N
KETOROLAC 10 MG TABLET	1	N	N	Y
KETOTIFEN 0.025% (0.035%) DROP	1	N	N	N
KETOTIFEN FUM 0.025% EYE DROPS	1	N	N	N
KEVZARA 150 MG/1.14 ML PEN INJ	4	N	Y	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
KEVZARA 150 MG/1.14 ML SYRINGE	4	N	Y	Y
KEVZARA 200 MG/1.14 ML PEN INJ	4	N	Y	Y
KEVZARA 200 MG/1.14 ML SYRINGE	4	N	Y	Y
KIMONO MAXX CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
KIMONO MICROTHIN AQUA LUBE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
KIMONO MICROTHIN CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
KIMONO MICROTHIN LARGE CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
KIMONO TEXTURED CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
KIMONO THIN LUBRICATED CONDOMS	ZERO-COST SHARE/PREVENTATIVE	N	N	N
KINERET 100 MG/0.67 ML SYRINGE	4	Y	N	Y
KINRAY INS SYR 1 ML 31GX5/16"	1	N	N	N
KINRAY SYRING 0.3 ML 31GX5/16"	1	N	N	N
KINRAY SYRING 0.5 ML 31GX5/16"	1	N	N	N
KIONEX 15 GM/60 ML SUSPENSION	2	N	N	N
KISQALI 200 MG DAILY DOSE	4	Y	N	Y
KISQALI 400 MG DAILY DOSE	4	Y	N	Y
KISQALI 600 MG DAILY DOSE	4	Y	N	Y
KISQALI FEMARA 200 MG CO-PACK	4	Y	N	Y
KISQALI FEMARA 400 MG CO-PACK	4	Y	N	Y
KISQALI FEMARA 600 MG CO-PACK	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
KLAYESTA 100,000 UNIT/GM POWD	1	N	N	N
KLOR-CON 10 MEQ TABLET	1	N	N	N
KLOR-CON 8 MEQ TABLET	1	N	N	N
KLOR-CON M10 TABLET	1	N	N	N
KLOR-CON M15 TABLET	1	N	N	N
KLOR-CON M20 TABLET	1	N	N	N
KLOR-CON-EF 25 MEQ TAB EFF	1	N	N	N
KLOXXADO 8 MG NASAL SPRAY	2	N	N	Y
KMART VALU PLUS SYR 1/2 ML	1	N	N	N
KOBEE TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
KOMZIFTI 200 MG CAPSULE	4	Y	N	Y
KOURZEQ 0.1% DENTAL PASTE	1	N	N	N
KRINTAFEL 150 MG TABLET	3	N	N	Y
KRO ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
KRO AUTOLET LANCING DEVICE	1	N	N	Y
KRO GENTLELAX 17 GRAM POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
KRO INS SYR 0.3 ML 29GX1/2"	1	N	N	N
KRO INS SYRIN 0.5 ML 31GX5/16"	1	N	N	N
KRO INSULIN SYR 1 ML 30GX5/16"	1	N	N	N
KRO LANCING DEVICE	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
KRO NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
KRO NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
KRO NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
KRO NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
KRO UNIVERSAL 1 THIN 26G LANCT	1	N	N	Y
KROGER INS SYR 0.3 ML 30GX5/16	1	N	N	N
KROGER INS SYR 0.5 ML 29GX1/2"	1	N	N	N
KROGER INS SYR 1 ML 29GX1/2"	1	N	N	N
KROGER INS SYR 1 ML 31GX5/16"	1	N	N	N
KROGER LANCETS	1	N	N	Y
KROGER LANCING DEVICE	1	N	N	Y
KROGER SUPER THIN LANCETS	1	N	N	Y
KROGER SYR 0.5 ML 30GX5/16"	1	N	N	N
KROGER SYRING 0.3 ML 31GX5/16"	1	N	N	N
KURVELO-28 TABLET	1	N	N	N
KYMBEE 18 MG TABLET	4	Y	N	N
KYMBEE 30 MG TABLET	4	Y	N	N
KYMBEE 36 MG TABLET	4	Y	N	N
KYMBEE 6 MG TABLET	4	Y	N	N
LABETALOL HCL 100 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LABETALOL HCL 200 MG TABLET	1	N	N	N
LABETALOL HCL 300 MG TABLET	1	N	N	N
LABSTIX REAGENT STRIPS	1	N	N	N
LACOSAMIDE 10 MG/ML SOLUTION	2	Y	N	N
LACOSAMIDE 100 MG TABLET	2	Y	N	N
LACOSAMIDE 100 MG/10 ML CUP	2	Y	N	N
LACOSAMIDE 150 MG TABLET	2	Y	N	N
LACOSAMIDE 150 MG/15 ML CUP	2	Y	N	N
LACOSAMIDE 200 MG TABLET	2	Y	N	N
LACOSAMIDE 200 MG/20 ML CUP	2	Y	N	N
LACOSAMIDE 50 MG TABLET	2	Y	N	N
LACOSAMIDE 50 MG/5 ML CUP	2	Y	N	N
LACTULOSE 10 GM/15 ML SOLN CUP	1	N	N	N
LACTULOSE 10 GM/15 ML SOLUTION	1	N	N	N
LACTULOSE 20 GM/30 ML SOLN CUP	1	N	N	N
LACTULOSE 20 GM/30 ML SOLUTION	1	N	N	N
LAMIVUDINE 10 MG/ML ORAL SOLN	2	N	N	N
LAMIVUDINE 150 MG TABLET	2	N	N	N
LAMIVUDINE 300 MG TABLET	2	N	N	N
LAMIVUDINE 300 MG/30ML SOL CUP	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LAMIVUDINE HBV 100 MG TABLET	4	N	N	Y
LAMIVUDINE-ZIDOVUDINE TABLET	2	N	N	N
LAMOTRIGINE 100 MG TABLET	1	N	N	N
LAMOTRIGINE 150 MG TABLET	1	N	N	N
LAMOTRIGINE 200 MG TABLET	1	N	N	N
LAMOTRIGINE 25 MG DISPER TAB	1	N	N	N
LAMOTRIGINE 25 MG TABLET	1	N	N	N
LAMOTRIGINE 5 MG DISPER TABLET	1	N	N	N
LAMPIT 120 MG TABLET	3	Y	N	N
LAMPIT 30 MG TABLET	3	Y	N	N
LANCETS 26G X 1.8MM	1	N	N	Y
LANCETS 28G LANCETS	1	N	N	Y
LANCETS 30G	1	N	N	Y
LANCETS 33G	1	N	N	Y
LANCETS ULTRA FINE 28G	1	N	N	Y
LANCING DEVICE	1	N	N	Y
LANREOTIDE 120 MG/0.5 ML SYRNG	4	Y	N	Y
LANSOPRAZOL-AMOXICIL-CLARITHRO	2	N	N	Y
LANSOPRAZOLE DR 15 MG CAPSULE	1	N	N	Y
LANSOPRAZOLE DR 15 MG ODT	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LANSOPRAZOLE DR 30 MG CAPSULE	1	N	N	Y
LANSOPRAZOLE DR 30 MG ODT	2	Y	N	Y
LANTHANUM CARB 1,000 MG TB CHW	2	N	Y	Y
LANTHANUM CARB 500 MG TAB CHEW	2	N	Y	Y
LANTHANUM CARB 750 MG TAB CHEW	2	N	Y	Y
LANTUS 100 UNIT/ML VIAL	2	N	N	N
LANTUS SOLOSTAR 100 UNIT/ML	2	N	N	N
LANZO LANCING DEVICE	1	N	N	Y
LAPATINIB 250 MG TABLET	4	Y	N	Y
LARIN 1.5 MG-30 MCG TABLET	1	N	N	N
LARIN 21 1-20 TABLET	1	N	N	N
LARIN 24 FE 1 MG-20 MCG TABLET	1	N	N	N
LARIN FE 1.5-30 TABLET	1	N	N	N
LARIN FE 1-20 TABLET	1	N	N	N
LATANOPROST 0.005% EYE DROPS	1	N	N	N
LAXATIVE EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
LAYOLIS FE CHEWABLE TABLET	1	N	N	N
LEADER INS SYR 0.3 ML 29GX1/2"	1	N	N	N
LEADER INS SYR 0.5 ML 28GX1/2"	1	N	N	N
LEADER INS SYR 0.5 ML 29GX1/2"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEADER INS SYR 0.5 ML 30GX1/2"	1	N	N	N
LEADER INS SYR 1 ML 28GX1/2"	1	N	N	N
LEADER INS SYR 1 ML 29GX1/2"	1	N	N	N
LEADER INS SYR 1 ML 30GX5/16"	1	N	N	N
LEADER INS SYR 1 ML 31GX5/16"	1	N	N	N
LEADER INSULIN SYRINGE 0.3 ML	1	N	N	N
LEADER SYRING 0.3 ML 31GX5/16"	1	N	N	N
LEADER SYRING 0.5 ML 31GX5/16"	1	N	N	N
LEDERLE LEUCOVORIN 5 MG TABLET	1	N	N	N
LEDIPASVIR-SOFOSBUVIR 90-400MG	2	Y	N	N
LEENA 28 TABLET	1	N	N	N
LEFLUNOMIDE 10 MG TABLET	1	N	N	N
LEFLUNOMIDE 20 MG TABLET	1	N	N	N
LENALIDOMIDE 10 MG CAPSULE	4	Y	N	Y
LENALIDOMIDE 15 MG CAPSULE	4	Y	N	Y
LENALIDOMIDE 2.5 MG CAPSULE	4	Y	N	Y
LENALIDOMIDE 20 MG CAPSULE	4	Y	N	Y
LENALIDOMIDE 25 MG CAPSULE	4	Y	N	Y
LENALIDOMIDE 5 MG CAPSULE	4	Y	N	Y
LEQEMBI IQLIK 360 MG/1.8 ML	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEQSELVI 8 MG TABLET	4	Y	N	Y
LESSINA-28 TABLET	1	N	N	N
LETROZOLE 2.5 MG TABLET	1	N	N	N
LEUCOVORIN CALCIUM 10 MG TAB	2	N	N	N
LEUCOVORIN CALCIUM 15 MG TAB	2	N	N	N
LEUCOVORIN CALCIUM 25 MG TAB	2	N	N	N
LEUCOVORIN CALCIUM 5 MG TAB	1	N	N	N
LEUKERAN 2 MG TABLET	4	Y	N	N
LEUPROLIDE 2WK 14 MG/2.8 ML KT	4	Y	N	Y
LEVALBUTEROL 0.31 MG/3 ML SOL	2	N	N	N
LEVALBUTEROL 0.63 MG/3 ML SOL	2	N	N	N
LEVALBUTEROL 1.25 MG/3 ML SOL	2	N	N	N
LEVALBUTEROL CONC 1.25 MG/0.5	2	N	N	N
LEVEMIR 100 UNIT/ML VIAL	3	Y	N	N
LEVEMIR FLEXPEN 100 UNIT/ML	3	Y	N	N
LEVEMIR FLEXTOUCH 100 UNIT/ML	3	Y	N	N
LEVETIRACETAM 1,000 MG TABLET	1	N	N	N
LEVETIRACETAM 1,000MG/10ML CUP	1	N	N	N
LEVETIRACETAM 100 MG/ML SOLN	1	N	N	N
LEVETIRACETAM 250 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEVETIRACETAM 500 MG TABLET	1	N	N	N
LEVETIRACETAM 500 MG/5 ML CUP	1	N	N	N
LEVETIRACETAM 500 MG/5 ML SOLN	1	N	N	N
LEVETIRACETAM 750 MG TABLET	1	N	N	N
LEVETIRACETAM ER 500 MG TABLET	1	N	N	N
LEVETIRACETAM ER 750 MG TABLET	1	N	N	N
LEVOBUNOLOL 0.5% EYE DROPS	1	N	N	N
LEVOCARNITINE 1 G/10 ML CUP	2	N	N	N
LEVOCARNITINE 1 G/10 ML SOLN	2	N	N	N
LEVOCARNITINE 330 MG TABLET	2	N	N	N
LEVOCARNITINE 500 MG/5 ML CUP	2	N	N	N
LEVOCARNITINE SF 1 G/10 ML SOL	2	N	N	N
LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	N	N	N
LEVOCETIRIZINE 5 MG TABLET	1	N	N	N
LEVOFLOXACIN 0.5% EYE DROP	2	N	N	N
LEVOFLOXACIN 0.5% EYE DROPS	2	N	N	N
LEVOFLOXACIN 1.5% EYE DROPS	2	N	N	N
LEVOFLOXACIN 25 MG/ML SOLUTION	2	N	N	N
LEVOFLOXACIN 250 MG TABLET	1	N	N	N
LEVOFLOXACIN 500 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEVOFLOXACIN 750 MG TABLET	1	N	N	N
LEVONEST-28 TABLET	1	N	N	N
LEVONO-E ESTRAD 0.15-0.03-0.01	1	N	N	N
LEVONOR-E ESTRAD 0.1-0.02-0.01	1	N	N	N
LEVONOR-ETH ESTRA 0.09-0.02 MG	1	N	N	N
LEVONOR-ETH ESTRAD 0.1-0.02 MG	1	N	N	N
LEVONOR-ETH ESTRAD 0.15-0.03	1	N	N	N
LEVONOR-ETH ESTRAD TRIPHASIC	1	N	N	N
LEVONORG 0.15MG-EE 20-25-30MCG	1	N	N	N
LEVONORGESTREL 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
LEVORA-28 TABLET	1	N	N	N
LEVO-T 100 MCG TABLET	1	N	N	N
LEVO-T 112 MCG TABLET	1	N	N	N
LEVO-T 125 MCG TABLET	1	N	N	N
LEVO-T 137 MCG TABLET	1	N	N	N
LEVO-T 150 MCG TABLET	1	N	N	N
LEVO-T 175 MCG TABLET	1	N	N	N
LEVO-T 200 MCG TABLET	1	N	N	N
LEVO-T 25 MCG TABLET	1	N	N	N
LEVO-T 300 MCG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEVO-T 50 MCG TABLET	1	N	N	N
LEVO-T 75 MCG TABLET	1	N	N	N
LEVO-T 88 MCG TABLET	1	N	N	N
LEVOTHYROXINE 100 MCG TABLET	1	N	N	N
LEVOTHYROXINE 112 MCG TABLET	1	N	N	N
LEVOTHYROXINE 125 MCG TABLET	1	N	N	N
LEVOTHYROXINE 137 MCG TABLET	1	N	N	N
LEVOTHYROXINE 150 MCG TABLET	1	N	N	N
LEVOTHYROXINE 175 MCG TABLET	1	N	N	N
LEVOTHYROXINE 200 MCG TABLET	1	N	N	N
LEVOTHYROXINE 25 MCG TABLET	1	N	N	N
LEVOTHYROXINE 300 MCG TABLET	1	N	N	N
LEVOTHYROXINE 50 MCG TABLET	1	N	N	N
LEVOTHYROXINE 75 MCG TABLET	1	N	N	N
LEVOTHYROXINE 88 MCG TABLET	1	N	N	N
LEVOXYL 100 MCG TABLET	1	N	N	N
LEVOXYL 112 MCG TABLET	1	N	N	N
LEVOXYL 125 MCG TABLET	1	N	N	N
LEVOXYL 137 MCG TABLET	1	N	N	N
LEVOXYL 150 MCG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEVOXYL 175 MCG TABLET	1	N	N	N
LEVOXYL 200 MCG TABLET	1	N	N	N
LEVOXYL 25 MCG TABLET	1	N	N	N
LEVOXYL 50 MCG TABLET	1	N	N	N
LEVOXYL 75 MCG TABLET	1	N	N	N
LEVOXYL 88 MCG TABLET	1	N	N	N
LEXIVA 50 MG/ML SUSPENSION	4	N	N	N
LIDOCAINE 2% VISCOUS 15 ML CUP	1	Y	N	N
LIDOCAINE 2% VISCOUS SOLN	1	Y	N	N
LIDOCAINE 5% OINTMENT	1	N	N	N
LIDOCAINE 5% PATCH	2	N	N	Y
LIDOCAINE HCL 4% SOLUTION	2	N	N	N
LIDOCAINE-HC 3-0.5% CREAM	1	N	N	N
LIDOCAINE-PRILOCAINE CREAM	1	N	N	N
LIDOCAN III 5% PATCH	2	N	N	Y
LIDOCAN IV 5% PATCH	2	N	N	Y
LIDOCAN V 5% PATCH	2	N	N	Y
LINAGLIPTIN-METFOR 2.5-1,000MG	2	N	N	Y
LINAGLIPTIN-METFOR 2.5-500 MG	2	N	N	Y
LINAGLIPTIN-METFOR 2.5-850 MG	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LINDANE 1% SHAMPOO	1	N	N	N
LINEZOLID 100 MG/5 ML SUSP	1	N	N	N
LINEZOLID 600 MG TABLET	1	N	N	N
LINZESS 145 MCG CAPSULE	2	N	N	Y
LINZESS 290 MCG CAPSULE	2	N	N	Y
LINZESS 72 MCG CAPSULE	2	N	N	Y
LIOMNY 25 MCG TABLET	1	N	N	N
LIOMNY 5 MCG TABLET	1	N	N	N
LIOMNY 50 MCG TABLET	1	N	N	N
LIOTHYRONINE SOD 25 MCG TAB	1	N	N	N
LIOTHYRONINE SOD 5 MCG TAB	1	N	N	N
LIOTHYRONINE SOD 50 MCG TAB	1	N	N	N
LISDEXAMFETAMINE 10 MG CAPSULE	2	Y	N	Y
LISDEXAMFETAMINE 10 MG TB CHEW	2	Y	N	Y
LISDEXAMFETAMINE 20 MG CAPSULE	2	Y	N	Y
LISDEXAMFETAMINE 20 MG TB CHEW	2	Y	N	Y
LISDEXAMFETAMINE 30 MG CAPSULE	2	Y	N	Y
LISDEXAMFETAMINE 30 MG TB CHEW	2	Y	N	Y
LISDEXAMFETAMINE 40 MG CAPSULE	2	Y	N	Y
LISDEXAMFETAMINE 40 MG TB CHEW	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LISDEXAMFETAMINE 50 MG CAPSULE	2	Y	N	Y
LISDEXAMFETAMINE 50 MG TB CHEW	2	Y	N	Y
LISDEXAMFETAMINE 60 MG CAPSULE	2	Y	N	Y
LISDEXAMFETAMINE 60 MG TB CHEW	2	Y	N	Y
LISDEXAMFETAMINE 70 MG CAPSULE	2	Y	N	Y
LISINOPRIL 10 MG TABLET	1	N	N	N
LISINOPRIL 2.5 MG TABLET	1	N	N	N
LISINOPRIL 20 MG TABLET	1	N	N	N
LISINOPRIL 30 MG TABLET	1	N	N	N
LISINOPRIL 40 MG TABLET	1	N	N	N
LISINOPRIL 5 MG TABLET	1	N	N	N
LISINOPRIL-HCTZ 10-12.5 MG TAB	1	N	N	N
LISINOPRIL-HCTZ 20-12.5 MG TAB	1	N	N	N
LISINOPRIL-HCTZ 20-25 MG TAB	1	N	N	N
LITE TOUCH 28G LANCETS	1	N	N	Y
LITE TOUCH 30G LANCETS	1	N	N	Y
LITE TOUCH 33G LANCETS	1	N	N	Y
LITE TOUCH INSULIN 0.5 ML SYR	1	N	N	N
LITE TOUCH INSULIN 1 ML SYR	1	N	N	N
LITE TOUCH INSULIN SYR 0.3 ML	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LITE TOUCH INSULIN SYR 0.5 ML	1	N	N	N
LITE TOUCH INSULIN SYR 1 ML	1	N	N	N
LITE TOUCH LANCING PEN	1	N	N	Y
LITETOUCH INS 0.3 ML 29GX1/2"	1	N	N	N
LITETOUCH INS 0.3 ML 30GX5/16"	1	N	N	N
LITETOUCH INS 0.3 ML 31GX5/16"	1	N	N	N
LITETOUCH INS 0.5 ML 31GX5/16"	1	N	N	N
LITETOUCH SYR 0.5 ML 28GX1/2"	1	N	N	N
LITETOUCH SYR 0.5 ML 29GX1/2"	1	N	N	N
LITETOUCH SYR 0.5 ML 30GX5/16"	1	N	N	N
LITETOUCH SYRIN 1 ML 28GX1/2"	1	N	N	N
LITETOUCH SYRIN 1 ML 29GX1/2"	1	N	N	N
LITETOUCH SYRIN 1 ML 30GX5/16"	1	N	N	N
LITHIUM CARBONATE 150 MG CAP	1	N	N	N
LITHIUM CARBONATE 300 MG CAP	1	N	N	N
LITHIUM CARBONATE 300 MG TAB	1	N	N	N
LITHIUM CARBONATE 600 MG CAP	1	N	N	N
LITHIUM CARBONATE ER 300 MG TB	1	N	N	N
LITHIUM CARBONATE ER 450 MG TB	1	N	N	N
LIVE BETTER ADVANCED LANCING	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LIVE BETTER ULTRA THIN LANCET	1	N	N	Y
LIVTENCITY 200 MG TABLET	4	Y	N	Y
LODOCO 0.5 MG TABLET	3	Y	N	Y
LOJAIMIESS 0.1-0.02-0.01 TAB	1	N	N	N
LOKELMA 10 GRAM POWDER PACKET	3	Y	N	Y
LOKELMA 5 GRAM POWDER PACKET	3	Y	N	Y
LOMUSTINE 10 MG CAPSULE	4	Y	N	N
LOMUSTINE 100 MG CAPSULE	4	Y	N	N
LOMUSTINE 40 MG CAPSULE	4	Y	N	N
LONGS THIN LANCETS 26G	1	N	N	Y
LONGS THIN LANCETS 30G	1	N	N	Y
LONSURF 15 MG-6.14 MG TABLET	4	Y	N	Y
LONSURF 20 MG-8.19 MG TABLET	4	Y	N	Y
LOPINAVIR-RITONAVIR 80-20MG/ML	2	N	N	N
LOPINAVIR-RITONAVR 100-25MG TB	4	N	N	N
LOPINAVIR-RITONAVR 200-50MG TB	4	N	N	N
LORAZEPAM 0.5 MG TABLET	1	N	N	N
LORAZEPAM 1 MG TABLET	1	N	N	N
LORAZEPAM 2 MG TABLET	1	N	N	N
LORYNA 3 MG-0.02 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LOSARTAN POTASSIUM 100 MG TAB	1	N	N	N
LOSARTAN POTASSIUM 25 MG TAB	1	N	N	N
LOSARTAN POTASSIUM 50 MG TAB	1	N	N	N
LOSARTAN-HCTZ 100-12.5 MG TAB	1	N	N	N
LOSARTAN-HCTZ 100-25 MG TAB	1	N	N	N
LOSARTAN-HCTZ 50-12.5 MG TAB	1	N	N	N
LOTEPREDNOL ETABONATE 0.5% DRP	2	N	N	N
LOVASTATIN 10 MG TABLET	1	N	N	N
LOVASTATIN 20 MG TABLET	1	N	N	N
LOVASTATIN 40 MG TABLET	1	N	N	N
LOW-OGESTREL-28 TABLET	1	N	N	N
LOXAPINE 10 MG CAPSULE	2	Y	N	Y
LOXAPINE 25 MG CAPSULE	2	Y	N	Y
LOXAPINE 5 MG CAPSULE	2	Y	N	Y
LOXAPINE 50 MG CAPSULE	2	Y	N	Y
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	N	N	N
LUBIPROSTONE 24 MCG CAPSULE	2	N	N	Y
LUBIPROSTONE 8 MCG CAPSULE	2	N	N	Y
LUDENT FLUORIDE 0.25 MG TB CHW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
LUDENT FLUORIDE 0.5 MG TB CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LUDENT FLUORIDE 1 MG TAB CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
LUIZZA 1 MG-20 MCG TABLET	1	N	N	N
LUIZZA 1.5 MG-30 MCG TABLET	1	N	N	N
LULICONAZOLE 1% CREAM	3	Y	N	N
LUMIGAN 0.01% EYE DROPS	3	Y	N	N
LURASIDONE HCL 120 MG TABLET	2	Y	Y	Y
LURASIDONE HCL 20 MG TABLET	2	Y	Y	Y
LURASIDONE HCL 40 MG TABLET	2	Y	Y	Y
LURASIDONE HCL 60 MG TABLET	2	Y	Y	Y
LURASIDONE HCL 80 MG TABLET	2	Y	Y	Y
LURBIPR 100 MG TABLET	1	N	N	Y
LURBIRO 100 MG TABLET	1	N	N	Y
LUTERA-28 TABLET	1	N	N	N
LYLEQ 0.35 MG TABLET	1	N	N	N
LYLLANA 0.025 MG PATCH	2	N	N	Y
LYLLANA 0.0375 MG PATCH	2	N	N	Y
LYLLANA 0.05 MG PATCH	2	N	N	Y
LYLLANA 0.075 MG PATCH	2	N	N	Y
LYLLANA 0.1 MG PATCH	2	N	N	Y
LYNPARZA 100 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LYNPARZA 150 MG TABLET	4	Y	N	Y
LYSODREN 500 MG TABLET	4	Y	N	N
LYZA 0.35 MG TABLET	1	N	N	N
MAGELLAN INSUL SYRINGE 0.3 ML	1	N	N	N
MAGELLAN INSUL SYRINGE 0.5 ML	1	N	N	N
MAGELLAN INSULIN SYR 0.3 ML	1	N	N	N
MAGELLAN INSULIN SYR 0.5 ML	1	N	N	N
MAGELLAN INSULIN SYRINGE 1 ML	1	N	N	N
MAGELLAN SAFETY 1 ML 23GX1"	1	N	N	N
MAGELLAN TB SAFE 1 ML 28GX1/2"	1	N	N	N
MAGELLAN TUBERCULIN SYR 1 ML	1	N	N	N
MAGNESIUM CITRATE SOLUTION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MALATHION 0.5% LOTION	1	N	N	Y
MARAVIROC 150 MG TABLET	4	N	N	N
MARAVIROC 300 MG TABLET	4	N	N	N
MARLISSA-28 TABLET	1	N	N	N
MARPLAN 10 MG TABLET	3	Y	N	N
MATULANE 50 MG CAPSULE	4	Y	N	N
MATZIM LA 180 MG TABLET	2	N	N	N
MATZIM LA 240 MG TABLET	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MATZIM LA 300 MG TABLET	2	N	N	N
MATZIM LA 360 MG TABLET	2	N	N	N
MAVYRET 100-40 MG TABLET	2	Y	N	Y
MAVYRET 50-20 MG PELLET PACKET	2	Y	N	Y
MAXI-COMFORT INS 0.5 ML 28G	1	N	N	N
MAXICOMFORT INS 0.5ML 27GX1/2"	1	N	N	N
MAXICOMFORT INS 1 ML 27GX1/2"	1	N	N	N
MAXI-COMFORT INS 1 ML 28GX1/2"	1	N	N	N
MAXI-TUSS AC LIQUID	1	N	N	N
MECLIZINE 12.5 MG TABLET	1	N	N	N
MECLIZINE 25 MG TABLET	1	N	N	N
MEDISENSE THIN 28G LANCETS	1	N	N	Y
MEDISENSE THIN LANCETS	1	N	N	Y
MEDLANCE PLUS 21G LANCETS	1	N	N	Y
MEDLANCE PLUS 30G LANCETS	1	N	N	Y
MEDLANCE PLUS EXTRA 21G LANCET	1	N	N	Y
MEDLANCE PLUS LITE 25G LANCETS	1	N	N	Y
MEDLANCE PLUS SPECIAL BLADE	1	N	N	N
MEDROXYPROGESTERONE 10 MG TAB	1	N	N	N
MEDROXYPROGESTERONE 150 MG/ML	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MEDROXYPROGESTERONE 2.5 MG TAB	1	N	N	N
MEDROXYPROGESTERONE 5 MG TAB	1	N	N	N
MEFENAMIC ACID 250 MG CAPSULE	2	Y	N	Y
MEFLOQUINE HCL 250 MG TABLET	1	N	N	N
MEGESTROL 20 MG TABLET	1	N	N	N
MEGESTROL 40 MG TABLET	1	N	N	N
MEGESTROL 400 MG/10ML SUSP CUP	1	N	N	N
MEGESTROL ACET 40 MG/ML SUSP	1	N	N	N
MEGESTROL ACET 400 MG/10 ML	1	N	N	N
MEIJER LANCETS	1	N	N	Y
MEIJER UNIVERSAL 1 26G LANCETS	1	N	N	Y
MEKINIST 0.5 MG TABLET	4	Y	N	Y
MEKINIST 2 MG TABLET	4	Y	N	Y
MELEYA 0.35 MG TABLET	1	N	N	N
MELOXICAM 15 MG TABLET	1	N	N	N
MELOXICAM 7.5 MG TABLET	1	N	N	N
MELPHALAN 2 MG TABLET	4	Y	N	N
MEMANTINE 5-10 MG TITRATION PK	1	N	N	N
MEMANTINE HCL 10 MG TABLET	1	N	N	N
MEMANTINE HCL 5 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MEMANTINE HCL ER 14 MG CAPSULE	2	N	N	N
MEMANTINE HCL ER 21 MG CAPSULE	2	N	N	N
MEMANTINE HCL ER 28 MG CAPSULE	2	N	N	N
MEMANTINE HCL ER 7 MG CAPSULE	2	N	N	N
MEPERIDINE 50 MG TABLET	1	N	Y	N
MEPERIDINE 50 MG/5 ML SOLUTION	1	N	Y	N
MEPROBAMATE 200 MG TABLET	1	N	N	N
MEPROBAMATE 400 MG TABLET	1	N	N	N
MERCAPTOPURINE 50 MG TABLET	1	N	N	N
MERZEE 1 MG-20 MCG CAPSULE	1	N	N	N
MESALAMINE 1,000 MG SUPP	1	N	N	Y
MESALAMINE 4 GM/60 ML ENEMA	1	N	N	N
MESALAMINE 800 MG DR TABLET	2	N	Y	N
MESALAMINE DR 1.2 GM TABLET	2	N	N	N
MESALAMINE DR 400 MG CAPSULE	2	N	N	N
MESALAMINE ER 0.375 GRAM CAP	2	N	N	N
MESALAMINE ER 500 MG CAPSULE	2	N	N	N
MESNA 400 MG TABLET	4	N	N	N
METAXALONE 800 MG TABLET	2	N	Y	Y
METFORMIN HCL 1,000 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METFORMIN HCL 500 MG TABLET	1	N	N	N
METFORMIN HCL 850 MG TABLET	1	N	N	N
METFORMIN HCL ER 500 MG TABLET	1	N	N	N
METFORMIN HCL ER 750 MG TABLET	1	N	N	N
METHADONE 10 MG/5 ML SOLUTION	1	Y	N	N
METHADONE 10 MG/ML ORAL CONC	1	Y	N	N
METHADONE 5 MG/5 ML SOLUTION	1	Y	N	N
METHADONE HCL 10 MG TABLET	1	Y	N	N
METHADONE HCL 5 MG TABLET	1	Y	N	N
METHADONE INTENSOL 10 MG/ML	1	Y	N	N
METHADOSE 10 MG/ML ORAL CONC	1	Y	N	N
METHAMPHETAMINE 5 MG TABLET	2	Y	N	Y
METHAZOLAMIDE 25 MG TABLET	2	N	N	N
METHAZOLAMIDE 50 MG TABLET	2	N	N	N
METHENAMINE HIPP 1 GM TABLET	2	N	N	N
METHENAMINE MAND 1 GM TABLET	2	N	N	Y
METHENAMINE MAND 500 MG TABLET	2	N	N	Y
METHIMAZOLE 10 MG TABLET	1	N	N	N
METHIMAZOLE 5 MG TABLET	1	N	N	N
METHOCARBAMOL 500 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METHOCARBAMOL 750 MG TABLET	1	N	N	N
METHOTREXATE 1 GRAM/40 ML VIAL	1	N	N	N
METHOTREXATE 2.5 MG TABLET	1	N	N	N
METHOTREXATE 250 MG/10 ML VIAL	1	N	N	N
METHOTREXATE 50 MG/2 ML VIAL	1	N	N	N
METHOXSALEN 10 MG SOFTGEL	4	N	N	N
METHSCOPOLAMINE BROM 2.5 MG TB	1	N	N	N
METHSCOPOLAMINE BROM 5 MG TAB	1	N	N	N
METHSUXIMIDE 300 MG CAPSULE	2	N	N	N
METHYLDOPA 250 MG TABLET	1	N	N	N
METHYLDOPA 500 MG TABLET	1	N	N	N
METHYLERGONOVINE 0.2 MG TABLET	2	N	N	Y
METHYLPHENIDATE 10 MG TABLET	1	Y	N	Y
METHYLPHENIDATE 10 MG/5 ML SOL	2	Y	N	Y
METHYLPHENIDATE 20 MG TABLET	1	Y	N	Y
METHYLPHENIDATE 5 MG TABLET	1	Y	N	Y
METHYLPHENIDATE 5 MG/5 ML SOLN	2	Y	N	Y
METHYLPHENIDATE CD 10 MG CAP	2	Y	N	Y
METHYLPHENIDATE CD 20 MG CAP	2	Y	N	Y
METHYLPHENIDATE CD 30 MG CAP	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METHYLPHENIDATE CD 40 MG CAP	2	Y	N	Y
METHYLPHENIDATE CD 50 MG CAP	2	Y	N	Y
METHYLPHENIDATE CD 60 MG CAP	2	Y	N	Y
METHYLPHENIDATE ER 10 MG TAB	1	Y	N	Y
METHYLPHENIDATE ER 18 MG TAB	2	Y	N	Y
METHYLPHENIDATE ER 20 MG TAB	1	Y	N	Y
METHYLPHENIDATE ER 27 MG TAB	2	Y	N	Y
METHYLPHENIDATE ER 36 MG TAB	2	Y	N	Y
METHYLPHENIDATE ER 54 MG TAB	2	Y	N	Y
METHYLPHENIDATE ER(CD) 10MG CP	2	Y	N	Y
METHYLPHENIDATE ER(CD) 20MG CP	2	Y	N	Y
METHYLPHENIDATE ER(CD) 30MG CP	2	Y	N	Y
METHYLPHENIDATE ER(CD) 40MG CP	2	Y	N	Y
METHYLPHENIDATE ER(CD) 50MG CP	2	Y	N	Y
METHYLPHENIDATE ER(CD) 60MG CP	2	Y	N	Y
METHYLPHENIDATE ER(LA) 10MG CP	2	Y	N	Y
METHYLPHENIDATE ER(LA) 20MG CP	2	Y	N	Y
METHYLPHENIDATE ER(LA) 30MG CP	2	Y	N	Y
METHYLPHENIDATE ER(LA) 40MG CP	2	Y	N	Y
METHYLPREDNISOLONE 16 MG TAB	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METHYLPREDNISOLONE 32 MG TAB	2	N	N	N
METHYLPREDNISOLONE 4 MG DOSEPK	1	N	N	N
METHYLPREDNISOLONE 4 MG TABLET	1	N	N	N
METHYLPREDNISOLONE 8 MG TABLET	2	N	N	N
METHYLTESTOSTERONE 10 MG CAP	2	N	N	Y
METOCLOPRAMIDE 10 MG TABLET	1	N	N	N
METOCLOPRAMIDE 10 MG/10 ML CUP	1	N	N	N
METOCLOPRAMIDE 10 MG/10 ML SOL	1	N	N	N
METOCLOPRAMIDE 10 MG/2 ML VIAL	2	N	N	N
METOCLOPRAMIDE 5 MG TABLET	1	N	N	N
METOCLOPRAMIDE 5 MG/5 ML SOLN	1	N	N	N
METOLAZONE 10 MG TABLET	1	N	N	N
METOLAZONE 2.5 MG TABLET	1	N	N	N
METOLAZONE 5 MG TABLET	1	N	N	N
METOPROLOL SUCC ER 100 MG TAB	1	N	N	N
METOPROLOL SUCC ER 200 MG TAB	1	N	N	N
METOPROLOL SUCC ER 25 MG TAB	1	N	N	N
METOPROLOL SUCC ER 50 MG TAB	1	N	N	N
METOPROLOL TARTRATE 100 MG TAB	1	N	N	N
METOPROLOL TARTRATE 25 MG TAB	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METOPROLOL TARTRATE 37.5 MG TB	1	N	N	N
METOPROLOL TARTRATE 50 MG TAB	1	N	N	N
METOPROLOL TARTRATE 75 MG TAB	1	N	N	N
METOPROLOL-HCTZ 100-25 MG TAB	2	N	N	N
METOPROLOL-HCTZ 100-50 MG TAB	2	N	N	N
METOPROLOL-HCTZ 50-25 MG TAB	2	N	N	N
METRONIDAZOLE 0.75% CREAM	1	N	N	N
METRONIDAZOLE 250 MG TABLET	1	N	N	N
METRONIDAZOLE 500 MG TABLET	1	N	N	N
METRONIDAZOLE TOP 1% GEL PUMP	2	N	N	Y
METRONIDAZOLE TOPICAL 0.75% GL	1	N	N	Y
METRONIDAZOLE TOPICAL 1% GEL	2	N	N	Y
METRONIDAZOLE VAGINAL 0.75% GL	1	N	N	N
METYROSINE 250 MG CAPSULE	2	Y	N	Y
MEXILETINE 150 MG CAPSULE	2	N	N	N
MEXILETINE 200 MG CAPSULE	2	N	N	N
MEXILETINE 250 MG CAPSULE	2	N	N	N
MIBELAS 24 FE CHEWABLE TABLET	1	N	N	N
MICONAZOLE 3 200 MG VAG SUPP	1	N	N	N
MICRO THIN 33G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MICROCHAMBER	2	N	N	N
MICROGESTIN 21 1.5-30 TAB	1	N	N	N
MICROGESTIN 21 1-20 TABLET	1	N	N	N
MICROGESTIN 24 FE 1 MG-20 MCG	1	N	N	N
MICROGESTIN FE 1.5-30 TAB	1	N	N	N
MICROGESTIN FE 1-20 TABLET	1	N	N	N
MICROLET 2 LANCING DEVICE	1	N	N	Y
MICROLET LANCETS	1	N	N	Y
MICROLET NEXT LANCING DEVICE	1	N	N	Y
MIDAZOLAM HCL 10 MG/5 ML CUP	3	N	N	N
MIDAZOLAM HCL 2 MG/ML SYRUP	1	N	N	N
MIDAZOLAM HCL 5 MG/2.5 ML CUP	3	N	N	N
MIDODRINE HCL 10 MG TABLET	1	N	N	N
MIDODRINE HCL 2.5 MG TABLET	1	N	N	N
MIDODRINE HCL 5 MG TABLET	1	N	N	N
MIFEPRISTONE 200 MG TABLET	2	Y	N	N
MIGLITOL 100 MG TABLET	2	N	N	N
MIGLITOL 25 MG TABLET	2	N	N	N
MIGLITOL 50 MG TABLET	2	N	N	N
MIGLUSTAT 100 MG CAPSULE	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MILI 0.25-0.035 MG TABLET	1	N	N	N
MILK OF MAGNESIA CONC 10ML CUP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MILK OF MAGNESIA SUSP 30ML CUP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MIMVEY 1-0.5 MG TABLET	2	N	N	N
MINI LANCING DEVICE	1	N	N	Y
MINOCYCLINE 100 MG CAPSULE	1	N	N	N
MINOCYCLINE 50 MG CAPSULE	1	N	N	N
MINOCYCLINE 75 MG CAPSULE	1	N	N	N
MINOXIDIL 10 MG TABLET	1	N	N	N
MINOXIDIL 2.5 MG TABLET	1	N	N	N
MIRABEGRON ER 25 MG TABLET	2	N	Y	Y
MIRABEGRON ER 50 MG TABLET	2	N	Y	Y
MIRTAZAPINE 15 MG ODT	2	N	N	Y
MIRTAZAPINE 15 MG TABLET	1	N	N	Y
MIRTAZAPINE 30 MG ODT	2	N	N	Y
MIRTAZAPINE 30 MG TABLET	1	N	N	Y
MIRTAZAPINE 45 MG ODT	2	N	N	Y
MIRTAZAPINE 45 MG TABLET	1	N	N	Y
MIRTAZAPINE 7.5 MG TABLET	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MISOPROSTOL 100 MCG TABLET	1	N	N	N
MISOPROSTOL 200 MCG TABLET	1	N	N	N
M-NATAL PLUS TABLET	1	N	N	N
MNEXSPIKE 2025-26 (12Y UP) SYR	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MOBILE 30G LANCETS	1	N	N	Y
MODAFINIL 100 MG TABLET	2	N	N	Y
MODAFINIL 200 MG TABLET	2	N	N	Y
MODERNA COVID (12Y UP)VAC(EUA)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MODERNA COVID 23-24(6M-11Y)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MODERNA COVID 24-25(6M-11Y)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MODERNA COVID BIVAL(6MO UP)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MODERNA COVID BIVAL(6MO-5Y)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MODERNA COVID(6M-5Y) VACC(EUA)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MODERNA COVID-19 BOOSTER (EUA)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MODEYSO 125 MG CAPSULE	4	Y	N	Y
MOEXIPRIL HCL 15 MG TABLET	2	N	N	N
MOEXIPRIL HCL 7.5 MG TABLET	2	N	N	N
MOMETASONE FUROATE 0.1% CREAM	1	N	N	N
MOMETASONE FUROATE 0.1% OINT	1	N	N	N
MOMETASONE FUROATE 0.1% SOLN	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MOMETASONE FUROATE 50 MCG SPRY	2	N	Y	Y
MONDOXYNE NL 100 MG CAPSULE	1	N	N	N
MONOJECT 0.5 ML SYRN 28GX1/2"	1	N	N	N
MONOJECT 1 ML SYRN 27X1/2"	1	N	N	N
MONOJECT 1 ML SYRN 28GX1/2"	1	N	N	N
MONOJECT 1 ML TB SYRN 25X5/8"	1	N	N	N
MONOJECT 3 ML SYRINGE	1	N	N	N
MONOJECT 3 ML SYRINGE 21GX1"	1	N	N	N
MONOJECT 3 ML SYRINGE 23GX1"	1	N	N	N
MONOJECT 3 ML SYRINGE 25GX1"	1	N	N	N
MONOJECT 3 ML SYRN 21GX1"	1	N	N	N
MONOJECT 3 ML SYRN 21GX11/2"	1	N	N	N
MONOJECT 3 ML SYRN 21GX1-1/2"	1	N	N	N
MONOJECT 3 ML SYRN 22GX11/2"	1	N	N	N
MONOJECT 3 ML SYRN 22GX1-1/2"	1	N	N	N
MONOJECT 3 ML SYRN 23GX1"	1	N	N	N
MONOJECT 3 ML SYRN 25GX1"	1	N	N	N
MONOJECT 3 ML SYRN 25GX1.25"	1	N	N	N
MONOJECT 3 ML SYRN 25GX5/8"	1	N	N	N
MONOJECT 3 ML SYRN 27GX1.25"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MONOJECT 3 ML SYRN 27GX11/4"	1	N	N	N
MONOJECT 6 ML SYRINGE	1	N	N	N
MONOJECT 6 ML SYRN 20GX11/2"	1	N	N	N
MONOJECT 6 ML SYRN 21GX1"	1	N	N	N
MONOJECT 6 ML SYRN 21GX11/2"	1	N	N	N
MONOJECT 6 ML SYRN 22GX11/2"	1	N	N	N
MONOJECT HYPO NDL 27GX1-1/2"	1	N	N	N
MONOJECT HYPO NEEDLE 18X1A	1	N	N	N
MONOJECT HYPO NEEDLE 19X1	1	N	N	N
MONOJECT HYPO NEEDLE 19X1-1/2	1	N	N	N
MONOJECT HYPO NEEDLE 20X1	1	N	N	N
MONOJECT HYPO NEEDLE 20X1-1/2	1	N	N	N
MONOJECT HYPO NEEDLE 21X1	1	N	N	N
MONOJECT HYPO NEEDLE 21X1-1/2	1	N	N	N
MONOJECT HYPO NEEDLE 22X1	1	N	N	N
MONOJECT HYPO NEEDLE 22X1.5	1	N	N	N
MONOJECT HYPO NEEDLE 23X1	1	N	N	N
MONOJECT HYPO NEEDLE 25X1	1	N	N	N
MONOJECT HYPO NEEDLE 25X1.5	1	N	N	N
MONOJECT HYPO NEEDLE 25X5/8	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MONOJECT HYPO NEEDLE 26X1.5	1	N	N	N
MONOJECT HYPO NEEDLE 27X0.5	1	N	N	N
MONOJECT HYPO NEEDLE 30X3/4	1	N	N	N
MONOJECT HYPODERMIC NEEDLE	1	N	N	N
MONOJECT INSUL SYR U100	1	N	N	N
MONOJECT INSUL SYR U100 0.5 ML	1	N	N	N
MONOJECT INSUL SYR U100 1 ML	1	N	N	N
MONOJECT INSULIN SYR 0.3 ML	1	N	N	N
MONOJECT INSULIN SYR 0.5 ML	1	N	N	N
MONOJECT INSULIN SYR 1 ML	1	N	N	N
MONOJECT INSULIN SYR U-100	1	N	N	N
MONOJECT INSULIN SYRN 3/10 ML	1	N	N	N
MONOJECT LUER LOCK TB SYR 1 ML	1	N	N	N
MONOJECT MAGELLAN SYRINGE 1 ML	1	N	N	N
MONOJECT MAGELLAN SYRINGE 3 ML	1	N	N	N
MONOJECT PHARMACY TRAY	1	N	N	N
MONOJECT SAFETY SYRINGE	1	N	N	N
MONOJECT SYR PHARM TRAY PK	1	N	N	N
MONOJECT SYRINGE 0.3 ML	1	N	N	N
MONOJECT SYRINGE 0.5 ML	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MONOJECT SYRINGE 1 ML	1	N	N	N
MONOJECT SYRINGE 3 ML	1	N	N	N
MONOJECT SYRINGE 3 ML 20GX1	1	N	N	N
MONOJECT SYRINGE 3 ML 22G 1"	1	N	N	N
MONOJECT SYRINGE 3 ML 22GX1"	1	N	N	N
MONOJECT SYRINGE 6 ML	1	N	N	N
MONOJECT SYRN 3 ML 20GX1-1/2"	1	N	N	N
MONOJECT SYRN 3 ML 20GX3/4"	1	N	N	N
MONOJECT SYRNG 20GX1" 3 ML	1	N	N	N
MONOJECT TB 1 ML SYRN 26X3/8"	1	N	N	N
MONOJECT TB 1 ML SYRN 27GX1/2	1	N	N	N
MONOJECT TB 1 ML SYRN 28GX1/2	1	N	N	N
MONOJECT TB SAFE 1 ML 28G 13MM	1	N	N	N
MONOJECT TB SAFETY SYRN 1 ML	1	N	N	N
MONOJECT TB SYRN 25GX5/8"	1	N	N	N
MONOJECT TB SYRN 26GX3/8"	1	N	N	N
MONOJECT TB SYRN 27GX1/2"	1	N	N	N
MONOJECT TUBERCULIN SYR 1 ML	1	N	N	N
MONOLET 21G LANCETS	1	N	N	Y
MONOLET THIN 28G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MONO-LINYAH 28 TABLET	1	N	N	N
MONTELUKAST SOD 10 MG TABLET	1	N	N	N
MONTELUKAST SOD 4 MG GRANULES	1	N	N	N
MONTELUKAST SOD 4 MG TAB CHEW	1	N	N	N
MONTELUKAST SOD 5 MG TAB CHEW	1	N	N	N
MORPHINE SULF 10 MG SUPPOS	2	N	Y	N
MORPHINE SULF 10 MG/5 ML CUP	1	N	Y	N
MORPHINE SULF 10 MG/5 ML SOLN	1	N	Y	N
MORPHINE SULF 100 MG/5 ML CONC	1	N	Y	N
MORPHINE SULF 20 MG SUPPOS	2	N	Y	N
MORPHINE SULF 20 MG/5 ML SOLN	1	N	Y	N
MORPHINE SULF 30 MG SUPPOS	2	N	Y	N
MORPHINE SULF 5 MG SUPPOS	2	N	Y	N
MORPHINE SULF ER 100 MG TABLET	1	N	Y	N
MORPHINE SULF ER 15 MG TABLET	1	N	Y	N
MORPHINE SULF ER 200 MG TABLET	1	N	Y	N
MORPHINE SULF ER 30 MG TABLET	1	N	Y	N
MORPHINE SULF ER 60 MG TABLET	1	N	Y	N
MORPHINE SULFATE IR 15 MG TAB	1	N	Y	N
MORPHINE SULFATE IR 30 MG TAB	1	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MOTOFEN 1-0.025 MG TABLET	3	N	N	Y
MOUNJARO 10 MG/0.5 ML PEN	2	N	Y	Y
MOUNJARO 12.5 MG/0.5 ML PEN	2	N	Y	Y
MOUNJARO 15 MG/0.5 ML PEN	2	N	Y	Y
MOUNJARO 2.5 MG/0.5 ML PEN	2	N	Y	Y
MOUNJARO 5 MG/0.5 ML PEN	2	N	Y	Y
MOUNJARO 7.5 MG/0.5 ML PEN	2	N	Y	Y
MOVANTIK 12.5 MG TABLET	2	N	N	Y
MOVANTIK 25 MG TABLET	2	N	N	Y
MOXIFLOXACIN 0.5% EYE DROPS	1	N	N	N
MOXIFLOXACIN HCL 400 MG TABLET	2	N	N	N
MRESVIA 50 MCG/0.5 ML SYRINGE	ZERO-COST SHARE/PREVENTATIVE	Y	N	Y
MS INS SYR 0.5 ML 29GX1/2"	1	N	N	N
MS INS SYR 1 ML 29GX1/2"	1	N	N	N
MS INS SYRINGE 1 ML 30GX1/2"	1	N	N	N
MS INSUL SYR 0.3 ML 31GX5/16"	1	N	N	N
MS INSUL SYR 0.5 ML 30GX1/2"	1	N	N	N
MS INSUL SYR 0.5 ML 31GX5/16"	1	N	N	N
MS INSULIN SYR 0.3 ML 29GX1/2"	1	N	N	N
MS INSULIN SYR 1 ML 31GX5/16"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MS INSULIN SYRINGE 0.3 ML	1	N	N	N
MULTAQ 400 MG TABLET	2	N	N	N
MULTI-LANCET DEVICE 2 KIT	1	N	N	Y
MULTISTIX 10 SG REAGENT STRIPS	1	N	N	N
MULTISTIX 5 STRIPS	1	N	N	N
MULTISTIX 7 REAGENT STRIPS	1	N	N	N
MULTISTIX 8 SG REAGENT STRIPS	1	N	N	N
MULTISTIX 9 REAGENT STRIPS	1	N	N	N
MULTISTIX 9 SG REAGENT STRIPS	1	N	N	N
MULTISTIX REAGENT STRIPS	1	N	N	N
MULTIVIT-FLUOR 0.25 MG TAB CHW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MULTIVIT-FLUOR 0.25 MG/ML DROP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MULTIVIT-FLUOR 0.5 MG TAB CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MULTIVIT-FLUOR 0.5 MG/ML DROP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MULTIVIT-FLUORIDE 1 MG TAB CHW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MUPIROCIN 2% OINTMENT	1	N	N	N
MVC-FLUORIDE 0.25 MG TAB CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MVC-FLUORIDE 0.5 MG TAB CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MVC-FLUORIDE 1 MG TAB CHEW	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MY CHOICE 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MY WAY 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
MYCOPHENOLATE 200 MG/ML SUSP	2	N	N	N
MYCOPHENOLATE 250 MG CAPSULE	1	N	N	N
MYCOPHENOLATE 500 MG TABLET	1	N	N	N
MYCOPHENOLIC ACID DR 180 MG TB	1	N	N	N
MYCOPHENOLIC ACID DR 360 MG TB	1	N	N	N
MYFEMBREE 40 MG-1 MG-0.5 MG TB	3	Y	N	Y
MYGLUCOHEALTH 30G LANCETS	1	N	N	Y
MYLERAN 2 MG TABLET	4	Y	N	N
MYNATAL CAPSULE	1	N	N	N
MYNATAL PLUS CAPTAB	1	N	N	N
MYNATAL ULTRACAPLET	1	N	N	N
MYNATAL-Z CAPTAB	1	N	N	N
MYORISAN 10 MG CAPSULE	2	N	N	N
MYORISAN 20 MG CAPSULE	2	N	N	N
MYORISAN 30 MG CAPSULE	2	N	N	N
MYORISAN 40 MG CAPSULE	2	N	N	N
NABUMETONE 500 MG TABLET	1	N	N	Y
NABUMETONE 750 MG TABLET	1	N	N	Y
NADOLOL 20 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NADOLOL 40 MG TABLET	1	N	N	N
NADOLOL 80 MG TABLET	1	N	N	N
NALOXONE 0.4 MG/ML CARPUJECT	1	N	N	N
NALOXONE 0.4 MG/ML SYRINGE	1	N	N	N
NALOXONE 0.4 MG/ML VIAL	1	N	N	N
NALOXONE 2 MG/2 ML SYRINGE	1	N	N	N
NALOXONE 4 MG/10 ML VIAL	1	N	N	N
NALOXONE HCL 4 MG NASAL SPRAY	2	N	N	Y
NALTREXONE 50 MG TABLET	1	N	N	N
NANO 2 GEN PEN NEEDLE 32G 4MM	1	N	N	N
NANO PEN NEEDLE 32G 4MM	1	N	N	N
NAPROXEN 250 MG TABLET	1	N	N	Y
NAPROXEN 375 MG TABLET	1	N	N	Y
NAPROXEN 500 MG KIT	1	N	N	Y
NAPROXEN 500 MG TABLET	1	N	N	Y
NAPROXEN DR 375 MG TABLET	1	N	N	Y
NAPROXEN DR 500 MG TABLET	2	N	N	Y
NAPROXEN SODIUM 275 MG TAB	2	N	N	N
NAPROXEN SODIUM 550 MG TAB	2	N	N	N
NARATRIPTAN HCL 1 MG TABLET	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NARATRIPTAN HCL 2.5 MG TABLET	1	N	N	Y
NASAL ALLERGY 24HR SPRAY	1	N	N	N
NATACYN 5% EYE DROPS	3	N	N	N
NATEGLINIDE 120 MG TABLET	2	N	N	N
NATEGLINIDE 60 MG TABLET	2	N	N	N
NATPARA 100 MCG DOSE CARTRIDGE	4	Y	N	N
NATPARA 25 MCG DOSE CARTRIDGE	4	Y	N	N
NATPARA 50 MCG DOSE CARTRIDGE	4	Y	N	N
NATPARA 75 MCG DOSE CARTRIDGE	4	Y	N	N
NEBIVOLOL 10 MG TABLET	2	N	N	N
NEBIVOLOL 2.5 MG TABLET	2	N	N	N
NEBIVOLOL 20 MG TABLET	2	N	N	N
NEBIVOLOL 5 MG TABLET	2	N	N	N
NECON 0.5-35-28 TABLET	1	N	N	N
NEFAZODONE HCL 100 MG TABLET	2	N	N	Y
NEFAZODONE HCL 150 MG TABLET	2	N	N	Y
NEFAZODONE HCL 200 MG TABLET	2	N	N	Y
NEFAZODONE HCL 250 MG TABLET	2	N	N	Y
NEFAZODONE HCL 50 MG TABLET	2	N	N	Y
NEMLUVIO 30 MG PEN	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NEO-BACIT-POLY-HC EYE OINTMENT	1	N	N	N
NEOMYC-BACIT-POLYMIX EYE OINT	1	N	N	N
NEOMYCIN 500 MG TABLET	1	N	N	N
NEOMYCIN-POLY-HC EYE DROPS	1	N	N	N
NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	N	N	N
NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	N	N	N
NEOMYC-POLYM-DEXAMET EYE OINTM	1	N	N	N
NEOMYC-POLYM-DEXAMETH EYE DROP	1	N	N	N
NEOMYC-POLYM-GRAMICID EYE DROP	1	N	N	N
NEO-POLYCIN EYE OINTMENT	1	N	N	N
NEO-POLYCIN HC EYE OINTMENT	1	N	N	N
NEPHRONEX-SL TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
NEUAC GEL	1	N	N	N
NEULASTA 6 MG/0.6 ML SYRINGE	4	Y	N	N
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	Y	N	N
NEUPOGEN 300 MCG/0.5 ML SYR	4	Y	N	Y
NEUPOGEN 300 MCG/ML VIAL	4	Y	N	Y
NEUPOGEN 480 MCG/0.8 ML SYR	4	Y	N	Y
NEUPOGEN 480 MCG/1.6 ML VIAL	4	Y	N	Y
NEUPRO 1 MG/24 HR PATCH	3	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NEUPRO 2 MG/24 HR PATCH	3	Y	N	Y
NEUPRO 3 MG/24 HR PATCH	3	Y	N	Y
NEUPRO 4 MG/24 HR PATCH	3	Y	N	Y
NEUPRO 6 MG/24 HR PATCH	3	Y	N	Y
NEUPRO 8 MG/24 HR PATCH	3	Y	N	Y
NEVIRAPINE 200 MG TABLET	2	N	N	N
NEVIRAPINE 50 MG/5 ML SUSP	2	N	N	N
NEVIRAPINE ER 100 MG TABLET	2	N	N	N
NEVIRAPINE ER 400 MG TABLET	2	N	N	N
NEW DAY 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
NEWGEN TABLET	1	N	N	N
NIACIN ER 1,000 MG TABLET	2	N	N	N
NIACIN ER 500 MG TABLET	2	N	N	N
NIACIN ER 750 MG TABLET	2	N	N	N
NICORETTE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE 14 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE 2 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE 4 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE 7 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTINE TRANSDERMAL SYSTEM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
NICOTROL CARTRIDGE INHALER	3	N	N	Y
NICOTROL NS 10 MG/ML SPRAY	3	N	N	Y
NIFEDIPINE 10 MG CAPSULE	2	N	N	N
NIFEDIPINE 20 MG CAPSULE	2	N	N	N
NIFEDIPINE ER 30 MG TABLET	1	N	N	N
NIFEDIPINE ER 60 MG TABLET	1	N	N	N
NIFEDIPINE ER 90 MG TABLET	1	N	N	N
NIKKI 3 MG-0.02 MG TABLET	1	N	N	N
NILOTINIB HCL 150 MG CAPSULE	4	Y	N	Y
NILOTINIB HCL 200 MG CAPSULE	4	Y	N	Y
NILOTINIB HCL 50 MG CAPSULE	4	Y	N	Y
NILUTAMIDE 150 MG TABLET	4	Y	N	Y
NITAZOXANIDE 500 MG TABLET	2	Y	N	Y
NITISINONE 10 MG CAPSULE	4	Y	N	N
NITISINONE 2 MG CAPSULE	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NITISINONE 20 MG CAPSULE	4	Y	N	N
NITISINONE 5 MG CAPSULE	4	Y	N	N
NITRO-BID 2% OINTMENT	2	N	N	N
NITROFURANTOIN 25 MG/5 ML SUSP	2	N	N	N
NITROFURANTOIN MCR 100 MG CAP	1	N	N	N
NITROFURANTOIN MCR 25 MG CAP	2	N	N	N
NITROFURANTOIN MCR 50 MG CAP	1	N	N	N
NITROFURANTOIN MONO-MCR 100 MG	1	N	N	N
NITROGLYCERIN 0.1 MG/HR PATCH	1	N	N	N
NITROGLYCERIN 0.2 MG/HR PATCH	1	N	N	N
NITROGLYCERIN 0.3 MG TABLET SL	1	N	N	N
NITROGLYCERIN 0.4 MG TABLET SL	1	N	N	N
NITROGLYCERIN 0.4 MG/HR PATCH	1	N	N	N
NITROGLYCERIN 0.6 MG TABLET SL	1	N	N	N
NITROGLYCERIN 0.6 MG/HR PATCH	1	N	N	N
NIZATIDINE 150 MG CAPSULE	2	N	N	N
NIZATIDINE 300 MG CAPSULE	2	N	N	N
NORA-BE TABLET	1	N	N	N
NORDITROPIN FLEXPRO 10 MG/1.5	4	Y	N	N
NORDITROPIN FLEXPRO 15 MG/1.5	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NORDITROPIN FLEXPRO 30 MG/3 ML	4	Y	N	N
NORDITROPIN FLEXPRO 5 MG/1.5	4	Y	N	N
NORELGESTROM-EE 150-35 MCG/DAY	1	N	N	N
NORET-ESTR-FE 0.4-0.035(21)-75	1	N	N	N
NORETH-EE-FE 1 MG/20-30-35 MCG	1	N	N	N
NORETH-EE-FE 1.5-0.03MG(21)-75	1	N	N	N
NORETH-EE-FE 1-0.02(21)-75 TAB	1	N	N	N
NORETH-EE-FE 1-0.02(24)-75 CHW	1	N	N	N
NORETHIND-ETH ESTRAD 0.5-2.5	2	N	N	N
NORETHIND-ETH ESTRAD 1-0.02 MG	1	N	N	N
NORETHINDRONE 0.35 MG TABLET	1	N	N	N
NORETHINDRONE 5 MG TABLET	1	N	N	N
NORETHIN-EE 1.5-0.03 MG(21) TB	1	N	N	N
NORETHIN-ETH ESTRAD 1 MG-5 MCG	2	N	N	N
NORG-EE 0.18-0.215-0.25/0.025	1	N	N	N
NORG-EE 0.18-0.215-0.25/0.035	1	N	N	N
NORGESTIMATE-EE 0.25-0.035 MG	1	N	N	N
NORG-ETHIN ESTRA 0.25-0.035 MG	1	N	N	N
NORM-JECT SYRINGE 10 ML	1	N	N	N
NORM-JECT TUBERKULIN SYR 1 ML	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NORTREL 0.5-35-28 TABLET	1	N	N	N
NORTREL 1-35 21 TABLET	1	N	N	N
NORTREL 1-35 28 TABLET	1	N	N	N
NORTREL 7-7-7-28 TABLET	1	N	N	N
NORTRIPTYLINE 10 MG/5 ML SOLN	2	N	N	N
NORTRIPTYLINE HCL 10 MG CAP	1	N	N	N
NORTRIPTYLINE HCL 25 MG CAP	1	N	N	N
NORTRIPTYLINE HCL 50 MG CAP	1	N	N	N
NORTRIPTYLINE HCL 75 MG CAP	1	N	N	N
NORVIR 80 MG/ML SOLUTION	4	N	N	N
NOVA SAFETY 23G LANCETS	1	N	N	Y
NOVA SAFETY 28G LANCETS	1	N	N	Y
NOVA SUREFLEX LANCING DEVICE	1	N	N	Y
NOVA SUREFLEX THIN LANCETS	1	N	N	Y
NOVAVAX COVID 2023-24 VL (EUA)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
NOVAVAX COVID 2024-25 SYR(EUA)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
NOVAVAX COVID-19 VACC,ADJ(EUA)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
NP THYROID 120 MG TABLET	1	N	N	N
NP THYROID 15 MG TABLET	1	N	N	N
NP THYROID 30 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NP THYROID 60 MG TABLET	1	N	N	N
NP THYROID 90 MG TABLET	1	N	N	N
NUBEQA 300 MG TABLET	4	Y	N	Y
NUCYNTA ER 100 MG TABLET	3	Y	N	N
NUCYNTA ER 150 MG TABLET	3	Y	N	N
NUCYNTA ER 200 MG TABLET	3	Y	N	N
NUCYNTA ER 250 MG TABLET	3	Y	N	N
NUCYNTA ER 50 MG TABLET	3	Y	N	N
NUVAXOVID 2025-26 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
NUVESSA VAGINAL 1.3% GEL	3	N	N	N
NYAMYC 100,000 UNIT/GM POWDER	1	N	N	N
NYLIA 1-35 28 TABLET	1	N	N	N
NYLIA 7-7-7-28 TABLET	1	N	N	N
NYMYO 0.25-0.035 MG (28) TAB	1	N	N	N
NYSTATIN 100,000 UNIT/GM CREAM	1	N	N	N
NYSTATIN 100,000 UNIT/GM OINT	1	N	N	N
NYSTATIN 100,000 UNIT/GM POWD	1	N	N	N
NYSTATIN 100,000 UNIT/ML SUSP	1	N	N	Y
NYSTATIN 500,000 UNIT ORAL TAB	1	N	N	Y
NYSTATIN 500,000 UNIT/5 ML CUP	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NYSTATIN-TRIAMCINOLONE CREAM	1	N	N	N
NYSTATIN-TRIAMCINOLONE OINTM	1	N	N	N
NYSTOP 100,000 UNIT/GM POWDER	1	N	N	N
OBSTETRIX DHA COMBO PAK	1	N	N	N
OCALIVA 10 MG TABLET	4	Y	N	Y
OCALIVA 5 MG TABLET	4	Y	N	Y
OCELLA 3 MG-0.03 MG TABLET	1	N	N	N
OCTREOTIDE 1,000 MCG/5 ML VIAL	4	Y	N	N
OCTREOTIDE 1,000 MCG/ML VIAL	4	Y	N	N
OCTREOTIDE 5,000 MCG/5 ML VIAL	4	Y	N	N
OCTREOTIDE ACET 0.05 MG/ML VL	4	Y	N	N
OCTREOTIDE ACET 100 MCG/ML AMP	4	Y	N	N
OCTREOTIDE ACET 100 MCG/ML SYR	4	Y	N	N
OCTREOTIDE ACET 100 MCG/ML VL	4	Y	N	N
OCTREOTIDE ACET 200 MCG/ML VL	4	Y	N	N
OCTREOTIDE ACET 50 MCG/ML AMP	4	Y	N	N
OCTREOTIDE ACET 50 MCG/ML SYR	4	Y	N	N
OCTREOTIDE ACET 50 MCG/ML VIAL	4	Y	N	N
OCTREOTIDE ACET 500 MCG/ML AMP	4	Y	N	N
OCTREOTIDE ACET 500 MCG/ML SYR	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OCTREOTIDE ACET 500 MCG/ML VL	4	Y	N	N
OCTREOTIDE ACET ER 10 MG IM VL	4	Y	N	Y
OCTREOTIDE ACET ER 20 MG IM VL	4	Y	N	Y
OCTREOTIDE ACET ER 30 MG IM VL	4	Y	N	Y
ODACTRA 12 SQ-HDM SL TABLET	3	Y	N	Y
ODEFSEY TABLET	4	N	N	N
ODOMZO 200 MG CAPSULE	4	Y	N	Y
OFEV 100 MG CAPSULE	4	Y	N	Y
OFEV 150 MG CAPSULE	4	Y	N	Y
OFLOXACIN 0.3% EAR DROPS	1	N	N	N
OFLOXACIN 0.3% EYE DROPS	1	N	N	N
OFLOXACIN 300 MG TABLET	1	N	N	N
OFLOXACIN 400 MG TABLET	1	N	N	N
OHTUVAYRE 3 MG/2.5ML INHAL SUS	4	Y	N	Y
OLANZAPINE 10 MG TABLET	1	Y	N	Y
OLANZAPINE 15 MG TABLET	1	Y	N	Y
OLANZAPINE 2.5 MG TABLET	1	Y	N	Y
OLANZAPINE 20 MG TABLET	1	Y	N	Y
OLANZAPINE 5 MG TABLET	1	Y	N	Y
OLANZAPINE 7.5 MG TABLET	1	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OLANZAPINE-FLUOXETINE 12-25 MG	2	N	N	N
OLANZAPINE-FLUOXETINE 12-50 MG	2	N	N	N
OLANZAPINE-FLUOXETINE 3-25 MG	2	N	N	N
OLANZAPINE-FLUOXETINE 6-25 MG	2	N	N	N
OLANZAPINE-FLUOXETINE 6-50 MG	2	N	N	N
OLMESARTAN MEDOXOMIL 20 MG TAB	1	N	N	N
OLMESARTAN MEDOXOMIL 40 MG TAB	1	N	N	N
OLMESARTAN MEDOXOMIL 5 MG TAB	1	N	N	N
OLMESARTAN-HCTZ 20-12.5 MG TAB	1	N	N	N
OLMESARTAN-HCTZ 40-12.5 MG TAB	1	N	N	N
OLMESARTAN-HCTZ 40-25 MG TAB	1	N	N	N
OLOPATADINE 665 MCG NASAL SPRY	2	N	N	Y
OLOPATADINE HCL 0.1% EYE DROPS	1	N	N	N
OLOPATADINE HCL 0.2% EYE DROP	1	N	N	N
OLUMIANT 1 MG TABLET	4	N	Y	Y
OLUMIANT 2 MG TABLET	4	N	Y	Y
OLUMIANT 4 MG TABLET	4	N	Y	Y
OMEGA-3 ETHYL ESTERS 1 GM CAP	2	N	N	Y
OMEPRAZOLE DR 10 MG CAPSULE	1	N	N	Y
OMEPRAZOLE DR 20 MG CAPSULE	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OMEPRAZOLE DR 40 MG CAPSULE	1	N	N	Y
OMEPRAZOLE-BICARB 40-1,100 CAP	2	Y	N	Y
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	N	N	Y
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	2	N	N	Y
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	2	N	N	Y
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	N	N	Y
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	N	N	Y
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	2	N	N	Y
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	N	N	Y
OMNIPOD CLASSIC PODS(GEN3) 5PK	2	N	N	Y
OMNIPOD DASH INTRO KIT (GEN 4)	2	N	N	Y
OMNIPOD DASH PODS (GEN 4) 5PK	2	N	N	Y
OMNIPOD GO 10 UNIT/DAY PODS	2	N	N	Y
OMNIPOD GO 15 UNIT/DAY PODS	2	N	N	Y
OMNIPOD GO 20 UNIT/DAY PODS	2	N	N	Y
OMNIPOD GO 25 UNIT/DAY PODS	2	N	N	Y
OMNIPOD GO 30 UNIT/DAY PODS	2	N	N	Y
OMNIPOD GO 35 UNIT/DAY PODS	2	N	N	Y
OMNIPOD GO 40 UNIT/DAY PODS	2	N	N	Y
OMNITROPE 10 MG/1.5 ML CRTG	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OMNITROPE 5 MG/1.5 ML CRTG	4	Y	N	N
OMNITROPE 5.8 MG VIAL	4	Y	N	N
ON CALL 30G LANCET	1	N	N	Y
ON CALL LANCING DEVICE	1	N	N	Y
ON CALL PLUS 30G LANCET	1	N	N	Y
ON CALL PLUS LANCING DEVICE	1	N	N	Y
ONDANSETRON 4 MG/5 ML SOLN CUP	1	N	N	N
ONDANSETRON 4 MG/5 ML SOLUTION	1	N	N	N
ONDANSETRON HCL 4 MG TABLET	1	N	N	N
ONDANSETRON HCL 8 MG TABLET	1	N	N	N
ONDANSETRON ODT 4 MG TABLET	1	N	N	N
ONDANSETRON ODT 8 MG TABLET	1	N	N	N
ONELAX MAGNESIUM CITRATE SOLN	ZERO-COST SHARE/PREVENTATIVE	N	N	N
ONETOUCH DELICA PLUS 30G LANCT	1	N	N	Y
ONETOUCH DELICA PLUS 33G LANCT	1	N	N	Y
ONETOUCH DELICA PLUS LANC DEV	1	N	N	Y
ONETOUCH DELICA SAF 30G LANCET	1	N	N	Y
ONETOUCH ULTRASOFT LANCETS	1	N	N	Y
ONETOUCH ULTRASOFT2 30G LANCET	1	N	N	Y
ON-THE-GO 30G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ONUREG 200 MG TABLET	4	Y	N	Y
ONUREG 300 MG TABLET	4	Y	N	Y
OPCICON ONE-STEP 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
OPILL 0.075 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
OPSUMIT 10 MG TABLET	4	Y	N	Y
OPTICHAMBER DIAMOND VHC	2	N	N	N
OPTICHAMBER DIAMOND W-LRG MASK	2	N	N	N
OPTICHAMBER DIAMOND W-MED MASK	2	N	N	N
OPTICHAMBER DIAMOND W-SML MASK	2	N	N	N
OPTION 2 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
OPVEE 2.7 MG NASAL SPRAY	3	N	N	Y
ORAL SALINE LAXATIVE LIQUID	ZERO-COST SHARE/PREVENTATIVE	N	N	N
ORALONE 0.1% PASTE	1	N	N	N
ORAVIG 50 MG BUCCAL TABLET	3	N	N	Y
ORENCIA 125 MG/ML SYRINGE	4	N	Y	Y
ORENCIA 50 MG/0.4 ML SYRINGE	4	N	Y	Y
ORENCIA 87.5 MG/0.7 ML SYRINGE	4	N	Y	Y
ORENCIA CLICKJECT 125 MG/ML	4	N	Y	Y
ORIAHNN 300-1-0.5MG/300MG CAPS	3	Y	N	Y
ORPHENADRINE ER 100 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ORQUIDEA 0.35 MG TABLET	1	N	N	N
ORSERDU 345 MG TABLET	4	Y	N	Y
ORSERDU 86 MG TABLET	4	Y	N	Y
OSCIMIN 0.125 MG TABLET	1	N	N	N
OSCIMIN SL 0.125 MG TABLET	1	N	N	N
OSELTAMIVIR 6 MG/ML SUSPENSION	1	N	N	N
OSELTAMIVIR PHOS 30 MG CAPSULE	1	N	N	N
OSELTAMIVIR PHOS 45 MG CAPSULE	1	N	N	N
OSELTAMIVIR PHOS 75 MG CAPSULE	1	N	N	N
OSMOPREP TABLET	3	N	N	N
OSPHENA 60 MG TABLET	3	Y	N	N
OTREXUP 10 MG/0.4 ML AUTO-INJ	3	N	Y	N
OTREXUP 12.5 MG/0.4 ML AUTOINJ	3	N	Y	N
OTREXUP 15 MG/0.4 ML AUTO-INJ	3	N	Y	N
OTREXUP 17.5 MG/0.4 ML AUTOINJ	3	N	Y	N
OTREXUP 20 MG/0.4 ML AUTO-INJ	3	N	Y	N
OTREXUP 22.5 MG/0.4 ML AUTOINJ	3	N	Y	N
OTREXUP 25 MG/0.4 ML AUTO-INJ	3	N	Y	N
OXANDROLONE 10 MG TABLET	1	N	N	N
OXANDROLONE 2.5 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OXAPROZIN 600 MG CAPLET	1	N	N	Y
OXAPROZIN 600 MG TABLET	1	N	N	Y
OXAZEPAM 10 MG CAPSULE	2	N	N	N
OXAZEPAM 15 MG CAPSULE	2	N	N	N
OXAZEPAM 30 MG CAPSULE	2	N	N	N
OXBRYTA 300 MG TABLET	4	Y	N	Y
OXBRYTA 300 MG TABLET FOR SUSP	4	Y	N	Y
OXBRYTA 500 MG TABLET	4	Y	N	Y
OXCARBAZEPINE 150 MG TABLET	1	N	N	N
OXCARBAZEPINE 300 MG TABLET	1	N	N	N
OXCARBAZEPINE 300 MG/5 ML CUP	2	N	N	N
OXCARBAZEPINE 300 MG/5 ML SUSP	2	N	N	N
OXCARBAZEPINE 600 MG TABLET	1	N	N	N
OXCARBAZEPINE ER 150 MG TABLET	2	Y	N	Y
OXCARBAZEPINE ER 300 MG TABLET	2	Y	N	Y
OXCARBAZEPINE ER 600 MG TABLET	2	Y	N	Y
OXICONAZOLE NITRATE 1% CREAM	2	Y	N	N
OXLUMO 94.5 MG/0.5 ML VIAL	4	Y	N	N
OXYBUTYNIN 5 MG TABLET	1	N	N	N
OXYBUTYNIN 5 MG/5 ML SOLN CUP	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OXYBUTYNIN 5 MG/5 ML SOLUTION	1	N	N	N
OXYBUTYNIN 5 MG/5 ML SYRUP	1	N	N	N
OXYBUTYNIN CL ER 10 MG TABLET	1	N	N	N
OXYBUTYNIN CL ER 15 MG TABLET	1	N	N	N
OXYBUTYNIN CL ER 5 MG TABLET	1	N	N	N
OXYCODONE HCL (IR) 10 MG TAB	1	N	Y	N
OXYCODONE HCL (IR) 15 MG TAB	1	N	Y	N
OXYCODONE HCL (IR) 20 MG TAB	1	N	Y	N
OXYCODONE HCL (IR) 30 MG TAB	1	N	Y	N
OXYCODONE HCL (IR) 5 MG CAP	1	N	Y	N
OXYCODONE HCL (IR) 5 MG TABLET	1	N	Y	N
OXYCODONE HCL 100 MG/5 ML CONC	1	N	Y	N
OXYCODONE HCL 5 MG/5 ML CUP	1	N	Y	N
OXYCODONE HCL 5 MG/5 ML SOLN	1	N	Y	N
OXYCODONE HCL ER 10 MG TABLET	3	Y	N	N
OXYCODONE HCL ER 20 MG TABLET	3	Y	N	N
OXYCODONE HCL ER 40 MG TABLET	3	Y	N	N
OXYCODONE HCL ER 80 MG TABLET	3	Y	N	N
OXYCODONE-ACETAMINOPHEN 10-325	1	N	Y	N
OXYCODONE-ACETAMINOPHEN 5-325	1	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OXYCODONE-ACETAMINOPHN 2.5-325	1	N	Y	N
OXYCODONE-ACETAMINOPHN 7.5-325	1	N	Y	N
OXYMORPHONE HCL 10 MG TABLET	1	N	Y	N
OXYMORPHONE HCL 5 MG TABLET	1	N	Y	N
OXYMORPHONE HCL ER 10 MG TAB	2	N	Y	N
OXYMORPHONE HCL ER 15 MG TAB	2	N	Y	N
OXYMORPHONE HCL ER 20 MG TAB	2	N	Y	N
OXYMORPHONE HCL ER 30 MG TAB	2	N	Y	N
OXYMORPHONE HCL ER 40 MG TAB	2	N	Y	N
OXYMORPHONE HCL ER 5 MG TABLET	2	N	Y	N
OXYMORPHONE HCL ER 7.5 MG TAB	2	N	Y	N
OZEMPIC 0.25-0.5 MG/DOSE PEN	2	N	Y	Y
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	2	N	Y	Y
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	2	N	Y	Y
PACERONE 100 MG TABLET	2	N	N	N
PACERONE 200 MG TABLET	1	N	N	N
PACERONE 400 MG TABLET	2	N	N	N
PALFORZIA 1 MG (LEVEL 0)	4	Y	N	Y
PALFORZIA 12 MG (LEVEL 3)	4	Y	N	Y
PALFORZIA 120 MG (LEVEL 7)	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PALFORZIA 160 MG (LEVEL 8)	4	Y	N	Y
PALFORZIA 20 MG (LEVEL 4)	4	Y	N	Y
PALFORZIA 200 MG (LEVEL 9)	4	Y	N	Y
PALFORZIA 240 MG (LEVEL 10)	4	Y	N	Y
PALFORZIA 3 MG (LEVEL 1)	4	Y	N	Y
PALFORZIA 300 MG (LEVEL 11)	4	Y	N	Y
PALFORZIA 300 MG (MAINTENANCE)	4	Y	N	Y
PALFORZIA 40 MG (LEVEL 5)	4	Y	N	Y
PALFORZIA 6 MG (LEVEL 2)	4	Y	N	Y
PALFORZIA 80 MG (LEVEL 6)	4	Y	N	Y
PALFORZIA INITIAL (1-3 YRS)	4	Y	N	Y
PALFORZIA INITIAL (4-17 YRS)	4	Y	N	Y
PALIPERIDONE ER 1.5 MG TABLET	2	Y	Y	Y
PALIPERIDONE ER 3 MG TABLET	2	Y	Y	Y
PALIPERIDONE ER 6 MG TABLET	2	Y	Y	Y
PALIPERIDONE ER 9 MG TABLET	2	Y	Y	Y
PALSONIFY 20 MG TABLET	4	Y	N	Y
PALSONIFY 30 MG TABLET	4	Y	N	Y
PANCREAZE DR 10,500 UNIT CAP	3	N	Y	N
PANCREAZE DR 16,800 UNIT CAP	3	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PANCREAZE DR 2,600 UNIT CAP	3	N	Y	N
PANCREAZE DR 21,000 UNIT CAP	3	N	Y	N
PANCREAZE DR 37,000 UNIT CAP	3	N	Y	N
PANCREAZE DR 4,200 UNIT CAP	3	N	Y	N
PANOXYL 10% ACNE FOAMING WASH	1	N	N	N
PANTOPRAZOLE SOD DR 20 MG TAB	1	N	N	Y
PANTOPRAZOLE SOD DR 40 MG TAB	1	N	N	Y
PARICALCITOL 1 MCG CAPSULE	2	N	N	N
PARICALCITOL 2 MCG CAPSULE	2	N	N	N
PARICALCITOL 4 MCG CAPSULE	2	N	N	N
PAROEX 0.12% ORAL RINSE	1	N	N	N
PAROXETINE HCL 10 MG TABLET	1	N	N	Y
PAROXETINE HCL 20 MG TABLET	1	N	N	Y
PAROXETINE HCL 30 MG TABLET	1	N	N	Y
PAROXETINE HCL 40 MG TABLET	1	N	N	Y
PASER GRANULES 4 GM PACKET	3	N	N	N
PAXLOVID 150-100 MG (MODERATE)	2	N	N	Y
PAXLOVID 300/150-100MG(SEVERE)	2	N	N	Y
PAXLOVID 300-100 MG DOSE PACK	2	N	N	Y
PAZOPANIB HCL 200 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PAZOPANIB HCL 400 MG TABLET	4	Y	N	Y
PC SUPER THIN 30G LANCETS	1	N	N	Y
PEAK-AIR PEAK FLOW METER	3	N	N	N
PEG 3350-ELECTROLYTE SOLUTION	1	N	N	N
PEG-3350 AND ELECTROLYTES SOLN	1	N	N	N
PEGASYS 180 MCG/0.5 ML SYRINGE	4	N	N	Y
PEGASYS 180 MCG/ML VIAL	4	N	N	Y
PEG-PREP KIT	2	N	N	N
PEN NEEDLE 30G X 5/16"	1	N	N	N
PEN NEEDLE 31G X 3/16"	1	N	N	N
PEN NEEDLE 31G X 5/16"	1	N	N	N
PENCICLOVIR 1% CREAM	2	Y	N	Y
PENICILLAMINE 250 MG TABLET	4	Y	N	Y
PENICILLIN VK 125 MG/5 ML SOLN	1	N	N	N
PENICILLIN VK 250 MG TABLET	1	N	N	N
PENICILLIN VK 250 MG/5 ML SOLN	1	N	N	N
PENICILLIN VK 500 MG TABLET	1	N	N	N
PENTAMIDINE 300 MG INHAL POWDR	2	N	N	Y
PENTASA 250 MG CAPSULE	2	N	N	N
PENTAZOCINE-NALOXONE TABLET	2	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PENTOXIFYLLINE ER 400 MG TAB	1	N	N	N
PERAMPANEL 0.5 MG/ML ORAL SUSP	2	Y	N	Y
PERAMPANEL 10 MG TABLET	2	Y	N	Y
PERAMPANEL 12 MG TABLET	2	Y	N	Y
PERAMPANEL 2 MG TABLET	2	Y	N	Y
PERAMPANEL 4 MG TABLET	2	Y	N	Y
PERAMPANEL 6 MG TABLET	2	Y	N	Y
PERAMPANEL 8 MG TABLET	2	Y	N	Y
PERFECT POINT 28G SAFETY LANCT	1	N	N	Y
PERFECT POINT 30G SAFETY LANCT	1	N	N	Y
PERFECT POINT NEEDLE 25G 1"	1	N	N	N
PERINDOPRIL ERBUMINE 2 MG TAB	1	N	N	N
PERINDOPRIL ERBUMINE 4 MG TAB	1	N	N	N
PERINDOPRIL ERBUMINE 8 MG TAB	1	N	N	N
PERIOGARD 0.12% ORAL RINSE	1	N	N	N
PERMETHRIN 5% CREAM	1	N	N	Y
PERPHEN-AMITRIP 2 MG-10 MG TAB	2	Y	N	N
PERPHEN-AMITRIP 2 MG-25 MG TAB	2	Y	N	N
PERPHEN-AMITRIP 4 MG-10 MG TAB	2	Y	N	N
PERPHEN-AMITRIP 4 MG-25 MG TAB	2	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PERPHEN-AMITRIP 4 MG-50 MG TAB	2	Y	N	N
PERPHENAZINE 16 MG TABLET	2	Y	N	Y
PERPHENAZINE 2 MG TABLET	2	Y	N	Y
PERPHENAZINE 4 MG TABLET	2	Y	N	Y
PERPHENAZINE 8 MG TABLET	2	Y	N	Y
PERSA-GEL 10%	1	N	N	N
PERSONAL BEST PEAK FLOW MTR	3	N	N	N
PERTZYE DR 16,000 UNIT CAPSULE	3	N	Y	N
PERTZYE DR 24,000 UNIT CAPSULE	3	N	Y	N
PERTZYE DR 4,000 UNIT CAPSULE	3	N	Y	N
PERTZYE DR 8,000 UNIT CAPSULE	3	N	Y	N
PFIZER COVID (12Y UP) VAC-GRAY	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID (5-11Y) VAC-ORANG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID (6M-4Y)VAC-MAROON	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID 2023-24(5-11Y)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID 2023-24(6M-4Y)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID 2024-25(5-11Y)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID 2024-25(6M-4Y)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID BIVAL (12Y UP)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID BIVAL (5-11YR)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PFIZER COVID BIVAL (6MO-4Y)EUA	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PFIZER COVID-19 VACCINE-PURPLE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PHARMACIST CHOICE 28G LANCETS	1	N	N	Y
PHARMACIST CHOICE 30G LANCETS	1	N	N	Y
PHARMACIST CHOICE 33G LANCETS	1	N	N	Y
PHENAZOPYRIDINE 100 MG TAB	1	N	N	N
PHENAZOPYRIDINE 200 MG TAB	1	N	N	N
PHENELZINE SULFATE 15 MG TAB	1	N	N	N
PHENOBARBITAL 100 MG TABLET	1	N	N	N
PHENOBARBITAL 15 MG TABLET	1	N	N	N
PHENOBARBITAL 16.2 MG TABLET	1	N	N	N
PHENOBARBITAL 20 MG/5 ML CUP	1	N	N	N
PHENOBARBITAL 20 MG/5 ML ELIX	1	N	N	N
PHENOBARBITAL 20 MG/5 ML SOLN	1	N	N	N
PHENOBARBITAL 30 MG TABLET	1	N	N	N
PHENOBARBITAL 30 MG/7.5 ML CUP	1	N	N	N
PHENOBARBITAL 32.4 MG TABLET	1	N	N	N
PHENOBARBITAL 60 MG TABLET	1	N	N	N
PHENOBARBITAL 60 MG/15 ML CUP	1	N	N	N
PHENOBARBITAL 64.8 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PHENOBARBITAL 97.2 MG TABLET	1	N	N	N
PHENOXYBENZAMINE HCL 10 MG CAP	2	Y	N	Y
PHENYLEPHRINE 10% EYE DROP	2	N	N	N
PHENYLEPHRINE 10% EYE DROPS	2	N	N	N
PHENYLEPHRINE 2.5% EYE DROP	2	N	N	N
PHENYTOIN 100 MG/4 ML SUSP CUP	1	N	N	N
PHENYTOIN 125 MG/5 ML SUSP	1	N	N	N
PHENYTOIN 50 MG INFATAB CHEW	1	N	N	N
PHENYTOIN 50 MG TABLET CHEW	1	N	N	N
PHENYTOIN SOD EXT 100 MG CAP	1	N	N	N
PHENYTOIN SOD EXT 200 MG CAP	2	N	N	N
PHENYTOIN SOD EXT 300 MG CAP	2	N	N	N
PHILITH 0.4-0.035 MG TABLET	1	N	N	N
PHOSPHATE ORAL SALINE LAXATIVE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PHYTONADIONE 10 MG/ML AMPUL	2	N	N	N
PILOCARPINE 1% EYE DROPS	1	N	N	N
PILOCARPINE 2% EYE DROPS	1	N	N	N
PILOCARPINE 4% EYE DROPS	1	N	N	N
PILOCARPINE HCL 5 MG TABLET	2	N	N	N
PILOCARPINE HCL 7.5 MG TABLET	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PIMECROLIMUS 1% CREAM	2	N	Y	N
PIMOZIDE 1 MG TABLET	2	N	N	Y
PIMOZIDE 2 MG TABLET	2	N	N	Y
PIMTREA 28 DAY TABLET	1	N	N	N
PINAWAY 50 MG/ML SUSPENSION	1	N	N	N
PINDOLOL 10 MG TABLET	2	N	N	N
PINDOLOL 5 MG TABLET	2	N	N	N
PINWORM MEDICINE 144 MG/ML	1	N	N	N
PIOGLITAZONE HCL 15 MG TABLET	1	N	N	N
PIOGLITAZONE HCL 30 MG TABLET	1	N	N	N
PIOGLITAZONE HCL 45 MG TABLET	1	N	N	N
PIOGLITAZONE-METFORMIN 15-500	1	N	N	Y
PIOGLITAZONE-METFORMIN 15-850	1	N	N	Y
PIP 28G LANCET	1	N	N	Y
PIP 30G LANCET	1	N	N	Y
PIRFENIDONE 267 MG CAPSULE	4	Y	N	Y
PIRFENIDONE 267 MG TABLET	4	Y	N	Y
PIRFENIDONE 534 MG TABLET	4	Y	N	Y
PIRFENIDONE 801 MG TABLET	4	Y	N	Y
PIROXICAM 10 MG CAPSULE	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PIROXICAM 20 MG CAPSULE	1	N	N	Y
PLEGRIDY 125 MCG/0.5 ML PEN	4	N	Y	Y
PLEGRIDY 125 MCG/0.5 ML SYRING	4	N	Y	Y
PLEGRIDY PEN INJ STARTER PACK	4	N	Y	Y
PLEGRIDY SYRINGE STARTER PACK	4	N	Y	Y
PNEUMOVAX 23 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PNEUMOVAX 23 VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PNV PRENATAL PLUS MULTIVIT TAB	1	N	N	N
PNV-DHA + DOCUSATE SOFTGEL	1	N	N	N
PNV-DHA SOFTGEL	1	N	N	N
PNV-OMEGA SOFTGEL	1	N	N	N
PNV-SELECT TABLET	1	N	N	N
POCKET CHAMBER	2	N	N	N
PODOFILOX 0.5% TOPICAL SOLN	1	N	N	N
POLY HUB NEEDLE 18GX1"	1	N	N	N
POLY HUB NEEDLE 18GX1-1/2"	1	N	N	N
POLY HUB NEEDLE 21GX1"	1	N	N	N
POLY HUB NEEDLE 21GX1-1/2"	1	N	N	N
POLY HUB NEEDLE 22GX1"	1	N	N	N
POLY HUB NEEDLE 22GX1-1/2"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
POLY HUB NEEDLE 23GX1"	1	N	N	N
POLY HUB NEEDLE 23GX1-1/2"	1	N	N	N
POLY HUB NEEDLE 25GX1"	1	N	N	N
POLY HUB NEEDLE 25GX1-1/2"	1	N	N	N
POLY HUB NEEDLE 25GX5/8"	1	N	N	N
POLY HUB NEEDLE 27GX1/2"	1	N	N	N
POLY HUB NEEDLE 27GX1-1/4"	1	N	N	N
POLY HUB NEEDLE 30GX1/2"	1	N	N	N
POLYCIN EYE OINTMENT	1	N	N	N
POLYETHYLENE GLYCOL 3350 POWD	ZERO-COST SHARE/PREVENTATIVE	N	N	N
POLYMYXIN B-TMP EYE DROPS	1	N	N	N
POMALIDOMIDE 1 MG CAPSULE	4	Y	N	Y
POMALIDOMIDE 2 MG CAPSULE	4	Y	N	Y
POMALIDOMIDE 3 MG CAPSULE	4	Y	N	Y
POMALIDOMIDE 4 MG CAPSULE	4	Y	N	Y
POMALYST 1 MG CAPSULE	4	Y	N	Y
POMALYST 2 MG CAPSULE	4	Y	N	Y
POMALYST 3 MG CAPSULE	4	Y	N	Y
POMALYST 4 MG CAPSULE	4	Y	N	Y
PORTIA-28 TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
POSACONAZOLE 200 MG/5 ML SUSP	2	Y	N	Y
POTASSIUM CITRATE ER 10 MEQ TB	1	N	N	N
POTASSIUM CITRATE ER 15 MEQ TB	1	N	N	N
POTASSIUM CITRATE ER 5 MEQ TAB	1	N	N	N
POTASSIUM CL 10% (20 MEQ/15ML)	1	N	N	N
POTASSIUM CL 10% (40 MEQ/30ML)	1	N	N	N
POTASSIUM CL 20% (40 MEQ/15ML)	1	N	N	N
POTASSIUM CL ER 10 MEQ CAPSULE	1	N	N	N
POTASSIUM CL ER 10 MEQ TABLET	1	N	N	N
POTASSIUM CL ER 15 MEQ TABLET	1	N	N	N
POTASSIUM CL ER 20 MEQ TABLET	1	N	N	N
POTASSIUM CL ER 8 MEQ CAPSULE	1	N	N	N
POTASSIUM CL ER 8 MEQ TABLET	1	N	N	N
POTASSIUM CL10%(20MEQ/15ML)CUP	1	N	N	N
POTASSIUM CL10%(40MEQ/30ML)CUP	1	N	N	N
POTASSIUM CL20%(40MEQ/15ML)CUP	1	N	N	N
POWDERLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PR NATAL 400 COMBO PACK	1	N	N	N
PR NATAL 400 EC COMBO PACK	1	N	N	N
PR NATAL 430 COMBO PACK	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PR NATAL 430 EC COMBO PACK	1	N	N	N
PRAMIPEXOLE 0.125 MG TABLET	1	N	N	Y
PRAMIPEXOLE 0.25 MG TABLET	1	N	N	Y
PRAMIPEXOLE 0.5 MG TABLET	1	N	N	Y
PRAMIPEXOLE 0.75 MG TABLET	1	N	N	Y
PRAMIPEXOLE 1 MG TABLET	1	N	N	Y
PRAMIPEXOLE 1.5 MG TABLET	1	N	N	Y
PRASUGREL 10 MG TABLET	1	N	N	N
PRASUGREL 5 MG TABLET	1	N	N	N
PRAVASTATIN SODIUM 10 MG TAB	1	N	N	N
PRAVASTATIN SODIUM 20 MG TAB	1	N	N	N
PRAVASTATIN SODIUM 40 MG TAB	1	N	N	N
PRAVASTATIN SODIUM 80 MG TAB	1	N	N	N
PRAZIQUANTEL 600 MG TABLET	2	N	N	N
PRAZOSIN 1 MG CAPSULE	1	N	N	N
PRAZOSIN 2 MG CAPSULE	1	N	N	N
PRAZOSIN 5 MG CAPSULE	1	N	N	N
PRECISION XTRA MONITOR	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
PRECISION XTRA TEST STRIPS	1	N	N	Y
PREDNICARBATE 0.1% OINTMENT	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PREDNISOLONE 15 MG/5 ML SOLN	1	N	N	N
PREDNISOLONE 15 MG/5 ML SYRUP	1	N	N	N
PREDNISOLONE 15MG/5ML SOLN CUP	1	N	N	N
PREDNISOLONE 5 MG/5 ML SOLN	1	N	N	N
PREDNISOLONE AC 1% EYE DROP	1	N	N	N
PREDNISOLONE SOD 1% EYE DROP	1	N	N	N
PREDNISOLONE SOD PH 25 MG/5 ML	2	N	N	N
PREDNISONE 1 MG TABLET	1	N	N	N
PREDNISONE 10 MG TAB DOSE PACK	1	N	N	N
PREDNISONE 10 MG TABLET	1	N	N	N
PREDNISONE 2.5 MG TABLET	1	N	N	N
PREDNISONE 20 MG TABLET	1	N	N	N
PREDNISONE 5 MG TAB DOSE PACK	1	N	N	N
PREDNISONE 5 MG TABLET	1	N	N	N
PREDNISONE 5 MG/5 ML SOLUTION	1	N	N	N
PREDNISONE 50 MG TABLET	1	N	N	N
PREF PLUS INS 0.3 ML 29GX1/2"	1	N	N	N
PREF PLUS SYR 0.5 ML 30GX5/16"	1	N	N	N
PREF PLUS SYRING 1 ML 29GX1/2"	1	N	N	N
PREFERRED PLUS 0.3 ML 30GX5/16	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PREFERRED PLUS 0.5 ML 29GX1/2"	1	N	N	N
PREFERRED PLUS LANCETS	1	N	N	Y
PREFERRED PLUS SYRINGE 0.5 ML	1	N	N	N
PREFERRED PLUS SYRINGE 1 ML	1	N	N	N
PREFERRED PLUS THIN LANCETS	1	N	N	Y
PREFPLS INS SYR 1 ML 30GX5/16"	1	N	N	N
PREGABALIN 100 MG CAPSULE	1	N	N	N
PREGABALIN 150 MG CAPSULE	1	N	N	N
PREGABALIN 20 MG/ML SOLUTION	2	N	N	N
PREGABALIN 200 MG CAPSULE	1	N	N	N
PREGABALIN 225 MG CAPSULE	1	N	N	N
PREGABALIN 25 MG CAPSULE	1	N	N	N
PREGABALIN 300 MG CAPSULE	1	N	N	N
PREGABALIN 50 MG CAPSULE	1	N	N	N
PREGABALIN 75 MG CAPSULE	1	N	N	N
PREMARIN VAGINAL CREAM-APPL	2	N	N	N
PREMPHASE 0.625-5 MG TABLET	2	N	N	N
PREMPRO 0.3 MG-1.5 MG TABLET	2	N	N	N
PREMPRO 0.45-1.5 MG TABLET	2	N	N	N
PREMPRO 0.625-2.5 MG TABLET	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PREMPRO 0.625-5 MG TABLET	2	N	N	N
PRENAISSANCE CAPSULE	1	N	N	N
PRENAISSANCE PLUS SOFTGEL	1	N	N	N
PRENATABS FA TABLET	1	N	N	N
PRENATABS RX TABLET	1	N	N	N
PRENATAL CAPLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PRENATAL COMPLETE CAPLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PRENATAL MULTI-DHA SOFTGEL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PRENATAL MULTIVITAMIN TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PRENATAL ONE DAILY TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PRENATAL PLUS IRON TABLET	1	N	N	N
PRENATAL TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PRENATAL VITAMIN PLUS LOW IRON	1	N	N	N
PRENATAL VITAMIN TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PRENATAL VITAMINS TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PRENATAL-U CAPSULE	1	N	N	N
PRESSURE ACTIVATED 21G LANCETS	1	N	N	Y
PRESSURE ACTIVATED 28G LANCETS	1	N	N	Y
PRETOMANID 200 MG TABLET	3	Y	N	Y
PREVALITE PACKET	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PREVALITE POWDER	2	N	N	N
PREVNAR 13 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PREVNAR 20 SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PREVYMIS 120 MG PELLET PACKET	4	Y	N	Y
PREVYMIS 20 MG PELLET PACKET	4	Y	N	Y
PREVYMIS 240 MG TABLET	4	Y	N	Y
PREVYMIS 480 MG TABLET	4	Y	N	Y
PREZISTA 100 MG/ML SUSPENSION	4	N	N	N
PREZISTA 150 MG TABLET	4	N	N	N
PREZISTA 75 MG TABLET	4	N	N	N
PRIFTIN 150 MG TABLET	3	N	N	Y
PRIMAQUINE 26.3 MG TABLET	1	N	N	N
PRIMIDONE 250 MG TABLET	1	N	N	N
PRIMIDONE 50 MG TABLET	1	N	N	N
PRO COMFORT 0.5 ML 30G 5/16"	1	N	N	N
PRO COMFORT 0.5 ML 30GX1/2"	1	N	N	N
PRO COMFORT 0.5 ML 30GX5/16"	1	N	N	N
PRO COMFORT 0.5 ML 31G 5/16"	1	N	N	N
PRO COMFORT 0.5 ML 31GX5/16"	1	N	N	N
PRO COMFORT 1 ML 30G 5/16"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PRO COMFORT 1 ML 30GX1/2"	1	N	N	N
PRO COMFORT 1 ML 30GX5/16"	1	N	N	N
PRO COMFORT 1 ML 31G 5/16"	1	N	N	N
PRO COMFORT 1 ML 31GX5/16"	1	N	N	N
PRO COMFORT 30G LANCETS	1	N	N	Y
PRO COMFORT 30G SAFETY LANCET	1	N	N	Y
PRO COMFORT 31G LANCET	1	N	N	Y
PRO COMFORT SPACER-ADULT MASK	2	N	N	N
PRO COMFORT SPACER-CHILD MASK	2	N	N	N
PRO COMFORT SPACER-INFANT MASK	2	N	N	N
PROBENECID 500 MG TABLET	1	N	N	N
PROBENECID-COLCHICINE TABLET	1	N	N	N
PROCARE SPACER WITH ADULT MASK	2	N	N	N
PROCARE SPACER WITH CHILD MASK	2	N	N	N
PROCHLORPERAZINE 10 MG TAB	1	N	N	N
PROCHLORPERAZINE 25 MG SUPP	1	N	N	N
PROCHLORPERAZINE 5 MG TABLET	1	N	N	N
PROCRIT 10,000 UNITS/ML VIAL	4	Y	N	N
PROCRIT 2,000 UNITS/ML VIAL	4	Y	N	N
PROCRIT 20,000 UNIT/2 ML VIAL	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PROCRIT 20,000 UNITS/ML VIAL	4	Y	N	N
PROCRIT 3,000 UNITS/ML VIAL	4	Y	N	N
PROCRIT 4,000 UNITS/ML VIAL	4	Y	N	N
PROCRIT 40,000 UNITS/ML VIAL	4	Y	N	N
PROCTOFOAM-HC 1%-1% FOAM	2	N	N	N
PROCTO-MED HC 2.5% CREAM	1	N	N	N
PROCTOSOL-HC 2.5% CREAM	1	N	N	N
PROCTOZONE-HC 2.5% CREAM	1	N	N	N
PROCYSBI DR 25 MG CAPSULE	4	Y	N	N
PROCYSBI DR 300 MG GRANULE PKT	4	Y	N	N
PROCYSBI DR 75 MG CAPSULE	4	Y	N	N
PROCYSBI DR 75 MG GRANULE PKT	4	Y	N	N
PRODIGY INS SYR 1ML 28GX1/2"	1	N	N	N
PRODIGY LANCING DEVICE	1	N	N	Y
PRODIGY PRESSURE ACTIVATED 28G	1	N	N	Y
PRODIGY SAFETY 26G LANCETS	1	N	N	Y
PRODIGY SYRNG 0.5 ML 31GX5/16"	1	N	N	N
PRODIGY SYRNGE 0.3ML 31GX5/16"	1	N	N	N
PRODIGY TWIST TOP 28G LANCET	1	N	N	Y
PROGESTERONE 100 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PROGESTERONE 200 MG CAPSULE	1	N	N	N
PROGESTERONE 500 MG/10 ML VIAL	1	N	N	N
PROMETHAZINE 12.5 MG SUPPOS	1	N	N	N
PROMETHAZINE 12.5 MG TABLET	1	N	N	N
PROMETHAZINE 12.5 MG/10 ML CUP	1	N	N	N
PROMETHAZINE 25 MG SUPPOSITORY	1	N	N	N
PROMETHAZINE 25 MG TABLET	1	N	N	N
PROMETHAZINE 50 MG TABLET	1	N	N	N
PROMETHAZINE 6.25 MG/5 ML CUP	1	N	N	N
PROMETHAZINE 6.25 MG/5 ML SOLN	1	N	N	N
PROMETHAZINE 6.25 MG/5 ML SYRP	1	N	N	N
PROMETHAZINE VC SOLUTION	1	N	N	N
PROMETHAZINE VC-CODEINE SOLN	1	N	N	N
PROMETHAZINE-CODEINE SOLUTION	1	N	N	N
PROMETHAZINE-CODEINE SYRUP	1	N	N	N
PROMETHAZINE-DM 6.25-15 MG/5ML	1	N	N	N
PROMETHAZINE-PE 6.25-5 MG/5 ML	1	N	N	N
PROMETHAZINE-PE-CODEINE SYRUP	1	N	N	N
PROMETHAZINE-PHENYLEPHRINE SYR	1	N	N	N
PROMETHEGAN 12.5 MG SUPPOS	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PROMETHEGAN 25 MG SUPPOSITORY	1	N	N	N
PROMETHEGAN 50 MG SUPPOSITORY	1	N	N	N
PROPAFENONE HCL 150 MG TABLET	1	N	N	N
PROPAFENONE HCL 225 MG TAB	1	N	N	N
PROPAFENONE HCL 300 MG TAB	1	N	N	N
PROPARACAINE 0.5% EYE DROPS	1	N	N	N
PROPRANOLOL 10 MG TABLET	1	N	N	N
PROPRANOLOL 20 MG TABLET	1	N	N	N
PROPRANOLOL 20 MG/5 ML SOLN	1	N	N	N
PROPRANOLOL 40 MG TABLET	1	N	N	N
PROPRANOLOL 40 MG/5 ML SOLN	1	N	N	N
PROPRANOLOL 60 MG TABLET	1	N	N	N
PROPRANOLOL 80 MG TABLET	1	N	N	N
PROPRANOLOL ER 120 MG CAPSULE	1	N	N	N
PROPRANOLOL ER 160 MG CAPSULE	1	N	N	N
PROPRANOLOL ER 60 MG CAPSULE	1	N	N	N
PROPRANOLOL ER 80 MG CAPSULE	1	N	N	N
PROPYLTHIOURACIL 50 MG TABLET	1	N	N	N
PROTRIPTYLINE HCL 10 MG TABLET	2	N	N	N
PROTRIPTYLINE HCL 5 MG TABLET	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PRUCALOPRIDE 1 MG TABLET	2	N	Y	Y
PRUCALOPRIDE 2 MG TABLET	2	N	Y	Y
PUB 28G LANCETS	1	N	N	Y
PUB ADVANCED LANCING DEVICE	1	N	N	Y
PUB ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
PUB INS SYRIN 0.3 ML 30GX1/2"	1	N	N	N
PUB INS SYRINGE 1 ML 30GX1/2"	1	N	N	N
PUB INSUL SYR 0.3 ML 31GX5/16"	1	N	N	N
PUB INSUL SYR 0.5 ML 30GX1/2"	1	N	N	N
PUB INSUL SYR 0.5 ML 31GX5/16"	1	N	N	N
PUB INSULIN SYR 1 ML 31GX5/16"	1	N	N	N
PUB LAXATIVE EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PUB MICRO THIN 33G LANCET	1	N	N	Y
PUB MILK OF MAGNESIA SUSP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PUB STOP SMOKING AID 2 MG LOZG	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
PUB STOP SMOKING AID 4 MG LOZG	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
PULMOZYME 1 MG/ML AMPUL	4	Y	N	Y
PURE COMFORT 30G SAFETY LANCET	1	N	N	Y
PURE COMFORT 30G TWIST LANCET	1	N	N	Y
PURE COMFORT SPACER-ADULT MASK	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PUREVITA FOLIC ACID 400 MCG TB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
PUSH BUTTON SAFETY 28G LANCET	1	N	N	Y
PV AUTOLET LANCING DEVICE	1	N	N	Y
PV UNILET MICRO THIN 33G LANCT	1	N	N	Y
PV UNILET SUPER THIN 30G LANCT	1	N	N	Y
PYQUVI 22.75 MG/ML ORAL SUSP	4	Y	N	N
PYRAZINAMIDE 500 MG TABLET	2	N	N	N
PYRIDOSTIGMINE BR 60 MG TABLET	2	N	N	N
PYRIDOXINE 25 MG TABLET	1	N	N	N
PYRIDOXINE 250 MG TABLET	1	N	N	N
PYRIDOXINE 50 MG TABLET	1	N	N	N
PYRIMETHAMINE 25 MG TABLET	4	Y	N	Y
QC ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
QC ASPIRIN EC 81 MG TABLET	1	N	N	N
QC AUTOLET LANCING DEVICE	1	N	N	Y
QC GENTLE LAXATIVE EC 5 MG TAB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
QC LAXATIVE EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
QC MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
QC NATURA-LAX 17 GM POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
QC UNILET SUPER THIN 30G LANCT	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
QC UNILET ULTRA THIN 28G LANCT	1	N	N	Y
QELBREE ER 100 MG CAPSULE	3	Y	N	Y
QELBREE ER 150 MG CAPSULE	3	Y	N	Y
QELBREE ER 200 MG CAPSULE	3	Y	N	Y
QFITLIA 20 MG/0.2 ML VIAL	4	Y	N	Y
QFITLIA 50 MG/0.5 ML PEN	4	Y	N	Y
QUAZEPAM 15 MG TABLET	3	N	Y	Y
QUETIAPINE ER 150 MG TABLET	2	Y	N	Y
QUETIAPINE ER 200 MG TABLET	2	Y	N	Y
QUETIAPINE ER 300 MG TABLET	2	Y	N	Y
QUETIAPINE ER 400 MG TABLET	2	Y	N	Y
QUETIAPINE ER 50 MG TABLET	2	Y	N	Y
QUETIAPINE FUMARATE 100 MG TAB	1	Y	N	Y
QUETIAPINE FUMARATE 200 MG TAB	1	Y	N	Y
QUETIAPINE FUMARATE 25 MG TAB	1	Y	N	Y
QUETIAPINE FUMARATE 300 MG TAB	1	Y	N	Y
QUETIAPINE FUMARATE 400 MG TAB	1	Y	N	Y
QUETIAPINE FUMARATE 50 MG TAB	1	Y	N	Y
QUINAPRIL 10 MG TABLET	1	N	N	N
QUINAPRIL 20 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
QUINAPRIL 40 MG TABLET	1	N	N	N
QUINAPRIL 5 MG TABLET	1	N	N	N
QUINAPRIL-HCTZ 10-12.5 MG TAB	1	N	N	N
QUINAPRIL-HCTZ 20-12.5 MG TAB	1	N	N	N
QUINAPRIL-HCTZ 20-25 MG TAB	1	N	N	N
QUINIDINE SULFATE 200 MG TAB	2	Y	N	Y
QUININE SULFATE 324 MG CAPSULE	2	N	N	N
QUIT 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
QUIT 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
QUIT 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
QUIT 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
QVAR REDIHALER 40 MCG	2	N	N	Y
QVAR REDIHALER 80 MCG	2	N	N	Y
RA ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
RA ASPIRIN EC 81 MG TABLET	1	N	N	N
RA BALANCED B-100 TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA BISACODYL EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA BUDESONIDE 32 MCG SPRAY	1	N	N	N
RA CITRATE OF MAGNESIA SOLN	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA EYE ITCH RELIEF 0.025% DROP	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RA E-ZJECT 26G LANCETS	1	N	N	Y
RA E-ZJECT 28G LANCETS	1	N	N	Y
RA E-ZJECT 30G LANCETS	1	N	N	Y
RA E-ZJECT COLOR 33G LANCETS	1	N	N	Y
RA FOLIC ACID 0.4 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA FOLIC ACID 800 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA HEALTH CARE LANCING DEVICE	1	N	N	Y
RA INS SYR 0.5 ML 29GX1/2"	1	N	N	N
RA INS SYR 0.5 ML 30GX5/16"	1	N	N	N
RA INS SYR 1 ML 29GX1/2"	1	N	N	N
RA INS SYRINGE 1 ML 30GX5/16"	1	N	N	N
RA LAXATIVE EC 5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA LAXATIVE PEG 3350 POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA NASAL ALLERGY 24HR SPRAY	1	N	N	N
RA NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
RA NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
RA NICOTINE 2 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
RA NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
RA NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RA NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
RA NICOTINE 4 MG MINI LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
RA ONE DAILY PRENATAL DHA PACK	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA PRENATAL TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
RA SLEEP AID 25 MG TABLET	1	N	N	N
RA VITAMIN B-6 100 MG TABLET	1	N	N	N
RA VITAMIN B-6 50 MG TABLET	1	N	N	N
RABEPRAZOLE SOD DR 20 MG TAB	2	N	N	Y
RALOXIFENE HCL 60 MG TABLET	1	N	N	N
RAMELTEON 8 MG TABLET	2	N	Y	Y
RAMIPRIL 1.25 MG CAPSULE	1	N	N	N
RAMIPRIL 10 MG CAPSULE	1	N	N	N
RAMIPRIL 2.5 MG CAPSULE	1	N	N	N
RAMIPRIL 5 MG CAPSULE	1	N	N	N
RANITIDINE 150 MG TABLET	1	N	N	N
RANITIDINE 300 MG TABLET	1	N	N	N
RANOLAZINE ER 1,000 MG TABLET	2	N	N	N
RANOLAZINE ER 500 MG TABLET	2	N	N	N
RASAGILINE MESYLATE 0.5 MG TAB	2	N	N	N
RASAGILINE MESYLATE 1 MG TAB	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RASUVO 10 MG/0.2 ML AUTOINJ	3	N	Y	N
RASUVO 12.5 MG/0.25 ML AUTOINJ	3	N	Y	N
RASUVO 15 MG/0.3 ML AUTOINJ	3	N	Y	N
RASUVO 17.5 MG/0.35 ML AUTOINJ	3	N	Y	N
RASUVO 20 MG/0.4 ML AUTOINJ	3	N	Y	N
RASUVO 22.5 MG/0.45 ML AUTOINJ	3	N	Y	N
RASUVO 25 MG/0.5 ML AUTOINJ	3	N	Y	N
RASUVO 30 MG/0.6 ML AUTOINJ	3	N	Y	N
RASUVO 7.5 MG/0.15 ML AUTOINJ	3	N	Y	N
READYLANCE 21G SAFETY LANCETS	1	N	N	Y
READYLANCE 23G SAFETY LANCETS	1	N	N	Y
READYLANCE 26G SAFETY LANCETS	1	N	N	Y
READYLANCE 28G SAFETY LANCETS	1	N	N	Y
READYLANCE 30G SAFETY LANCETS	1	N	N	Y
RECLIPSEN 28 DAY TABLET	1	N	N	N
REDEMPLO 25 MG/0.5 ML SYRINGE	4	Y	N	Y
REDITREX 10 MG/0.4 ML SYRINGE	3	N	Y	N
REDITREX 12.5 MG/0.5 ML SYRING	3	N	Y	N
REDITREX 15 MG/0.6 ML SYRINGE	3	N	Y	N
REDITREX 17.5 MG/0.7 ML SYRING	3	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
REDITREX 20 MG/0.8 ML SYRINGE	3	N	Y	N
REDITREX 22.5 MG/0.9 ML SYRING	3	N	Y	N
REDITREX 25 MG/ML SYRINGE	3	N	Y	N
REDITREX 7.5 MG/0.3 ML SYRINGE	3	N	Y	N
REESE'S PINWORM 144 MG/ML SUSP	1	N	N	N
REGRANEX 0.01% GEL	3	N	N	Y
RELIAMED 28G LANCETS	1	N	N	Y
RELIAMED 30G LANCETS	1	N	N	Y
RELIAMED LANCING DEVICE	1	N	N	Y
RELIAMED MINI LANCING DEVICE	1	N	N	Y
RELIAMED SAFETY SEAL 28G LANCT	1	N	N	Y
RELIAMED SAFETY SEAL 30G LANCT	1	N	N	Y
RELION 2-IN-1 LANCET DEVICE	1	N	N	Y
RELION INS SYR 0.3 ML 29GX1/2"	1	N	N	N
RELION INS SYR 0.3 ML 31GX6MM	1	N	N	N
RELION INS SYR 0.5 ML 29GX1/2"	1	N	N	N
RELION INS SYR 0.5 ML 31GX6MM	1	N	N	N
RELION INS SYR 1 ML 29GX1/2"	1	N	N	N
RELION INS SYR 1 ML 31GX15/64"	1	N	N	N
RELION INS SYR 1 ML 31GX5/16"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RELION INSULIN SYR 0.5 ML	1	N	N	N
RELION LANCING DEVICE	1	N	N	Y
RELION MICRO THIN 33G LANCET	1	N	N	Y
RELION NOVOLOG MIX 70-30 VIAL	3	Y	N	N
RELION SYRING 0.3 ML 31GX5/16"	1	N	N	N
RELION SYRING 0.5 ML 31GX5/16"	1	N	N	N
RELION THIN 26G LANCETS	1	N	N	Y
RELION ULTRA THIN 30G LANCETS	1	N	N	Y
RELION ULTRA THIN PLUS 33G	1	N	N	Y
RELISTOR 12 MG/0.6 ML SYRINGE	3	Y	N	Y
RELISTOR 12 MG/0.6 ML VIAL	3	Y	N	Y
RELISTOR 150 MG TABLET	3	Y	N	Y
RELISTOR 8 MG/0.4 ML SYRINGE	3	Y	N	Y
RELYVRIO 3 GM-1 GM POWDER PKT	4	Y	N	Y
RENA-VITE TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
REPAGLINIDE 0.5 MG TABLET	2	N	N	N
REPAGLINIDE 1 MG TABLET	2	N	N	N
REPAGLINIDE 2 MG TABLET	2	N	N	N
REVUFORJ 110 MG TABLET	4	Y	N	Y
REVUFORJ 160 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
REVUFORJ 25 MG TABLET	4	Y	N	Y
REXALL UNIVERSAL 1 30G LANCETS	1	N	N	Y
REXTOVY 4 MG NASAL SPRAY	3	N	N	Y
REXULTI 0.25 MG TABLET	3	Y	N	Y
REXULTI 0.5 MG TABLET	3	Y	N	Y
REXULTI 1 MG TABLET	3	Y	N	Y
REXULTI 2 MG TABLET	3	Y	N	Y
REXULTI 3 MG TABLET	3	Y	N	Y
REXULTI 4 MG TABLET	3	Y	N	Y
REYVOW 100 MG TABLET	3	Y	N	Y
REYVOW 50 MG TABLET	3	Y	N	Y
RHAPSIDO 25 MG TABLET	4	Y	N	Y
RIBAVIRIN 200 MG CAPSULE	4	N	N	N
RIBAVIRIN 200 MG TABLET	4	N	N	N
RIBAVIRIN 6 GM INHALATION VIAL	4	N	N	N
RIFABUTIN 150 MG CAPSULE	2	N	N	N
RIFAMPIN 150 MG CAPSULE	1	N	N	N
RIFAMPIN 300 MG CAPSULE	1	N	N	N
RIGHTEST GD500 LANCING DEVICE	1	N	N	Y
RIGHTEST GL300 30G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RILUZOLE 50 MG TABLET	2	N	N	N
RIMANTADINE HCL 100 MG TABLET	1	N	N	N
RINVOQ ER 15 MG TABLET	4	N	Y	Y
RINVOQ ER 30 MG TABLET	4	N	Y	Y
RINVOQ ER 45 MG TABLET	4	N	Y	Y
RINVOQ LQ 1 MG/ML SOLUTION	4	N	Y	Y
RISEDRONATE SODIUM 150 MG TAB	2	N	N	Y
RISEDRONATE SODIUM 30 MG TAB	2	N	N	Y
RISEDRONATE SODIUM 35 MG TAB	2	N	N	Y
RISEDRONATE SODIUM 5 MG TABLET	2	N	N	Y
RISPERIDONE 0.25 MG TABLET	1	Y	N	Y
RISPERIDONE 0.5 MG TABLET	1	Y	N	Y
RISPERIDONE 1 MG TABLET	1	Y	N	Y
RISPERIDONE 1 MG/ML SOLUTION	1	Y	N	Y
RISPERIDONE 2 MG TABLET	1	Y	N	Y
RISPERIDONE 3 MG TABLET	1	Y	N	Y
RISPERIDONE 4 MG TABLET	1	Y	N	Y
RISPERIDONE ER 12.5 MG VIAL	2	Y	N	Y
RISPERIDONE ER 25 MG VIAL	2	Y	N	Y
RISPERIDONE ER 37.5 MG VIAL	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RISPERIDONE ER 50 MG VIAL	2	Y	N	Y
RITEFLO SPACER	2	N	N	N
RITONAVIR 100 MG TABLET	2	N	N	N
RIVAROXABAN 1 MG/ML SUSPENSION	2	N	N	Y
RIVAROXABAN 2.5 MG TABLET	2	N	N	N
RIVASTIGMINE 1.5 MG CAPSULE	2	N	N	N
RIVASTIGMINE 3 MG CAPSULE	2	N	N	N
RIVASTIGMINE 4.5 MG CAPSULE	2	N	N	N
RIVASTIGMINE 6 MG CAPSULE	2	N	N	N
RIZATRIPTAN 10 MG ODT	1	N	N	Y
RIZATRIPTAN 10 MG TABLET	1	N	N	Y
RIZATRIPTAN 5 MG ODT	1	N	N	Y
RIZATRIPTAN 5 MG TABLET	1	N	N	Y
ROFLUMILAST 250 MCG TABLET	2	Y	N	Y
ROFLUMILAST 500 MCG TABLET	2	Y	N	Y
ROMVIMZA 14 MG CAPSULE	4	Y	N	Y
ROMVIMZA 20 MG CAPSULE	4	Y	N	Y
ROMVIMZA 30 MG CAPSULE	4	Y	N	Y
ROPINIROLE HCL 0.25 MG TABLET	1	N	N	N
ROPINIROLE HCL 0.5 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ROPINIROLE HCL 1 MG TABLET	1	N	N	N
ROPINIROLE HCL 2 MG TABLET	1	N	N	N
ROPINIROLE HCL 3 MG TABLET	1	N	N	N
ROPINIROLE HCL 4 MG TABLET	1	N	N	N
ROPINIROLE HCL 5 MG TABLET	1	N	N	N
ROSADAN 0.75% CREAM	1	N	N	N
ROSADAN 0.75% GEL	1	N	N	Y
ROSUVASTATIN CALCIUM 10 MG TAB	1	N	N	N
ROSUVASTATIN CALCIUM 20 MG TAB	1	N	N	N
ROSUVASTATIN CALCIUM 40 MG TAB	1	N	N	N
ROSUVASTATIN CALCIUM 5 MG TAB	1	N	N	N
RUCONEST 2,100 UNIT VIAL	4	Y	N	Y
RUFINAMIDE 200 MG TABLET	2	Y	N	N
RUFINAMIDE 40 MG/ML SUSPENSION	2	Y	N	N
RUFINAMIDE 400 MG TABLET	2	Y	N	N
RYBELSUS 1.5 MG TABLET	2	N	Y	Y
RYBELSUS 14 MG TABLET	2	N	Y	Y
RYBELSUS 3 MG TABLET	2	N	Y	Y
RYBELSUS 4 MG TABLET	2	N	Y	Y
RYBELSUS 7 MG TABLET	2	N	Y	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RYBELSUS 9 MG TABLET	2	N	Y	Y
RYKINDO ER 25 MG VIAL	2	Y	N	Y
RYKINDO ER 25 MG VIAL KIT	2	Y	N	Y
RYKINDO ER 37.5 MG VIAL	2	Y	N	Y
RYKINDO ER 37.5 MG VIAL KIT	2	Y	N	Y
RYKINDO ER 50 MG VIAL	2	Y	N	Y
RYKINDO ER 50 MG VIAL KIT	2	Y	N	Y
RYZNEUTA 20 MG/ML SYRINGE	4	Y	N	N
SACUBITRIL-VALSARTAN 24-26 MG	2	N	N	Y
SACUBITRIL-VALSARTAN 49-51 MG	2	N	N	Y
SACUBITRIL-VALSARTAN 97-103 MG	2	N	N	Y
SAFESNAP ALLERGY SYRINGE 1 ML	1	N	N	N
SAFESNAP INSUL SYRINGE 0.3 ML	1	N	N	N
SAFESNAP INSUL SYRINGE 0.5 ML	1	N	N	N
SAFESNAP INSULIN SYRINGE 1 ML	1	N	N	N
SAFESNAP SYRINGE 10 ML	1	N	N	N
SAFESNAP SYRINGE 3 ML	1	N	N	N
SAFESNAP SYRINGE 5 ML	1	N	N	N
SAFESNAP TUBERCULIN SYR 1 ML	1	N	N	N
SAFETY 21G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SAFETY 28G LANCETS	1	N	N	Y
SAFETY LANCETS 26G	1	N	N	Y
SAFETY SEAL 28G LANCETS	1	N	N	Y
SAFETY SEAL 30G LANCETS	1	N	N	Y
SAFETY SYRINGE W-SHIELD 3 ML	1	N	N	N
SAFETY-LET 30G LANCETS	1	N	N	Y
SAJAZIR 30 MG/3 ML SYRINGE	4	Y	N	Y
SALSALATE 500 MG TABLET	1	N	N	N
SALSALATE 750 MG TABLET	1	N	N	N
SANTYL OINTMENT	3	N	N	Y
SAPROPTERIN 100 MG POWDER PKT	4	Y	N	N
SAPROPTERIN 100 MG TABLET	4	Y	N	N
SAPROPTERIN 500 MG POWDER PKT	4	Y	N	N
SAPS TWIST TOP 30G LANCET	1	N	N	Y
SAPS TWIST TOP 30G LANCETS	1	N	N	Y
SAVELLA 100 MG TABLET	3	N	Y	Y
SAVELLA 12.5 MG TABLET	3	N	Y	Y
SAVELLA 25 MG TABLET	3	N	Y	Y
SAVELLA 50 MG TABLET	3	N	Y	Y
SCOPOLAMINE 1 MG/3 DAY PATCH	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SECURESAFE SYR 0.5 ML 29G 1/2"	1	N	N	N
SECURESAFE SYRNG 1 ML 29G 1/2"	1	N	N	N
SELARSDI 45 MG/0.5 ML SYRINGE	4	N	Y	Y
SELARSDI 45 MG/0.5 ML VIAL	4	N	Y	Y
SELARSDI 90 MG/ML SYRINGE	4	N	Y	Y
SELEGILINE HCL 5 MG CAPSULE	2	N	N	N
SELEGILINE HCL 5 MG TABLET	2	N	N	N
SELENIUM SULFIDE 2.25% SHAMPOO	2	N	N	N
SELENIUM SULFIDE 2.5% LOTION	1	N	N	N
SELZENTRY 20 MG/ML ORAL SOLN	4	N	N	N
SELZENTRY 25 MG TABLET	4	N	N	N
SELZENTRY 75 MG TABLET	4	N	N	N
SE-NATAL 19 CHEWABLE TABLET	1	N	N	N
SE-NATAL 19 TABLET	1	N	N	N
SENSILANCE 21G SAFETY LANCET	1	N	N	Y
SENSILANCE 26G SAFETY LANCET	1	N	N	Y
SENSILANCE 28G SAFETY LANCET	1	N	N	Y
SEPHIENCE 1,000 MG POWDER PKT	4	Y	N	Y
SEPHIENCE 250 MG POWDER PACKET	4	Y	N	Y
SEREVENT DISKUS 50 MCG	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SERTRALINE 20 MG/ML ORAL CONC	2	N	N	Y
SERTRALINE HCL 100 MG TABLET	1	N	N	Y
SERTRALINE HCL 25 MG TABLET	1	N	N	Y
SERTRALINE HCL 50 MG TABLET	1	N	N	Y
SETLAKIN 0.15 MG-0.03 MG TAB	1	N	N	N
SEVELAMER CARBONATE 800 MG TAB	1	N	N	Y
SF 1.1% GEL	1	N	N	N
SF 5000 PLUS CREAM	1	N	N	N
SHAROBEL 0.35 MG TABLET	1	N	N	N
SHEWISE 1.5 MG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SHINGRIX 50 MCG/0.5 ML SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SHINGRIX VIAL KIT	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SHOPKO AUTOLET LANCING DEVICE	1	N	N	Y
SHOPKO ON-THE-GO 30G LANCETS	1	N	N	Y
SHOPKO UNILET SUPER THIN 30G	1	N	N	Y
SHOPKO UNILET ULTRA THIN 28G	1	N	N	Y
SIGNIFOR LAR 10 MG KIT	4	Y	N	Y
SIGNIFOR LAR 20 MG KIT	4	Y	N	Y
SIGNIFOR LAR 30 MG KIT	4	Y	N	Y
SIGNIFOR LAR 40 MG KIT	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SIGNIFOR LAR 60 MG KIT	4	Y	N	Y
SILDENAFIL 10 MG/ML ORAL SUSP	4	Y	N	Y
SILDENAFIL 20 MG TABLET	4	Y	N	Y
SILODOSIN 4 MG CAPSULE	2	N	N	N
SILODOSIN 8 MG CAPSULE	2	N	N	N
SILVER SULFADIAZINE 1% CREAM	1	N	N	N
SIMLANDI(CF) 20 MG/0.2 ML SYRG	4	Y	N	Y
SIMLANDI(CF) 40 MG/0.4 ML SYRG	4	Y	N	Y
SIMLANDI(CF) 80 MG/0.8 ML SYRG	4	Y	N	Y
SIMLANDI(CF) AI 40 MG/0.4 ML	4	Y	N	Y
SIMLANDI(CF) AI 80 MG/0.8 ML	4	Y	N	Y
SIMLIYA 28 DAY TABLET	1	N	N	N
SIMPESSE 0.15-0.03-0.01 MG TAB	1	N	N	N
SIMPLE DIAGNSTIC LANCET DEVICE	1	N	N	Y
SIMPONI 100 MG/ML PEN INJECTOR	4	N	Y	Y
SIMPONI 100 MG/ML SYRINGE	4	N	Y	Y
SIMPONI 50 MG/0.5 ML PEN INJEC	4	N	Y	Y
SIMPONI 50 MG/0.5 ML SYRINGE	4	N	Y	Y
SIMVASTATIN 10 MG TABLET	1	N	N	N
SIMVASTATIN 20 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SIMVASTATIN 40 MG TABLET	1	N	N	N
SIMVASTATIN 5 MG TABLET	1	N	N	N
SIMVASTATIN 80 MG TABLET	1	N	N	N
SINGLE-LET LANCETS	1	N	N	Y
SIROLIMUS 0.5 MG TABLET	2	N	N	N
SIROLIMUS 1 MG TABLET	2	N	N	N
SIROLIMUS 1 MG/ML SOLUTION	2	N	N	N
SIROLIMUS 2 MG TABLET	2	N	N	N
SIVEXTRO 200 MG TABLET	4	N	N	N
SKYRIZI 150 MG/ML PEN	4	N	Y	Y
SKYRIZI 150 MG/ML SYRINGE	4	N	Y	Y
SKYRIZI 180 MG/1.2 ML ON-BODY	4	N	Y	Y
SKYRIZI 360 MG/2.4 ML ON-BODY	4	N	Y	Y
SLEEP AID 25 MG TABLET	1	N	N	N
SM ASPIRIN 81 MG CHEWABLE TAB	1	N	N	N
SM ASPIRIN EC 81 MG TABLET	1	N	N	N
SM CHILD ASPIRIN 81 MG CHW TAB	1	N	N	N
SM CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SM COLOR LANCETS 21G	1	N	N	Y
SM FOLIC ACID 400 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SM GENTLE LAXATIVE EC 5 MG TAB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SM INS SYR 0.5 ML 29GX1/2"	1	N	N	N
SM INS SYR 0.5 ML 30GX5/16"	1	N	N	N
SM INS SYR 1 ML 29GX1/2"	1	N	N	N
SM INS SYRING 0.3 ML 30GX5/16"	1	N	N	N
SM INS SYRINGE 1 ML 28GX1/2"	1	N	N	N
SM INS SYRINGE 1 ML 30GX5/16"	1	N	N	N
SM INSUL SYR 0.3 ML 31GX5/16"	1	N	N	N
SM INSUL SYR 0.5 ML 31GX5/16"	1	N	N	N
SM INSULIN SYR 0.3 ML 29GX1/2"	1	N	N	N
SM INSULIN SYR 0.5 ML 28GX1/2"	1	N	N	N
SM INSULIN SYR 1 ML 31GX5/16"	1	N	N	N
SM LANCETS 21G	1	N	N	Y
SM MAGNESIUM CITRATE SOLUTION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SM MICRO THIN 33G LANCETS	1	N	N	Y
SM MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SM NICOTINE 14 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SM NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SM NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SM NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SM NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SM NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SM NICOTINE 7 MG/24HR PATCH	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SM SLEEP AID 25 MG TABLET	1	N	N	N
SM SUPER THIN 30G LANCETS	1	N	N	Y
SM THIN LANCETS 26G	1	N	N	Y
SM VITAMIN B-6 100 MG TABLET	1	N	N	N
SMART SENSE COLOR 33G LANCETS	1	N	N	Y
SMART SENSE STANDARD 21G	1	N	N	Y
SMART SENSE SUPER THIN 30G	1	N	N	Y
SMART SENSE THIN 26G LANCETS	1	N	N	Y
SMARTEST LANCET	1	N	N	Y
SMOOTHLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SOD FLUORIDE ENAM PROT 5000PPM	1	N	N	N
SOD SULFACET-SULFUR 10-5% CLSR	1	N	N	N
SOD SUL-POTASS SUL-MAG SUL SOL	2	N	N	N
SODIUM CHLORIDE 0.9% INHAL VL	1	N	N	N
SODIUM CHLORIDE 0.9% IRRIG	1	N	N	N
SODIUM CHLORIDE 0.9% IRRIG.	1	N	N	N
SODIUM CHLORIDE 0.9% PRCSS SOL	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SODIUM CHLORIDE 10% VIAL	1	N	N	N
SODIUM CHLORIDE 3% VIAL	1	N	N	N
SODIUM CHLORIDE 7% VIAL	1	N	N	N
SODIUM FLUORIDE 0.25 (0.55) MG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SODIUM FLUORIDE 0.5 MG(1.1 MG)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SODIUM FLUORIDE 0.5 MG/ML DROP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SODIUM FLUORIDE 1 MG (2.2 MG)	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SODIUM FLUORIDE 1.1% CREAM	1	N	N	N
SODIUM FLUORIDE 1.1% GEL	1	N	N	N
SODIUM FLUORIDE 5000 DRY MOUTH	1	N	N	N
SODIUM FLUORIDE 5000 PLUS CRM	1	N	N	N
SODIUM FLUORIDE 5000 PPM CREAM	1	N	N	N
SODIUM FLUORIDE 5000 PPM PASTE	1	N	N	N
SODIUM FLUORIDE SENSTV 5000PPM	1	N	N	N
SODIUM FLUORIDE-POTASSIUM NITR	1	N	N	N
SODIUM PHENYLBUTYRATE 500MG TB	4	Y	N	N
SODIUM PHENYLBUTYRATE POWDER	4	Y	N	N
SODIUM POLYSTYRENE SULF POWDER	1	N	N	N
SODIUM SULFACETAMIDE 10% LOTN	2	N	N	N
SOFOSBUVIR-VELPATASVIR 400-100	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SOLIFENACIN 10 MG TABLET	1	N	N	N
SOLIFENACIN 5 MG TABLET	1	N	N	N
SOLIQUA 100 UNIT-33 MCG/ML PEN	3	N	Y	Y
SOLTAMOX 20 MG/10 ML SOLN	3	N	N	N
SOLU-CORTEF 1,000 MG ACT-O-VL	3	N	N	Y
SOLU-CORTEF 100 MG ACT-O-VIAL	3	N	N	Y
SOLU-CORTEF 100 MG VIAL	3	N	N	Y
SOLU-CORTEF 250 MG ACT-O-VIAL	3	N	N	Y
SOLUS V2 28G LANCETS	1	N	N	Y
SOLUS V2 30G TWIST LANCETS	1	N	N	Y
SOLUS V2 LANCING DEVICE	1	N	N	Y
SOLUVITA A,C,D-FLUOR 0.25MG/ML	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SOMATULINE DEPOT 120 MG/0.5 ML	4	Y	N	Y
SOMATULINE DEPOT 60 MG/0.2 ML	4	Y	N	Y
SOMATULINE DEPOT 90 MG/0.3 ML	4	Y	N	Y
SORAFENIB 200 MG TABLET	4	Y	N	Y
SORINE 120 MG TABLET	1	N	N	N
SORINE 160 MG TABLET	1	N	N	N
SORINE 240 MG TABLET	1	N	N	N
SORINE 80 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SOTALOL 120 MG TABLET	1	N	N	N
SOTALOL 160 MG TABLET	1	N	N	N
SOTALOL 240 MG TABLET	1	N	N	N
SOTALOL 80 MG TABLET	1	N	N	N
SOVALDI 150 MG PELLET PACKET	4	Y	N	N
SOVALDI 200 MG PELLET PACKET	4	Y	N	N
SOVALDI 200 MG TABLET	4	Y	N	N
SOVALDI 400 MG TABLET	4	Y	N	N
SPIKEVAX 2023-24 (12Y UP) SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SPIKEVAX 2023-24 (12Y UP) VIAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SPIKEVAX 2024-25 (12Y UP) SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SPIKEVAX 2025-26 (12Y UP) SYRG	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SPIKEVAX 2025-26 (6M-11Y) SYR	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SPIKEVAX COVID (18Y UP) VACC	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SPINOSAD 0.9% TOPICAL SUSP	2	N	N	Y
SPIRIVA RESPIMAT 1.25 MCG INH	2	N	N	Y
SPIRIVA RESPIMAT 2.5 MCG INH	2	N	N	Y
SPIRONOLACTONE 100 MG TABLET	1	N	N	N
SPIRONOLACTONE 25 MG TABLET	1	N	N	N
SPIRONOLACTONE 50 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SPIRONOLACTONE-HCTZ 25-25 TAB	1	N	N	N
SPRAVATO 56 MG DOSE PACK	4	Y	N	Y
SPRAVATO 84 MG DOSE PACK	4	Y	N	Y
SPRINTEC 28 DAY TABLET	1	N	N	N
SPS 15 GM/60 ML SUSPENSION	2	N	N	N
SPS 30 GM/120 ML ENEMA SUSP	2	N	N	N
SRONYX 0.10-0.02 MG TABLET	1	N	N	N
SSD 1% CREAM	1	N	N	N
ST. JOSEPH ASPIRIN 81 MG CHEW	1	N	N	N
ST. JOSEPH ASPIRIN EC 81 MG TB	1	N	N	N
STAVUDINE 15 MG CAPSULE	2	N	N	N
STAVUDINE 20 MG CAPSULE	2	N	N	N
STAVUDINE 30 MG CAPSULE	2	N	N	N
STAVUDINE 40 MG CAPSULE	2	N	N	N
STERILANCE TL TWIST 30G LANCET	1	N	N	Y
STERILANCE TL TWIST 32G LANCET	1	N	N	Y
STERILE 33G LANCET	1	N	N	Y
STIOLTO RESPIMAT INHALER (10)	2	N	N	Y
STIOLTO RESPIMAT INHALER (60)	2	N	N	Y
STIVARGA 40 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
STRESS FORMULA WITH IRON TAB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
STRESS-C WITH IRON TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
STRIBILD TABLET	4	N	N	N
STRIVERDI RESPIMAT INHAL SPRAY	2	N	N	Y
SUBLOCADE 100 MG/0.5 ML SYRING	4	Y	N	Y
SUBLOCADE 300 MG/1.5 ML SYRING	4	Y	N	Y
SUBVENITE 100 MG TABLET	1	N	N	N
SUBVENITE 150 MG TABLET	1	N	N	N
SUBVENITE 200 MG TABLET	1	N	N	N
SUBVENITE 25 MG TABLET	1	N	N	N
SUCRALFATE 1 GM TABLET	1	N	N	N
SUCRALFATE 1 GM/10 ML SUSP	2	N	N	N
SUCRALFATE 1 GM/10 ML SUSP CUP	2	N	N	N
SULCONAZOLE NITRATE 1% SOLN	3	Y	N	N
SULFACETAMIDE 10% EYE DROPS	2	N	N	N
SULFACETAMIDE 10% EYE OINTMENT	2	N	N	N
SULFACETAMIDE SOD 10% TOP SUSP	2	N	N	N
SULFADIAZINE 500 MG TABLET	2	N	N	N
SULFAMETHOXAZOLE-TMP 20 ML CUP	1	N	N	N
SULFAMETHOXAZOLE-TMP DS TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SULFAMETHOXAZOLE-TMP SS TABLET	1	N	N	N
SULFAMETHOXAZOLE-TMP SUSP	1	N	N	N
SULFAMYLON 8.5% CREAM	3	Y	N	N
SULFASALAZINE 500 MG TABLET	1	N	N	N
SULFASALAZINE DR 500 MG TAB	1	N	N	N
SULFATRIM PEDIATRIC SUSPENSION	1	N	N	N
SULF-PRED 10-0.23% EYE DROPS	1	N	N	N
SULINDAC 150 MG TABLET	1	N	N	Y
SULINDAC 200 MG TABLET	1	N	N	Y
SUMATRIPTAN 20 MG NASAL SPRAY	1	N	N	Y
SUMATRIPTAN 4 MG/0.5 ML CART	1	N	N	Y
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	N	N	Y
SUMATRIPTAN 5 MG NASAL SPRAY	1	N	N	Y
SUMATRIPTAN 6 MG/0.5 ML CART	1	N	N	Y
SUMATRIPTAN 6 MG/0.5 ML SYRNG	1	N	N	Y
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	N	N	Y
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	N	N	Y
SUMATRIPTAN SUCC 100 MG TABLET	1	N	N	Y
SUMATRIPTAN SUCC 25 MG TABLET	1	N	N	Y
SUMATRIPTAN SUCC 50 MG TABLET	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SUNITINIB MALATE 12.5 MG CAP	4	Y	N	Y
SUNITINIB MALATE 25 MG CAPSULE	4	Y	N	Y
SUNITINIB MALATE 37.5 MG CAP	4	Y	N	Y
SUNITINIB MALATE 50 MG CAPSULE	4	Y	N	Y
SUPER B COMPLEX TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SUPER B COMPLEX-VIT C CAPLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SUPER B MAXI COMPLEX CAPLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SUPER B-50 COMPLEX CAPSULE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SUPER QUINTS B-50 TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SUPER THIN 28G LANCETS	1	N	N	Y
SUPER THIN 30G LANCETS	1	N	N	Y
SURE COMFORT 0.3 ML SYRINGE	1	N	N	N
SURE COMFORT 0.5 ML SYRINGE	1	N	N	N
SURE COMFORT 1 ML SYRINGE	1	N	N	N
SURE COMFORT 18G LANCETS	1	N	N	Y
SURE COMFORT 21G LANCETS	1	N	N	Y
SURE COMFORT 23G LANCETS	1	N	N	Y
SURE COMFORT 28G LANCETS	1	N	N	Y
SURE COMFORT 3/10 ML SYRINGE	1	N	N	N
SURE COMFORT 30G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SURE COMFORT INS 0.3ML 31GX1/4	1	N	N	N
SURE COMFORT INS 0.5ML 31GX1/4	1	N	N	N
SURE COMFORT INS 1 ML 31GX1/4"	1	N	N	N
SURE COMFORT LANCING PEN	1	N	N	Y
SURE-JECT INS 0.3 ML 31GX5/16"	1	N	N	N
SURE-JECT INS 0.5 ML 31GX5/16"	1	N	N	N
SURE-JECT INSU SYR U100 0.3 ML	1	N	N	N
SURE-JECT INSU SYR U100 0.5 ML	1	N	N	N
SURE-JECT INSU SYR U100 1 ML	1	N	N	N
SURE-JECT INSUL SYR U100 1 ML	1	N	N	N
SURE-JECT INSULIN SYRINGE 1 ML	1	N	N	N
SURE-LANCE 26G LANCETS	1	N	N	Y
SURE-LANCE FLAT LANCETS	1	N	N	Y
SURE-LANCE THIN 28G LANCETS	1	N	N	Y
SURE-LANCE ULTRA THIN 30G	1	N	N	Y
SURE-PEN LANCING DEVICE	1	N	N	Y
SURE-TOUCH LANCET	1	N	N	Y
SV FOLIC ACID 800 MCG TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SV PRENATAL TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SV VITAMIN B-6 100 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SW CLEARLAX POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
SW NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SW NICOTINE 2 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SW NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SW NICOTINE 4 MG LOZENGE	ZERO-COST SHARE/PREVENTATIVE	N	N	Y
SWI TWIST TOP 30G LANCET	1	N	N	Y
SYEDA 28 TABLET	1	N	N	N
SYMLINPEN 120 PEN INJECTOR	3	N	N	N
SYMLINPEN 60 PEN INJECTOR	3	N	N	N
SYMPROIC 0.2 MG TABLET	2	N	N	Y
SYNAGIS 100 MG/ML VIAL	4	Y	N	Y
SYNAGIS 50 MG/0.5 ML VIAL	4	Y	N	Y
SYNAREL 2 MG/ML NASAL SPRAY	4	Y	N	Y
SYNJARDY 12.5-1,000 MG TABLET	2	Y	N	Y
SYNJARDY 12.5-500 MG TABLET	2	Y	N	Y
SYNJARDY 5-1,000 MG TABLET	2	Y	N	Y
SYNJARDY 5-500 MG TABLET	2	Y	N	Y
SYNJARDY XR 10-1,000 MG TABLET	2	Y	N	Y
SYNJARDY XR 12.5-1,000 MG TAB	2	Y	N	Y
SYNJARDY XR 25-1,000 MG TABLET	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SYNJARDY XR 5-1,000 MG TABLET	2	Y	N	Y
SYNTHROID 100 MCG TABLET	3	N	N	N
SYNTHROID 112 MCG TABLET	3	N	N	N
SYNTHROID 125 MCG TABLET	3	N	N	N
SYNTHROID 137 MCG TABLET	3	N	N	N
SYNTHROID 150 MCG TABLET	3	N	N	N
SYNTHROID 175 MCG TABLET	3	N	N	N
SYNTHROID 200 MCG TABLET	3	N	N	N
SYNTHROID 25 MCG TABLET	3	N	N	N
SYNTHROID 300 MCG TABLET	3	N	N	N
SYNTHROID 50 MCG TABLET	3	N	N	N
SYNTHROID 75 MCG TABLET	3	N	N	N
SYNTHROID 88 MCG TABLET	3	N	N	N
SYRINGE LUER LOCK 10 ML	1	N	N	N
SYRINGE LUER LOCK 10 ML 20G 1"	1	N	N	N
SYRINGE WITH NEEDLE 3ML 23G 1"	1	N	N	N
SYRINGE W-NEEDLE 1 ML 25X1"	1	N	N	N
SYRINGE W-O NDL 3 ML NON-STRL	1	N	N	N
SYRINGE W-O NDL 6 ML NON-STRL	1	N	N	N
TABLOID 40 MG TABLET	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TACROLIMUS 0.03% OINTMENT	1	N	N	N
TACROLIMUS 0.1% OINTMENT	1	N	N	N
TACROLIMUS 0.5 MG CAPSULE (IR)	1	N	N	N
TACROLIMUS 1 MG CAPSULE (IR)	1	N	N	N
TACROLIMUS 5 MG CAPSULE (IR)	1	N	N	N
TADALAFIL 20 MG TABLET	4	Y	N	Y
TADALAFIL 5 MG TABLET	1	Y	N	Y
TAFINLAR 50 MG CAPSULE	4	Y	N	Y
TAFINLAR 75 MG CAPSULE	4	Y	N	Y
TAFLUPROST 0.0015% EYE DROP	2	Y	Y	N
TALZENNA 0.1 MG CAPSULE	4	Y	N	Y
TALZENNA 0.1 MG SOFTGEL	4	Y	N	Y
TALZENNA 0.25 MG CAPSULE	4	Y	N	Y
TALZENNA 0.25 MG SOFTGEL	4	Y	N	Y
TALZENNA 0.35 MG CAPSULE	4	Y	N	Y
TALZENNA 0.35 MG SOFTGEL	4	Y	N	Y
TALZENNA 0.5 MG CAPSULE	4	Y	N	Y
TALZENNA 0.5 MG SOFTGEL	4	Y	N	Y
TALZENNA 0.75 MG CAPSULE	4	Y	N	Y
TALZENNA 0.75 MG SOFTGEL	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TALZENNA 1 MG CAPSULE	4	Y	N	Y
TALZENNA 1 MG SOFTGEL	4	Y	N	Y
TAMOXIFEN 10 MG TABLET	1	N	N	N
TAMOXIFEN 20 MG TABLET	1	N	N	N
TAMSULOSIN HCL 0.4 MG CAPSULE	1	N	N	N
TARINA 24 FE 1 MG-20 MCG TAB	1	N	N	N
TARINA FE 1-20 EQ TABLET	1	N	N	N
TARINA FE 1-20 TABLET	1	N	N	N
TARON-C DHA CAPSULE	1	N	N	N
TARON-PREX PRENATAL DHA CAP	1	N	N	N
TARPEYO DR 4 MG CAPSULE	4	Y	N	Y
TASIMELTEON 20 MG CAPSULE	4	Y	N	Y
TAVABOROLE 5% TOPICAL SOLUTION	2	Y	N	N
TAYSOFY 1 MG-20 MCG CAPSULE	1	N	N	N
TAZAROTENE 0.1% CREAM	2	N	N	N
TAZTIA XT 120 MG CAPSULE	1	N	N	N
TAZTIA XT 180 MG CAPSULE	1	N	N	N
TAZTIA XT 240 MG CAPSULE	1	N	N	N
TAZTIA XT 300 MG CAPSULE	1	N	N	N
TAZTIA XT 360 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TECHLITE 0.3 ML 29GX12MM (1/2)	1	N	N	N
TECHLITE 0.3 ML 30GX8MM (1/2)	1	N	N	N
TECHLITE 0.3 ML 31GX6MM (1/2)	1	N	N	N
TECHLITE 0.3 ML 31GX8MM (1/2)	1	N	N	N
TECHLITE 0.5 ML 30GX12MM (1/2)	1	N	N	N
TECHLITE 0.5 ML 30GX8MM (1/2)	1	N	N	N
TECHLITE 0.5 ML 31GX6MM (1/2)	1	N	N	N
TECHLITE 0.5 ML 31GX8MM (1/2)	1	N	N	N
TECHLITE 25G LANCETS	1	N	N	Y
TECHLITE 26G LANCETS	1	N	N	Y
TECHLITE 28G LANCETS	1	N	N	Y
TECHLITE 30G LANCETS	1	N	N	Y
TECHLITE INS SYR 1 ML 29GX12MM	1	N	N	N
TECHLITE INS SYR 1 ML 30GX12MM	1	N	N	N
TECHLITE INS SYR 1 ML 31GX6MM	1	N	N	N
TECHLITE INS SYR 1 ML 31GX8MM	1	N	N	N
TELCARE ULTRA THIN 30G LANCETS	1	N	N	Y
TELMISARTAN 20 MG TABLET	1	N	N	N
TELMISARTAN 40 MG TABLET	1	N	N	N
TELMISARTAN 80 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TELMISARTAN-HCTZ 40-12.5 MG TB	2	N	N	N
TELMISARTAN-HCTZ 80-12.5 MG TB	2	N	N	N
TELMISARTAN-HCTZ 80-25 MG TAB	2	N	N	N
TEMAZEPAM 15 MG CAPSULE	1	N	N	Y
TEMAZEPAM 30 MG CAPSULE	1	N	N	Y
TEMIXYS 300-300 MG TABLET	4	N	N	N
TEMOZOLOMIDE 100 MG CAPSULE	4	Y	N	N
TEMOZOLOMIDE 140 MG CAPSULE	4	Y	N	N
TEMOZOLOMIDE 180 MG CAPSULE	4	Y	N	N
TEMOZOLOMIDE 20 MG CAPSULE	4	Y	N	N
TEMOZOLOMIDE 250 MG CAPSULE	4	Y	N	N
TEMOZOLOMIDE 5 MG CAPSULE	4	Y	N	N
TENCON 50-325 MG TABLET	1	N	N	Y
TENOFOVIR DISOP FUM 300 MG TB	2	N	N	Y
TERAZOSIN 1 MG CAPSULE	1	N	N	N
TERAZOSIN 10 MG CAPSULE	1	N	N	N
TERAZOSIN 2 MG CAPSULE	1	N	N	N
TERAZOSIN 5 MG CAPSULE	1	N	N	N
TERBINAFINE HCL 250 MG TABLET	1	N	N	Y
TERBUTALINE SULFATE 2.5 MG TAB	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TERBUTALINE SULFATE 5 MG TAB	1	N	N	N
TERCONAZOLE 0.4% CREAM	1	N	N	N
TERCONAZOLE 0.8% CREAM	1	N	N	N
TERCONAZOLE 80 MG SUPPOSITORY	1	N	N	N
TERIFLUNOMIDE 14 MG TABLET	4	N	N	Y
TERIFLUNOMIDE 7 MG TABLET	4	N	N	Y
TERIPARATIDE 560MCG/2.24ML PEN	4	Y	N	Y
TERUMO ALLERGY 1 ML 27GX1/2"	1	N	N	N
TERUMO HYPODERMIC NDL-SYRIN	1	N	N	N
TERUMO INS SYR 0.3 ML 29GX1/2"	1	N	N	N
TERUMO INS SYRINGE U100-1 ML	1	N	N	N
TERUMO INS SYRINGE U100-1/2 ML	1	N	N	N
TERUMO INS SYRINGE U100-1/3 ML	1	N	N	N
TERUMO INS SYRNG U100-1/2 ML	1	N	N	N
TERUMO SURGUARD2 NDL 21GX1 1.5	1	N	N	N
TERUMO SURGUARD2 NDL 22X1-1/2"	1	N	N	N
TERUMO SURGUARD2 NDL 23X1-1/2"	1	N	N	N
TERUMO SURGUARD2 NEEDLE 18GX1"	1	N	N	N
TERUMO SURGUARD2 NEEDLE 18X1.5	1	N	N	N
TERUMO SURGUARD2 NEEDLE 19GX1"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TERUMO SURGUARD2 NEEDLE 19X1.5	1	N	N	N
TERUMO SURGUARD2 NEEDLE 20GX1"	1	N	N	N
TERUMO SURGUARD2 NEEDLE 20X1.5	1	N	N	N
TERUMO SURGUARD2 NEEDLE 21GX1"	1	N	N	N
TERUMO SURGUARD2 NEEDLE 22GX1"	1	N	N	N
TERUMO SURGUARD2 NEEDLE 23GX1"	1	N	N	N
TERUMO SURGUARD2 NEEDLE 25GX1"	1	N	N	N
TERUMO SURGUARD2 NEEDLE 25X1.5	1	N	N	N
TERUMO SURGUARD2 NEEDLE 25X5/8	1	N	N	N
TERUMO SURGUARD2 NEEDLE 26X1/2	1	N	N	N
TERUMO SURGUARD2 NEEDLE 27X1/2	1	N	N	N
TERUMO SURGUARD2 NEEDLE 30X1/2	1	N	N	N
TERUMO SURGUARD2 SYR 20G-10 ML	1	N	N	N
TERUMO SURGUARD2 SYR 20G-3 ML	1	N	N	N
TERUMO SURGUARD2 SYR 20G-5 ML	1	N	N	N
TERUMO SURGUARD2 SYR 21G 3 ML	1	N	N	N
TERUMO SURGUARD2 SYR 21G-10 ML	1	N	N	N
TERUMO SURGUARD2 SYR 21G-3 ML	1	N	N	N
TERUMO SURGUARD2 SYR 21G-5 ML	1	N	N	N
TERUMO SURGUARD2 SYR 22G 3 ML	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TERUMO SURGUARD2 SYR 23G 3 ML	1	N	N	N
TERUMO SURGUARD2 SYR 25G 3 ML	1	N	N	N
TERUMO SURGUARD2 SYR 25G-1 ML	1	N	N	N
TERUMO SURGUARD2 SYR 26G-1 ML	1	N	N	N
TERUMO SURGUARD2 SYR 27G-1 ML	1	N	N	N
TERUMO SYRINGE 3 ML	1	N	N	N
TESTOSTERON ENAN 1,000 MG/5 ML	1	Y	N	N
TESTOSTERONE 1% (25MG/2.5G) PK	2	N	Y	Y
TESTOSTERONE 1% (50 MG/5 G) PK	2	N	Y	Y
TESTOSTERONE 1.62% (2.5 G) PKT	2	N	Y	Y
TESTOSTERONE 1.62% GEL PUMP	2	N	Y	Y
TESTOSTERONE 1.62%(1.25 G) PKT	2	N	Y	Y
TESTOSTERONE 10 MG GEL PUMP	2	N	Y	Y
TESTOSTERONE 12.5 MG/1.25 GRAM	2	N	Y	Y
TESTOSTERONE 30 MG/1.5 ML PUMP	2	N	Y	Y
TESTOSTERONE 50 MG/5 GRAM GEL	2	N	Y	Y
TESTOSTERONE 50 MG/5 GRAM PKT	2	N	Y	Y
TESTOSTERONE CYP 1,000 MG/10ML	1	Y	N	N
TESTOSTERONE CYP 1,000 MG/5 ML	1	Y	N	N
TESTOSTERONE CYP 2,000 MG/10ML	1	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TESTOSTERONE CYP 200 MG/ML	1	Y	N	N
TESTOSTERONE CYP 500 MG/2.5 ML	1	Y	N	N
TESTOSTERONE CYP 6,000 MG/30ML	1	Y	N	N
TESTOSTERONE ENAN 200 MG/ML	1	Y	N	N
TETRABENAZINE 12.5 MG TABLET	4	Y	N	Y
TETRABENAZINE 25 MG TABLET	4	Y	N	Y
TETRACAINE 0.5% EYE DROP	1	N	N	N
TETRACYCLINE 250 MG CAPSULE	1	N	N	N
TETRACYCLINE 500 MG CAPSULE	1	N	N	N
THALOMID 100 MG CAPSULE	4	Y	N	Y
THALOMID 150 MG CAPSULE	4	Y	N	Y
THALOMID 200 MG CAPSULE	4	Y	N	Y
THALOMID 50 MG CAPSULE	4	Y	N	Y
THEOPHYLLINE ER 100 MG TABLET	1	N	N	N
THEOPHYLLINE ER 200 MG TABLET	1	N	N	N
THEOPHYLLINE ER 300 MG TABLET	1	N	N	N
THEOPHYLLINE ER 400 MG TABLET	1	N	N	N
THEOPHYLLINE ER 450 MG TABLET	1	N	N	N
THEOPHYLLINE ER 600 MG TABLET	1	N	N	N
THIN 26G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
THIN LANCETS 28G	1	N	N	Y
THINPRO INS SYRIN U100-0.3 ML	1	N	N	N
THINPRO INS SYRIN U100-0.5 ML	1	N	N	N
THINPRO INS SYRIN U100-1 ML	1	N	N	N
THIORIDAZINE 10 MG TABLET	2	Y	N	Y
THIORIDAZINE 100 MG TABLET	2	Y	N	Y
THIORIDAZINE 25 MG TABLET	2	Y	N	Y
THIORIDAZINE 50 MG TABLET	2	Y	N	Y
THIOTHIXENE 1 MG CAPSULE	2	Y	N	Y
THIOTHIXENE 10 MG CAPSULE	2	Y	N	Y
THIOTHIXENE 2 MG CAPSULE	2	Y	N	Y
THIOTHIXENE 5 MG CAPSULE	2	Y	N	Y
TIADYLT ER 120 MG CAPSULE	1	N	N	N
TIADYLT ER 180 MG CAPSULE	1	N	N	N
TIADYLT ER 240 MG CAPSULE	1	N	N	N
TIADYLT ER 300 MG CAPSULE	1	N	N	N
TIADYLT ER 360 MG CAPSULE	1	N	N	N
TIADYLT ER 420 MG CAPSULE	1	N	N	N
TIAGABINE HCL 12 MG TABLET	2	Y	N	N
TIAGABINE HCL 16 MG TABLET	2	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TIAGABINE HCL 2 MG TABLET	2	Y	N	N
TIAGABINE HCL 4 MG TABLET	2	Y	N	N
TICAGRELOR 60 MG TABLET	2	N	N	N
TICAGRELOR 90 MG TABLET	2	N	N	N
TILIA FE 28 TABLET	1	N	N	N
TIMOLOL MALEATE 0.25% EYE DROP	1	N	N	N
TIMOLOL MALEATE 0.5% EYE DROPS	1	N	N	N
TIMOLOL MALEATE 10 MG TABLET	2	N	N	N
TIMOLOL MALEATE 20 MG TABLET	2	N	N	N
TIMOLOL MALEATE 5 MG TABLET	2	N	N	N
TINIDAZOLE 250 MG TABLET	1	N	N	N
TINIDAZOLE 500 MG TABLET	1	N	N	N
TIOPRONIN 100 MG TABLET	4	Y	N	N
TIOPRONIN DR 100 MG TABLET	4	Y	N	N
TIOPRONIN DR 300 MG TABLET	4	Y	N	N
TIVICAY 10 MG TABLET	4	N	N	N
TIVICAY 25 MG TABLET	4	N	N	N
TIVICAY 50 MG TABLET	4	N	N	N
TIVICAY PD 5 MG TAB FOR SUSP	4	N	N	Y
TIZANIDINE HCL 2 MG CAPSULE	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TIZANIDINE HCL 2 MG TABLET	1	N	N	N
TIZANIDINE HCL 4 MG CAPSULE	2	N	N	N
TIZANIDINE HCL 4 MG TABLET	1	N	N	N
TIZANIDINE HCL 6 MG CAPSULE	2	N	N	N
TOBI PODHALER 28 MG INHALE CAP	4	N	Y	Y
TOBRAMYCIN 0.3% EYE DROP	1	N	N	N
TOBRAMYCIN 300 MG/4 ML AMPULE	4	N	N	Y
TOBRAMYCIN 300 MG/5 ML AMPULE	4	N	N	Y
TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	N	N	N
TOLCAPONE 100 MG TABLET	2	Y	N	Y
TOLMETIN SODIUM 600 MG TAB	2	Y	N	N
TOLTERODINE TART ER 2 MG CAP	2	N	N	N
TOLTERODINE TART ER 4 MG CAP	2	N	N	N
TOLTERODINE TARTRATE 1 MG TAB	2	N	N	N
TOLTERODINE TARTRATE 2 MG TAB	2	N	N	N
TOLVAPTAN 15 MG TABLET	4	Y	N	Y
TOLVAPTAN 30 MG TABLET	4	Y	N	Y
TOOMEY SYRINGE 70 ML	1	N	N	N
TOPCARE ULTRA COMFORT SYRINGE	1	N	N	N
TOPCARE UNIVERSAL1 33G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TOPCARE UNIVERSAL1 THIN LANCET	1	N	N	Y
TOPIRAMATE 100 MG TABLET	1	N	N	N
TOPIRAMATE 15 MG SPRINKLE CAP	2	N	N	N
TOPIRAMATE 200 MG TABLET	1	N	N	N
TOPIRAMATE 25 MG SPRINKLE CAP	2	N	N	N
TOPIRAMATE 25 MG TABLET	1	N	N	N
TOPIRAMATE 50 MG TABLET	1	N	N	N
TOREMIFENE CITRATE 60 MG TAB	4	Y	N	Y
TORPENZ 10 MG TABLET	4	Y	N	Y
TORPENZ 2.5 MG TABLET	4	Y	N	Y
TORPENZ 5 MG TABLET	4	Y	N	Y
TORPENZ 7.5 MG TABLET	4	Y	N	Y
TORSEMIDE 10 MG TABLET	1	N	N	N
TORSEMIDE 100 MG TABLET	1	N	N	N
TORSEMIDE 20 MG TABLET	1	N	N	N
TORSEMIDE 5 MG TABLET	1	N	N	N
TOUJEO MAX SOLOSTR 300 UNIT/ML	2	N	N	N
TOUJEO SOLOSTAR 300 UNIT/ML	2	N	N	N
TRADJENTA 5 MG TABLET	2	N	N	Y
TRAMADOL ER 100 MG TABLET	2	N	Y	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRAMADOL ER 200 MG TABLET	2	N	Y	N
TRAMADOL ER 300 MG TABLET	2	N	Y	N
TRAMADOL HCL 50 MG TABLET	1	N	Y	N
TRAMADOL HCL ER 100 MG TABLET	2	N	Y	N
TRAMADOL HCL ER 200 MG TABLET	2	N	Y	N
TRAMADOL HCL ER 300 MG TABLET	2	N	Y	N
TRAMADOL-ACETAMINOPHN 37.5-325	1	N	Y	N
TRANDOLAPRIL 1 MG TABLET	1	N	N	N
TRANDOLAPRIL 2 MG TABLET	1	N	N	N
TRANDOLAPRIL 4 MG TABLET	1	N	N	N
TRANDOLAPR-VERAPAM ER 1-240 MG	2	N	N	N
TRANDOLAPR-VERAPAM ER 2-180 MG	2	N	N	N
TRANDOLAPR-VERAPAM ER 2-240 MG	2	N	N	N
TRANDOLAPR-VERAPAM ER 4-240 MG	2	N	N	N
TRANEXAMIC ACID 650 MG TABLET	2	N	N	N
TRANYLCYPROMINE SULF 10 MG TAB	2	N	N	Y
TRAVOPROST 0.004% EYE DROP	2	N	Y	N
TRAZODONE 100 MG TABLET	1	N	N	Y
TRAZODONE 150 MG TABLET	1	N	N	Y
TRAZODONE 300 MG TABLET	2	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRAZODONE 50 MG TABLET	1	N	N	Y
TRECATOR 250 MG TABLET	3	Y	N	N
TRELEGY ELLIPTA 100-62.5-25	2	N	N	Y
TRELEGY ELLIPTA 200-62.5-25	2	N	N	Y
TRELSTAR 11.25 MG VIAL	4	Y	N	Y
TRELSTAR 22.5 MG VIAL	4	Y	N	Y
TRELSTAR 3.75 MG VIAL	4	Y	N	Y
TREMFYA 100 MG/ML ONE-PRESS	4	N	Y	Y
TREMFYA 100 MG/ML PEN	4	N	Y	Y
TREMFYA 100 MG/ML SYRINGE	4	N	Y	Y
TREMFYA 200 MG/2 ML PEN	4	N	Y	Y
TREMFYA 200 MG/2 ML SYRINGE	4	N	Y	Y
TREMFYA INDCT 200MG/2ML X2 PEN	4	N	Y	Y
TRETINOIN 0.025% CREAM	1	N	Y	Y
TRETINOIN 0.05% CREAM	1	N	Y	Y
TRETINOIN 0.1% CREAM	2	N	Y	Y
TRETINOIN 10 MG CAPSULE	4	Y	N	N
TRIAMCINOLONE 0.025% CREAM	1	N	N	N
TRIAMCINOLONE 0.025% LOTION	1	N	N	N
TRIAMCINOLONE 0.025% OINT	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRIAMCINOLONE 0.1% CREAM	1	N	N	N
TRIAMCINOLONE 0.1% LOTION	1	N	N	N
TRIAMCINOLONE 0.1% OINTMENT	1	N	N	N
TRIAMCINOLONE 0.1% PASTE	1	N	N	N
TRIAMCINOLONE 0.5% CREAM	1	N	N	N
TRIAMCINOLONE 0.5% OINTMENT	1	N	N	N
TRIAMCINOLONE 55 MCG NASAL SPR	1	N	N	N
TRIAMTERENE-HCTZ 37.5-25 MG CP	1	N	N	N
TRIAMTERENE-HCTZ 37.5-25 MG TB	1	N	N	N
TRIAMTERENE-HCTZ 75-50 MG TAB	1	N	N	N
TRIAZOLAM 0.125 MG TABLET	1	N	N	Y
TRIAZOLAM 0.25 MG TABLET	1	N	N	Y
TRICON CAPSULE	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRIDERM 0.1% CREAM	1	N	N	N
TRIDERM 0.5% CREAM	1	N	N	N
TRIENTINE HCL 250 MG CAPSULE	4	Y	N	Y
TRI-ESTARYLLA TABLET	1	N	N	N
TRIFLUOPERAZINE 1 MG TABLET	2	Y	N	Y
TRIFLUOPERAZINE 10 MG TABLET	2	Y	N	Y
TRIFLUOPERAZINE 2 MG TABLET	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRIFLUOPERAZINE 5 MG TABLET	2	Y	N	Y
TRIFLURIDINE 1% EYE DROPS	1	N	N	N
TRIHEXYPHENIDYL 2 MG TABLET	1	N	N	N
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	1	N	N	N
TRIHEXYPHENIDYL 5 MG TABLET	1	N	N	N
TRIJARDY XR 10-5-1,000 MG TAB	2	Y	N	Y
TRIJARDY XR 12.5-2.5-1,000 MG	2	Y	N	Y
TRIJARDY XR 25-5-1,000 MG TAB	2	Y	N	Y
TRIJARDY XR 5-2.5-1,000 MG TAB	2	Y	N	Y
TRI-LEGEST FE-28 DAY TABLET	1	N	N	N
TRI-LINYAH TABLET	1	N	N	N
TRI-LO-ESTARYLLA TABLET	1	N	N	N
TRI-LO-MARZIA TABLET	1	N	N	N
TRI-LO-MILI TABLET	1	N	N	N
TRI-LO-SPRINTEC TABLET	1	N	N	N
TRIMETHOBENZAMIDE 300 MG CAP	1	N	N	N
TRIMETHOPRIM 100 MG TABLET	1	N	N	N
TRI-MILI 28 TABLET	1	N	N	N
TRIMIPRAMINE MALEATE 100 MG CP	2	Y	N	N
TRIMIPRAMINE MALEATE 25 MG CAP	2	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRIMIPRAMINE MALEATE 50 MG CAP	2	Y	N	N
TRINATAL RX 1 TABLET	1	N	N	N
TRINATE TABLET	1	N	N	N
TRINTELLIX 10 MG TABLET	3	Y	N	Y
TRINTELLIX 20 MG TABLET	3	Y	N	Y
TRINTELLIX 5 MG TABLET	3	Y	N	Y
TRI-NYMYO 28 TABLET	1	N	N	N
TRI-SPRINTEC TABLET	1	N	N	N
TRIUMEQ 600-50-300 MG TABLET	4	N	N	N
TRIUMEQ PD 60-5-30 MG TAB SUSP	4	N	N	N
TRI-VITE-FLUORIDE 0.25 MG/ML	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRI-VITE-FLUORIDE 0.5 MG/ML	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRI-VIT-FLUOR 0.25 MG/ML DROP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRI-VIT-FLUOR 0.5 MG/ML DROP	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRIVORA-28 TABLET	1	N	N	N
TRI-VYLIBRA 28 TABLET	1	N	N	N
TRI-VYLIBRA LO TABLET	1	N	N	N
TROJAN BARESKIN PACK CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TROJAN ENZ CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TROJAN ENZ SPERMICIDE CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TROJAN MAGNUM CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TROJAN ULTRA RIBBED CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TROJAN ULTRA THIN CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TROJAN ULTRA THIN-SPERMICIDAL	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TROPICAMIDE 0.5% EYE DROP	1	N	N	N
TROPICAMIDE 0.5% EYE DROPS	1	N	N	N
TROPICAMIDE 1% EYE DROP	1	N	N	N
TROPICAMIDE 1% EYE DROPS	1	N	N	N
TROSPIUM CHLORIDE 20 MG TABLET	1	N	N	N
TROSPIUM CHLORIDE ER 60 MG CAP	2	N	N	N
TRUE CMFRT PRO 0.5ML 30G 5/16"	1	N	N	N
TRUE CMFRT PRO 0.5ML 31G 5/16"	1	N	N	N
TRUE CMFRT PRO 0.5ML 32G 5/16"	1	N	N	N
TRUE COMFORT 0.5 ML 30G 1/2"	1	N	N	N
TRUE COMFORT 0.5 ML 31GX5/16"	1	N	N	N
TRUE COMFORT 0.5ML 30G 5/16"	1	N	N	N
TRUE COMFORT 0.5ML 31G 5/16"	1	N	N	N
TRUE COMFORT 1 ML 31GX5/16"	1	N	N	N
TRUE COMFORT 30G LANCET	1	N	N	Y
TRUE COMFORT 30G SAFETY LANCET	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRUE COMFORT 30G TWIST LANCET	1	N	N	Y
TRUE COMFORT PRO 1 ML 30G 1/2"	1	N	N	N
TRUE COMFORT PRO 1ML 30G 5/16"	1	N	N	N
TRUE COMFORT PRO 1ML 31G 5/16"	1	N	N	N
TRUE COMFORT PRO 1ML 32G 5/16"	1	N	N	N
TRUE COMFORT SFTY 1ML 30G 1/2"	1	N	N	N
TRUE COMFRT PRO 0.5ML 30G 1/2"	1	N	N	N
TRUE COMFRT SFTY 1ML 30G 5/16"	1	N	N	N
TRUE COMFRT SFTY 1ML 31G 5/16"	1	N	N	N
TRUE COMFRT SFTY 1ML 32G 5/16"	1	N	N	N
TRUE COVER CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRUE FOLIC ACID 667 MCG DFE TB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRUE LAXATIVE PEG 3350 POWDER	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRUE VITAMIN B-6 10 MG TABLET	1	N	N	N
TRUE VITAMIN B-6 100 MG TABLET	1	N	N	N
TRUE VITAMIN B-6 25 MG TABLET	1	N	N	N
TRUE VITAMIN B-6 50 MG TABLET	1	N	N	N
TRUEDRAW LANCING DEVICE	1	N	N	Y
TRUEPLUS 33G LANCETS	1	N	N	Y
TRUEPLUS SAFETY 28G LANCET	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRUEPLUS SAFETY 28G LANCETS	1	N	N	Y
TRUEPLUS SUPER THIN 28G LANCET	1	N	N	Y
TRUEPLUS SYR 0.3ML 29GX1/2"	1	N	N	N
TRUEPLUS SYR 0.3ML 30GX5/16"	1	N	N	N
TRUEPLUS SYR 0.3ML 31GX5/16"	1	N	N	N
TRUEPLUS SYR 0.5ML 28GX1/2"	1	N	N	N
TRUEPLUS SYR 0.5ML 29GX1/2"	1	N	N	N
TRUEPLUS SYR 0.5ML 30GX5/16"	1	N	N	N
TRUEPLUS SYR 0.5ML 31GX5/16"	1	N	N	N
TRUEPLUS SYR 1ML 28GX1/2"	1	N	N	N
TRUEPLUS SYR 1ML 29GX1/2"	1	N	N	N
TRUEPLUS SYR 1ML 30GX5/16"	1	N	N	N
TRUEPLUS SYR 1ML 31GX5/16"	1	N	N	N
TRUEPLUS ULTRA THIN 30G LANCET	1	N	N	Y
TRULANCE 3 MG TABLET	3	Y	N	Y
TRULICITY 0.75 MG/0.5 ML PEN	2	N	Y	Y
TRULICITY 1.5 MG/0.5 ML PEN	2	N	Y	Y
TRULICITY 3 MG/0.5 ML PEN	2	N	Y	Y
TRULICITY 4.5 MG/0.5 ML PEN	2	N	Y	Y
TRUSELTIQ 100 MG DAILY DOSE PK	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRUSELTIQ 125 MG DAILY DOSE PK	4	Y	N	Y
TRUSELTIQ 50 MG DAILY DOSE PK	4	Y	N	Y
TRUSELTIQ 75 MG DAILY DOSE PK	4	Y	N	Y
TRUSTEX CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRUSTEX LATEX CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRUSTEX-RIA CONDOM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
TRYNGOLZA 80 MG/0.8 ML AUTOINJ	4	Y	N	Y
TUBERCULIN SYRINGE	1	N	N	N
TUBERCULIN SYRINGES	1	N	N	N
TULANA 0.35 MG TABLET	1	N	N	N
TURQOZ-28 TABLET	1	N	N	N
TWIST LANCETS	1	N	N	Y
TWIST LANCETS 30G	1	N	N	Y
TWIST LANCETS 32G	1	N	N	Y
TWIST TOP 30G LANCET	1	N	N	Y
TYBOST 150 MG TABLET	4	N	N	N
TYDEMY 3-0.03-0.451 MG TABLET	1	N	N	N
TYENNE 162 MG/0.9 ML AUTOINJCT	4	Y	N	Y
TYENNE 162 MG/0.9 ML SYRINGE	4	Y	N	Y
ULT CFT 0.3 ML 29GX1/2" (1/2)	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULT CFT 0.3 ML 31GX5/16" (1/2)	1	N	N	N
ULTCARE INS SYR 1 ML 31GX5/16"	1	N	N	N
ULTICAR INS 0.3ML 31GX1/4(1/2)	1	N	N	N
ULTICARE INS 0.3 ML 30GX1/2"	1	N	N	N
ULTICARE INS 0.3 ML 31GX1/4"	1	N	N	N
ULTICARE INS 0.5 ML 30GX1/2"	1	N	N	N
ULTICARE INS 0.5 ML 31GX1/4"	1	N	N	N
ULTICARE INS 1 ML 31GX1/4"	1	N	N	N
ULTICARE INS SAFETY 1ML 29X1/2	1	N	N	N
ULTICARE INS SYR 1 ML 28GX1/2"	1	N	N	N
ULTICARE INS SYR 1 ML 29GX1/2"	1	N	N	N
ULTICARE INS SYR 1 ML 30GX1/2"	1	N	N	N
ULTICARE LDS SYR 1 ML 22G 1.5"	1	N	N	N
ULTICARE LDS SYR 3 ML 22GX1.5"	1	N	N	N
ULTICARE PEN NDL 12.7 MM 29G	1	N	N	N
ULTICARE PEN NEEDLE 31GX3/16"	1	N	N	N
ULTICARE PEN NEEDLE 4MM 32G	1	N	N	N
ULTICARE PEN NEEDLE 6MM 31G	1	N	N	N
ULTICARE PEN NEEDLE 8 MM 31G	1	N	N	N
ULTICARE PEN NEEDLE 8MM 31G	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTICARE PEN NEEDLES 12MM 29G	1	N	N	N
ULTICARE PEN NEEDLES 4MM 32G	1	N	N	N
ULTICARE PEN NEEDLES 6MM 31G	1	N	N	N
ULTICARE PEN NEEDLES 6MM 32G	1	N	N	N
ULTICARE PEN NEEDLES 8MM 31G	1	N	N	N
ULTICARE SAFETY 0.5 ML 29GX1/2	1	N	N	N
ULTICARE SAFETY 3 ML 21GX1-1/2	1	N	N	N
ULTICARE SAFETY 3 ML 22GX1"	1	N	N	N
ULTICARE SAFETY 3 ML 22GX1-1/2	1	N	N	N
ULTICARE SAFETY 3 ML 23GX1"	1	N	N	N
ULTICARE SAFETY 3 ML 25GX1"	1	N	N	N
ULTICARE SAFETY 3 ML 25GX5/8"	1	N	N	N
ULTICARE SAFETY SYRINGE 3 ML	1	N	N	N
ULTICARE SYR 0.3 ML 30GX1/2"	1	N	N	N
ULTICARE SYR 0.3 ML 30GX5/16"	1	N	N	N
ULTICARE SYR 0.3 ML 31GX5/16"	1	N	N	N
ULTICARE SYR 0.5 ML 29GX1/2"	1	N	N	N
ULTICARE SYR 0.5 ML 30GX1/2"	1	N	N	N
ULTICARE SYR 0.5 ML 30GX5/16"	1	N	N	N
ULTICARE SYR 0.5 ML 31GX5/16"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTICARE SYR 1 ML 30GX5/16"	1	N	N	N
ULTICARE SYR 1 ML 31GX5/16"	1	N	N	N
ULTICARE SYRIN 0.3 ML 29GX1/2"	1	N	N	N
ULTICARE SYRIN 0.5 ML 28GX1/2"	1	N	N	N
ULTICARE SYRINGE 1 ML 30GX1/2"	1	N	N	N
ULTICARE TB SAFETY 1 ML 25GX1"	1	N	N	N
ULTICARE TB SAFETY 1ML 25GX5/8	1	N	N	N
ULTICARE TB SAFETY 1ML 27GX1/2	1	N	N	N
ULTICARE TB SAFETY 1ML 27GX5/8	1	N	N	N
ULTICARE TB SAFETY 1ML 28GX1/2	1	N	N	N
ULTIGUARD SAFE 1ML 30G 12.7MM	1	N	N	N
ULTIGUARD SAFE0.3ML 30G 12.7MM	1	N	N	N
ULTIGUARD SAFE0.5ML 30G 12.7MM	1	N	N	N
ULTIGUARD SAFEPACK 1ML 31G 8MM	1	N	N	N
ULTIGUARD SAFEPK 0.3ML 31G 8MM	1	N	N	N
ULTIGUARD SAFEPK 0.5ML 31G 8MM	1	N	N	N
ULTI-LANCE AUTO-AD DEVICE	1	N	N	Y
ULTI-LANCE AUTOMATIC DEVICE	1	N	N	Y
ULTILET 28G LANCETS	1	N	N	Y
ULTILET 30G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTILET 33G LANCETS	1	N	N	Y
ULTILET BASIC 30G LANCETS	1	N	N	Y
ULTILET CLASSIC 26G LANCETS	1	N	N	Y
ULTILET CLASSIC 28G LANCETS	1	N	N	Y
ULTILET CLASSIC 30G LANCETS	1	N	N	Y
ULTILET CLASSIC 33G LANCETS	1	N	N	Y
ULTILET INSULIN SYRINGE 0.3 ML	1	N	N	N
ULTILET INSULIN SYRINGE 0.5 ML	1	N	N	N
ULTILET INSULIN SYRINGE 1 ML	1	N	N	N
ULTILET SAFETY 23G LANCETS	1	N	N	Y
ULTRA COMFORT 0.3 ML 29GX1/2"	1	N	N	N
ULTRA COMFORT 0.3 ML SYRINGE	1	N	N	N
ULTRA COMFORT 0.5 ML 28GX1/2"	1	N	N	N
ULTRA COMFORT 0.5 ML 29GX1/2"	1	N	N	N
ULTRA COMFORT 0.5 ML 31GX5/16"	1	N	N	N
ULTRA COMFORT 0.5 ML SYRINGE	1	N	N	N
ULTRA COMFORT 1 ML 28GX1/2"	1	N	N	N
ULTRA COMFORT 1 ML 29GX1/2"	1	N	N	N
ULTRA COMFORT 1 ML 30GX5/16"	1	N	N	N
ULTRA COMFORT 1 ML 31GX5/16"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTRA COMFORT 1 ML SYRINGE	1	N	N	N
ULTRA FLO 0.3ML 30G 1/2" (1/2)	1	N	N	N
ULTRA FLO 0.3ML 30G 5/16"(1/2)	1	N	N	N
ULTRA FLO 0.3ML 31G 5/16"(1/2)	1	N	N	N
ULTRA FLO SYR 0.3 ML 29GX1/2"	1	N	N	N
ULTRA FLO SYR 0.3 ML 30G 5/16"	1	N	N	N
ULTRA FLO SYR 0.3 ML 31G 5/16"	1	N	N	N
ULTRA FLO SYR 0.5 ML 29G 1/2"	1	N	N	N
ULTRA THIN 28G LANCETS	1	N	N	Y
ULTRA THIN 30G LANCETS	1	N	N	Y
ULTRA THIN 31G LANCET	1	N	N	Y
ULTRA THIN 31G LANCETS	1	N	N	Y
ULTRA-CARE 30G LANCETS	1	N	N	Y
ULTRACARE INS 0.3 ML 30GX5/16"	1	N	N	N
ULTRACARE INS 0.3 ML 31GX5/16"	1	N	N	N
ULTRACARE INS 0.5 ML 30GX1/2"	1	N	N	N
ULTRACARE INS 0.5 ML 30GX5/16"	1	N	N	N
ULTRACARE INS 0.5 ML 31GX5/16"	1	N	N	N
ULTRACARE INS 1 ML 30G X 5/16"	1	N	N	N
ULTRACARE INS 1 ML 30GX1/2"	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTRACARE INS 1 ML 31G X 5/16"	1	N	N	N
ULTRA-FINE 0.3 ML 30G 12.7MM	1	N	N	N
ULTRA-FINE 0.3ML 31G 6MM (1/2)	1	N	N	N
ULTRA-FINE 0.3ML 31G 8MM (1/2)	1	N	N	N
ULTRA-FINE 0.5 ML 30G 12.7MM	1	N	N	N
ULTRA-FINE INS SYR 1ML 31G 6MM	1	N	N	N
ULTRA-FINE INS SYR 1ML 31G 8MM	1	N	N	N
ULTRA-FINE PEN NDL 29G 12.7MM	1	N	N	N
ULTRA-FINE PEN NEEDLE 31G 5MM	1	N	N	N
ULTRA-FINE PEN NEEDLE 31G 8MM	1	N	N	N
ULTRA-FINE PEN NEEDLE 32G 6MM	1	N	N	N
ULTRA-FINE SYR 0.3 ML 31G 6MM	1	N	N	N
ULTRA-FINE SYR 0.3 ML 31G 8MM	1	N	N	N
ULTRA-FINE SYR 0.5 ML 31G 6MM	1	N	N	N
ULTRA-FINE SYR 0.5 ML 31G 8MM	1	N	N	N
ULTRA-FINE SYR 1 ML 30G 12.7MM	1	N	N	N
ULTRALANCE 26G LANCETS	1	N	N	Y
ULTRALANCE 28G LANCETS	1	N	N	Y
ULTRA-THIN II 1 ML 31GX5/16"	1	N	N	N
ULTRA-THIN II 28G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTRA-THIN II 30G LANCETS	1	N	N	Y
ULTRA-THIN II INS 0.3 ML 30G	1	N	N	N
ULTRA-THIN II INS 0.3 ML 31G	1	N	N	N
ULTRA-THIN II INS 0.5 ML 29G	1	N	N	N
ULTRA-THIN II INS 0.5 ML 30G	1	N	N	N
ULTRA-THIN II INS 0.5 ML 31G	1	N	N	N
ULTRA-THIN II INS SYR 1 ML 29G	1	N	N	N
ULTRA-THIN II INS SYR 1 ML 30G	1	N	N	N
ULTRATLC LANCETS	1	N	N	Y
UNILET COMFORTOUCH 26G LANCETS	1	N	N	Y
UNILET COMFORTOUCH LANCET	1	N	N	Y
UNILET EXCELITE II LANCET	1	N	N	Y
UNILET EXCELITE LANCET	1	N	N	Y
UNILET GP LANCET	1	N	N	Y
UNILET GP LANCET SUPERLITE	1	N	N	Y
UNILET MICRO THIN 33G LANCET	1	N	N	Y
UNILET MICRO THIN 33G LANCETS	1	N	N	Y
UNILET SUPER THIN 30G LANCETS	1	N	N	Y
UNILET ULTRA THIN 28G LANCETS	1	N	N	Y
UNISTIK 2 COMFORT 28G LANCET	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
UNISTIK 2 EXTRA 21G LANCET	1	N	N	Y
UNISTIK 2 NORMAL 21G LANCET	1	N	N	Y
UNISTIK 3 COMFORT 28G LANCET	1	N	N	Y
UNISTIK 3 DUAL 18G LANCET	1	N	N	Y
UNISTIK 3 EXTRA 21G LANCETS	1	N	N	Y
UNISTIK 3 GENTLE 30G LANCETS	1	N	N	Y
UNISTIK 3 GENTLE ON-THE-GO 30G	1	N	N	Y
UNISTIK 3 NORMAL 23G LANCET	1	N	N	Y
UNISTIK 3 NORMAL 23G LANCETS	1	N	N	Y
UNISTIK 3 SAFETY 21G LANCETS	1	N	N	Y
UNISTIK COMFORT 28G LANCETS	1	N	N	Y
UNISTIK CZT COMFORT 28G LANCET	1	N	N	Y
UNISTIK CZT NORMAL 23G LANCETS	1	N	N	Y
UNISTIK EXTRA 21G LANCETS	1	N	N	Y
UNISTIK NORMAL 23G LANCETS	1	N	N	Y
UNISTIK PRO 21G LANCET	1	N	N	Y
UNISTIK PRO 25G LANCET	1	N	N	Y
UNISTIK PRO 28G LANCET	1	N	N	Y
UNISTIK SAFETY 28G LANCET	1	N	N	Y
UNISTIK SAFETY 30G LANCETS	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
UNISTIK TOUCH 21G LANCETS	1	N	N	Y
UNISTIK TOUCH 23G LANCETS	1	N	N	Y
UNISTIK TOUCH 28G LANCETS	1	N	N	Y
UNISTIK TOUCH 30G LANCETS	1	N	N	Y
UNISTIK-2 3 MM DEVICE	1	N	N	Y
UNITHROID 100 MCG TABLET	1	N	N	N
UNITHROID 112 MCG TABLET	1	N	N	N
UNITHROID 125 MCG TABLET	1	N	N	N
UNITHROID 137 MCG TABLET	1	N	N	N
UNITHROID 150 MCG TABLET	1	N	N	N
UNITHROID 175 MCG TABLET	1	N	N	N
UNITHROID 200 MCG TABLET	1	N	N	N
UNITHROID 25 MCG TABLET	1	N	N	N
UNITHROID 300 MCG TABLET	1	N	N	N
UNITHROID 50 MCG TABLET	1	N	N	N
UNITHROID 75 MCG TABLET	1	N	N	N
UNITHROID 88 MCG TABLET	1	N	N	N
UNIVERSAL 1 33G LANCETS	1	N	N	Y
URISTIX 4 REAGENT STRIPS	1	N	N	N
URISTIX REAGENT STRIPS	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
URSODIOL 250 MG TABLET	2	N	N	N
URSODIOL 300 MG CAPSULE	2	N	N	N
URSODIOL 500 MG TABLET	2	N	N	N
VABOMERE 2 GRAM VIAL	4	Y	N	N
VALACYCLOVIR HCL 1 GRAM TABLET	1	N	N	N
VALACYCLOVIR HCL 500 MG TABLET	1	N	N	N
VALGANCICLOVIR 450 MG TABLET	4	N	N	N
VALGANCICLOVIR HCL 50 MG/ML	4	Y	N	N
VALPROIC ACID 250 MG CAPSULE	1	N	N	N
VALPROIC ACID 250 MG/5 ML CUP	1	N	N	N
VALPROIC ACID 250 MG/5 ML SOLN	1	N	N	N
VALPROIC ACID 500 MG/10 ML CUP	1	N	N	N
VALSARTAN 160 MG TABLET	1	N	N	N
VALSARTAN 320 MG TABLET	1	N	N	N
VALSARTAN 40 MG TABLET	1	N	N	N
VALSARTAN 80 MG TABLET	1	N	N	N
VALSARTAN-HCTZ 160-12.5 MG TAB	1	N	N	N
VALSARTAN-HCTZ 160-25 MG TAB	1	N	N	N
VALSARTAN-HCTZ 320-12.5 MG TAB	1	N	N	N
VALSARTAN-HCTZ 320-25 MG TAB	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VALSARTAN-HCTZ 80-12.5 MG TAB	1	N	N	N
VALTYA 1 MG-35 MCG TABLET	1	N	N	N
VALTYA 1 MG-50 MCG TABLET	1	N	N	N
VALUE PLUS LANCING DEVICE	1	N	N	Y
VANADOM 350 MG TABLET	1	N	N	Y
VANCOMYCIN HCL 125 MG CAPSULE	2	N	N	N
VANCOMYCIN HCL 250 MG CAPSULE	2	N	N	N
VANDAZOLE VAGINAL 0.75% GEL	1	N	N	N
VANISHPOINT 0.5 ML 30GX1/2" SY	1	N	N	N
VANISHPOINT 1 ML TB SYR 25X5/8	1	N	N	N
VANISHPOINT 1 ML TB SYR 27X1/2	1	N	N	N
VANISHPOINT 10 ML 21GX1-1/2"	1	N	N	N
VANISHPOINT 20GX1" 3 ML SYRING	1	N	N	N
VANISHPOINT 21GX1" 5 ML SYRING	1	N	N	N
VANISHPOINT 21GX1.5" 3 ML SYR	1	N	N	N
VANISHPOINT 22GX1" 3 ML SYR	1	N	N	N
VANISHPOINT 22GX1-1/2" 5 ML SY	1	N	N	N
VANISHPOINT 23GX1" 3 ML SYRING	1	N	N	N
VANISHPOINT 23GX1-1/2 3 ML SYR	1	N	N	N
VANISHPOINT 25GX1" 3 ML SYRING	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VANISHPOINT 25GX5/8" 3 ML SYR	1	N	N	N
VANISHPOINT 3 ML 21GX1" SYRING	1	N	N	N
VANISHPOINT 3 ML 22GX1.5" SYRG	1	N	N	N
VANISHPOINT 3 ML 27G 1-1/2"	1	N	N	N
VANISHPOINT 5 ML 21GX1-1/2"	1	N	N	N
VANISHPOINT INS 1 ML 30GX3/16"	1	N	N	N
VANISHPOINT SYR 3 ML 25G 38MM	1	N	N	N
VANISHPOINT SYRINGE 1 ML 25X1"	1	N	N	N
VANISHPOINT U-100 29X1/2 SYR	1	N	N	N
VANRAFIA 0.75 MG TABLET	4	Y	N	Y
VANTAGE LANCING DEVICE	1	N	N	Y
VARENICLINE 0.5 MG TABLET	2	N	N	Y
VARENICLINE 1 MG CONT MONTH BX	2	N	N	Y
VARENICLINE 1 MG TABLET	2	N	N	Y
VARENICLINE STARTING MONTH BOX	2	N	N	Y
VARUBI 180 MG DOSE(2X 90MG TB)	3	N	N	Y
VASOPRESSIN 20 UNIT/ML VIAL	3	N	N	N
VASOPRESSIN 200 UNIT/10 ML VL	3	N	N	N
VAXNEUVANCE 0.5 ML SYRINGE	ZERO-COST SHARE/PREVENTATIVE	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VELIVET 28 DAY TABLET	1	N	N	N
VELTASSA 1 GM POWDER PACKET	3	Y	N	Y
VELTASSA 16.8 GM POWDER PACKET	3	Y	N	Y
VELTASSA 25.2 GM POWDER PACKET	3	Y	N	Y
VELTASSA 8.4 GM POWDER PACKET	3	Y	N	Y
VEMLIDY 25 MG TABLET	4	Y	N	Y
VENCLEXTA 10 MG TAB (10MG X 2)	4	Y	N	Y
VENCLEXTA 10 MG TABLET	4	Y	N	Y
VENCLEXTA 100 MG TABLET	4	Y	N	Y
VENCLEXTA 50 MG TABLET	4	Y	N	Y
VENCLEXTA STARTING PACK	4	Y	N	Y
VENLAFAXINE HCL 100 MG TABLET	1	N	N	Y
VENLAFAXINE HCL 25 MG TABLET	1	N	N	Y
VENLAFAXINE HCL 37.5 MG TABLET	1	N	N	Y
VENLAFAXINE HCL 50 MG TABLET	1	N	N	Y
VENLAFAXINE HCL 75 MG TABLET	1	N	N	Y
VENLAFAXINE HCL ER 150 MG CAP	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VENLAFAXINE HCL ER 37.5 MG CAP	1	N	N	Y
VENLAFAXINE HCL ER 75 MG CAP	1	N	N	Y
VENTAVIS 10 MCG/1 ML SOLUTION	4	Y	N	Y
VENTAVIS 20 MCG/1 ML SOLUTION	4	Y	N	Y
VENTOLIN HFA 90 MCG INHALER	1	N	N	N
VENXXIVA DR 100 MG TABLET	4	Y	N	N
VENXXIVA DR 300 MG TABLET	4	Y	N	N
VERAPAMIL 120 MG TABLET	1	N	N	N
VERAPAMIL 40 MG TABLET	1	N	N	N
VERAPAMIL 80 MG TABLET	1	N	N	N
VERAPAMIL ER 120 MG CAPSULE	2	N	N	N
VERAPAMIL ER 120 MG TABLET	1	N	N	N
VERAPAMIL ER 180 MG CAPSULE	2	N	N	N
VERAPAMIL ER 180 MG TABLET	1	N	N	N
VERAPAMIL ER 240 MG CAPSULE	2	N	N	N
VERAPAMIL ER 240 MG TABLET	1	N	N	N
VERAPAMIL SR 120 MG CAPSULE	2	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VERAPAMIL SR 180 MG CAPSULE	2	N	N	N
VERAPAMIL SR 240 MG CAPSULE	2	N	N	N
VERIFINE IN SYR 0.5ML 29G 12MM	1	N	N	N
VERIFINE INS SYR 0.3ML 31G 8MM	1	N	N	N
VERIFINE INS SYR 0.5ML 31G 8MM	1	N	N	N
VERIFINE INS SYR 1 ML 29G 1/2"	1	N	N	N
VERIFINE INS SYR 1 ML 29G 12MM	1	N	N	N
VERIFINE INS SYR 1 ML 31G 8MM	1	N	N	N
VERIFINE SAFETY 21G LANCT MINI	1	N	N	Y
VERIFINE SAFETY 23G LANCT MINI	1	N	N	Y
VERIFINE SAFETY 28G LANCT MINI	1	N	N	Y
VERIFINE SAFETY 30G LANCT MINI	1	N	N	Y
VERIFINE SYRING 0.5ML 29G 1/2"	1	N	N	N
VERIFINE SYRING 1 ML 31G 5/16"	1	N	N	N
VERIFINE SYRNG 0.3ML 31G 5/16"	1	N	N	N
VERIFINE SYRNG 0.5ML 31G 5/16"	1	N	N	N
VERIFINE UNIVERSAL 28G LANCET	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VERIFINE UNIVERSAL 30G LANCET	1	N	N	Y
VERIFINE UNIVERSAL 33G LANCET	1	N	N	Y
VERQUVO 10 MG TABLET	3	Y	N	Y
VERQUVO 2.5 MG TABLET	3	Y	N	Y
VERQUVO 5 MG TABLET	3	Y	N	Y
VERZENIO 100 MG TABLET	4	Y	N	Y
VERZENIO 150 MG TABLET	4	Y	N	Y
VERZENIO 200 MG TABLET	4	Y	N	Y
VERZENIO 50 MG TABLET	4	Y	N	Y
VESTURA 3 MG-0.02 MG TABLET	1	N	N	N
V-GO 20 DISPOSABLE DEVICE	2	N	N	Y
V-GO 30 DISPOSABLE DEVICE	2	N	N	Y
V-GO 40 DISPOSABLE DEVICE	2	N	N	Y
VIENVA-28 TABLET	1	N	N	N
VILAZODONE HCL 10 MG TABLET	2	Y	N	Y
VILAZODONE HCL 20 MG TABLET	2	Y	N	Y
VILAZODONE HCL 40 MG TABLET	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VIOKACE 10,440-39,150 UNIT TAB	3	N	Y	N
VIOKACE 20,880-78,300 UNITS TB	3	N	Y	N
VIORELE 28 DAY TABLET	1	N	N	N
VIRACEPT 250 MG TABLET	4	N	N	N
VIRACEPT 625 MG TABLET	4	N	N	N
VIREAD 150 MG TABLET	4	N	N	Y
VIREAD 200 MG TABLET	4	N	N	Y
VIREAD 250 MG TABLET	4	N	N	Y
VIRT-NATE DHA SOFTGEL	1	N	N	N
VIRT-PN DHA SOFTGEL	1	N	N	N
VISTOGARD 10 GRAM PACKET	4	N	N	Y
VIT A,C,D-FLUORIDE 0.25 MG/ML	ZERO-COST SHARE/PREVENTATIVE	N	N	N
VIT A,C,D-FLUORIDE 0.5 MG/ML	ZERO-COST SHARE/PREVENTATIVE	N	N	N
VITAMIN B COMPLEX TABLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
VITAMIN B COMPLEX-VITAMIN C TB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
VITAMIN B-6 100 MG TABLET	1	N	N	N
VITAMIN B-6 25 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VITAMIN B-6 250 MG TABLET	1	N	N	N
VITAMIN B-6 50 MG TABLET	1	N	N	N
VITAMIN B-COMPLEX & C CAPLET	ZERO-COST SHARE/PREVENTATIVE	N	N	N
VITAMIN D2 1.25MG(50,000 UNIT)	1	N	N	N
VITAMIN K-1 10 MG/ML AMPUL	2	N	N	N
VIVAGUARD 30G LANCET	1	N	N	Y
VIVAGUARD LANCING DEVICE	1	N	N	Y
VIVAGUARD SAFETY 28G LANCET	1	N	N	Y
VIVITROL 380 MG VIAL-DILUENT	4	N	N	N
VOLNEA 0.15-0.02-0.01 MG TAB	1	N	N	N
VORICONAZOLE 200 MG TABLET	2	N	N	Y
VORICONAZOLE 50 MG TABLET	2	N	N	Y
VORTEX HOLDING CHAMBER	2	N	N	N
VORTEX VHC PEDIATRIC MED MASK	2	N	N	N
VOSEVI 400-100-100 MG TABLET	4	Y	N	N
VOYXACT 400 MG/2 ML SYRINGE	4	Y	N	Y
VUMERITY DR 231 MG CAPSULE	4	N	Y	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VYFEMLA 0.4 MG-0.035 MG TABLET	1	N	N	N
VYKAT XR 150 MG TABLET	4	Y	N	Y
VYKAT XR 25 MG TABLET	4	Y	N	Y
VYKAT XR 75 MG TABLET	4	Y	N	Y
VYLIBRA 28 TABLET	1	N	N	N
VYVGART HYTRULO 1,000MG-10,000	4	Y	N	Y
WALGREENS THIN LANCETS	1	N	N	Y
WALGREENS ULTRA THIN LANCETS	1	N	N	Y
WAL-SOM 25 MG TABLET	1	N	N	N
WARFARIN SODIUM 1 MG TABLET	1	N	N	N
WARFARIN SODIUM 10 MG TABLET	1	N	N	N
WARFARIN SODIUM 2 MG TABLET	1	N	N	N
WARFARIN SODIUM 2.5 MG TABLET	1	N	N	N
WARFARIN SODIUM 3 MG TABLET	1	N	N	N
WARFARIN SODIUM 4 MG TABLET	1	N	N	N
WARFARIN SODIUM 5 MG TABLET	1	N	N	N
WARFARIN SODIUM 6 MG TABLET	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
WARFARIN SODIUM 7.5 MG TABLET	1	N	N	N
WAYRILZ 400 MG TABLET	4	Y	N	Y
WERA 0.5/0.035 MG 28 TABLET	1	N	N	N
WESCAP-C DHA SOFTGEL	1	N	N	N
WESNATAL DHA COMPLETE	1	N	N	N
WESTAB PLUS TABLET	1	N	N	N
WIDE SEAL DIAPHRAGM 60MM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WIDE SEAL DIAPHRAGM 65MM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WIDE SEAL DIAPHRAGM 70MM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WIDE SEAL DIAPHRAGM 75MM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WIDE SEAL DIAPHRAGM 80MM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WIDE SEAL DIAPHRAGM 85MM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WIDE SEAL DIAPHRAGM 90MM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WIDE SEAL DIAPHRAGM 95MM	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WIXELA 100-50 INHUB	1	N	N	Y
WIXELA 250-50 INHUB	1	N	N	Y
WIXELA 500-50 INHUB	1	N	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
WOMEN'S GENTLE LAX EC 5 MG TAB	ZERO-COST SHARE/PREVENTATIVE	N	N	N
WYMZYA FE 0.4-0.035 MG CHEW TB	1	N	N	N
XACIATO 2% VAGINAL GEL	3	N	N	N
XALKORI 200 MG CAPSULE	4	Y	N	Y
XALKORI 250 MG CAPSULE	4	Y	N	Y
XARAH FE 1 MG/20-30-35 MCG TAB	1	N	N	N
XARELTO 1 MG/ML SUSPENSION	2	N	N	Y
XARELTO 10 MG TABLET	2	N	N	N
XARELTO 15 MG TABLET	2	N	N	N
XARELTO 2.5 MG TABLET	2	N	N	N
XARELTO 20 MG TABLET	2	N	N	N
XARELTO DVT-PE TREAT START 30D	2	N	N	N
XCOPRI 100 MG TABLET	3	Y	N	Y
XCOPRI 12.5-25 MG TITRATION PK	3	Y	N	Y
XCOPRI 150 MG TABLET	3	Y	N	Y
XCOPRI 150-200 MG TITRATION PK	3	Y	N	Y
XCOPRI 200 MG TABLET	3	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XCOPRI 25 MG TABLET	3	Y	N	Y
XCOPRI 250 MG DAILY DOSE PACK	3	Y	N	Y
XCOPRI 350 MG DAILY DOSE PACK	3	Y	N	Y
XCOPRI 50 MG TABLET	3	Y	N	Y
XCOPRI 50-100 MG TITRATION PAK	3	Y	N	Y
XELJANZ 1 MG/ML SOLUTION	4	N	Y	Y
XELJANZ 10 MG TABLET	4	N	Y	Y
XELJANZ 5 MG TABLET	4	N	Y	Y
XELJANZ XR 11 MG TABLET	4	N	Y	Y
XELJANZ XR 22 MG TABLET	4	N	Y	Y
XELRIA FE 0.4-0.035 MG CHEW TB	1	N	N	N
XEPI 1% CREAM	3	Y	N	Y
XIFAXAN 200 MG TABLET	3	N	N	Y
XIFAXAN 550 MG TABLET	3	Y	N	Y
XIGDUO XR 10 MG-1,000 MG TAB	2	Y	N	Y
XIGDUO XR 10 MG-500 MG TABLET	2	Y	N	Y
XIGDUO XR 2.5 MG-1,000 MG TAB	2	Y	N	Y
XIGDUO XR 5 MG-1,000 MG TABLET	2	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XIGDUO XR 5 MG-500 MG TABLET	2	Y	N	Y
XIIDRA 5% EYE DROPS	2	N	N	Y
XOFLUZA 40 MG TABLET	3	N	N	Y
XOFLUZA 80 MG TABLET	3	N	N	Y
XOLAIR 150 MG/1.2 ML POWDER VL	4	Y	N	Y
XOLAIR 150 MG/ML AUTOINJECTOR	4	Y	N	Y
XOLAIR 150 MG/ML SYRINGE	4	Y	N	Y
XOLAIR 300 MG/2 ML AUTOINJECT	4	Y	N	Y
XOLAIR 300 MG/2 ML SYRINGE	4	Y	N	Y
XOLAIR 75 MG/0.5 ML AUTOINJECT	4	Y	N	Y
XOLAIR 75 MG/0.5 ML SYRINGE	4	Y	N	Y
XOLREMDI 100 MG CAPSULE	4	Y	N	Y
XTANDI 40 MG CAPSULE	4	Y	N	Y
XTANDI 40 MG TABLET	4	Y	N	Y
XTANDI 80 MG TABLET	4	Y	N	Y
XULANE 150-35 MCG/DAY PATCH	1	N	N	N
XULTOPHY 100 UNIT-3.6MG/ML PEN	3	N	Y	Y
XURIDEN 2 GM GRANULE PACKET	4	N	N	N
YALE NEEDLES 21GX1.25"	1	N	N	N
YARGESA 100 MG CAPSULE	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
YESINTEK 45 MG/0.5 ML SYRINGE	4	N	Y	Y
YESINTEK 45 MG/0.5 ML VIAL	4	N	Y	Y
YESINTEK 90 MG/ML SYRINGE	4	N	Y	Y
YONSA 125 MG TABLET	4	Y	N	Y
YOURX ULTICARE PEN NDL 4MM 32G	1	N	N	N
YOURX ULTICARE PEN NDL 6MM 31G	1	N	N	N
YOURX ULTICARE PEN NDL 8MM 31G	1	N	N	N
YUVAFEM 10 MCG VAGINAL INSERT	2	N	N	N
ZAFEMY 150-35 MCG/DAY PATCH	1	N	N	N
ZAFIRLUKAST 10 MG TABLET	2	N	N	N
ZAFIRLUKAST 20 MG TABLET	2	N	N	N
ZALEPLON 10 MG CAPSULE	1	N	N	Y
ZALEPLON 5 MG CAPSULE	1	N	N	Y
ZARAH TABLET	1	N	N	N
ZATEAN-PN DHA CAPSULE	1	N	N	N
ZATEAN-PN PLUS SOFTGEL	1	N	N	N
ZEJULA 100 MG CAPSULE	4	Y	N	Y
ZEJULA 100 MG TABLET	4	Y	N	Y
ZEJULA 200 MG TABLET	4	Y	N	Y
ZEJULA 300 MG TABLET	4	Y	N	Y

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZELBORAF 240 MG TABLET	4	Y	N	Y
ZELNORM 6 MG TABLET	3	Y	N	Y
ZELSUVMI 10.3% GEL	4	Y	N	Y
ZELVYSIA 100 MG POWDER PACKET	4	Y	N	N
ZELVYSIA 500 MG POWDER PACKET	4	Y	N	N
ZENATANE 10 MG CAPSULE	2	N	N	N
ZENATANE 20 MG CAPSULE	2	N	N	N
ZENATANE 30 MG CAPSULE	2	N	N	N
ZENATANE 40 MG CAPSULE	2	N	N	N
ZENPEP DR 10,000 UNIT CAPSULE	2	N	N	N
ZENPEP DR 15,000 UNIT CAPSULE	2	N	N	N
ZENPEP DR 20,000 UNIT CAPSULE	2	N	N	N
ZENPEP DR 25,000 UNIT CAPSULE	2	N	N	N
ZENPEP DR 3,000 UNIT CAPSULE	2	N	N	N
ZENPEP DR 40,000 UNIT CAPSULE	2	N	N	N
ZENPEP DR 5,000 UNIT CAPSULE	2	N	N	N
ZENPEP DR 60,000 UNIT CAPSULE	2	N	N	N
ZENZEDI 10 MG TABLET	1	Y	N	Y
ZENZEDI 5 MG TABLET	1	Y	N	Y
ZEPATIER 50-100 MG TABLET	4	Y	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZERVIATE 0.24% EYE DROP	3	Y	N	N
ZIDOVUDINE 100 MG CAPSULE	2	N	N	N
ZIDOVUDINE 300 MG TABLET	2	N	N	N
ZIDOVUDINE 50 MG/5 ML SYRUP	2	N	N	N
ZILEUTON ER 600 MG TABLET	2	Y	N	Y
ZILRETTA 32 MG VIAL	4	N	N	N
ZIMHI 5 MG/0.5 ML SYRINGE	3	N	N	Y
ZIPRASIDONE HCL 20 MG CAPSULE	2	Y	N	Y
ZIPRASIDONE HCL 40 MG CAPSULE	2	Y	N	Y
ZIPRASIDONE HCL 60 MG CAPSULE	2	Y	N	Y
ZIPRASIDONE HCL 80 MG CAPSULE	2	Y	N	Y
ZIRGAN 0.15% OPHTHALMIC GEL	3	N	N	N
ZOLINZA 100 MG CAPSULE	4	Y	N	Y
ZOLMITRIPTAN 2.5 MG TABLET	1	N	N	Y
ZOLMITRIPTAN 5 MG TABLET	1	N	N	Y
ZOLPIDEM TART ER 12.5 MG TAB	2	N	N	Y
ZOLPIDEM TART ER 6.25 MG TAB	2	N	N	Y
ZOLPIDEM TARTRATE 10 MG TABLET	1	N	N	Y
ZOLPIDEM TARTRATE 5 MG TABLET	1	N	N	Y
ZONISAMIDE 100 MG CAPSULE	1	N	N	N

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZONISAMIDE 25 MG CAPSULE	1	N	N	N
ZONISAMIDE 50 MG CAPSULE	1	N	N	N
ZONTIVITY 2.08 MG TABLET	3	Y	N	N
ZOVIA 1-35 TABLET	1	N	N	N
ZUMANDIMINE 3 MG-0.03 MG TAB	1	N	N	N
ZURNAI 1.5 MG/0.5 ML AUTOINJCT	3	N	N	Y
ZURZUVAE 20 MG CAPSULE	4	Y	N	Y
ZURZUVAE 25 MG CAPSULE	4	Y	N	Y
ZURZUVAE 30 MG CAPSULE	4	Y	N	Y
ZYDELIG 100 MG TABLET	4	Y	N	Y
ZYDELIG 150 MG TABLET	4	Y	N	Y
ZYMFENTRA 120 MG/ML PEN KIT	4	Y	N	Y
ZYMFENTRA 120 MG/ML SYRINGE KT	4	Y	N	Y
ZYPREXA RELPREVV 210 MG VIAL	2	Y	N	Y
ZYPREXA RELPREVV 210 MG VL KIT	2	Y	N	Y
ZYPREXA RELPREVV 300 MG VIAL	2	Y	N	Y
ZYPREXA RELPREVV 300 MG VL KIT	2	Y	N	Y
ZYPREXA RELPREVV 405 MG VIAL	2	Y	N	Y
ZYPREXA RELPREVV 405 MG VL KIT	2	Y	N	Y