

2024 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	NO	NO	YES
1ST TIER COMFORTOUCH 30G LANCT	1	NO	NO	YES
24H NASAL ALLERGY 55 MCG SPRAY	1	NO	NO	NO
ABACAVIR 20 MG/ML SOLUTION	1	NO	NO	NO
ABACAVIR 300 MG TABLET	1	NO	NO	NO
ABACAVIR 300 MG/15 ML SOLUTION	1	NO	NO	NO
ABACAVIR-LAMIVUDINE 600-300 MG	2	NO	NO	NO
ABACAVIR-LAMIVUDINE-ZIDOV TAB	2	NO	NO	NO
ABILIFY MAINTENA ER 300 MG SYR	2	YES	NO	NO
ABILIFY MAINTENA ER 300 MG VL	2	YES	NO	NO
ABILIFY MAINTENA ER 400 MG SYR	2	YES	NO	NO
ABILIFY MAINTENA ER 400 MG VL	2	YES	NO	NO
ABIRATERONE ACETATE 250 MG TAB	4	YES	NO	NO
ABRYSVO VIAL WITH DILUENT	ZERO- COST SHARE/ PREVENTATIVE	YES	NO	NO
ACAMPROSATE CALC DR 333 MG TAB	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ACARBOSE 100 MG TABLET	1	NO	NO	YES
ACARBOSE 25 MG TABLET	1	NO	NO	NO
ACARBOSE 50 MG TABLET	1	NO	NO	NO
ACCU-CHEK AVIVA PLUS TEST STRP	2	NO	NO	YES
ACCU-CHEK AVIVA SOLUTION	1	NO	NO	YES
ACCU-CHEK COMPACT PLUS STRIPS	2	NO	NO	YES
ACCU-CHEK FASTCLIX LANCET DRUM	1	NO	NO	NO
ACCU-CHEK FASTCLIX LANCING DEV	1	NO	NO	YES
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	NO	NO	YES
ACCU-CHEK GUIDE ME GLUCOSE MTR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ACCU-CHEK GUIDE MONITOR SYSTEM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
ACCU-CHEK GUIDE TEST STRIP	2	NO	NO	NO
ACCU-CHEK MULTICLIX LANCET KIT	1	NO	NO	YES
ACCU-CHEK SAFE-T-PRO 23G LANCT	1	NO	NO	NO
ACCU-CHEK SAFE-T-PRO PLUS 23G	1	NO	NO	NO
ACCU-CHEK SMARTVIEW CONTRL SOL	1	NO	NO	NO
ACCU-CHEK SMARTVIEW TEST STRIP	2	NO	NO	NO
ACCU-CHEK SOFTCLIX LANCET KIT	1	NO	NO	NO
ACCU-CHEK SOFTCLIX LANCETS	1	NO	NO	NO
ACCUTANE 10 MG CAPSULE	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ACCURTANE 20 MG CAPSULE	1	NO	NO	YES
ACCURTANE 30 MG CAPSULE	1	NO	NO	YES
ACCURTANE 40 MG CAPSULE	1	NO	NO	YES
ACEBUTOLOL 200 MG CAPSULE	1	NO	NO	YES
ACEBUTOLOL 400 MG CAPSULE	1	NO	NO	NO
ACETAMIN-CODEIN 300-30 MG/12.5	1	NO	YES	NO
ACETAMINOP-CODEINE 120-12 MG/5	1	NO	YES	NO
ACETAMINOPHEN-COD #2 TABLET	1	NO	YES	NO
ACETAMINOPHEN-COD #3 TABLET	1	NO	YES	NO
ACETAMINOPHEN-COD #4 TABLET	1	NO	YES	NO
ACETAZOLAMIDE 125 MG TABLET	1	NO	NO	NO
ACETAZOLAMIDE 250 MG TABLET	1	NO	NO	NO
ACETAZOLAMIDE ER 500 MG CAP	1	NO	NO	NO
ACETIC ACID 2% EAR SOLUTION	1	NO	NO	NO
ACETYLCYSTEINE 10% VIAL	1	NO	NO	NO
ACETYLCYSTEINE 20% VIAL	1	NO	NO	NO
ACITRETIN 10 MG CAPSULE	2	NO	NO	NO
ACITRETIN 17.5 MG CAPSULE	2	NO	NO	NO
ACITRETIN 25 MG CAPSULE	2	NO	NO	YES
ACNE FOAMING 10% WASH	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ACNE MEDICATION 10% GEL	1	NO	NO	NO
ACNE MEDICATION 5% GEL	2	NO	NO	NO
ACNE TREATMENT 10% GEL	1	NO	NO	YES
ACNECLEAR GEL	1	NO	NO	YES
ACTEMRA 162 MG/0.9 ML SYRINGE	4	NO	YES	YES
ACTEMRA ACTPEN 162 MG/0.9 ML	4	NO	YES	NO
ACTHAR GEL 400 UNIT/5 ML VIAL	4	YES	NO	NO
ACTHIB VACCINE VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ACTHIB VACCINE WITH DILUENT	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ACTI-LANCE LITE 28G LANCETS	1	NO	NO	NO
ACTI-LANCE SPECIAL 17G LANCETS	1	NO	NO	NO
ACTI-LANCE UNIVERS 23G LANCETS	1	NO	NO	NO
ACTIMMUNE 100 MCG/0.5 ML VIAL	4	YES	NO	NO
ACYCLOVIR 200 MG CAPSULE	1	NO	NO	NO
ACYCLOVIR 200 MG/5 ML SUSP	1	NO	NO	NO
ACYCLOVIR 400 MG TABLET	1	NO	NO	NO
ACYCLOVIR 5% OINTMENT	1	NO	NO	NO
ACYCLOVIR 800 MG TABLET	1	NO	NO	NO
ADACEL TDAP SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ADACEL TDAP VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ADAPALENE 0.1% CREAM	1	YES	NO	YES
ADAPALENE 0.1% GEL	1	YES	NO	YES
ADAPALENE 0.3% GEL	1	YES	NO	YES
ADAPALENE 0.3% GEL PUMP	1	YES	NO	NO
ADAPALENE-BNZYL PEROX 0.1-2.5%	1	NO	NO	NO
ADBRY 150 MG/ML SYRINGE	4	YES	NO	NO
ADDERALL 10 MG TABLET	2	YES	NO	NO
ADDERALL 12.5 MG TABLET	2	YES	NO	NO
ADDERALL 15 MG TABLET	2	YES	NO	NO
ADDERALL 20 MG TABLET	2	YES	NO	NO
ADDERALL 30 MG TABLET	2	YES	NO	NO
ADDERALL 5 MG TABLET	2	YES	YES	NO
ADDERALL 7.5 MG TABLET	2	YES	NO	NO
ADDERALL XR 10 MG CAPSULE	2	YES	NO	NO
ADDERALL XR 15 MG CAPSULE	2	YES	NO	NO
ADDERALL XR 20 MG CAPSULE	2	YES	NO	NO
ADDERALL XR 25 MG CAPSULE	2	YES	NO	NO
ADDERALL XR 30 MG CAPSULE	2	YES	NO	NO
ADDERALL XR 5 MG CAPSULE	2	YES	NO	YES
ADDYI 100 MG TABLET	3	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ADEFOVIR DIPIVOXIL 10 MG TAB	4	YES	NO	YES
ADEMPAS 0.5 MG TABLET	4	YES	NO	NO
ADEMPAS 1 MG TABLET	4	YES	NO	NO
ADEMPAS 1.5 MG TABLET	4	YES	NO	NO
ADEMPAS 2 MG TABLET	4	YES	NO	NO
ADEMPAS 2.5 MG TABLET	4	YES	NO	NO
ADJUSTABLE LANCING DEVICE	1	NO	NO	NO
ADVAIR HFA 115-21 MCG INHALER	2	NO	NO	NO
ADVAIR HFA 230-21 MCG INHALER	2	NO	NO	NO
ADVAIR HFA 45-21 MCG INHALER	2	NO	NO	NO
ADVANCED LANCING DEVICE	1	NO	NO	NO
ADVANCED TRAVEL 28G LANCETS	1	NO	NO	NO
ADVANCED TRAVEL 30G LANCETS	1	NO	NO	NO
ADVOCATE 26G LANCETS	1	NO	NO	NO
ADVOCATE 30G LANCETS	1	NO	NO	NO
ADVOCATE LANCING DEVICE	1	NO	NO	NO
ADVOCATE RAPID-SAFE LANCING DV	1	NO	NO	NO
ADVOCATE SAFETY 21G LANCET	1	NO	NO	NO
ADVOCATE SAFETY 23G LANCET	1	NO	NO	NO
ADVOCATE SAFETY 28G LANCET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AEROCHAMBER MINI	2	NO	NO	NO
AEROCHAMBER MV HOLD CHAMBER	2	NO	NO	NO
AEROCHAMBER PLUS FLOW-VU	2	NO	NO	NO
AEROCHAMBER PLUS FLOW-VU LARGE	2	NO	NO	NO
AEROCHAMBER PLUS FLOW-VU MED	2	NO	NO	NO
AEROCHAMBER PLUS FLOW-VU SMALL	2	NO	NO	NO
AEROCHAMBER Z-STAT PLUS LARGE	2	NO	NO	NO
AEROCHAMBER Z-STAT PLUS W-FLOW	2	NO	NO	NO
AEROCHAMBER Z-STAT PLUS-MED	2	NO	NO	NO
AEROCHAMBER Z-STAT PLUS-SMALL	2	NO	NO	NO
AEROVENT PLUS HOLDING CHAMBER	2	NO	NO	NO
AFIRMELLE-28 TABLET	1	NO	NO	NO
AFLURIA QUAD 2020-2021 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFLURIA QUAD 2020-21 (3YR UP)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFLURIA QUAD 2020-21 (6-35MO)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFLURIA QUAD 2021-2022 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFLURIA QUAD 2021-22 (3YR UP)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFLURIA QUAD 2021-22 (6-35MO)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFLURIA QUAD 2022-2023 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFLURIA QUAD 2022-23 (3YR UP)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AFLURIA QUAD 2023-2024 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFLURIA QUAD 2023-24 (3YR UP)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AFTER PILL 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AIMOVIG 140 MG/ML AUTOINJECTOR	2	YES	NO	YES
AIMOVIG 70 MG/ML AUTOINJECTOR	2	YES	NO	YES
AIMSCO LATEX CONDOM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
AJOVY 225 MG/1.5 ML AUTOINJECT	3	YES	NO	NO
AJOVY 225 MG/1.5 ML SYRINGE	3	YES	NO	NO
AKEEGA 100-500 MG TABLET	4	YES	NO	NO
AKEEGA 50-500 MG TABLET	4	YES	NO	NO
AK-POLY-BAC EYE OINTMENT	1	NO	NO	NO
AKYNZEO 300-0.5 MG CAPSULE	3	NO	NO	NO
ALBENDAZOLE 200 MG TABLET	2	NO	NO	NO
ALBUTEROL 100 MG/20 ML SOLN	1	NO	NO	NO
ALBUTEROL 15 MG/3 ML SOLUTION	1	NO	NO	NO
ALBUTEROL 2.5 MG/0.5 ML SOL	1	NO	NO	NO
ALBUTEROL 25 MG/5 ML SOLUTION	1	NO	NO	NO
ALBUTEROL 5 MG/ML SOLUTION	1	NO	NO	NO
ALBUTEROL 75 MG/15 ML SOLN	1	NO	NO	NO
ALBUTEROL SUL 0.63 MG/3 ML SOL	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ALBUTEROL SUL 1.25 MG/3 ML SOL	1	NO	NO	NO
ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	NO	NO	NO
ALBUTEROL SULF 2 MG/5 ML SYRUP	1	NO	NO	NO
ALBUTEROL SULFATE 2 MG TAB	1	NO	NO	NO
ALBUTEROL SULFATE 4 MG TAB	1	NO	NO	NO
ALCLOMETASONE DIPR 0.05% OINT	1	NO	NO	YES
ALCLOMETASONE DIPRO 0.05% CRM	1	NO	NO	NO
ALECENSA 150 MG CAPSULE	4	YES	NO	NO
ALENDRONATE SODIUM 10 MG TAB	1	NO	NO	NO
ALENDRONATE SODIUM 35 MG TAB	1	NO	NO	NO
ALENDRONATE SODIUM 70 MG TAB	1	NO	NO	NO
ALFERON N 5 MILLION UNITS VIAL	4	NO	NO	NO
ALFUZOSIN HCL ER 10 MG TABLET	1	NO	NO	NO
ALINIA 100 MG/5 ML SUSPENSION	3	YES	NO	NO
ALISKIREN 150 MG TABLET	2	NO	NO	NO
ALISKIREN 300 MG TABLET	2	NO	NO	NO
ALLER-CORT 55 MCG NASAL SPRAY	1	NO	NO	NO
ALLOPURINOL 100 MG TABLET	1	NO	NO	NO
ALLOPURINOL 300 MG TABLET	1	NO	NO	NO
ALMOTRIPTAN MALATE 12.5 MG TAB	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ALMOTRIPTAN MALATE 6.25 MG TAB	2	NO	NO	NO
ALOCRIIL 2% EYE DROPS	3	NO	YES	NO
ALOMIDE 0.1% EYE DROP	2	NO	YES	NO
ALOPHEN PILLS	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ALOSETRON HCL 0.5 MG TABLET	2	YES	NO	NO
ALOSETRON HCL 1 MG TABLET	2	YES	NO	NO
ALPRAZOLAM 0.25 MG TABLET	1	NO	NO	NO
ALPRAZOLAM 0.5 MG TABLET	1	NO	NO	NO
ALPRAZOLAM 1 MG TABLET	1	NO	NO	NO
ALPRAZOLAM 2 MG TABLET	1	NO	NO	NO
ALPRAZOLAM ER 0.5 MG TABLET	1	NO	NO	NO
ALPRAZOLAM ER 1 MG TABLET	1	NO	NO	NO
ALPRAZOLAM ER 2 MG TABLET	1	NO	NO	NO
ALPRAZOLAM ER 3 MG TABLET	1	NO	NO	NO
ALPRAZOLAM ODT 0.25 MG TAB	1	NO	NO	NO
ALPRAZOLAM ODT 0.5 MG TAB	1	NO	NO	NO
ALPRAZOLAM ODT 1 MG TAB	1	NO	NO	NO
ALPRAZOLAM ODT 2 MG TAB	1	NO	NO	NO
ALPRAZOLAM XR 0.5 MG TABLET	1	NO	NO	NO
ALPRAZOLAM XR 1 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ALPRAZOLAM XR 2 MG TABLET	1	NO	NO	NO
ALPRAZOLAM XR 3 MG TABLET	1	NO	NO	NO
ALTABAX 1% OINTMENT	3	YES	NO	NO
ALTAVERA-28 TABLET	1	NO	NO	NO
ALTERNATE SITE 26G LANCETS	1	NO	NO	NO
ALTERNATE SITE LANCING DEVICE	1	NO	NO	NO
ALTRENO 0.05% LOTION	3	YES	YES	NO
ALUNBRIG 180 MG TABLET	4	YES	NO	NO
ALUNBRIG 30 MG TABLET	4	YES	NO	NO
ALUNBRIG 90 MG TABLET	4	YES	NO	NO
ALUNBRIG 90 MG-180 MG TAB PACK	4	YES	NO	NO
ALVIMOPAN 12 MG CAPSULE	2	NO	NO	NO
ALYACEN 1-35 28 TABLET	1	NO	NO	NO
ALYACEN 7-7-7-28 TABLET	1	NO	NO	NO
ALYQ 20 MG TABLET	4	YES	NO	NO
AMABELZ 0.5 MG-0.1 MG TABLET	1	NO	NO	NO
AMABELZ 1 MG-0.5 MG TABLET	1	NO	NO	NO
AMANTADINE 100 MG CAPSULE	1	NO	NO	NO
AMANTADINE 100 MG TABLET	1	NO	NO	NO
AMANTADINE 100 MG/10 ML CUP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMANTADINE 100 MG/10 ML SOLN	1	NO	NO	NO
AMANTADINE 50 MG/5 ML SOLUTION	1	NO	NO	NO
AMBRISENTAN 10 MG TABLET	4	YES	NO	NO
AMBRISENTAN 5 MG TABLET	4	YES	NO	NO
AMCINONIDE 0.1% LOTION	2	NO	YES	NO
AMETHIA 0.15-0.03-0.01 MG TAB	1	NO	NO	NO
AMETHIA LO TABLET	1	NO	NO	NO
AMETHYST 90-20 MCG TABLET	1	NO	NO	NO
AMIKACIN SULF 1 GRAM/4 ML VIAL	1	NO	NO	NO
AMIKACIN SULF 1,000 MG/4 ML VL	1	NO	NO	NO
AMIKACIN SULF 500 MG/2 ML VIAL	1	NO	NO	NO
AMILORIDE HCL 5 MG TABLET	1	NO	NO	NO
AMILORIDE HCL-HCTZ 5-50 MG TAB	1	NO	NO	NO
AMINOCAPROIC ACID 0.25 GRAM/ML	2	NO	NO	NO
AMINOCAPROIC ACID 1,000 MG TAB	1	NO	NO	NO
AMINOCAPROIC ACID 500 MG TAB	1	NO	NO	NO
AMIODARONE HCL 100 MG TABLET	2	NO	NO	NO
AMIODARONE HCL 200 MG TABLET	1	NO	NO	NO
AMIODARONE HCL 400 MG TABLET	1	NO	NO	NO
AMITRIPTYLINE HCL 10 MG TAB	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMITRIPTYLINE HCL 100 MG TAB	1	NO	NO	NO
AMITRIPTYLINE HCL 150 MG TAB	1	NO	NO	NO
AMITRIPTYLINE HCL 25 MG TAB	1	NO	NO	NO
AMITRIPTYLINE HCL 50 MG TAB	1	NO	NO	NO
AMITRIPTYLINE HCL 75 MG TAB	1	NO	NO	NO
AMLODIPINE BESYLATE 10 MG TAB	1	NO	NO	NO
AMLODIPINE BESYLATE 2.5 MG TAB	1	NO	NO	NO
AMLODIPINE BESYLATE 5 MG TAB	1	NO	NO	NO
AMLODIPINE-ATORVAST 10-10 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 10-20 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 10-40 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 10-80 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 2.5-10 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 2.5-20 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 2.5-40 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 5-10 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 5-20 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 5-40 MG	2	NO	NO	NO
AMLODIPINE-ATORVAST 5-80 MG	2	NO	NO	NO
AMLODIPINE-BENAZEPRIL 10-20 MG	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMLODIPINE-BENAZEPRIL 10-40 MG	1	NO	NO	YES
AMLODIPINE-BENAZEPRIL 2.5-10	1	NO	NO	YES
AMLODIPINE-BENAZEPRIL 5-10 MG	1	NO	NO	YES
AMLODIPINE-BENAZEPRIL 5-20 MG	1	NO	NO	YES
AMLODIPINE-BENAZEPRIL 5-40 MG	1	NO	NO	NO
AMLODIPINE-OLMESARTAN 10-20 MG	2	NO	NO	NO
AMLODIPINE-OLMESARTAN 10-40 MG	2	NO	NO	NO
AMLODIPINE-OLMESARTAN 5-20 MG	2	NO	NO	NO
AMLODIPINE-OLMESARTAN 5-40 MG	2	NO	NO	NO
AMLODIPINE-VALSARTAN 10-160 MG	2	NO	NO	NO
AMLODIPINE-VALSARTAN 10-320 MG	2	NO	NO	NO
AMLODIPINE-VALSARTAN 5-160 MG	2	NO	NO	NO
AMLODIPINE-VALSARTAN 5-320 MG	2	NO	NO	NO
AMMONIUM LACTATE 12% CREAM	1	NO	NO	NO
AMMONIUM LACTATE 12% LOTION	1	NO	NO	NO
AMNESTEEM 10 MG CAPSULE	1	NO	NO	NO
AMNESTEEM 20 MG CAPSULE	1	NO	NO	YES
AMNESTEEM 40 MG CAPSULE	1	NO	NO	YES
AMOXAPINE 100 MG TABLET	1	NO	NO	YES
AMOXAPINE 150 MG TABLET	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMOXAPINE 25 MG TABLET	1	NO	NO	NO
AMOXAPINE 50 MG TABLET	1	NO	NO	NO
AMOX-CLAV 200-28.5 MG TAB CHEW	1	NO	NO	NO
AMOX-CLAV 200-28.5 MG/5 ML SUS	1	NO	NO	YES
AMOX-CLAV 250-125 MG TABLET	1	NO	NO	YES
AMOX-CLAV 250-62.5 MG/5 ML SUS	1	NO	NO	NO
AMOX-CLAV 400-57 MG TAB CHEW	1	NO	NO	NO
AMOX-CLAV 400-57 MG/5 ML SUSP	1	NO	NO	NO
AMOX-CLAV 500-125 MG TABLET	1	NO	NO	NO
AMOX-CLAV 600-42.9 MG/5 ML SUS	1	NO	NO	NO
AMOX-CLAV 875-125 MG TABLET	1	NO	NO	NO
AMOX-CLAV ER 1,000-62.5 MG TAB	1	NO	NO	NO
AMOXICILLIN 125 MG TAB CHEW	1	NO	NO	NO
AMOXICILLIN 125 MG/5 ML SUSP	1	NO	NO	NO
AMOXICILLIN 200 MG/5 ML SUSP	1	NO	NO	NO
AMOXICILLIN 250 MG CAPSULE	1	NO	NO	NO
AMOXICILLIN 250 MG TAB CHEW	1	NO	NO	NO
AMOXICILLIN 250 MG/5 ML SUSP	1	NO	NO	NO
AMOXICILLIN 400 MG/5 ML SUSP	1	NO	NO	YES
AMOXICILLIN 500 MG CAPSULE	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AMOXICILLIN 500 MG TABLET	1	NO	NO	YES
AMOXICILLIN 875 MG TABLET	1	NO	NO	YES
AMPICILLIN 500 MG CAPSULE	1	NO	NO	YES
ANAGRELIDE HCL 0.5 MG CAPSULE	1	NO	NO	YES
ANAGRELIDE HCL 1 MG CAPSULE	1	NO	NO	NO
ANASTROZOLE 1 MG TABLET	1	NO	NO	NO
ANORO ELLIPTA 62.5-25 MCG INH	2	NO	NO	NO
ANUCORT-HC 25 MG SUPPOSITORY	1	NO	NO	NO
ANZEMET 50 MG TABLET	3	NO	NO	NO
APIDRA 100 UNIT/ML VIAL	3	YES	NO	NO
APOMORPHINE 30 MG/3 ML CARTRDG	4	YES	NO	NO
APRACLONIDINE HCL 0.5% DROPS	1	NO	NO	NO
APREPITANT 125 MG CAPSULE	2	NO	NO	NO
APREPITANT 125-80-80 MG PACK	2	NO	NO	YES
APREPITANT 40 MG CAPSULE	2	NO	NO	YES
APREPITANT 80 MG CAPSULE	2	NO	NO	YES
APRETUDE ER 600 MG/3 ML VIAL	4	NO	YES	YES
APRI 28 DAY TABLET	1	NO	NO	YES
APTIOM 200 MG TABLET	3	YES	NO	YES
APTIOM 400 MG TABLET	3	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
APTIOM 600 MG TABLET	3	YES	NO	NO
APTIOM 800 MG TABLET	3	YES	NO	NO
APTIVUS 100 MG/ML SOLUTION	4	NO	NO	NO
APTIVUS 250 MG CAPSULE	4	NO	NO	NO
AQUA CARE 0.9% NACL IRRIGATION	1	NO	NO	YES
AQUA LANCE LANCING DEVICE	1	NO	NO	YES
ARANELLE 28 TABLET	1	NO	NO	YES
ARANESP 10 MCG/0.4 ML SYRINGE	4	YES	NO	YES
ARANESP 100 MCG/0.5 ML SYRINGE	4	YES	NO	YES
ARANESP 100 MCG/ML VIAL	4	YES	NO	NO
ARANESP 150 MCG/0.3 ML SYRINGE	4	YES	NO	NO
ARANESP 200 MCG/0.4 ML SYRINGE	4	YES	NO	NO
ARANESP 200 MCG/ML VIAL	4	YES	NO	NO
ARANESP 25 MCG/0.42 ML SYRING	4	YES	NO	NO
ARANESP 25 MCG/ML VIAL	4	YES	NO	NO
ARANESP 300 MCG/0.6 ML SYRINGE	4	YES	NO	NO
ARANESP 40 MCG/0.4 ML SYRINGE	4	YES	NO	NO
ARANESP 40 MCG/ML VIAL	4	YES	NO	NO
ARANESP 500 MCG/1 ML SYRINGE	4	YES	NO	NO
ARANESP 60 MCG/0.3 ML SYRINGE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ARANESP 60 MCG/ML VIAL	4	YES	NO	NO
ARCALYST 220 MG VIAL	4	YES	NO	NO
AREXVY VIAL KIT	ZERO- COST SHARE/ PREVENTATIVE	YES	NO	NO
ARFORMOTEROL 15 MCG/2 ML SOLN	2	NO	YES	NO
ARIKAYCE 590 MG/8.4 ML VIAL	4	YES	NO	NO
ARIPIPRAZOLE 10 MG TABLET	1	YES	NO	NO
ARIPIPRAZOLE 15 MG TABLET	1	YES	NO	NO
ARIPIPRAZOLE 2 MG TABLET	1	YES	NO	NO
ARIPIPRAZOLE 20 MG TABLET	1	YES	NO	NO
ARIPIPRAZOLE 30 MG TABLET	1	YES	NO	NO
ARIPIPRAZOLE 5 MG TABLET	1	YES	NO	NO
ARISTADA ER 1064 MG/3.9 ML SYR	2	YES	NO	NO
ARISTADA ER 441 MG/1.6 ML SYRN	2	YES	NO	NO
ARISTADA ER 662 MG/2.4 ML SYRN	2	YES	NO	NO
ARISTADA ER 882 MG/3.2 ML SYRN	2	YES	NO	NO
ARISTADA INITIO ER 675 MG/2.4	2	YES	NO	NO
ARMODAFINIL 150 MG TABLET	2	NO	NO	NO
ARMODAFINIL 200 MG TABLET	2	NO	NO	NO
ARMODAFINIL 250 MG TABLET	2	NO	NO	NO
ARMODAFINIL 50 MG TABLET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ARNUITY ELLIPTA 100 MCG INH	2	NO	NO	NO
ARNUITY ELLIPTA 200 MCG INH	2	NO	NO	NO
ARNUITY ELLIPTA 50 MCG INH	2	NO	NO	NO
ASA-BUTALB-CAFF-COD #3 CAPSULE	1	NO	YES	NO
ASCOMP WITH CODEINE CAPSULE	1	NO	YES	NO
ASENAPINE 10 MG TABLET SL	2	YES	YES	NO
ASENAPINE 2.5 MG TABLET SL	2	YES	YES	NO
ASENAPINE 5 MG TABLET SL	2	YES	YES	NO
ASHLYNA 0.15-0.03-0.01 MG TAB	1	NO	NO	NO
ASMANEX HFA 100 MCG INHALER	2	NO	NO	NO
ASMANEX HFA 200 MCG INHALER	2	NO	NO	NO
ASMANEX HFA 50 MCG INHALER	2	NO	NO	NO
ASMANEX TWISTHALER 110 MCG #30	2	NO	NO	NO
ASMANEX TWISTHALER 220 MCG #14	2	NO	NO	NO
ASMANEX TWISTHALER 220 MCG #30	2	NO	NO	NO
ASMANEX TWISTHALER 220 MCG #60	2	NO	NO	NO
ASMANEX TWISTHALR 220 MCG #120	2	NO	NO	NO
ASPIRIN EC 81 MG TABLET	1	NO	NO	NO
ASPIRIN-DIPYRIDAM ER 25-200 MG	2	NO	NO	NO
ASSURE COMFORT 28G LANCETS	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ASSURE COMFORT 30G LANCETS	1	NO	NO	NO
ASSURE HAEMOLANCE PLUS 18G	1	NO	NO	NO
ASSURE HAEMOLANCE PLUS 21G	1	NO	NO	NO
ASSURE HAEMOLANCE PLUS 25G	1	NO	NO	NO
ASSURE HAEMOLANCE PLUS 28G	1	NO	NO	YES
ASSURE HAEMOLANCE PLUS BLADE	1	NO	NO	NO
ASSURE LANCE 25G LANCETS	1	NO	NO	NO
ASSURE LANCE 28G LANCETS	1	NO	NO	NO
ASSURE LANCE 28G SAFETY LANCET	1	NO	NO	NO
ASSURE LANCE PLUS 21G LANCETS	1	NO	NO	NO
ASSURE LANCE PLUS 25G LANCETS	1	NO	NO	NO
ASSURE LANCE PLUS 30G LANCETS	1	NO	NO	NO
ATAZANAVIR SULFATE 150 MG CAP	2	NO	NO	NO
ATAZANAVIR SULFATE 200 MG CAP	2	NO	NO	NO
ATAZANAVIR SULFATE 300 MG CAP	2	NO	NO	NO
ATENOLOL 100 MG TABLET	1	NO	NO	NO
ATENOLOL 25 MG TABLET	1	NO	NO	NO
ATENOLOL 50 MG TABLET	1	NO	NO	NO
ATENOLOL-CHLORTHALIDONE 100-25	1	NO	NO	NO
ATENOLOL-CHLORTHALIDONE 50-25	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ATOMOXETINE HCL 10 MG CAPSULE	1	NO	NO	NO
ATOMOXETINE HCL 100 MG CAPSULE	1	NO	NO	NO
ATOMOXETINE HCL 18 MG CAPSULE	1	NO	NO	NO
ATOMOXETINE HCL 25 MG CAPSULE	1	NO	NO	NO
ATOMOXETINE HCL 40 MG CAPSULE	1	NO	NO	NO
ATOMOXETINE HCL 60 MG CAPSULE	1	NO	NO	NO
ATOMOXETINE HCL 80 MG CAPSULE	1	NO	NO	NO
ATORVASTATIN 10 MG TABLET	1	NO	NO	NO
ATORVASTATIN 20 MG TABLET	1	NO	NO	NO
ATORVASTATIN 40 MG TABLET	1	NO	NO	NO
ATORVASTATIN 80 MG TABLET	1	NO	NO	NO
ATOVAQUONE 1,500 MG/10 ML CUP	2	NO	NO	NO
ATOVAQUONE 750 MG/5 ML SUSP	2	NO	NO	NO
ATOVAQUONE 750 MG/5ML SUSP CUP	2	NO	NO	NO
ATOVAQUONE-PROGUANIL 250-100	2	NO	NO	NO
ATOVAQUONE-PROGUANIL 62.5-25	2	NO	NO	NO
ATRACURIUM 100 MG/10 ML VIAL	4	NO	NO	NO
ATRACURIUM 50 MG/5 ML VIAL	4	NO	NO	NO
ATROPINE 1% EYE DROPS	2	NO	NO	NO
ATROPINE 1% EYE OINTMENT	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ATROVENT 17 MCG HFA INHALER	3	NO	NO	NO
AUBRA EQ-28 TABLET	1	NO	NO	NO
AUBRA-28 TABLET	1	NO	NO	NO
AUGTYRO 40 MG CAPSULE	4	YES	NO	NO
AUROVELA 1 MG-20 MCG TABLET	1	NO	NO	NO
AUROVELA 21 1.5-30 TABLET	1	NO	NO	NO
AUROVELA 24 FE 1 MG-20 MCG TAB	1	NO	NO	NO
AUROVELA FE 1.5 MG-30 MCG TAB	1	NO	NO	NO
AUROVELA FE 1-20 TABLET	1	NO	NO	NO
AUTO-LANCET MINI LANCING DEV	1	NO	NO	NO
AUTOLET IMPRESS LANCING DEVICE	1	NO	NO	NO
AUTOLET LANCING DEVICE	1	NO	NO	NO
AUTOLET PLUS LANCING DEVICE	1	NO	NO	NO
AUVI-Q 0.1 MG AUTO-INJECTOR	3	YES	NO	NO
AVIANE-28 TABLET	1	NO	NO	NO
AVIDOXY 100 MG TABLET	1	NO	NO	NO
AVITA 0.025% CREAM	1	YES	NO	NO
AVONEX PEN 30 MCG/0.5 ML KIT	4	NO	NO	NO
AVONEX PREFILLED SYR 30 MCG KT	4	NO	NO	NO
AYUNA-28 TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
AYVAKIT 100 MG TABLET	4	YES	NO	NO
AYVAKIT 200 MG TABLET	4	YES	NO	NO
AYVAKIT 25 MG TABLET	4	YES	NO	NO
AYVAKIT 300 MG TABLET	4	YES	NO	NO
AYVAKIT 50 MG TABLET	4	YES	NO	NO
AZATHIOPRINE 50 MG TABLET	1	NO	NO	NO
AZELAIC ACID 15% GEL	2	NO	NO	NO
AZELASTINE 0.1% (137 MCG) SPRY	1	NO	NO	NO
AZELASTINE 0.15% NASAL SPRAY	1	NO	NO	NO
AZELASTINE HCL 0.05% DROPS	1	NO	NO	NO
AZITHROMYCIN 1 GM PWD PACKET	1	NO	NO	NO
AZITHROMYCIN 100 MG/5 ML SUSP	1	NO	NO	NO
AZITHROMYCIN 200 MG/5 ML SUSP	1	NO	NO	NO
AZITHROMYCIN 250 MG TABLET	1	NO	NO	NO
AZITHROMYCIN 500 MG TABLET	1	NO	NO	NO
AZITHROMYCIN 600 MG TABLET	1	NO	NO	NO
AZURETTE 28 DAY TABLET	1	NO	NO	NO
B COMPLEX NUMBER 1 TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
BACITRACIN 500 UNIT/GM OPHTH	2	NO	NO	NO
BACITRACIN-POLYMYXIN EYE OINT	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BACLOFEN 10 MG TABLET	1	NO	NO	NO
BACLOFEN 20 MG TABLET	1	NO	NO	NO
BACLOFEN 5 MG TABLET	1	NO	NO	NO
BAFIERTAM DR 95 MG CAPSULE	4	NO	YES	NO
BALANCE B-100 TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
BALANCE B-50 TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
BALANCED B-COMPLEX CAPLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
BAL-CARE DHA COMBO PACK	1	NO	NO	NO
BALSALAZIDE DISODIUM 750 MG CP	1	NO	NO	NO
BALVERSA 3 MG TABLET	4	YES	NO	NO
BALVERSA 4 MG TABLET	4	YES	NO	NO
BALVERSA 5 MG TABLET	4	YES	NO	NO
BALZIVA 28 TABLET	1	NO	NO	YES
BAQSIMI 3 MG SPRAY ONE PACK	2	NO	NO	YES
BAQSIMI 3 MG SPRAY TWO PACK	2	NO	NO	NO
BARACLUDE 0.05 MG/ML SOLUTION	4	NO	NO	NO
BAXDELA 450 MG TABLET	3	NO	NO	NO
B-COMPLEX PLUS VITAMIN C CPLT	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
B-COMPLEX TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
B-COMPLEX WITH VIT C CAPLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
B-COMPLEX WITH VIT C TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
BD MICROTAINER 21G LANCETS	1	NO	NO	NO
BD MICROTAINER 30G LANCETS	1	NO	NO	NO
BD MICROTAINER LANCETS	1	NO	NO	NO
BD VERITOR AT-HOME COVID19 TST	1	NO	NO	YES
BEKYREE 28 DAY TABLET	1	NO	NO	YES
BELBUCA 150 MCG FILM	3	YES	NO	YES
BELBUCA 300 MCG FILM	3	YES	NO	YES
BELBUCA 450 MCG FILM	3	YES	NO	YES
BELBUCA 600 MCG FILM	3	YES	NO	YES
BELBUCA 75 MCG FILM	3	YES	NO	YES
BELBUCA 750 MCG FILM	3	YES	NO	YES
BELBUCA 900 MCG FILM	3	YES	NO	YES
BENZAEPRIIL HCL 10 MG TABLET	1	NO	NO	YES
BENZAEPRIIL HCL 20 MG TABLET	1	NO	NO	YES
BENZAEPRIIL HCL 40 MG TABLET	1	NO	NO	YES
BENZAEPRIIL HCL 5 MG TABLET	1	NO	NO	YES
BENZAEPRIIL-HCTZ 10-12.5 MG TAB	1	NO	NO	NO
BENZAEPRIIL-HCTZ 20-12.5 MG TAB	1	NO	NO	NO
BENZAEPRIIL-HCTZ 20-25 MG TAB	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BENAZEPRIL-HCTZ 5-6.25 MG TAB	1	NO	NO	NO
BENLYSTA 200 MG/ML AUTOINJECT	4	YES	NO	NO
BENLYSTA 200 MG/ML SYRINGE	4	YES	NO	YES
BENZNIDAZOLE 100 MG TABLET	3	YES	NO	YES
BENZNIDAZOLE 12.5 MG TABLET	3	YES	NO	YES
BENZONATATE 100 MG CAPSULE	1	NO	NO	YES
BENZONATATE 150 MG CAPSULE	2	NO	NO	NO
BENZONATATE 200 MG CAPSULE	1	NO	NO	YES
BENZONATATE PERLE 100 MG CAP	1	NO	NO	NO
BENZOYL PEROXIDE 10% GEL	1	NO	NO	NO
BENZOYL PEROXIDE 10% WASH	1	NO	NO	NO
BENZOYL PEROXIDE 5% GEL	1	NO	NO	NO
BENZTROPINE MES 0.5 MG TAB	1	NO	NO	NO
BENZTROPINE MES 1 MG TABLET	1	NO	NO	NO
BENZTROPINE MES 2 MG TABLET	1	NO	NO	NO
BEPOTASTINE 1.5% EYE DROP	2	NO	YES	NO
BESREMI 500 MCG/ML SYRINGE	4	YES	NO	NO
BETADINE 5% EYE SOLUTION	3	NO	NO	NO
BETAINE 1 GRAM/SCOOP POWDER	4	NO	NO	NO
BETAMETHASONE DP 0.05% CRM	1	NO	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BICALUTAMIDE 50 MG TABLET	1	NO	NO	NO
BIJUVA 0.5 MG-100 MG CAPSULE	3	NO	NO	NO
BIJUVA 1 MG-100 MG CAPSULE	3	NO	NO	NO
BIKTARVY 30-120-15 MG TABLET	4	NO	NO	NO
BIKTARVY 50-200-25 MG TABLET	4	NO	NO	NO
BIMATOPROST 0.03% EYE DROPS	2	NO	NO	NO
BIMZELX 160 MG/ML AUTOINJECTOR	4	NO	YES	NO
BIMZELX 160 MG/ML SYRINGE	4	NO	YES	NO
BINAXNOW COVD AG CARD HOME TST	1	NO	NO	NO
BINAXNOW COVID-19 AG SELF TEST	1	NO	NO	NO
BISACODYL EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
BISOPROLOL FUMARATE 10 MG TAB	1	NO	NO	NO
BISOPROLOL FUMARATE 5 MG TAB	1	NO	NO	NO
BISOPROLOL-HCTZ 10-6.25 MG TAB	1	NO	NO	NO
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	NO	NO	NO
BISOPROLOL-HCTZ 5-6.25 MG TAB	1	NO	NO	NO
BLISOVI 24 FE TABLET	1	NO	NO	NO
BLISOVI FE 1.5-30 TABLET	1	NO	NO	NO
BLISOVI FE 1-20 TABLET	1	NO	NO	NO
BLOOD LANCETS 30G	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BOOSTRIX TDAP VACCINE SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
BOOSTRIX TDAP VACCINE VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
BOSENTAN 125 MG TABLET	4	YES	NO	NO
BOSENTAN 62.5 MG TABLET	4	YES	NO	NO
BOSULIF 100 MG CAPSULE	4	YES	NO	NO
BOSULIF 100 MG TABLET	4	YES	NO	NO
BOSULIF 400 MG TABLET	4	YES	NO	NO
BOSULIF 50 MG CAPSULE	4	YES	NO	NO
BOSULIF 500 MG TABLET	4	YES	NO	NO
BP 10% GEL	1	NO	NO	NO
BP 5% GEL	1	NO	NO	NO
BP WASH 10% LIQUID	1	NO	NO	NO
BRAFTOVI 50 MG CAPSULE	4	YES	NO	NO
BRAFTOVI 75 MG CAPSULE	4	YES	NO	NO
BREO ELLIPTA 100-25 MCG INHALR	2	NO	NO	NO
BREO ELLIPTA 200-25 MCG INHALR	2	NO	NO	NO
BREO ELLIPTA 50-25 MCG INHALER	2	NO	NO	NO
BREXAFEMME 150 MG TABLET	3	YES	NO	NO
BREYNA 160-4.5 MCG INHALER	2	NO	NO	NO
BREYNA 80-4.5 MCG INHALER	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BRIELLYN TABLET	1	NO	NO	NO
BRILINTA 60 MG TABLET	2	NO	NO	NO
BRILINTA 90 MG TABLET	2	NO	NO	NO
BRIMONIDINE 0.2% EYE DROP	1	NO	NO	NO
BRIMONIDINE 0.33% GEL PUMP	2	YES	NO	NO
BRIMONIDINE TARTRATE 0.15% DRP	2	NO	NO	NO
BRIMONIDINE-TIMOLOL 0.2%-0.5%	2	NO	NO	NO
BRINZOLAMIDE 1% EYE DROPS	2	NO	NO	NO
BRIVIACT 10 MG TABLET	3	YES	NO	YES
BRIVIACT 10 MG/ML ORAL SOLN	3	YES	NO	NO
BRIVIACT 100 MG TABLET	3	YES	NO	NO
BRIVIACT 25 MG TABLET	3	YES	NO	NO
BRIVIACT 50 MG TABLET	3	YES	NO	NO
BRIVIACT 75 MG TABLET	3	YES	NO	NO
BRIXADI MONTH 128MG/0.36ML SYR	4	YES	NO	NO
BRIXADI MONTH 64 MG/0.18ML SYR	4	YES	NO	NO
BRIXADI MONTH 96 MG/0.27ML SYR	4	YES	NO	NO
BRIXADI WEEKLY 16MG/0.32ML SYR	4	YES	NO	NO
BRIXADI WEEKLY 24MG/0.48ML SYR	4	YES	NO	NO
BRIXADI WEEKLY 32MG/0.64ML SYR	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BRIXADI WEEKLY 8 MG/0.16ML SYR	4	YES	NO	NO
BROMFENAC SODIUM 0.09% EYE DRP	2	NO	NO	NO
BROMOCRIPTINE 2.5 MG TABLET	1	NO	NO	NO
BROMOCRIPTINE 5 MG CAPSULE	1	NO	NO	NO
BRONCHITOL 40 MG INHALE CAP	4	YES	NO	NO
BRUKINSA 80 MG CAPSULE	4	YES	NO	NO
BUDESONIDE 0.25 MG/2 ML SUSP	1	NO	NO	NO
BUDESONIDE 0.5 MG/2 ML SUSP	1	NO	NO	NO
BUDESONIDE 1 MG/2 ML INH SUSP	1	NO	NO	NO
BUDESONIDE 2 MG RECTAL FOAM	2	NO	NO	NO
BUDESONIDE 32 MCG NASAL SPRAY	1	NO	NO	NO
BUDESONIDE DR 3 MG CAPSULE	1	NO	NO	YES
BUDESONIDE EC 3 MG CAPSULE	1	NO	NO	YES
BUDESONIDE ER 9 MG TABLET	2	YES	NO	YES
BUDESONIDE-FORMOTEROL 160-4.5	2	NO	NO	YES
BUDESONIDE-FORMOTEROL 80-4.5	2	NO	NO	NO
BULLSEYE MINI SAFETY 21G	1	NO	NO	NO
BULLSEYE MINI SAFETY 25G LANCT	1	NO	NO	NO
BULLSEYE MINI SAFETY 28G LANCT	1	NO	NO	NO
BUMETANIDE 0.5 MG TABLET	1	NO	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BUPROPION HCL XL 150 MG TABLET	1	NO	NO	NO
BUPROPION HCL XL 300 MG TABLET	1	NO	NO	NO
BUSPIRONE HCL 10 MG TABLET	1	NO	NO	NO
BUSPIRONE HCL 15 MG TABLET	1	NO	NO	NO
BUSPIRONE HCL 30 MG TABLET	1	NO	NO	NO
BUSPIRONE HCL 5 MG TABLET	1	NO	NO	NO
BUSPIRONE HCL 7.5 MG TABLET	1	NO	NO	NO
BUTALB-ACETAMIN-CAF-COD 50-325	1	NO	YES	NO
BUTALB-ACETAMIN-CAFF 50-325-40	1	NO	NO	NO
BUTALBITAL COMP-CODEINE #3 CAP	1	NO	YES	NO
BUTALBITAL-ACETAMINOPHN 50-325	1	NO	NO	NO
BUTORPHANOL 10 MG/ML SPRAY	1	YES	NO	YES
BUTTERFLY TOUCH 30-36G LANCET	1	NO	NO	YES
BYDUREON 2 MG PEN INJECT	2	NO	YES	YES
BYDUREON BCISE 2 MG AUTOINJECT	2	NO	YES	NO
BYETTA 10 MCG DOSE PEN INJ	2	NO	YES	NO
BYETTA 5 MCG DOSE PEN INJ	2	NO	YES	NO
BYLVAY 1,200 MCG CAPSULE	4	YES	NO	NO
BYLVAY 200 MCG PELLETT	4	YES	NO	NO
BYLVAY 400 MCG CAPSULE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
BYLVAY 600 MCG PELLET	4	YES	NO	NO
BYNFEZIA 2,500 MCG/ML PEN	4	YES	NO	NO
CABENUVA ER 400 MG-600 MG SUSP	4	YES	NO	NO
CABENUVA ER 600 MG-900 MG SUSP	4	YES	NO	NO
CABERGOLINE 0.5 MG TABLET	1	NO	NO	NO
CABLIVI 11 MG KIT	4	YES	NO	NO
CABOMETYX 20 MG TABLET	4	YES	NO	NO
CABOMETYX 40 MG TABLET	4	YES	NO	NO
CABOMETYX 60 MG TABLET	4	YES	NO	NO
CAFFEINE CIT 60 MG/3 ML ORAL	1	NO	NO	NO
CALCIPOTRIENE 0.005% CREAM	1	NO	NO	NO
CALCIPOTRIENE 0.005% OINTMENT	2	NO	NO	NO
CALCIPOTRIENE 0.005% SOLUTION	1	NO	NO	NO
CALCIPOTRIENE-BETAMETH DP OINT	2	NO	YES	NO
CALCITONIN-SALMON 200 UNIT SPR	1	NO	NO	NO
CALCITRIOL 0.25 MCG CAPSULE	1	NO	NO	NO
CALCITRIOL 0.5 MCG CAPSULE	1	NO	NO	NO
CALCITRIOL 1 MCG/ML SOLUTION	1	NO	NO	NO
CALCITRIOL 3 MCG/G OINTMENT	2	NO	NO	NO
CALCIUM ACETATE 667 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CALCIUM ACETATE 667 MG GELCAP	1	NO	NO	NO
CALCIUM ACETATE 667 MG TABLET	1	NO	NO	NO
CALQUENCE 100 MG CAPSULE	4	YES	NO	NO
CALQUENCE 100 MG TABLET	4	YES	NO	NO
CAMILA 0.35 MG TABLET	1	NO	NO	NO
CAMRESE 0.15-0.03-0.01 MG TAB	1	NO	NO	YES
CAMRESE LO TABLET	1	NO	NO	YES
CAMZYOS 10 MG CAPSULE	4	YES	NO	YES
CAMZYOS 15 MG CAPSULE	4	YES	NO	YES
CAMZYOS 2.5 MG CAPSULE	4	YES	NO	YES
CAMZYOS 5 MG CAPSULE	4	YES	NO	NO
CANDESARTAN CILEXETIL 16 MG TB	2	NO	YES	NO
CANDESARTAN CILEXETIL 32 MG TB	2	NO	YES	NO
CANDESARTAN CILEXETIL 4 MG TAB	2	NO	YES	NO
CANDESARTAN CILEXETIL 8 MG TAB	2	NO	YES	NO
CANDESARTAN-HCTZ 16-12.5 MG TB	2	NO	YES	NO
CANDESARTAN-HCTZ 32-12.5 MG TB	2	NO	YES	NO
CANDESARTAN-HCTZ 32-25 MG TAB	2	NO	YES	NO
CAPECITABINE 150 MG TABLET	4	YES	NO	NO
CAPECITABINE 500 MG TABLET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CAPRELSA 100 MG TABLET	4	YES	NO	NO
CAPRELSA 300 MG TABLET	4	YES	NO	NO
CAPTOPRIL 100 MG TABLET	1	NO	NO	NO
CAPTOPRIL 12.5 MG TABLET	1	NO	NO	NO
CAPTOPRIL 25 MG TABLET	1	NO	NO	NO
CAPTOPRIL 50 MG TABLET	1	NO	NO	NO
CARBAMAZEPINE 100 MG TAB CHEW	1	NO	NO	NO
CARBAMAZEPINE 100 MG/5 ML CUP	1	NO	NO	NO
CARBAMAZEPINE 100 MG/5 ML SUSP	1	NO	NO	NO
CARBAMAZEPINE 200 MG TABLET	1	NO	NO	NO
CARBAMAZEPINE 200 MG/10 ML CUP	1	NO	NO	NO
CARBAMAZEPINE ER 100 MG CAP	1	NO	NO	NO
CARBAMAZEPINE ER 100 MG TABLET	1	NO	NO	NO
CARBAMAZEPINE ER 200 MG CAP	1	NO	NO	NO
CARBAMAZEPINE ER 200 MG TABLET	1	NO	NO	NO
CARBAMAZEPINE ER 300 MG CAP	1	NO	NO	NO
CARBAMAZEPINE ER 400 MG TABLET	1	NO	NO	NO
CARBIDOPA 25 MG TABLET	2	NO	NO	NO
CARBIDOPA-LEVO 10-100 MG ODT	1	NO	NO	NO
CARBIDOPA-LEVO 25-100 MG ODT	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CARBIDOPA-LEVO 25-250 MG ODT	1	NO	NO	NO
CARBIDOPA-LEVO ER 25-100 TAB	1	NO	NO	NO
CARBIDOPA-LEVO ER 50-200 TAB	1	NO	NO	NO
CARBIDOPA-LEVODOPA 100 MG-ENTA	1	NO	NO	NO
CARBIDOPA-LEVODOPA 10-100 TAB	1	NO	NO	NO
CARBIDOPA-LEVODOPA 125 MG-ENTA	1	NO	NO	NO
CARBIDOPA-LEVODOPA 150 MG-ENTA	1	NO	NO	NO
CARBIDOPA-LEVODOPA 200 MG-ENTA	1	NO	NO	NO
CARBIDOPA-LEVODOPA 25-100 TAB	1	NO	NO	NO
CARBIDOPA-LEVODOPA 25-250 TAB	1	NO	NO	NO
CARBIDOPA-LEVODOPA 50 MG-ENTA	1	NO	NO	NO
CARBIDOPA-LEVODOPA 75 MG-ENTA	1	NO	NO	NO
CARBINOXAMINE 4 MG/5 ML LIQUID	1	NO	NO	NO
CARBINOXAMINE MALEATE 4 MG TAB	1	NO	NO	NO
CAREONE LANCING DEVICE	1	NO	NO	NO
CAREONE ULTRA THIN LANCET	1	NO	NO	YES
CARESENS 30G LANCET	1	NO	NO	NO
CARESTART COVID-19 AG HOME TST	1	NO	NO	NO
CARETOUCH 26G SAFETY LANCETS	1	NO	NO	NO
CARETOUCH 28G SAFETY LANCETS	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CARETOUCH LANCING DEVICE	1	NO	NO	NO
CARETOUCH TWIST 28G LANCET	1	NO	NO	NO
CARETOUCH TWIST 30G LANCET	1	NO	NO	NO
CARETOUCH TWIST 33G LANCET	1	NO	NO	YES
CARGLUMIC ACID 200 MG TAB SUSP	4	YES	NO	NO
CARISOPRODOL 350 MG TABLET	1	NO	NO	NO
CARTEOLOL HCL 1% EYE DROPS	2	NO	NO	NO
CARTIA XT 120 MG CAPSULE	1	NO	NO	NO
CARTIA XT 180 MG CAPSULE	1	NO	NO	NO
CARTIA XT 240 MG CAPSULE	1	NO	NO	NO
CARTIA XT 300 MG CAPSULE	1	NO	NO	NO
CARVEDILOL 12.5 MG TABLET	1	NO	NO	NO
CARVEDILOL 25 MG TABLET	1	NO	NO	NO
CARVEDILOL 3.125 MG TABLET	1	NO	NO	NO
CARVEDILOL 6.25 MG TABLET	1	NO	NO	NO
CATAFLAM 50 MG TABLET	1	NO	NO	NO
CAYA CONTOURED DIAPHRAGM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CAYSTON 75 MG INHAL SOLUTION	4	NO	NO	NO
CAZIAN 28 DAY TABLET	1	NO	NO	NO
CEFACLOR 125 MG/5 ML SUSP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CEFACLOR 250 MG CAPSULE	1	NO	NO	NO
CEFACLOR 250 MG/5 ML SUSP	1	NO	NO	NO
CEFACLOR 375 MG/5 ML SUSPEN	1	NO	NO	NO
CEFACLOR 500 MG CAPSULE	1	NO	NO	NO
CEFACLOR ER 500 MG TABLET	2	NO	NO	NO
CEFADROXIL 1 GM TABLET	1	NO	NO	NO
CEFADROXIL 250 MG/5 ML SUSP	1	NO	NO	NO
CEFADROXIL 500 MG CAPSULE	1	NO	NO	NO
CEFADROXIL 500 MG/5 ML SUSP	1	NO	NO	NO
CEFDINIR 125 MG/5 ML SUSP	1	NO	NO	YES
CEFDINIR 250 MG/5 ML SUSP	1	NO	NO	NO
CEFDINIR 300 MG CAPSULE	1	NO	NO	NO
CEFIXIME 100 MG/5 ML SUSP	2	NO	NO	YES
CEFIXIME 200 MG/5 ML SUSP	2	NO	NO	NO
CEFIXIME 400 MG CAPSULE	2	NO	NO	YES
CEFPODOXIME 100 MG TABLET	1	NO	NO	YES
CEFPODOXIME 100 MG/5 ML SUSP	1	NO	NO	YES
CEFPODOXIME 200 MG TABLET	1	NO	NO	NO
CEFPODOXIME 50 MG/5 ML SUSP	1	NO	NO	NO
CEFPROZIL 125 MG/5 ML SUSP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CEFPROZIL 250 MG TABLET	1	NO	NO	NO
CEFPROZIL 250 MG/5 ML SUSP	1	NO	NO	NO
CEFPROZIL 500 MG TABLET	1	NO	NO	NO
CEFUROXIME AXETIL 250 MG TAB	1	NO	NO	NO
CEFUROXIME AXETIL 500 MG TAB	1	NO	NO	NO
CELECOXIB 100 MG CAPSULE	1	NO	NO	NO
CELECOXIB 200 MG CAPSULE	1	NO	NO	NO
CELECOXIB 400 MG CAPSULE	1	NO	NO	NO
CELECOXIB 50 MG CAPSULE	1	NO	NO	NO
CELLTRION DIATRUST COV-19 HOME	1	NO	NO	NO
CEPHALEXIN 125 MG/5 ML SUSP	1	NO	NO	NO
CEPHALEXIN 250 MG CAPSULE	1	NO	NO	NO
CEPHALEXIN 250 MG/5 ML SUSP	1	NO	NO	NO
CEPHALEXIN 500 MG CAPSULE	1	NO	NO	NO
CEPHALEXIN 750 MG CAPSULE	2	NO	NO	NO
CERDELGA 84 MG CAPSULE	4	YES	NO	NO
CETIRIZINE HCL 1 MG/ML SOLN	1	NO	NO	NO
CETIRIZINE HCL 1 MG/ML SYRUP	1	NO	NO	NO
CEVIMELINE HCL 30 MG CAPSULE	2	NO	NO	NO
CHARLOTTE 24 FE CHEWABLE TAB	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CHATEAL EQ-28 TABLET	1	NO	NO	NO
CHATEAL-28 TABLET	1	NO	NO	NO
CHEK-STIX STRIPS	1	NO	NO	NO
CHEMET 100 MG CAPSULE	3	YES	NO	NO
CHEMSTRIP 10 MD	1	NO	NO	NO
CHEMSTRIP 10 WITH SG	1	NO	NO	NO
CHEMSTRIP 2 GP	1	NO	NO	YES
CHEMSTRIP 50B	1	NO	NO	NO
CHEMSTRIP 7	1	NO	NO	NO
CHEMSTRIP-9	1	NO	NO	NO
CHENODAL 250 MG TABLET	4	NO	NO	YES
CHLORDIAZEPO-AMITRIPTYL 5-12.5	2	NO	NO	NO
CHLORDIAZEPOX-AMITRIPTYL 10-25	2	NO	NO	NO
CHLORDIAZEPOXIDE 10 MG CAPSULE	1	NO	NO	NO
CHLORDIAZEPOXIDE 25 MG CAPSULE	1	NO	NO	NO
CHLORDIAZEPOXIDE 5 MG CAPSULE	1	NO	NO	NO
CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	NO	NO	NO
CHLORHEXIDINE 0.12% 10 ML CUP	1	NO	NO	NO
CHLORHEXIDINE 0.12% 15 ML CUP	1	NO	NO	YES
CHLORHEXIDINE 0.12% RINSE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CHLOROQUINE PH 250 MG TABLET	1	NO	NO	NO
CHLOROQUINE PH 500 MG TABLET	1	NO	NO	NO
CHLORPROMAZINE 10 MG TABLET	2	YES	NO	NO
CHLORPROMAZINE 100 MG TABLET	2	YES	NO	NO
CHLORPROMAZINE 200 MG TABLET	2	YES	NO	NO
CHLORPROMAZINE 25 MG TABLET	2	YES	NO	NO
CHLORPROMAZINE 50 MG TABLET	2	YES	NO	NO
CHLORTHALIDONE 25 MG TABLET	1	NO	NO	NO
CHLORTHALIDONE 50 MG TABLET	1	NO	NO	NO
CHLORZOXAZONE 500 MG TABLET	1	NO	NO	NO
CHOLBAM 250 MG CAPSULE	4	YES	NO	NO
CHOLBAM 50 MG CAPSULE	4	YES	NO	NO
CHOLESTYRAMINE LIGHT PACKET	1	NO	NO	NO
CHOLESTYRAMINE LIGHT POWDER	1	NO	NO	NO
CHOLESTYRAMINE PACKET	1	NO	NO	NO
CHOLESTYRAMINE POWDER	1	NO	NO	YES
CHORIONIC GONAD 10,000 UNIT VL	4	YES	NO	NO
CHORIONIC GONAD 12,000 UNIT VL	4	YES	NO	NO
CHORIONIC GONAD 6,000 UNIT VL	4	YES	NO	NO
CICLODAN 8% SOLUTION	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CICLOPIROX 0.77% CREAM	1	NO	NO	NO
CICLOPIROX 0.77% GEL	1	NO	NO	NO
CICLOPIROX 0.77% TOPICAL SUSP	1	NO	NO	NO
CICLOPIROX 1% SHAMPOO	1	NO	NO	NO
CICLOPIROX 8% SOLUTION	1	NO	NO	NO
CILOSTAZOL 100 MG TABLET	1	NO	NO	NO
CILOSTAZOL 50 MG TABLET	1	NO	NO	NO
CILOXAN 0.3% OINTMENT	3	NO	NO	NO
CIMDUO 300-300 MG TABLET	4	NO	NO	NO
CIMETIDINE 300 MG TABLET	1	NO	NO	NO
CIMETIDINE 300 MG/5 ML SOLN	1	NO	NO	NO
CIMETIDINE 400 MG TABLET	1	NO	NO	NO
CIMETIDINE 400 MG/6.67 ML SOLN	1	NO	NO	YES
CIMETIDINE 800 MG TABLET	1	NO	NO	YES
CIMZIA 200 MG VIAL KIT	4	NO	YES	YES
CIMZIA 2X200 MG/ML SYRINGE KIT	4	NO	YES	NO
CIMZIA 2X200 MG/ML(X3)START KT	4	NO	YES	YES
CINACALCET HCL 30 MG TABLET	2	YES	NO	YES
CINACALCET HCL 60 MG TABLET	2	YES	NO	YES
CINACALCET HCL 90 MG TABLET	2	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CINRYZE 500 UNIT VIAL	4	YES	NO	YES
CINRYZE 500 UNIT VIAL-DILUENT	4	YES	NO	YES
CIPRO HC OTIC SUSPENSION	3	NO	NO	NO
CIPROFLOXACIN 0.2% OTIC SOLN	2	NO	NO	NO
CIPROFLOXACIN 0.3% EYE DROP	1	NO	NO	YES
CIPROFLOXACIN HCL 100 MG TAB	1	NO	NO	NO
CIPROFLOXACIN HCL 250 MG TAB	1	NO	NO	NO
CIPROFLOXACIN HCL 500 MG TAB	1	NO	NO	NO
CIPROFLOXACIN HCL 750 MG TAB	1	NO	NO	NO
CIPROFLOX-DEXAMETH OTIC SUSP	2	NO	NO	NO
CITALOPRAM HBR 10 MG TABLET	1	NO	NO	NO
CITALOPRAM HBR 10 MG/5 ML SOLN	2	NO	NO	NO
CITALOPRAM HBR 20 MG TABLET	1	NO	NO	NO
CITALOPRAM HBR 20 MG/10 ML CUP	2	NO	NO	NO
CITALOPRAM HBR 40 MG TABLET	1	NO	NO	NO
CITRATE OF MAGNESIA SOLN	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CITROMA SOLUTION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CLARAVIS 10 MG CAPSULE	1	NO	NO	NO
CLARAVIS 20 MG CAPSULE	1	NO	NO	NO
CLARAVIS 30 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CLARAVIS 40 MG CAPSULE	1	NO	NO	NO
CLARITHROMYCIN 125 MG/5 ML SUS	1	NO	NO	NO
CLARITHROMYCIN 250 MG TABLET	1	NO	NO	NO
CLARITHROMYCIN 250 MG/5 ML SUS	1	NO	NO	YES
CLARITHROMYCIN 500 MG TABLET	1	NO	NO	NO
CLARITHROMYCIN ER 500 MG TAB	1	NO	NO	NO
CLASSIC PRENATAL TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CLEMASTINE FUM 2.68 MG TAB	2	NO	NO	NO
CLEOCIN 100 MG VAGINAL OVULE	3	NO	NO	YES
CLEVER CHEK ULTRA THIN 30G	1	NO	NO	NO
CLEVER CHOICE CHAMBER-LRG MASK	2	NO	NO	NO
CLEVER CHOICE CHAMBER-MED MASK	2	NO	NO	YES
CLEVER CHOICE CHAMBER-SM MASK	2	NO	NO	YES
CLIND PH-BENZOYL PERO 1.2-2.5%	2	NO	YES	YES
CLIND PH-BENZOYL PEROX 1.2-5%	2	NO	NO	YES
CLINDACIN ETZ 1% PLEDGET	1	NO	NO	YES
CLINDACIN P 1% PLEDGETS	1	NO	NO	NO
CLINDAMYCIN (PEDI) 75 MG/5 ML	1	NO	NO	NO
CLINDAMYCIN 2% VAGINAL CREAM	1	NO	NO	NO
CLINDAMYCIN HCL 150 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CLINDAMYCIN HCL 300 MG CAPSULE	1	NO	NO	NO
CLINDAMYCIN HCL 75 MG CAPSULE	1	NO	NO	NO
CLINDAMYCIN PH 1% GEL	2	NO	NO	NO
CLINDAMYCIN PH 1% SOLUTION	1	NO	NO	YES
CLINDAMYCIN PHOS 1% PLEDGET	1	NO	NO	YES
CLINDAMYCIN PHOSP 1% LOTION	1	NO	NO	NO
CLINDAMYCIN PHOSPHATE 1% GEL	2	NO	NO	NO
CLINDAMYCIN-BENZOYL PEROX 1-5%	2	NO	NO	NO
CLINDAMYCIN-BNZ PEROX 1-5% PMP	2	NO	NO	NO
CLINDESSE 2% VAGINAL CREAM	3	NO	NO	NO
CLINITEST COVID-19 HOME TEST	1	NO	NO	NO
CLOBAZAM 10 MG TABLET	2	NO	NO	NO
CLOBAZAM 2.5 MG/ML SUSPENSION	2	YES	NO	NO
CLOBAZAM 20 MG TABLET	2	NO	NO	NO
CLOBETASOL 0.05% CREAM	1	NO	NO	NO
CLOBETASOL 0.05% GEL	1	NO	NO	NO
CLOBETASOL 0.05% OINTMENT	1	NO	NO	NO
CLOBETASOL 0.05% SOLUTION	1	NO	NO	NO
CLOBETASOL 0.05% TOPICAL LOTN	2	NO	NO	NO
CLOBETASOL EMOLLIENT 0.05% CRM	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CLOBETASOL PROP 0.05% SPRAY	2	NO	YES	NO
CLOMIPHENE CITRATE 50 MG TAB	2	NO	NO	NO
CLOMIPRAMINE 25 MG CAPSULE	2	NO	NO	NO
CLOMIPRAMINE 50 MG CAPSULE	2	NO	NO	NO
CLOMIPRAMINE 75 MG CAPSULE	2	NO	NO	NO
CLONAZEPAM 0.125 MG DIS TAB	2	NO	NO	YES
CLONAZEPAM 0.125 MG ODT	2	NO	NO	NO
CLONAZEPAM 0.25 MG ODT	2	NO	NO	NO
CLONAZEPAM 0.5 MG DIS TABLET	2	NO	NO	NO
CLONAZEPAM 0.5 MG ODT	2	NO	NO	NO
CLONAZEPAM 0.5 MG TABLET	1	NO	NO	NO
CLONAZEPAM 1 MG DIS TABLET	2	NO	NO	NO
CLONAZEPAM 1 MG ODT	2	NO	NO	YES
CLONAZEPAM 1 MG TABLET	1	NO	NO	YES
CLONAZEPAM 2 MG ODT	2	NO	NO	YES
CLONAZEPAM 2 MG TABLET	1	NO	NO	YES
CLONIDINE 0.1 MG/DAY PATCH	2	NO	NO	YES
CLONIDINE 0.2 MG/DAY PATCH	2	NO	NO	YES
CLONIDINE 0.3 MG/DAY PATCH	2	NO	NO	NO
CLONIDINE HCL 0.1 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CLONIDINE HCL 0.2 MG TABLET	1	NO	NO	NO
CLONIDINE HCL 0.3 MG TABLET	1	NO	NO	NO
CLONIDINE HCL ER 0.1 MG TABLET	1	NO	NO	NO
CLOPIDOGREL 300 MG TABLET	1	NO	NO	NO
CLOPIDOGREL 75 MG TABLET	1	NO	NO	NO
CLORAZEPATE 15 MG TABLET	1	NO	NO	NO
CLORAZEPATE 3.75 MG TABLET	1	NO	NO	NO
CLORAZEPATE 7.5 MG TABLET	1	NO	NO	NO
CLOTRIMAZOLE 10 MG TROCHE	1	NO	NO	YES
CLOTRIMAZOLE-BETAMETHASONE CRM	1	NO	NO	NO
CLOVIQUE 250 MG CAPSULE	4	YES	NO	NO
CLOZAPINE 100 MG TABLET	1	YES	NO	NO
CLOZAPINE 200 MG TABLET	1	YES	NO	NO
CLOZAPINE 25 MG TABLET	1	YES	NO	NO
CLOZAPINE 50 MG TABLET	1	YES	NO	NO
C-NATE DHA SOFTGEL	1	NO	NO	NO
COAGUCHEK LANCETS	1	NO	NO	NO
COARTEM TABLETS	3	NO	NO	NO
CODEINE SULFATE 15 MG TABLET	1	NO	YES	NO
CODEINE SULFATE 30 MG TABLET	1	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CODEINE SULFATE 60 MG TABLET	1	NO	YES	NO
CODEINE-GUAIFEN 10-100 MG/5 ML	1	NO	NO	NO
COLCHICINE 0.6 MG TABLET	1	NO	NO	NO
COLESEVELAM 625 MG TABLET	2	NO	NO	NO
COLESEVELAM HCL 3.75 G PACKET	2	NO	NO	NO
COLESTIPOL HCL 1 GM TABLET	1	NO	NO	NO
COLESTIPOL HCL GRANULES	1	NO	NO	NO
COLESTIPOL HCL GRANULES PACKET	1	NO	NO	NO
COMBIPATCH 0.05-0.14 MG PTCH	3	NO	NO	NO
COMBIPATCH 0.05-0.25 MG PTCH	3	NO	NO	NO
COMBISTIX REAGENT STRIPS	1	NO	NO	NO
COMBIVENT RESPIMAT 20-100 MCG	2	NO	NO	NO
COMETRIQ 100 MG DAILY-DOSE PK	4	YES	NO	YES
COMETRIQ 140 MG DAILY-DOSE PK	4	YES	NO	NO
COMETRIQ 60 MG DAILY-DOSE PACK	4	YES	NO	NO
COMFORT EZ PRESSURE ACTIVT 28G	1	NO	NO	NO
COMFORT EZ SAFETY 23G LANCETS	1	NO	NO	NO
COMFORT EZ SAFETY 28G LANCETS	1	NO	NO	NO
COMFORT LANCETS	1	NO	NO	NO
COMFORT TOUCH ULT THIN 31G LAN	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
COMFORTSEAL LARGE MASK	2	NO	NO	NO
COMFORTSEAL MEDIUM MASK	2	NO	NO	NO
COMFORTSEAL SMALL MASK	2	NO	NO	NO
COMFORTTOUCH PLUS SAF 30G LANC	1	NO	NO	YES
COMIRNATY 2023-24(12Y UP) SYRG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
COMIRNATY 2023-24(12Y UP) VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
COMIRNATY 30MCG/0.3ML VAC-GRAY	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
COMPACT SPACE CHAMBER	2	NO	NO	YES
COMPACT SPACE CHAMBER-LRG MASK	2	NO	NO	YES
COMPACT SPACE CHAMBER-MED MASK	2	NO	NO	YES
COMPACT SPACE CHAMBER-SM MASK	2	NO	NO	YES
COMPLERA TABLET	4	NO	NO	YES
COMPLETE NATAL DHA	1	NO	NO	YES
COMPRO 25 MG SUPPOSITORY	1	NO	NO	YES
CONDOMS LUBRICATED	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CONSTULOSE 10 GM/15 ML SOLN	1	NO	NO	NO
COPIKTRA 15 MG CAPSULE	4	YES	NO	NO
COPIKTRA 25 MG CAPSULE	4	YES	NO	YES
CORDX COVID-19 AG HOME TEST	1	NO	NO	YES
CORLANOR 5 MG TABLET	3	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CORLANOR 5 MG/5 ML ORAL SOLN	3	YES	NO	NO
CORLANOR 7.5 MG TABLET	3	NO	NO	NO
CORTISPORIN-TC EAR SUSPENSION	3	NO	NO	YES
CORTROPHIN GEL 400 UNIT/5 ML	4	YES	NO	NO
CORTROPHIN GEL 80 UNIT/ML VIAL	4	YES	NO	NO
COSENTYX 150 MG/ML SYRINGE	4	NO	YES	NO
COSENTYX 300 MG DOSE-2 SYRINGE	4	NO	YES	NO
COSENTYX 75 MG/0.5 ML SYRINGE	4	NO	YES	NO
COSENTYX SENSOREADY 150 MG PEN	4	NO	YES	NO
COSENTYX SNRDY 300MG DOSE-2PEN	4	NO	YES	NO
COSENTYX UNOREADY 300 MG PEN	4	NO	YES	NO
COTELLIC 20 MG TABLET	4	YES	NO	NO
COVARYX H.S. TABLET	2	NO	NO	NO
COVARYX TABLET	2	NO	NO	NO
COVID-19 AT-HOME TEST (EUA)	1	NO	NO	NO
CREON DR 12,000 UNIT CAPSULE	2	NO	NO	NO
CREON DR 24,000 UNIT CAPSULE	2	NO	NO	NO
CREON DR 3,000 UNIT CAPSULE	2	NO	NO	NO
CREON DR 36,000 UNIT CAPSULE	2	NO	NO	NO
CREON DR 6,000 UNIT CAPSULE	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CRINONE 4% GEL	3	YES	NO	NO
CRINONE 8% GEL	3	YES	NO	NO
CRIXIVAN 200 MG CAPSULE	4	NO	NO	NO
CROMOLYN 100 MG/5 ML ORAL CONC	1	NO	NO	NO
CROMOLYN 20 MG/2 ML NEB SOLN	1	NO	NO	NO
CROMOLYN 4% EYE DROPS	1	NO	NO	NO
CRYSSELLE-28 TABLET	1	NO	NO	NO
CURAE 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CVS ACNE TREATMENT 10% GEL	1	NO	NO	NO
CVS ALLERGY 0.025% EYE DROPS	1	NO	NO	NO
CVS BISACODYL EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CVS BUDESONIDE 32 MCG SPRAY	1	NO	NO	NO
CVS CITRATE OF MAGNESIA SOLN	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CVS COVID19 AT-HOME TEST (EUA)	1	NO	NO	NO
CVS EYE ITCH RELIEF 0.025% DRP	1	NO	NO	NO
CVS FOAMING ACNE FACE 10% WASH	1	NO	NO	NO
CVS FOLIC ACID 800 MCG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CVS GENTLE LAXATIVE EC 5 MG TB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CVS LANCING DEVICE	1	NO	NO	NO
CVS MAGNESIUM CITRATE SOLUTION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CVS MICRO THIN 33G LANCETS	1	NO	NO	NO
CVS MILK OF MAGNESIA SUSP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
CVS NASAL ALLERGY 24HR SPRAY	1	NO	NO	YES
CVS NIGHTTIME SLEEP 25 MG TAB	1	NO	NO	NO
CVS PINWORM TREATMENT 50 MG/ML	1	NO	NO	NO
CVS PRENATAL MULTI-DHA SOFTGEL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CVS PRENATAL VITAMINS TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CVS SUPER B-COMPLEX-VIT C CPLT	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CVS THIN 26G LANCETS	1	NO	NO	NO
CVS ULTRA THIN 30G LANCETS	1	NO	NO	NO
CVS VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
CVS WOMEN'S GENTLE LAX EC 5 MG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
CYANOCOBALAMIN 1,000 MCG/ML VL	1	NO	NO	NO
CYANOCOBALAMIN 10,000 MCG/10ML	1	NO	NO	NO
CYANOCOBALAMIN 30,000 MCG/30ML	1	NO	NO	NO
CYCLAFEM 1-35-28 TABLET	1	NO	NO	NO
CYCLAFEM 7-7-7-28 TABLET	1	NO	NO	NO
CYCLOBENZAPRINE 10 MG TABLET	1	NO	NO	NO
CYCLOBENZAPRINE 5 MG TABLET	1	NO	NO	NO
CYCLOBENZAPRINE 7.5 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CYCLOPENTOLATE 0.5% EYE DROPS	2	NO	NO	NO
CYCLOPENTOLATE 1% EYE DROP	1	NO	NO	NO
CYCLOPENTOLATE 1% EYE DROPS	1	NO	NO	NO
CYCLOPENTOLATE HCL 2% DROPS	2	NO	NO	NO
CYCLOPHOSPHAMIDE 25 MG CAPSULE	4	NO	NO	NO
CYCLOPHOSPHAMIDE 25 MG TABLET	4	NO	NO	NO
CYCLOPHOSPHAMIDE 50 MG CAPSULE	4	NO	NO	NO
CYCLOPHOSPHAMIDE 50 MG TABLET	4	NO	NO	NO
CYCLOSERINE 250 MG CAPSULE	3	NO	NO	NO
CYCLOSET 0.8 MG TABLET	3	NO	NO	NO
CYCLOSPORINE 0.05% EYE EMULS	2	NO	NO	NO
CYCLOSPORINE 100 MG CAPSULE	1	NO	NO	YES
CYCLOSPORINE 25 MG CAPSULE	1	NO	NO	NO
CYCLOSPORINE MODIFIED 100 MG	1	NO	NO	NO
CYCLOSPORINE MODIFIED 100MG/ML	1	NO	NO	NO
CYCLOSPORINE MODIFIED 25 MG	1	NO	NO	NO
CYCLOSPORINE MODIFIED 50 MG	1	NO	NO	NO
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	4	NO	YES	NO
CYLTEZO(CF) 20 MG/0.4 ML SYRNG	4	NO	YES	NO
CYLTEZO(CF) 40 MG/0.8 ML SYRNG	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
CYLTEZO(CF) PEN 40 MG/0.8 ML	4	NO	YES	NO
CYLTEZO(CF) PEN CRH-UC-HS 40MG	4	NO	YES	NO
CYLTEZO(CF) PEN PSORIA-UV 40MG	4	NO	YES	NO
CYPROHEPTADINE 2 MG/5 ML SOLN	1	NO	NO	YES
CYPROHEPTADINE 2 MG/5 ML SYRUP	1	NO	NO	YES
CYPROHEPTADINE 4 MG TABLET	1	NO	NO	NO
CYRED 28 DAY TABLET	1	NO	NO	NO
CYRED EQ 28 DAY TABLET	1	NO	NO	NO
CYSTADROPS 0.37% EYE DROPS	4	YES	NO	NO
CYSTAGON 150 MG CAPSULE	4	NO	NO	NO
CYSTAGON 50 MG CAPSULE	4	NO	NO	NO
CYSTARAN 0.44% EYE DROPS	4	YES	NO	NO
DABIGATRAN ETEXILATE 110 MG CP	2	NO	NO	NO
DABIGATRAN ETEXILATE 150 MG CP	2	NO	NO	NO
DABIGATRAN ETEXILATE 75 MG CAP	2	NO	NO	NO
DALFAMPRIDINE ER 10 MG TABLET	4	NO	NO	NO
DANAZOL 100 MG CAPSULE	2	NO	NO	NO
DANAZOL 200 MG CAPSULE	2	NO	NO	YES
DANAZOL 50 MG CAPSULE	2	NO	NO	NO
DANTROLENE SODIUM 100 MG CAP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DANTROLENE SODIUM 25 MG CAP	1	NO	NO	NO
DANTROLENE SODIUM 50 MG CAP	1	NO	NO	NO
DAPSONE 100 MG TABLET	1	NO	NO	NO
DAPSONE 25 MG TABLET	1	NO	NO	YES
DAPSONE 5% GEL	2	NO	YES	NO
DAPTACEL DTAP VACCINE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
DARIFENACIN ER 15 MG TABLET	2	NO	NO	NO
DARIFENACIN ER 7.5 MG TABLET	2	NO	NO	NO
DARUNAVIR 600 MG TABLET	4	NO	NO	NO
DARUNAVIR 800 MG TABLET	4	NO	NO	NO
DASETTA 1-35-28 TABLET	1	NO	NO	NO
DASETTA 7/7/7-28 TABLET	1	NO	NO	NO
DAURISMO 100 MG TABLET	4	YES	NO	NO
DAURISMO 25 MG TABLET	4	YES	NO	NO
DAYSEE 0.15-0.03-0.01 MG TAB	1	NO	NO	NO
DEBLITANE 0.35 MG TABLET	1	NO	NO	NO
DEFERASIROX 125 MG TB FOR SUSP	4	YES	NO	NO
DEFERASIROX 180 MG GRANULE PKT	4	YES	NO	NO
DEFERASIROX 180 MG TABLET	4	YES	NO	NO
DEFERASIROX 250 MG TB FOR SUSP	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DEFERASIROX 360 MG GRANULE PKT	4	YES	NO	NO
DEFERASIROX 360 MG TABLET	4	YES	NO	NO
DEFERASIROX 500 MG TB FOR SUSP	4	YES	NO	NO
DEFERASIROX 90 MG GRANULE PKT	4	YES	NO	NO
DEFERASIROX 90 MG TABLET	4	YES	NO	NO
DEFERIPRONE 1,000 MG TB(3X/DY)	4	YES	NO	NO
DEFERIPRONE 500 MG TABLET	4	YES	NO	NO
DELSTRIGO 100-300-300 MG TAB	4	NO	NO	NO
DEMECLOCYCLINE 150 MG TABLET	1	NO	NO	NO
DEMECLOCYCLINE 300 MG TABLET	1	NO	NO	NO
DENTA 5000 PLUS CREAM	1	NO	NO	NO
DENTAGEL 1.1% GEL	1	NO	NO	NO
DERMACINRX LIDOCAN 5% PATCH	2	NO	NO	NO
DESCOVY 120-15 MG TABLET	4	NO	NO	NO
DESCOVY 200-25 MG TABLET	4	NO	NO	NO
DESIPRAMINE 10 MG TABLET	2	NO	NO	NO
DESIPRAMINE 100 MG TABLET	2	NO	NO	NO
DESIPRAMINE 150 MG TABLET	2	NO	NO	NO
DESIPRAMINE 25 MG TABLET	2	NO	NO	NO
DESIPRAMINE 50 MG TABLET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DESIPRAMINE 75 MG TABLET	2	NO	NO	NO
DESLOMATADINE 5 MG TABLET	1	NO	NO	NO
DESMOPRESSIN 0.01% SOLUTION	1	NO	NO	NO
DESMOPRESSIN 1.5 MG/ML SPRAY	4	NO	NO	NO
DESMOPRESSIN 10 MCG/0.1 ML SPR	1	NO	NO	NO
DESMOPRESSIN 40 MCG/10 ML VIAL	1	NO	NO	NO
DESMOPRESSIN AC 4 MCG/ML AMPUL	1	NO	NO	NO
DESMOPRESSIN AC 4 MCG/ML VIAL	1	NO	NO	NO
DESMOPRESSIN ACETATE 0.1 MG TB	1	NO	NO	NO
DESMOPRESSIN ACETATE 0.2 MG TB	1	NO	NO	NO
DESOGESTREL-EE 0.15-0.03 MG TB	1	NO	NO	NO
DESOGESTREL-ETH ESTRAD ETH ESTRA	1	NO	NO	YES
DESONIDE 0.05% CREAM	1	NO	NO	YES
DESONIDE 0.05% LOTION	1	NO	NO	YES
DESONIDE 0.05% OINTMENT	1	NO	NO	NO
DESOXIMETASONE 0.05% CREAM	2	NO	YES	NO
DESOXIMETASONE 0.05% GEL	2	NO	YES	NO
DESOXIMETASONE 0.05% OINTMENT	2	NO	YES	NO
DESOXIMETASONE 0.25% CREAM	1	NO	NO	NO
DESOXIMETASONE 0.25% OINTMENT	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DESOXIMETASONE 0.25% SPRAY	2	NO	NO	NO
DESVENLAFAXINE SUCCNT ER 100MG	2	NO	NO	NO
DESVENLAFAXINE SUCCNT ER 25 MG	2	NO	NO	NO
DESVENLAFAXINE SUCCNT ER 50 MG	2	NO	NO	NO
DEXAMETHASONE 0.1% EYE DROP	1	NO	NO	NO
DEXAMETHASONE 0.5 MG TABLET	1	NO	NO	NO
DEXAMETHASONE 0.5 MG/5 ML ELX	1	NO	NO	NO
DEXAMETHASONE 0.5 MG/5 ML LIQ	1	NO	NO	NO
DEXAMETHASONE 0.75 MG TABLET	1	NO	NO	NO
DEXAMETHASONE 1 MG TABLET	1	NO	NO	NO
DEXAMETHASONE 1.5 MG TABLET	1	NO	NO	NO
DEXAMETHASONE 2 MG TABLET	1	NO	NO	NO
DEXAMETHASONE 4 MG TABLET	1	NO	NO	NO
DEXAMETHASONE 6 MG TABLET	1	NO	NO	NO
DEXCOM G4 (PED) RECEIVER KIT	3	YES	NO	YES
DEXCOM G4 RECEIVER KIT	3	YES	NO	NO
DEXCOM G4 RECEIVER-SHARE (PED)	3	YES	NO	NO
DEXCOM G4 RECEIVER-SHARE KIT	3	YES	NO	NO
DEXCOM G4 TRANSMITTER KIT	3	YES	NO	NO
DEXCOM G5 RECEIVER KIT	3	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DEXCOM G5 TRANSMITTER KIT	3	YES	NO	NO
DEXCOM G5-G4 SENSOR KIT	3	YES	NO	NO
DEXCOM G6 RECEIVER	3	YES	NO	NO
DEXCOM G6 SENSOR	3	YES	NO	NO
DEXCOM G6 TRANSMITTER	3	YES	NO	NO
DEXCOM G7 RECEIVER	3	YES	NO	NO
DEXCOM G7 SENSOR	3	YES	NO	NO
DEXCOM RECEIVER KIT	3	NO	NO	NO
DEXMETHYLPHENIDATE 10 MG TAB	1	YES	NO	NO
DEXMETHYLPHENIDATE 2.5 MG TAB	1	YES	NO	NO
DEXMETHYLPHENIDATE 5 MG TAB	1	YES	NO	NO
DEXMETHYLPHENIDATE ER 10 MG CP	2	YES	NO	NO
DEXMETHYLPHENIDATE ER 15 MG CP	2	YES	NO	NO
DEXMETHYLPHENIDATE ER 20 MG CP	2	YES	NO	NO
DEXMETHYLPHENIDATE ER 25 MG CP	2	YES	NO	NO
DEXMETHYLPHENIDATE ER 30 MG CP	2	YES	NO	NO
DEXMETHYLPHENIDATE ER 35 MG CP	2	YES	NO	NO
DEXMETHYLPHENIDATE ER 40 MG CP	2	YES	NO	NO
DEXMETHYLPHENIDATE ER 5 MG CAP	2	YES	NO	NO
DEXTROAMP-AMPHET ER 10 MG CAP	1	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DEXTROAMP-AMPHET ER 15 MG CAP	1	YES	NO	NO
DEXTROAMP-AMPHET ER 20 MG CAP	1	YES	NO	NO
DEXTROAMP-AMPHET ER 25 MG CAP	1	YES	NO	NO
DEXTROAMP-AMPHET ER 30 MG CAP	1	YES	NO	NO
DEXTROAMP-AMPHET ER 5 MG CAP	1	YES	NO	NO
DEXTROAMP-AMPHETAM 12.5 MG TAB	1	YES	NO	NO
DEXTROAMP-AMPHETAM 7.5 MG TAB	1	YES	NO	NO
DEXTROAMP-AMPHETAMIN 10 MG TAB	1	YES	NO	NO
DEXTROAMP-AMPHETAMIN 15 MG TAB	1	YES	NO	NO
DEXTROAMP-AMPHETAMIN 20 MG TAB	1	YES	NO	NO
DEXTROAMP-AMPHETAMIN 30 MG TAB	1	YES	NO	NO
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	YES	YES	NO
DEXTROAMPHETAMINE 10 MG TAB	1	YES	NO	NO
DEXTROAMPHETAMINE 15 MG TAB	1	YES	NO	NO
DEXTROAMPHETAMINE 20 MG TAB	1	YES	NO	NO
DEXTROAMPHETAMINE 30 MG TAB	1	YES	NO	NO
DEXTROAMPHETAMINE 5 MG TAB	1	YES	NO	NO
DEXTROAMPHETAMINE ER 10 MG CAP	2	YES	NO	NO
DEXTROAMPHETAMINE ER 15 MG CAP	2	YES	NO	NO
DEXTROAMPHETAMINE ER 5 MG CAP	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DIACOMIT 250 MG CAPSULE	4	YES	NO	NO
DIACOMIT 250 MG POWDER PACKET	4	YES	NO	NO
DIACOMIT 500 MG CAPSULE	4	YES	NO	NO
DIACOMIT 500 MG POWDER PACKET	4	YES	NO	NO
DIALYVITE 800 TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
DIASTIX REAGENT STRIPS	1	NO	NO	NO
DIAZEPAM 10 MG RECTAL GEL SYST	1	NO	NO	NO
DIAZEPAM 10 MG TABLET	1	NO	NO	NO
DIAZEPAM 2 MG TABLET	1	NO	NO	NO
DIAZEPAM 2.5 MG RECTAL GEL SYS	1	NO	NO	NO
DIAZEPAM 20 MG RECTAL GEL SYST	1	NO	NO	NO
DIAZEPAM 25 MG/5 ML ORAL CONC	2	NO	NO	NO
DIAZEPAM 5 MG TABLET	1	NO	NO	NO
DIAZEPAM 5 MG/5 ML ORAL CUP	1	NO	NO	NO
DIAZEPAM 5 MG/5 ML SOLUTION	1	NO	NO	NO
DIAZEPAM 5 MG/ML ORAL CONC	2	NO	NO	NO
DICHLORPHENAMIDE 50 MG TABLET	4	YES	NO	NO
DICLOFENAC 0.1% EYE DROPS	1	NO	NO	NO
DICLOFENAC 1.5% TOPICAL SOLN	1	NO	NO	NO
DICLOFENAC POT 50 MG TABLET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DICLOFENAC SOD DR 25 MG TAB	2	NO	NO	NO
DICLOFENAC SOD DR 50 MG TAB	1	NO	NO	NO
DICLOFENAC SOD DR 75 MG TAB	1	NO	NO	NO
DICLOFENAC SOD EC 25 MG TAB	2	NO	NO	NO
DICLOFENAC SOD EC 50 MG TAB	1	NO	NO	NO
DICLOFENAC SOD EC 75 MG TAB	1	NO	NO	NO
DICLOFENAC SOD ER 100 MG TAB	2	NO	NO	NO
DICLOFENAC SODIUM 1% GEL	1	NO	NO	NO
DICLOFENAC SODIUM 3% GEL	1	NO	NO	NO
DICLOFENAC-MISOPROST 50-0.2 MG	2	YES	NO	NO
DICLOFENAC-MISOPROST 75-0.2 MG	2	YES	NO	NO
DICLOXACILLIN 250 MG CAPSULE	1	NO	NO	NO
DICLOXACILLIN 500 MG CAPSULE	1	NO	NO	NO
DICYCLOMINE 10 MG CAPSULE	1	NO	NO	NO
DICYCLOMINE 10 MG/5 ML SOLN	2	NO	NO	NO
DICYCLOMINE 10 MG/5ML SOLN CUP	2	NO	NO	NO
DICYCLOMINE 20 MG TABLET	1	NO	NO	NO
DIDANOSINE DR 250 MG CAPSULE	4	NO	NO	NO
DIDANOSINE DR 400 MG CAPSULE	4	NO	NO	NO
DIFICID 200 MG TABLET	3	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DIFICID 40 MG/ML SUSPENSION	3	YES	NO	NO
DIFLUNISAL 500 MG TABLET	2	NO	NO	NO
DIFLUPREDNATE 0.05% EYE DROP	2	NO	NO	NO
DIGITEK 125 MCG TABLET	1	NO	NO	NO
DIGITEK 250 MCG TABLET	1	NO	NO	NO
DIGOX 125 MCG TABLET	1	NO	NO	NO
DIGOX 250 MCG TABLET	1	NO	NO	NO
DIGOXIN 0.05 MG/ML SOLUTION	1	NO	NO	NO
DIGOXIN 0.125 MG TABLET	1	NO	NO	NO
DIGOXIN 0.25 MG TABLET	1	NO	NO	NO
DIGOXIN 125 MCG TABLET	1	NO	NO	NO
DIGOXIN 250 MCG TABLET	1	NO	NO	NO
DIHYDROERGOTAMINE 1 MG/ML AMP	2	YES	NO	NO
DIHYDROERGOTAMINE 4 MG/ML SPRY	2	YES	NO	NO
DILANTIN 30 MG CAPSULE	3	YES	NO	NO
DILT XR 120 MG CAPSULE	1	NO	NO	NO
DILT XR 180 MG CAPSULE	1	NO	NO	NO
DILT XR 240 MG CAPSULE	1	NO	NO	NO
DILTIAZEM 120 MG TABLET	1	NO	NO	NO
DILTIAZEM 12HR ER 120 MG CAP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DILTIAZEM 12HR ER 60 MG CAP	1	NO	NO	NO
DILTIAZEM 12HR ER 90 MG CAP	1	NO	NO	NO
DILTIAZEM 24H ER(CD) 120 MG CP	1	NO	NO	NO
DILTIAZEM 24H ER(CD) 180 MG CP	1	NO	NO	NO
DILTIAZEM 24H ER(CD) 240 MG CP	1	NO	NO	NO
DILTIAZEM 24H ER(CD) 300 MG CP	1	NO	NO	NO
DILTIAZEM 24H ER(CD) 360 MG CP	1	NO	NO	NO
DILTIAZEM 24H ER(LA) 120 MG TB	2	NO	NO	NO
DILTIAZEM 24H ER(LA) 180 MG TB	2	NO	NO	NO
DILTIAZEM 24H ER(LA) 240 MG TB	2	NO	NO	NO
DILTIAZEM 24H ER(LA) 300 MG TB	2	NO	NO	NO
DILTIAZEM 24H ER(LA) 360 MG TB	2	NO	NO	NO
DILTIAZEM 24H ER(LA) 420 MG TB	2	NO	NO	NO
DILTIAZEM 24H ER(XR) 120 MG CP	1	NO	NO	NO
DILTIAZEM 24H ER(XR) 180 MG CP	1	NO	NO	NO
DILTIAZEM 24H ER(XR) 240 MG CP	1	NO	NO	NO
DILTIAZEM 24HR ER 120 MG CAP	1	NO	NO	NO
DILTIAZEM 24HR ER 180 MG CAP	1	NO	NO	NO
DILTIAZEM 24HR ER 240 MG CAP	1	NO	NO	NO
DILTIAZEM 24HR ER 300 MG CAP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DILTIAZEM 24HR ER 360 MG CAP	1	NO	NO	NO
DILTIAZEM 24HR ER 420 MG CAP	1	NO	NO	NO
DILTIAZEM 30 MG TABLET	1	NO	NO	NO
DILTIAZEM 60 MG TABLET	1	NO	NO	NO
DILTIAZEM 90 MG TABLET	1	NO	NO	NO
DIMETHYL FUMARATE 30D START PK	4	NO	NO	NO
DIMETHYL FUMARATE DR 120 MG CP	4	NO	NO	NO
DIMETHYL FUMARATE DR 240 MG CP	4	NO	NO	NO
DIPENTUM 250 MG CAPSULE	3	NO	YES	NO
DIPHENHYDRAMINE 50 MG/ML VIAL	4	NO	NO	NO
DIPHENOXYLATE-ATROP 2.5-0.025	1	NO	NO	NO
DIPHTheria-TETANUS TOXOIDS-PED	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
DIPYRIDAMOLE 25 MG TABLET	1	NO	NO	NO
DIPYRIDAMOLE 50 MG TABLET	1	NO	NO	NO
DIPYRIDAMOLE 75 MG TABLET	1	NO	NO	NO
DISOPYRAMIDE 100 MG CAPSULE	1	NO	NO	NO
DISOPYRAMIDE 150 MG CAPSULE	1	NO	NO	NO
DISULFIRAM 250 MG TABLET	2	NO	NO	NO
DISULFIRAM 500 MG TABLET	2	NO	NO	NO
DIURIL 250 MG/5 ML ORAL SUSP	3	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DIVALPROEX DR 125 MG CAP SPRNK	1	NO	NO	YES
DIVALPROEX SOD DR 125 MG TAB	1	NO	NO	YES
DIVALPROEX SOD DR 250 MG TAB	1	NO	NO	YES
DIVALPROEX SOD DR 500 MG TAB	1	NO	NO	NO
DIVALPROEX SOD ER 250 MG TAB	1	NO	NO	NO
DIVALPROEX SOD ER 500 MG TAB	1	NO	NO	NO
DODEX 1,000 MCG/ML VIAL	1	NO	NO	NO
DODEX 10,000 MCG/10 ML VIAL	1	NO	NO	YES
DODEX 30,000 MCG/30 ML VIAL	1	NO	NO	YES
DOFETILIDE 125 MCG CAPSULE	2	NO	NO	YES
DOFETILIDE 250 MCG CAPSULE	2	NO	NO	YES
DOFETILIDE 500 MCG CAPSULE	2	NO	NO	YES
DOJOLVI LIQUID	4	YES	NO	YES
DOLISHALE 90-20 MCG TABLET	1	NO	NO	NO
DONEPEZIL HCL 10 MG TABLET	1	NO	NO	NO
DONEPEZIL HCL 23 MG TABLET	2	NO	NO	NO
DONEPEZIL HCL 5 MG TABLET	1	NO	NO	NO
DONEPEZIL HCL ODT 10 MG TABLET	1	NO	NO	NO
DONEPEZIL HCL ODT 5 MG TABLET	1	NO	NO	NO
DOPTelet (10 TAB PK) 20 MG TAB	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DOPTELET (15 TAB PK) 20 MG TAB	4	YES	NO	NO
DOPTELET (30 TAB PK) 20 MG TAB	4	YES	NO	NO
DORZOLAMIDE HCL 2% EYE DROPS	1	NO	NO	NO
DORZOLAMIDE-TIMOLOL 2%-0.5%	2	NO	NO	NO
DORZOLAMIDE-TIMOLOL EYE DROPS	1	NO	NO	NO
DOTTI 0.025 MG PATCH	1	NO	NO	NO
DOTTI 0.0375 MG PATCH	1	NO	NO	NO
DOTTI 0.05 MG PATCH	1	NO	NO	NO
DOTTI 0.075 MG PATCH	1	NO	NO	NO
DOTTI 0.1 MG PATCH	1	NO	NO	NO
DOVATO 50-300 MG TABLET	4	NO	NO	NO
DOXAZOSIN MESYLATE 1 MG TAB	1	NO	NO	NO
DOXAZOSIN MESYLATE 2 MG TAB	1	NO	NO	NO
DOXAZOSIN MESYLATE 4 MG TAB	1	NO	NO	NO
DOXAZOSIN MESYLATE 8 MG TAB	1	NO	NO	NO
DOXEPIN 10 MG CAPSULE	1	NO	NO	NO
DOXEPIN 10 MG/ML ORAL CONC	1	NO	NO	NO
DOXEPIN 100 MG CAPSULE	1	NO	NO	NO
DOXEPIN 150 MG CAPSULE	1	NO	NO	NO
DOXEPIN 25 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DOXEPIN 50 MG CAPSULE	1	NO	NO	NO
DOXEPIN 75 MG CAPSULE	1	NO	NO	NO
DOXEPIN HCL 3 MG TABLET	2	NO	YES	NO
DOXEPIN HCL 6 MG TABLET	2	NO	YES	NO
DOXERCALCIFEROL 0.5 MCG CAP	2	NO	NO	NO
DOXERCALCIFEROL 1 MCG CAPSULE	2	NO	NO	NO
DOXERCALCIFEROL 2.5 MCG CAP	2	NO	NO	NO
DOXYCYCLINE 25 MG/5 ML SUSP	1	NO	NO	NO
DOXYCYCLINE HYCLATE 100 MG CAP	1	NO	NO	NO
DOXYCYCLINE HYCLATE 100 MG TAB	1	NO	NO	NO
DOXYCYCLINE HYCLATE 20 MG TAB	1	NO	NO	NO
DOXYCYCLINE HYCLATE 50 MG CAP	1	NO	NO	NO
DOXYCYCLINE MONO 100 MG CAP	1	NO	NO	NO
DOXYCYCLINE MONO 100 MG TABLET	1	NO	NO	YES
DOXYCYCLINE MONO 50 MG CAP	1	NO	NO	YES
DOXYCYCLINE MONO 50 MG TABLET	1	NO	NO	YES
DOXYLAMINE-PYRIDOXINE 10-10 MG	2	NO	YES	YES
D-PENAMINE 125 MG TABLET	4	YES	NO	YES
DRONABINOL 10 MG CAPSULE	1	NO	NO	NO
DRONABINOL 2.5 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DRONABINOL 5 MG CAPSULE	1	NO	NO	NO
DROPLET 0.5 ML 29GX12.5MM(1/2)	1	NO	NO	NO
DROPLET 0.5 ML 30GX12.5MM(1/2)	1	NO	NO	YES
DROPLET 30G LANCETS	1	NO	NO	NO
DROPLET GENTEEL LANCING DEVICE	1	NO	NO	NO
DROPLET INS 0.5ML 30GX6MM(1/2)	1	NO	NO	NO
DROPLET INS 0.5ML 30GX8MM(1/2)	1	NO	NO	NO
DROPLET INS 0.5ML 31GX6MM(1/2)	1	NO	NO	NO
DROPLET INS 0.5ML 31GX8MM(1/2)	1	NO	NO	NO
DROPLET LANCING DEVICE	1	NO	NO	NO
DROSPIRENONE-EE 3-0.02 MG TAB	1	NO	NO	NO
DROSPIRENONE-EE 3-0.03 MG TAB	1	NO	NO	NO
DROXIA 200 MG CAPSULE	2	NO	NO	NO
DROXIA 300 MG CAPSULE	2	NO	NO	NO
DROXIA 400 MG CAPSULE	2	NO	NO	YES
DROXIDOPA 100 MG CAPSULE	4	YES	NO	NO
DROXIDOPA 200 MG CAPSULE	4	YES	NO	YES
DROXIDOPA 300 MG CAPSULE	4	YES	NO	YES
DRYSOL DAB-O-MATIC SOLUTION	2	NO	NO	NO
DRYSOL SOLUTION	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
DUAVEE 0.45-20 MG TABLET	3	YES	NO	NO
DULCOLAX 1,200 MG/15 ML LIQUID	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
DULERA 100 MCG-5 MCG INHALER	2	NO	NO	NO
DULERA 200 MCG-5 MCG INHALER	2	NO	NO	NO
DULERA 50 MCG-5 MCG INHALER	2	NO	NO	NO
DULOXETINE HCL DR 20 MG CAP	1	NO	NO	NO
DULOXETINE HCL DR 30 MG CAP	1	NO	NO	NO
DULOXETINE HCL DR 60 MG CAP	1	NO	NO	NO
DUPIXENT 100 MG/0.67 ML SYRING	4	YES	NO	NO
DUPIXENT 200 MG/1.14 ML PEN	4	YES	NO	NO
DUPIXENT 200 MG/1.14 ML SYRING	4	YES	NO	NO
DUPIXENT 300 MG/2 ML PEN	4	YES	NO	NO
DUPIXENT 300 MG/2 ML SYRINGE	4	YES	NO	YES
DUREX AVANTI REAL FEEL CONDOM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
DUTASTERIDE 0.5 MG CAPSULE	1	NO	NO	YES
DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	NO	NO	YES
E.E.S. 400 MG TABLET	1	NO	NO	YES
EASIVENT HOLDING CHAMBER	2	NO	NO	YES
EASIVENT MASK-LARGE	2	NO	NO	YES
EASIVENT MASK-MEDIUM	2	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASIVENT MASK-SMALL	2	NO	NO	YES
EASY COMFORT 30G LANCETS	1	NO	NO	NO
EASY MINI EJECT LANCING DEVICE	1	NO	NO	NO
EASY TOUCH FLURINGE 25GX1 1 ML	1	NO	NO	NO
EASY TOUCH LANCING DEVICE	1	NO	NO	NO
EASY TOUCH PULL-TOP 26G LANCET	1	NO	NO	NO
EASY TOUCH PULL-TOP 28G LANCET	1	NO	NO	NO
EASY TOUCH PULL-TOP 30G LANCET	1	NO	NO	NO
EASY TOUCH PULL-TOP 32G LANCET	1	NO	NO	NO
EASY TOUCH SAFETY 21G LANCETS	1	NO	NO	NO
EASY TOUCH SAFETY 23G LANCETS	1	NO	NO	NO
EASY TOUCH SAFETY 26G LANCETS	1	NO	NO	NO
EASY TOUCH SAFETY 28G LANCETS	1	NO	NO	NO
EASY TOUCH SAFETY 30G LANCETS	1	NO	NO	NO
EASY TOUCH SAFETY 32G LANCETS	1	NO	NO	NO
EASY TOUCH SYR 26GX3/8" 1 ML	1	NO	NO	NO
EASY TOUCH SYR 27GX1/2" 1 ML	1	NO	NO	NO
EASY TOUCH TWIST 26G LANCETS	1	NO	NO	YES
EASY TOUCH TWIST 28G LANCETS	1	NO	NO	YES
EASY TOUCH TWIST 30G LANCETS	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EASY TOUCH TWIST 32G LANCETS	1	NO	NO	YES
EASY TOUCH TWIST 33G LANCETS	1	NO	NO	NO
EASY TWIST & CAP 28G LANCETS	1	NO	NO	NO
EC-NAPROXEN DR 375 MG TABLET	1	NO	NO	NO
EC-NAPROXEN DR 500 MG TABLET	2	NO	NO	NO
ECONAZOLE NITRATE 1% CREAM	1	NO	NO	NO
ECONTRA EZ 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ECONTRA ONE-STEP 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ED-SPAZ 0.125 MG ODT	1	NO	NO	NO
EDURANT 25 MG TABLET	4	NO	NO	NO
EEMT DS 1.25-2.5 MG TABLET	2	NO	NO	NO
EEMT HS 0.625-1.25 MG TABLET	2	NO	NO	NO
EFAVIR-EMTRI-TENOF 600-200-300	4	NO	NO	NO
EFAVIRENZ 200 MG CAPSULE	2	NO	NO	NO
EFAVIRENZ 50 MG CAPSULE	2	NO	NO	NO
EFAVIRENZ 600 MG TABLET	2	NO	NO	NO
EFAVIR-LAMIV-TENOF 400-300-300	1	NO	NO	NO
EFAVIR-LAMIV-TENOF 600-300-300	1	NO	NO	NO
EFFER-K 25 MEQ TABLET EFF	1	NO	NO	NO
EGRIFTA SV 2 MG VIAL	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ELETRIPTAN HBR 20 MG TABLET	2	NO	NO	NO
ELETRIPTAN HBR 40 MG TABLET	2	NO	NO	NO
ELIGARD 22.5 MG SYRINGE KIT	4	YES	NO	NO
ELIGARD 30 MG SYRINGE KIT	4	YES	NO	NO
ELIGARD 45 MG SYRINGE KIT	4	YES	NO	NO
ELIGARD 7.5 MG SYRINGE KIT	4	YES	NO	YES
ELINEST-28 TABLET	1	NO	NO	YES
ELIQUIS 2.5 MG TABLET	2	NO	NO	YES
ELIQUIS 5 MG TABLET	2	NO	NO	NO
ELIQUIS DVT-PE TREAT START 5MG	2	NO	NO	YES
ELITE-OB CAPLET	1	NO	NO	YES
ELLA 30 MG TABLET	3	NO	NO	NO
ELLUME COVID19 HOME TEST (EUA)	1	NO	NO	NO
ELURYNG VAGINAL RING	1	NO	NO	NO
EMBRACE 21G SAFETY LANCET	1	NO	NO	NO
EMBRACE 28G SAFETY LANCET	1	NO	NO	NO
EMBRACE 30G LANCETS	1	NO	NO	NO
EMBRACE LANCING DEVICE	1	NO	NO	NO
EMCYT 140 MG CAPSULE	4	YES	NO	NO
EMGALITY 100 MG/ML SYR(1 OF 3)	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EMGALITY 120 MG/ML PEN	2	YES	NO	NO
EMGALITY 120 MG/ML SYRINGE	2	YES	NO	YES
EMGALITY 300 MG (100 MG X3SYR)	2	YES	NO	NO
EMOQUETTE 28 DAY TABLET	1	NO	NO	NO
EMTRICITABINE 200 MG CAPSULE	2	NO	NO	NO
EMTRICITABINE-TENOFV 100-150MG	4	NO	NO	NO
EMTRICITABINE-TENOFV 133-200MG	4	NO	NO	NO
EMTRICITABINE-TENOFV 167-250MG	4	NO	NO	NO
EMTRICITABINE-TENOFV 200-300MG	4	NO	NO	NO
EMTRIVA 10 MG/ML SOLUTION	4	NO	NO	NO
EMVERM 100 MG TABLET CHEW	3	YES	NO	NO
ENALAPRIL MALEATE 10 MG TAB	1	NO	NO	NO
ENALAPRIL MALEATE 2.5 MG TAB	1	NO	NO	NO
ENALAPRIL MALEATE 20 MG TAB	1	NO	NO	NO
ENALAPRIL MALEATE 5 MG TABLET	1	NO	NO	NO
ENALAPRIL-HCTZ 10-25 MG TABLET	1	NO	NO	NO
ENALAPRIL-HCTZ 5-12.5 MG TAB	1	NO	NO	NO
ENBREL 25 MG KIT	4	NO	YES	NO
ENBREL 25 MG/0.5 ML SYRINGE	4	NO	YES	NO
ENBREL 25 MG/0.5 ML VIAL	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ENBREL 50 MG/ML MINI CARTRIDGE	4	NO	YES	NO
ENBREL 50 MG/ML SURECLICK	4	NO	YES	NO
ENBREL 50 MG/ML SYRINGE	4	NO	YES	NO
ENDARI 5 GRAM POWDER PACKET	4	YES	NO	YES
ENDOCET 10-325 MG TABLET	1	NO	YES	YES
ENDOCET 2.5-325 MG TABLET	1	NO	YES	YES
ENDOCET 5-325 MG TABLET	1	NO	YES	YES
ENDOCET 7.5-325 MG TABLET	1	NO	YES	YES
ENGERIX-B 20 MCG/ML SYRN	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
ENGERIX-B 20 MCG/ML VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ENGERIX-B PEDI 10 MCG/0.5 SYRN	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ENILLORING VAGINAL RING	1	NO	NO	NO
ENOXAPARIN 100 MG/ML SYRINGE	4	NO	NO	NO
ENOXAPARIN 120 MG/0.8 ML SYR	4	NO	NO	NO
ENOXAPARIN 150 MG/ML SYRINGE	4	NO	NO	NO
ENOXAPARIN 30 MG/0.3 ML SYR	4	NO	NO	NO
ENOXAPARIN 300 MG/3 ML VIAL	4	NO	NO	NO
ENOXAPARIN 40 MG/0.4 ML SYR	4	NO	NO	NO
ENOXAPARIN 60 MG/0.6 ML SYR	4	NO	NO	NO
ENOXAPARIN 80 MG/0.8 ML SYR	4	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ENPRESSE-28 TABLET	1	NO	NO	NO
ENSKYCE 28 TABLET	1	NO	NO	NO
ENSPRYNG 120 MG/ML SYRINGE	4	YES	NO	NO
ENTACAPONE 200 MG TABLET	1	NO	NO	NO
ENTECAVIR 0.5 MG TABLET	4	NO	NO	NO
ENTECAVIR 1 MG TABLET	4	NO	NO	NO
ENTRESTO 24 MG-26 MG TABLET	2	NO	NO	NO
ENTRESTO 49 MG-51 MG TABLET	2	NO	NO	NO
ENTRESTO 97 MG-103 MG TABLET	2	NO	NO	NO
ENTYVIO 108 MG/0.68 ML PEN	4	NO	YES	NO
ENULOSE 10 GM/15 ML SOLUTION	1	NO	NO	NO
EPCLUSA 150-37.5 MG PELLET PKT	4	YES	NO	NO
EPCLUSA 200 MG-50 MG TABLET	4	YES	NO	NO
EPCLUSA 200-50 MG PELLET PACK	4	YES	NO	NO
EPCLUSA 400 MG-100 MG TABLET	4	YES	NO	NO
EPIDIOLEX 100 MG/ML SOLN PACK	4	YES	NO	NO
EPIDIOLEX 100 MG/ML SOLUTION	4	YES	NO	NO
EPINASTINE HCL 0.05% EYE DROPS	2	NO	NO	NO
EPINEPHRINE 0.15 MG AUTO-INJCT	2	NO	NO	YES
EPINEPHRINE 0.3 MG AUTO-INJECT	2	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EPITOL 200 MG TABLET	1	NO	NO	YES
EPIVIR HBV 25 MG/5 ML SOLN	4	NO	NO	YES
EPLERENONE 25 MG TABLET	1	NO	NO	YES
EPLERENONE 50 MG TABLET	1	NO	NO	YES
EPOGEN 10,000 UNITS/ML VIAL	4	YES	NO	YES
EPOGEN 2,000 UNITS/ML VIAL	4	YES	NO	YES
EPOGEN 20,000 UNITS/2 ML VIAL	4	YES	NO	YES
EPOGEN 20,000 UNITS/ML VIAL	4	YES	NO	YES
EPOGEN 3,000 UNITS/ML VIAL	4	YES	NO	YES
EPOGEN 4,000 UNITS/ML VIAL	4	YES	NO	YES
EQ GENTLE LAXATIVE DR 5 MG TAB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
EQ MAGNESIUM CITRATE SOLUTION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
EQ NASAL ALLERGY 24HR SPRAY	1	NO	NO	NO
EQ SPACE CHAMBER	2	NO	NO	YES
EQ SPACE CHAMBER-LARGE MASK	2	NO	NO	YES
EQ SPACE CHAMBER-MEDIUM MASK	2	NO	NO	NO
EQ SPACE CHAMBER-SMALL MASK	2	NO	NO	NO
EQL GENTLE LAXATIVE EC 5 MG TB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
EQL MICRO THIN 33G LANCETS	1	NO	NO	NO
EQL SLEEP AID 25 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EQL VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
EQUETRO 100 MG CAPSULE	3	YES	NO	NO
EQUETRO 200 MG CAPSULE	3	YES	NO	NO
EQUETRO 300 MG CAPSULE	3	YES	NO	NO
ERGOLOID MESYLATES 1 MG TAB	2	NO	NO	NO
ERGOMAR 2 MG TABLET SL	3	NO	NO	NO
ERGOTAMINE-CAFFEINE 1-100MG TB	2	NO	NO	YES
ERIVEDGE 150 MG CAPSULE	4	YES	NO	NO
ERLEADA 240 MG TABLET	4	YES	NO	YES
ERLEADA 60 MG TABLET	4	YES	NO	NO
ERLOTINIB HCL 100 MG TABLET	4	YES	NO	NO
ERLOTINIB HCL 150 MG TABLET	4	YES	NO	NO
ERLOTINIB HCL 25 MG TABLET	4	YES	NO	NO
ERRIN 0.35 MG TABLET	1	NO	NO	NO
ERY 2% PADS	2	NO	NO	NO
ERYGEL 2% GEL	2	NO	NO	NO
ERY-TAB DR 250 MG TABLET	2	NO	NO	NO
ERY-TAB DR 333 MG TABLET	2	NO	NO	NO
ERYTHROCIN 250 MG TABLET	2	NO	NO	NO
ERYTHROMYCIN 0.5% EYE OINTMENT	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ERYTHROMYCIN 2% GEL	1	NO	NO	NO
ERYTHROMYCIN 2% SOLUTION	1	NO	NO	NO
ERYTHROMYCIN 200 MG/5 ML SUSP	2	YES	NO	NO
ERYTHROMYCIN 250 MG TABLET	2	NO	NO	NO
ERYTHROMYCIN 400 MG/5 ML SUSP	2	YES	NO	NO
ERYTHROMYCIN 500 MG TABLET	2	NO	NO	NO
ERYTHROMYCIN DR 250 MG CAP	1	NO	NO	NO
ERYTHROMYCIN DR 250 MG TABLET	2	NO	NO	YES
ERYTHROMYCIN DR 333 MG TABLET	2	NO	NO	NO
ERYTHROMYCIN DR 500 MG TABLET	2	NO	NO	NO
ERYTHROMYCIN ES 400 MG TAB	1	NO	NO	NO
ERYTHROMYCIN-BENZOYL GEL	2	NO	NO	NO
ESCITALOPRAM 10 MG TABLET	1	NO	NO	YES
ESCITALOPRAM 20 MG TABLET	1	NO	NO	YES
ESCITALOPRAM 5 MG TABLET	1	NO	NO	NO
ESCITALOPRAM OXALATE 10MG/10ML	2	NO	NO	NO
ESCITALOPRAM OXALATE 5 MG/5 ML	2	NO	NO	NO
ESOMEPRAZOLE DR 10 MG PACKET	2	YES	NO	NO
ESOMEPRAZOLE DR 20 MG PACKET	2	YES	NO	NO
ESOMEPRAZOLE DR 40 MG PACKET	2	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ESOMEPRAZOLE MAG DR 20 MG CAP	1	NO	NO	YES
ESOMEPRAZOLE MAG DR 40 MG CAP	1	NO	NO	YES
ESTARYLLA 0.25-0.035 MG TABLET	1	NO	NO	YES
ESTAZOLAM 1 MG TABLET	1	NO	NO	NO
ESTAZOLAM 2 MG TABLET	1	NO	NO	NO
ESTRADIOL 0.01% CREAM	2	NO	NO	NO
ESTRADIOL 0.025 MG PATCH(1/WK)	1	NO	NO	NO
ESTRADIOL 0.025 MG PATCH(2/WK)	1	NO	NO	NO
ESTRADIOL 0.0375MG PATCH(1/WK)	1	NO	NO	NO
ESTRADIOL 0.0375MG PATCH(2/WK)	1	NO	NO	NO
ESTRADIOL 0.05 MG PATCH (1/WK)	1	NO	NO	NO
ESTRADIOL 0.05 MG PATCH (2/WK)	1	NO	NO	NO
ESTRADIOL 0.06 MG PATCH (1/WK)	1	NO	NO	NO
ESTRADIOL 0.075 MG PATCH(1/WK)	1	NO	NO	NO
ESTRADIOL 0.075 MG PATCH(2/WK)	1	NO	NO	NO
ESTRADIOL 0.1 MG PATCH (1/WK)	1	NO	NO	NO
ESTRADIOL 0.1 MG PATCH (2/WK)	1	NO	NO	NO
ESTRADIOL 0.5 MG TABLET	1	NO	NO	NO
ESTRADIOL 1 MG TABLET	1	NO	NO	NO
ESTRADIOL 10 MCG VAGINAL INSRT	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ESTRADIOL 2 MG TABLET	1	NO	NO	NO
ESTRADIOL-NORETH 0.5-0.1 MG TB	1	NO	NO	NO
ESTRADIOL-NORETH 1-0.5 MG TAB	1	NO	NO	NO
ESTROGEN-METHYLTESTOS F.S. TAB	2	NO	NO	NO
ESTROGEN-METHYLTESTOS H.S. TAB	2	NO	NO	NO
ESZOPICLONE 1 MG TABLET	1	NO	NO	NO
ESZOPICLONE 2 MG TABLET	1	NO	NO	NO
ESZOPICLONE 3 MG TABLET	1	NO	NO	NO
ETHACRYNIC ACID 25 MG TABLET	2	YES	NO	NO
ETHAMBUTOL HCL 100 MG TABLET	1	NO	NO	NO
ETHAMBUTOL HCL 400 MG TABLET	1	NO	NO	NO
ETHOSUXIMIDE 250 MG CAPSULE	1	NO	NO	NO
ETHOSUXIMIDE 250 MG/5 ML SOLN	1	NO	NO	NO
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1	NO	NO	NO
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1	NO	NO	NO
ETODOLAC 200 MG CAPSULE	2	NO	NO	NO
ETODOLAC 300 MG CAPSULE	2	NO	NO	NO
ETODOLAC 400 MG TABLET	1	NO	NO	NO
ETODOLAC 500 MG TABLET	1	NO	NO	YES
ETODOLAC ER 400 MG TABLET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ETODOLAC ER 500 MG TABLET	2	NO	NO	YES
ETODOLAC ER 600 MG TABLET	2	NO	NO	NO
ETONOGESTREL-EE VAGINAL RING	1	NO	NO	NO
ETOPOSIDE 50 MG CAPSULE	4	YES	NO	NO
ETRAVIRINE 100 MG TABLET	4	NO	NO	NO
ETRAVIRINE 200 MG TABLET	4	NO	NO	NO
EUCRISA 2% OINTMENT	3	NO	YES	NO
EUTHYROX 100 MCG TABLET	1	NO	NO	NO
EUTHYROX 112 MCG TABLET	1	NO	NO	NO
EUTHYROX 125 MCG TABLET	1	NO	NO	NO
EUTHYROX 137 MCG TABLET	1	NO	NO	NO
EUTHYROX 150 MCG TABLET	1	NO	NO	NO
EUTHYROX 175 MCG TABLET	1	NO	NO	NO
EUTHYROX 200 MCG TABLET	1	NO	NO	NO
EUTHYROX 25 MCG TABLET	1	NO	NO	NO
EUTHYROX 50 MCG TABLET	1	NO	NO	NO
EUTHYROX 75 MCG TABLET	1	NO	NO	NO
EUTHYROX 88 MCG TABLET	1	NO	NO	NO
EVEROLIMUS 10 MG TABLET	4	YES	NO	NO
EVEROLIMUS 2 MG TAB FOR SUSP	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EVEROLIMUS 2.5 MG TABLET	4	YES	NO	NO
EVEROLIMUS 3 MG TAB FOR SUSP	4	YES	NO	NO
EVEROLIMUS 5 MG TAB FOR SUSP	4	YES	NO	NO
EVEROLIMUS 5 MG TABLET	4	YES	NO	NO
EVEROLIMUS 7.5 MG TABLET	4	YES	NO	NO
EVOTAZ 300 MG-150 MG TABLET	4	NO	NO	NO
EVRYSDI 60 MG/80 ML(0.75MG/ML)	4	YES	NO	NO
EXEMESTANE 25 MG TABLET	1	NO	NO	NO
EXKIVITY 40 MG CAPSULE	4	YES	NO	NO
EXTAVIA 0.3 MG KIT	4	NO	YES	NO
EXTAVIA 0.3 MG VIAL	4	NO	YES	NO
EYE ITCH RELIEF 0.025% DROPS	1	NO	NO	NO
E-Z JECT COLORED LANCETS	1	NO	NO	NO
E-Z JECT LANCETS	1	NO	NO	NO
E-Z PULL & CLICK LANCING DEV	1	NO	NO	NO
EZ SMART 28G LANCETS	1	NO	NO	NO
EZETIMIBE 10 MG TABLET	1	NO	NO	NO
EZETIMIBE-SIMVASTATIN 10-10 MG	2	YES	NO	NO
EZETIMIBE-SIMVASTATIN 10-20 MG	2	YES	NO	NO
EZETIMIBE-SIMVASTATIN 10-40 MG	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
EZETIMIBE-SIMVASTATIN 10-80 MG	2	YES	NO	NO
E-ZJECT COLOR 32G LANCETS	1	NO	NO	NO
E-ZJECT COLOR 33G LANCETS	1	NO	NO	YES
E-ZJECT SUPER THIN 30G LANCETS	1	NO	NO	YES
E-ZJECT THIN LANCETS	1	NO	NO	NO
EZ-LETS 26G LANCETS	1	NO	NO	YES
FALMINA-28 TABLET	1	NO	NO	NO
FAMCICLOVIR 125 MG TABLET	1	NO	NO	YES
FAMCICLOVIR 250 MG TABLET	1	NO	NO	YES
FAMCICLOVIR 500 MG TABLET	1	NO	NO	YES
FAMOTIDINE 20 MG TABLET	1	NO	NO	YES
FAMOTIDINE 40 MG TABLET	1	NO	NO	YES
FAMOTIDINE 40 MG/5 ML SUSP	2	NO	NO	NO
FANTASY CONDOM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FARXIGA 10 MG TABLET	2	NO	NO	NO
FARXIGA 5 MG TABLET	2	NO	NO	NO
FARYDAK 10 MG CAPSULE	4	YES	NO	NO
FARYDAK 15 MG CAPSULE	4	YES	NO	YES
FARYDAK 20 MG CAPSULE	4	YES	NO	YES
FASENRA 30 MG/ML SYRINGE	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FASENRA PEN 30 MG/ML	4	YES	NO	YES
FASTEP COVID-19 AG HOME TEST	1	NO	NO	YES
FC2 FEMALE CONDOM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FEBUXOSTAT 40 MG TABLET	1	NO	YES	NO
FEBUXOSTAT 80 MG TABLET	1	NO	YES	NO
FELBAMATE 400 MG TABLET	2	NO	NO	NO
FELBAMATE 600 MG TABLET	2	NO	NO	NO
FELBAMATE 600 MG/5 ML SUSP	2	NO	NO	NO
FELBAMATE 600 MG/5 ML SUSP CUP	2	NO	NO	NO
FELODIPINE ER 10 MG TABLET	1	NO	NO	NO
FELODIPINE ER 2.5 MG TABLET	1	NO	NO	NO
FELODIPINE ER 5 MG TABLET	1	NO	NO	YES
FEMCAP 22 MM CERVICAL CAP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FEMCAP 26 MM CERVICAL CAP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FEMCAP 30 MM CERVICAL CAP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FEMYNOR 28 TABLET	1	NO	NO	NO
FENOFIBRATE 134 MG CAPSULE	1	NO	NO	NO
FENOFIBRATE 145 MG TABLET	1	NO	NO	NO
FENOFIBRATE 160 MG TABLET	1	NO	NO	NO
FENOFIBRATE 200 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FENOFIBRATE 48 MG TABLET	1	NO	NO	NO
FENOFIBRATE 54 MG TABLET	1	NO	NO	NO
FENOFIBRATE 67 MG CAPSULE	1	NO	NO	NO
FENOFIBRIC ACID DR 135 MG CAP	1	NO	NO	NO
FENOFIBRIC ACID DR 45 MG CAP	1	NO	NO	NO
FENSOLVI 45 MG SYRINGE KIT	4	YES	NO	NO
FENTANYL 100 MCG/HR PATCH	1	YES	NO	NO
FENTANYL 12 MCG/HR PATCH	1	YES	NO	NO
FENTANYL 25 MCG/HR PATCH	1	YES	NO	NO
FENTANYL 50 MCG/HR PATCH	1	YES	NO	NO
FENTANYL 75 MCG/HR PATCH	1	YES	NO	NO
FENTANYL CIT 100 MCG BUCCAL TB	3	YES	NO	NO
FENTANYL CIT 200 MCG BUCCAL TB	3	YES	NO	NO
FENTANYL CIT 400 MCG BUCCAL TB	3	YES	NO	NO
FENTANYL CIT 600 MCG BUCCAL TB	3	YES	NO	NO
FENTANYL CIT 800 MCG BUCCAL TB	3	YES	NO	NO
FENTANYL CIT OTFC 1,200 MCG	1	YES	NO	NO
FENTANYL CIT OTFC 1,600 MCG	1	YES	NO	NO
FENTANYL CITRATE OTFC 200 MCG	1	YES	NO	NO
FENTANYL CITRATE OTFC 400 MCG	1	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FENTANYL CITRATE OTFC 600 MCG	1	YES	NO	NO
FENTANYL CITRATE OTFC 800 MCG	1	YES	NO	NO
FENTORA 100 MCG BUCCAL TABLET	3	YES	NO	NO
FENTORA 200 MCG BUCCAL TABLET	3	YES	NO	NO
FENTORA 400 MCG BUCCAL TABLET	3	YES	NO	NO
FENTORA 600 MCG BUCCAL TABLET	3	YES	NO	NO
FENTORA 800 MCG BUCCAL TABLET	3	YES	NO	NO
FERRIPROX 100 MG/ML SOLUTION	4	YES	NO	NO
FESOTERODINE ER 4 MG TABLET	2	NO	YES	NO
FESOTERODINE ER 8 MG TABLET	2	NO	YES	NO
FIFTY50 LANCING DEVICE	1	NO	NO	NO
FIFTY50 SAFETY SEAL 30G LANCET	1	NO	NO	NO
FIFTY50 SAFETY SEAL 32G LANCET	1	NO	NO	YES
FIFTY50 UNILET 33G LANCETS	1	NO	NO	NO
FINASTERIDE 5 MG TABLET	1	NO	NO	NO
FINE 30 UNIVERSAL 30G LANCETS	1	NO	NO	YES
FINGERSTIX LANCETS	1	NO	NO	NO
FINGOLIMOD 0.5 MG CAPSULE	4	NO	NO	YES
FINTEPLA 2.2 MG/ML SOLUTION	4	YES	NO	NO
FINZALA 1-0.02(24)-75 CHEW TAB	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FIRDAPSE 10 MG TABLET	4	YES	NO	NO
FIRMAGON 2 X 120 MG KIT	4	YES	NO	NO
FIRMAGON 80 MG KIT	4	YES	NO	NO
FIRST-LANSOPRAZOLE 3 MG/ML	4	YES	NO	NO
FIRST-OMEPRAZOLE 2 MG/ML SUSP	4	YES	NO	NO
FLAC OTIC OIL 0.01% EAR DROP	2	NO	NO	NO
FLAREX 0.1% EYE DROPS	3	NO	NO	NO
FLAVOXATE HCL 100 MG TABLET	1	NO	NO	NO
FLECAINIDE ACETATE 100 MG TAB	1	NO	NO	NO
FLECAINIDE ACETATE 150 MG TAB	1	NO	NO	NO
FLECAINIDE ACETATE 50 MG TAB	1	NO	NO	NO
FLEET BISACODYL EC 5 MG TAB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLEXICHAMBER	2	NO	NO	NO
FLOWFLEX COVID-19 AG HOME TEST	1	NO	NO	NO
FLUAD 2020-2021 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUAD QUAD 2020-2021 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUAD QUAD 2021-2022 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUAD QUAD 2022-2023 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUAD QUAD 2023-2024 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUARIX QUAD 2020-2021 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLUARIX QUAD 2021-2022 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUARIX QUAD 2022-2023 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUARIX QUAD 2023-2024 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUBLOK QUAD 2020-2021 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUBLOK QUAD 2021-2022 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUBLOK QUAD 2022-2023 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUBLOK QUAD 2023-2024 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCELVAX QUAD 2020-2021 SYR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCELVAX QUAD 2020-2021 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCELVAX QUAD 2021-2022 SYR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCELVAX QUAD 2021-2022 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCELVAX QUAD 2022-2023 SYR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCELVAX QUAD 2022-2023 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCELVAX QUAD 2023-2024 SYR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCELVAX QUAD 2023-2024 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUCONAZOLE 10 MG/ML SUSP	1	NO	NO	NO
FLUCONAZOLE 100 MG TABLET	1	NO	NO	NO
FLUCONAZOLE 150 MG TABLET	1	NO	NO	NO
FLUCONAZOLE 200 MG TABLET	1	NO	NO	NO
FLUCONAZOLE 40 MG/ML SUSP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLUCONAZOLE 50 MG TABLET	1	NO	NO	NO
FLUCYTOSINE 250 MG CAPSULE	2	YES	NO	NO
FLUCYTOSINE 500 MG CAPSULE	2	YES	NO	NO
FLUDROCORTISONE 0.1 MG TABLET	1	NO	NO	NO
FLULAVAL QUAD 2020-2021 SYR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLULAVAL QUAD 2021-2022 SYR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLULAVAL QUAD 2022-2023 SYRING	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLULAVAL QUAD 2023-2024 SYRING	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUMIST QUAD NASAL 2020-21 VAC	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUMIST QUAD NASAL 2021-22 VAC	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUMIST QUAD NASAL 2022-23 VAC	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUMIST QUAD NASAL 2023-24 VAC	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUNISOLIDE 0.025% SPRAY	2	NO	YES	YES
FLUOCINOLONE 0.01% BODY OIL	2	NO	NO	YES
FLUOCINOLONE 0.01% CREAM	1	NO	NO	YES
FLUOCINOLONE 0.01% SCALP OIL	2	NO	NO	YES
FLUOCINOLONE 0.01% SOLUTION	2	NO	NO	YES
FLUOCINOLONE 0.025% CREAM	1	NO	NO	YES
FLUOCINOLONE 0.025% OINTMENT	1	NO	NO	YES
FLUOCINOLONE OIL 0.01% EAR DRP	2	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLUOCINONIDE 0.05% CREAM	1	NO	NO	YES
FLUOCINONIDE 0.05% GEL	1	NO	NO	YES
FLUOCINONIDE 0.05% OINTMENT	1	NO	NO	YES
FLUOCINONIDE 0.05% SOLUTION	1	NO	NO	NO
FLUOCINONIDE 0.1% CREAM	2	NO	YES	NO
FLUOCINONIDE-E 0.05% CREAM	1	NO	NO	NO
FLUORIDE 0.25 MG TABLET CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUORIDE 0.5 MG TABLET CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUORIDE 1 MG TABLET CHEWABLE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUORITAB 0.5 MG TABLET CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUORITAB 1 MG TABLET CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUOROMETHOLONE 0.1% EYE DROP	1	NO	NO	NO
FLUOROURACIL 2% TOPICAL SOLN	1	NO	NO	NO
FLUOROURACIL 5% CREAM	1	NO	NO	NO
FLUOROURACIL 5% TOPICAL SOLN	1	NO	NO	NO
FLUOXETINE 20 MG/5 ML SOLN CUP	2	NO	NO	NO
FLUOXETINE 20 MG/5 ML SOLUTION	2	NO	NO	NO
FLUOXETINE HCL 10 MG CAPSULE	1	NO	NO	NO
FLUOXETINE HCL 10 MG TABLET	2	NO	NO	NO
FLUOXETINE HCL 20 MG CAPSULE	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLUOXETINE HCL 20 MG TABLET	2	NO	NO	YES
FLUOXETINE HCL 40 MG CAPSULE	1	NO	NO	YES
FLUOXETINE HCL 60 MG TABLET	2	NO	NO	YES
FLUPHENAZINE 1 MG TABLET	2	YES	NO	YES
FLUPHENAZINE 10 MG TABLET	2	YES	NO	YES
FLUPHENAZINE 2.5 MG TABLET	2	YES	NO	YES
FLUPHENAZINE 2.5 MG/5 ML ELIX	2	YES	NO	YES
FLUPHENAZINE 2.5 MG/ML VIAL	2	YES	NO	YES
FLUPHENAZINE 5 MG TABLET	2	YES	NO	YES
FLUPHENAZINE 5 MG/ML CONC	2	YES	NO	NO
FLUPHENAZINE DEC 125 MG/5 ML	2	YES	NO	NO
FLURAZEPAM 15 MG CAPSULE	1	NO	NO	NO
FLURAZEPAM 30 MG CAPSULE	1	NO	NO	YES
FLURBIPROFEN 0.03% EYE DROP	2	NO	NO	YES
FLURBIPROFEN 100 MG TABLET	1	NO	NO	YES
FLUTAMIDE 125 MG CAPSULE	1	NO	NO	NO
FLUTICASONE PROP 0.005% OINT	1	NO	NO	NO
FLUTICASONE PROP 0.05% CREAM	1	NO	NO	NO
FLUTICASONE PROP 50 MCG SPRAY	1	NO	NO	NO
FLUTICASONE-SALMETEROL 100-50	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FLUTICASONE-SALMETEROL 113-14	1	NO	NO	NO
FLUTICASONE-SALMETEROL 232-14	1	NO	NO	NO
FLUTICASONE-SALMETEROL 250-50	1	NO	NO	NO
FLUTICASONE-SALMETEROL 500-50	1	NO	NO	NO
FLUTICASONE-SALMETEROL 55-14	1	NO	NO	NO
FLUVOXAMINE MALEATE 100 MG TAB	1	NO	NO	NO
FLUVOXAMINE MALEATE 25 MG TAB	1	NO	NO	NO
FLUVOXAMINE MALEATE 50 MG TAB	1	NO	NO	NO
FLUZONE HIGH-DOSE QUAD 2020-21	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUZONE HIGH-DOSE QUAD 2021-22	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUZONE HIGH-DOSE QUAD 2022-23	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUZONE HIGH-DOSE QUAD 2023-24	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUZONE QUAD 2020-2021 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUZONE QUAD 2020-2021 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUZONE QUAD 2021-2022 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FLUZONE QUAD 2021-2022 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUZONE QUAD 2022-2023 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUZONE QUAD 2022-2023 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUZONE QUAD 2023-2024 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FLUZONE QUAD 2023-2024 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FOLIC ACID 0.4 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FOLIC ACID 0.8 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
FOLIC ACID 1 MG TABLET	1	NO	NO	NO
FOLIC ACID 400 MCG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FOLIC ACID 800 MCG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FOLITAB 500 CAPLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FOLIVANE-OB CAPSULE	1	NO	NO	NO
FOLTABS 800 TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FONDAPARINUX 10 MG/0.8 ML SYR	4	NO	NO	NO
FONDAPARINUX 2.5 MG/0.5 ML SYR	4	NO	NO	NO
FONDAPARINUX 5 MG/0.4 ML SYR	4	NO	NO	NO
FONDAPARINUX 7.5 MG/0.6 ML SYR	4	NO	NO	NO
FORA 30G LANCETS	1	NO	NO	NO
FORA LANCING DEVICE	1	NO	NO	NO
FORACARE 30G LANCETS	1	NO	NO	NO
FORTEO 600 MCG/2.4 ML PEN INJ	4	YES	NO	NO
FOSAMAX PLUS D 70 MG-2800 UNIT	2	NO	NO	NO
FOSAMAX PLUS D 70 MG-5600 UNIT	2	NO	NO	NO
FOSAMPRENAVIR 700 MG TABLET	2	NO	NO	NO
FOSFOMYCIN 3 GM SACHET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FOSINOPRIL SODIUM 10 MG TAB	1	NO	NO	NO
FOSINOPRIL SODIUM 20 MG TAB	1	NO	NO	NO
FOSINOPRIL SODIUM 40 MG TAB	1	NO	NO	NO
FOSINOPRIL-HCTZ 10-12.5 MG TAB	1	NO	NO	NO
FOSINOPRIL-HCTZ 20-12.5 MG TAB	1	NO	NO	NO
FOTIVDA 0.89 MG CAPSULE	4	YES	NO	NO
FOTIVDA 1.34 MG CAPSULE	4	YES	NO	YES
FRAGMIN 10,000 UNIT/4 ML VIAL	4	NO	NO	YES
FRAGMIN 10,000 UNIT/ML SYRINGE	4	NO	NO	YES
FRAGMIN 12,500 UNIT/0.5 ML SYR	4	NO	NO	YES
FRAGMIN 15,000 UNIT/0.6 ML SYR	4	NO	NO	YES
FRAGMIN 18,000 UNIT/0.72 ML	4	NO	NO	YES
FRAGMIN 2,500 UNIT/0.2 ML SYR	4	NO	NO	YES
FRAGMIN 5,000 UNIT/0.2 ML SYR	4	NO	NO	YES
FRAGMIN 7,500 UNIT/0.3 ML SYR	4	NO	NO	YES
FRAGMIN 95,000 UNIT/3.8 ML VL	4	NO	NO	NO
FREESTYLE 28G LANCETS	1	NO	NO	NO
FREESTYLE LIBRE 14 DAY READER	2	YES	NO	NO
FREESTYLE LIBRE 14 DAY SENSOR	2	YES	NO	NO
FREESTYLE LIBRE 2 READER	3	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FREESTYLE LIBRE 2 SENSOR	3	YES	NO	NO
FREESTYLE LIBRE 3 READER	3	YES	NO	NO
FREESTYLE LIBRE 3 SENSOR	3	YES	NO	NO
FREESTYLE UNISTIK 2 LANCETS	1	NO	NO	YES
FROVATRIPTAN SUCC 2.5 MG TAB	2	NO	NO	NO
FRUZAQLA 1 MG CAPSULE	4	YES	NO	NO
FRUZAQLA 5 MG CAPSULE	4	YES	NO	NO
FT LAXATIVE EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FT MAGNESIUM CITRATE SOLUTION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FT MILK OF MAGNESIA SUSPENSION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FT SLEEP AID 25 MG TABLET	1	NO	NO	NO
FULL SPECTRUM B WITH VIT C TAB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
FULPHILA 6 MG/0.6 ML SYRINGE	4	YES	NO	NO
FUROSEMIDE 10 MG/ML SOLUTION	1	NO	NO	YES
FUROSEMIDE 20 MG TABLET	1	NO	NO	NO
FUROSEMIDE 40 MG TABLET	1	NO	NO	NO
FUROSEMIDE 40 MG/5 ML SOLN	1	NO	NO	NO
FUROSEMIDE 40 MG/5 ML SOLN CUP	1	NO	NO	YES
FUROSEMIDE 80 MG TABLET	1	NO	NO	YES
FUZEON 90 MG VIAL	4	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
FYAVOLV 0.5 MG-2.5 MCG TABLET	2	NO	NO	YES
FYAVOLV 1 MG-5 MCG TABLET	2	NO	NO	NO
FYCOMPA 0.5 MG/ML ORAL SUSP	3	YES	NO	NO
FYCOMPA 10 MG TABLET	3	YES	NO	YES
FYCOMPA 12 MG TABLET	3	YES	NO	YES
FYCOMPA 2 MG TABLET	3	YES	NO	NO
FYCOMPA 4 MG TABLET	3	YES	NO	NO
FYCOMPA 6 MG TABLET	3	YES	NO	NO
FYCOMPA 8 MG TABLET	3	YES	NO	NO
FYLNETRA 6 MG/0.6 ML SYRINGE	4	YES	NO	NO
G TUSSIN AC LIQUID	1	NO	NO	NO
GABAPENTIN 100 MG CAPSULE	1	NO	NO	NO
GABAPENTIN 250 MG/5 ML SOLN	1	NO	NO	NO
GABAPENTIN 250 MG/5ML SOLN CUP	1	NO	NO	NO
GABAPENTIN 300 MG CAPSULE	1	NO	NO	NO
GABAPENTIN 300 MG/6 ML SOLN	1	NO	NO	NO
GABAPENTIN 300 MG/6ML SOLN CUP	1	NO	NO	NO
GABAPENTIN 400 MG CAPSULE	1	NO	NO	NO
GABAPENTIN 600 MG TABLET	1	NO	NO	NO
GABAPENTIN 800 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GALAFOLD 123 MG CAPSULE	4	YES	NO	NO
GALANTAMINE ER 16 MG CAPSULE	2	NO	NO	NO
GALANTAMINE ER 24 MG CAPSULE	2	NO	NO	NO
GALANTAMINE ER 8 MG CAPSULE	2	NO	NO	NO
GALANTAMINE HBR 12 MG TABLET	2	NO	NO	NO
GALANTAMINE HBR 4 MG TABLET	2	NO	NO	NO
GALANTAMINE HBR 8 MG TABLET	2	NO	NO	NO
GARDASIL 9 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GARDASIL 9 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GATIFLOXACIN 0.5% EYE DROPS	2	NO	NO	NO
GATTEX 5 MG 30-VIAL KIT	4	YES	NO	NO
GATTEX 5 MG ONE-VIAL KIT	4	YES	NO	NO
GATTEX 5 MG VIAL	4	YES	NO	NO
GAVILYTE-C SOLUTION	1	NO	NO	NO
GAVILYTE-G SOLUTION	1	NO	NO	NO
GAVILYTE-N SOLUTION	1	NO	NO	NO
GAVRETO 100 MG CAPSULE	4	YES	NO	NO
GE LANCING DEVICE	1	NO	NO	NO
GELCLAIR ORAL GEL PACKET	3	NO	NO	NO
GEMFIBROZIL 600 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GENABIO COVID-19 RAPID AT-HOME	1	NO	NO	NO
GENERLAC 10 GM/15 ML SOLUTION	1	NO	NO	NO
GENGRAF 100 MG CAPSULE	1	NO	NO	NO
GENGRAF 100 MG/ML SOLUTION	1	NO	NO	NO
GENGRAF 25 MG CAPSULE	1	NO	NO	NO
GENOTROPIN 12 MG CARTRIDGE	4	YES	NO	NO
GENOTROPIN 5 MG CARTRIDGE	4	YES	NO	NO
GENOTROPIN MINIQUICK 0.2 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 0.4 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 0.6 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 0.8 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 1 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 1.2 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 1.4 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 1.6 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 1.8 MG	4	YES	NO	NO
GENOTROPIN MINIQUICK 2 MG	4	YES	NO	NO
GENTAK 0.3 % EYE OINTMENT	1	NO	NO	NO
GENTAMICIN 0.1% CREAM	1	NO	NO	NO
GENTAMICIN 0.1% OINTMENT	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GENTAMICIN 0.3% EYE DROP	1	NO	NO	NO
GENTAMICIN 3 MG/ML EYE DROP	1	NO	NO	NO
GENTEEL VACUUM LANCING DEVICE	1	NO	NO	NO
GENTLE LAXATIVE 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GENTLE LAXATIVE EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GENVOYA TABLET	4	NO	NO	NO
GIANVI 3 MG-0.02 MG TABLET	1	NO	NO	NO
GILOTRIF 20 MG TABLET	4	YES	NO	NO
GILOTRIF 30 MG TABLET	4	YES	NO	YES
GILOTRIF 40 MG TABLET	4	YES	NO	NO
GLATIRAMER 20 MG/ML SYRINGE	4	NO	NO	NO
GLATIRAMER 40 MG/ML SYRINGE	4	NO	NO	NO
GLATOPA 20 MG/ML SYRINGE	4	NO	NO	NO
GLATOPA 40 MG/ML SYRINGE	4	NO	NO	NO
GLEOSTINE 10 MG CAPSULE	4	YES	NO	NO
GLEOSTINE 100 MG CAPSULE	4	YES	NO	YES
GLEOSTINE 40 MG CAPSULE	4	YES	NO	NO
GLIMEPIRIDE 1 MG TABLET	1	NO	NO	NO
GLIMEPIRIDE 2 MG TABLET	1	NO	NO	NO
GLIMEPIRIDE 4 MG TABLET	1	NO	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GLYBURIDE MICRO 6 MG TABLET	1	NO	NO	NO
GLYBURIDE-METFORMIN 2.5-500 MG	1	NO	NO	NO
GLYBURIDE-METFORMIN 5-500 MG	1	NO	NO	NO
GLYBURID-METFORMIN 1.25-250 MG	1	NO	NO	NO
GLYCOPYRROLATE 1 MG TABLET	1	NO	NO	NO
GLYCOPYRROLATE 1 MG/5 ML SOLN	2	YES	NO	NO
GLYCOPYRROLATE 2 MG TABLET	1	NO	NO	NO
GLYXAMBI 10 MG-5 MG TABLET	2	NO	NO	NO
GLYXAMBI 25 MG-5 MG TABLET	2	NO	NO	NO
GNP BUDESONIDE 32 MCG SPRAY	1	NO	NO	NO
GNP CITRATE OF MAGNESIA SOLN	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GNP FOLIC ACID 400 MCG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GNP GENTLE LAXATIVE EC 5 MG TB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GNP LANCING SYSTEM DEVICE	1	NO	NO	NO
GNP LAXATIVE EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GNP MAGNESIUM CITRATE SOLUTION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GNP MILK OF MAGNESIA SUSP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GNP PRENATAL VITAMINS TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GNP SLEEP AID 25 MG CAPLET	1	NO	NO	NO
GNP STERILE 33G LANCET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GNP ULT C 0.3ML 29GX1/2" (1/2)	1	NO	NO	NO
GNP UNIVERSAL 1 STANDARD 21G	1	NO	NO	NO
GNP UNIVERSAL 1 THIN 26G LANCT	1	NO	NO	NO
GNP VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
GOJJI LANCETS 30G	1	NO	NO	NO
GOJJI LANCING DEVICE	1	NO	NO	NO
GRANISETRON HCL 1 MG TABLET	1	NO	NO	NO
GRANIX 300 MCG/0.5 ML SAFE SYR	4	YES	NO	YES
GRANIX 300 MCG/0.5 ML SYRINGE	4	YES	NO	NO
GRANIX 300 MCG/ML VIAL	4	YES	NO	NO
GRANIX 480 MCG/0.8 ML SAFE SYR	4	YES	NO	NO
GRANIX 480 MCG/0.8 ML SYRINGE	4	YES	NO	YES
GRANIX 480 MCG/1.6 ML VIAL	4	YES	NO	NO
GRASSTEK 2,800 BAU SL TABLET	3	YES	NO	NO
GRISEOFULVIN 125 MG/5 ML SUSP	1	NO	NO	YES
GRISEOFULVIN MICRO 500 MG TAB	1	NO	NO	YES
GRISEOFULVIN ULTRA 125 MG TAB	1	NO	NO	YES
GRISEOFULVIN ULTRA 250 MG TAB	1	NO	NO	YES
GS BISACODYL EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
GS MILK OF MAGNESIA SUSPENSION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GS NASAL ALLERGY 24HR SPRAY	1	NO	NO	NO
GS NIGHTTIME SLEEP AID 25 MG	1	NO	NO	NO
GS SLEEP AID 25 MG TABLET	1	NO	NO	NO
GS UNIVERSAL 1 MICRO THIN 33G	1	NO	NO	NO
GS UNIVERSAL 1 THIN 26G LANCET	1	NO	NO	NO
GS UNIVERSAL 1 ULTRA THIN 30G	1	NO	NO	NO
GUAIAUSSIN AC LIQUID	1	NO	NO	YES
GUAIFEN-CODEINE 100-10 MG/5 ML	1	NO	NO	NO
GUAIFEN-CODEINE 200-20 MG/10ML	1	NO	NO	NO
GUAIFENESIN AC COUGH SYRUP	1	NO	NO	NO
GUANFACINE 1 MG TABLET	1	NO	NO	NO
GUANFACINE 2 MG TABLET	1	NO	NO	NO
GUANFACINE HCL ER 1 MG TABLET	1	NO	NO	NO
GUANFACINE HCL ER 2 MG TABLET	1	NO	NO	NO
GUANFACINE HCL ER 3 MG TABLET	1	NO	NO	YES
GUANFACINE HCL ER 4 MG TABLET	1	NO	NO	YES
GVOKE 1 MG/0.2 ML KIT	2	NO	NO	YES
GVOKE 1 MG/0.2 ML VIAL	2	NO	NO	YES
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	2	NO	NO	NO
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	2	NO	NO	NO
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	2	NO	NO	NO
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	2	NO	NO	NO
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	2	NO	NO	YES
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	2	NO	NO	NO
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	2	NO	NO	NO
GYNAZOLE 1 2% CREAM	3	NO	NO	NO
GYNOL II 3% GEL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HAEGARDA 2,000 UNIT VIAL	4	YES	NO	YES
HAEGARDA 3,000 UNIT VIAL	4	YES	NO	NO
HAILEY 21 1.5 MG-30 MCG TAB	1	NO	NO	NO
HAILEY 24 FE 1 MG-20 MCG TAB	1	NO	NO	YES
HAILEY FE 1.5-30 TABLET	1	NO	NO	NO
HAILEY FE 1-20 TABLET	1	NO	NO	NO
HALOBETASOL PROP 0.05% CREAM	1	NO	NO	NO
HALOBETASOL PROP 0.05% OINTMNT	1	NO	NO	NO
HALOETTE VAGINAL RING	1	NO	NO	NO
HALOPERIDOL 0.5 MG TABLET	1	YES	NO	NO
HALOPERIDOL 1 MG TABLET	1	YES	NO	NO
HALOPERIDOL 10 MG TABLET	1	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HALOPERIDOL 2 MG TABLET	1	YES	NO	NO
HALOPERIDOL 20 MG TABLET	1	YES	NO	NO
HALOPERIDOL 5 MG TABLET	1	YES	NO	NO
HALOPERIDOL DEC 100 MG/ML AMP	2	YES	NO	YES
HALOPERIDOL DEC 100 MG/ML VIAL	2	YES	NO	NO
HALOPERIDOL DEC 250 MG/5 ML VL	2	YES	NO	NO
HALOPERIDOL DEC 50 MG/ML AMPUL	2	YES	NO	NO
HALOPERIDOL DEC 50 MG/ML VIAL	2	YES	NO	YES
HALOPERIDOL DEC 500 MG/5 ML VL	2	YES	NO	NO
HALOPERIDOL LAC 10 MG/5 ML CUP	1	YES	NO	NO
HALOPERIDOL LAC 2 MG/ML CONC	1	YES	NO	NO
HALOPERIDOL LAC 5 MG/ML AMPUL	1	YES	NO	NO
HALOPERIDOL LAC 5 MG/ML SYRINGE	1	YES	NO	NO
HALOPERIDOL LAC 5 MG/ML VIAL	1	YES	NO	NO
HALOPERIDOL LAC 50 MG/10 ML VL	1	YES	NO	NO
HARVONI 33.75-150 MG PELLET PK	4	YES	NO	NO
HARVONI 45-200 MG PELLET PACKT	4	YES	NO	NO
HARVONI 45-200 MG TABLET	4	YES	NO	NO
HARVONI 90-400 MG TABLET	4	YES	NO	NO
HAVRIX 1,440 UNIT/ML SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HAVRIX 720 UNIT/0.5 ML SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HEALTHY ACCENTS AUTOLET DEVICE	1	NO	NO	YES
HEALTHY ACCENTS UNILET 30G	1	NO	NO	NO
HEATHER 0.35 MG TABLET	1	NO	NO	NO
HEB MICRO THIN 33G LANCETS	1	NO	NO	NO
HELIDAC THERAPY PACK	3	NO	NO	NO
HEMA-COMBISTIX REAGENT STRIPS	1	NO	NO	NO
HEMANGEOL 4.28 MG/ML ORAL SOLN	3	YES	NO	NO
HEMMOREX-HC 25 MG SUPPOSITORY	1	NO	NO	NO
HEPARIN 10,000 UNIT/10 ML VIAL	1	NO	NO	NO
HEPARIN 2,000 UNIT/2 ML VIAL	1	NO	NO	NO
HEPARIN 30,000 UNIT/30 ML VIAL	1	NO	NO	NO
HEPARIN 40,000 UNIT/4 ML VIAL	1	NO	NO	NO
HEPARIN 5,000 UNIT/ML CARPUJCT	1	NO	NO	NO
HEPARIN 50,000 UNIT/10 ML VIAL	1	NO	NO	NO
HEPARIN 50,000 UNIT/5 ML VIAL	1	NO	NO	NO
HEPARIN SOD 1,000 UNIT/ML VIAL	1	NO	NO	NO
HEPARIN SOD 10,000 UNIT/ML VL	1	NO	NO	NO
HEPARIN SOD 20,000 UNIT/ML VL	1	NO	NO	NO
HEPARIN SOD 5,000 UNIT/0.5 ML	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HEPARIN SOD 5,000 UNIT/ML SYRG	1	NO	NO	NO
HEPARIN SOD 5,000 UNIT/ML VIAL	1	NO	NO	NO
HEPLISAV-B 20 MCG/0.5 ML SYRNG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HER STYLE 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HETLIOZ LQ 4 MG/ML SUSPENSION	4	YES	NO	NO
HIBERIX VACCINE VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HIBERIX VIAL AND DILUENT SYRG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HIBERIX VIAL WITH DILUENT VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HM 24HR NASAL ALLERGY 55 MCG	1	NO	NO	NO
HM EYE ITCH RELIEF 0.025% DROP	1	NO	NO	NO
HM LAXATIVE EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HM MAGNESIUM CITRATE SOLUTION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HM MILK OF MAGNESIA SUSPENSION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
HOMATROPAIRE 5% EYE DROPS	1	NO	NO	NO
HUMALOG 100 UNIT/ML CARTRIDGE	1	NO	NO	NO
HUMALOG 100 UNIT/ML KWIKPEN	1	NO	NO	NO
HUMALOG 100 UNIT/ML VIAL	1	NO	NO	NO
HUMALOG 200 UNIT/ML KWIKPEN	1	NO	NO	NO
HUMALOG JR 100 UNIT/ML KWIKPEN	1	NO	NO	NO
HUMALOG MIX 50-50 KWIKPEN	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HUMALOG MIX 50-50 VIAL	1	NO	NO	NO
HUMALOG MIX 75-25 KWIKPEN	1	NO	NO	NO
HUMALOG MIX 75-25 VIAL	1	NO	NO	NO
HUMATROPE 12 MG CARTRIDGE	4	YES	NO	NO
HUMATROPE 24 MG CARTRIDGE	4	YES	NO	NO
HUMATROPE 6 MG CARTRIDGE	4	YES	NO	NO
HUMIRA 40 MG/0.8 ML SYRINGE	4	NO	YES	NO
HUMIRA PEN 40 MG/0.8 ML	4	NO	YES	NO
HUMIRA PEN CROHN-UC-HS 40 MG	4	NO	YES	NO
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	NO	YES	NO
HUMIRA(CF) 10 MG/0.1 ML SYRING	4	NO	YES	NO
HUMIRA(CF) 20 MG/0.2 ML SYRING	4	NO	YES	NO
HUMIRA(CF) 40 MG/0.4 ML SYRING	4	NO	YES	NO
HUMIRA(CF) PEDI CROHN 80-40 MG	4	NO	YES	NO
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	NO	YES	NO
HUMIRA(CF) PEN 40 MG/0.4 ML	4	NO	YES	NO
HUMIRA(CF) PEN 80 MG/0.8 ML	4	NO	YES	NO
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	NO	YES	NO
HUMIRA(CF) PEN PEDI UC 80 MG	4	NO	YES	NO
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	NO	YES	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROCODONE ER 120 MG TABLET	2	YES	NO	NO
HYDROCODONE ER 15 MG CAPSULE	2	YES	NO	NO
HYDROCODONE ER 20 MG CAPSULE	2	YES	NO	NO
HYDROCODONE ER 20 MG TABLET	2	YES	NO	NO
HYDROCODONE ER 30 MG CAPSULE	2	YES	NO	NO
HYDROCODONE ER 30 MG TABLET	2	YES	NO	NO
HYDROCODONE ER 40 MG CAPSULE	2	YES	NO	NO
HYDROCODONE ER 40 MG TABLET	2	YES	NO	NO
HYDROCODONE ER 50 MG CAPSULE	2	YES	NO	NO
HYDROCODONE ER 60 MG TABLET	2	YES	NO	NO
HYDROCODONE ER 80 MG TABLET	2	YES	NO	NO
HYDROCODONE-ACETAMIN 10-300 MG	1	NO	YES	NO
HYDROCODONE-ACETAMIN 10-325 MG	1	NO	YES	NO
HYDROCODONE-ACETAMIN 2.5-108/5	1	NO	YES	NO
HYDROCODONE-ACETAMIN 5-217/10	1	NO	YES	NO
HYDROCODONE-ACETAMIN 5-300 MG	1	NO	YES	NO
HYDROCODONE-ACETAMIN 5-325 MG	1	NO	YES	NO
HYDROCODONE-ACETAMIN 7.5-300	1	NO	YES	NO
HYDROCODONE-ACETAMIN 7.5-325	1	NO	YES	NO
HYDROCODONE-ACETAMN 7.5-325/15	1	NO	YES	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROCODONE-CHLORPHEN ER SUSP	1	NO	NO	NO
HYDROCODONE-HOMATROP 5 ML CUP	1	NO	NO	NO
HYDROCODONE-HOMATROPINE 5-1.5	1	NO	NO	NO
HYDROCODONE-HOMATROPINE SOLN	1	NO	NO	NO
HYDROCODONE-IBUPROFEN 10-200	2	NO	YES	NO
HYDROCODONE-IBUPROFEN 5-200 MG	2	NO	YES	NO
HYDROCODONE-IBUPROFEN 7.5-200	1	NO	YES	NO
HYDROCORT BUTY 0.1% LIPID CRM	2	NO	NO	NO
HYDROCORT BUTY 0.1% LIPO CREAM	2	NO	NO	NO
HYDROCORTISON-ACETIC ACID SOLN	1	NO	NO	NO
HYDROCORTISONE 1% CREAM	1	NO	NO	YES
HYDROCORTISONE 10 MG TABLET	1	NO	NO	YES
HYDROCORTISONE 100 MG/60 ML	1	NO	NO	YES
HYDROCORTISONE 2.5% CREAM	1	NO	NO	NO
HYDROCORTISONE 2.5% LOTION	1	NO	NO	NO
HYDROCORTISONE 2.5% OINTMENT	1	NO	NO	NO
HYDROCORTISONE 20 MG TABLET	1	NO	NO	NO
HYDROCORTISONE 5 MG TABLET	1	NO	NO	NO
HYDROCORTISONE AC 25 MG SUPP	1	NO	NO	NO
HYDROCORTISONE BUTY 0.1% CREAM	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROCORTISONE BUTYR 0.1% OINT	2	NO	NO	NO
HYDROCORTISONE BUTYR 0.1% SOLN	2	NO	NO	NO
HYDROCORTISONE VAL 0.2% CREAM	1	NO	NO	NO
HYDROCORTISONE VAL 0.2% OINTMT	2	NO	NO	NO
HYDROCORTISONE-ACETIC EAR DROP	1	NO	NO	NO
HYDROCORT-PRAMOXINE 2.5-1% CRM	2	NO	NO	YES
HYDROMET 5 MG-1.5 MG/5 ML SOLN	1	NO	NO	YES
HYDROMORPHONE 1 MG/ML SOLUTION	1	NO	YES	NO
HYDROMORPHONE 2 MG TABLET	1	NO	YES	YES
HYDROMORPHONE 3 MG SUPPOS	1	NO	YES	NO
HYDROMORPHONE 4 MG TABLET	1	NO	YES	NO
HYDROMORPHONE 5 MG/5 ML CUP	1	NO	YES	NO
HYDROMORPHONE 5 MG/5 ML SOLN	1	NO	YES	NO
HYDROMORPHONE 8 MG TABLET	1	NO	YES	NO
HYDROMORPHONE HCL ER 12 MG TAB	2	YES	NO	NO
HYDROMORPHONE HCL ER 16 MG TAB	2	YES	NO	NO
HYDROMORPHONE HCL ER 32 MG TAB	2	YES	NO	NO
HYDROMORPHONE HCL ER 8 MG TAB	2	YES	NO	NO
HYDROXYCHLOROQUINE 100 MG TAB	1	NO	NO	NO
HYDROXYCHLOROQUINE 200 MG TAB	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYDROXYUREA 500 MG CAPSULE	1	NO	NO	NO
HYDROXYZINE 10 MG/5 ML CUP	1	NO	NO	NO
HYDROXYZINE 10 MG/5 ML SOLN	1	NO	NO	NO
HYDROXYZINE 10 MG/5 ML SYRUP	1	NO	NO	NO
HYDROXYZINE 50 MG/25 ML CUP	1	NO	NO	NO
HYDROXYZINE HCL 10 MG TABLET	1	NO	NO	NO
HYDROXYZINE HCL 25 MG TABLET	1	NO	NO	NO
HYDROXYZINE HCL 50 MG TABLET	1	NO	NO	YES
HYDROXYZINE PAM 100 MG CAP	1	NO	NO	NO
HYDROXYZINE PAM 25 MG CAP	1	NO	NO	NO
HYDROXYZINE PAM 50 MG CAP	1	NO	NO	NO
HYFTOR 0.2% GEL	4	YES	NO	NO
HYOSCYAMINE 0.125 MG ODT	1	NO	NO	NO
HYOSCYAMINE 0.125 MG TAB SL	1	NO	NO	NO
HYOSCYAMINE 0.125 MG/5 ML ELIX	1	NO	NO	NO
HYOSCYAMINE ER 0.375 MG TAB	1	NO	NO	NO
HYOSCYAMINE SR 0.375 MG TAB	1	NO	NO	NO
HYOSCYAMINE SULF 0.125 MG TAB	1	NO	NO	YES
HYOSYNE 125 MCG/5 ML ELIXIR	1	NO	NO	NO
HYPER-SAL 3.5% VIAL	3	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
HYPOLANCE AST LANCING KIT	1	NO	NO	YES
HYRIMOZ(CF) 10 MG/0.1 ML SYRNG	4	NO	YES	YES
HYRIMOZ(CF) 20 MG/0.2 ML SYRNG	4	NO	YES	NO
HYRIMOZ(CF) 40 MG/0.4 ML SYRNG	4	NO	YES	NO
HYRIMOZ(CF) PEDI CROHN 80 MG	4	NO	YES	NO
HYRIMOZ(CF) PEDI CROHN 80-40MG	4	NO	YES	NO
HYRIMOZ(CF) PEN 40 MG/0.4 ML	4	NO	YES	NO
HYRIMOZ(CF) PEN 80 MG/0.8 ML	4	NO	YES	NO
HYRIMOZ(CF) PEN CROHN-UC 80 MG	4	NO	YES	NO
HYRIMOZ(CF) PEN PSORIA 80-40MG	4	NO	YES	NO
IBANDRONATE SODIUM 150 MG TAB	1	NO	NO	YES
IBRANCE 100 MG CAPSULE	4	YES	NO	NO
IBRANCE 100 MG TABLET	4	YES	NO	NO
IBRANCE 125 MG CAPSULE	4	YES	NO	NO
IBRANCE 125 MG TABLET	4	YES	NO	NO
IBRANCE 75 MG CAPSULE	4	YES	NO	NO
IBRANCE 75 MG TABLET	4	YES	NO	NO
IBSRELA 50 MG TABLET	3	YES	NO	NO
IBU 400 MG TABLET	1	NO	NO	NO
IBU 600 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
IBU 800 MG TABLET	1	NO	NO	NO
IBUPROFEN 100 MG/5 ML SUSP	1	NO	NO	NO
IBUPROFEN 100 MG/5 ML SUSP CUP	1	NO	NO	NO
IBUPROFEN 200 MG/10ML SUSP CUP	1	NO	NO	NO
IBUPROFEN 400 MG TABLET	1	NO	NO	YES
IBUPROFEN 600 MG TABLET	1	NO	NO	YES
IBUPROFEN 800 MG TABLET	1	NO	NO	NO
ICATIBANT 30 MG/3 ML SYRINGE	4	YES	NO	NO
ICLEVIA 0.15 MG-0.03 MG TABLET	1	NO	NO	NO
ICLUSIG 10 MG TABLET	4	YES	NO	NO
ICLUSIG 15 MG TABLET	4	YES	NO	NO
ICLUSIG 30 MG TABLET	4	YES	NO	NO
ICLUSIG 45 MG TABLET	4	YES	NO	NO
ICOSAPENT ETHYL 0.5 GM CAPSULE	2	YES	NO	NO
ICOSAPENT ETHYL 1 GRAM CAPSULE	2	YES	NO	NO
ICOSAPENT ETHYL 500 MG CAPSULE	2	YES	NO	NO
IDHIFA 100 MG TABLET	4	YES	NO	NO
IDHIFA 50 MG TABLET	4	YES	NO	NO
IHEALTH COVID-19 AG HOME TEST	1	NO	NO	NO
ILUMYA 100 MG/ML SYRINGE	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
IMATINIB MESYLATE 100 MG TAB	4	YES	NO	NO
IMATINIB MESYLATE 400 MG TAB	4	YES	NO	NO
IMBRUVICA 140 MG CAPSULE	4	YES	NO	NO
IMBRUVICA 140 MG TABLET	4	YES	NO	NO
IMBRUVICA 280 MG TABLET	4	YES	NO	NO
IMBRUVICA 420 MG TABLET	4	YES	NO	NO
IMBRUVICA 560 MG TABLET	4	YES	NO	NO
IMBRUVICA 70 MG CAPSULE	4	YES	NO	NO
IMBRUVICA 70 MG/ML SUSPENSION	4	YES	NO	NO
IMCIVREE 10 MG/ML VIAL	4	YES	NO	YES
IMIPRAMINE HCL 10 MG TABLET	1	NO	NO	NO
IMIPRAMINE HCL 25 MG TABLET	1	NO	NO	NO
IMIPRAMINE HCL 50 MG TABLET	1	NO	NO	NO
IMIQUIMOD 5% CREAM PACKET	1	NO	NO	NO
INBRIJA 42 MG INHALATION CAP	4	YES	NO	NO
INCASSIA 0.35 MG TABLET	1	NO	NO	NO
INCONTROL LANCING DEVICE	1	NO	NO	NO
INCONTROL SUPER THIN 30G LANCT	1	NO	NO	YES
INCONTROL ULTRA THIN 28G LANCT	1	NO	NO	NO
INCRELEX 40 MG/4 ML VIAL	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
INCRUSE ELLIPTA 62.5 MCG INH	2	NO	NO	NO
INDAPAMIDE 1.25 MG TABLET	1	NO	NO	NO
INDAPAMIDE 2.5 MG TABLET	1	NO	NO	NO
INDICAID COVID-19 AG HOME TEST	1	NO	NO	NO
INDOMETHACIN 25 MG CAPSULE	1	NO	NO	NO
INDOMETHACIN 50 MG CAPSULE	1	NO	NO	YES
INDOMETHACIN ER 75 MG CAPSULE	1	NO	NO	YES
INFANRIX DTAP SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
INFANRIX DTAP VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
INGREZZA 40 MG CAPSULE	4	YES	NO	YES
INGREZZA 60 MG CAPSULE	4	YES	NO	NO
INGREZZA 80 MG CAPSULE	4	YES	NO	NO
INGREZZA INITIATION PACK	4	YES	NO	YES
INJECT EASE 28G LANCETS	1	NO	NO	YES
INJECT EASE 30G LANCETS	1	NO	NO	YES
INLYTA 1 MG TABLET	4	YES	NO	YES
INLYTA 5 MG TABLET	4	YES	NO	YES
INQOVI 35 MG-100 MG TABLET	4	YES	NO	YES
INREBIC 100 MG CAPSULE	4	YES	NO	NO
INSULIN SYR 0.3ML 31GX1/4(1/2)	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
INTELENCE 25 MG TABLET	4	NO	NO	NO
INTELISWAB COVID-19 HOME TEST	1	NO	NO	NO
INTRAROSA 6.5 MG VAG INSERT	3	NO	NO	NO
INTRON A 10 MILLION UNITS VIAL	4	NO	NO	NO
INTRON A 18 MILLION UNIT/3 ML	4	NO	NO	NO
INTRON A 18 MILLION UNITS VIAL	4	NO	NO	NO
INTRON A 25 MILLION UNIT/2.5ML	4	NO	NO	NO
INTRON A 50 MILLION UNITS VIAL	4	NO	NO	NO
INVACARE 30G LANCETS	1	NO	NO	NO
INVACARE LANCING DEVICE	1	NO	NO	NO
INVEGA HAFYERA 1,092 MG/3.5 ML	2	YES	NO	YES
INVEGA HAFYERA 1,560 MG/5 ML	2	YES	NO	NO
INVEGA SUSTENNA 117 MG/0.75 ML	2	YES	NO	NO
INVEGA SUSTENNA 156 MG/ML SYRG	2	YES	NO	NO
INVEGA SUSTENNA 234 MG/1.5 ML	2	YES	NO	NO
INVEGA SUSTENNA 39 MG/0.25 ML	2	YES	NO	NO
INVEGA SUSTENNA 78 MG/0.5 ML	2	YES	NO	NO
INVEGA TRINZA 273 MG/0.88 ML	2	YES	NO	NO
INVEGA TRINZA 410 MG/1.32 ML	2	YES	NO	NO
INVEGA TRINZA 546 MG/1.75 ML	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
INVEGA TRINZA 819 MG/2.63 ML	2	YES	NO	NO
INVIRASE 500 MG TABLET	4	NO	NO	NO
IPOL VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1	NO	NO	NO
IPRATROPIUM 0.03% SPRAY	1	NO	NO	NO
IPRATROPIUM 0.06% SPRAY	1	NO	NO	NO
IPRATROPIUM BR 0.02% SOLN	1	NO	NO	NO
IRBESARTAN 150 MG TABLET	1	NO	NO	NO
IRBESARTAN 300 MG TABLET	1	NO	NO	NO
IRBESARTAN 75 MG TABLET	1	NO	NO	NO
IRBESARTAN-HCTZ 150-12.5 MG TB	1	NO	NO	NO
IRBESARTAN-HCTZ 300-12.5 MG TB	1	NO	NO	NO
ISENTRESS 100 MG POWDER PACKET	4	NO	NO	NO
ISENTRESS 100 MG TABLET CHEW	4	NO	NO	NO
ISENTRESS 25 MG TABLET CHEW	4	NO	NO	NO
ISENTRESS 400 MG TABLET	4	NO	NO	YES
ISENTRESS HD 600 MG TABLET	4	NO	NO	YES
ISIBLOOM 28 DAY TABLET	1	NO	NO	YES
ISONIAZID 100 MG TABLET	1	NO	NO	NO
ISONIAZID 300 MG TABLET	1	NO	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ISTURISA 5 MG TABLET	4	YES	NO	NO
ITRACONAZOLE 100 MG CAPSULE	2	NO	NO	NO
IVERMECTIN 0.5% LOTION	2	NO	NO	NO
IVERMECTIN 1% CREAM	2	YES	NO	NO
IVERMECTIN 3 MG TABLET	1	YES	NO	NO
IWILFIN 192 MG TABLET	4	YES	NO	NO
JAIMESS 0.15-0.03-0.01 MG TAB	1	NO	NO	NO
JAKAFI 10 MG TABLET	4	YES	NO	NO
JAKAFI 15 MG TABLET	4	YES	NO	NO
JAKAFI 20 MG TABLET	4	YES	NO	NO
JAKAFI 25 MG TABLET	4	YES	NO	NO
JAKAFI 5 MG TABLET	4	YES	NO	NO
JANSSEN COVID-19 VACCINE (EUA)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
JANTOVEN 1 MG TABLET	1	NO	NO	NO
JANTOVEN 10 MG TABLET	1	NO	NO	NO
JANTOVEN 2 MG TABLET	1	NO	NO	NO
JANTOVEN 2.5 MG TABLET	1	NO	NO	NO
JANTOVEN 3 MG TABLET	1	NO	NO	NO
JANTOVEN 4 MG TABLET	1	NO	NO	NO
JANTOVEN 5 MG TABLET	1	NO	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
JENTADUETO XR 5 MG-1,000 MG TB	2	NO	NO	NO
JINTELI 1 MG-5 MCG TABLET	2	NO	NO	NO
JOLESSA 0.15 MG-0.03 MG TABLET	1	NO	NO	NO
JULEBER 28 DAY TABLET	1	NO	NO	NO
JULUCA 50-25 MG TABLET	4	NO	NO	NO
JUNEL 1 MG-20 MCG TABLET	1	NO	NO	NO
JUNEL 1.5 MG-30 MCG TABLET	1	NO	NO	NO
JUNEL FE 1 MG-20 MCG TABLET	1	NO	NO	NO
JUNEL FE 1.5 MG-30 MCG TABLET	1	NO	NO	NO
JUNEL FE 24 TABLET	1	NO	NO	NO
JUXTAPID 10 MG CAPSULE	4	YES	NO	NO
JUXTAPID 20 MG CAPSULE	4	YES	NO	NO
JUXTAPID 30 MG CAPSULE	4	YES	NO	NO
JUXTAPID 5 MG CAPSULE	4	YES	NO	NO
JYNARQUE 15 MG TABLET	4	YES	NO	NO
JYNARQUE 15 MG-15 MG TABLET	4	YES	NO	NO
JYNARQUE 30 MG TABLET	4	YES	NO	NO
JYNARQUE 30 MG-15 MG TABLET	4	YES	NO	NO
JYNARQUE 45 MG-15 MG TABLET	4	YES	NO	NO
JYNARQUE 60 MG-30 MG TABLET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
JYNARQUE 90 MG-30 MG TABLET	4	YES	NO	NO
KAITLIB FE 0.8-0.025MG CHEW TB	1	NO	NO	NO
KALLIGA 28 DAY TABLET	1	NO	NO	NO
KALYDECO 13.4 MG GRANULES PKT	4	YES	NO	NO
KALYDECO 150 MG TABLET	4	YES	NO	NO
KALYDECO 25 MG GRANULES PACKET	4	YES	NO	NO
KALYDECO 5.8 MG GRANULES PKT	4	YES	NO	NO
KALYDECO 50 MG GRANULES PACKET	4	YES	NO	NO
KALYDECO 75 MG GRANULES PACKET	4	YES	NO	NO
KARIVA 28 DAY TABLET	1	NO	NO	NO
KELNOR 1-35 28 TABLET	1	NO	NO	NO
KELNOR 1-50 TABLET	1	NO	NO	NO
KERENDIA 10 MG TABLET	3	YES	NO	NO
KERENDIA 20 MG TABLET	3	YES	NO	NO
KESIMPTA 20 MG/0.4 ML PEN	4	YES	NO	NO
KETOCONAZOLE 2% CREAM	1	NO	NO	NO
KETOCONAZOLE 2% SHAMPOO	1	NO	NO	NO
KETOCONAZOLE 200 MG TABLET	1	NO	NO	NO
KETO-DIASTIX REAGENT STRIPS	1	NO	NO	NO
KETOPROFEN 25 MG CAPSULE	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
KETOROLAC 0.4% OPHTH SOLUTION	1	NO	NO	NO
KETOROLAC 0.5% OPHTH SOLUTION	1	NO	NO	NO
KETOROLAC 10 MG TABLET	1	NO	NO	NO
KETOTIFEN FUM 0.025% EYE DROPS	1	NO	NO	NO
KETOTIFEN FUM 0.035% EYE DROPS	1	NO	NO	NO
KEVZARA 150 MG/1.14 ML PEN INJ	4	NO	YES	NO
KEVZARA 150 MG/1.14 ML SYRINGE	4	NO	YES	NO
KEVZARA 200 MG/1.14 ML PEN INJ	4	NO	YES	NO
KEVZARA 200 MG/1.14 ML SYRINGE	4	NO	YES	NO
KIMONO CONDOMS	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KIMONO MAXX CONDOM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KIMONO MICROTHIN CONDOM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KIMONO MICROTHIN LARGE CONDOM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KIMONO TEXTURED CONDOM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KINERET 100 MG/0.67 ML SYRINGE	4	YES	NO	NO
KINRIX TIP-LOK SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KINRIX VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KISQALI 200 MG DAILY DOSE	4	YES	NO	NO
KISQALI 400 MG DAILY DOSE	4	YES	NO	NO
KISQALI 600 MG DAILY DOSE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
KISQALI FEMARA 200 MG CO-PACK	4	YES	NO	NO
KISQALI FEMARA 400 MG CO-PACK	4	YES	NO	NO
KISQALI FEMARA 600 MG CO-PACK	4	YES	NO	NO
KLAYESTA 100,000 UNIT/GM POWD	1	NO	NO	NO
KLOR-CON 10 MEQ TABLET	1	NO	NO	NO
KLOR-CON 8 MEQ TABLET	1	NO	NO	NO
KLOR-CON M10 TABLET	1	NO	NO	NO
KLOR-CON M15 TABLET	1	NO	NO	NO
KLOR-CON M20 TABLET	1	NO	NO	NO
KLOR-CON-EF 25 MEQ TAB EFF	1	NO	NO	NO
KLOXXADO 8 MG NASAL SPRAY	2	NO	NO	NO
KOBEE TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KORLYM 300 MG TABLET	4	YES	NO	NO
KOSELUGO 10 MG CAPSULE	4	YES	NO	NO
KOSELUGO 25 MG CAPSULE	4	YES	NO	NO
KOURZEQ 0.1% DENTAL PASTE	1	NO	NO	NO
KPN TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
KRAZATI 200 MG TABLET	4	YES	NO	NO
KRINTAFEL 150 MG TABLET	3	NO	NO	NO
KRO AUTOLET LANCING DEVICE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
KRO LANCING DEVICE	1	NO	NO	NO
KRO UNIVERSAL 1 THIN 26G LANCT	1	NO	NO	YES
KROGER LANCETS	1	NO	NO	YES
KROGER LANCING DEVICE	1	NO	NO	YES
KROGER SUPER THIN LANCETS	1	NO	NO	YES
KURVELO-28 TABLET	1	NO	NO	YES
KYNMOBI 10 MG SL FILM	4	YES	NO	YES
KYNMOBI 15 MG SL FILM	4	YES	NO	YES
KYNMOBI 20 MG SL FILM	4	YES	NO	YES
KYNMOBI 25 MG SL FILM	4	YES	NO	YES
KYNMOBI 30 MG SL FILM	4	YES	NO	YES
KYZATREX 100 MG CAPSULE	3	YES	NO	YES
KYZATREX 150 MG CAPSULE	3	YES	NO	YES
KYZATREX 200 MG CAPSULE	3	YES	NO	NO
LABETALOL HCL 100 MG TABLET	1	NO	NO	NO
LABETALOL HCL 200 MG TABLET	1	NO	NO	NO
LABETALOL HCL 300 MG TABLET	1	NO	NO	NO
LABSTIX REAGENT STRIPS	1	NO	NO	NO
LACOSAMIDE 10 MG/ML SOLUTION	2	YES	NO	NO
LACOSAMIDE 100 MG TABLET	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LACOSAMIDE 100 MG/10 ML CUP	2	YES	NO	NO
LACOSAMIDE 150 MG TABLET	2	YES	NO	NO
LACOSAMIDE 150 MG/15 ML CUP	2	YES	NO	NO
LACOSAMIDE 200 MG TABLET	2	YES	NO	NO
LACOSAMIDE 200 MG/20 ML CUP	2	YES	NO	NO
LACOSAMIDE 50 MG TABLET	2	YES	NO	NO
LACOSAMIDE 50 MG/5 ML CUP	2	YES	NO	NO
LACTULOSE 10 GM/15 ML SOLN CUP	1	NO	NO	NO
LACTULOSE 10 GM/15 ML SOLUTION	1	NO	NO	NO
LACTULOSE 20 GM/30 ML SOLN CUP	1	NO	NO	NO
LACTULOSE 20 GM/30 ML SOLUTION	1	NO	NO	NO
LAGEVRIO 200 MG CAP (EUA)	3	NO	NO	NO
LAMIVUDINE 10 MG/ML ORAL SOLN	1	NO	NO	NO
LAMIVUDINE 150 MG TABLET	1	NO	NO	NO
LAMIVUDINE 300 MG TABLET	1	NO	NO	NO
LAMIVUDINE HBV 100 MG TABLET	4	NO	NO	NO
LAMIVUDINE-ZIDOVUDINE TABLET	2	NO	NO	NO
LAMOTRIGINE 100 MG TABLET	1	NO	NO	NO
LAMOTRIGINE 150 MG TABLET	1	NO	NO	NO
LAMOTRIGINE 200 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LAMOTRIGINE 25 MG DISPER TAB	1	NO	NO	NO
LAMOTRIGINE 25 MG TABLET	1	NO	NO	NO
LAMOTRIGINE 5 MG DISPER TABLET	1	NO	NO	NO
LAMOTRIGINE ER 100 MG TABLET	2	NO	NO	NO
LAMOTRIGINE ER 200 MG TABLET	2	NO	NO	NO
LAMOTRIGINE ER 25 MG TABLET	2	NO	NO	NO
LAMOTRIGINE ER 250 MG TABLET	2	NO	NO	NO
LAMOTRIGINE ER 300 MG TABLET	2	NO	NO	NO
LAMOTRIGINE ER 50 MG TABLET	2	NO	NO	NO
LAMPIT 120 MG TABLET	3	YES	NO	NO
LAMPIT 30 MG TABLET	3	YES	NO	YES
LANCETS	1	NO	NO	NO
LANCETS 26G X 1.8MM	1	NO	NO	NO
LANCETS 28G LANCETS	1	NO	NO	NO
LANCETS 30G	1	NO	NO	NO
LANCETS 33G	1	NO	NO	NO
LANCETS THIN 23G	1	NO	NO	NO
LANCETS ULTRA FINE 28G	1	NO	NO	NO
LANCETS ULTRA THIN 26G	1	NO	NO	NO
LANCING DEVICE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LANSOPRAZOL-AMOXICIL-CLARITHRO	2	NO	NO	NO
LANSOPRAZOLE DR 15 MG CAPSULE	1	NO	NO	YES
LANSOPRAZOLE DR 15 MG ODT	2	YES	NO	YES
LANSOPRAZOLE DR 30 MG CAPSULE	1	NO	NO	NO
LANSOPRAZOLE DR 30 MG ODT	2	YES	NO	NO
LANTHANUM CARB 1,000 MG TB CHW	2	NO	YES	NO
LANTHANUM CARB 500 MG TAB CHEW	2	NO	YES	NO
LANTHANUM CARB 750 MG TAB CHEW	2	NO	YES	NO
LANTUS 100 UNIT/ML VIAL	2	NO	NO	NO
LANTUS SOLOSTAR 100 UNIT/ML	2	NO	NO	NO
LANZO LANCING DEVICE	1	NO	NO	YES
LAPATINIB 250 MG TABLET	4	YES	NO	NO
LARIN 1.5 MG-30 MCG TABLET	1	NO	NO	YES
LARIN 21 1-20 TABLET	1	NO	NO	YES
LARIN 24 FE 1 MG-20 MCG TABLET	1	NO	NO	YES
LARIN FE 1.5-30 TABLET	1	NO	NO	YES
LARIN FE 1-20 TABLET	1	NO	NO	YES
LARISSIA-28 TABLET	1	NO	NO	YES
LASTACFT 0.25% EYE DROPS	3	NO	YES	YES
LATANOPROST 0.005% EYE DROPS	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LAXATIVE EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
LAYOLIS FE CHEWABLE TABLET	1	NO	NO	YES
LAZANDA 100 MCG NASAL SPRAY	3	YES	NO	YES
LAZANDA 400 MCG NASAL SPRAY	3	YES	NO	NO
LEDIPASVIR-SOFOSBUVIR 90-400MG	4	YES	NO	YES
LEENA 28 TABLET	1	NO	NO	NO
LEFLUNOMIDE 10 MG TABLET	1	NO	NO	NO
LEFLUNOMIDE 20 MG TABLET	1	NO	NO	NO
LENALIDOMIDE 10 MG CAPSULE	4	YES	NO	NO
LENALIDOMIDE 15 MG CAPSULE	4	YES	NO	NO
LENALIDOMIDE 2.5 MG CAPSULE	4	YES	NO	NO
LENALIDOMIDE 20 MG CAPSULE	4	YES	NO	NO
LENALIDOMIDE 25 MG CAPSULE	4	YES	NO	NO
LENALIDOMIDE 5 MG CAPSULE	4	YES	NO	NO
LENVIMA 10 MG DAILY DOSE	4	YES	NO	NO
LENVIMA 12 MG DAILY DOSE	4	YES	NO	NO
LENVIMA 14 MG DAILY DOSE	4	YES	NO	NO
LENVIMA 18 MG DAILY DOSE	4	YES	NO	NO
LENVIMA 20 MG DAILY DOSE	4	YES	NO	NO
LENVIMA 24 MG DAILY DOSE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LENVIMA 4 MG CAPSULE	4	YES	NO	NO
LENVIMA 8 MG DAILY DOSE	4	YES	NO	NO
LESSINA-28 TABLET	1	NO	NO	NO
LETROZOLE 2.5 MG TABLET	1	NO	NO	NO
LEUCOVORIN CALCIUM 10 MG TAB	2	NO	NO	NO
LEUCOVORIN CALCIUM 15 MG TAB	2	NO	NO	NO
LEUCOVORIN CALCIUM 25 MG TAB	2	NO	NO	NO
LEUCOVORIN CALCIUM 5 MG TAB	1	NO	NO	NO
LEUKERAN 2 MG TABLET	4	YES	NO	NO
LEUKINE 250 MCG VIAL	4	YES	NO	NO
LEUPROLIDE 2WK 14 MG/2.8 ML KT	4	YES	NO	NO
LEUPROLIDE DEPOT 22.5 MG VIAL	4	YES	NO	NO
LEVALBUTEROL 0.31 MG/3 ML SOL	2	NO	NO	NO
LEVALBUTEROL 0.63 MG/3 ML SOL	2	NO	NO	NO
LEVALBUTEROL 1.25 MG/3 ML SOL	2	NO	NO	NO
LEVALBUTEROL CONC 1.25 MG/0.5	2	NO	NO	NO
LEVETIRACETAM 1,000 MG TABLET	1	NO	NO	NO
LEVETIRACETAM 1,000 MG/10 ML	1	NO	NO	YES
LEVETIRACETAM 1,000MG/10ML CUP	1	NO	NO	YES
LEVETIRACETAM 100 MG/ML SOLN	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEVETIRACETAM 250 MG TABLET	1	NO	NO	YES
LEVETIRACETAM 500 MG TABLET	1	NO	NO	YES
LEVETIRACETAM 500 MG/5 ML CUP	1	NO	NO	YES
LEVETIRACETAM 500 MG/5 ML SOLN	1	NO	NO	YES
LEVETIRACETAM 750 MG TABLET	1	NO	NO	YES
LEVETIRACETAM ER 500 MG TABLET	1	NO	NO	YES
LEVETIRACETAM ER 750 MG TABLET	1	NO	NO	YES
LEVOBUNOLOL 0.5% EYE DROPS	1	NO	NO	YES
LEVOCARNITINE 1 G/10 ML CUP	2	NO	NO	YES
LEVOCARNITINE 1 G/10 ML SOLN	2	NO	NO	YES
LEVOCARNITINE 330 MG TABLET	2	NO	NO	NO
LEVOCARNITINE 500 MG/5 ML CUP	2	NO	NO	NO
LEVOCARNITINE SF 1 G/10 ML SOL	2	NO	NO	NO
LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	NO	NO	NO
LEVOCETIRIZINE 5 MG TABLET	1	NO	NO	NO
LEVOFLOXACIN 0.5% EYE DROPS	2	NO	NO	NO
LEVOFLOXACIN 1.5% EYE DROPS	2	NO	NO	NO
LEVOFLOXACIN 25 MG/ML SOLUTION	2	NO	NO	NO
LEVOFLOXACIN 250 MG TABLET	1	NO	NO	NO
LEVOFLOXACIN 250 MG/10 ML SOLN	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEVOFLOXACIN 500 MG TABLET	1	NO	NO	NO
LEVOFLOXACIN 750 MG TABLET	1	NO	NO	NO
LEVONEST-28 TABLET	1	NO	NO	NO
LEVONO-E ESTRAD 0.15-0.03-0.01	1	NO	NO	NO
LEVONOR-E ESTRAD 0.1-0.02-0.01	1	NO	NO	NO
LEVONOR-ETH ESTRA 0.09-0.02 MG	1	NO	NO	NO
LEVONOR-ETH ESTRAD 0.1-0.02 MG	1	NO	NO	NO
LEVONOR-ETH ESTRAD 0.15-0.03	1	NO	NO	NO
LEVONOR-ETH ESTRAD TRIPHASIC	1	NO	NO	NO
LEVONORG 0.15MG-EE 20-25-30MCG	1	NO	NO	NO
LEVONORGESTREL 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
LEVORA-28 TABLET	1	NO	NO	NO
LEVO-T 100 MCG TABLET	1	NO	NO	NO
LEVO-T 112 MCG TABLET	1	NO	NO	NO
LEVO-T 125 MCG TABLET	1	NO	NO	NO
LEVO-T 137 MCG TABLET	1	NO	NO	NO
LEVO-T 150 MCG TABLET	1	NO	NO	NO
LEVO-T 175 MCG TABLET	1	NO	NO	NO
LEVO-T 200 MCG TABLET	1	NO	NO	NO
LEVO-T 25 MCG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEVO-T 300 MCG TABLET	1	NO	NO	NO
LEVO-T 50 MCG TABLET	1	NO	NO	NO
LEVO-T 75 MCG TABLET	1	NO	NO	NO
LEVO-T 88 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 0.025 MG TABLET	1	NO	NO	NO
LEVOTHYROXINE 0.175 MG TABLET	1	NO	NO	NO
LEVOTHYROXINE 100 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 112 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 125 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 137 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 150 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 175 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 200 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 25 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 300 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 50 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 75 MCG TABLET	1	NO	NO	NO
LEVOTHYROXINE 88 MCG TABLET	1	NO	NO	NO
LEVOXYL 100 MCG TABLET	1	NO	NO	NO
LEVOXYL 112 MCG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LEVOXYL 125 MCG TABLET	1	NO	NO	NO
LEVOXYL 137 MCG TABLET	1	NO	NO	NO
LEVOXYL 150 MCG TABLET	1	NO	NO	NO
LEVOXYL 175 MCG TABLET	1	NO	NO	NO
LEVOXYL 200 MCG TABLET	1	NO	NO	NO
LEVOXYL 25 MCG TABLET	1	NO	NO	NO
LEVOXYL 50 MCG TABLET	1	NO	NO	NO
LEVOXYL 75 MCG TABLET	1	NO	NO	NO
LEVOXYL 88 MCG TABLET	1	NO	NO	NO
LEXIVA 50 MG/ML SUSPENSION	4	NO	NO	NO
LIDOCAINE 2% VISCOUS 15 ML CUP	1	YES	NO	NO
LIDOCAINE 2% VISCOUS 20 ML CUP	1	YES	NO	NO
LIDOCAINE 2% VISCOUS SOLN	1	YES	NO	YES
LIDOCAINE 3% CREAM	1	NO	NO	YES
LIDOCAINE 5% OINTMENT	1	NO	NO	NO
LIDOCAINE 5% PATCH	2	NO	NO	YES
LIDOCAINE HCL 2% JELLY	2	NO	NO	NO
LIDOCAINE HCL 4% SOLUTION	2	NO	NO	NO
LIDOCAINE-HC 3-0.5% CREAM	1	NO	NO	NO
LIDOCAINE-PRILOCAINE CREAM	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LIDOCORT 3-0.5% CREAM	1	NO	NO	NO
LIDOPIN 3% CREAM	1	NO	NO	NO
LILLOW-28 TABLET	1	NO	NO	NO
LINDANE 1% SHAMPOO	1	NO	NO	NO
LINEZOLID 100 MG/5 ML SUSP	1	NO	NO	NO
LINEZOLID 600 MG TABLET	1	NO	NO	NO
LINZESS 145 MCG CAPSULE	2	NO	NO	NO
LINZESS 290 MCG CAPSULE	2	NO	NO	NO
LINZESS 72 MCG CAPSULE	2	NO	NO	NO
LIOETHYRONINE SOD 25 MCG TAB	1	NO	NO	NO
LIOETHYRONINE SOD 5 MCG TAB	1	NO	NO	NO
LIOETHYRONINE SOD 50 MCG TAB	1	NO	NO	NO
LISDEXAMFETAMINE 10 MG CAPSULE	1	YES	NO	NO
LISDEXAMFETAMINE 10 MG TB CHEW	1	YES	NO	NO
LISDEXAMFETAMINE 20 MG CAPSULE	1	YES	NO	NO
LISDEXAMFETAMINE 20 MG TB CHEW	1	YES	NO	YES
LISDEXAMFETAMINE 30 MG CAPSULE	1	YES	NO	YES
LISDEXAMFETAMINE 30 MG TB CHEW	1	YES	NO	YES
LISDEXAMFETAMINE 40 MG CAPSULE	1	YES	NO	NO
LISDEXAMFETAMINE 40 MG TB CHEW	1	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LISDEXAMFETAMINE 50 MG CAPSULE	1	YES	NO	NO
LISDEXAMFETAMINE 50 MG TB CHEW	1	YES	NO	NO
LISDEXAMFETAMINE 60 MG CAPSULE	1	YES	NO	NO
LISDEXAMFETAMINE 60 MG TB CHEW	1	YES	NO	NO
LISDEXAMFETAMINE 70 MG CAPSULE	1	YES	NO	NO
LISINOPRIL 10 MG TABLET	1	NO	NO	NO
LISINOPRIL 2.5 MG TABLET	1	NO	NO	NO
LISINOPRIL 20 MG TABLET	1	NO	NO	NO
LISINOPRIL 30 MG TABLET	1	NO	NO	NO
LISINOPRIL 40 MG TABLET	1	NO	NO	NO
LISINOPRIL 5 MG TABLET	1	NO	NO	NO
LISINOPRIL-HCTZ 10-12.5 MG TAB	1	NO	NO	NO
LISINOPRIL-HCTZ 20-12.5 MG TAB	1	NO	NO	NO
LISINOPRIL-HCTZ 20-25 MG TAB	1	NO	NO	NO
LITE TOUCH 28G LANCETS	1	NO	NO	NO
LITE TOUCH 30G LANCETS	1	NO	NO	NO
LITE TOUCH 33G LANCETS	1	NO	NO	YES
LITE TOUCH LANCING PEN	1	NO	NO	YES
LITFULO 50 MG CAPSULE	4	NO	YES	YES
LITHIUM 8 MEQ/5 ML SOLUTION	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LITHIUM CARBONATE 150 MG CAP	1	NO	NO	YES
LITHIUM CARBONATE 300 MG CAP	1	NO	NO	YES
LITHIUM CARBONATE 300 MG TAB	1	NO	NO	NO
LITHIUM CARBONATE 600 MG CAP	1	NO	NO	YES
LITHIUM CARBONATE ER 300 MG TB	1	NO	NO	NO
LITHIUM CARBONATE ER 450 MG TB	1	NO	NO	NO
LIVE BETTER ADVANCED LANCING	1	NO	NO	NO
LIVE BETTER ULTRA THIN LANCET	1	NO	NO	NO
LIVMARLI 9.5 MG/ML ORAL SOLN	4	YES	NO	NO
LIVTENCITY 200 MG TABLET	4	YES	NO	NO
LO LOESTRIN FE 1-10 TABLET	2	NO	NO	NO
LODOCO 0.5 MG TABLET	3	YES	NO	NO
LOJAIMIESS 0.1-0.02-0.01 TAB	1	NO	NO	NO
LOKELMA 10 GRAM POWDER PACKET	3	NO	NO	YES
LOKELMA 5 GRAM POWDER PACKET	3	NO	NO	YES
LONGS THIN LANCETS 26G	1	NO	NO	NO
LONGS THIN LANCETS 30G	1	NO	NO	YES
LONSURF 15 MG-6.14 MG TABLET	4	YES	NO	YES
LONSURF 20 MG-8.19 MG TABLET	4	YES	NO	YES
LOPINA VIR-RITONAVIR 80-20MG/ML	2	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LOPINAVIR-RITONAVIR 100-25MG TB	4	NO	NO	NO
LOPINAVIR-RITONAVIR 200-50MG TB	4	NO	NO	YES
LORAZEPAM 0.5 MG TABLET	1	NO	NO	YES
LORAZEPAM 1 MG TABLET	1	NO	NO	YES
LORAZEPAM 2 MG TABLET	1	NO	NO	YES
LORAZEPAM 2 MG/ML ORAL CONCENT	2	NO	NO	YES
LORAZEPAM INTENSOL 2 MG/ML	2	NO	NO	NO
LORBRENA 100 MG TABLET	4	YES	NO	NO
LORBRENA 25 MG TABLET	4	YES	NO	YES
LORTAB 10 MG-300 MG/15 ML ELXR	3	NO	YES	YES
LORYNA 3 MG-0.02 MG TABLET	1	NO	NO	YES
LOSARTAN POTASSIUM 100 MG TAB	1	NO	NO	YES
LOSARTAN POTASSIUM 25 MG TAB	1	NO	NO	NO
LOSARTAN POTASSIUM 50 MG TAB	1	NO	NO	NO
LOSARTAN-HCTZ 100-12.5 MG TAB	1	NO	NO	NO
LOSARTAN-HCTZ 100-25 MG TAB	1	NO	NO	NO
LOSARTAN-HCTZ 50-12.5 MG TAB	1	NO	NO	NO
LOTEPREDNOL ETABONATE 0.5% DRP	2	NO	NO	NO
LOVASTATIN 10 MG TABLET	1	NO	NO	YES
LOVASTATIN 20 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LOVASTATIN 40 MG TABLET	1	NO	NO	NO
LOW-OGESTREL-28 TABLET	1	NO	NO	YES
LOXAPINE 10 MG CAPSULE	1	YES	NO	YES
LOXAPINE 25 MG CAPSULE	1	YES	NO	YES
LOXAPINE 5 MG CAPSULE	1	YES	NO	YES
LOXAPINE 50 MG CAPSULE	1	YES	NO	NO
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	NO	NO	NO
LUBIPROSTONE 24 MCG CAPSULE	2	NO	NO	NO
LUBIPROSTONE 8 MCG CAPSULE	2	NO	NO	NO
LUDENT FLUORIDE 0.25 MG TB CHW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
LUDENT FLUORIDE 0.5 MG TB CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
LUDENT FLUORIDE 1 MG TAB CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
LULICONAZOLE 1% CREAM	3	YES	NO	NO
LUMAKRAS 120 MG TABLET	4	YES	NO	NO
LUMAKRAS 320 MG TABLET	4	YES	NO	YES
LUMIGAN 0.01% EYE DROPS	2	NO	NO	YES
LUMRYZ ER 4.5 GM PACKET	4	YES	NO	YES
LUMRYZ ER 6 GM PACKET	4	YES	NO	NO
LUMRYZ ER 7.5 GM PACKET	4	YES	NO	NO
LUMRYZ ER 9 GM PACKET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LUPANETA PK 11.25-5 MG 3MO KIT	4	NO	NO	NO
LUPANETA PK 3.75-5 MG 1MO KIT	4	NO	NO	NO
LUPKYNIS 7.9 MG CAPSULE	4	YES	NO	NO
LUPRON DEPOT 11.25 MG 3MO KIT	4	YES	NO	NO
LUPRON DEPOT 22.5 MG 3MO KIT	4	YES	NO	NO
LUPRON DEPOT 3.75 MG KIT	4	YES	NO	NO
LUPRON DEPOT 45 MG 6MO KIT	4	YES	NO	YES
LUPRON DEPOT 7.5 MG KIT	4	YES	NO	YES
LUPRON DEPOT-4 MONTH KIT	4	YES	NO	NO
LUPRON DEPOT-PED 11.25 MG 3MO	4	YES	NO	NO
LUPRON DEPOT-PED 11.25 MG KIT	4	YES	NO	NO
LUPRON DEPOT-PED 15 MG KIT	4	YES	NO	NO
LUPRON DEPOT-PED 30 MG 3MO KIT	4	YES	NO	NO
LUPRON DEPOT-PED 45 MG 6MO KIT	4	YES	NO	NO
LUPRON DEPOT-PED 7.5 MG KIT	4	YES	NO	NO
LURASIDONE HCL 120 MG TABLET	2	YES	YES	NO
LURASIDONE HCL 20 MG TABLET	2	YES	YES	NO
LURASIDONE HCL 40 MG TABLET	2	YES	YES	NO
LURASIDONE HCL 60 MG TABLET	2	YES	YES	NO
LURASIDONE HCL 80 MG TABLET	2	YES	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
LUTERA-28 TABLET	1	NO	NO	NO
LYLEQ 0.35 MG TABLET	1	NO	NO	NO
LYLLANA 0.025 MG PATCH	1	NO	NO	YES
LYLLANA 0.0375 MG PATCH	1	NO	NO	YES
LYLLANA 0.05 MG PATCH	1	NO	NO	YES
LYLLANA 0.075 MG PATCH	1	NO	NO	YES
LYLLANA 0.1 MG PATCH	1	NO	NO	YES
LYNPARZA 100 MG TABLET	4	YES	NO	YES
LYNPARZA 150 MG TABLET	4	YES	NO	YES
LYSODREN 500 MG TABLET	4	YES	NO	YES
LYTGOBI 12 MG DOSE (3X 4MG TB)	4	YES	NO	YES
LYTGOBI 16 MG DOSE (4X 4MG TB)	4	YES	NO	YES
LYTGOBI 20 MG DOSE (5X 4MG TB)	4	YES	NO	YES
LYZA 0.35 MG TABLET	1	NO	NO	YES
MAGNESIUM CITRATE SOLUTION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MALATHION 0.5% LOTION	1	NO	NO	NO
MARAVIROC 150 MG TABLET	4	NO	NO	NO
MARAVIROC 300 MG TABLET	4	NO	NO	NO
MARLISSA-28 TABLET	1	NO	NO	NO
MARPLAN 10 MG TABLET	3	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MATULANE 50 MG CAPSULE	4	YES	NO	NO
MATZIM LA 180 MG TABLET	2	NO	NO	NO
MATZIM LA 240 MG TABLET	2	NO	NO	NO
MATZIM LA 300 MG TABLET	2	NO	NO	YES
MATZIM LA 360 MG TABLET	2	NO	NO	YES
MATZIM LA 420 MG TABLET	2	NO	NO	NO
MAVENCLAD 10 MG X 10 TABLET PK	4	NO	YES	NO
MAVENCLAD 10 MG X 4 TABLET PK	4	NO	YES	NO
MAVENCLAD 10 MG X 5 TABLET PK	4	NO	YES	NO
MAVENCLAD 10 MG X 6 TABLET PK	4	NO	YES	NO
MAVENCLAD 10 MG X 7 TABLET PK	4	NO	YES	YES
MAVENCLAD 10 MG X 8 TABLET PK	4	NO	YES	YES
MAVENCLAD 10 MG X 9 TABLET PK	4	NO	YES	YES
MAVYRET 100-40 MG TABLET	4	YES	NO	YES
MAVYRET 50-20 MG PELLETT PACKET	4	YES	NO	NO
MAXI-TUSS AC LIQUID	1	NO	NO	NO
MAYZENT 0.25 MG TABLET	4	NO	YES	NO
MAYZENT 0.25MG START-1MG MAINT	4	NO	YES	NO
MAYZENT 0.25MG START-2MG MAINT	4	NO	YES	NO
MAYZENT 1 MG TABLET	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MAYZENT 2 MG TABLET	4	NO	YES	NO
MECLIZINE 12.5 MG TABLET	1	NO	NO	NO
MECLIZINE 25 MG TABLET	1	NO	NO	NO
MEDISENSE THIN 28G LANCETS	1	NO	NO	NO
MEDISENSE THIN LANCETS	1	NO	NO	NO
MEDLANCE PLUS 21G LANCETS	1	NO	NO	NO
MEDLANCE PLUS 30G LANCETS	1	NO	NO	NO
MEDLANCE PLUS EXTRA 21G LANCET	1	NO	NO	NO
MEDLANCE PLUS LITE 25G LANCETS	1	NO	NO	NO
MEDLANCE PLUS SPECIAL BLADE	1	NO	NO	NO
MEDROXYPROGESTERONE 10 MG TAB	1	NO	NO	NO
MEDROXYPROGESTERONE 150 MG/ML	1	NO	NO	NO
MEDROXYPROGESTERONE 2.5 MG TAB	1	NO	NO	NO
MEDROXYPROGESTERONE 5 MG TAB	1	NO	NO	NO
MEFENAMIC ACID 250 MG CAPSULE	2	YES	NO	NO
MEFLOQUINE HCL 250 MG TABLET	1	NO	NO	NO
MEGESTROL 20 MG TABLET	1	NO	NO	NO
MEGESTROL 40 MG TABLET	1	NO	NO	NO
MEGESTROL 400 MG/10 ML CUP	1	NO	NO	NO
MEGESTROL 400 MG/10ML SUSP CUP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MEGESTROL ACET 40 MG/ML SUSP	1	NO	NO	NO
MEGESTROL ACET 400 MG/10 ML	1	NO	NO	NO
MEIJER LANCETS	1	NO	NO	NO
MEIJER UNIVERSAL 1 26G LANCETS	1	NO	NO	NO
MEKINIST 0.05 MG/ML SOLUTION	4	YES	NO	NO
MEKINIST 0.5 MG TABLET	4	YES	NO	NO
MEKINIST 2 MG TABLET	4	YES	NO	NO
MEKTOVI 15 MG TABLET	4	YES	NO	NO
MELODETTA 24 FE CHEWABLE TAB	1	NO	NO	NO
MELOXICAM 15 MG TABLET	1	NO	NO	NO
MELOXICAM 7.5 MG TABLET	1	NO	NO	NO
MELPHALAN 2 MG TABLET	4	YES	NO	NO
MEMANTINE 5-10 MG TITRATION PK	1	NO	NO	NO
MEMANTINE HCL 10 MG TABLET	1	NO	NO	NO
MEMANTINE HCL 5 MG TABLET	1	NO	NO	NO
MEMANTINE HCL ER 14 MG CAPSULE	2	NO	NO	NO
MEMANTINE HCL ER 21 MG CAPSULE	2	NO	NO	YES
MEMANTINE HCL ER 28 MG CAPSULE	2	NO	NO	NO
MEMANTINE HCL ER 7 MG CAPSULE	2	NO	NO	NO
MENACTRA VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MENQUADFI VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MENTAX 1% CREAM	3	YES	NO	NO
MENVEO A-C-Y-W KIT (2 VIALS)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MEPERIDINE 50 MG TABLET	1	NO	YES	NO
MEPERIDINE 50 MG/5 ML SOLUTION	1	NO	YES	NO
MEPROBAMATE 200 MG TABLET	1	NO	NO	NO
MEPROBAMATE 400 MG TABLET	1	NO	NO	NO
MERCAPTOPURINE 50 MG TABLET	1	NO	NO	NO
MEROPENEM IV 1 GM VIAL	4	NO	NO	NO
MERZEE 1 MG-20 MCG CAPSULE	1	NO	NO	NO
MESALAMINE 1,000 MG SUPP	1	NO	NO	NO
MESALAMINE 4 GM/60 ML ENEMA	1	NO	NO	NO
MESALAMINE 800 MG DR TABLET	2	NO	YES	NO
MESALAMINE DR 1.2 GM TABLET	2	NO	NO	NO
MESALAMINE DR 400 MG CAPSULE	2	NO	NO	YES
MESALAMINE ER 0.375 GRAM CAP	2	NO	NO	NO
MESALAMINE ER 500 MG CAPSULE	2	NO	NO	NO
MESNEX 400 MG TABLET	4	NO	NO	NO
METAXALONE 800 MG TABLET	2	NO	NO	NO
METFORMIN HCL 1,000 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METFORMIN HCL 500 MG TABLET	1	NO	NO	NO
METFORMIN HCL 850 MG TABLET	1	NO	NO	NO
METFORMIN HCL ER 500 MG TABLET	1	NO	NO	NO
METFORMIN HCL ER 750 MG TABLET	1	NO	NO	NO
METHADONE 10 MG/5 ML SOLUTION	1	YES	NO	NO
METHADONE 10 MG/ML ORAL CONC	1	YES	NO	NO
METHADONE 5 MG/5 ML SOLN CUP	1	YES	NO	NO
METHADONE 5 MG/5 ML SOLUTION	1	YES	NO	NO
METHADONE HCL 10 MG TABLET	1	YES	NO	NO
METHADONE HCL 5 MG TABLET	1	YES	NO	NO
METHADONE INTENSOL 10 MG/ML	1	YES	NO	NO
METHADOSE 10 MG/ML ORAL CONC	1	YES	NO	YES
METHAMPHETAMINE 5 MG TABLET	2	YES	NO	YES
METHAZOLAMIDE 25 MG TABLET	2	NO	NO	YES
METHAZOLAMIDE 50 MG TABLET	2	NO	NO	NO
METHENAMINE HIPPI 1 GM TABLET	2	NO	NO	NO
METHENAMINE MAND 1 GM TABLET	2	NO	NO	NO
METHENAMINE MAND 500 MG TABLET	2	NO	NO	NO
METHERGINE 0.2 MG TABLET	2	NO	NO	NO
METHIMAZOLE 10 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METHIMAZOLE 5 MG TABLET	1	NO	NO	NO
METHOCARBAMOL 500 MG TABLET	1	NO	NO	NO
METHOCARBAMOL 750 MG TABLET	1	NO	NO	NO
METHOTREXATE 1 GRAM/40 ML VIAL	1	NO	NO	NO
METHOTREXATE 2.5 MG TABLET	1	NO	NO	NO
METHOTREXATE 25 MG/ML VIAL	1	NO	NO	NO
METHOTREXATE 250 MG/10 ML VIAL	1	NO	NO	NO
METHOTREXATE 50 MG/2 ML VIAL	1	NO	NO	NO
METHOXSALLEN 10 MG SOFTGEL	4	NO	NO	NO
METHSCOPOLAMINE BROM 2.5 MG TB	1	NO	NO	NO
METHSCOPOLAMINE BROM 5 MG TAB	1	NO	NO	NO
METHSUXIMIDE 300 MG CAPSULE	2	NO	NO	NO
METHYLDOPA 250 MG TABLET	1	NO	NO	NO
METHYLDOPA 500 MG TABLET	1	NO	NO	NO
METHYLERGONOVINE 0.2 MG TABLET	2	NO	NO	NO
METHYLPHENIDATE 10 MG TABLET	1	YES	NO	NO
METHYLPHENIDATE 10 MG/5 ML SOL	2	YES	NO	NO
METHYLPHENIDATE 20 MG TABLET	1	YES	NO	NO
METHYLPHENIDATE 5 MG TABLET	1	YES	NO	NO
METHYLPHENIDATE 5 MG/5 ML SOLN	2	YES	NO	NO

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

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METOLAZONE 5 MG TABLET	1	NO	NO	NO
METOPROLOL SUCC ER 100 MG TAB	1	NO	NO	NO
METOPROLOL SUCC ER 200 MG TAB	1	NO	NO	NO
METOPROLOL SUCC ER 25 MG TAB	1	NO	NO	NO
METOPROLOL SUCC ER 50 MG TAB	1	NO	NO	NO
METOPROLOL TARTRATE 100 MG TAB	1	NO	NO	NO
METOPROLOL TARTRATE 25 MG TAB	1	NO	NO	NO
METOPROLOL TARTRATE 37.5 MG TB	1	NO	NO	NO
METOPROLOL TARTRATE 50 MG TAB	1	NO	NO	NO
METOPROLOL TARTRATE 75 MG TAB	1	NO	NO	NO
METOPROLOL-HCTZ 100-25 MG TAB	2	NO	NO	NO
METOPROLOL-HCTZ 100-50 MG TAB	2	NO	NO	NO
METOPROLOL-HCTZ 50-25 MG TAB	2	NO	NO	NO
METRONIDAZOLE 0.75% CREAM	1	NO	NO	NO
METRONIDAZOLE 250 MG TABLET	1	NO	NO	NO
METRONIDAZOLE 500 MG TABLET	1	NO	NO	NO
METRONIDAZOLE TOP 1% GEL PUMP	2	NO	NO	NO
METRONIDAZOLE TOPICAL 0.75% GL	2	NO	NO	NO
METRONIDAZOLE TOPICAL 1% GEL	2	NO	NO	NO
METRONIDAZOLE VAGINAL 0.75% GL	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
METYROSINE 250 MG CAPSULE	2	YES	NO	YES
MEXILETINE 150 MG CAPSULE	1	NO	NO	NO
MEXILETINE 200 MG CAPSULE	1	NO	NO	NO
MEXILETINE 250 MG CAPSULE	1	NO	NO	NO
MIBELAS 24 FE CHEWABLE TABLET	1	NO	NO	NO
MICONAZOLE 3 200 MG VAG SUPP	1	NO	NO	NO
MICRO THIN 33G LANCETS	1	NO	NO	NO
MICROCHAMBER	2	NO	NO	NO
MICROGESTIN 21 1.5-30 TAB	1	NO	NO	NO
MICROGESTIN 21 1-20 TABLET	1	NO	NO	NO
MICROGESTIN 24 FE 1 MG-20 MCG	1	NO	NO	NO
MICROGESTIN FE 1.5-30 TAB	1	NO	NO	NO
MICROGESTIN FE 1-20 TABLET	1	NO	NO	NO
MICROLET 2 LANCING DEVICE	1	NO	NO	NO
MICROLET LANCETS	1	NO	NO	NO
MICROLET NEXT LANCING DEVICE	1	NO	NO	NO
MIDAZOLAM HCL 10 MG/5 ML CUP	3	NO	NO	NO
MIDAZOLAM HCL 2 MG/ML SYRUP	1	NO	NO	NO
MIDAZOLAM HCL 5 MG/2.5 ML CUP	3	NO	NO	NO
MIDODRINE HCL 10 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MIDODRINE HCL 2.5 MG TABLET	1	NO	NO	NO
MIDODRINE HCL 5 MG TABLET	1	NO	NO	NO
MIFEPRISTONE 200 MG TABLET	2	YES	NO	NO
MIFEPRISTONE 300 MG TABLET	4	YES	NO	NO
MIGLITOL 100 MG TABLET	2	NO	NO	NO
MIGLITOL 25 MG TABLET	2	NO	NO	NO
MIGLITOL 50 MG TABLET	2	NO	NO	NO
MIGLUSTAT 100 MG CAPSULE	4	YES	NO	NO
MILI 0.25-0.035 MG TABLET	1	NO	NO	NO
MILK OF MAGNESIA CONC 10ML CUP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MILK OF MAGNESIA CONCENTRATED	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MILK OF MAGNESIA SUSP 30ML CUP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MILK OF MAGNESIA SUSPENSION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MIMVEY 1-0.5 MG TABLET	1	NO	NO	NO
MINI LANCING DEVICE	1	NO	NO	NO
MINOCYCLINE 100 MG CAPSULE	1	NO	NO	NO
MINOCYCLINE 50 MG CAPSULE	1	NO	NO	NO
MINOCYCLINE 75 MG CAPSULE	1	NO	NO	NO
MINOXIDIL 10 MG TABLET	1	NO	NO	NO
MINOXIDIL 2.5 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MIRCERA 100 MCG/0.3 ML SYRINGE	4	YES	NO	NO
MIRCERA 120 MCG/0.3 ML SYRINGE	4	YES	NO	NO
MIRCERA 150 MCG/0.3 ML SYRINGE	4	YES	NO	NO
MIRCERA 200 MCG/0.3 ML SYRINGE	4	YES	NO	NO
MIRCERA 30 MCG/0.3 ML SYRINGE	4	YES	NO	NO
MIRCERA 50 MCG/0.3 ML SYRINGE	4	YES	NO	NO
MIRCERA 75 MCG/0.3 ML SYRINGE	4	YES	NO	NO
MIRTAZAPINE 15 MG ODT	1	NO	NO	NO
MIRTAZAPINE 15 MG TABLET	1	NO	NO	NO
MIRTAZAPINE 30 MG ODT	1	NO	NO	NO
MIRTAZAPINE 30 MG TABLET	1	NO	NO	NO
MIRTAZAPINE 45 MG ODT	1	NO	NO	YES
MIRTAZAPINE 45 MG TABLET	1	NO	NO	NO
MIRTAZAPINE 7.5 MG TABLET	1	NO	NO	NO
MISOPROSTOL 100 MCG TABLET	1	NO	NO	YES
MISOPROSTOL 200 MCG TABLET	1	NO	NO	NO
M-M-R II VACCINE VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
M-NATAL PLUS TABLET	1	NO	NO	NO
MOBILE 30G LANCETS	1	NO	NO	NO
MODAFINIL 100 MG TABLET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MODAFINIL 200 MG TABLET	2	NO	NO	NO
MODERNA COVID (12Y UP)VAC(EUA)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MODERNA COVID 23-24(6M-11Y)EUA	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MODERNA COVID BIVAL(6MO UP)EUA	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MODERNA COVID BIVAL(6MO-5Y)EUA	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MODERNA COVID(6-11Y) VACC(EUA)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MODERNA COVID(6M-5Y) VACC(EUA)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MODERNA COVID-19 BOOSTER (EUA)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MOEXIPRIL HCL 15 MG TABLET	1	NO	NO	NO
MOEXIPRIL HCL 7.5 MG TABLET	1	NO	NO	NO
MOMETASONE FUROATE 0.1% CREAM	1	NO	NO	NO
MOMETASONE FUROATE 0.1% OINT	1	NO	NO	NO
MOMETASONE FUROATE 0.1% SOLN	1	NO	NO	NO
MOMETASONE FUROATE 50 MCG SPRY	2	NO	YES	NO
MONDOXYNE NL 100 MG CAPSULE	1	NO	NO	NO
MONOLET 21G LANCETS	1	NO	NO	NO
MONOLET THIN 28G LANCETS	1	NO	NO	NO
MONO-LINYAH 28 TABLET	1	NO	NO	NO
MONTELUKAST SOD 10 MG TABLET	1	NO	NO	NO
MONTELUKAST SOD 4 MG GRANULES	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MONTELUKAST SOD 4 MG TAB CHEW	1	NO	NO	NO
MONTELUKAST SOD 5 MG TAB CHEW	1	NO	NO	NO
MORPHINE SULF 10 MG SUPPOS	2	NO	YES	NO
MORPHINE SULF 10 MG/5 ML CUP	1	NO	YES	NO
MORPHINE SULF 10 MG/5 ML SOLN	1	NO	YES	NO
MORPHINE SULF 100 MG/5 ML CONC	1	NO	YES	NO
MORPHINE SULF 20 MG SUPPOS	2	NO	YES	NO
MORPHINE SULF 20 MG/5 ML SOLN	1	NO	YES	NO
MORPHINE SULF 30 MG SUPPOS	2	NO	YES	NO
MORPHINE SULF 5 MG SUPPOS	2	NO	YES	NO
MORPHINE SULF ER 100 MG TABLET	1	YES	NO	NO
MORPHINE SULF ER 15 MG TABLET	1	YES	NO	NO
MORPHINE SULF ER 200 MG TABLET	1	YES	NO	NO
MORPHINE SULF ER 30 MG TABLET	1	YES	NO	NO
MORPHINE SULF ER 60 MG TABLET	1	YES	NO	NO
MORPHINE SULFATE IR 15 MG TAB	1	NO	YES	NO
MORPHINE SULFATE IR 30 MG TAB	1	NO	YES	NO
MOTEGRITY 1 MG TABLET	3	NO	YES	NO
MOTEGRITY 2 MG TABLET	3	NO	YES	NO
MOUNJARO 10 MG/0.5 ML PEN	2	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MOUNJARO 12.5 MG/0.5 ML PEN	2	NO	YES	NO
MOUNJARO 15 MG/0.5 ML PEN	2	NO	YES	NO
MOUNJARO 2.5 MG/0.5 ML PEN	2	NO	YES	NO
MOUNJARO 5 MG/0.5 ML PEN	2	NO	YES	NO
MOUNJARO 7.5 MG/0.5 ML PEN	2	NO	YES	NO
MOVANTIK 12.5 MG TABLET	2	NO	NO	NO
MOVANTIK 25 MG TABLET	2	NO	NO	NO
MOXIFLOXACIN 0.5% EYE DROPS	1	NO	NO	NO
MOXIFLOXACIN HCL 400 MG TABLET	2	NO	NO	NO
MULPLETA 3 MG TABLET	4	YES	NO	NO
MULTAQ 400 MG TABLET	2	NO	NO	NO
MULTI-LANCET DEVICE 2 KIT	1	NO	NO	NO
MULTISTIX 10 SG REAGENT STRIPS	1	NO	NO	NO
MULTISTIX 5 STRIPS	1	NO	NO	NO
MULTISTIX 7 REAGENT STRIPS	1	NO	NO	NO
MULTISTIX 8 SG REAGENT STRIPS	1	NO	NO	NO
MULTISTIX 9 REAGENT STRIPS	1	NO	NO	YES
MULTISTIX 9 SG REAGENT STRIPS	1	NO	NO	NO
MULTISTIX REAGENT STRIPS	1	NO	NO	NO
MULTIVIT-FLUOR 0.25 MG TAB CHW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MULTIVIT-FLUOR 0.25 MG/ML DROP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MULTIVIT-FLUOR 0.5 MG TAB CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
MULTIVIT-FLUOR 0.5 MG/ML DROP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
MULTIVIT-FLUORIDE 1 MG TAB CHW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MUPIROCIN 2% OINTMENT	1	NO	NO	NO
MVC-FLUORIDE 0.25 MG TAB CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
MVC-FLUORIDE 0.5 MG TAB CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
MVC-FLUORIDE 1 MG TAB CHEW	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MY CHOICE 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MY WAY 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
MYALEPT 11.3 MG (5 MG/ML) VIAL	4	YES	NO	NO
MYCAPSSA DR 20 MG CAPSULE	4	YES	NO	NO
MYCOPHENOLATE 200 MG/ML SUSP	2	NO	NO	YES
MYCOPHENOLATE 250 MG CAPSULE	1	NO	NO	NO
MYCOPHENOLATE 500 MG TABLET	1	NO	NO	NO
MYCOPHENOLIC ACID DR 180 MG TB	1	NO	NO	NO
MYCOPHENOLIC ACID DR 360 MG TB	1	NO	NO	NO
MYFEMBREE 40 MG-1 MG-0.5 MG TB	3	YES	NO	NO
MYGLUCOHEALTH 30G LANCETS	1	NO	NO	NO
MYLERAN 2 MG TABLET	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
MYNATAL CAPSULE	1	NO	NO	YES
MYNATAL PLUS CAPTAB	1	NO	NO	NO
MYNATAL ULTRACAPLET	1	NO	NO	NO
MYNATAL-Z CAPTAB	1	NO	NO	NO
MYORISAN 10 MG CAPSULE	1	NO	NO	NO
MYORISAN 20 MG CAPSULE	1	NO	NO	NO
MYORISAN 30 MG CAPSULE	1	NO	NO	NO
MYORISAN 40 MG CAPSULE	1	NO	NO	NO
MYRBETRIQ ER 25 MG TABLET	3	NO	YES	NO
MYRBETRIQ ER 50 MG TABLET	3	NO	YES	NO
NABUMETONE 500 MG TABLET	1	NO	NO	NO
NABUMETONE 750 MG TABLET	1	NO	NO	NO
NADOLOL 20 MG TABLET	1	NO	NO	NO
NADOLOL 40 MG TABLET	1	NO	NO	NO
NADOLOL 80 MG TABLET	1	NO	NO	YES
NAFTIFINE HCL 1% CREAM	2	YES	NO	YES
NAFTIFINE HCL 2% CREAM	2	YES	NO	NO
NALOXONE 0.4 MG/ML CARPUJECT	1	NO	NO	NO
NALOXONE 0.4 MG/ML VIAL	1	NO	NO	NO
NALOXONE 2 MG/2 ML SYRINGE	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NALOXONE 4 MG/10 ML VIAL	1	NO	NO	YES
NALOXONE HCL 4 MG NASAL SPRAY	2	NO	NO	NO
NALTREXONE 50 MG TABLET	1	NO	NO	NO
NAPROXEN 250 MG TABLET	1	NO	NO	NO
NAPROXEN 375 MG TABLET	1	NO	NO	NO
NAPROXEN 500 MG KIT	1	NO	NO	YES
NAPROXEN 500 MG TABLET	1	NO	NO	NO
NAPROXEN DR 375 MG TABLET	1	NO	NO	NO
NAPROXEN DR 500 MG TABLET	2	NO	NO	NO
NAPROXEN EC 375 MG TABLET	1	NO	NO	NO
NAPROXEN EC 500 MG TABLET	2	NO	NO	NO
NAPROXEN SODIUM 275 MG TAB	2	NO	NO	NO
NAPROXEN SODIUM 550 MG TAB	2	NO	NO	NO
NARATRIPTAN HCL 1 MG TABLET	1	NO	NO	NO
NARATRIPTAN HCL 2.5 MG TABLET	1	NO	NO	NO
NASAL ALLERGY 24HR SPRAY	1	NO	NO	NO
NATACYN 5% EYE DROPS	3	NO	NO	NO
NATEGLINIDE 120 MG TABLET	2	NO	NO	YES
NATEGLINIDE 60 MG TABLET	2	NO	NO	YES
NATPARA 100 MCG DOSE CARTRIDGE	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NATPARA 25 MCG DOSE CARTRIDGE	4	YES	NO	YES
NATPARA 50 MCG DOSE CARTRIDGE	4	YES	NO	NO
NATPARA 75 MCG DOSE CARTRIDGE	4	YES	NO	NO
NAYZILAM 5 MG NASAL SPRAY	3	YES	NO	NO
NEBIVOLOL 10 MG TABLET	2	NO	NO	NO
NEBIVOLOL 2.5 MG TABLET	2	NO	NO	NO
NEBIVOLOL 20 MG TABLET	2	NO	NO	NO
NEBIVOLOL 5 MG TABLET	2	NO	NO	NO
NECON 0.5-35-28 TABLET	1	NO	NO	NO
NEFAZODONE HCL 100 MG TABLET	2	NO	NO	NO
NEFAZODONE HCL 150 MG TABLET	2	NO	NO	YES
NEFAZODONE HCL 200 MG TABLET	2	NO	NO	YES
NEFAZODONE HCL 250 MG TABLET	2	NO	NO	YES
NEFAZODONE HCL 50 MG TABLET	2	NO	NO	YES
NEO-BACIT-POLY-HC EYE OINTMENT	1	NO	NO	NO
NEOMYC-BACIT-POLY-MIX EYE OINT	1	NO	NO	NO
NEOMYCIN 500 MG TABLET	1	NO	NO	NO
NEOMYCIN-POLY-HC EYE DROPS	1	NO	NO	NO
NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	NO	NO	NO
NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NEOMYC-POLYM-DEXAMET EYE OINTM	1	NO	NO	NO
NEOMYC-POLYM-DEXAMETH EYE DROP	1	NO	NO	NO
NEOMYC-POLYM-GRAMICID EYE DROP	1	NO	NO	NO
NEO-POLYCIN EYE OINTMENT	1	NO	NO	NO
NEO-POLYCIN HC EYE OINTMENT	1	NO	NO	NO
NEOSTIGMINE 3 MG/3 ML SYRINGE	4	NO	NO	NO
NERLYNX 40 MG TABLET	4	YES	NO	YES
NEUAC GEL	2	NO	NO	YES
NEULASTA 6 MG/0.6 ML SYRINGE	4	YES	NO	YES
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	YES	NO	YES
NEUPOGEN 300 MCG/0.5 ML SYR	4	YES	NO	YES
NEUPOGEN 300 MCG/ML VIAL	4	YES	NO	YES
NEUPOGEN 480 MCG/0.8 ML SYR	4	YES	NO	YES
NEUPOGEN 480 MCG/1.6 ML VIAL	4	YES	NO	NO
NEUPRO 1 MG/24 HR PATCH	3	NO	YES	NO
NEUPRO 2 MG/24 HR PATCH	3	NO	YES	NO
NEUPRO 3 MG/24 HR PATCH	3	NO	YES	NO
NEUPRO 4 MG/24 HR PATCH	3	NO	YES	NO
NEUPRO 6 MG/24 HR PATCH	3	NO	YES	NO
NEUPRO 8 MG/24 HR PATCH	3	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NEVIRAPINE 200 MG TABLET	2	NO	NO	NO
NEVIRAPINE 50 MG/5 ML SUSP	2	NO	NO	NO
NEVIRAPINE ER 100 MG TABLET	2	NO	NO	YES
NEVIRAPINE ER 400 MG TABLET	2	NO	NO	NO
NEW DAY 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
NEWGEN TABLET	1	NO	NO	NO
NEXIUM DR 2.5 MG PACKET	3	YES	NO	NO
NEXIUM DR 5 MG PACKET	3	YES	NO	NO
NEXLETOL 180 MG TABLET	3	YES	NO	NO
NEXLIZET 180-10 MG TABLET	3	YES	NO	NO
NGENLA PEN 24 MG/1.2 ML	4	YES	NO	NO
NGENLA PEN 60 MG/1.2 ML	4	YES	NO	YES
NIACIN 500 MG TABLET	2	NO	NO	NO
NIACIN ER 1,000 MG TABLET	2	NO	NO	NO
NIACIN ER 500 MG TABLET	2	NO	NO	NO
NIACIN ER 750 MG TABLET	2	NO	NO	NO
NIACOR 500 MG TABLET	2	NO	NO	NO
NICARDIPINE 20 MG CAPSULE	2	NO	NO	NO
NICARDIPINE 30 MG CAPSULE	2	NO	NO	NO
NICORETTE 4 MG CHEWING GUM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NICOTINE LOZENGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
NICOTINE CHEWING GUM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
NICOTINE TRANSDERMAL SYSTEM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
NICOTROL CARTRIDGE INHALER	3	NO	NO	YES
NICOTROL NS 10 MG/ML SPRAY	3	NO	NO	YES
NIFEDIPINE 10 MG CAPSULE	1	NO	NO	YES
NIFEDIPINE 20 MG CAPSULE	1	NO	NO	YES
NIFEDIPINE ER 30 MG TABLET	1	NO	NO	NO
NIFEDIPINE ER 60 MG TABLET	1	NO	NO	NO
NIFEDIPINE ER 90 MG TABLET	1	NO	NO	NO
NIKKI 3 MG-0.02 MG TABLET	1	NO	NO	NO
NILUTAMIDE 150 MG TABLET	4	YES	NO	NO
NIMODIPINE 30 MG CAPSULE	1	NO	NO	NO
NINLARO 2.3 MG CAPSULE	4	YES	NO	NO
NINLARO 3 MG CAPSULE	4	YES	NO	NO
NINLARO 4 MG CAPSULE	4	YES	NO	NO
NISOLDIPINE ER 17 MG TABLET	2	NO	NO	NO
NISOLDIPINE ER 20 MG TABLET	2	NO	NO	NO
NISOLDIPINE ER 25.5 MG TABLET	2	NO	NO	NO
NISOLDIPINE ER 30 MG TABLET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NISOLDIPINE ER 34 MG TABLET	2	NO	NO	NO
NISOLDIPINE ER 40 MG TABLET	2	NO	NO	NO
NISOLDIPINE ER 8.5 MG TABLET	2	NO	NO	NO
NITAZOXANIDE 500 MG TABLET	2	YES	NO	YES
NITISINONE 10 MG CAPSULE	4	YES	NO	NO
NITISINONE 2 MG CAPSULE	4	YES	NO	YES
NITISINONE 20 MG CAPSULE	4	YES	NO	YES
NITISINONE 5 MG CAPSULE	4	YES	NO	NO
NITRO-BID 2% OINTMENT	2	NO	NO	NO
NITRO-DUR 0.3 MG/HR PATCH	3	NO	NO	YES
NITRO-DUR 0.8 MG/HR PATCH	3	NO	NO	YES
NITROFURANTOIN 25 MG/5 ML SUSP	2	NO	NO	YES
NITROFURANTOIN MCR 100 MG CAP	1	NO	NO	NO
NITROFURANTOIN MCR 25 MG CAP	2	NO	NO	NO
NITROFURANTOIN MCR 50 MG CAP	1	NO	NO	NO
NITROFURANTOIN MONO-MCR 100 MG	1	NO	NO	NO
NITROGLYCERIN 0.1 MG/HR PATCH	1	NO	NO	NO
NITROGLYCERIN 0.2 MG/HR PATCH	1	NO	NO	NO
NITROGLYCERIN 0.3 MG TABLET SL	1	NO	NO	NO
NITROGLYCERIN 0.4 MG TABLET SL	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NITROGLYCERIN 0.4 MG/HR PATCH	1	NO	NO	NO
NITROGLYCERIN 0.6 MG TABLET SL	1	NO	NO	YES
NITROGLYCERIN 0.6 MG/HR PATCH	1	NO	NO	NO
NITYR 10 MG TABLET	4	YES	NO	NO
NITYR 2 MG TABLET	4	YES	NO	NO
NITYR 5 MG TABLET	4	YES	NO	NO
NIVESTYM 300 MCG/0.5 ML SYRING	4	YES	NO	NO
NIVESTYM 300 MCG/ML VIAL	4	YES	NO	NO
NIVESTYM 480 MCG/0.8 ML SYRING	4	YES	NO	NO
NIVESTYM 480 MCG/1.6 ML VIAL	4	YES	NO	NO
NIZATIDINE 150 MG CAPSULE	2	NO	NO	NO
NIZATIDINE 300 MG CAPSULE	2	NO	NO	NO
NORA-BE TABLET	1	NO	NO	NO
NORDITROPIN FLEXPOR 10 MG/1.5	4	YES	NO	YES
NORDITROPIN FLEXPOR 15 MG/1.5	4	YES	NO	YES
NORDITROPIN FLEXPOR 30 MG/3 ML	4	YES	NO	YES
NORDITROPIN FLEXPOR 5 MG/1.5	4	YES	NO	YES
NORELGESTROM-EE 150-35 MCG/DAY	1	NO	NO	NO
NORET-ESTR-FE 0.4-0.035(21)-75	1	NO	NO	NO
NORETH-EE-FE 1 MG/20-30-35 MCG	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NORETH-EE-FE 1.5-0.03MG(21)-75	1	NO	NO	NO
NORETH-EE-FE 1-0.02(21)-75 TAB	1	NO	NO	YES
NORETH-EE-FE 1-0.02(24)-75 CHW	1	NO	NO	NO
NORETHIND-ETH ESTRAD 0.5-2.5	2	NO	NO	NO
NORETHIND-ETH ESTRAD 1-0.02 MG	1	NO	NO	NO
NORETHINDRONE 0.35 MG TABLET	1	NO	NO	NO
NORETHINDRONE 5 MG TABLET	1	NO	NO	NO
NORETHIN-EE 1.5-0.03 MG(21) TB	1	NO	NO	NO
NORETHIN-ETH ESTRAD 1 MG-5 MCG	2	NO	NO	NO
NORG-EE 0.18-0.215-0.25/0.025	1	NO	NO	NO
NORG-EE 0.18-0.215-0.25/0.035	1	NO	NO	NO
NORGESTIMATE-EE 0.25-0.035 MG	1	NO	NO	YES
NORG-ETHIN ESTRA 0.25-0.035 MG	1	NO	NO	NO
NORLYDA 0.35 MG TABLET	1	NO	NO	NO
NORTREL 0.5-35-28 TABLET	1	NO	NO	YES
NORTREL 1-35 21 TABLET	1	NO	NO	NO
NORTREL 1-35 28 TABLET	1	NO	NO	NO
NORTREL 7-7-7-28 TABLET	1	NO	NO	NO
NORTRIPTYLINE 10 MG/5 ML SOLN	2	NO	NO	NO
NORTRIPTYLINE HCL 10 MG CAP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NORTRIPTYLINE HCL 25 MG CAP	1	NO	NO	NO
NORTRIPTYLINE HCL 50 MG CAP	1	NO	NO	NO
NORTRIPTYLINE HCL 75 MG CAP	1	NO	NO	NO
NORVIR 100 MG POWDER PACKET	4	NO	NO	NO
NORVIR 80 MG/ML SOLUTION	4	NO	NO	NO
NOURIANZ 20 MG TABLET	3	YES	NO	NO
NOURIANZ 40 MG TABLET	3	YES	NO	NO
NOVA SAFETY 23G LANCETS	1	NO	NO	NO
NOVA SAFETY 28G LANCETS	1	NO	NO	YES
NOVA SUREFLEX LANCING DEVICE	1	NO	NO	YES
NOVA SUREFLEX THIN LANCETS	1	NO	NO	YES
NOVAREL 5,000 UNIT VIAL	4	YES	NO	YES
NOVAVAX COVID 2023-24 VL (EUA)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
NOVAVAX COVID-19 VACC,ADJ(EUA)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
NOXAFIL 300 MG POWDERMIX SUSP	3	YES	NO	NO
NP THYROID 120 MG TABLET	1	NO	NO	NO
NP THYROID 15 MG TABLET	1	NO	NO	NO
NP THYROID 30 MG TABLET	1	NO	NO	NO
NP THYROID 60 MG TABLET	1	NO	NO	NO
NP THYROID 90 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NUBEQA 300 MG TABLET	4	YES	NO	NO
NUCALA 100 MG/ML AUTO-INJECTOR	4	YES	NO	NO
NUCALA 100 MG/ML POWDER VIAL	4	YES	NO	NO
NUCALA 100 MG/ML SYRINGE	4	YES	NO	YES
NUCALA 40 MG/0.4 ML SYRINGE	4	YES	NO	NO
NUCYNTA 100 MG TABLET	3	YES	YES	NO
NUCYNTA 50 MG TABLET	3	YES	YES	NO
NUCYNTA 75 MG TABLET	3	YES	YES	NO
NUCYNTA ER 100 MG TABLET	3	YES	NO	NO
NUCYNTA ER 150 MG TABLET	3	YES	NO	NO
NUCYNTA ER 200 MG TABLET	3	YES	NO	NO
NUCYNTA ER 250 MG TABLET	3	YES	NO	NO
NUCYNTA ER 50 MG TABLET	3	YES	NO	NO
NUEDEXTA 20-10 MG CAPSULE	4	YES	NO	YES
NULIBRY 9.5 MG VIAL	4	YES	NO	YES
NUPLAZID 10 MG TABLET	4	YES	NO	YES
NUPLAZID 34 MG CAPSULE	4	YES	NO	NO
NURTEC ODT 75 MG TABLET	2	YES	NO	NO
NUTROPIN AQ NUSPIN 10 INJECTOR	4	YES	NO	NO
NUTROPIN AQ NUSPIN 20 INJECTOR	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
NUTROPIN AQ NUSPIN 5 INJECTOR	4	YES	NO	NO
NUVESSA VAGINAL 1.3% GEL	3	NO	NO	NO
NYAMYC 100,000 UNIT/GM POWDER	1	NO	NO	NO
NYLIA 1-35 28 TABLET	1	NO	NO	NO
NYLIA 7-7-7-28 TABLET	1	NO	NO	YES
NYMYO 0.25-0.035 MG (28) TAB	1	NO	NO	YES
NYSTATIN 100,000 UNIT/GM CREAM	1	NO	NO	YES
NYSTATIN 100,000 UNIT/GM OINT	1	NO	NO	NO
NYSTATIN 100,000 UNIT/GM POWD	1	NO	NO	NO
NYSTATIN 100,000 UNIT/ML SUSP	1	NO	NO	NO
NYSTATIN 500,000 UNIT ORAL TAB	1	NO	NO	YES
NYSTATIN 500,000 UNIT/5 ML CUP	1	NO	NO	YES
NYSTATIN-TRIAMCINOLONE CREAM	1	NO	NO	NO
NYSTATIN-TRIAMCINOLONE OINTM	1	NO	NO	YES
NYSTOP 100,000 UNIT/GM POWDER	1	NO	NO	NO
NYVEPRIA 6 MG/0.6 ML SYRINGE	4	YES	NO	NO
OCALIVA 10 MG TABLET	4	YES	NO	NO
OCALIVA 5 MG TABLET	4	YES	NO	NO
OCELLA 3 MG-0.03 MG TABLET	1	NO	NO	NO
ODACTRA 12 SQ-HDM SL TABLET	3	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ODEFSEY TABLET	4	NO	NO	NO
ODOMZO 200 MG CAPSULE	4	YES	NO	YES
OFEV 100 MG CAPSULE	4	YES	NO	YES
OFEV 150 MG CAPSULE	4	YES	NO	YES
OFLOXACIN 0.3% EAR DROPS	1	NO	NO	NO
OFLOXACIN 0.3% EYE DROPS	1	NO	NO	NO
OFLOXACIN 300 MG TABLET	1	NO	NO	NO
OFLOXACIN 400 MG TABLET	1	NO	NO	NO
OGSIVEO 50 MG TABLET	4	YES	NO	YES
OJJAARA 100 MG TABLET	4	YES	NO	NO
OJJAARA 150 MG TABLET	4	YES	NO	NO
OJJAARA 200 MG TABLET	4	YES	NO	NO
OLANZAPINE 10 MG TABLET	1	YES	NO	NO
OLANZAPINE 15 MG TABLET	1	YES	NO	NO
OLANZAPINE 2.5 MG TABLET	1	YES	NO	NO
OLANZAPINE 20 MG TABLET	1	YES	NO	NO
OLANZAPINE 5 MG TABLET	1	YES	NO	NO
OLANZAPINE 7.5 MG TABLET	1	YES	NO	NO
OLANZAPINE-FLUOXETINE 12-25 MG	2	YES	NO	NO
OLANZAPINE-FLUOXETINE 12-50 MG	2	YES	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OLPRUVA 6 GRAM DOSE ENVELOPE	4	YES	NO	YES
OLPRUVA 6 GRAM DOSE KIT	4	YES	NO	NO
OLPRUVA 6.67 GM DOSE ENVELOPE	4	YES	NO	NO
OLPRUVA 6.67 GRAM DOSE KIT	4	YES	NO	NO
OLUMIANT 1 MG TABLET	4	NO	YES	NO
OLUMIANT 2 MG TABLET	4	NO	YES	NO
OLUMIANT 4 MG TABLET	4	NO	YES	NO
OMEGA-3 ETHYL ESTERS 1 GM CAP	2	NO	NO	YES
OMEPRAZOLE DR 10 MG CAPSULE	1	NO	NO	YES
OMEPRAZOLE DR 20 MG CAPSULE	1	NO	NO	YES
OMEPRAZOLE DR 40 MG CAPSULE	1	NO	NO	YES
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	NO	NO	NO
OMNIPOD 5 G6 PODS (GEN 5) 5PK	2	NO	NO	NO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	NO	NO	NO
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	NO	NO	NO
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	NO	NO	NO
OMNIPOD CLASSIC PODS(GEN3) 5PK	2	NO	NO	YES
OMNIPOD DASH INTRO KIT (GEN 4)	2	NO	NO	NO
OMNIPOD DASH PODS (GEN 4) 5PK	2	NO	NO	NO
OMNIPOD GO 10 UNIT/DAY PODS	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OMNIPOD GO 15 UNIT/DAY PODS	2	NO	NO	NO
OMNIPOD GO 20 UNIT/DAY PODS	2	NO	NO	NO
OMNIPOD GO 25 UNIT/DAY PODS	2	NO	NO	NO
OMNIPOD GO 30 UNIT/DAY PODS	2	NO	NO	YES
OMNIPOD GO 35 UNIT/DAY PODS	2	NO	NO	YES
OMNIPOD GO 40 UNIT/DAY PODS	2	NO	NO	YES
OMNITROPE 10 MG/1.5 ML CRTG	4	YES	NO	YES
OMNITROPE 5 MG/1.5 ML CRTG	4	YES	NO	YES
OMNITROPE 5.8 MG VIAL	4	YES	NO	YES
OMVOH 100 MG/ML PEN	4	NO	YES	NO
ON CALL 30G LANCET	1	NO	NO	NO
ON CALL LANCING DEVICE	1	NO	NO	NO
ON CALL PLUS 30G LANCET	1	NO	NO	NO
ON CALL PLUS LANCING DEVICE	1	NO	NO	NO
ONDANSETRON 2 MG/2.5 ML ENFIT	1	NO	NO	NO
ONDANSETRON 2 MG/2.5 ML SYRING	1	NO	NO	YES
ONDANSETRON 4 MG/5 ML SOLN CUP	1	NO	NO	NO
ONDANSETRON 4 MG/5 ML SOLUTION	1	NO	NO	NO
ONDANSETRON HCL 4 MG TABLET	1	NO	NO	NO
ONDANSETRON HCL 8 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ONDANSETRON ODT 4 MG TABLET	1	NO	NO	NO
ONDANSETRON ODT 8 MG TABLET	1	NO	NO	NO
ONELAX MAGNESIUM CITRATE SOLN	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ONETOUCH DELICA PLUS 30G LANCT	1	NO	NO	NO
ONETOUCH DELICA PLUS 33G LANCT	1	NO	NO	NO
ONETOUCH DELICA PLUS LANC DEV	1	NO	NO	NO
ONETOUCH DELICA SAF 30G LANCET	1	NO	NO	NO
ONETOUCH SURESOFT 18G LANC DEV	1	NO	NO	NO
ONETOUCH SURESOFT 21G LANC DEV	1	NO	NO	NO
ONETOUCH SURESOFT 28G LANC DEV	1	NO	NO	NO
ONETOUCH ULTRA CONTROL SOLN	1	NO	NO	NO
ONETOUCH ULTRA TEST STRIP	1	NO	NO	YES
ONETOUCH ULTRA2 GLUCOSE SYST	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ONETOUCH ULTRASOFT LANCETS	1	NO	NO	YES
ONETOUCH ULTRASOFT2 30G LANCET	1	NO	NO	NO
ONETOUCH VERIO FLEX METER	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
ONETOUCH VERIO HIGH CNTRL SOLN	1	NO	NO	YES
ONETOUCH VERIO MID CNTRL SOLN	1	NO	NO	YES
ONETOUCH VERIO REFLECT METER	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
ONETOUCH VERIO TEST STRIP	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ONGENTYS 25 MG CAPSULE	3	YES	NO	YES
ONGENTYS 50 MG CAPSULE	3	YES	NO	YES
ON-GO COVID-19 AG AT HOME TEST	1	NO	NO	NO
ON-THE-GO 30G LANCETS	1	NO	NO	YES
ONUREG 200 MG TABLET	4	YES	NO	NO
ONUREG 300 MG TABLET	4	YES	NO	YES
OPCICON ONE-STEP 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
OPFOLDA 65 MG CAPSULE	4	YES	NO	YES
OPSUMIT 10 MG TABLET	4	YES	NO	YES
OPTICHAMBER DIAMOND VHC	2	NO	NO	YES
OPTICHAMBER DIAMOND W-LRG MASK	2	NO	NO	YES
OPTICHAMBER DIAMOND W-MED MASK	2	NO	NO	YES
OPTICHAMBER DIAMOND W-SML MASK	2	NO	NO	NO
OPTION 2 1.5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
OPVEE 2.7 MG NASAL SPRAY	3	NO	NO	NO
OPZELURA 1.5% CREAM	4	YES	NO	NO
ORAL SALINE LAXATIVE LIQUID	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
ORALAIR 300 IR SUBLINGUAL TAB	3	YES	NO	NO
ORALONE 0.1% PASTE	1	NO	NO	NO
ORENCIA 125 MG/ML SYRINGE	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ORENCIA 50 MG/0.4 ML SYRINGE	4	NO	YES	NO
ORENCIA 87.5 MG/0.7 ML SYRINGE	4	NO	YES	NO
ORENCIA CLICKJECT 125 MG/ML	4	NO	YES	NO
ORENITRAM ER 0.125 MG TABLET	4	YES	NO	NO
ORENITRAM ER 0.25 MG TABLET	4	YES	NO	NO
ORENITRAM ER 1 MG TABLET	4	YES	NO	NO
ORENITRAM ER 2.5 MG TABLET	4	YES	NO	NO
ORENITRAM ER 5 MG TABLET	4	YES	NO	NO
ORENITRAM MONTH 1 TITRATION KT	4	YES	NO	NO
ORENITRAM MONTH 2 TITRATION KT	4	YES	NO	NO
ORENITRAM MONTH 3 TITRATION KT	4	YES	NO	NO
ORFADIN 4 MG/ML SUSPENSION	4	YES	NO	NO
ORGOVYX 120 MG TABLET	4	YES	NO	NO
ORIAHNN 300-1-0.5MG/300MG CAPS	3	YES	NO	NO
ORILISSA 150 MG TABLET	3	YES	NO	NO
ORILISSA 200 MG TABLET	3	YES	NO	NO
ORKAMBI 100 MG-125 MG TABLET	4	YES	NO	YES
ORKAMBI 100-125 MG GRANULE PKT	4	YES	NO	NO
ORKAMBI 150-188 MG GRANULE PKT	4	YES	NO	NO
ORKAMBI 200 MG-125 MG TABLET	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ORKAMBI 75-94 MG GRANULE PKT	4	YES	NO	NO
ORLADEYO 110 MG CAPSULE	4	YES	NO	YES
ORLADEYO 150 MG CAPSULE	4	YES	NO	YES
ORPHENADRINE ER 100 MG TABLET	1	NO	NO	YES
ORSERDU 345 MG TABLET	4	YES	NO	YES
ORSERDU 86 MG TABLET	4	YES	NO	YES
ORSYTHIA-28 TABLET	1	NO	NO	YES
OSCIMIN 0.125 MG TABLET	1	NO	NO	YES
OSCIMIN SL 0.125 MG TABLET	1	NO	NO	NO
OSCIMIN SR 0.375 MG TABLET	1	NO	NO	NO
OSELTAMIVIR 6 MG/ML SUSPENSION	1	NO	NO	NO
OSELTAMIVIR PHOS 30 MG CAPSULE	1	NO	NO	NO
OSELTAMIVIR PHOS 45 MG CAPSULE	1	NO	NO	NO
OSELTAMIVIR PHOS 75 MG CAPSULE	1	NO	NO	NO
OSPHENA 60 MG TABLET	3	YES	NO	NO
OTEZLA 28 DAY STARTER PACK	4	NO	YES	NO
OTEZLA 30 MG TABLET	4	NO	YES	NO
OTEZLA STARTER PACK	4	NO	YES	NO
OTREXUP 10 MG/0.4 ML AUTO-INJ	3	NO	YES	NO
OTREXUP 12.5 MG/0.4 ML AUTOINJ	3	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OTREXUP 15 MG/0.4 ML AUTO-INJ	3	NO	YES	YES
OTREXUP 17.5 MG/0.4 ML AUTOINJ	3	NO	YES	YES
OTREXUP 20 MG/0.4 ML AUTO-INJ	3	NO	YES	NO
OTREXUP 22.5 MG/0.4 ML AUTOINJ	3	NO	YES	NO
OTREXUP 25 MG/0.4 ML AUTO-INJ	3	NO	YES	NO
OVIDREL 250 MCG/0.5 ML SYRG	4	YES	NO	YES
OXANDROLONE 10 MG TABLET	1	NO	NO	NO
OXANDROLONE 2.5 MG TABLET	1	NO	NO	NO
OXAPROZIN 600 MG CAPLET	1	NO	NO	NO
OXAPROZIN 600 MG TABLET	1	NO	NO	NO
OXAZEPAM 10 MG CAPSULE	1	NO	NO	NO
OXAZEPAM 15 MG CAPSULE	1	NO	NO	NO
OXAZEPAM 30 MG CAPSULE	1	NO	NO	NO
OXBRYTA 300 MG TABLET	4	YES	NO	NO
OXBRYTA 300 MG TABLET FOR SUSP	4	YES	NO	NO
OXBRYTA 500 MG TABLET	4	YES	NO	NO
OXCARBAZEPINE 150 MG TABLET	1	NO	NO	NO
OXCARBAZEPINE 300 MG TABLET	1	NO	NO	NO
OXCARBAZEPINE 300 MG/5 ML CUP	1	NO	NO	NO
OXCARBAZEPINE 300 MG/5 ML SUSP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OXCARBAZEPINE 600 MG TABLET	1	NO	NO	NO
OXERVATE 0.002% EYE DROP	4	YES	NO	NO
OXICONAZOLE NITRATE 1% CREAM	2	YES	NO	NO
OXLUMO 94.5 MG/0.5 ML VIAL	4	YES	NO	YES
OXTELLAR XR 150 MG TABLET	3	YES	NO	YES
OXTELLAR XR 300 MG TABLET	3	YES	NO	YES
OXTELLAR XR 600 MG TABLET	3	YES	NO	YES
OXYBUTYNIN 5 MG TABLET	1	NO	NO	YES
OXYBUTYNIN 5 MG/5 ML SOLUTION	1	NO	NO	YES
OXYBUTYNIN 5 MG/5 ML SYRUP	1	NO	NO	YES
OXYBUTYNIN CL ER 10 MG TABLET	1	NO	NO	NO
OXYBUTYNIN CL ER 15 MG TABLET	1	NO	NO	NO
OXYBUTYNIN CL ER 5 MG TABLET	1	NO	NO	NO
OXYCODONE HCL (IR) 10 MG TAB	1	NO	YES	NO
OXYCODONE HCL (IR) 15 MG TAB	1	NO	YES	NO
OXYCODONE HCL (IR) 20 MG TAB	1	NO	YES	NO
OXYCODONE HCL (IR) 30 MG TAB	1	NO	YES	NO
OXYCODONE HCL (IR) 5 MG CAP	1	NO	YES	NO
OXYCODONE HCL (IR) 5 MG TABLET	1	NO	YES	NO
OXYCODONE HCL 100 MG/5 ML CONC	1	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OXYCODONE HCL 5 MG/5 ML CUP	1	NO	YES	NO
OXYCODONE HCL 5 MG/5 ML SOLN	1	NO	YES	NO
OXYCODONE-ACETAMINOPHEN 10-325	1	NO	YES	NO
OXYCODONE-ACETAMINOPHEN 5-325	1	NO	YES	NO
OXYCODONE-ACETAMINOPHN 2.5-325	1	NO	YES	NO
OXYCODONE-ACETAMINOPHN 7.5-325	1	NO	YES	NO
OXYCONTIN ER 10 MG TABLET	2	YES	NO	NO
OXYCONTIN ER 15 MG TABLET	2	YES	NO	NO
OXYCONTIN ER 20 MG TABLET	2	YES	NO	NO
OXYCONTIN ER 30 MG TABLET	2	YES	NO	NO
OXYCONTIN ER 40 MG TABLET	2	YES	NO	NO
OXYCONTIN ER 60 MG TABLET	2	YES	NO	NO
OXYCONTIN ER 80 MG TABLET	2	YES	NO	NO
OXYMORPHONE HCL 10 MG TABLET	1	NO	YES	NO
OXYMORPHONE HCL 5 MG TABLET	1	NO	YES	NO
OXYMORPHONE HCL ER 10 MG TAB	2	YES	NO	NO
OXYMORPHONE HCL ER 15 MG TAB	2	YES	NO	NO
OXYMORPHONE HCL ER 20 MG TAB	2	YES	NO	NO
OXYMORPHONE HCL ER 30 MG TAB	2	YES	NO	NO
OXYMORPHONE HCL ER 40 MG TAB	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
OXYMORPHONE HCL ER 5 MG TABLET	2	YES	NO	YES
OXYMORPHONE HCL ER 7.5 MG TAB	2	YES	NO	YES
OZEMPIC 0.25-0.5 MG/DOSE PEN	2	NO	YES	YES
OZEMPIC 1 MG/DOSE (2 MG/1.5ML)	2	NO	YES	YES
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	2	NO	YES	YES
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	2	NO	YES	YES
PACERONE 100 MG TABLET	2	NO	NO	YES
PACERONE 200 MG TABLET	2	NO	NO	NO
PACERONE 400 MG TABLET	2	NO	NO	YES
PALFORZIA 12 MG (LEVEL 3)	4	YES	NO	YES
PALFORZIA 120 MG (LEVEL 7)	4	YES	NO	YES
PALFORZIA 160 MG (LEVEL 8)	4	YES	NO	YES
PALFORZIA 20 MG (LEVEL 4)	4	YES	NO	YES
PALFORZIA 200 MG (LEVEL 9)	4	YES	NO	NO
PALFORZIA 240 MG (LEVEL 10)	4	YES	NO	NO
PALFORZIA 3 MG (LEVEL 1)	4	YES	NO	NO
PALFORZIA 300 MG (LEVEL 11)	4	YES	NO	NO
PALFORZIA 300 MG (MAINTENANCE)	4	YES	NO	YES
PALFORZIA 40 MG (LEVEL 5)	4	YES	NO	YES
PALFORZIA 6 MG (LEVEL 2)	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PALFORZIA 80 MG (LEVEL 6)	4	YES	NO	NO
PALFORZIA INITIAL DOSE PACK	4	YES	NO	NO
PALIPERIDONE ER 1.5 MG TABLET	2	YES	YES	NO
PALIPERIDONE ER 3 MG TABLET	2	YES	YES	NO
PALIPERIDONE ER 6 MG TABLET	2	YES	YES	YES
PALIPERIDONE ER 9 MG TABLET	2	YES	YES	YES
PALYNZIQ 10 MG/0.5 ML SYRINGE	4	YES	NO	YES
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	4	YES	NO	YES
PALYNZIQ 20 MG/ML SYRINGE	4	YES	NO	NO
PANCREAZE DR 10,500 UNIT CAP	3	NO	YES	YES
PANCREAZE DR 16,800 UNIT CAP	3	NO	YES	NO
PANCREAZE DR 2,600 UNIT CAP	3	NO	YES	NO
PANCREAZE DR 21,000 UNIT CAP	3	NO	YES	NO
PANCREAZE DR 37,000 UNIT CAP	3	NO	YES	NO
PANCREAZE DR 4,200 UNIT CAP	3	NO	YES	NO
PANOXYL 10% ACNE FOAMING WASH	1	NO	NO	NO
PANRETIN 0.1% GEL	4	YES	NO	NO
PANTOPRAZOLE SOD DR 20 MG TAB	1	NO	NO	NO
PANTOPRAZOLE SOD DR 40 MG TAB	1	NO	NO	NO
PARICALCITOL 1 MCG CAPSULE	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PARICALCITOL 2 MCG CAPSULE	2	NO	NO	NO
PARICALCITOL 4 MCG CAPSULE	2	NO	NO	NO
PAROEX 0.12% ORAL RINSE	1	NO	NO	NO
PAROMOMYCIN 250 MG CAPSULE	1	NO	NO	NO
PAROXETINE HCL 10 MG TABLET	1	NO	NO	NO
PAROXETINE HCL 20 MG TABLET	1	NO	NO	NO
PAROXETINE HCL 30 MG TABLET	1	NO	NO	NO
PAROXETINE HCL 40 MG TABLET	1	NO	NO	NO
PASER GRANULES 4 GM PACKET	3	NO	NO	NO
PAXLOVID 150-100 MG DOSE PACK	2	NO	NO	NO
PAXLOVID 150-100 MG PACK (EUA)	2	NO	NO	YES
PAXLOVID 300-100 MG DOSE PACK	2	NO	NO	YES
PAXLOVID 300-100 MG PACK (EUA)	2	NO	NO	YES
PAZOPANIB HCL 200 MG TABLET	4	YES	NO	YES
PC SUPER THIN 30G LANCETS	1	NO	NO	NO
PEAK-AIR PEAK FLOW METER	3	NO	NO	NO
PEDIARIX 0.5 ML SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PEDVAXHIB VACCINE VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
PEG 3350-ELECTROLYTE SOLUTION	1	NO	NO	YES
PEG-3350 AND ELECTROLYTES SOLN	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PEGASYS 180 MCG/0.5 ML SYRINGE	4	NO	NO	YES
PEGASYS 180 MCG/ML VIAL	4	NO	NO	YES
PEGINTRON 50 MCG KIT	4	NO	NO	NO
PEG-PREP KIT	2	NO	NO	NO
PEMAZYRE 13.5 MG TABLET	4	YES	NO	NO
PEMAZYRE 4.5 MG TABLET	4	YES	NO	NO
PEMAZYRE 9 MG TABLET	4	YES	NO	NO
PEN NEEDLES	1	NO	NO	NO
PENBRAYA KIT	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PENCICLOVIR 1% CREAM	2	YES	NO	NO
PENICILLAMINE 250 MG CAPSULE	4	YES	NO	NO
PENICILLAMINE 250 MG TABLET	4	YES	NO	NO
PENICILLIN VK 125 MG/5 ML SOLN	1	NO	NO	NO
PENICILLIN VK 250 MG TABLET	1	NO	NO	NO
PENICILLIN VK 250 MG/5 ML SOLN	1	NO	NO	NO
PENICILLIN VK 250 MG/5 ML SUS	1	NO	NO	NO
PENICILLIN VK 500 MG TABLET	1	NO	NO	NO
PENTACEL ACTHIB COMPONENT VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PENTACEL VIAL KIT	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PENTAMIDINE 300 MG INHAL POWDR	2	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PENTASA 250 MG CAPSULE	2	NO	NO	YES
PENTAZOCINE-NALOXONE TABLET	2	NO	YES	YES
PENTOXIFYLLINE ER 400 MG TAB	1	NO	NO	NO
PERINDOPRIL ERBUMINE 2 MG TAB	1	NO	NO	NO
PERINDOPRIL ERBUMINE 4 MG TAB	1	NO	NO	NO
PERINDOPRIL ERBUMINE 8 MG TAB	1	NO	NO	NO
PERIOGARD 0.12% ORAL RINSE	1	NO	NO	NO
PERMETHRIN 5% CREAM	1	NO	NO	NO
PERPHEN-AMITRIP 2 MG-10 MG TAB	2	YES	NO	NO
PERPHEN-AMITRIP 2 MG-25 MG TAB	2	YES	NO	NO
PERPHEN-AMITRIP 4 MG-10 MG TAB	2	YES	NO	NO
PERPHEN-AMITRIP 4 MG-25 MG TAB	2	YES	NO	NO
PERPHEN-AMITRIP 4 MG-50 MG TAB	2	YES	NO	NO
PERPHENAZINE 16 MG TABLET	1	YES	NO	NO
PERPHENAZINE 2 MG TABLET	1	YES	NO	NO
PERPHENAZINE 4 MG TABLET	1	YES	NO	NO
PERPHENAZINE 8 MG TABLET	1	YES	NO	NO
PERRY PRENATAL CAPSULE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PERSA-GEL 10%	1	NO	NO	YES
PERSERIS ER 120 MG SYRINGE KIT	2	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PERSERIS ER 90 MG SYRINGE KIT	2	YES	NO	YES
PERSONAL BEST PEAK FLOW MTR	3	NO	NO	YES
PERTZYE DR 16,000 UNIT CAPSULE	3	NO	YES	NO
PERTZYE DR 24,000 UNIT CAPSULE	3	NO	YES	NO
PERTZYE DR 4,000 UNIT CAPSULE	3	NO	YES	NO
PERTZYE DR 8,000 UNIT CAPSULE	3	NO	YES	NO
PFIZER COVID (12Y UP) VAC-GRAY	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PFIZER COVID (5-11Y) VAC-ORANG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PFIZER COVID (6M-4Y)VAC-MAROON	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PFIZER COVID 2023-24(5-11Y)EUA	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PFIZER COVID 2023-24(6M-4Y)EUA	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PFIZER COVID BIVAL (12Y UP)EUA	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PFIZER COVID BIVAL (5-11YR)EUA	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PFIZER COVID BIVAL (6MO-4Y)EUA	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PFIZER COVID-19 VACCINE-PURPLE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PHARMACIST CHOICE 28G LANCETS	1	NO	NO	YES
PHARMACIST CHOICE 30G LANCETS	1	NO	NO	NO
PHARMACIST CHOICE 33G LANCETS	1	NO	NO	NO
PHEBURANE PELLET	4	YES	NO	NO
PHENAZOPYRIDINE 100 MG TAB	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PHENAZOPYRIDINE 200 MG TAB	1	NO	NO	YES
PHENELZINE SULFATE 15 MG TAB	1	NO	NO	NO
PHENOBARBITAL 100 MG TABLET	1	NO	NO	YES
PHENOBARBITAL 15 MG TABLET	1	NO	NO	NO
PHENOBARBITAL 16.2 MG TABLET	1	NO	NO	NO
PHENOBARBITAL 20 MG/5 ML CUP	1	NO	NO	YES
PHENOBARBITAL 20 MG/5 ML ELIX	1	NO	NO	NO
PHENOBARBITAL 20 MG/5 ML SOLN	1	NO	NO	NO
PHENOBARBITAL 30 MG TABLET	1	NO	NO	NO
PHENOBARBITAL 30 MG/7.5 ML CUP	1	NO	NO	NO
PHENOBARBITAL 32.4 MG TABLET	1	NO	NO	YES
PHENOBARBITAL 60 MG TABLET	1	NO	NO	NO
PHENOBARBITAL 60 MG/15 ML CUP	1	NO	NO	NO
PHENOBARBITAL 64.8 MG TABLET	1	NO	NO	NO
PHENOBARBITAL 97.2 MG TABLET	1	NO	NO	NO
PHENOXYBENZAMINE HCL 10 MG CAP	2	YES	NO	NO
PHENYLEPHRINE 10% EYE DROPS	2	NO	NO	NO
PHENYLEPHRINE 2.5% EYE DROP	2	NO	NO	NO
PHENYTOIN 100 MG/4 ML SUSP CUP	1	NO	NO	NO
PHENYTOIN 125 MG/5 ML SUSP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PHENYTOIN 50 MG INFATAB CHEW	1	NO	NO	NO
PHENYTOIN 50 MG TABLET CHEW	1	NO	NO	NO
PHENYTOIN SOD EXT 100 MG CAP	1	NO	NO	NO
PHENYTOIN SOD EXT 200 MG CAP	1	NO	NO	NO
PHENYTOIN SOD EXT 300 MG CAP	1	NO	NO	NO
PHILITH 0.4-0.035 MG TABLET	1	NO	NO	NO
PHOSPHATE ORAL SALINE LAXATIVE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PHYTONADIONE 5 MG TABLET	1	NO	NO	NO
PIFELTRO 100 MG TABLET	4	NO	NO	NO
PILOCARPINE 1% EYE DROPS	1	NO	NO	NO
PILOCARPINE 2% EYE DROPS	1	NO	NO	NO
PILOCARPINE 4% EYE DROPS	1	NO	NO	NO
PILOCARPINE HCL 5 MG TABLET	1	NO	NO	NO
PILOCARPINE HCL 7.5 MG TABLET	1	NO	NO	NO
PILOT COVID-19 AT-HOME TEST	1	NO	NO	NO
PIMECROLIMUS 1% CREAM	2	NO	YES	NO
PIMOZIDE 1 MG TABLET	1	NO	NO	NO
PIMOZIDE 2 MG TABLET	1	NO	NO	NO
PIMTREA 28 DAY TABLET	1	NO	NO	NO
PINAWAY 50 MG/ML SUSPENSION	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PINDOLOL 10 MG TABLET	2	NO	NO	NO
PINDOLOL 5 MG TABLET	2	NO	NO	NO
PINWORM MEDICINE 144 MG/ML	1	NO	NO	NO
PIOGLITAZONE HCL 15 MG TABLET	1	NO	NO	NO
PIOGLITAZONE HCL 30 MG TABLET	1	NO	NO	NO
PIOGLITAZONE HCL 45 MG TABLET	1	NO	NO	NO
PIOGLITAZONE-METFORMIN 15-500	1	NO	NO	NO
PIOGLITAZONE-METFORMIN 15-850	1	NO	NO	NO
PIP 28G LANCET	1	NO	NO	NO
PIP 30G LANCET	1	NO	NO	NO
PIQRAY 200 MG DAILY DOSE PACK	4	YES	NO	NO
PIQRAY 250 MG DAILY DOSE PACK	4	YES	NO	NO
PIQRAY 300 MG DAILY DOSE PACK	4	YES	NO	NO
PIRFENIDONE 267 MG CAPSULE	4	YES	NO	NO
PIRFENIDONE 267 MG TABLET	4	YES	NO	NO
PIRFENIDONE 534 MG TABLET	4	YES	NO	NO
PIRFENIDONE 801 MG TABLET	4	YES	NO	NO
PIRMELLA 1-35 28 TABLET	1	NO	NO	NO
PIRMELLA 7-7-7-28 TABLET	1	NO	NO	NO
PIROXICAM 10 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PIROXICAM 20 MG CAPSULE	1	NO	NO	NO
PLEGRIDY 125 MCG/0.5 ML PEN	4	NO	NO	NO
PLEGRIDY 125 MCG/0.5 ML SYRING	4	NO	NO	NO
PLEGRIDY PEN INJ STARTER PACK	4	NO	NO	NO
PLEGRIDY SYRINGE STARTER PACK	4	NO	NO	NO
PNEUMOVAX 23 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PNEUMOVAX 23 VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PNV 29-1 TABLET	1	NO	NO	NO
PNV PRENATAL PLUS MULTIVIT TAB	1	NO	NO	NO
PNV-DHA + DOCUSATE SOFTGEL	1	NO	NO	NO
PNV-DHA SOFTGEL	1	NO	NO	NO
PNV-OMEGA SOFTGEL	1	NO	NO	YES
PNV-SELECT TABLET	1	NO	NO	YES
POCKET CHAMBER	2	NO	NO	YES
PODOFILOX 0.5% TOPICAL SOLN	1	NO	NO	YES
POLYCIN EYE OINTMENT	1	NO	NO	NO
POLYETHYLENE GLYCOL 3350 POWD	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
POLYMYXIN B-TMP EYE DROPS	1	NO	NO	NO
POMALYST 1 MG CAPSULE	4	YES	NO	NO
POMALYST 2 MG CAPSULE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
POMALYST 3 MG CAPSULE	4	YES	NO	NO
POMALYST 4 MG CAPSULE	4	YES	NO	NO
PONVORY 14-DAY STARTER PACK	4	NO	YES	NO
PONVORY 20 MG TABLET	4	NO	YES	NO
PORTIA-28 TABLET	1	NO	NO	NO
POSACONAZOLE 200 MG/5 ML SUSP	2	YES	NO	NO
POSACONAZOLE DR 100 MG TABLET	2	YES	NO	NO
POTASSIUM CITRATE ER 10 MEQ TB	1	NO	NO	NO
POTASSIUM CITRATE ER 15 MEQ TB	1	NO	NO	NO
POTASSIUM CITRATE ER 5 MEQ TAB	1	NO	NO	NO
POTASSIUM CL 10% (20 MEQ/15ML)	1	NO	NO	NO
POTASSIUM CL 10% (40 MEQ/30ML)	1	NO	NO	NO
POTASSIUM CL 20% (40 MEQ/15ML)	1	NO	NO	NO
POTASSIUM CL ER 10 MEQ CAPSULE	1	NO	NO	NO
POTASSIUM CL ER 10 MEQ TABLET	1	NO	NO	YES
POTASSIUM CL ER 15 MEQ TABLET	1	NO	NO	NO
POTASSIUM CL ER 20 MEQ TABLET	1	NO	NO	NO
POTASSIUM CL ER 8 MEQ CAPSULE	1	NO	NO	NO
POTASSIUM CL ER 8 MEQ TABLET	1	NO	NO	NO
POTASSIUM CL10%(20MEQ/15ML)CUP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
POTASSIUM CL10%(40MEQ/30ML)CUP	1	NO	NO	NO
POTASSIUM CL20%(40MEQ/15ML)CUP	1	NO	NO	NO
PR NATAL 400 COMBO PACK	1	NO	NO	NO
PR NATAL 400 EC COMBO PACK	1	NO	NO	NO
PR NATAL 430 COMBO PACK	1	NO	NO	NO
PR NATAL 430 EC COMBO PACK	1	NO	NO	NO
PRAMIPEXOLE 0.125 MG TABLET	1	NO	NO	NO
PRAMIPEXOLE 0.25 MG TABLET	1	NO	NO	NO
PRAMIPEXOLE 0.5 MG TABLET	1	NO	NO	NO
PRAMIPEXOLE 0.75 MG TABLET	1	NO	NO	NO
PRAMIPEXOLE 1 MG TABLET	1	NO	NO	NO
PRAMIPEXOLE 1.5 MG TABLET	1	NO	NO	NO
PRASUGREL 10 MG TABLET	1	NO	NO	NO
PRASUGREL 5 MG TABLET	1	NO	NO	NO
PRAVASTATIN SODIUM 10 MG TAB	1	NO	NO	NO
PRAVASTATIN SODIUM 20 MG TAB	1	NO	NO	NO
PRAVASTATIN SODIUM 40 MG TAB	1	NO	NO	NO
PRAVASTATIN SODIUM 80 MG TAB	1	NO	NO	YES
PRAZIQUANTEL 600 MG TABLET	2	NO	NO	YES
PRAZOSIN 1 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PRAZOSIN 2 MG CAPSULE	1	NO	NO	NO
PRAZOSIN 5 MG CAPSULE	1	NO	NO	NO
PREDNICARBATE 0.1% OINTMENT	2	NO	NO	NO
PREDNISOLONE 15 MG/5 ML SOLN	1	NO	NO	NO
PREDNISOLONE 15 MG/5 ML SYRUP	1	NO	NO	NO
PREDNISOLONE 15MG/5ML SOLN CUP	1	NO	NO	YES
PREDNISOLONE 30 MG/10 ML CUP	1	NO	NO	NO
PREDNISOLONE 5 MG/5 ML SOLN	1	NO	NO	NO
PREDNISOLONE AC 1% EYE DROP	1	NO	NO	NO
PREDNISOLONE SOD 1% EYE DROP	1	NO	NO	NO
PREDNISOLONE SOD PH 25 MG/5 ML	2	NO	NO	NO
PREDNISONE 1 MG TABLET	1	NO	NO	NO
PREDNISONE 10 MG TAB DOSE PACK	1	NO	NO	NO
PREDNISONE 10 MG TABLET	1	NO	NO	YES
PREDNISONE 2.5 MG TABLET	1	NO	NO	YES
PREDNISONE 20 MG TABLET	1	NO	NO	NO
PREDNISONE 5 MG TAB DOSE PACK	1	NO	NO	NO
PREDNISONE 5 MG TABLET	1	NO	NO	NO
PREDNISONE 5 MG/5 ML SOLN CUP	1	NO	NO	NO
PREDNISONE 5 MG/5 ML SOLUTION	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PREDNISONE 50 MG TABLET	1	NO	NO	NO
PREFERRED PLUS LANCETS	1	NO	NO	YES
PREFERRED PLUS THIN LANCETS	1	NO	NO	NO
PREGABALIN 100 MG CAPSULE	1	NO	NO	NO
PREGABALIN 150 MG CAPSULE	1	NO	NO	YES
PREGABALIN 20 MG/ML SOLUTION	2	NO	NO	YES
PREGABALIN 200 MG CAPSULE	1	NO	NO	NO
PREGABALIN 225 MG CAPSULE	1	NO	NO	NO
PREGABALIN 25 MG CAPSULE	1	NO	NO	NO
PREGABALIN 300 MG CAPSULE	1	NO	NO	NO
PREGABALIN 50 MG CAPSULE	1	NO	NO	NO
PREGABALIN 75 MG CAPSULE	1	NO	NO	NO
PREGNYL 10,000 UNIT VIAL	4	YES	NO	NO
PREHEVBRIO 10 MCG/ML VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PREMARIN 0.3 MG TABLET	2	NO	NO	NO
PREMARIN 0.45 MG TABLET	2	NO	NO	NO
PREMARIN 0.625 MG TABLET	2	NO	NO	NO
PREMARIN 0.9 MG TABLET	2	NO	NO	NO
PREMARIN 1.25 MG TABLET	2	NO	NO	NO
PREMARIN VAGINAL CREAM-APPL	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PREMPHASE 0.625-5 MG TABLET	2	NO	NO	NO
PREMPRO 0.3 MG-1.5 MG TABLET	2	NO	NO	NO
PREMPRO 0.45-1.5 MG TABLET	2	NO	NO	NO
PREMPRO 0.625-2.5 MG TABLET	2	NO	NO	NO
PREMPRO 0.625-5 MG TABLET	2	NO	NO	NO
PRENAISSANCE CAPSULE	1	NO	NO	YES
PRENAISSANCE PLUS SOFTGEL	1	NO	NO	YES
PRENATABS FA TABLET	1	NO	NO	NO
PRENATABS RX TABLET	1	NO	NO	NO
PRENATAL CAPLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PRENATAL COMPLETE CAPLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PRENATAL LOW IRON TABLET	1	NO	NO	NO
PRENATAL MULTI-DHA SOFTGEL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PRENATAL MULTIVITAMIN TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PRENATAL ONE DAILY TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
PRENATAL PLUS IRON TABLET	1	NO	NO	YES
PRENATAL PLUS TABLET	1	NO	NO	YES
PRENATAL TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
PRENATAL VITAMIN PLUS LOW IRON	1	NO	NO	NO
PRENATAL VITAMIN TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PRENATAL VITAMINS TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PRENATAL-U CAPSULE	1	NO	NO	NO
PREPLUS CA-FE 27 MG-FA 1 MG TB	1	NO	NO	NO
PRESSURE ACTIVATED 21G LANCETS	1	NO	NO	NO
PRESSURE ACTIVATED 28G LANCETS	1	NO	NO	NO
PRETAB 29 MG-1 MG TABLET	1	NO	NO	NO
PRETOMANID 200 MG TABLET	3	YES	NO	NO
PREVALITE PACKET	1	NO	NO	NO
PREVALITE POWDER	1	NO	NO	NO
PREVIFEM TABLET	1	NO	NO	NO
PREVNAR 13 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PREVNAR 20 SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
PREVYMIS 240 MG TABLET	4	YES	NO	YES
PREVYMIS 480 MG TABLET	4	YES	NO	YES
PREZCOBIX 800 MG-150 MG TABLET	4	NO	NO	NO
PREZISTA 100 MG/ML SUSPENSION	4	NO	NO	NO
PREZISTA 150 MG TABLET	4	NO	NO	NO
PREZISTA 75 MG TABLET	4	NO	NO	NO
PRIFTIN 150 MG TABLET	3	NO	NO	NO
PRIMIDONE 250 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PRIMIDONE 50 MG TABLET	1	NO	NO	NO
PRIORIX VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PRO COMFORT 30G LANCETS	1	NO	NO	NO
PRO COMFORT 30G SAFETY LANCET	1	NO	NO	NO
PRO COMFORT 31G LANCET	1	NO	NO	NO
PRO COMFORT SPACER-ADULT MASK	2	NO	NO	NO
PRO COMFORT SPACER-CHILD MASK	2	NO	NO	NO
PRO COMFORT SPACER-INFANT MASK	2	NO	NO	NO
PROBENECID 500 MG TABLET	1	NO	NO	YES
PROBENECID-COLCHICINE TABLET	1	NO	NO	YES
PROCARE SPACER WITH ADULT MASK	2	NO	NO	NO
PROCARE SPACER WITH CHILD MASK	2	NO	NO	NO
PROCHLORPERAZINE 10 MG TAB	1	NO	NO	NO
PROCHLORPERAZINE 25 MG SUPP	1	NO	NO	NO
PROCHLORPERAZINE 5 MG TABLET	1	NO	NO	NO
PROCRIT 10,000 UNITS/ML VIAL	4	YES	NO	NO
PROCRIT 2,000 UNITS/ML VIAL	4	YES	NO	NO
PROCRIT 20,000 UNITS/ML VIAL	4	YES	NO	NO
PROCRIT 3,000 UNITS/ML VIAL	4	YES	NO	NO
PROCRIT 4,000 UNITS/ML VIAL	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PROCRIT 40,000 UNITS/ML VIAL	4	YES	NO	NO
PROCTOFOAM-HC 1%-1% FOAM	2	NO	NO	NO
PROCTO-MED HC 2.5% CREAM	1	NO	NO	NO
PROCTOSOL-HC 2.5% CREAM	1	NO	NO	NO
PROCTOZONE-HC 2.5% CREAM	1	NO	NO	NO
PROCYSBI DR 25 MG CAPSULE	4	YES	NO	NO
PROCYSBI DR 300 MG GRANULE PKT	4	YES	NO	NO
PROCYSBI DR 75 MG CAPSULE	4	YES	NO	NO
PROCYSBI DR 75 MG GRANULE PKT	4	YES	NO	NO
PRODIGY LANCING DEVICE	1	NO	NO	NO
PRODIGY PRESSURE ACTIVATED 28G	1	NO	NO	NO
PRODIGY SAFETY 26G LANCETS	1	NO	NO	YES
PRODIGY TWIST TOP 28G LANCET	1	NO	NO	NO
PROGESTERONE 100 MG CAPSULE	1	NO	NO	NO
PROGESTERONE 200 MG CAPSULE	1	NO	NO	NO
PROGESTERONE 500 MG/10 ML VIAL	1	NO	NO	NO
PROMACTA 12.5 MG SUSPEN PACKET	4	YES	NO	NO
PROMACTA 12.5 MG TABLET	4	YES	NO	NO
PROMACTA 25 MG SUSPENSION PCKT	4	YES	NO	NO
PROMACTA 25 MG TABLET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PROMACTA 50 MG TABLET	4	YES	NO	YES
PROMACTA 75 MG TABLET	4	YES	NO	YES
PROMETHAZINE 12.5 MG SUPPOS	1	NO	NO	YES
PROMETHAZINE 12.5 MG TABLET	1	NO	NO	NO
PROMETHAZINE 25 MG SUPPOSITORY	1	NO	NO	NO
PROMETHAZINE 25 MG TABLET	1	NO	NO	NO
PROMETHAZINE 50 MG TABLET	1	NO	NO	NO
PROMETHAZINE 6.25 MG/5 ML CUP	1	NO	NO	NO
PROMETHAZINE 6.25 MG/5 ML SOLN	1	NO	NO	NO
PROMETHAZINE 6.25 MG/5 ML SYRP	1	NO	NO	NO
PROMETHAZINE VC SOLUTION	1	NO	NO	NO
PROMETHAZINE VC SYRUP	1	NO	NO	NO
PROMETHAZINE VC-CODEINE SOLN	1	NO	NO	NO
PROMETHAZINE-CODEINE SOLUTION	1	NO	NO	NO
PROMETHAZINE-CODEINE SYRUP	1	NO	NO	YES
PROMETHAZINE-DM 6.25-15 MG/5ML	1	NO	NO	YES
PROMETHAZINE-PE-CODEINE SYRUP	1	NO	NO	YES
PROMETHAZINE-PHENYLEPHRINE SYR	1	NO	NO	YES
PROMETH-CODEIN 6.25-10 MG/5 ML	1	NO	NO	YES
PROMETHEGAN 12.5 MG SUPPOS	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PROMETHEGAN 25 MG SUPPOSITORY	1	NO	NO	NO
PROMETHEGAN 50 MG SUPPOSITORY	1	NO	NO	NO
PROPAFENONE HCL 150 MG TABLET	1	NO	NO	NO
PROPAFENONE HCL 225 MG TAB	1	NO	NO	NO
PROPAFENONE HCL 300 MG TAB	1	NO	NO	NO
PROPAFENONE HCL ER 225 MG CAP	2	NO	NO	NO
PROPAFENONE HCL ER 325 MG CAP	2	NO	NO	NO
PROPAFENONE HCL ER 425 MG CAP	2	NO	NO	YES
PROPARACAINE 0.5% EYE DROPS	1	NO	NO	NO
PROPRANOLOL 10 MG TABLET	1	NO	NO	YES
PROPRANOLOL 20 MG TABLET	1	NO	NO	YES
PROPRANOLOL 20 MG/5 ML SOLN	1	NO	NO	YES
PROPRANOLOL 20 MG/5ML SOLN CUP	1	NO	NO	YES
PROPRANOLOL 40 MG TABLET	1	NO	NO	NO
PROPRANOLOL 40 MG/5 ML SOLN	1	NO	NO	NO
PROPRANOLOL 60 MG TABLET	1	NO	NO	NO
PROPRANOLOL 80 MG TABLET	1	NO	NO	NO
PROPRANOLOL ER 120 MG CAPSULE	1	NO	NO	NO
PROPRANOLOL ER 160 MG CAPSULE	1	NO	NO	NO
PROPRANOLOL ER 60 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
PROPRANOLOL ER 80 MG CAPSULE	1	NO	NO	NO
PROPYLTHIOURACIL 50 MG TABLET	1	NO	NO	NO
PROQUAD VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PROTRIPTYLINE HCL 10 MG TABLET	2	NO	NO	NO
PROTRIPTYLINE HCL 5 MG TABLET	2	NO	NO	NO
PUB 28G LANCETS	1	NO	NO	NO
PUB ADVANCED LANCING DEVICE	1	NO	NO	NO
PUB LAXATIVE EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PUB MICRO THIN 33G LANCET	1	NO	NO	NO
PUB MILK OF MAGNESIA SUSP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PUB STOP SMOKING AID 2 MG LOZG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PUB STOP SMOKING AID 4 MG LOZG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
PULMOZYME 1 MG/ML AMPUL	4	YES	NO	NO
PURE COMFORT 30G SAFETY LANCET	1	NO	NO	NO
PURE COMFORT 30G TWIST LANCET	1	NO	NO	NO
PURE COMFORT SPACER-ADULT MASK	2	NO	NO	NO
PUSH BUTTON SAFETY 28G LANCET	1	NO	NO	NO
PV AUTOLET LANCING DEVICE	1	NO	NO	NO
PV UNILET MICRO THIN 33G LANCT	1	NO	NO	NO
PV UNILET SUPER THIN 30G LANCT	1	NO	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
QC WOMEN'S LAXATIVE EC 5 MG TB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
QELBREE ER 100 MG CAPSULE	3	YES	NO	YES
QELBREE ER 150 MG CAPSULE	3	YES	NO	YES
QELBREE ER 200 MG CAPSULE	3	YES	NO	NO
QINLOCK 50 MG TABLET	4	YES	NO	NO
QUADRACEL DTAP-IPV SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
QUADRACEL DTAP-IPV VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
QUAZEPAM 15 MG TABLET	2	NO	YES	NO
QUETIAPINE ER 150 MG TABLET	2	YES	NO	YES
QUETIAPINE ER 200 MG TABLET	2	YES	NO	NO
QUETIAPINE ER 300 MG TABLET	2	YES	NO	NO
QUETIAPINE ER 400 MG TABLET	2	YES	NO	NO
QUETIAPINE ER 50 MG TABLET	2	YES	NO	NO
QUETIAPINE FUMARATE 100 MG TAB	1	YES	NO	NO
QUETIAPINE FUMARATE 200 MG TAB	1	YES	NO	NO
QUETIAPINE FUMARATE 25 MG TAB	1	YES	NO	NO
QUETIAPINE FUMARATE 300 MG TAB	1	YES	NO	NO
QUETIAPINE FUMARATE 400 MG TAB	1	YES	NO	NO
QUETIAPINE FUMARATE 50 MG TAB	1	YES	NO	NO
QUICKVUE AT-HOME COVID-19 TEST	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
QUINAPRIL 10 MG TABLET	1	NO	NO	NO
QUINAPRIL 20 MG TABLET	1	NO	NO	NO
QUINAPRIL 40 MG TABLET	1	NO	NO	NO
QUINAPRIL 5 MG TABLET	1	NO	NO	NO
QUINAPRIL-HCTZ 10-12.5 MG TAB	1	NO	NO	NO
QUINAPRIL-HCTZ 20-12.5 MG TAB	1	NO	NO	NO
QUINAPRIL-HCTZ 20-25 MG TAB	1	NO	NO	NO
QUINIDINE GLUC ER 324 MG TAB	1	NO	NO	NO
QUINIDINE SULFATE 200 MG TAB	1	NO	NO	NO
QUINIDINE SULFATE 300 MG TAB	1	NO	NO	NO
QUININE SULFATE 324 MG CAPSULE	2	NO	NO	NO
QUIT 2 MG CHEWING GUM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
QUIT 2 MG LOZENGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
QUIT 4 MG CHEWING GUM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
QUIT 4 MG LOZENGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
QULIPTA 10 MG TABLET	2	YES	NO	YES
QULIPTA 30 MG TABLET	2	YES	NO	YES
QULIPTA 60 MG TABLET	2	YES	NO	NO
QVAR REDHALER 40 MCG	2	NO	NO	YES
QVAR REDHALER 80 MCG	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RA BALANCED B-100 TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA BISACODYL EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA BUDESONIDE 32 MCG SPRAY	1	NO	NO	NO
RA CITRATE OF MAGNESIA SOLN	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA EYE ITCH RELIEF 0.025% DROP	1	NO	NO	NO
RA E-ZJECT 26G LANCETS	1	NO	NO	NO
RA E-ZJECT 28G LANCETS	1	NO	NO	NO
RA E-ZJECT 30G LANCETS	1	NO	NO	NO
RA E-ZJECT COLOR 33G LANCETS	1	NO	NO	NO
RA FOLIC ACID 0.4 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA FOLIC ACID 800 MCG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA HEALTH CARE LANCING DEVICE	1	NO	NO	NO
RA IBUPROFEN 100 MG/5 ML SUSP	1	NO	NO	YES
RA LAXATIVE EC 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA MILK OF MAGNESIA SUSPENSION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA NASAL ALLERGY 24HR SPRAY	1	NO	NO	NO
RA ONE DAILY PRENATAL DHA PACK	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA PRENATAL TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RA SLEEP AID 25 MG CAPLET	1	NO	NO	NO
RA SLEEP AID 25 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RA VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
RA VITAMIN B-6 50 MG TABLET	1	NO	NO	NO
RA WOMEN'S LAXATIVE TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
RABEPRAZOLE SOD DR 20 MG TAB	2	NO	NO	NO
RADICAVA ORS 105 MG/5 ML SUSP	4	YES	NO	NO
RADICAVA ORS STARTER KIT SUSP	4	YES	NO	NO
RAGWITEK SUBLINGUAL TABLET	3	YES	NO	NO
RALOXIFENE HCL 60 MG TABLET	1	NO	NO	NO
RAMELTEON 8 MG TABLET	2	NO	YES	NO
RAMIPRIL 1.25 MG CAPSULE	1	NO	NO	NO
RAMIPRIL 10 MG CAPSULE	1	NO	NO	NO
RAMIPRIL 2.5 MG CAPSULE	1	NO	NO	NO
RAMIPRIL 5 MG CAPSULE	1	NO	NO	NO
RANOLAZINE ER 1,000 MG TABLET	2	NO	NO	NO
RANOLAZINE ER 500 MG TABLET	2	NO	NO	NO
RAPID SARS-COV-2 AG HOME TEST	1	NO	NO	NO
RASAGILINE MESYLATE 0.5 MG TAB	2	NO	NO	NO
RASAGILINE MESYLATE 1 MG TAB	2	NO	NO	NO
RASUVO 10 MG/0.2 ML AUTOINJ	3	NO	YES	NO
RASUVO 12.5 MG/0.25 ML AUTOINJ	3	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RASUVO 15 MG/0.3 ML AUTOINJ	3	NO	YES	NO
RASUVO 17.5 MG/0.35 ML AUTOINJ	3	NO	YES	NO
RASUVO 20 MG/0.4 ML AUTOINJ	3	NO	YES	NO
RASUVO 22.5 MG/0.45 ML AUTOINJ	3	NO	YES	NO
RASUVO 25 MG/0.5 ML AUTOINJ	3	NO	YES	NO
RASUVO 30 MG/0.6 ML AUTOINJ	3	NO	YES	NO
RASUVO 7.5 MG/0.15 ML AUTOINJ	3	NO	YES	NO
RAVICTI 1.1 GRAM/ML LIQUID	4	YES	NO	NO
READYLANCE 21G SAFETY LANCETS	1	NO	NO	YES
READYLANCE 23G SAFETY LANCETS	1	NO	NO	YES
READYLANCE 26G SAFETY LANCETS	1	NO	NO	YES
READYLANCE 28G SAFETY LANCETS	1	NO	NO	YES
READYLANCE 30G SAFETY LANCETS	1	NO	NO	YES
REBIF 22 MCG/0.5 ML SYRINGE	4	NO	NO	YES
REBIF 44 MCG/0.5 ML SYRINGE	4	NO	NO	YES
REBIF REBIDOSE 22 MCG/0.5 ML	4	NO	NO	YES
REBIF REBIDOSE 44 MCG/0.5 ML	4	NO	NO	YES
REBIF REBIDOSE TITRATION PACK	4	NO	NO	YES
REBIF TITRATION PACK	4	NO	NO	YES
RECLIPSEN 28 DAY TABLET	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RECOMBIVAX HB 10 MCG/ML SYR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
RECOMBIVAX HB 10 MCG/ML VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
RECOMBIVAX HB 40 MCG/ML VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
RECOMBIVAX HB 5 MCG/0.5 ML SYR	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
RECOMBIVAX HB 5 MCG/0.5 ML VL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
RECORLEV 150 MG TABLET	4	YES	NO	YES
RECTIV 0.4% OINTMENT	3	NO	NO	YES
REDITREX 10 MG/0.4 ML SYRINGE	3	NO	YES	YES
REDITREX 12.5 MG/0.5 ML SYRING	3	NO	YES	YES
REDITREX 15 MG/0.6 ML SYRINGE	3	NO	YES	YES
REDITREX 17.5 MG/0.7 ML SYRING	3	NO	YES	YES
REDITREX 20 MG/0.8 ML SYRINGE	3	NO	YES	YES
REDITREX 22.5 MG/0.9 ML SYRING	3	NO	YES	YES
REDITREX 25 MG/ML SYRINGE	3	NO	YES	YES
REDITREX 7.5 MG/0.3 ML SYRINGE	3	NO	YES	YES
REESE'S PINWORM 144 MG/ML SUSP	1	NO	NO	YES
REGRANEX 0.01% GEL	3	NO	NO	YES
RELEUKO 300 MCG/0.5 ML SYRINGE	4	YES	NO	YES
RELEUKO 300 MCG/ML VIAL	4	YES	NO	YES
RELEUKO 480 MCG/0.8 ML SYRINGE	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RELEUKO 480 MCG/1.6 ML VIAL	4	YES	NO	YES
RELIAMED 28G LANCETS	1	NO	NO	YES
RELIAMED 30G LANCETS	1	NO	NO	NO
RELIAMED LANCING DEVICE	1	NO	NO	NO
RELIAMED MINI LANCING DEVICE	1	NO	NO	NO
RELIAMED SAFETY SEAL 28G LANCT	1	NO	NO	NO
RELIAMED SAFETY SEAL 30G LANCT	1	NO	NO	NO
RELION 2-IN-1 LANCET DEVICE	1	NO	NO	NO
RELION LANCING DEVICE	1	NO	NO	NO
RELION MICRO THIN 33G LANCET	1	NO	NO	NO
RELION THIN 26G LANCETS	1	NO	NO	NO
RELION ULTRA THIN 30G LANCETS	1	NO	NO	NO
RELION ULTRA THIN PLUS 33G	1	NO	NO	NO
RELION ULTRA THIN PLUS LANCETS	1	NO	NO	NO
RELISTOR 12 MG/0.6 ML SYRINGE	3	YES	NO	NO
RELISTOR 12 MG/0.6 ML VIAL	3	YES	NO	NO
RELISTOR 150 MG TABLET	3	YES	NO	NO
RELISTOR 8 MG/0.4 ML SYRINGE	3	YES	NO	NO
RELYVRIO 3 GM-1 GM POWDER PKT	4	YES	NO	NO
RENA-VITE TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
REPAGLINIDE 0.5 MG TABLET	2	NO	NO	NO
REPAGLINIDE 1 MG TABLET	2	NO	NO	YES
REPAGLINIDE 2 MG TABLET	2	NO	NO	NO
REPATHA 140 MG/ML SURECLICK	2	YES	NO	NO
REPATHA 140 MG/ML SYRINGE	2	YES	NO	NO
REPATHA 420 MG/3.5ML PUSHTRONX	2	YES	NO	NO
RETACRIT 10,000 UNIT/ML VIAL	4	YES	NO	NO
RETACRIT 2,000 UNIT/ML VIAL	4	YES	NO	NO
RETACRIT 20,000 UNIT/2 ML VIAL	4	YES	NO	NO
RETACRIT 20,000 UNIT/ML VIAL	4	YES	NO	NO
RETACRIT 3,000 UNIT/ML VIAL	4	YES	NO	NO
RETACRIT 4,000 UNIT/ML VIAL	4	YES	NO	NO
RETACRIT 40,000 UNIT/ML VIAL	4	YES	NO	NO
RETEVMO 40 MG CAPSULE	4	YES	NO	NO
RETEVMO 80 MG CAPSULE	4	YES	NO	NO
REVCovi 2.4 MG/1.5 ML VIAL	4	YES	NO	NO
REVLIMID 10 MG CAPSULE	4	YES	NO	NO
REVLIMID 15 MG CAPSULE	4	YES	NO	NO
REVLIMID 2.5 MG CAPSULE	4	YES	NO	NO
REVLIMID 20 MG CAPSULE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
REVLIMID 25 MG CAPSULE	4	YES	NO	NO
REVLIMID 5 MG CAPSULE	4	YES	NO	NO
REXALL UNIVERSAL 1 30G LANCETS	1	NO	NO	NO
REXULTI 0.25 MG TABLET	3	YES	YES	NO
REXULTI 0.5 MG TABLET	3	YES	YES	NO
REXULTI 1 MG TABLET	3	YES	YES	NO
REXULTI 2 MG TABLET	3	YES	YES	NO
REXULTI 3 MG TABLET	3	YES	YES	NO
REXULTI 4 MG TABLET	3	YES	YES	NO
REYATAZ 50 MG POWDER PACKET	4	NO	NO	YES
REYVOW 100 MG TABLET	3	YES	NO	YES
REYVOW 50 MG TABLET	3	YES	NO	YES
REZLIDHIA 150 MG CAPSULE	4	YES	NO	YES
REZUROCK 200 MG TABLET	4	YES	NO	NO
RHOFADE 1% CREAM	3	YES	NO	NO
RIBAVIRIN 200 MG CAPSULE	4	NO	NO	YES
RIBAVIRIN 200 MG TABLET	4	NO	NO	NO
RIBAVIRIN 6 GM INHALATION VIAL	4	NO	NO	NO
RIDAURA 3 MG CAPSULE	3	NO	NO	NO
RIFABUTIN 150 MG CAPSULE	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RIFAMPIN 150 MG CAPSULE	1	NO	NO	YES
RIFAMPIN 300 MG CAPSULE	1	NO	NO	YES
RIGHTTEST GD500 LANCING DEVICE	1	NO	NO	YES
RIGHTTEST GL300 30G LANCETS	1	NO	NO	YES
RILUZOLE 50 MG TABLET	2	NO	NO	YES
RIMANTADINE HCL 100 MG TABLET	1	NO	NO	YES
RINVOQ ER 15 MG TABLET	4	NO	YES	YES
RINVOQ ER 30 MG TABLET	4	NO	YES	YES
RINVOQ ER 45 MG TABLET	4	NO	YES	YES
RISEDRONATE SODIUM 150 MG TAB	2	NO	NO	YES
RISEDRONATE SODIUM 30 MG TAB	2	NO	NO	YES
RISEDRONATE SODIUM 35 MG TAB	2	NO	NO	YES
RISEDRONATE SODIUM 5 MG TABLET	2	NO	NO	YES
RISPERDAL CONSTA 12.5 MG VIAL	2	YES	NO	NO
RISPERDAL CONSTA 25 MG VIAL	2	YES	NO	NO
RISPERDAL CONSTA 37.5 MG VIAL	2	YES	NO	NO
RISPERDAL CONSTA 50 MG VIAL	2	YES	NO	NO
RISPERIDONE 0.25 MG TABLET	1	YES	NO	NO
RISPERIDONE 0.5 MG TABLET	1	YES	NO	NO
RISPERIDONE 1 MG TABLET	1	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RISPERIDONE 1 MG/ML SOLUTION	1	YES	NO	NO
RISPERIDONE 2 MG TABLET	1	YES	NO	NO
RISPERIDONE 3 MG TABLET	1	YES	NO	NO
RISPERIDONE 4 MG TABLET	1	YES	NO	NO
RISPERIDONE ER 12.5 MG VIAL	2	YES	NO	NO
RISPERIDONE ER 25 MG VIAL	2	YES	NO	NO
RISPERIDONE ER 37.5 MG VIAL	2	YES	NO	NO
RISPERIDONE ER 50 MG VIAL	2	YES	NO	NO
RITEFLO SPACER	2	NO	NO	NO
RITONAVIR 100 MG TABLET	1	NO	NO	NO
RIVASTIGMINE 1.5 MG CAPSULE	1	NO	NO	NO
RIVASTIGMINE 13.3 MG/24HR PTCH	1	NO	NO	NO
RIVASTIGMINE 3 MG CAPSULE	1	NO	NO	NO
RIVASTIGMINE 4.5 MG CAPSULE	1	NO	NO	NO
RIVASTIGMINE 4.6 MG/24HR PATCH	1	NO	NO	NO
RIVASTIGMINE 6 MG CAPSULE	1	NO	NO	NO
RIVASTIGMINE 9.5 MG/24HR PATCH	1	NO	NO	NO
RIZATRIPTAN 10 MG ODT	1	NO	NO	NO
RIZATRIPTAN 10 MG TABLET	1	NO	NO	NO
RIZATRIPTAN 5 MG ODT	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RIZATRIPTAN 5 MG TABLET	1	NO	NO	YES
ROFLUMILAST 250 MCG TABLET	2	NO	NO	YES
ROFLUMILAST 500 MCG TABLET	2	NO	NO	YES
ROLVEDON 13.2 MG/0.6 ML SYRING	4	YES	NO	YES
ROPINIROLE HCL 0.25 MG TABLET	1	NO	NO	NO
ROPINIROLE HCL 0.5 MG TABLET	1	NO	NO	YES
ROPINIROLE HCL 1 MG TABLET	1	NO	NO	NO
ROPINIROLE HCL 2 MG TABLET	1	NO	NO	YES
ROPINIROLE HCL 3 MG TABLET	1	NO	NO	YES
ROPINIROLE HCL 4 MG TABLET	1	NO	NO	YES
ROPINIROLE HCL 5 MG TABLET	1	NO	NO	YES
ROPINIROLE HCL ER 12 MG TABLET	2	NO	NO	YES
ROPINIROLE HCL ER 2 MG TABLET	2	NO	NO	NO
ROPINIROLE HCL ER 4 MG TABLET	2	NO	NO	YES
ROPINIROLE HCL ER 6 MG TABLET	2	NO	NO	YES
ROPINIROLE HCL ER 8 MG TABLET	2	NO	NO	YES
ROSADAN 0.75% CREAM	1	NO	NO	NO
ROSADAN 0.75% GEL	2	NO	NO	NO
ROSUVASTATIN CALCIUM 10 MG TAB	1	NO	NO	NO
ROSUVASTATIN CALCIUM 20 MG TAB	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ROSUVASTATIN CALCIUM 40 MG TAB	1	NO	NO	NO
ROSUVASTATIN CALCIUM 5 MG TAB	1	NO	NO	NO
ROTARIX VACCINE ORAL SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
ROTARIX VACCINE SUSPENSION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
ROTATEQ VACCINE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	YES
ROWEEPRA 500 MG TABLET	1	NO	NO	YES
ROZLYTREK 100 MG CAPSULE	4	YES	NO	NO
ROZLYTREK 200 MG CAPSULE	4	YES	NO	NO
ROZLYTREK 50 MG PELLET PACKET	4	YES	NO	NO
RUBRACA 200 MG TABLET	4	YES	NO	NO
RUBRACA 250 MG TABLET	4	YES	NO	NO
RUBRACA 300 MG TABLET	4	YES	NO	NO
RUCONEST 2,100 UNIT VIAL	4	YES	NO	NO
RUFINAMIDE 200 MG TABLET	2	YES	NO	NO
RUFINAMIDE 40 MG/ML SUSPENSION	2	YES	NO	NO
RUFINAMIDE 400 MG TABLET	2	YES	NO	NO
RUKOBIA ER 600 MG TABLET	4	YES	NO	NO
RUZURGI 10 MG TABLET	4	NO	NO	NO
RYBELSUS 14 MG TABLET	2	NO	YES	NO
RYBELSUS 3 MG TABLET	2	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
RYBELSUS 7 MG TABLET	2	NO	YES	NO
RYDAPT 25 MG CAPSULE	4	YES	NO	NO
RYKINDO ER 25 MG VIAL	2	YES	NO	NO
RYKINDO ER 25 MG VIAL KIT	2	YES	NO	YES
RYKINDO ER 37.5 MG VIAL	2	YES	NO	NO
RYKINDO ER 37.5 MG VIAL KIT	2	YES	NO	NO
RYKINDO ER 50 MG VIAL	2	YES	NO	NO
RYKINDO ER 50 MG VIAL KIT	2	YES	NO	YES
SAFESNAP INSUL SYRINGE 0.3 ML	1	NO	NO	NO
SAFESNAP INSUL SYRINGE 0.5 ML	1	NO	NO	YES
SAFESNAP INSULIN SYRINGE 1 ML	1	NO	NO	NO
SAFETY 21G LANCETS	1	NO	NO	NO
SAFETY 28G LANCETS	1	NO	NO	NO
SAFETY LANCETS 26G	1	NO	NO	NO
SAFETY SEAL 28G LANCETS	1	NO	NO	NO
SAFETY SEAL 30G LANCETS	1	NO	NO	NO
SAFETY-LET 30G LANCETS	1	NO	NO	NO
SAIZEN 5 MG VIAL	4	YES	NO	NO
SAIZEN 8.8 MG SAIZENPREP CART	4	YES	NO	NO
SAIZEN 8.8 MG VIAL	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SAJAZIR 30 MG/3 ML SYRINGE	4	YES	NO	NO
SALSALATE 500 MG TABLET	1	NO	NO	NO
SALSALATE 750 MG TABLET	1	NO	NO	NO
SANDIMMUNE 100 MG/ML SOLN	2	NO	NO	NO
SANDOSTATIN LAR DEPOT 10 MG KT	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 10 MG VL	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 20 MG KT	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 20 MG VL	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 30 MG KT	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 30 MG VL	4	YES	NO	NO
SANTYL OINTMENT	3	NO	NO	NO
SAPROPTERIN 100 MG POWDER PKT	4	YES	NO	NO
SAPROPTERIN 100 MG TABLET	4	YES	NO	NO
SAPROPTERIN 500 MG POWDER PKT	4	YES	NO	NO
SAPS TWIST TOP 30G LANCET	1	NO	NO	NO
SAPS TWIST TOP 30G LANCETS	1	NO	NO	NO
SAVELLA 100 MG TABLET	3	NO	YES	NO
SAVELLA 12.5 MG TABLET	3	NO	YES	NO
SAVELLA 25 MG TABLET	3	NO	YES	NO
SAVELLA 50 MG TABLET	3	NO	YES	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SCEMBLIX 20 MG TABLET	4	YES	NO	NO
SCEMBLIX 40 MG TABLET	4	YES	NO	NO
SCOPOLAMINE 1 MG/3 DAY PATCH	1	NO	NO	NO
SELEGILINE HCL 5 MG CAPSULE	1	NO	NO	YES
SELEGILINE HCL 5 MG TABLET	1	NO	NO	YES
SELENIUM SULFIDE 2.25% SHAMPOO	1	NO	NO	YES
SELENIUM SULFIDE 2.5% LOTION	1	NO	NO	YES
SELZENTRY 20 MG/ML ORAL SOLN	4	NO	NO	YES
SELZENTRY 25 MG TABLET	4	NO	NO	YES
SELZENTRY 75 MG TABLET	4	NO	NO	YES
SE-NATAL 19 CHEWABLE TABLET	1	NO	NO	YES
SE-NATAL-19 TABLET	1	NO	NO	YES
SEREVENT DISKUS 50 MCG	2	NO	NO	YES
SEROSTIM 4 MG VIAL	4	YES	NO	YES
SEROSTIM 5 MG VIAL	4	YES	NO	YES
SEROSTIM 6 MG VIAL	4	YES	NO	YES
SERTRALINE 20 MG/ML ORAL CONC	1	NO	NO	YES
SERTRALINE HCL 100 MG TABLET	1	NO	NO	NO
SERTRALINE HCL 25 MG TABLET	1	NO	NO	YES
SERTRALINE HCL 50 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SETLAKIN 0.15 MG-0.03 MG TAB	1	NO	NO	NO
SEVELAMER CARBONATE 800 MG TAB	1	NO	NO	NO
SF 1.1% GEL	1	NO	NO	NO
SF 5000 PLUS CREAM	1	NO	NO	NO
SHAROBEL 0.35 MG TABLET	1	NO	NO	NO
SHINGRIX VIAL KIT	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SHOPKO AUTOLET LANCING DEVICE	1	NO	NO	NO
SHOPKO ON-THE-GO 30G LANCETS	1	NO	NO	NO
SHOPKO UNILET SUPER THIN 30G	1	NO	NO	NO
SHOPKO UNILET ULTRA THIN 28G	1	NO	NO	NO
SIGNIFOR 0.3 MG/ML AMPULE	4	YES	NO	NO
SIGNIFOR 0.6 MG/ML AMPULE	4	YES	NO	NO
SIGNIFOR 0.9 MG/ML AMPULE	4	YES	NO	NO
SILDENAFIL 10 MG/ML ORAL SUSP	4	YES	NO	NO
SILDENAFIL 20 MG TABLET	4	YES	NO	NO
SILIQ 210 MG/1.5 ML SYRINGE	4	NO	YES	NO
SILODOSIN 4 MG CAPSULE	2	NO	NO	NO
SILODOSIN 8 MG CAPSULE	2	NO	NO	NO
SILVER SULFADIAZINE 1% CREAM	1	NO	NO	NO
SIMLIYA 28 DAY TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SIMPESSE 0.15-0.03-0.01 MG TAB	1	NO	NO	NO
SIMPLE DIAGNSTIC LANCET DEVICE	1	NO	NO	YES
SIMPONI 100 MG/ML PEN INJECTOR	4	NO	YES	YES
SIMPONI 100 MG/ML SYRINGE	4	NO	YES	YES
SIMPONI 50 MG/0.5 ML PEN INJEC	4	NO	YES	YES
SIMPONI 50 MG/0.5 ML SYRINGE	4	NO	YES	NO
SIMVASTATIN 10 MG TABLET	1	NO	NO	NO
SIMVASTATIN 20 MG TABLET	1	NO	NO	NO
SIMVASTATIN 40 MG TABLET	1	NO	NO	YES
SIMVASTATIN 5 MG TABLET	1	NO	NO	NO
SIMVASTATIN 80 MG TABLET	1	NO	NO	YES
SINGLE-LET LANCETS	1	NO	NO	YES
SIROLIMUS 0.5 MG TABLET	2	NO	NO	YES
SIROLIMUS 1 MG TABLET	2	NO	NO	YES
SIROLIMUS 1 MG/ML SOLUTION	2	NO	NO	YES
SIROLIMUS 2 MG TABLET	2	NO	NO	YES
SIVEXTRO 200 MG TABLET	4	NO	NO	YES
SKYCLARYS 50 MG CAPSULE	4	YES	NO	NO
SKYRIZI 150 MG DOSE KIT-2 SYRN	4	NO	YES	NO
SKYRIZI 150 MG/ML PEN	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SKYRIZI 150 MG/ML SYRINGE	4	NO	YES	NO
SKYRIZI 180 MG/1.2 ML ON-BODY	4	NO	YES	NO
SKYRIZI 360 MG/2.4 ML ON-BODY	4	NO	YES	NO
SKYRIZI 600 MG/10 ML VIAL	4	NO	YES	NO
SKYTROFA 11 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 13.3 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 3 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 3.6 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 4.3 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 5.2 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 6.3 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 7.6 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 9.1 MG CARTRIDGE	4	YES	NO	NO
SLEEP AID 25 MG CAPLET	1	NO	NO	NO
SLEEP AID 25 MG TABLET	1	NO	NO	NO
SM COLOR LANCETS 21G	1	NO	NO	NO
SM EYE ITCH RELIEF 0.025% DROP	1	NO	NO	NO
SM FOLIC ACID 400 MCG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SM GENTLE LAXATIVE EC 5 MG TAB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SM IBUPROFEN 100 MG/5 ML SUSP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SM LANCETS 21G	1	NO	NO	NO
SM MAGNESIUM CITRATE SOLUTION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SM MICRO THIN 33G LANCETS	1	NO	NO	NO
SM MILK OF MAGNESIA SUSPENSION	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SM SLEEP AID 25 MG TABLET	1	NO	NO	NO
SM SUPER THIN 30G LANCETS	1	NO	NO	NO
SM SUPER VITAMIN B COMPLEX TAB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SM THIN LANCETS 26G	1	NO	NO	NO
SM VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
SMART SENSE COLOR 33G LANCETS	1	NO	NO	NO
SMART SENSE STANDARD 21G	1	NO	NO	NO
SMART SENSE SUPER THIN 30G	1	NO	NO	NO
SMART SENSE THIN 26G LANCETS	1	NO	NO	NO
SMARTEST LANCET	1	NO	NO	NO
SOD FLUORIDE ENAM PROT 5000PPM	1	NO	NO	NO
SOD SULFACET-SULFUR 10-5% CLSR	1	NO	NO	NO
SODIUM CHLORIDE 0.9% INHAL VL	1	NO	NO	NO
SODIUM CHLORIDE 0.9% IRRIG	1	NO	NO	NO
SODIUM CHLORIDE 0.9% IRRIG.	1	NO	NO	NO
SODIUM CHLORIDE 0.9% PRCSS SOL	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SODIUM CHLORIDE 10% VIAL	1	NO	NO	NO
SODIUM CHLORIDE 3% VIAL	1	NO	NO	NO
SODIUM CHLORIDE 7% VIAL	1	NO	NO	NO
SODIUM FLUORIDE 0.25 (0.55) MG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SODIUM FLUORIDE 0.5 MG(1.1 MG)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SODIUM FLUORIDE 0.5 MG/ML DROP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SODIUM FLUORIDE 1 MG (2.2 MG)	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SODIUM FLUORIDE 1.1% CREAM	1	NO	NO	NO
SODIUM FLUORIDE 1.1% GEL	1	NO	NO	NO
SODIUM FLUORIDE 5000 DRY MOUTH	1	NO	NO	NO
SODIUM FLUORIDE 5000 PLUS CRM	1	NO	NO	NO
SODIUM FLUORIDE 5000 PPM CREAM	1	NO	NO	NO
SODIUM FLUORIDE 5000 PPM PASTE	1	NO	NO	NO
SODIUM FLUORIDE SENSTV 5000PPM	1	NO	NO	NO
SODIUM OXYBATE 0.5 G/ML SOLN	4	YES	NO	NO
SODIUM PHENYLBUTYRATE 500MG TB	4	YES	NO	NO
SODIUM PHENYLBUTYRATE POWDER	4	YES	NO	NO
SODIUM POLYSTYRENE SULF POWDER	1	NO	NO	NO
SODIUM SULFACETAMIDE 10% LOTN	1	NO	NO	NO
SOFOSBUVIR-VELPATASVIR 400-100	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SOFT TOUCH LANCETS	1	NO	NO	NO
SOGROYA 10 MG/1.5 ML PEN	4	YES	NO	NO
SOGROYA 15 MG/1.5 ML PEN	4	YES	NO	NO
SOGROYA 5 MG/1.5 ML PEN	4	YES	NO	NO
SOHONOS 1 MG CAPSULE	4	YES	NO	NO
SOHONOS 1.5 MG CAPSULE	4	YES	NO	NO
SOHONOS 10 MG CAPSULE	4	YES	NO	NO
SOHONOS 2.5 MG CAPSULE	4	YES	NO	NO
SOHONOS 5 MG CAPSULE	4	YES	NO	NO
SOLIFENACIN 10 MG TABLET	1	NO	NO	NO
SOLIFENACIN 5 MG TABLET	1	NO	NO	NO
SOLIQUA 100 UNIT-33 MCG/ML PEN	3	NO	YES	NO
SOLTAMOX 20 MG/10 ML SOLN	3	NO	NO	NO
SOLU-CORTEF 1,000 MG ACT-O-VL	3	NO	NO	NO
SOLU-CORTEF 100 MG ACT-O-VIAL	3	NO	NO	NO
SOLU-CORTEF 100 MG VIAL	3	NO	NO	NO
SOLU-CORTEF 250 MG ACT-O-VIAL	3	NO	NO	NO
SOLU-CORTEF 500 MG ACT-O-VIAL	3	NO	NO	NO
SOLUS V2 28G LANCETS	1	NO	NO	NO
SOLUS V2 30G TWIST LANCETS	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SOLUS V2 LANCING DEVICE	1	NO	NO	NO
SOMAVERT 10 MG VIAL	4	YES	NO	NO
SOMAVERT 15 MG VIAL	4	YES	NO	NO
SOMAVERT 20 MG VIAL	4	YES	NO	NO
SOMAVERT 25 MG VIAL	4	YES	NO	NO
SOMAVERT 30 MG VIAL	4	YES	NO	NO
SORAFENIB 200 MG TABLET	4	YES	NO	NO
SORINE 120 MG TABLET	1	NO	NO	NO
SORINE 160 MG TABLET	1	NO	NO	NO
SORINE 240 MG TABLET	1	NO	NO	NO
SORINE 80 MG TABLET	1	NO	NO	NO
SOTALOL 120 MG TABLET	1	NO	NO	NO
SOTALOL 160 MG TABLET	1	NO	NO	NO
SOTALOL 240 MG TABLET	1	NO	NO	NO
SOTALOL 80 MG TABLET	1	NO	NO	NO
SOTALOL AF 120 MG TABLET	1	NO	NO	NO
SOTALOL AF 160 MG TABLET	1	NO	NO	NO
SOTALOL AF 80 MG TABLET	1	NO	NO	NO
SOTYKTU 6 MG TABLET	4	NO	YES	NO
SOVALDI 150 MG PELLET PACKET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SOVALDI 200 MG PELLETT PACKET	4	YES	NO	NO
SOVALDI 200 MG TABLET	4	YES	NO	NO
SOVALDI 400 MG TABLET	4	YES	NO	NO
SPEEDYSWAB COVID-19 HOME TEST	1	NO	NO	NO
SPIKEVAX 2023-24 (12Y UP) SYRG	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SPIKEVAX 2023-24 (12Y UP) VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SPIKEVAX COVID (18Y UP) VACC	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SPINOSAD 0.9% TOPICAL SUSP	2	NO	NO	NO
SPIRIVA RESPIMAT 1.25 MCG INH	2	NO	NO	NO
SPIRIVA RESPIMAT 2.5 MCG INH	2	NO	NO	NO
SPIRONOLACTONE 100 MG TABLET	1	NO	NO	NO
SPIRONOLACTONE 25 MG TABLET	1	NO	NO	NO
SPIRONOLACTONE 50 MG TABLET	1	NO	NO	NO
SPIRONOLACTONE-HCTZ 25-25 TAB	1	NO	NO	NO
SPRAVATO 56 MG DOSE PACK	4	YES	NO	NO
SPRAVATO 84 MG DOSE PACK	4	YES	NO	NO
SPRINTEC 28 DAY TABLET	1	NO	NO	NO
SPRYCEL 100 MG TABLET	4	YES	NO	NO
SPRYCEL 140 MG TABLET	4	YES	NO	NO
SPRYCEL 20 MG TABLET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SPRYCEL 50 MG TABLET	4	YES	NO	NO
SPRYCEL 70 MG TABLET	4	YES	NO	NO
SPRYCEL 80 MG TABLET	4	YES	NO	NO
SPS 15 GM/60 ML SUSPENSION	2	NO	NO	NO
SPS 30 GM/120 ML ENEMA SUSP	2	NO	NO	NO
SRONYX 0.10-0.02 MG TABLET	1	NO	NO	NO
SSD 1% CREAM	1	NO	NO	NO
STAVUDINE 15 MG CAPSULE	2	NO	NO	NO
STAVUDINE 20 MG CAPSULE	2	NO	NO	NO
STAVUDINE 30 MG CAPSULE	2	NO	NO	NO
STAVUDINE 40 MG CAPSULE	2	NO	NO	NO
STELARA 130 MG/26 ML VIAL	4	NO	YES	NO
STELARA 45 MG/0.5 ML SYRINGE	4	NO	YES	NO
STELARA 45 MG/0.5 ML VIAL	4	NO	YES	NO
STELARA 90 MG/ML SYRINGE	4	NO	YES	NO
STERILANCE TL TWIST 30G LANCET	1	NO	NO	NO
STERILANCE TL TWIST 32G LANCET	1	NO	NO	NO
STERILE 33G LANCET	1	NO	NO	NO
STIMUFEND 6 MG/0.6 ML SYRINGE	4	YES	NO	NO
STIOLTO RESPIMAT INHALER (10)	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
STIOLTO RESPIMAT INHALER (60)	2	NO	NO	NO
STIVARGA 40 MG TABLET	4	YES	NO	NO
STRENSIQ 18 MG/0.45 ML VIAL	4	YES	NO	NO
STRENSIQ 28 MG/0.7 ML VIAL	4	YES	NO	NO
STRENSIQ 40 MG/ML VIAL	4	YES	NO	NO
STRENSIQ 80 MG/0.8 ML VIAL	4	YES	NO	NO
STRESS FORMULA WITH IRON TAB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
STRESS-C WITH IRON TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
STRIBILD TABLET	4	NO	NO	NO
STRIVERDI RESPIMAT INHAL SPRAY	2	NO	NO	NO
SUBLOCADE 100 MG/0.5 ML SYRING	4	YES	NO	NO
SUBLOCADE 300 MG/1.5 ML SYRING	4	YES	NO	NO
SUBSYS 1,200 MCG SPRAY	3	YES	NO	NO
SUBSYS 1,600 MCG SPRAY	3	YES	NO	NO
SUBSYS 100 MCG SPRAY	3	YES	NO	NO
SUBSYS 200 MCG SPRAY	3	YES	NO	NO
SUBSYS 400 MCG SPRAY	3	YES	NO	NO
SUBSYS 600 MCG SPRAY	3	YES	NO	NO
SUBSYS 800 MCG SPRAY	3	YES	NO	NO
SUBVENITE 100 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SUBVENITE 150 MG TABLET	1	NO	NO	NO
SUBVENITE 200 MG TABLET	1	NO	NO	NO
SUBVENITE 25 MG TABLET	1	NO	NO	NO
SUCRAID 17,000 UNIT/2 ML SOLN	4	YES	NO	NO
SUCRAID 8,500 UNIT/ML SOLN	4	YES	NO	NO
SUCRALFATE 1 GM TABLET	1	NO	NO	NO
SUCRALFATE 1 GM/10 ML SUSP	2	NO	NO	NO
SUCRALFATE 1 GM/10 ML SUSP CUP	2	NO	NO	NO
SULCONAZOLE NITRATE 1% SOLN	3	NO	NO	NO
SULFACETAMIDE 10% EYE DROPS	2	NO	NO	NO
SULFACETAMIDE 10% EYE OINTMENT	2	NO	NO	NO
SULFACETAMIDE SOD 10% TOP SUSP	1	NO	NO	NO
SULFACETAMIDE-SULFUR 8-4% SUSP	1	NO	NO	NO
SULFACLEANSE 8-4 SUSPENSION	1	NO	NO	NO
SULFADIAZINE 500 MG TABLET	2	NO	NO	NO
SULFAMETHOXAZOLE-TMP 20 ML CUP	1	NO	NO	NO
SULFAMETHOXAZOLE-TMP 5 ML CUP	1	NO	NO	NO
SULFAMETHOXAZOLE-TMP DS TABLET	1	NO	NO	NO
SULFAMETHOXAZOLE-TMP SS TABLET	1	NO	NO	NO
SULFAMETHOXAZOLE-TMP SUSP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SULFAMYLON 8.5% CREAM	3	NO	NO	NO
SULFASALAZINE 500 MG TABLET	1	NO	NO	NO
SULFASALAZINE DR 500 MG TAB	1	NO	NO	NO
SULFATRIM PEDIATRIC SUSPENSION	1	NO	NO	NO
SULF-PRED 10-0.23% EYE DROPS	1	NO	NO	NO
SULINDAC 150 MG TABLET	1	NO	NO	NO
SULINDAC 200 MG TABLET	1	NO	NO	NO
SUMATRIPTAN 20 MG NASAL SPRAY	1	NO	NO	NO
SUMATRIPTAN 4 MG/0.5 ML CART	1	NO	NO	NO
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	NO	NO	NO
SUMATRIPTAN 5 MG NASAL SPRAY	1	NO	NO	NO
SUMATRIPTAN 6 MG/0.5 ML CART	1	NO	NO	NO
SUMATRIPTAN 6 MG/0.5 ML SYRNG	1	NO	NO	NO
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	NO	NO	NO
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	NO	NO	NO
SUMATRIPTAN SUCC 100 MG TABLET	1	NO	NO	NO
SUMATRIPTAN SUCC 25 MG TABLET	1	NO	NO	NO
SUMATRIPTAN SUCC 50 MG TABLET	1	NO	NO	NO
SUNITINIB MALATE 12.5 MG CAP	4	YES	NO	NO
SUNITINIB MALATE 25 MG CAPSULE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SUNITINIB MALATE 37.5 MG CAP	4	YES	NO	NO
SUNITINIB MALATE 50 MG CAPSULE	4	YES	NO	NO
SUNLENCA 4- 300 MG TABLET	4	YES	NO	NO
SUNLENCA 463.5 MG/1.5 ML VIAL	4	YES	NO	NO
SUNLENCA 5- 300 MG TABLET	4	YES	NO	NO
SUNOSI 150 MG TABLET	3	YES	NO	NO
SUNOSI 75 MG TABLET	3	YES	NO	NO
SUPER B COMPLEX TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SUPER B COMPLEX-VIT C CAPLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SUPER B MAXI COMPLEX CAPLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SUPER QUINTS B-50 TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SUPER THIN 28G LANCETS	1	NO	NO	NO
SUPER THIN 30G LANCETS	1	NO	NO	NO
SUPPRELIN LA 50 MG KIT	4	YES	NO	NO
SURE COMFORT 18G LANCETS	1	NO	NO	NO
SURE COMFORT 21G LANCETS	1	NO	NO	NO
SURE COMFORT 23G LANCETS	1	NO	NO	NO
SURE COMFORT 28G LANCETS	1	NO	NO	NO
SURE COMFORT 30G LANCETS	1	NO	NO	NO
SURE COMFORT LANCING PEN	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SURE-LANCE 26G LANCETS	1	NO	NO	NO
SURE-LANCE FLAT LANCETS	1	NO	NO	NO
SURE-LANCE THIN 28G LANCETS	1	NO	NO	NO
SURE-LANCE ULTRA THIN 30G	1	NO	NO	NO
SURE-PEN LANCING DEVICE	1	NO	NO	NO
SURE-TOUCH LANCET	1	NO	NO	NO
SV FOLIC ACID 800 MCG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SV PRENATAL TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
SV VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
SWI TWIST TOP 30G LANCET	1	NO	NO	NO
SYEDA 28 TABLET	1	NO	NO	NO
SYMDEKO 100/150 MG-150 MG TABS	4	YES	NO	NO
SYMDEKO 50/75 MG-75 MG TABLETS	4	YES	NO	NO
SYMJEPI 0.15 MG/0.3 ML SYRINGE	2	NO	NO	NO
SYMJEPI 0.3 MG/0.3 ML SYRINGE	2	NO	NO	NO
SYMLINPEN 120 PEN INJECTOR	3	NO	NO	NO
SYMLINPEN 60 PEN INJECTOR	3	NO	NO	NO
SYMPROIC 0.2 MG TABLET	2	NO	NO	NO
SYMTUZA 800-150-200-10 MG TAB	4	NO	NO	NO
SYNAGIS 100 MG/ML VIAL	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SYNAGIS 50 MG/0.5 ML VIAL	4	YES	NO	NO
SYNAREL 2 MG/ML NASAL SPRAY	4	YES	NO	NO
SYNDROS 5 MG/ML SOLUTION	3	YES	NO	NO
SYNJARDY 12.5-1,000 MG TABLET	2	NO	NO	NO
SYNJARDY 12.5-500 MG TABLET	2	NO	NO	NO
SYNJARDY 5-1,000 MG TABLET	2	NO	NO	NO
SYNJARDY 5-500 MG TABLET	2	NO	NO	NO
SYNJARDY XR 10-1,000 MG TABLET	2	NO	NO	NO
SYNJARDY XR 12.5-1,000 MG TAB	2	NO	NO	NO
SYNJARDY XR 25-1,000 MG TABLET	2	NO	NO	NO
SYNJARDY XR 5-1,000 MG TABLET	2	NO	NO	NO
SYNTHROID 0.137 MG TABLET	3	NO	NO	NO
SYNTHROID 100 MCG TABLET	3	NO	NO	NO
SYNTHROID 112 MCG TABLET	3	NO	NO	NO
SYNTHROID 125 MCG TABLET	3	NO	NO	NO
SYNTHROID 137 MCG TABLET	3	NO	NO	NO
SYNTHROID 150 MCG TABLET	3	NO	NO	NO
SYNTHROID 175 MCG TABLET	3	NO	NO	NO
SYNTHROID 200 MCG TABLET	3	NO	NO	NO
SYNTHROID 25 MCG TABLET	3	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SYNTHROID 300 MCG TABLET	3	NO	NO	NO
SYNTHROID 50 MCG TABLET	3	NO	NO	NO
SYNTHROID 75 MCG TABLET	3	NO	NO	NO
SYNTHROID 88 MCG TABLET	3	NO	NO	NO
SYRINGE	1	NO	NO	NO
TABLOID 40 MG TABLET	4	YES	NO	NO
TABRECTA 150 MG TABLET	4	YES	NO	NO
TABRECTA 200 MG TABLET	4	YES	NO	NO
TACROLIMUS 0.03% OINTMENT	1	NO	NO	NO
TACROLIMUS 0.1% OINTMENT	1	NO	NO	NO
TACROLIMUS 0.5 MG CAPSULE (IR)	1	NO	NO	NO
TACROLIMUS 1 MG CAPSULE (IR)	1	NO	NO	NO
TACROLIMUS 5 MG CAPSULE (IR)	1	NO	NO	NO
TADALAFIL 20 MG TABLET	4	YES	NO	NO
TADALAFIL 5 MG TABLET	1	YES	NO	NO
TADLIQ 20 MG/5 ML SUSPENSION	4	YES	NO	NO
TAFINLAR 10 MG TABLET FOR SUSP	4	YES	NO	NO
TAFINLAR 50 MG CAPSULE	4	YES	NO	NO
TAFINLAR 75 MG CAPSULE	4	YES	NO	NO
TAFLUPROST 0.0015% EYE DROP	2	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TAGRISSO 40 MG TABLET	4	YES	NO	NO
TAGRISSO 80 MG TABLET	4	YES	NO	NO
TAKHZYRO 150 MG/ML SYRINGE	4	YES	NO	NO
TAKHZYRO 300 MG/2 ML SYRINGE	4	YES	NO	NO
TAKHZYRO 300 MG/2 ML VIAL	4	YES	NO	NO
TALTZ 80 MG/ML AUTOINJ (2-PK)	4	NO	YES	NO
TALTZ 80 MG/ML AUTOINJ (3-PK)	4	NO	YES	NO
TALTZ 80 MG/ML AUTOINJECTOR	4	NO	YES	NO
TALTZ 80 MG/ML SYRINGE	4	NO	YES	NO
TALZENNA 0.1 MG CAPSULE	4	YES	NO	NO
TALZENNA 0.25 MG CAPSULE	4	YES	NO	NO
TALZENNA 0.35 MG CAPSULE	4	YES	NO	NO
TALZENNA 0.5 MG CAPSULE	4	YES	NO	NO
TALZENNA 0.75 MG CAPSULE	4	YES	NO	NO
TALZENNA 1 MG CAPSULE	4	YES	NO	NO
TAMOXIFEN 10 MG TABLET	1	NO	NO	NO
TAMOXIFEN 20 MG TABLET	1	NO	NO	NO
TAMSULOSIN HCL 0.4 MG CAPSULE	1	NO	NO	NO
TARINA 24 FE 1 MG-20 MCG TAB	1	NO	NO	NO
TARINA FE 1-20 EQ TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TARINA FE 1-20 TABLET	1	NO	NO	NO
TARON-C DHA CAPSULE	1	NO	NO	NO
TARON-PREX PRENATAL DHA CAP	1	NO	NO	NO
TARPEYO DR 4 MG CAPSULE	4	YES	NO	NO
TASIGNA 150 MG CAPSULE	4	YES	NO	NO
TASIGNA 200 MG CAPSULE	4	YES	NO	NO
TASIGNA 50 MG CAPSULE	4	YES	NO	NO
TASIMELTEON 20 MG CAPSULE	4	YES	NO	NO
TAVABOROLE 5% TOPICAL SOLUTION	2	NO	NO	NO
TAVALISSE 100 MG TABLET	4	YES	NO	NO
TAVALISSE 150 MG TABLET	4	YES	NO	NO
TAVNEOS 10 MG CAPSULE	4	YES	NO	NO
TAYSOFY 1 MG-20 MCG CAPSULE	1	NO	NO	NO
TAZAROTENE 0.1% CREAM	2	NO	YES	NO
TAZTIA XT 120 MG CAPSULE	1	NO	NO	NO
TAZTIA XT 180 MG CAPSULE	1	NO	NO	NO
TAZTIA XT 240 MG CAPSULE	1	NO	NO	NO
TAZTIA XT 300 MG CAPSULE	1	NO	NO	NO
TAZTIA XT 360 MG CAPSULE	1	NO	NO	NO
TAZVERIK 200 MG TABLET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TDVAX VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
TECHLITE 0.3 ML 29GX12MM (1/2)	1	NO	NO	NO
TECHLITE 0.3 ML 30GX12MM (1/2)	1	NO	NO	NO
TECHLITE 0.3 ML 30GX8MM (1/2)	1	NO	NO	NO
TECHLITE 0.3 ML 31GX6MM (1/2)	1	NO	NO	NO
TECHLITE 0.3 ML 31GX8MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 29GX12MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 30GX12MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 30GX8MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 31GX6MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 31GX8MM (1/2)	1	NO	NO	NO
TECHLITE 25G LANCETS	1	NO	NO	NO
TECHLITE 26G LANCETS	1	NO	NO	NO
TECHLITE 28G LANCETS	1	NO	NO	NO
TECHLITE 30G LANCETS	1	NO	NO	NO
TELCARE ULTRA THIN 30G LANCETS	1	NO	NO	NO
TELMISARTAN 20 MG TABLET	1	NO	NO	NO
TELMISARTAN 40 MG TABLET	1	NO	NO	NO
TELMISARTAN 80 MG TABLET	1	NO	NO	NO
TEMAZEPAM 15 MG CAPSULE	1	NO	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TERCONAZOLE 0.4% CREAM	1	NO	NO	NO
TERCONAZOLE 0.8% CREAM	1	NO	NO	NO
TERCONAZOLE 80 MG SUPPOSITORY	1	NO	NO	NO
TERIFLUNOMIDE 14 MG TABLET	4	NO	NO	NO
TERIFLUNOMIDE 7 MG TABLET	4	NO	NO	NO
TERIPARATIDE 600 MCG/2.4ML PEN	4	YES	NO	NO
TERIPARATIDE 620 MCG/2.48 ML	4	YES	NO	NO
TESTOSTERON ENAN 1,000 MG/5 ML	1	YES	NO	NO
TESTOSTERONE 1% (25MG/2.5G) PK	2	NO	YES	NO
TESTOSTERONE 1% (50 MG/5 G) PK	2	NO	YES	NO
TESTOSTERONE 1.62% (2.5 G) PKT	2	NO	YES	NO
TESTOSTERONE 1.62% GEL PUMP	2	NO	YES	NO
TESTOSTERONE 1.62%(1.25 G) PKT	2	NO	YES	NO
TESTOSTERONE 10 MG GEL PUMP	2	NO	YES	NO
TESTOSTERONE 12.5 MG/1.25 GRAM	2	NO	YES	NO
TESTOSTERONE 30 MG/1.5 ML PUMP	2	NO	YES	NO
TESTOSTERONE 50 MG/5 GRAM GEL	2	NO	YES	NO
TESTOSTERONE 50 MG/5 GRAM PKT	2	NO	YES	NO
TESTOSTERONE CYP 1,000 MG/10ML	1	YES	NO	NO
TESTOSTERONE CYP 1,000 MG/5 ML	1	YES	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
THEOPHYLLINE ER 400 MG TABLET	1	NO	NO	NO
THEOPHYLLINE ER 450 MG TABLET	1	NO	NO	NO
THEOPHYLLINE ER 600 MG TABLET	1	NO	NO	NO
THIN 26G LANCETS	1	NO	NO	NO
THIN LANCETS 28G	1	NO	NO	NO
THIOLA EC 100 MG TABLET	4	YES	NO	NO
THIOLA EC 300 MG TABLET	4	YES	NO	NO
THIORIDAZINE 10 MG TABLET	1	YES	NO	NO
THIORIDAZINE 100 MG TABLET	1	YES	NO	NO
THIORIDAZINE 25 MG TABLET	1	YES	NO	NO
THIORIDAZINE 50 MG TABLET	1	YES	NO	NO
THIOTHIXENE 1 MG CAPSULE	2	YES	NO	NO
THIOTHIXENE 10 MG CAPSULE	2	YES	NO	NO
THIOTHIXENE 2 MG CAPSULE	2	YES	NO	NO
THIOTHIXENE 5 MG CAPSULE	2	YES	NO	NO
TIADYLT ER 120 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 180 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 240 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 300 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 360 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TIADYLT ER 420 MG CAPSULE	1	NO	NO	NO
TIAGABINE HCL 12 MG TABLET	2	NO	NO	NO
TIAGABINE HCL 16 MG TABLET	2	NO	NO	NO
TIAGABINE HCL 2 MG TABLET	2	NO	NO	NO
TIAGABINE HCL 4 MG TABLET	2	NO	NO	NO
TIBSOVO 250 MG TABLET	4	YES	NO	NO
TILIA FE 28 TABLET	1	NO	NO	NO
TIMOLOL MALEATE 0.25% EYE DROP	1	NO	NO	NO
TIMOLOL MALEATE 0.5% EYE DROPS	1	NO	NO	NO
TIMOLOL MALEATE 10 MG TABLET	2	NO	NO	NO
TIMOLOL MALEATE 20 MG TABLET	2	NO	NO	NO
TIMOLOL MALEATE 5 MG TABLET	2	NO	NO	NO
TINIDAZOLE 250 MG TABLET	1	NO	NO	NO
TINIDAZOLE 500 MG TABLET	1	NO	NO	NO
TIOPRONIN 100 MG TABLET	4	YES	NO	NO
TIOTROPIUM 18 MCG CAP-INHALER	2	NO	NO	NO
TIVICAY 10 MG TABLET	4	NO	NO	NO
TIVICAY 25 MG TABLET	4	NO	NO	NO
TIVICAY 50 MG TABLET	4	NO	NO	NO
TIVICAY PD 5 MG TAB FOR SUSP	4	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TIZANIDINE HCL 2 MG CAPSULE	2	NO	NO	NO
TIZANIDINE HCL 2 MG TABLET	1	NO	NO	NO
TIZANIDINE HCL 4 MG CAPSULE	2	NO	NO	NO
TIZANIDINE HCL 4 MG TABLET	1	NO	NO	NO
TIZANIDINE HCL 6 MG CAPSULE	2	NO	NO	NO
TOBI PODHALER 28 MG INHALE CAP	4	NO	YES	NO
TOBRAMYCIN 0.3% EYE DROP	1	NO	NO	NO
TOBRAMYCIN 300 MG/4 ML AMPULE	4	NO	NO	NO
TOBRAMYCIN 300 MG/5 ML AMPULE	4	NO	NO	NO
TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	NO	NO	NO
TODAY CONTRACEPTIVE SPONGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
TOLCAPONE 100 MG TABLET	2	YES	NO	NO
TOLMETIN SODIUM 200 MG TAB	2	NO	NO	NO
TOLMETIN SODIUM 400 MG CAP	2	NO	NO	NO
TOLMETIN SODIUM 600 MG TAB	2	NO	NO	NO
TOLTERODINE TART ER 2 MG CAP	2	NO	NO	NO
TOLTERODINE TART ER 4 MG CAP	2	NO	NO	NO
TOLTERODINE TARTRATE 1 MG TAB	2	NO	NO	NO
TOLTERODINE TARTRATE 2 MG TAB	2	NO	NO	NO
TOLVAPTAN 15 MG TABLET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TOLVAPTAN 30 MG TABLET	4	YES	NO	NO
TOPCARE UNIVERSAL1 33G LANCETS	1	NO	NO	NO
TOPCARE UNIVERSAL1 THIN LANCET	1	NO	NO	NO
TOPIRAMATE 100 MG TABLET	1	NO	NO	NO
TOPIRAMATE 15 MG SPRINKLE CAP	1	NO	NO	NO
TOPIRAMATE 200 MG TABLET	1	NO	NO	NO
TOPIRAMATE 25 MG SPRINKLE CAP	1	NO	NO	NO
TOPIRAMATE 25 MG TABLET	1	NO	NO	NO
TOPIRAMATE 50 MG TABLET	1	NO	NO	NO
TOREMIFENE CITRATE 60 MG TAB	2	NO	NO	NO
TORSEMIDE 10 MG TABLET	1	NO	NO	NO
TORSEMIDE 100 MG TABLET	1	NO	NO	NO
TORSEMIDE 20 MG TABLET	1	NO	NO	NO
TORSEMIDE 5 MG TABLET	1	NO	NO	NO
TOUJEO MAX SOLOSTR 300 UNIT/ML	2	NO	NO	NO
TOUJEO SOLOSTAR 300 UNIT/ML	2	NO	NO	NO
TRACLEER 32 MG TABLET FOR SUSP	4	YES	NO	NO
TRADJENTA 5 MG TABLET	2	NO	NO	NO
TRAMADOL ER 100 MG TABLET	2	YES	NO	NO
TRAMADOL ER 200 MG TABLET	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRAMADOL ER 300 MG TABLET	2	YES	NO	NO
TRAMADOL HCL 50 MG TABLET	1	NO	YES	NO
TRAMADOL HCL ER 100 MG TABLET	2	YES	NO	NO
TRAMADOL HCL ER 200 MG TABLET	2	YES	NO	NO
TRAMADOL HCL ER 300 MG TABLET	2	YES	NO	NO
TRAMADOL-ACETAMINOPHN 37.5-325	1	NO	YES	NO
TRANDOLAPRIL 1 MG TABLET	1	NO	NO	NO
TRANDOLAPRIL 2 MG TABLET	1	NO	NO	NO
TRANDOLAPRIL 4 MG TABLET	1	NO	NO	NO
TRANDOLAPR-VERAPAM ER 1-240 MG	2	NO	NO	NO
TRANDOLAPR-VERAPAM ER 2-180 MG	2	NO	NO	NO
TRANDOLAPR-VERAPAM ER 2-240 MG	2	NO	NO	NO
TRANDOLAPR-VERAPAM ER 4-240 MG	2	NO	NO	NO
TRANEXAMIC ACID 650 MG TABLET	2	NO	NO	NO
TRANLYCYPROMINE SULF 10 MG TAB	2	NO	NO	NO
TRAVOPROST 0.004% EYE DROP	2	NO	YES	NO
TRAZODONE 100 MG TABLET	1	NO	NO	NO
TRAZODONE 150 MG TABLET	1	NO	NO	NO
TRAZODONE 300 MG TABLET	2	NO	NO	NO
TRAZODONE 50 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRECATOR 250 MG TABLET	3	NO	NO	NO
TRELEGY ELLIPTA 100-62.5-25	2	NO	NO	NO
TRELEGY ELLIPTA 200-62.5-25	2	NO	NO	NO
TRELSTAR 11.25 MG VIAL	4	YES	NO	NO
TRELSTAR 22.5 MG VIAL	4	YES	NO	NO
TRELSTAR 3.75 MG VIAL	4	YES	NO	NO
TREMFYA 100 MG/ML INJECTOR	4	NO	YES	NO
TREMFYA 100 MG/ML SYRINGE	4	NO	YES	NO
TRESIBA 100 UNIT/ML VIAL	2	NO	NO	NO
TRESIBA FLEXTOUCH 100 UNIT/ML	2	NO	NO	NO
TRESIBA FLEXTOUCH 200 UNIT/ML	2	NO	NO	NO
TRETINOIN 0.01% GEL	1	YES	NO	NO
TRETINOIN 0.025% CREAM	1	YES	NO	NO
TRETINOIN 0.025% GEL	1	YES	NO	NO
TRETINOIN 0.05% CREAM	1	YES	NO	NO
TRETINOIN 0.05% GEL	2	YES	NO	NO
TRETINOIN 0.1% CREAM	1	YES	NO	NO
TRETINOIN 10 MG CAPSULE	4	YES	NO	NO
TRETINOIN GEL MICRO 0.04% TUBE	2	YES	NO	NO
TRETINOIN GEL MICRO 0.1% TUBE	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRI FEMYNOR 28 TABLET	1	NO	NO	NO
TRIAMCINOLONE 0.025% CREAM	1	NO	NO	NO
TRIAMCINOLONE 0.025% LOTION	1	NO	NO	NO
TRIAMCINOLONE 0.025% OINT	1	NO	NO	NO
TRIAMCINOLONE 0.1% CREAM	1	NO	NO	NO
TRIAMCINOLONE 0.1% LOTION	1	NO	NO	NO
TRIAMCINOLONE 0.1% OINTMENT	1	NO	NO	NO
TRIAMCINOLONE 0.1% PASTE	1	NO	NO	NO
TRIAMCINOLONE 0.5% CREAM	1	NO	NO	NO
TRIAMCINOLONE 0.5% OINTMENT	1	NO	NO	NO
TRIAMCINOLONE 55 MCG NASAL SPR	1	NO	NO	NO
TRIAMTERENE 100 MG CAPSULE	1	NO	NO	NO
TRIAMTERENE 50 MG CAPSULE	1	NO	NO	NO
TRIAMTERENE-HCTZ 37.5-25 MG CP	1	NO	NO	NO
TRIAMTERENE-HCTZ 37.5-25 MG TB	1	NO	NO	NO
TRIAMTERENE-HCTZ 75-50 MG TAB	1	NO	NO	NO
TRIAZOLAM 0.125 MG TABLET	1	NO	NO	NO
TRIAZOLAM 0.25 MG TABLET	1	NO	NO	NO
TRIDERM 0.1% CREAM	1	NO	NO	NO
TRIDERM 0.5% CREAM	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRIENTINE HCL 250 MG CAPSULE	4	YES	NO	NO
TRIENTINE HCL 500 MG CAPSULE	4	YES	NO	NO
TRI-ESTARYLLA TABLET	1	NO	NO	NO
TRIFLUOPERAZINE 1 MG TABLET	1	YES	NO	NO
TRIFLUOPERAZINE 10 MG TABLET	1	YES	NO	NO
TRIFLUOPERAZINE 2 MG TABLET	1	YES	NO	NO
TRIFLUOPERAZINE 5 MG TABLET	1	YES	NO	NO
TRIFLURIDINE 1% EYE DROPS	1	NO	NO	NO
TRIHEXYPHENIDYL 2 MG TABLET	1	NO	NO	NO
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	1	NO	NO	NO
TRIHEXYPHENIDYL 5 MG TABLET	1	NO	NO	NO
TRIJARDY XR 10-5-1,000 MG TAB	2	NO	NO	NO
TRIJARDY XR 12.5-2.5-1,000 MG	2	NO	NO	NO
TRIJARDY XR 25-5-1,000 MG TAB	2	NO	NO	NO
TRIJARDY XR 5-2.5-1,000 MG TAB	2	NO	NO	NO
TRIKAFTA 100-50-75 MG/150 MG	4	YES	NO	NO
TRIKAFTA 100-50-75 MG/75MG PKT	4	YES	NO	NO
TRIKAFTA 50-25-37.5 MG/75 MG	4	YES	NO	NO
TRIKAFTA 80-40-60MG/59.5MG PKT	4	YES	NO	NO
TRI-LEGEST FE-28 DAY TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRI-LINYAH TABLET	1	NO	NO	NO
TRI-LO-ESTARYLLA TABLET	1	NO	NO	NO
TRI-LO-MARZIA TABLET	1	NO	NO	NO
TRI-LO-MILI TABLET	1	NO	NO	NO
TRI-LO-SPRINTEC TABLET	1	NO	NO	NO
TRILYTE WITH FLAVOR PACKETS	1	NO	NO	NO
TRIMETHOBENZAMIDE 300 MG CAP	1	NO	NO	NO
TRIMETHOPRIM 100 MG TABLET	1	NO	NO	NO
TRI-MILI 28 TABLET	1	NO	NO	NO
TRIMIPRAMINE MALEATE 100 MG CP	2	NO	NO	NO
TRIMIPRAMINE MALEATE 25 MG CAP	2	NO	NO	NO
TRIMIPRAMINE MALEATE 50 MG CAP	2	NO	NO	NO
TRINATAL RX 1 TABLET	1	NO	NO	NO
TRINATE TABLET	1	NO	NO	NO
TRINTELLIX 10 MG TABLET	3	NO	YES	NO
TRINTELLIX 20 MG TABLET	3	NO	YES	NO
TRINTELLIX 5 MG TABLET	3	NO	YES	NO
TRI-NYMYO 28 TABLET	1	NO	NO	NO
TRI-PREVIFEM TABLET	1	NO	NO	NO
TRIPTODUR 22.5 MG KIT	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRI-SPRINTEC TABLET	1	NO	NO	NO
TRIUMEQ 600-50-300 MG TABLET	4	NO	NO	NO
TRIUMEQ PD 60-5-30 MG TAB SUSP	4	NO	NO	NO
TRIVEEN-DUO DHA COMBO PACK	1	NO	NO	NO
TRI-VITE-FLUORIDE 0.25 MG/ML	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
TRI-VITE-FLUORIDE 0.5 MG/ML	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
TRI-VIT-FLUOR 0.25 MG/ML DROP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
TRI-VIT-FLUOR 0.5 MG/ML DROP	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
TRIVORA-28 TABLET	1	NO	NO	NO
TRI-VYLIBRA 28 TABLET	1	NO	NO	NO
TRI-VYLIBRA LO TABLET	1	NO	NO	NO
TROPICAMIDE 0.5% EYE DROP	1	NO	NO	NO
TROPICAMIDE 0.5% EYE DROPS	1	NO	NO	NO
TROPICAMIDE 1% EYE DROP	1	NO	NO	NO
TROPICAMIDE 1% EYE DROPS	1	NO	NO	NO
TROSPIUM CHLORIDE 20 MG TABLET	1	NO	NO	NO
TROSPIUM CHLORIDE ER 60 MG CAP	2	NO	NO	NO
TRUE COMFORT 30G LANCET	1	NO	NO	NO
TRUE COMFORT 30G TWIST LANCET	1	NO	NO	NO
TRUE FOLIC ACID 667 MCG DFE TB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRUE VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
TRUE VITAMIN B-6 25 MG TABLET	1	NO	NO	NO
TRUE VITAMIN B-6 50 MG TABLET	1	NO	NO	NO
TRUEDRAW LANCING DEVICE	1	NO	NO	NO
TRUEPLUS 26G LANCETS	1	NO	NO	NO
TRUEPLUS 30G LANCETS	1	NO	NO	NO
TRUEPLUS 33G LANCETS	1	NO	NO	NO
TRUEPLUS SAFETY 28G LANCET	1	NO	NO	NO
TRUEPLUS SAFETY 28G LANCETS	1	NO	NO	NO
TRUEPLUS SUPER THIN 28G LANCET	1	NO	NO	NO
TRUEPLUS ULTRA THIN 30G LANCET	1	NO	NO	NO
TRULANCE 3 MG TABLET	3	YES	NO	NO
TRULICITY 0.75 MG/0.5 ML PEN	2	NO	YES	NO
TRULICITY 1.5 MG/0.5 ML PEN	2	NO	YES	NO
TRULICITY 3 MG/0.5 ML PEN	2	NO	YES	NO
TRULICITY 4.5 MG/0.5 ML PEN	2	NO	YES	NO
TRUMENBA 120 MCG/0.5 ML VACCIN	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
TRUQAP 160 MG TABLET	4	YES	NO	NO
TRUQAP 200 MG TABLET	4	YES	NO	NO
TRUSELTIQ 100 MG DAILY DOSE PK	4	YES	NO	NO

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TYMLOS 80 MCG DOSE PEN INJECTR	4	YES	NO	NO
TYVASO 1.74 MG/2.9 ML SOLUTION	4	YES	NO	NO
TYVASO DPI 16 MCG CARTRIDGE	4	YES	NO	NO
TYVASO DPI 16-32 MCG TITR KIT	4	YES	NO	NO
TYVASO DPI 16-32-48 MCG TITRAT	4	YES	NO	NO
TYVASO DPI 32 MCG CARTRIDGE	4	YES	NO	NO
TYVASO DPI 32-48 MCG MAINT KIT	4	YES	NO	NO
TYVASO DPI 48 MCG CARTRIDGE	4	YES	NO	NO
TYVASO DPI 64 MCG CARTRIDGE	4	YES	NO	NO
TYVASO INHALATION REFILL KIT	4	YES	NO	NO
TYVASO INHALATION STARTER KIT	4	YES	NO	NO
TYVASO INSTITUTIONAL START KIT	4	YES	NO	NO
UBRELVY 100 MG TABLET	3	YES	NO	NO
UBRELVY 50 MG TABLET	3	YES	NO	NO
UDENYCA 6 MG/0.6 ML AUTOINJECT	4	YES	NO	NO
UDENYCA 6 MG/0.6 ML ONBODY	4	YES	NO	NO
UDENYCA 6 MG/0.6 ML SYRINGE	4	YES	NO	NO
UKONIQ 200 MG TABLET	4	YES	NO	NO
ULT CFT 0.3 ML 29GX1/2" (1/2)	1	NO	NO	NO
ULT CFT 0.3 ML 31GX5/16" (1/2)	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTICAR INS 0.3ML 31GX1/4(1/2)	1	NO	NO	NO
ULTIGUARD SAFE 1ML 30G 12.7MM	1	NO	NO	NO
ULTIGUARD SAFE0.3ML 30G 12.7MM	1	NO	NO	NO
ULTIGUARD SAFE0.5ML 30G 12.7MM	1	NO	NO	NO
ULTIGUARD SAFEPACK 1ML 31G 8MM	1	NO	NO	NO
ULTIGUARD SAFEPK 0.3ML 31G 8MM	1	NO	NO	NO
ULTIGUARD SAFEPK 0.5ML 31G 8MM	1	NO	NO	NO
ULTI-LANCE AUTO-AD DEVICE	1	NO	NO	NO
ULTI-LANCE AUTOMATIC DEVICE	1	NO	NO	NO
ULTILET 28G LANCETS	1	NO	NO	NO
ULTILET 30G LANCETS	1	NO	NO	NO
ULTILET 33G LANCETS	1	NO	NO	NO
ULTILET BASIC 30G LANCETS	1	NO	NO	NO
ULTILET CLASSIC 26G LANCETS	1	NO	NO	NO
ULTILET CLASSIC 28G LANCETS	1	NO	NO	NO
ULTILET CLASSIC 30G LANCETS	1	NO	NO	NO
ULTILET CLASSIC 33G LANCETS	1	NO	NO	NO
ULTILET SAFETY 23G LANCETS	1	NO	NO	NO
ULTRA FLO 0.3ML 30G 1/2" (1/2)	1	NO	NO	NO
ULTRA FLO 0.3ML 30G 5/16"(1/2)	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTRA FLO 0.3ML 31G 5/16"(1/2)	1	NO	NO	NO
ULTRA THIN 28G LANCETS	1	NO	NO	NO
ULTRA THIN 30G LANCETS	1	NO	NO	NO
ULTRA THIN 31G LANCET	1	NO	NO	NO
ULTRA THIN 31G LANCETS	1	NO	NO	NO
ULTRA THIN 33G LANCETS	1	NO	NO	NO
ULTRA-CARE 30G LANCETS	1	NO	NO	NO
ULTRALANCE 26G LANCETS	1	NO	NO	NO
ULTRALANCE 28G LANCETS	1	NO	NO	NO
ULTRA-THIN II 28G LANCETS	1	NO	NO	NO
ULTRA-THIN II 30G LANCETS	1	NO	NO	NO
ULTRATLC LANCETS	1	NO	NO	NO
UNILET COMFORTOUCH 26G LANCETS	1	NO	NO	NO
UNILET COMFORTOUCH LANCET	1	NO	NO	NO
UNILET EXCELITE II LANCET	1	NO	NO	NO
UNILET EXCELITE LANCET	1	NO	NO	NO
UNILET GP LANCET	1	NO	NO	NO
UNILET GP LANCET SUPERLITE	1	NO	NO	NO
UNILET MICRO THIN 33G LANCET	1	NO	NO	NO
UNILET MICRO THIN 33G LANCETS	1	NO	NO	NO

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

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
UNIVERSAL 1 33G LANCETS	1	NO	NO	NO
UPTRAVI 1,000 MCG TABLET	4	YES	NO	NO
UPTRAVI 1,200 MCG TABLET	4	YES	NO	NO
UPTRAVI 1,400 MCG TABLET	4	YES	NO	NO
UPTRAVI 1,600 MCG TABLET	4	YES	NO	NO
UPTRAVI 200 MCG TABLET	4	YES	NO	NO
UPTRAVI 200-800 TITRATION PACK	4	YES	NO	NO
UPTRAVI 400 MCG TABLET	4	YES	NO	NO
UPTRAVI 600 MCG TABLET	4	YES	NO	NO
UPTRAVI 800 MCG TABLET	4	YES	NO	NO
UREA 40% CREAM	1	NO	NO	NO
URISTIX 4 REAGENT STRIPS	1	NO	NO	NO
URISTIX REAGENT STRIPS	1	NO	NO	NO
URSODIOL 250 MG TABLET	2	NO	NO	NO
URSODIOL 300 MG CAPSULE	2	NO	NO	NO
URSODIOL 500 MG TABLET	2	NO	NO	NO
VALACYCLOVIR HCL 1 GRAM TABLET	1	NO	NO	NO
VALACYCLOVIR HCL 500 MG TABLET	1	NO	NO	NO
VALCHLOR 0.016% GEL	4	YES	NO	NO
VALGANCICLOVIR 450 MG TABLET	4	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VALGANCICLOVIR HCL 50 MG/ML	4	YES	NO	NO
VALPROIC ACID 250 MG CAPSULE	1	NO	NO	NO
VALPROIC ACID 250 MG/5 ML CUP	1	NO	NO	NO
VALPROIC ACID 250 MG/5 ML SOLN	1	NO	NO	NO
VALPROIC ACID 500 MG/10 ML CUP	1	NO	NO	NO
VALPROIC ACID 500 MG/10 ML SOL	1	NO	NO	NO
VALSARTAN 160 MG TABLET	1	NO	NO	NO
VALSARTAN 320 MG TABLET	2	NO	NO	NO
VALSARTAN 40 MG TABLET	2	NO	NO	NO
VALSARTAN 80 MG TABLET	1	NO	NO	NO
VALSARTAN-HCTZ 160-12.5 MG TAB	1	NO	NO	NO
VALSARTAN-HCTZ 160-25 MG TAB	1	NO	NO	NO
VALSARTAN-HCTZ 320-12.5 MG TAB	1	NO	NO	NO
VALSARTAN-HCTZ 320-25 MG TAB	1	NO	NO	NO
VALSARTAN-HCTZ 80-12.5 MG TAB	1	NO	NO	NO
VALTOCO 10 MG NASAL SPRAY	3	YES	NO	NO
VALTOCO 15 MG NASAL SPRAY	3	YES	NO	NO
VALTOCO 20 MG NASAL SPRAY	3	YES	NO	NO
VALTOCO 5 MG NASAL SPRAY	3	YES	NO	NO
VALUE PLUS LANCING DEVICE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VANADOM 350 MG TABLET	1	NO	NO	NO
VANCOMYCIN HCL 125 MG CAPSULE	2	NO	NO	NO
VANCOMYCIN HCL 250 MG CAPSULE	2	NO	NO	NO
VANDAZOLE VAGINAL 0.75% GEL	1	NO	NO	NO
VANFLYTA 17.7 MG TABLET	4	YES	NO	NO
VANFLYTA 26.5 MG TABLET	4	YES	NO	NO
VANTAGE LANCING DEVICE	1	NO	NO	NO
VAQTA 25 UNITS/0.5 ML SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VAQTA 25 UNITS/0.5 ML VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VAQTA 50 UNITS/ML SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VAQTA 50 UNITS/ML VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VARENICLINE 0.5 MG TABLET	2	NO	NO	NO
VARENICLINE 1 MG CONT MONTH BX	2	NO	NO	NO
VARENICLINE 1 MG TABLET	2	NO	NO	NO
VARENICLINE STARTING MONTH BOX	2	NO	NO	NO
VARIVAX VACCINE VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VARIVAX VACCINE WITH DILUENT	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VARUBI 180 MG DOSE(2X 90MG TB)	3	NO	NO	NO
VAXELIS VACCINE SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VAXELIS VACCINE VIAL	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VAXNEUVANCE 0.5 ML SYRINGE	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VECAMYL 2.5 MG TABLET	4	YES	NO	NO
VELIVET 28 DAY TABLET	1	NO	NO	NO
VELPHORO 500 MG CHEWABLE TAB	3	NO	YES	NO
VELSIPITY 2 MG TABLET	4	NO	YES	NO
VELTASSA 16.8 GM POWDER PACKET	3	NO	NO	NO
VELTASSA 25.2 GM POWDER PACKET	3	NO	NO	NO
VELTASSA 8.4 GM POWDER PACKET	3	NO	NO	NO
VEMLIDY 25 MG TABLET	4	YES	NO	NO
VENCLEXTA 10 MG TAB (10MG X 2)	4	YES	NO	NO
VENCLEXTA 10 MG TABLET	4	YES	NO	NO
VENCLEXTA 100 MG TABLET	4	YES	NO	NO
VENCLEXTA 50 MG TABLET	4	YES	NO	NO
VENCLEXTA STARTING PACK	4	YES	NO	NO
VENLAFAXINE HCL 100 MG TABLET	1	NO	NO	NO
VENLAFAXINE HCL 25 MG TABLET	1	NO	NO	NO
VENLAFAXINE HCL 37.5 MG TABLET	1	NO	NO	NO
VENLAFAXINE HCL 50 MG TABLET	1	NO	NO	NO
VENLAFAXINE HCL 75 MG TABLET	1	NO	NO	NO
VENLAFAXINE HCL ER 150 MG CAP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VENLAFAXINE HCL ER 37.5 MG CAP	1	NO	NO	NO
VENLAFAXINE HCL ER 75 MG CAP	1	NO	NO	NO
VENTAVIS 10 MCG/1 ML SOLUTION	4	YES	NO	NO
VENTAVIS 20 MCG/1 ML SOLUTION	4	YES	NO	NO
VENTOLIN HFA 90 MCG INHALER	1	NO	NO	NO
VERAPAMIL 120 MG TABLET	1	NO	NO	NO
VERAPAMIL 40 MG TABLET	1	NO	NO	NO
VERAPAMIL 80 MG TABLET	1	NO	NO	NO
VERAPAMIL ER 120 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER 120 MG TABLET	1	NO	NO	NO
VERAPAMIL ER 180 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER 180 MG TABLET	1	NO	NO	NO
VERAPAMIL ER 240 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER 240 MG TABLET	1	NO	NO	NO
VERAPAMIL ER PM 100 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER PM 200 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER PM 300 MG CAPSULE	2	NO	NO	NO
VERAPAMIL SR 120 MG CAPSULE	2	NO	NO	NO
VERAPAMIL SR 180 MG CAPSULE	2	NO	NO	NO
VERAPAMIL SR 240 MG CAPSULE	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VERAPAMIL SR 360 MG CAPSULE	2	NO	NO	NO
VERIFINE SAFETY 21G LANCT MINI	1	NO	NO	NO
VERIFINE SAFETY 23G LANCT MINI	1	NO	NO	NO
VERIFINE SAFETY 28G LANCT MINI	1	NO	NO	NO
VERIFINE SAFETY 30G LANCT MINI	1	NO	NO	NO
VERIFINE UNIVERSAL 33G LANCET	1	NO	NO	NO
VERQUVO 10 MG TABLET	3	YES	NO	NO
VERQUVO 2.5 MG TABLET	3	YES	NO	NO
VERQUVO 5 MG TABLET	3	YES	NO	NO
VERZENIO 100 MG TABLET	4	YES	NO	NO
VERZENIO 150 MG TABLET	4	YES	NO	NO
VERZENIO 200 MG TABLET	4	YES	NO	NO
VERZENIO 50 MG TABLET	4	YES	NO	NO
VESTURA 3 MG-0.02 MG TABLET	1	NO	NO	NO
V-GO 20 DISPOSABLE DEVICE	2	NO	NO	NO
V-GO 30 DISPOSABLE DEVICE	2	NO	NO	NO
V-GO 40 DISPOSABLE DEVICE	2	NO	NO	NO
VIBERZI 100 MG TABLET	3	YES	NO	NO
VIBERZI 75 MG TABLET	3	YES	NO	NO
VICTOZA 2-PAK 18 MG/3 ML PEN	2	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VICTOZA 3-PAK 18 MG/3 ML PEN	2	NO	YES	NO
VIENVA-28 TABLET	1	NO	NO	NO
VIGABATRIN 500 MG POWDER PACKT	4	YES	NO	NO
VIGABATRIN 500 MG TABLET	4	YES	NO	NO
VIGADRONE 500 MG POWDER PACKET	4	YES	NO	NO
VIGPODER 500 MG POWDER PACKET	4	YES	NO	NO
VIJOICE 125 MG TABLET	4	YES	NO	NO
VIJOICE 250 MG DAILY DOSE PACK	4	YES	NO	NO
VIJOICE 50 MG TABLET	4	YES	NO	NO
VILAZODONE HCL 10 MG TABLET	2	NO	YES	NO
VILAZODONE HCL 20 MG TABLET	2	NO	YES	NO
VILAZODONE HCL 40 MG TABLET	2	NO	YES	NO
VIOKACE 10,440-39,150 UNIT TAB	3	NO	YES	NO
VIOKACE 10,440-39,150 UNITS TB	3	NO	YES	NO
VIOKACE 20,880-78,300 UNITS TB	3	NO	YES	NO
VIORELE 28 DAY TABLET	1	NO	NO	NO
VIRACEPT 250 MG TABLET	4	NO	NO	NO
VIRACEPT 625 MG TABLET	4	NO	NO	NO
VIREAD 150 MG TABLET	4	NO	NO	NO
VIREAD 200 MG TABLET	4	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VIREAD 250 MG TABLET	4	NO	NO	NO
VIREAD POWDER	4	NO	NO	NO
VIRT-C DHA SOFTGEL	1	NO	NO	NO
VIRT-NATE DHA SOFTGEL	1	NO	NO	NO
VIRT-PN DHA SOFTGEL	1	NO	NO	NO
VIRT-PN PLUS SOFTGEL	1	NO	NO	NO
VIRTUSSIN AC 10-100 MG/5 ML LQ	1	NO	NO	NO
VIRTUSSIN AC W-ALC 10-100 MG/5	1	NO	NO	NO
VISTOGARD 10 GRAM PACKET	4	NO	NO	NO
VIT A,C,D-FLUORIDE 0.25 MG/ML	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VIT A,C,D-FLUORIDE 0.5 MG/ML	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VITAMIN B COMPLEX TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VITAMIN B COMPLEX-VITAMIN C TB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
VITAMIN B-6 25 MG TABLET	1	NO	NO	NO
VITAMIN B-6 250 MG TABLET	1	NO	NO	NO
VITAMIN B-6 50 MG TABLET	1	NO	NO	NO
VITAMIN B-COMPLEX & C CAPLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
VITAMIN D2 1.25MG(50,000 UNIT)	1	NO	NO	NO
VITRAKVI 100 MG CAPSULE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VITRAKVI 20 MG/ML SOLUTION	4	YES	NO	NO
VITRAKVI 25 MG CAPSULE	4	YES	NO	NO
VIVAGUARD 30G LANCET	1	NO	NO	NO
VIVAGUARD LANCING DEVICE	1	NO	NO	NO
VIVITROL 380 MG VIAL-DILUENT	4	NO	NO	NO
VIVJOA 150 MG CAPSULE	3	YES	NO	NO
VIZIMPRO 15 MG TABLET	4	YES	NO	NO
VIZIMPRO 30 MG TABLET	4	YES	NO	NO
VIZIMPRO 45 MG TABLET	4	YES	NO	NO
VOLNEA 0.15-0.02-0.01 MG TAB	1	NO	NO	NO
VONJO 100 MG CAPSULE	4	YES	NO	NO
VORICONAZOLE 200 MG TABLET	2	NO	NO	NO
VORICONAZOLE 50 MG TABLET	2	NO	NO	NO
VORTEX HOLDING CHAMBER	2	NO	NO	NO
VOSEVI 400-100-100 MG TABLET	4	YES	NO	NO
VOWST CAPSULE	4	YES	NO	NO
VOXZOGO 0.4 MG VIAL	4	YES	NO	NO
VOXZOGO 0.56 MG VIAL	4	YES	NO	NO
VOXZOGO 1.2 MG VIAL	4	YES	NO	NO
VUMERITY DR 231 MG CAPSULE	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VYFEMLA 0.4 MG-0.035 MG TABLET	1	NO	NO	NO
VYLIBRA 28 TABLET	1	NO	NO	NO
VYNDAMAX 61 MG CAPSULE	4	YES	NO	NO
VYNDAQEL 20 MG CAPSULE	4	YES	NO	NO
VYVANSE 10 MG CAPSULE	2	YES	NO	NO
VYVANSE 10 MG CHEWABLE TABLET	2	YES	NO	NO
VYVANSE 20 MG CAPSULE	2	YES	NO	NO
VYVANSE 20 MG CHEWABLE TABLET	2	YES	NO	NO
VYVANSE 30 MG CAPSULE	2	YES	NO	NO
VYVANSE 30 MG CHEWABLE TABLET	2	YES	NO	NO
VYVANSE 40 MG CAPSULE	2	YES	NO	NO
VYVANSE 40 MG CHEWABLE TABLET	2	YES	NO	NO
VYVANSE 50 MG CAPSULE	2	YES	NO	NO
VYVANSE 50 MG CHEWABLE TABLET	2	YES	NO	NO
VYVANSE 60 MG CAPSULE	2	YES	NO	NO
VYVANSE 60 MG CHEWABLE TABLET	2	YES	NO	NO
VYVANSE 70 MG CAPSULE	2	YES	NO	NO
WAKIX 17.8 MG TABLET	4	YES	NO	NO
WAKIX 4.45 MG TABLET	4	YES	NO	NO
WALGREENS THIN LANCETS	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
WALGREENS ULTRA THIN LANCETS	1	NO	NO	NO
WAL-SOM 25 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 1 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 10 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 2 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 2.5 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 3 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 4 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 5 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 6 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 7.5 MG TABLET	1	NO	NO	NO
WELIREG 40 MG TABLET	4	YES	NO	NO
WERA 0.5/0.035 MG 28 TABLET	1	NO	NO	NO
WESCAP-C DHA SOFTGEL	1	NO	NO	NO
WESNATAL DHA COMPLETE	1	NO	NO	NO
WESTAB PLUS TABLET	1	NO	NO	NO
WIDE SEAL DIAPHRAGM 60MM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 65MM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 70MM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 75MM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
WIDE SEAL DIAPHRAGM 80MM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 85MM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 90MM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 95MM	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WIXELA 100-50 INHUB	1	NO	NO	NO
WIXELA 250-50 INHUB	1	NO	NO	NO
WIXELA 500-50 INHUB	1	NO	NO	NO
WOMANS LAXATIVE TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WOMEN'S GENTLE LAX EC 5 MG TAB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WOMEN'S LAXATIVE 5 MG TABLET	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WOMEN'S LAXATIVE EC 5 MG TAB	ZERO- COST SHARE/ PREVENTATIVE	NO	NO	NO
WYMZYA FE 0.4-0.035 MG CHEW TB	1	NO	NO	NO
XACIATO 2% VAGINAL GEL	3	NO	NO	NO
XADAGO 100 MG TABLET	3	NO	YES	NO
XADAGO 50 MG TABLET	3	NO	YES	NO
XALKORI 150 MG PELLET	4	YES	NO	NO
XALKORI 20 MG PELLET	4	YES	NO	NO
XALKORI 200 MG CAPSULE	4	YES	NO	NO
XALKORI 250 MG CAPSULE	4	YES	NO	NO
XALKORI 50 MG PELLET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XARELTO 1 MG/ML SUSPENSION	2	NO	NO	NO
XARELTO 10 MG TABLET	2	NO	NO	NO
XARELTO 15 MG TABLET	2	NO	NO	NO
XARELTO 2.5 MG TABLET	2	NO	NO	NO
XARELTO 20 MG TABLET	2	NO	NO	NO
XARELTO DVT-PE TREAT START 30D	2	NO	NO	NO
XCOPRI 100 MG TABLET	3	YES	NO	NO
XCOPRI 12.5-25 MG TITRATION PK	3	YES	NO	NO
XCOPRI 150 MG TABLET	3	YES	NO	NO
XCOPRI 150-200 MG TITRATION PK	3	YES	NO	NO
XCOPRI 200 MG TABLET	3	YES	NO	NO
XCOPRI 250 MG DAILY DOSE PACK	3	YES	NO	NO
XCOPRI 350 MG DAILY DOSE PACK	3	YES	NO	NO
XCOPRI 50 MG TABLET	3	YES	NO	NO
XCOPRI 50-100 MG TITRATION PAK	3	YES	NO	NO
XDEMVY 0.25% DROP	4	YES	NO	NO
XELJANZ 1 MG/ML SOLUTION	4	NO	YES	NO
XELJANZ 10 MG TABLET	4	NO	YES	NO
XELJANZ 5 MG TABLET	4	NO	YES	NO
XELJANZ XR 11 MG TABLET	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XELJANZ XR 22 MG TABLET	4	NO	YES	NO
XEPI 1% CREAM	3	YES	NO	NO
XHANCE 93 MCG NASAL SPRAY	3	YES	NO	NO
XIFAXAN 200 MG TABLET	3	YES	NO	NO
XIFAXAN 550 MG TABLET	3	YES	NO	NO
XIGDUO XR 10 MG-1,000 MG TAB	2	NO	NO	NO
XIGDUO XR 10 MG-500 MG TABLET	2	NO	NO	NO
XIGDUO XR 2.5 MG-1,000 MG TAB	2	NO	NO	NO
XIGDUO XR 5 MG-1,000 MG TABLET	2	NO	NO	NO
XIGDUO XR 5 MG-500 MG TABLET	2	NO	NO	NO
XIIDRA 5% EYE DROPS	2	NO	NO	NO
XOFLUZA 20 MG TAB (40 MG DOSE)	3	NO	NO	NO
XOFLUZA 40 MG TAB (80 MG DOSE)	3	NO	NO	NO
XOFLUZA 40 MG TABLET	3	NO	NO	NO
XOFLUZA 80 MG TABLET	3	NO	NO	NO
XOLAIR 150 MG/1.2 ML POWDER VL	4	YES	NO	NO
XOLAIR 150 MG/ML AUTOINJECTOR	4	YES	NO	NO
XOLAIR 150 MG/ML SYRINGE	4	YES	NO	NO
XOLAIR 300 MG/2 ML AUTOINJECT	4	YES	NO	NO
XOLAIR 300 MG/2 ML SYRINGE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XOLAIR 75 MG/0.5 ML AUTOINJECT	4	YES	NO	NO
XOLAIR 75 MG/0.5 ML SYRINGE	4	YES	NO	NO
XOSPATA 40 MG TABLET	4	YES	NO	NO
XPOVIO 100 MG ONCE WEEKLY DOSE	4	YES	NO	NO
XPOVIO 40 MG ONCE WEEKLY DOSE	4	YES	NO	NO
XPOVIO 40 MG TWICE WEEKLY DOSE	4	YES	NO	NO
XPOVIO 60 MG ONCE WEEKLY DOSE	4	YES	NO	NO
XPOVIO 60 MG TWICE WEEKLY DOSE	4	YES	NO	NO
XPOVIO 80 MG ONCE WEEKLY DOSE	4	YES	NO	NO
XPOVIO 80 MG TWICE WEEKLY DOSE	4	YES	NO	NO
XTAMPZA ER 13.5 MG CAPSULE	3	YES	NO	NO
XTAMPZA ER 18 MG CAPSULE	3	YES	NO	NO
XTAMPZA ER 27 MG CAPSULE	3	YES	NO	NO
XTAMPZA ER 36 MG CAPSULE	3	YES	NO	NO
XTAMPZA ER 9 MG CAPSULE	3	YES	NO	NO
XTANDI 40 MG CAPSULE	4	YES	NO	NO
XTANDI 40 MG TABLET	4	YES	NO	NO
XTANDI 80 MG TABLET	4	YES	NO	NO
XULANE 150-35 MCG/DAY PATCH	1	NO	NO	NO
XULTOPHY 100 UNIT-3.6MG/ML PEN	3	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XURIDEN GRANULE PACKET	4	NO	NO	NO
XYREM 500 MG/ML ORAL SOLUTION	4	YES	NO	NO
XYWAV 0.5 GM/ML ORAL SOLUTION	4	YES	NO	NO
YARGESA 100 MG CAPSULE	4	YES	NO	NO
YONSA 125 MG TABLET	4	YES	NO	NO
YUVAFEM 10 MCG VAGINAL INSERT	2	NO	NO	NO
ZAFEMY 150-35 MCG/DAY PATCH	1	NO	NO	NO
ZAFIRLUKAST 10 MG TABLET	2	NO	NO	NO
ZAFIRLUKAST 20 MG TABLET	2	NO	NO	NO
ZALEPLON 10 MG CAPSULE	1	NO	NO	NO
ZALEPLON 5 MG CAPSULE	1	NO	NO	NO
ZARAH TABLET	1	NO	NO	NO
ZARXIO 300 MCG/0.5 ML SYRINGE	4	YES	NO	NO
ZARXIO 480 MCG/0.8 ML SYRINGE	4	YES	NO	NO
ZATEAN-PN DHA CAPSULE	1	NO	NO	NO
ZATEAN-PN PLUS SOFTGEL	1	NO	NO	NO
ZAVZPRET 10 MG NASAL SPRAY	3	YES	NO	NO
ZEJULA 100 MG CAPSULE	4	YES	NO	NO
ZEJULA 100 MG TABLET	4	YES	NO	NO
ZEJULA 200 MG TABLET	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZEJULA 300 MG TABLET	4	YES	NO	NO
ZELBORAF 240 MG TABLET	4	YES	NO	NO
ZELNORM 6 MG TABLET	3	YES	NO	NO
ZENATANE 10 MG CAPSULE	1	NO	NO	NO
ZENATANE 20 MG CAPSULE	1	NO	NO	NO
ZENATANE 30 MG CAPSULE	1	NO	NO	NO
ZENATANE 40 MG CAPSULE	1	NO	NO	NO
ZENPEP DR 10,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 15,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 20,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 25,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 3,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 40,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 5,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 60,000 UNIT CAPSULE	2	NO	NO	NO
ZENZEDI 10 MG TABLET	1	YES	NO	NO
ZENZEDI 5 MG TABLET	1	YES	NO	NO
ZEPATIER 50-100 MG TABLET	4	YES	NO	NO
ZEPOSIA 0.92 MG CAPSULE	4	NO	YES	NO
ZEPOSIA STARTER KIT (28-DAY)	4	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZEPOSIA STARTER KIT (37-DAY)	4	NO	YES	NO
ZEPOSIA STARTER PACK (7-DAY)	4	NO	YES	NO
ZIDOVUDINE 100 MG CAPSULE	1	NO	NO	NO
ZIDOVUDINE 300 MG TABLET	1	NO	NO	NO
ZIDOVUDINE 50 MG/5 ML SYRUP	1	NO	NO	NO
ZIEXTENZO 6 MG/0.6 ML SYRINGE	4	YES	NO	NO
ZILEUTON ER 600 MG TABLET	2	YES	NO	NO
ZIMHI 5 MG/0.5 ML SYRINGE	3	NO	NO	NO
ZIPRASIDONE HCL 20 MG CAPSULE	1	YES	NO	NO
ZIPRASIDONE HCL 40 MG CAPSULE	1	YES	NO	NO
ZIPRASIDONE HCL 60 MG CAPSULE	1	YES	NO	NO
ZIPRASIDONE HCL 80 MG CAPSULE	1	YES	NO	NO
ZIRGAN 0.15% OPHTHALMIC GEL	3	NO	NO	NO
ZOKINVY 50 MG CAPSULE	4	YES	NO	NO
ZOKINVY 75 MG CAPSULE	4	YES	NO	NO
ZOLADEX 10.8 MG IMPLANT SYRN	4	YES	NO	NO
ZOLADEX 3.6 MG IMPLANT SYRN	4	YES	NO	NO
ZOLINZA 100 MG CAPSULE	4	YES	NO	NO
ZOLMITRIPTAN 2.5 MG NASAL SPRY	3	NO	NO	NO
ZOLMITRIPTAN 2.5 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZOLMITRIPTAN 5 MG NASAL SPRAY	2	NO	NO	NO
ZOLMITRIPTAN 5 MG TABLET	1	NO	NO	NO
ZOLPIDEM TART ER 12.5 MG TAB	2	NO	NO	NO
ZOLPIDEM TART ER 6.25 MG TAB	2	NO	NO	NO
ZOLPIDEM TARTRATE 10 MG TABLET	1	NO	NO	NO
ZOLPIDEM TARTRATE 5 MG TABLET	1	NO	NO	NO
ZOMACTON 10 MG VIAL	4	YES	NO	NO
ZOMACTON 5 MG VIAL	4	YES	NO	NO
ZONISAMIDE 100 MG CAPSULE	1	NO	NO	NO
ZONISAMIDE 25 MG CAPSULE	1	NO	NO	NO
ZONISAMIDE 50 MG CAPSULE	1	NO	NO	NO
ZONTIVITY 2.08 MG TABLET	3	YES	NO	NO
ZORBTIVE 8.8 MG VIAL	4	YES	NO	NO
ZOVIA 1-35 TABLET	1	NO	NO	NO
ZOVIA 1-35E TABLET	1	NO	NO	NO
ZTALMY 50 MG/ML SUSPENSION	3	YES	NO	NO
ZUMANDIMINE 3 MG-0.03 MG TAB	1	NO	NO	NO
ZURZUVAE 20 MG CAPSULE	4	YES	NO	NO
ZURZUVAE 25 MG CAPSULE	4	YES	NO	NO
ZURZUVAE 30 MG CAPSULE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZYDELIG 100 MG TABLET	4	YES	NO	NO
ZYDELIG 150 MG TABLET	4	YES	NO	NO
ZYKADIA 150 MG TABLET	4	YES	NO	NO
ZYPREXA RELPREVV 210 MG VIAL	2	YES	NO	NO
ZYPREXA RELPREVV 210 MG VL KIT	2	YES	NO	NO
ZYPREXA RELPREVV 300 MG VIAL	2	YES	NO	NO
ZYPREXA RELPREVV 300 MG VL KIT	2	YES	NO	NO
ZYPREXA RELPREVV 405 MG VIAL	2	YES	NO	NO
ZYPREXA RELPREVV 405 MG VL KIT	2	YES	NO	NO
SAIZEN 8.8 MG SAIZENPREP CART	4	YES	NO	NO
SAIZEN 8.8 MG VIAL	4	YES	NO	NO
SAJAZIR 30 MG/3 ML SYRINGE	4	YES	NO	YES
SALSALATE 500 MG TABLET	1	NO	NO	NO
SALSALATE 750 MG TABLET	1	NO	NO	NO
SANDIMMUNE 100 MG/ML SOLN	2	NO	NO	NO
SANDOSTATIN LAR DEPOT 10 MG KT	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 10 MG VL	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 20 MG KT	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 20 MG VL	4	YES	NO	NO
SANDOSTATIN LAR DEPOT 30 MG KT	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SANDOSTATIN LAR DEPOT 30 MG VL	4	YES	NO	NO
SANTYL OINTMENT	3	NO	NO	YES
SAPROPTERIN 100 MG POWDER PKT	4	YES	NO	NO
SAPROPTERIN 100 MG TABLET	4	YES	NO	NO
SAPROPTERIN 500 MG POWDER PKT	4	YES	NO	NO
SAPS TWIST TOP 30G LANCET	1	NO	NO	YES
SAPS TWIST TOP 30G LANCETS	1	NO	NO	YES
SAVELLA 100 MG TABLET	3	NO	YES	NO
SAVELLA 12.5 MG TABLET	3	NO	YES	NO
SAVELLA 25 MG TABLET	3	NO	YES	NO
SAVELLA 50 MG TABLET	3	NO	YES	NO
SCEMBLIX 20 MG TABLET	4	YES	NO	YES
SCEMBLIX 40 MG TABLET	4	YES	NO	YES
SCOPOLAMINE 1 MG/3 DAY PATCH	1	NO	NO	YES
SECURESAFE PEN NDL 30GX5/16"	1	NO	NO	NO
SECURESAFE SYR 0.5 ML 29G 1/2"	1	NO	NO	NO
SECURESAFE SYRNG 1 ML 29G 1/2"	1	NO	NO	NO
SELEGILINE HCL 5 MG CAPSULE	1	NO	NO	NO
SELEGILINE HCL 5 MG TABLET	1	NO	NO	NO
SELENIUM SULFIDE 2.25% SHAMPOO	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SELENIUM SULFIDE 2.5% LOTION	1	NO	NO	NO
SELZENTRY 20 MG/ML ORAL SOLN	4	NO	NO	NO
SELZENTRY 25 MG TABLET	4	NO	NO	NO
SELZENTRY 75 MG TABLET	4	NO	NO	NO
SE-NATAL 19 CHEWABLE TABLET	1	NO	NO	NO
SE-NATAL-19 TABLET	1	NO	NO	NO
SEREVENT DISKUS 50 MCG	2	NO	NO	NO
SEROSTIM 4 MG VIAL	4	YES	NO	NO
SEROSTIM 5 MG VIAL	4	YES	NO	NO
SEROSTIM 6 MG VIAL	4	YES	NO	NO
SERTRALINE 20 MG/ML ORAL CONC	1	NO	NO	YES
SERTRALINE HCL 100 MG TABLET	1	NO	NO	YES
SERTRALINE HCL 25 MG TABLET	1	NO	NO	YES
SERTRALINE HCL 50 MG TABLET	1	NO	NO	YES
SETLAKIN 0.15 MG-0.03 MG TAB	1	NO	NO	NO
SEVELAMER CARBONATE 800 MG TAB	1	NO	NO	YES
SF 1.1% GEL	1	NO	NO	NO
SF 5000 PLUS CREAM	1	NO	NO	NO
SHAROBEL 0.35 MG TABLET	1	NO	NO	NO
SHINGRIX VIAL KIT	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SHOPKO AUTOLET LANCING DEVICE	1	NO	NO	NO
SHOPKO ON-THE-GO 30G LANCETS	1	NO	NO	YES
SHOPKO UNIFINE PENTIPS 4MM 32G	1	NO	NO	NO
SHOPKO UNIFINE PENTIPS 5MM 31G	1	NO	NO	NO
SHOPKO UNIFINE PENTIPS 8MM 31G	1	NO	NO	NO
SHOPKO UNIFINE PNTIPS 12MM 29G	1	NO	NO	NO
SHOPKO UNILET SUPER THIN 30G	1	NO	NO	YES
SHOPKO UNILET ULTRA THIN 28G	1	NO	NO	YES
SIGNIFOR 0.3 MG/ML AMPULE	4	YES	NO	NO
SIGNIFOR 0.6 MG/ML AMPULE	4	YES	NO	NO
SIGNIFOR 0.9 MG/ML AMPULE	4	YES	NO	NO
SILDENAFIL 10 MG/ML ORAL SUSP	4	YES	NO	YES
SILDENAFIL 20 MG TABLET	4	YES	NO	YES
SILIQ 210 MG/1.5 ML SYRINGE	4	NO	YES	YES
SILODOSIN 4 MG CAPSULE	2	NO	NO	NO
SILODOSIN 8 MG CAPSULE	2	NO	NO	NO
SILVER SULFADIAZINE 1% CREAM	1	NO	NO	NO
SIMLIYA 28 DAY TABLET	1	NO	NO	NO
SIMPESSE 0.15-0.03-0.01 MG TAB	1	NO	NO	NO
SIMPLE DIAGNSTIC LANCET DEVICE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SIMPONI 100 MG/ML PEN INJECTOR	4	NO	YES	YES
SIMPONI 100 MG/ML SYRINGE	4	NO	YES	YES
SIMPONI 50 MG/0.5 ML PEN INJEC	4	NO	YES	YES
SIMPONI 50 MG/0.5 ML SYRINGE	4	NO	YES	YES
SIMVASTATIN 10 MG TABLET	1	NO	NO	NO
SIMVASTATIN 20 MG TABLET	1	NO	NO	NO
SIMVASTATIN 40 MG TABLET	1	NO	NO	NO
SIMVASTATIN 5 MG TABLET	1	NO	NO	NO
SIMVASTATIN 80 MG TABLET	1	NO	NO	NO
SINGLE-LET LANCETS	1	NO	NO	YES
SIROLIMUS 0.5 MG TABLET	2	NO	NO	NO
SIROLIMUS 1 MG TABLET	2	NO	NO	NO
SIROLIMUS 1 MG/ML SOLUTION	2	NO	NO	NO
SIROLIMUS 2 MG TABLET	2	NO	NO	NO
SIVEXTRO 200 MG TABLET	4	NO	NO	NO
SKY SAFETY PEN NEEDLE 30G 5MM	1	NO	NO	NO
SKYCLARYS 50 MG CAPSULE	4	YES	NO	YES
SKYRIZI 150 MG DOSE KIT-2 SYRN	4	NO	YES	YES
SKYRIZI 150 MG/ML PEN	4	NO	YES	YES
SKYRIZI 150 MG/ML SYRINGE	4	NO	YES	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SKYRIZI 180 MG/1.2 ML ON-BODY	4	NO	YES	YES
SKYRIZI 360 MG/2.4 ML ON-BODY	4	NO	YES	YES
SKYRIZI 600 MG/10 ML VIAL	4	NO	YES	YES
SKYTROFA 11 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 13.3 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 3 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 3.6 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 4.3 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 5.2 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 6.3 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 7.6 MG CARTRIDGE	4	YES	NO	NO
SKYTROFA 9.1 MG CARTRIDGE	4	YES	NO	NO
SLEEP AID 25 MG CAPLET	1	NO	NO	NO
SLEEP AID 25 MG TABLET	1	NO	NO	NO
SM ASPIRIN 81 MG CHEWABLE TAB	1	NO	NO	NO
SM ASPIRIN EC 81 MG TABLET	1	NO	NO	NO
SM CHILD ASPIRIN 81 MG CHW TAB	1	NO	NO	NO
SM CLEARLAX POWDER	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SM COLOR LANCETS 21G	1	NO	NO	YES
SM EYE ITCH RELIEF 0.025% DROP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SM FOLIC ACID 400 MCG TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SM GENTLE LAXATIVE EC 5 MG TAB	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SM IBUPROFEN 100 MG/5 ML SUSP	1	NO	NO	NO
SM INS SYR 0.5 ML 29GX1/2"	1	NO	NO	NO
SM INS SYR 0.5 ML 30GX5/16"	1	NO	NO	NO
SM INS SYR 1 ML 29GX1/2"	1	NO	NO	NO
SM INS SYRING 0.3 ML 30GX5/16"	1	NO	NO	NO
SM INS SYRINGE 1 ML 28GX1/2"	1	NO	NO	NO
SM INS SYRINGE 1 ML 30GX5/16"	1	NO	NO	NO
SM INSUL SYR 0.3 ML 31GX5/16"	1	NO	NO	NO
SM INSUL SYR 0.5 ML 31GX5/16"	1	NO	NO	NO
SM INSULIN SYR 0.3 ML 29GX1/2"	1	NO	NO	NO
SM INSULIN SYR 0.5 ML 28GX1/2"	1	NO	NO	NO
SM INSULIN SYR 1 ML 31GX5/16"	1	NO	NO	NO
SM LANCETS 21G	1	NO	NO	YES
SM MAGNESIUM CITRATE SOLUTION	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SM MICRO THIN 33G LANCETS	1	NO	NO	YES
SM MILK OF MAGNESIA SUSPENSION	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SM NICOTINE 14 MG/24HR PATCH	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SM NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SM NICOTINE 2 MG LOZENGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SM NICOTINE 21 MG/24HR PATCH	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SM NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SM NICOTINE 4 MG LOZENGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SM NICOTINE 7 MG/24HR PATCH	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SM SLEEP AID 25 MG TABLET	1	NO	NO	NO
SM SUPER THIN 30G LANCETS	1	NO	NO	YES
SM SUPER VITAMIN B COMPLEX TAB	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SM THIN LANCETS 26G	1	NO	NO	YES
SM VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
SMART SENSE COLOR 33G LANCETS	1	NO	NO	YES
SMART SENSE STANDARD 21G	1	NO	NO	YES
SMART SENSE SUPER THIN 30G	1	NO	NO	YES
SMART SENSE THIN 26G LANCETS	1	NO	NO	YES
SMARTEST LANCET	1	NO	NO	YES
SMOOTHLAX POWDER	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SMOOTHLAX POWDER PACKET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SOD FLUORIDE ENAM PROT 5000PPM	1	NO	NO	NO
SOD SULFACET-SULFUR 10-5% CLSR	1	NO	NO	NO
SODIUM CHLORIDE 0.9% INHAL VL	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SODIUM CHLORIDE 0.9% IRRIG	1	NO	NO	NO
SODIUM CHLORIDE 0.9% IRRIG.	1	NO	NO	NO
SODIUM CHLORIDE 0.9% PRCSS SOL	1	NO	NO	NO
SODIUM CHLORIDE 10% VIAL	1	NO	NO	NO
SODIUM CHLORIDE 3% VIAL	1	NO	NO	NO
SODIUM CHLORIDE 7% VIAL	1	NO	NO	NO
SODIUM FLUORIDE 0.25 (0.55) MG	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SODIUM FLUORIDE 0.5 MG(1.1 MG)	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SODIUM FLUORIDE 0.5 MG/ML DROP	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SODIUM FLUORIDE 1 MG (2.2 MG)	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SODIUM FLUORIDE 1.1% CREAM	1	NO	NO	NO
SODIUM FLUORIDE 1.1% GEL	1	NO	NO	NO
SODIUM FLUORIDE 5000 DRY MOUTH	1	NO	NO	NO
SODIUM FLUORIDE 5000 PLUS CRM	1	NO	NO	NO
SODIUM FLUORIDE 5000 PPM CREAM	1	NO	NO	NO
SODIUM FLUORIDE 5000 PPM PASTE	1	NO	NO	NO
SODIUM FLUORIDE SENSTV 5000PPM	1	NO	NO	NO
SODIUM OXYBATE 0.5 G/ML SOLN	4	YES	NO	YES
SODIUM PHENYLBUTYRATE 500MG TB	4	YES	NO	NO
SODIUM PHENYLBUTYRATE POWDER	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SODIUM POLYSTYRENE SULF POWDER	1	NO	NO	NO
SODIUM SULFACETAMIDE 10% LOTN	1	NO	NO	NO
SOFOSBUVIR-VELPATASVIR 400-100	4	YES	NO	YES
SOFT TOUCH LANCETS	1	NO	NO	YES
SOGROYA 10 MG/1.5 ML PEN	4	YES	NO	YES
SOGROYA 15 MG/1.5 ML PEN	4	YES	NO	YES
SOGROYA 5 MG/1.5 ML PEN	4	YES	NO	YES
SOHONOS 1 MG CAPSULE	4	YES	NO	YES
SOHONOS 1.5 MG CAPSULE	4	YES	NO	YES
SOHONOS 10 MG CAPSULE	4	YES	NO	YES
SOHONOS 2.5 MG CAPSULE	4	YES	NO	YES
SOHONOS 5 MG CAPSULE	4	YES	NO	YES
SOLIFENACIN 10 MG TABLET	1	NO	NO	NO
SOLIFENACIN 5 MG TABLET	1	NO	NO	NO
SOLQUA 100 UNIT-33 MCG/ML PEN	3	NO	YES	YES
SOLTAMOX 20 MG/10 ML SOLN	3	NO	NO	NO
SOLU-CORTEF 1,000 MG ACT-O-VL	3	NO	NO	YES
SOLU-CORTEF 100 MG ACT-O-VIAL	3	NO	NO	YES
SOLU-CORTEF 100 MG VIAL	3	NO	NO	YES
SOLU-CORTEF 250 MG ACT-O-VIAL	3	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SOLU-CORTEF 500 MG ACT-O-VIAL	3	NO	NO	YES
SOLUS V2 28G LANCETS	1	NO	NO	YES
SOLUS V2 30G TWIST LANCETS	1	NO	NO	YES
SOLUS V2 LANCING DEVICE	1	NO	NO	NO
SOMAVERT 10 MG VIAL	4	YES	NO	NO
SOMAVERT 15 MG VIAL	4	YES	NO	NO
SOMAVERT 20 MG VIAL	4	YES	NO	NO
SOMAVERT 25 MG VIAL	4	YES	NO	NO
SOMAVERT 30 MG VIAL	4	YES	NO	NO
SORAFENIB 200 MG TABLET	4	YES	NO	YES
SORINE 120 MG TABLET	1	NO	NO	NO
SORINE 160 MG TABLET	1	NO	NO	NO
SORINE 240 MG TABLET	1	NO	NO	NO
SORINE 80 MG TABLET	1	NO	NO	NO
SOTALOL 120 MG TABLET	1	NO	NO	NO
SOTALOL 160 MG TABLET	1	NO	NO	NO
SOTALOL 240 MG TABLET	1	NO	NO	NO
SOTALOL 80 MG TABLET	1	NO	NO	NO
SOTALOL AF 120 MG TABLET	1	NO	NO	NO
SOTALOL AF 160 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SOTALOL AF 80 MG TABLET	1	NO	NO	NO
SOVALDI 150 MG PELLETT PACKET	4	YES	NO	NO
SOVALDI 200 MG PELLETT PACKET	4	YES	NO	NO
SOVALDI 200 MG TABLET	4	YES	NO	NO
SOVALDI 400 MG TABLET	4	YES	NO	NO
SPEEDYSWAB COVID-19 HOME TEST	1	NO	NO	YES
SPIKEVAX 2023-24 (12Y UP) SYRG	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SPIKEVAX 2023-24 (12Y UP) VIAL	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SPIKEVAX COVID (18Y UP) VACC	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SPINOSAD 0.9% TOPICAL SUSP	2	NO	NO	YES
SPIRIVA HANDIHALER 18 MCG CAP	2	NO	NO	NO
SPIRIVA RESPIMAT 1.25 MCG INH	2	NO	NO	NO
SPIRIVA RESPIMAT 2.5 MCG INH	2	NO	NO	NO
SPIRONOLACTONE 100 MG TABLET	1	NO	NO	NO
SPIRONOLACTONE 25 MG TABLET	1	NO	NO	NO
SPIRONOLACTONE 50 MG TABLET	1	NO	NO	NO
SPIRONOLACTONE-HCTZ 25-25 TAB	1	NO	NO	NO
SPRAVATO 56 MG DOSE PACK	4	YES	NO	YES
SPRAVATO 84 MG DOSE PACK	4	YES	NO	YES
SPRINTEC 28 DAY TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SPRYCEL 100 MG TABLET	4	YES	NO	YES
SPRYCEL 140 MG TABLET	4	YES	NO	YES
SPRYCEL 20 MG TABLET	4	YES	NO	YES
SPRYCEL 50 MG TABLET	4	YES	NO	YES
SPRYCEL 70 MG TABLET	4	YES	NO	YES
SPRYCEL 80 MG TABLET	4	YES	NO	YES
SPS 15 GM/60 ML SUSPENSION	2	NO	NO	NO
SPS 30 GM/120 ML ENEMA SUSP	2	NO	NO	NO
SRONYX 0.10-0.02 MG TABLET	1	NO	NO	NO
SSD 1% CREAM	1	NO	NO	NO
ST. JOSEPH ASPIRIN 81 MG CHEW	1	NO	NO	NO
ST. JOSEPH ASPIRIN EC 81 MG TB	1	NO	NO	NO
STAVUDINE 15 MG CAPSULE	2	NO	NO	NO
STAVUDINE 20 MG CAPSULE	2	NO	NO	NO
STAVUDINE 30 MG CAPSULE	2	NO	NO	NO
STAVUDINE 40 MG CAPSULE	2	NO	NO	NO
STELARA 130 MG/26 ML VIAL	4	NO	YES	YES
STELARA 45 MG/0.5 ML SYRINGE	4	NO	YES	YES
STELARA 45 MG/0.5 ML VIAL	4	NO	YES	YES
STELARA 90 MG/ML SYRINGE	4	NO	YES	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
STERILANCE TL TWIST 30G LANCET	1	NO	NO	YES
STERILANCE TL TWIST 32G LANCET	1	NO	NO	YES
STERILE 33G LANCET	1	NO	NO	YES
STIMATE 1.5 MG/ML NASAL SPRAY	4	NO	NO	NO
STIMUFEND 6 MG/0.6 ML SYRINGE	4	YES	NO	NO
STIOLTO RESPIMAT INHALER (10)	2	NO	NO	NO
STIOLTO RESPIMAT INHALER (60)	2	NO	NO	NO
STIVARGA 40 MG TABLET	4	YES	NO	YES
STRENSIQ 18 MG/0.45 ML VIAL	4	YES	NO	NO
STRENSIQ 28 MG/0.7 ML VIAL	4	YES	NO	NO
STRENSIQ 40 MG/ML VIAL	4	YES	NO	NO
STRENSIQ 80 MG/0.8 ML VIAL	4	YES	NO	NO
STRESS FORMULA WITH IRON TAB	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
STRESS-C WITH IRON TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
STRIBILD TABLET	4	NO	NO	NO
STRIVERDI RESPIMAT INHAL SPRAY	2	NO	NO	NO
SUBLOCADE 100 MG/0.5 ML SYRING	4	YES	NO	YES
SUBLOCADE 300 MG/1.5 ML SYRING	4	YES	NO	YES
SUBSYS 1,200 MCG SPRAY	3	YES	NO	YES
SUBSYS 1,600 MCG SPRAY	3	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SUBSYS 100 MCG SPRAY	3	YES	NO	YES
SUBSYS 200 MCG SPRAY	3	YES	NO	YES
SUBSYS 400 MCG SPRAY	3	YES	NO	YES
SUBSYS 600 MCG SPRAY	3	YES	NO	YES
SUBSYS 800 MCG SPRAY	3	YES	NO	YES
SUBVENITE 100 MG TABLET	1	NO	NO	NO
SUBVENITE 150 MG TABLET	1	NO	NO	NO
SUBVENITE 200 MG TABLET	1	NO	NO	NO
SUBVENITE 25 MG TABLET	1	NO	NO	NO
SUCRAID 17,000 UNIT/2 ML SOLN	4	YES	NO	YES
SUCRAID 8,500 UNIT/ML SOLN	4	YES	NO	YES
SUCRALFATE 1 GM TABLET	1	NO	NO	NO
SUCRALFATE 1 GM/10 ML SUSP	2	NO	NO	NO
SUCRALFATE 1 GM/10 ML SUSP CUP	2	NO	NO	NO
SULCONAZOLE NITRATE 1% SOLN	3	NO	NO	NO
SULFACETAMIDE 10% EYE DROPS	2	NO	NO	NO
SULFACETAMIDE 10% EYE OINTMENT	2	NO	NO	NO
SULFACETAMIDE SOD 10% TOP SUSP	1	NO	NO	NO
SULFACETAMIDE-SULFUR 8-4% SUSP	1	NO	NO	NO
SULFACLEANSE 8-4 SUSPENSION	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SULFADIAZINE 500 MG TABLET	2	NO	NO	NO
SULFAMETHOXAZOLE-TMP 20 ML CUP	1	NO	NO	NO
SULFAMETHOXAZOLE-TMP 5 ML CUP	1	NO	NO	NO
SULFAMETHOXAZOLE-TMP DS TABLET	1	NO	NO	NO
SULFAMETHOXAZOLE-TMP SS TABLET	1	NO	NO	NO
SULFAMETHOXAZOLE-TMP SUSP	1	NO	NO	NO
SULFAMYLON 8.5% CREAM	3	NO	NO	NO
SULFASALAZINE 500 MG TABLET	1	NO	NO	NO
SULFASALAZINE DR 500 MG TAB	1	NO	NO	NO
SULFATRIM PEDIATRIC SUSPENSION	1	NO	NO	NO
SULF-PRED 10-0.23% EYE DROPS	1	NO	NO	NO
SULINDAC 150 MG TABLET	1	NO	NO	YES
SULINDAC 200 MG TABLET	1	NO	NO	YES
SUMATRIPTAN 20 MG NASAL SPRAY	1	NO	NO	YES
SUMATRIPTAN 4 MG/0.5 ML CART	1	NO	NO	YES
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	NO	NO	YES
SUMATRIPTAN 5 MG NASAL SPRAY	1	NO	NO	YES
SUMATRIPTAN 6 MG/0.5 ML CART	1	NO	NO	YES
SUMATRIPTAN 6 MG/0.5 ML SYRNG	1	NO	NO	NO
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	NO	NO	YES
SUMATRIPTAN SUCC 100 MG TABLET	1	NO	NO	YES
SUMATRIPTAN SUCC 25 MG TABLET	1	NO	NO	YES
SUMATRIPTAN SUCC 50 MG TABLET	1	NO	NO	YES
SUNITINIB MALATE 12.5 MG CAP	4	YES	NO	YES
SUNITINIB MALATE 25 MG CAPSULE	4	YES	NO	YES
SUNITINIB MALATE 37.5 MG CAP	4	YES	NO	YES
SUNITINIB MALATE 50 MG CAPSULE	4	YES	NO	YES
SUNLENCA 4- 300 MG TABLET	4	YES	NO	YES
SUNLENCA 463.5 MG/1.5 ML VIAL	4	YES	NO	YES
SUNLENCA 5- 300 MG TABLET	4	YES	NO	YES
SUNOSI 150 MG TABLET	3	YES	NO	YES
SUNOSI 75 MG TABLET	3	YES	NO	YES
SUPER B COMPLEX TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SUPER B COMPLEX-VIT C CAPLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SUPER B MAXI COMPLEX CAPLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SUPER QUINTS B-50 TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SUPER THIN 28G LANCETS	1	NO	NO	YES
SUPER THIN 30G LANCETS	1	NO	NO	YES
SUPPRELIN LA 50 MG KIT	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SUPRAX 100 MG TABLET CHEWABLE	3	NO	NO	NO
SUPRAX 200 MG TABLET CHEWABLE	3	NO	NO	NO
SURE CMFT SFTY PEN NDL 31G 6MM	1	NO	NO	NO
SURE CMFT SFTY PEN NDL 32G 4MM	1	NO	NO	NO
SURE COMFORT 0.3 ML SYRINGE	1	NO	NO	NO
SURE COMFORT 0.5 ML SYRINGE	1	NO	NO	NO
SURE COMFORT 1 ML SYRINGE	1	NO	NO	NO
SURE COMFORT 18G LANCETS	1	NO	NO	YES
SURE COMFORT 21G LANCETS	1	NO	NO	YES
SURE COMFORT 23G LANCETS	1	NO	NO	YES
SURE COMFORT 28G LANCETS	1	NO	NO	YES
SURE COMFORT 3/10 ML SYRINGE	1	NO	NO	NO
SURE COMFORT 30G LANCETS	1	NO	NO	YES
SURE COMFORT 30G PEN NEEDLE	1	NO	NO	NO
SURE COMFORT INS 0.3ML 31GX1/4	1	NO	NO	NO
SURE COMFORT INS 0.5ML 31GX1/4	1	NO	NO	NO
SURE COMFORT INS 1 ML 31GX1/4"	1	NO	NO	NO
SURE COMFORT LANCING PEN	1	NO	NO	NO
SURE COMFORT PEN NDL 29GX1/2"	1	NO	NO	NO
SURE COMFORT PEN NDL 31G 5MM	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SURE COMFORT PEN NDL 31G 8MM	1	NO	NO	NO
SURE COMFORT PEN NDL 32G 4MM	1	NO	NO	NO
SURE COMFORT PEN NDL 32G 6MM	1	NO	NO	NO
SURE-FINE PEN NEEDLES 12.7MM	1	NO	NO	NO
SURE-FINE PEN NEEDLES 5MM	1	NO	NO	NO
SURE-FINE PEN NEEDLES 8MM	1	NO	NO	NO
SURE-JECT INS 0.3 ML 31GX5/16"	1	NO	NO	NO
SURE-JECT INS 0.5 ML 31GX5/16"	1	NO	NO	NO
SURE-JECT INSU SYR U100 0.3 ML	1	NO	NO	NO
SURE-JECT INSU SYR U100 0.5 ML	1	NO	NO	NO
SURE-JECT INSU SYR U100 1 ML	1	NO	NO	NO
SURE-JECT INSUL SYR U100 1 ML	1	NO	NO	NO
SURE-JECT INSULIN SYRINGE 1 ML	1	NO	NO	NO
SURE-LANCE 26G LANCETS	1	NO	NO	YES
SURE-LANCE FLAT LANCETS	1	NO	NO	YES
SURE-LANCE THIN 28G LANCETS	1	NO	NO	YES
SURE-LANCE ULTRA THIN 30G	1	NO	NO	YES
SURE-PEN LANCING DEVICE	1	NO	NO	NO
SURE-TOUCH LANCET	1	NO	NO	YES
SV FOLIC ACID 800 MCG TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SV PRENATAL TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SV VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
SW CLEARLAX POWDER	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
SW NICOTINE 2 MG CHEWING GUM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SW NICOTINE 2 MG LOZENGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SW NICOTINE 4 MG CHEWING GUM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SW NICOTINE 4 MG LOZENGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	YES
SWI TWIST TOP 30G LANCET	1	NO	NO	YES
SYEDA 28 TABLET	1	NO	NO	NO
SYMDEKO 100/150 MG-150 MG TABS	4	YES	NO	YES
SYMDEKO 50/75 MG-75 MG TABLETS	4	YES	NO	YES
SYMJEPI 0.15 MG/0.3 ML SYRINGE	2	NO	NO	NO
SYMJEPI 0.3 MG/0.3 ML SYRINGE	2	NO	NO	NO
SYMLINPEN 120 PEN INJECTOR	3	NO	NO	NO
SYMLINPEN 60 PEN INJECTOR	3	NO	NO	NO
SYMPROIC 0.2 MG TABLET	2	NO	NO	YES
SYMTUZA 800-150-200-10 MG TAB	4	NO	NO	NO
SYNAGIS 100 MG/ML VIAL	4	YES	NO	YES
SYNAGIS 50 MG/0.5 ML VIAL	4	YES	NO	YES
SYNAREL 2 MG/ML NASAL SPRAY	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SYNDROS 5 MG/ML SOLUTION	3	YES	NO	NO
SYNJARDY 12.5-1,000 MG TABLET	2	NO	NO	NO
SYNJARDY 12.5-500 MG TABLET	2	NO	NO	NO
SYNJARDY 5-1,000 MG TABLET	2	NO	NO	NO
SYNJARDY 5-500 MG TABLET	2	NO	NO	NO
SYNJARDY XR 10-1,000 MG TABLET	2	NO	NO	NO
SYNJARDY XR 12.5-1,000 MG TAB	2	NO	NO	NO
SYNJARDY XR 25-1,000 MG TABLET	2	NO	NO	NO
SYNJARDY XR 5-1,000 MG TABLET	2	NO	NO	NO
SYNTHROID 0.137 MG TABLET	3	NO	NO	NO
SYNTHROID 100 MCG TABLET	3	NO	NO	NO
SYNTHROID 112 MCG TABLET	3	NO	NO	NO
SYNTHROID 125 MCG TABLET	3	NO	NO	NO
SYNTHROID 137 MCG TABLET	3	NO	NO	NO
SYNTHROID 150 MCG TABLET	3	NO	NO	NO
SYNTHROID 175 MCG TABLET	3	NO	NO	NO
SYNTHROID 200 MCG TABLET	3	NO	NO	NO
SYNTHROID 25 MCG TABLET	3	NO	NO	NO
SYNTHROID 300 MCG TABLET	3	NO	NO	NO
SYNTHROID 50 MCG TABLET	3	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
SYNTHROID 75 MCG TABLET	3	NO	NO	NO
SYNTHROID 88 MCG TABLET	3	NO	NO	NO
SYRINGE W-NEEDLE 1 ML 25X1"	1	NO	NO	NO
SYRINGE W-O NDL 3 ML NON-STRL	1	NO	NO	NO
SYRINGE W-O NDL 6 ML NON-STRL	1	NO	NO	NO
TABLOID 40 MG TABLET	4	YES	NO	NO
TABRECTA 150 MG TABLET	4	YES	NO	YES
TABRECTA 200 MG TABLET	4	YES	NO	YES
TACROLIMUS 0.03% OINTMENT	1	NO	NO	NO
TACROLIMUS 0.1% OINTMENT	1	NO	NO	NO
TACROLIMUS 0.5 MG CAPSULE (IR)	1	NO	NO	NO
TACROLIMUS 1 MG CAPSULE (IR)	1	NO	NO	NO
TACROLIMUS 5 MG CAPSULE (IR)	1	NO	NO	NO
TADALAFIL 20 MG TABLET	4	YES	NO	YES
TADALAFIL 5 MG TABLET	1	YES	NO	YES
TADLIQ 20 MG/5 ML SUSPENSION	4	YES	NO	YES
TAFINLAR 10 MG TABLET FOR SUSP	4	YES	NO	YES
TAFINLAR 50 MG CAPSULE	4	YES	NO	YES
TAFINLAR 75 MG CAPSULE	4	YES	NO	YES
TAFLUPROST 0.0015% EYE DROP	2	NO	YES	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TAGRISSO 40 MG TABLET	4	YES	NO	YES
TAGRISSO 80 MG TABLET	4	YES	NO	YES
TAKHZYRO 150 MG/ML SYRINGE	4	YES	NO	YES
TAKHZYRO 300 MG/2 ML SYRINGE	4	YES	NO	YES
TAKHZYRO 300 MG/2 ML VIAL	4	YES	NO	YES
TALTZ 80 MG/ML AUTOINJ (2-PK)	4	NO	YES	YES
TALTZ 80 MG/ML AUTOINJ (3-PK)	4	NO	YES	YES
TALTZ 80 MG/ML AUTOINJECTOR	4	NO	YES	YES
TALTZ 80 MG/ML SYRINGE	4	NO	YES	YES
TALZENNA 0.1 MG CAPSULE	4	YES	NO	YES
TALZENNA 0.25 MG CAPSULE	4	YES	NO	YES
TALZENNA 0.35 MG CAPSULE	4	YES	NO	YES
TALZENNA 0.5 MG CAPSULE	4	YES	NO	YES
TALZENNA 0.75 MG CAPSULE	4	YES	NO	YES
TALZENNA 1 MG CAPSULE	4	YES	NO	YES
TAMOXIFEN 10 MG TABLET	1	NO	NO	NO
TAMOXIFEN 20 MG TABLET	1	NO	NO	NO
TAMSULOSIN HCL 0.4 MG CAPSULE	1	NO	NO	NO
TARINA 24 FE 1 MG-20 MCG TAB	1	NO	NO	NO
TARINA FE 1-20 EQ TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TARINA FE 1-20 TABLET	1	NO	NO	NO
TARON-C DHA CAPSULE	1	NO	NO	NO
TARON-PREX PRENATAL DHA CAP	1	NO	NO	NO
TARPEYO DR 4 MG CAPSULE	4	YES	NO	YES
TASIGNA 150 MG CAPSULE	4	YES	NO	YES
TASIGNA 200 MG CAPSULE	4	YES	NO	YES
TASIGNA 50 MG CAPSULE	4	YES	NO	YES
TASIMELTEON 20 MG CAPSULE	4	YES	NO	YES
TAVABOROLE 5% TOPICAL SOLUTION	2	NO	NO	NO
TAVALISSE 100 MG TABLET	4	YES	NO	YES
TAVALISSE 150 MG TABLET	4	YES	NO	YES
TAVNEOS 10 MG CAPSULE	4	YES	NO	YES
TAYSOFY 1 MG-20 MCG CAPSULE	1	NO	NO	NO
TAZAROTENE 0.1% CREAM	2	NO	YES	NO
TAZTIA XT 120 MG CAPSULE	1	NO	NO	NO
TAZTIA XT 180 MG CAPSULE	1	NO	NO	NO
TAZTIA XT 240 MG CAPSULE	1	NO	NO	NO
TAZTIA XT 300 MG CAPSULE	1	NO	NO	NO
TAZTIA XT 360 MG CAPSULE	1	NO	NO	NO
TAZVERIK 200 MG TABLET	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TDVAX VIAL	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TECHLITE 0.3 ML 29GX12MM (1/2)	1	NO	NO	NO
TECHLITE 0.3 ML 30GX12MM (1/2)	1	NO	NO	NO
TECHLITE 0.3 ML 30GX8MM (1/2)	1	NO	NO	NO
TECHLITE 0.3 ML 31GX6MM (1/2)	1	NO	NO	NO
TECHLITE 0.3 ML 31GX8MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 29GX12MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 30GX12MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 30GX8MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 31GX6MM (1/2)	1	NO	NO	NO
TECHLITE 0.5 ML 31GX8MM (1/2)	1	NO	NO	NO
TECHLITE 25G LANCETS	1	NO	NO	YES
TECHLITE 26G LANCETS	1	NO	NO	YES
TECHLITE 28G LANCETS	1	NO	NO	YES
TECHLITE 30G LANCETS	1	NO	NO	YES
TECHLITE INS SYR 1 ML 29GX12MM	1	NO	NO	NO
TECHLITE INS SYR 1 ML 30GX12MM	1	NO	NO	NO
TECHLITE INS SYR 1 ML 30GX8MM	1	NO	NO	NO
TECHLITE INS SYR 1 ML 31GX6MM	1	NO	NO	NO
TECHLITE INS SYR 1 ML 31GX8MM	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TECHLITE PEN NEEDLE 29GX1/2"	1	NO	NO	NO
TECHLITE PEN NEEDLE 29GX3/8"	1	NO	NO	NO
TECHLITE PEN NEEDLE 31GX1/4"	1	NO	NO	NO
TECHLITE PEN NEEDLE 31GX3/16"	1	NO	NO	NO
TECHLITE PEN NEEDLE 31GX5/16"	1	NO	NO	NO
TECHLITE PEN NEEDLE 32GX1/4"	1	NO	NO	NO
TECHLITE PEN NEEDLE 32GX5/16"	1	NO	NO	NO
TECHLITE PEN NEEDLE 32GX5/32"	1	NO	NO	NO
TELCARE ULTRA THIN 30G LANCETS	1	NO	NO	YES
TELMISARTAN 20 MG TABLET	1	NO	NO	NO
TELMISARTAN 40 MG TABLET	1	NO	NO	NO
TELMISARTAN 80 MG TABLET	1	NO	NO	NO
TEMAZEPAM 15 MG CAPSULE	1	NO	NO	YES
TEMAZEPAM 30 MG CAPSULE	1	NO	NO	YES
TEMIXYS 300-300 MG TABLET	4	NO	NO	NO
TEMOZOLOMIDE 100 MG CAPSULE	4	YES	NO	NO
TEMOZOLOMIDE 140 MG CAPSULE	4	YES	NO	NO
TEMOZOLOMIDE 180 MG CAPSULE	4	YES	NO	NO
TEMOZOLOMIDE 20 MG CAPSULE	4	YES	NO	NO
TEMOZOLOMIDE 250 MG CAPSULE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TEMOZOLOMIDE 5 MG CAPSULE	4	YES	NO	NO
TENCON 50-325 MG TABLET	1	NO	NO	YES
TENIVAC SYRINGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TENIVAC VIAL	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TENOFOVIR DISOP FUM 300 MG TB	2	NO	NO	YES
TEPMETKO 225 MG TABLET	4	YES	NO	YES
TERAZOSIN 1 MG CAPSULE	1	NO	NO	NO
TERAZOSIN 10 MG CAPSULE	1	NO	NO	NO
TERAZOSIN 2 MG CAPSULE	1	NO	NO	NO
TERAZOSIN 5 MG CAPSULE	1	NO	NO	NO
TERBINAFINE HCL 250 MG TABLET	1	NO	NO	YES
TERBUTALINE SULFATE 2.5 MG TAB	1	NO	NO	NO
TERBUTALINE SULFATE 5 MG TAB	1	NO	NO	NO
TERCONAZOLE 0.4% CREAM	1	NO	NO	NO
TERCONAZOLE 0.8% CREAM	1	NO	NO	NO
TERCONAZOLE 80 MG SUPPOSITORY	1	NO	NO	NO
TERIFLUNOMIDE 14 MG TABLET	4	NO	NO	NO
TERIFLUNOMIDE 7 MG TABLET	4	NO	NO	NO
TERIPARATIDE 620 MCG/2.48 ML	4	YES	NO	YES
TERUMO ALLERGY 1 ML 27GX1/2"	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TERUMO HYPODERMIC NDL-SYRIN	1	NO	NO	NO
TERUMO INS SYR 0.3 ML 29GX1/2"	1	NO	NO	NO
TERUMO INS SYRINGE U100-1 ML	1	NO	NO	NO
TERUMO INS SYRINGE U100-1/2 ML	1	NO	NO	NO
TERUMO INS SYRINGE U100-1/3 ML	1	NO	NO	NO
TERUMO INS SYRNG U100-1/2 ML	1	NO	NO	NO
TERUMO SURGUARD2 NDL 21GX1 1.5	1	NO	NO	NO
TERUMO SURGUARD2 NDL 22X1-1/2"	1	NO	NO	NO
TERUMO SURGUARD2 NDL 23X1-1/2"	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 18GX1"	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 18X1.5	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 19GX1"	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 19X1.5	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 20GX1"	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 20X1.5	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 21GX1"	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 22GX1"	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 23GX1"	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 25GX1"	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 25X1.5	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TERUMO SURGUARD2 NEEDLE 25X5/8	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 26X1/2	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 27X1/2	1	NO	NO	NO
TERUMO SURGUARD2 NEEDLE 30X1/2	1	NO	NO	NO
TERUMO SURGUARD2 SYR 20G-10 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 20G-3 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 20G-5 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 21G 3 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 21G-10 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 21G-3 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 21G-5 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 22G 3 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 23G 3 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 25G 3 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 25G-1 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 26G-1 ML	1	NO	NO	NO
TERUMO SURGUARD2 SYR 27G-1 ML	1	NO	NO	NO
TERUMO SYRINGE 3 ML	1	NO	NO	NO
TESTOSTERON CYP 1,000 MG/10 ML	1	YES	NO	NO
TESTOSTERON ENAN 1,000 MG/5 ML	1	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TESTOSTERONE 1% (25MG/2.5G) PK	2	NO	YES	NO
TESTOSTERONE 1% (50 MG/5 G) PK	2	NO	YES	NO
TESTOSTERONE 1.62% (2.5 G) PKT	2	NO	YES	NO
TESTOSTERONE 1.62% GEL PUMP	2	NO	YES	NO
TESTOSTERONE 1.62%(1.25 G) PKT	2	NO	YES	NO
TESTOSTERONE 10 MG GEL PUMP	2	NO	YES	NO
TESTOSTERONE 12.5 MG/1.25 GRAM	2	NO	YES	NO
TESTOSTERONE 30 MG/1.5 ML PUMP	2	NO	YES	NO
TESTOSTERONE 50 MG/5 GRAM GEL	2	NO	YES	NO
TESTOSTERONE 50 MG/5 GRAM PKT	2	NO	YES	NO
TESTOSTERONE CYP 1,000 MG/10ML	1	YES	NO	NO
TESTOSTERONE CYP 1,000 MG/5 ML	1	YES	NO	NO
TESTOSTERONE CYP 2,000 MG/10ML	1	YES	NO	NO
TESTOSTERONE CYP 200 MG/ML	1	YES	NO	NO
TESTOSTERONE CYP 500 MG/2.5 ML	1	YES	NO	NO
TESTOSTERONE CYP 6,000 MG/30ML	1	YES	NO	NO
TESTOSTERONE ENAN 200 MG/ML	1	YES	NO	NO
TETRABENAZINE 12.5 MG TABLET	4	YES	NO	YES
TETRABENAZINE 25 MG TABLET	4	YES	NO	YES
TETRACAINE 0.5% EYE DROP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TETRACAINE 0.5% STERI-UNIT SOL	1	NO	NO	NO
TETRACYCLINE 250 MG CAPSULE	1	NO	NO	NO
TETRACYCLINE 500 MG CAPSULE	1	NO	NO	NO
TEZSPIRE 210 MG/1.91 ML PEN	4	YES	NO	YES
TEZSPIRE 210 MG/1.91 ML SYRING	4	YES	NO	YES
THALOMID 100 MG CAPSULE	4	NO	NO	YES
THALOMID 150 MG CAPSULE	4	NO	NO	YES
THALOMID 200 MG CAPSULE	4	NO	NO	YES
THALOMID 50 MG CAPSULE	4	NO	NO	YES
THEOPHYLLINE ER 100 MG TABLET	1	NO	NO	NO
THEOPHYLLINE ER 200 MG TABLET	1	NO	NO	NO
THEOPHYLLINE ER 300 MG TAB	1	NO	NO	NO
THEOPHYLLINE ER 300 MG TABLET	1	NO	NO	NO
THEOPHYLLINE ER 400 MG TABLET	1	NO	NO	NO
THEOPHYLLINE ER 450 MG TAB	1	NO	NO	NO
THEOPHYLLINE ER 450 MG TABLET	1	NO	NO	NO
THEOPHYLLINE ER 600 MG TABLET	1	NO	NO	NO
THIN 26G LANCETS	1	NO	NO	YES
THIN LANCETS 28G	1	NO	NO	YES
THINPRO INS SYRIN U100-0.3 ML	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
THINPRO INS SYRIN U100-0.5 ML	1	NO	NO	NO
THINPRO INS SYRIN U100-1 ML	1	NO	NO	NO
THIOLA EC 100 MG TABLET	4	YES	NO	NO
THIOLA EC 300 MG TABLET	4	YES	NO	NO
THIORIDAZINE 10 MG TABLET	1	YES	NO	YES
THIORIDAZINE 100 MG TABLET	1	YES	NO	YES
THIORIDAZINE 25 MG TABLET	1	YES	NO	YES
THIORIDAZINE 50 MG TABLET	1	YES	NO	YES
THIOTHIXENE 1 MG CAPSULE	2	YES	NO	YES
THIOTHIXENE 10 MG CAPSULE	2	YES	NO	YES
THIOTHIXENE 2 MG CAPSULE	2	YES	NO	YES
THIOTHIXENE 5 MG CAPSULE	2	YES	NO	YES
TIADYLT ER 120 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 180 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 240 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 300 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 360 MG CAPSULE	1	NO	NO	NO
TIADYLT ER 420 MG CAPSULE	1	NO	NO	NO
TIAGABINE HCL 12 MG TABLET	2	NO	NO	NO
TIAGABINE HCL 16 MG TABLET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TIAGABINE HCL 2 MG TABLET	2	NO	NO	NO
TIAGABINE HCL 4 MG TABLET	2	NO	NO	NO
TIBSOVO 250 MG TABLET	4	YES	NO	YES
TILIA FE 28 TABLET	1	NO	NO	NO
TIMOLOL MALEATE 0.25% EYE DROP	1	NO	NO	NO
TIMOLOL MALEATE 0.5% EYE DROPS	1	NO	NO	NO
TIMOLOL MALEATE 10 MG TABLET	2	NO	NO	NO
TIMOLOL MALEATE 20 MG TABLET	2	NO	NO	NO
TIMOLOL MALEATE 5 MG TABLET	2	NO	NO	NO
TINIDAZOLE 250 MG TABLET	1	NO	NO	NO
TINIDAZOLE 500 MG TABLET	1	NO	NO	NO
TIOPRONIN 100 MG TABLET	4	YES	NO	NO
TIVICAY 10 MG TABLET	4	NO	NO	NO
TIVICAY 25 MG TABLET	4	NO	NO	NO
TIVICAY 50 MG TABLET	4	NO	NO	NO
TIVICAY PD 5 MG TAB FOR SUSP	4	NO	NO	YES
TIZANIDINE HCL 2 MG CAPSULE	2	NO	NO	NO
TIZANIDINE HCL 2 MG TABLET	1	NO	NO	NO
TIZANIDINE HCL 4 MG CAPSULE	2	NO	NO	NO
TIZANIDINE HCL 4 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TIZANIDINE HCL 6 MG CAPSULE	2	NO	NO	NO
TOBI PODHALER 28 MG INHALE CAP	4	NO	YES	NO
TOBRAMYCIN 0.3% EYE DROP	1	NO	NO	NO
TOBRAMYCIN 300 MG/4 ML AMPULE	4	NO	NO	NO
TOBRAMYCIN 300 MG/5 ML AMPULE	4	NO	NO	NO
TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	NO	NO	NO
TODAY CONTRACEPTIVE SPONGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TODAY'S HLTH PN NEEDLE 6MM 31G	1	NO	NO	NO
TOLCAPONE 100 MG TABLET	2	YES	NO	YES
TOLMETIN SODIUM 200 MG TAB	2	NO	NO	NO
TOLMETIN SODIUM 400 MG CAP	2	NO	NO	NO
TOLMETIN SODIUM 600 MG TAB	2	NO	NO	NO
TOLTERODINE TART ER 2 MG CAP	2	NO	NO	NO
TOLTERODINE TART ER 4 MG CAP	2	NO	NO	NO
TOLTERODINE TARTRATE 1 MG TAB	2	NO	NO	NO
TOLTERODINE TARTRATE 2 MG TAB	2	NO	NO	NO
TOLVAPTAN 15 MG TABLET	4	YES	NO	YES
TOLVAPTAN 30 MG TABLET	4	YES	NO	YES
TOOMEY SYRINGE 70 ML	1	NO	NO	NO
TOPCARE CLICKFINE 31G X 1/4"	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TOPCARE CLICKFINE 31G X 5/16"	1	NO	NO	NO
TOPCARE ULTRA COMFORT SYRINGE	1	NO	NO	NO
TOPCARE UNIVERSAL1 33G LANCETS	1	NO	NO	YES
TOPCARE UNIVERSAL1 THIN LANCET	1	NO	NO	YES
TOPIRAMATE 100 MG TABLET	1	NO	NO	NO
TOPIRAMATE 15 MG SPRINKLE CAP	1	NO	NO	NO
TOPIRAMATE 200 MG TABLET	1	NO	NO	NO
TOPIRAMATE 25 MG SPRINKLE CAP	1	NO	NO	NO
TOPIRAMATE 25 MG TABLET	1	NO	NO	NO
TOPIRAMATE 50 MG TABLET	1	NO	NO	NO
TOREMIFENE CITRATE 60 MG TAB	2	NO	NO	YES
TORSEMIDE 10 MG TABLET	1	NO	NO	NO
TORSEMIDE 100 MG TABLET	1	NO	NO	NO
TORSEMIDE 20 MG TABLET	1	NO	NO	NO
TORSEMIDE 5 MG TABLET	1	NO	NO	NO
TOUJEO MAX SOLOSTR 300 UNIT/ML	2	NO	NO	NO
TOUJEO SOLOSTAR 300 UNIT/ML	2	NO	NO	NO
TRACLEER 32 MG TABLET FOR SUSP	4	YES	NO	YES
TRADJENTA 5 MG TABLET	2	NO	NO	NO
TRAMADOL ER 100 MG TABLET	2	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRAMADOL ER 200 MG TABLET	2	YES	NO	YES
TRAMADOL ER 300 MG TABLET	2	YES	NO	YES
TRAMADOL HCL 50 MG TABLET	1	NO	YES	YES
TRAMADOL HCL ER 100 MG TABLET	2	YES	NO	YES
TRAMADOL HCL ER 200 MG TABLET	2	YES	NO	YES
TRAMADOL HCL ER 300 MG TABLET	2	YES	NO	YES
TRAMADOL-ACETAMINOPHN 37.5-325	1	NO	YES	YES
TRANDOLAPRIL 1 MG TABLET	1	NO	NO	NO
TRANDOLAPRIL 2 MG TABLET	1	NO	NO	NO
TRANDOLAPRIL 4 MG TABLET	1	NO	NO	NO
TRANDOLAPR-VERAPAM ER 1-240 MG	2	NO	NO	NO
TRANDOLAPR-VERAPAM ER 2-180 MG	2	NO	NO	NO
TRANDOLAPR-VERAPAM ER 2-240 MG	2	NO	NO	NO
TRANDOLAPR-VERAPAM ER 4-240 MG	2	NO	NO	NO
TRANEXAMIC ACID 650 MG TABLET	2	NO	NO	NO
TRANLYCYPROMINE SULF 10 MG TAB	2	NO	NO	YES
TRAVOPROST 0.004% EYE DROP	2	NO	YES	NO
TRAZODONE 100 MG TABLET	1	NO	NO	YES
TRAZODONE 150 MG TABLET	1	NO	NO	YES
TRAZODONE 300 MG TABLET	2	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRAZODONE 50 MG TABLET	1	NO	NO	YES
TRECATOR 250 MG TABLET	3	NO	NO	NO
TRELEGY ELLIPTA 100-62.5-25	2	NO	NO	NO
TRELEGY ELLIPTA 200-62.5-25	2	NO	NO	NO
TRELSTAR 11.25 MG VIAL	4	YES	NO	YES
TRELSTAR 22.5 MG VIAL	4	YES	NO	YES
TRELSTAR 3.75 MG VIAL	4	YES	NO	YES
TREMFYA 100 MG/ML INJECTOR	4	NO	YES	YES
TREMFYA 100 MG/ML SYRINGE	4	NO	YES	YES
TRESIBA 100 UNIT/ML VIAL	2	NO	NO	NO
TRESIBA FLEXTOUCH 100 UNIT/ML	2	NO	NO	NO
TRESIBA FLEXTOUCH 200 UNIT/ML	2	NO	NO	NO
TRETINOIN 0.01% GEL	1	YES	NO	YES
TRETINOIN 0.025% CREAM	1	YES	NO	YES
TRETINOIN 0.025% GEL	1	YES	NO	YES
TRETINOIN 0.05% CREAM	1	YES	NO	YES
TRETINOIN 0.05% GEL	2	YES	NO	NO
TRETINOIN 0.1% CREAM	1	YES	NO	YES
TRETINOIN 10 MG CAPSULE	4	YES	NO	NO
TRETINOIN GEL MICRO 0.04% TUBE	2	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRETINOIN GEL MICRO 0.1% TUBE	2	YES	NO	NO
TRI FEMYNOR 28 TABLET	1	NO	NO	NO
TRIAMCINOLONE 0.025% CREAM	1	NO	NO	NO
TRIAMCINOLONE 0.025% LOTION	1	NO	NO	NO
TRIAMCINOLONE 0.025% OINT	1	NO	NO	NO
TRIAMCINOLONE 0.1% CREAM	1	NO	NO	NO
TRIAMCINOLONE 0.1% LOTION	1	NO	NO	NO
TRIAMCINOLONE 0.1% OINTMENT	1	NO	NO	NO
TRIAMCINOLONE 0.1% PASTE	1	NO	NO	NO
TRIAMCINOLONE 0.5% CREAM	1	NO	NO	NO
TRIAMCINOLONE 0.5% OINTMENT	1	NO	NO	NO
TRIAMCINOLONE 55 MCG NASAL SPR	1	NO	NO	NO
TRIAMTERENE 100 MG CAPSULE	1	NO	NO	NO
TRIAMTERENE 50 MG CAPSULE	1	NO	NO	NO
TRIAMTERENE-HCTZ 37.5-25 MG CP	1	NO	NO	NO
TRIAMTERENE-HCTZ 37.5-25 MG TB	1	NO	NO	NO
TRIAMTERENE-HCTZ 75-50 MG TAB	1	NO	NO	NO
TRIAZOLAM 0.125 MG TABLET	1	NO	NO	YES
TRIAZOLAM 0.25 MG TABLET	1	NO	NO	YES
TRIDERM 0.1% CREAM	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRIDERM 0.5% CREAM	1	NO	NO	NO
TRIENTINE HCL 250 MG CAPSULE	4	YES	NO	YES
TRIENTINE HCL 500 MG CAPSULE	4	YES	NO	YES
TRI-ESTARYLLA TABLET	1	NO	NO	NO
TRIFLUOPERAZINE 1 MG TABLET	1	YES	NO	YES
TRIFLUOPERAZINE 10 MG TABLET	1	YES	NO	YES
TRIFLUOPERAZINE 2 MG TABLET	1	YES	NO	YES
TRIFLUOPERAZINE 5 MG TABLET	1	YES	NO	YES
TRIFLURIDINE 1% EYE DROPS	1	NO	NO	NO
TRIHEXYPHENIDYL 2 MG TABLET	1	NO	NO	NO
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	1	NO	NO	NO
TRIHEXYPHENIDYL 5 MG TABLET	1	NO	NO	NO
TRIJARDY XR 10-5-1,000 MG TAB	2	NO	NO	YES
TRIJARDY XR 12.5-2.5-1,000 MG	2	NO	NO	YES
TRIJARDY XR 25-5-1,000 MG TAB	2	NO	NO	YES
TRIJARDY XR 5-2.5-1,000 MG TAB	2	NO	NO	YES
TRIKAFTA 100-50-75 MG/150 MG	4	YES	NO	YES
TRIKAFTA 100-50-75 MG/75MG PKT	4	YES	NO	YES
TRIKAFTA 50-25-37.5 MG/75 MG	4	YES	NO	YES
TRIKAFTA 80-40-60MG/59.5MG PKT	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRI-LEGEST FE-28 DAY TABLET	1	NO	NO	NO
TRI-LINYAH TABLET	1	NO	NO	NO
TRI-LO-ESTARYLLA TABLET	1	NO	NO	NO
TRI-LO-MARZIA TABLET	1	NO	NO	NO
TRI-LO-MILI TABLET	1	NO	NO	NO
TRI-LO-SPRINTEC TABLET	1	NO	NO	NO
TRILYTE WITH FLAVOR PACKETS	1	NO	NO	NO
TRIMETHOBENZAMIDE 300 MG CAP	1	NO	NO	NO
TRIMETHOPRIM 100 MG TABLET	1	NO	NO	NO
TRI-MILI 28 TABLET	1	NO	NO	NO
TRIMIPRAMINE MALEATE 100 MG CP	2	NO	NO	NO
TRIMIPRAMINE MALEATE 25 MG CAP	2	NO	NO	NO
TRIMIPRAMINE MALEATE 50 MG CAP	2	NO	NO	NO
TRINATAL RX 1 TABLET	1	NO	NO	NO
TRINATE TABLET	1	NO	NO	NO
TRINTELLIX 10 MG TABLET	3	NO	YES	YES
TRINTELLIX 20 MG TABLET	3	NO	YES	YES
TRINTELLIX 5 MG TABLET	3	NO	YES	YES
TRI-NYMYO 28 TABLET	1	NO	NO	NO
TRI-PREVIFEM TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRIPTODUR 22.5 MG KIT	4	YES	NO	YES
TRI-SPRINTEC TABLET	1	NO	NO	NO
TRIUMEQ 600-50-300 MG TABLET	4	NO	NO	NO
TRIUMEQ PD 60-5-30 MG TAB SUSP	4	NO	NO	NO
TRIVEEN-DUO DHA COMBO PACK	1	NO	NO	NO
TRI-VITE-FLUORIDE 0.25 MG/ML	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TRI-VITE-FLUORIDE 0.5 MG/ML	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TRI-VIT-FLUOR 0.25 MG/ML DROP	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TRI-VIT-FLUOR 0.5 MG/ML DROP	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TRIVORA-28 TABLET	1	NO	NO	NO
TRI-VYLIBRA 28 TABLET	1	NO	NO	NO
TRI-VYLIBRA LO TABLET	1	NO	NO	NO
TROPICAMIDE 0.5% EYE DROP	1	NO	NO	NO
TROPICAMIDE 0.5% EYE DROPS	1	NO	NO	NO
TROPICAMIDE 1% EYE DROP	1	NO	NO	NO
TROPICAMIDE 1% EYE DROPS	1	NO	NO	NO
TROSPIUM CHLORIDE 20 MG TABLET	1	NO	NO	NO
TROSPIUM CHLORIDE ER 60 MG CAP	2	NO	NO	NO
TRUE CMFRT PRO 0.5ML 30G 5/16"	1	NO	NO	NO
TRUE CMFRT PRO 0.5ML 31G 5/16"	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRUE CMFRT PRO 0.5ML 32G 5/16"	1	NO	NO	NO
TRUE COMFORT 0.5 ML 31GX5/16"	1	NO	NO	NO
TRUE COMFORT 1 ML 31GX5/16"	1	NO	NO	NO
TRUE COMFORT 30G LANCET	1	NO	NO	YES
TRUE COMFORT 30G TWIST LANCET	1	NO	NO	YES
TRUE COMFORT PEN NDL 31G 5MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 31G 6MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 31G 8MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 31GX5MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 31GX6MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 32G 4MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 32G 5MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 32G 6MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 32GX4MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 33G 4MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 33G 5MM	1	NO	NO	NO
TRUE COMFORT PEN NDL 33G 6MM	1	NO	NO	NO
TRUE COMFORT PRO 1 ML 30G 1/2"	1	NO	NO	NO
TRUE COMFORT PRO 1ML 30G 5/16"	1	NO	NO	NO
TRUE COMFORT PRO 1ML 31G 5/16"	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRUE COMFORT PRO 1ML 32G 5/16"	1	NO	NO	NO
TRUE COMFRT PRO 0.5ML 30G 1/2"	1	NO	NO	NO
TRUE FOLIC ACID 667 MCG DFE TB	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TRUE VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
TRUE VITAMIN B-6 25 MG TABLET	1	NO	NO	NO
TRUE VITAMIN B-6 50 MG TABLET	1	NO	NO	NO
TRUEDRAW LANCING DEVICE	1	NO	NO	NO
TRUEPLUS 26G LANCETS	1	NO	NO	YES
TRUEPLUS 30G LANCETS	1	NO	NO	YES
TRUEPLUS 33G LANCETS	1	NO	NO	YES
TRUEPLUS PEN NEEDLE 29G 12MM	1	NO	NO	NO
TRUEPLUS PEN NEEDLE 29GX1/2"	1	NO	NO	NO
TRUEPLUS PEN NEEDLE 31G 5MM	1	NO	NO	NO
TRUEPLUS PEN NEEDLE 31G 8MM	1	NO	NO	NO
TRUEPLUS PEN NEEDLE 31G X 1/4"	1	NO	NO	NO
TRUEPLUS PEN NEEDLE 31GX3/16"	1	NO	NO	NO
TRUEPLUS PEN NEEDLE 31GX5/16"	1	NO	NO	NO
TRUEPLUS PEN NEEDLE 32GX5/32"	1	NO	NO	NO
TRUEPLUS SAFETY 28G LANCET	1	NO	NO	YES
TRUEPLUS SAFETY 28G LANCETS	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRUEPLUS SUPER THIN 28G LANCET	1	NO	NO	YES
TRUEPLUS SYR 0.3ML 29GX1/2"	1	NO	NO	NO
TRUEPLUS SYR 0.3ML 30GX5/16"	1	NO	NO	NO
TRUEPLUS SYR 0.3ML 31GX5/16"	1	NO	NO	NO
TRUEPLUS SYR 0.5ML 28GX1/2"	1	NO	NO	NO
TRUEPLUS SYR 0.5ML 29GX1/2"	1	NO	NO	NO
TRUEPLUS SYR 0.5ML 30GX5/16"	1	NO	NO	NO
TRUEPLUS SYR 0.5ML 31GX5/16"	1	NO	NO	NO
TRUEPLUS SYR 1ML 28GX1/2"	1	NO	NO	NO
TRUEPLUS SYR 1ML 29GX1/2"	1	NO	NO	NO
TRUEPLUS SYR 1ML 30GX5/16"	1	NO	NO	NO
TRUEPLUS SYR 1ML 31GX5/16"	1	NO	NO	NO
TRUEPLUS ULTRA THIN 30G LANCET	1	NO	NO	YES
TRULANCE 3 MG TABLET	3	YES	NO	YES
TRULICITY 0.75 MG/0.5 ML PEN	2	NO	YES	YES
TRULICITY 1.5 MG/0.5 ML PEN	2	NO	YES	YES
TRULICITY 3 MG/0.5 ML PEN	2	NO	YES	YES
TRULICITY 4.5 MG/0.5 ML PEN	2	NO	YES	YES
TRUMENBA 120 MCG/0.5 ML VACCIN	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TRUQAP 160 MG TABLET	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TRUQAP 200 MG TABLET	4	YES	NO	YES
TRUSELTIQ 100 MG DAILY DOSE PK	4	YES	NO	YES
TRUSELTIQ 125 MG DAILY DOSE PK	4	YES	NO	YES
TRUSELTIQ 50 MG DAILY DOSE PK	4	YES	NO	YES
TRUSELTIQ 75 MG DAILY DOSE PK	4	YES	NO	YES
TRUSTEX CONDOM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TRUSTEX LATEX CONDOM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TRUSTEX-RIA CONDOM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TUBERCULIN SYRINGE	1	NO	NO	NO
TUBERCULIN SYRINGES	1	NO	NO	NO
TUKYSA 150 MG TABLET	4	YES	NO	YES
TUKYSA 50 MG TABLET	4	YES	NO	YES
TULANA 0.35 MG TABLET	1	NO	NO	NO
TURALIO 125 MG CAPSULE	4	YES	NO	YES
TURALIO 200 MG CAPSULE	4	YES	NO	YES
TURQOZ-28 TABLET	1	NO	NO	NO
TUXARIN ER 8-54.3 MG TABLET	3	NO	NO	YES
TWINRIX VACCINE SYRINGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
TWIST LANCETS	1	NO	NO	YES
TWIST LANCETS 30G	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
TWIST LANCETS 32G	1	NO	NO	YES
TWIST TOP 30G LANCET	1	NO	NO	YES
TYBOST 150 MG TABLET	4	NO	NO	NO
TYDEMY 3-0.03-0.451 MG TABLET	1	NO	NO	NO
TYMLOS 80 MCG DOSE PEN INJECTR	4	YES	NO	YES
TYVASO 1.74 MG/2.9 ML SOLUTION	4	YES	NO	YES
TYVASO DPI 16 MCG CARTRIDGE	4	YES	NO	YES
TYVASO DPI 16-32 MCG TITR KIT	4	YES	NO	YES
TYVASO DPI 16-32-48 MCG TITRAT	4	YES	NO	YES
TYVASO DPI 32 MCG CARTRIDGE	4	YES	NO	YES
TYVASO DPI 32-48 MCG MAINT KIT	4	YES	NO	YES
TYVASO DPI 48 MCG CARTRIDGE	4	YES	NO	YES
TYVASO DPI 64 MCG CARTRIDGE	4	YES	NO	YES
TYVASO INHALATION REFILL KIT	4	YES	NO	YES
TYVASO INHALATION STARTER KIT	4	YES	NO	YES
TYVASO INSTITUTIONAL START KIT	4	YES	NO	YES
UBRELVY 100 MG TABLET	3	YES	NO	YES
UBRELVY 50 MG TABLET	3	YES	NO	YES
UDENYCA 6 MG/0.6 ML AUTOINJECT	4	YES	NO	NO
UDENYCA 6 MG/0.6 ML SYRINGE	4	YES	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
UKONIQ 200 MG TABLET	4	YES	NO	YES
ULT CFT 0.3 ML 29GX1/2" (1/2)	1	NO	NO	NO
ULT CFT 0.3 ML 31GX5/16" (1/2)	1	NO	NO	NO
ULTICARE INS SYR 1 ML 31GX5/16"	1	NO	NO	NO
ULTICAR INS 0.3ML 31GX1/4(1/2)	1	NO	NO	NO
ULTICARE INS 0.3 ML 30GX1/2"	1	NO	NO	NO
ULTICARE INS 0.3 ML 31GX1/4"	1	NO	NO	NO
ULTICARE INS 0.5 ML 30GX1/2"	1	NO	NO	NO
ULTICARE INS 0.5 ML 31GX1/4"	1	NO	NO	NO
ULTICARE INS 1 ML 31GX1/4"	1	NO	NO	NO
ULTICARE INS SAFETY 1ML 29X1/2	1	NO	NO	NO
ULTICARE INS SYR 1 ML 28GX1/2"	1	NO	NO	NO
ULTICARE INS SYR 1 ML 29GX1/2"	1	NO	NO	NO
ULTICARE INS SYR 1 ML 30GX1/2"	1	NO	NO	NO
ULTICARE LDS SYR 1 ML 22G 1.5"	1	NO	NO	NO
ULTICARE LDS SYR 3 ML 22GX1.5"	1	NO	NO	NO
ULTICARE PEN NDL 12.7 MM 29G	1	NO	NO	NO
ULTICARE PEN NEEDLE 31GX3/16"	1	NO	NO	NO
ULTICARE PEN NEEDLE 4MM 32G	1	NO	NO	NO
ULTICARE PEN NEEDLE 6MM 31G	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTICARE PEN NEEDLE 8 MM 31G	1	NO	NO	NO
ULTICARE PEN NEEDLE 8MM 31G	1	NO	NO	NO
ULTICARE PEN NEEDLES 12MM 29G	1	NO	NO	NO
ULTICARE PEN NEEDLES 4MM 32G	1	NO	NO	NO
ULTICARE PEN NEEDLES 6MM 31G	1	NO	NO	NO
ULTICARE PEN NEEDLES 6MM 32G	1	NO	NO	NO
ULTICARE PEN NEEDLES 8MM 31G	1	NO	NO	NO
ULTICARE SAFE PEN NDL 30G 8MM	1	NO	NO	NO
ULTICARE SAFE PEN NDL 5MM 30G	1	NO	NO	NO
ULTICARE SAFETY 0.5 ML 29GX1/2	1	NO	NO	NO
ULTICARE SAFETY 3 ML 21GX1-1/2	1	NO	NO	NO
ULTICARE SAFETY 3 ML 22GX1"	1	NO	NO	NO
ULTICARE SAFETY 3 ML 22GX1-1/2	1	NO	NO	NO
ULTICARE SAFETY 3 ML 23GX1"	1	NO	NO	NO
ULTICARE SAFETY 3 ML 25GX1"	1	NO	NO	NO
ULTICARE SAFETY 3 ML 25GX5/8"	1	NO	NO	NO
ULTICARE SAFETY SYRINGE 3 ML	1	NO	NO	NO
ULTICARE SYR 0.3 ML 30GX1/2"	1	NO	NO	NO
ULTICARE SYR 0.3 ML 30GX5/16"	1	NO	NO	NO
ULTICARE SYR 0.3 ML 31GX5/16"	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTICARE SYR 0.5 ML 29GX1/2"	1	NO	NO	NO
ULTICARE SYR 0.5 ML 30GX1/2"	1	NO	NO	NO
ULTICARE SYR 0.5 ML 30GX5/16"	1	NO	NO	NO
ULTICARE SYR 0.5 ML 31GX5/16"	1	NO	NO	NO
ULTICARE SYR 1 ML 30GX5/16"	1	NO	NO	NO
ULTICARE SYR 1 ML 31GX5/16"	1	NO	NO	NO
ULTICARE SYRIN 0.3 ML 29GX1/2"	1	NO	NO	NO
ULTICARE SYRIN 0.5 ML 28GX1/2"	1	NO	NO	NO
ULTICARE SYRINGE 1 ML 30GX1/2"	1	NO	NO	NO
ULTICARE TB SAFETY 1 ML 25GX1"	1	NO	NO	NO
ULTICARE TB SAFETY 1ML 25GX5/8	1	NO	NO	NO
ULTICARE TB SAFETY 1ML 27GX1/2	1	NO	NO	NO
ULTICARE TB SAFETY 1ML 27GX5/8	1	NO	NO	NO
ULTICARE TB SAFETY 1ML 28GX1/2	1	NO	NO	NO
ULTIGUARD SAFE 1ML 30G 12.7MM	1	NO	NO	NO
ULTIGUARD SAFE PACK 29G 12.7MM	1	NO	NO	NO
ULTIGUARD SAFE PACK 32G 4MM	1	NO	NO	NO
ULTIGUARD SAFE0.3ML 30G 12.7MM	1	NO	NO	NO
ULTIGUARD SAFE0.5ML 30G 12.7MM	1	NO	NO	NO
ULTIGUARD SAFEPACK 1ML 31G 8MM	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTIGUARD SAFEPACK 31G 5MM	1	NO	NO	NO
ULTIGUARD SAFEPACK 31G 6MM	1	NO	NO	NO
ULTIGUARD SAFEPACK 31G 8MM	1	NO	NO	NO
ULTIGUARD SAFEPACK 32G 4MM	1	NO	NO	NO
ULTIGUARD SAFEPACK 32G 6MM	1	NO	NO	NO
ULTIGUARD SAFEPK 0.3ML 31G 8MM	1	NO	NO	NO
ULTIGUARD SAFEPK 0.5ML 31G 8MM	1	NO	NO	NO
ULTI-LANCE AUTO-AD DEVICE	1	NO	NO	NO
ULTI-LANCE AUTOMATIC DEVICE	1	NO	NO	NO
ULTILET 28G LANCETS	1	NO	NO	YES
ULTILET 30G LANCETS	1	NO	NO	YES
ULTILET 33G LANCETS	1	NO	NO	YES
ULTILET BASIC 30G LANCETS	1	NO	NO	YES
ULTILET CLASSIC 26G LANCETS	1	NO	NO	YES
ULTILET CLASSIC 28G LANCETS	1	NO	NO	YES
ULTILET CLASSIC 30G LANCETS	1	NO	NO	YES
ULTILET CLASSIC 33G LANCETS	1	NO	NO	YES
ULTILET INSULIN SYRINGE 0.3 ML	1	NO	NO	NO
ULTILET INSULIN SYRINGE 0.5 ML	1	NO	NO	NO
ULTILET INSULIN SYRINGE 1 ML	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTILET PEN NEEDLE	1	NO	NO	NO
ULTILET PEN NEEDLE 4MM 32G	1	NO	NO	NO
ULTILET SAFETY 23G LANCETS	1	NO	NO	YES
ULTRA COMFORT 0.3 ML 29GX1/2"	1	NO	NO	NO
ULTRA COMFORT 0.3 ML SYRINGE	1	NO	NO	NO
ULTRA COMFORT 0.5 ML 28GX1/2"	1	NO	NO	NO
ULTRA COMFORT 0.5 ML 29GX1/2"	1	NO	NO	NO
ULTRA COMFORT 0.5 ML 31GX5/16"	1	NO	NO	NO
ULTRA COMFORT 0.5 ML SYRINGE	1	NO	NO	NO
ULTRA COMFORT 1 ML 28GX1/2"	1	NO	NO	NO
ULTRA COMFORT 1 ML 29GX1/2"	1	NO	NO	NO
ULTRA COMFORT 1 ML 30GX5/16"	1	NO	NO	NO
ULTRA COMFORT 1 ML 31GX5/16"	1	NO	NO	NO
ULTRA COMFORT 1 ML SYRINGE	1	NO	NO	NO
ULTRA FLO 0.3ML 30G 1/2" (1/2)	1	NO	NO	NO
ULTRA FLO 0.3ML 30G 5/16"(1/2)	1	NO	NO	NO
ULTRA FLO 0.3ML 31G 5/16"(1/2)	1	NO	NO	NO
ULTRA FLO PEN NEEDLE 31G 5MM	1	NO	NO	NO
ULTRA FLO PEN NEEDLE 31G 8MM	1	NO	NO	NO
ULTRA FLO PEN NEEDLE 32G 4MM	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTRA FLO PEN NEEDLE 33G 4MM	1	NO	NO	NO
ULTRA FLO PEN NEEDLES 12MM 29G	1	NO	NO	NO
ULTRA FLO SYR 0.3 ML 29GX1/2"	1	NO	NO	NO
ULTRA FLO SYR 0.3 ML 30G 5/16"	1	NO	NO	NO
ULTRA FLO SYR 0.3 ML 31G 5/16"	1	NO	NO	NO
ULTRA FLO SYR 0.5 ML 29G 1/2"	1	NO	NO	NO
ULTRA THIN 28G LANCETS	1	NO	NO	YES
ULTRA THIN 30G LANCETS	1	NO	NO	YES
ULTRA THIN 31G LANCET	1	NO	NO	YES
ULTRA THIN 31G LANCETS	1	NO	NO	YES
ULTRA THIN 33G LANCETS	1	NO	NO	YES
ULTRA THIN PEN NDL 32G X 4MM	1	NO	NO	NO
ULTRA-CARE 30G LANCETS	1	NO	NO	YES
ULTRACARE INS 0.3 ML 30GX5/16"	1	NO	NO	NO
ULTRACARE INS 0.3 ML 31GX5/16"	1	NO	NO	NO
ULTRACARE INS 0.5 ML 30GX1/2"	1	NO	NO	NO
ULTRACARE INS 0.5 ML 30GX5/16"	1	NO	NO	NO
ULTRACARE INS 0.5 ML 31GX5/16"	1	NO	NO	NO
ULTRACARE INS 1 ML 30G X 5/16"	1	NO	NO	NO
ULTRACARE INS 1 ML 30GX1/2"	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTRACARE INS 1 ML 31G X 5/16"	1	NO	NO	NO
ULTRACARE PEN NEEDLE 31GX1/4"	1	NO	NO	NO
ULTRACARE PEN NEEDLE 31GX3/16"	1	NO	NO	NO
ULTRACARE PEN NEEDLE 31GX5/16"	1	NO	NO	NO
ULTRACARE PEN NEEDLE 32GX1/4"	1	NO	NO	NO
ULTRACARE PEN NEEDLE 32GX3/16"	1	NO	NO	NO
ULTRACARE PEN NEEDLE 32GX5/32"	1	NO	NO	NO
ULTRACARE PEN NEEDLE 33GX5/32"	1	NO	NO	NO
ULTRALANCE 26G LANCETS	1	NO	NO	YES
ULTRALANCE 28G LANCETS	1	NO	NO	YES
ULTRA-THIN II 1 ML 31GX5/16"	1	NO	NO	NO
ULTRA-THIN II 28G LANCETS	1	NO	NO	YES
ULTRA-THIN II 30G LANCETS	1	NO	NO	YES
ULTRA-THIN II INS 0.3 ML 30G	1	NO	NO	NO
ULTRA-THIN II INS 0.3 ML 31G	1	NO	NO	NO
ULTRA-THIN II INS 0.5 ML 29G	1	NO	NO	NO
ULTRA-THIN II INS 0.5 ML 30G	1	NO	NO	NO
ULTRA-THIN II INS 0.5 ML 31G	1	NO	NO	NO
ULTRA-THIN II INS SYR 1 ML 29G	1	NO	NO	NO
ULTRA-THIN II INS SYR 1 ML 30G	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ULTRA-THIN II PEN NDL 29GX1/2"	1	NO	NO	NO
ULTRA-THIN II PEN NDL 31GX5/16	1	NO	NO	NO
ULTRATLC LANCETS	1	NO	NO	YES
UNIFINE PEN NEEDLE 32G 4MM	1	NO	NO	NO
UNIFINE PENTIPS 12MM 29G	1	NO	NO	NO
UNIFINE PENTIPS 29G 12MM	1	NO	NO	NO
UNIFINE PENTIPS 31G 5MM	1	NO	NO	NO
UNIFINE PENTIPS 31G 6MM	1	NO	NO	NO
UNIFINE PENTIPS 31G 8MM	1	NO	NO	NO
UNIFINE PENTIPS 31GX3/16"	1	NO	NO	NO
UNIFINE PENTIPS 32G 4MM	1	NO	NO	NO
UNIFINE PENTIPS 32G 6MM	1	NO	NO	NO
UNIFINE PENTIPS 32GX1/4"	1	NO	NO	NO
UNIFINE PENTIPS 32GX5/32"	1	NO	NO	NO
UNIFINE PENTIPS 33GX5/32"	1	NO	NO	NO
UNIFINE PENTIPS 6MM 31G	1	NO	NO	NO
UNIFINE PENTIPS 6MM NEEDLE	1	NO	NO	NO
UNIFINE PENTIPS 8MM 31G	1	NO	NO	NO
UNIFINE PENTIPS 8MM NEEDLE	1	NO	NO	NO
UNIFINE PENTIPS MAX 30GX3/16"	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
UNIFINE PENTIPS NEEDLES 29G	1	NO	NO	NO
UNIFINE PENTIPS PLUS 29GX1/2"	1	NO	NO	NO
UNIFINE PENTIPS PLUS 30GX3/16"	1	NO	NO	NO
UNIFINE PENTIPS PLUS 31GX1/4"	1	NO	NO	NO
UNIFINE PENTIPS PLUS 31GX3/16"	1	NO	NO	NO
UNIFINE PENTIPS PLUS 31GX5/16"	1	NO	NO	NO
UNIFINE PENTIPS PLUS 32GX5/32"	1	NO	NO	NO
UNIFINE PENTIPS PLUS 33GX5/32"	1	NO	NO	NO
UNIFINE SAFECONTROL 30GX3/16"	1	NO	NO	NO
UNIFINE SAFECONTROL 30GX5/16"	1	NO	NO	NO
UNIFINE SAFECONTROL 32G 4MM	1	NO	NO	NO
UNIFINE ULTRA PEN NDL 31G 5MM	1	NO	NO	NO
UNIFINE ULTRA PEN NDL 31G 6MM	1	NO	NO	NO
UNIFINE ULTRA PEN NDL 31G 8MM	1	NO	NO	NO
UNIFINE ULTRA PEN NDL 32G 4MM	1	NO	NO	NO
UNILET COMFORTOUCH 26G LANCETS	1	NO	NO	YES
UNILET COMFORTOUCH LANCET	1	NO	NO	YES
UNILET EXCELITE II LANCET	1	NO	NO	YES
UNILET EXCELITE LANCET	1	NO	NO	YES
UNILET GP LANCET	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
UNILET GP LANCET SUPERLITE	1	NO	NO	YES
UNILET MICRO THIN 33G LANCET	1	NO	NO	YES
UNILET MICRO THIN 33G LANCETS	1	NO	NO	YES
UNILET SUPER THIN 30G LANCETS	1	NO	NO	YES
UNILET ULTRA THIN 28G LANCETS	1	NO	NO	YES
UNISTIK 2 COMFORT 28G LANCET	1	NO	NO	YES
UNISTIK 2 EXTRA 21G LANCET	1	NO	NO	YES
UNISTIK 2 NORMAL 21G LANCET	1	NO	NO	YES
UNISTIK 3 COMFORT 28G LANCET	1	NO	NO	YES
UNISTIK 3 DUAL 18G LANCET	1	NO	NO	YES
UNISTIK 3 EXTRA 21G LANCETS	1	NO	NO	YES
UNISTIK 3 GENTLE 30G LANCETS	1	NO	NO	YES
UNISTIK 3 GENTLE ON-THE-GO 30G	1	NO	NO	YES
UNISTIK 3 NORMAL 23G LANCET	1	NO	NO	YES
UNISTIK 3 NORMAL 23G LANCETS	1	NO	NO	YES
UNISTIK 3 SAFETY 21G LANCETS	1	NO	NO	YES
UNISTIK COMFORT 28G LANCETS	1	NO	NO	YES
UNISTIK CZT COMFORT 28G LANCET	1	NO	NO	YES
UNISTIK CZT NORMAL 23G LANCETS	1	NO	NO	YES
UNISTIK EXTRA 21G LANCETS	1	NO	NO	YES

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
UNITHROID 50 MCG TABLET	1	NO	NO	NO
UNITHROID 75 MCG TABLET	1	NO	NO	NO
UNITHROID 88 MCG TABLET	1	NO	NO	NO
UNIVERSAL 1 33G LANCETS	1	NO	NO	YES
UPTRAVI 1,000 MCG TABLET	4	YES	NO	YES
UPTRAVI 1,200 MCG TABLET	4	YES	NO	YES
UPTRAVI 1,400 MCG TABLET	4	YES	NO	YES
UPTRAVI 1,600 MCG TABLET	4	YES	NO	YES
UPTRAVI 200 MCG TABLET	4	YES	NO	YES
UPTRAVI 200-800 TITRATION PACK	4	YES	NO	YES
UPTRAVI 400 MCG TABLET	4	YES	NO	YES
UPTRAVI 600 MCG TABLET	4	YES	NO	YES
UPTRAVI 800 MCG TABLET	4	YES	NO	YES
UREA 40% CREAM	1	NO	NO	NO
URISTIX 4 REAGENT STRIPS	1	NO	NO	NO
URISTIX REAGENT STRIPS	1	NO	NO	NO
URSODIOL 250 MG TABLET	2	NO	NO	NO
URSODIOL 300 MG CAPSULE	2	NO	NO	NO
URSODIOL 500 MG TABLET	2	NO	NO	NO
VALACYCLOVIR HCL 1 GRAM TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VALACYCLOVIR HCL 500 MG TABLET	1	NO	NO	NO
VALCHLOR 0.016% GEL	4	YES	NO	YES
VALGANCICLOVIR 450 MG TABLET	4	NO	NO	NO
VALGANCICLOVIR HCL 50 MG/ML	4	YES	NO	NO
VALPROIC ACID 250 MG CAPSULE	1	NO	NO	NO
VALPROIC ACID 250 MG/5 ML CUP	1	NO	NO	NO
VALPROIC ACID 250 MG/5 ML SOLN	1	NO	NO	NO
VALPROIC ACID 500 MG/10 ML CUP	1	NO	NO	NO
VALPROIC ACID 500 MG/10 ML SOL	1	NO	NO	NO
VALSARTAN 160 MG TABLET	1	NO	NO	NO
VALSARTAN 320 MG TABLET	2	NO	NO	NO
VALSARTAN 40 MG TABLET	2	NO	NO	NO
VALSARTAN 80 MG TABLET	1	NO	NO	NO
VALSARTAN-HCTZ 160-12.5 MG TAB	1	NO	NO	NO
VALSARTAN-HCTZ 160-25 MG TAB	1	NO	NO	NO
VALSARTAN-HCTZ 320-12.5 MG TAB	1	NO	NO	NO
VALSARTAN-HCTZ 320-25 MG TAB	1	NO	NO	NO
VALSARTAN-HCTZ 80-12.5 MG TAB	1	NO	NO	NO
VALTOCO 10 MG NASAL SPRAY	3	YES	NO	YES
VALTOCO 15 MG NASAL SPRAY	3	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VALTOCO 20 MG NASAL SPRAY	3	YES	NO	YES
VALTOCO 5 MG NASAL SPRAY	3	YES	NO	YES
VALUE PLUS LANCING DEVICE	1	NO	NO	NO
VANADOM 350 MG TABLET	1	NO	NO	YES
VANCOMYCIN HCL 125 MG CAPSULE	2	NO	NO	NO
VANCOMYCIN HCL 250 MG CAPSULE	2	NO	NO	NO
VANDAZOLE VAGINAL 0.75% GEL	1	NO	NO	NO
VANFLYTA 17.7 MG TABLET	4	YES	NO	YES
VANFLYTA 26.5 MG TABLET	4	YES	NO	YES
VANISHPOINT 0.5 ML 30GX1/2" SY	1	NO	NO	NO
VANISHPOINT 1 ML TB SYR 25X5/8	1	NO	NO	NO
VANISHPOINT 1 ML TB SYR 27X1/2	1	NO	NO	NO
VANISHPOINT 10 ML 21GX1-1/2"	1	NO	NO	NO
VANISHPOINT 20GX1" 3 ML SYRING	1	NO	NO	NO
VANISHPOINT 21GX1" 5 ML SYRING	1	NO	NO	NO
VANISHPOINT 21GX1.5" 3 ML SYR	1	NO	NO	NO
VANISHPOINT 22GX1" 3 ML SYR	1	NO	NO	NO
VANISHPOINT 22GX1-1/2" 5 ML SY	1	NO	NO	NO
VANISHPOINT 23GX1" 3 ML SYRING	1	NO	NO	NO
VANISHPOINT 23GX1-1/2 3 ML SYR	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VANISHPOINT 25GX1" 3 ML SYRING	1	NO	NO	NO
VANISHPOINT 25GX5/8" 3 ML SYR	1	NO	NO	NO
VANISHPOINT 3 ML 21GX1" SYRING	1	NO	NO	NO
VANISHPOINT 3 ML 22GX1.5" SYRG	1	NO	NO	NO
VANISHPOINT 5 ML 21GX1-1/2"	1	NO	NO	NO
VANISHPOINT INS 1 ML 30GX3/16"	1	NO	NO	NO
VANISHPOINT SYRINGE 1 ML 25X1"	1	NO	NO	NO
VANISHPOINT U-100 29X1/2 SYR	1	NO	NO	NO
VANTAGE LANCING DEVICE	1	NO	NO	NO
VAQTA 25 UNITS/0.5 ML SYRINGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VAQTA 25 UNITS/0.5 ML VIAL	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VAQTA 50 UNITS/ML SYRINGE	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VAQTA 50 UNITS/ML VIAL	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VARENICLINE 0.5 MG TABLET	2	NO	NO	YES
VARENICLINE 1 MG CONT MONTH BX	2	NO	NO	YES
VARENICLINE 1 MG TABLET	2	NO	NO	YES
VARENICLINE STARTING MONTH BOX	2	NO	NO	YES
VARIVAX VACCINE VIAL	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VARIVAX VACCINE WITH DILUENT	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VARUBI 180 MG DOSE(2X 90MG TB)	3	NO	NO	YES

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

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VENLAFAXINE HCL ER 150 MG CAP	1	NO	NO	YES
VENLAFAXINE HCL ER 37.5 MG CAP	1	NO	NO	YES
VENLAFAXINE HCL ER 75 MG CAP	1	NO	NO	YES
VENTAVIS 10 MCG/1 ML SOLUTION	4	YES	NO	YES
VENTAVIS 20 MCG/1 ML SOLUTION	4	YES	NO	YES
VENTOLIN HFA 90 MCG INHALER	1	NO	NO	NO
VERAPAMIL 120 MG TABLET	1	NO	NO	NO
VERAPAMIL 40 MG TABLET	1	NO	NO	NO
VERAPAMIL 80 MG TABLET	1	NO	NO	NO
VERAPAMIL ER 120 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER 120 MG TABLET	1	NO	NO	NO
VERAPAMIL ER 180 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER 180 MG TABLET	1	NO	NO	NO
VERAPAMIL ER 240 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER 240 MG TABLET	1	NO	NO	NO
VERAPAMIL ER PM 100 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER PM 200 MG CAPSULE	2	NO	NO	NO
VERAPAMIL ER PM 300 MG CAPSULE	2	NO	NO	NO
VERAPAMIL SR 120 MG CAPSULE	2	NO	NO	NO
VERAPAMIL SR 180 MG CAPSULE	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VERAPAMIL SR 240 MG CAPSULE	2	NO	NO	NO
VERAPAMIL SR 360 MG CAPSULE	2	NO	NO	NO
VERIFINE INS SYR 1 ML 31G 8MM	1	NO	NO	NO
VERIFINE PEN NEEDLE 29G 12MM	1	NO	NO	NO
VERIFINE PEN NEEDLE 31G 5MM	1	NO	NO	NO
VERIFINE PEN NEEDLE 31G 8MM	1	NO	NO	NO
VERIFINE PEN NEEDLE 32G 4MM	1	NO	NO	NO
VERIFINE PEN NEEDLE 32G 6MM	1	NO	NO	NO
VERIFINE PLUS PEN NDL 31G 5MM	1	NO	NO	NO
VERIFINE PLUS PEN NDL 31G 8MM	1	NO	NO	NO
VERIFINE PLUS PEN NDL 32G 4MM	1	NO	NO	NO
VERIFINE SAFETY 21G LANCT MINI	1	NO	NO	YES
VERIFINE SAFETY 23G LANCT MINI	1	NO	NO	YES
VERIFINE SAFETY 28G LANCT MINI	1	NO	NO	YES
VERIFINE SAFETY 30G LANCT MINI	1	NO	NO	YES
VERIFINE SYRING 1 ML 31G 5/16"	1	NO	NO	NO
VERIFINE UNIVERSAL 33G LANCET	1	NO	NO	YES
VERQUVO 10 MG TABLET	3	YES	NO	YES
VERQUVO 2.5 MG TABLET	3	YES	NO	YES
VERQUVO 5 MG TABLET	3	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VERZENIO 100 MG TABLET	4	YES	NO	YES
VERZENIO 150 MG TABLET	4	YES	NO	YES
VERZENIO 200 MG TABLET	4	YES	NO	YES
VERZENIO 50 MG TABLET	4	YES	NO	YES
VESTURA 3 MG-0.02 MG TABLET	1	NO	NO	NO
V-GO 20 DISPOSABLE DEVICE	2	NO	NO	YES
V-GO 30 DISPOSABLE DEVICE	2	NO	NO	YES
V-GO 40 DISPOSABLE DEVICE	2	NO	NO	YES
VIBERZI 100 MG TABLET	3	YES	NO	YES
VIBERZI 75 MG TABLET	3	YES	NO	YES
VICTOZA 2-PAK 18 MG/3 ML PEN	2	NO	YES	YES
VICTOZA 3-PAK 18 MG/3 ML PEN	2	NO	YES	YES
VIENVA-28 TABLET	1	NO	NO	NO
VIGABATRIN 500 MG POWDER PACKT	4	YES	NO	NO
VIGABATRIN 500 MG TABLET	4	YES	NO	NO
VIGADRONE 500 MG POWDER PACKET	4	YES	NO	NO
VIGPODER 500 MG POWDER PACKET	4	YES	NO	NO
VIJOICE 125 MG TABLET	4	YES	NO	YES
VIJOICE 250 MG DAILY DOSE PACK	4	YES	NO	YES
VIJOICE 50 MG TABLET	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VILAZODONE HCL 10 MG TABLET	2	NO	YES	YES
VILAZODONE HCL 20 MG TABLET	2	NO	YES	YES
VILAZODONE HCL 40 MG TABLET	2	NO	YES	YES
VIOKACE 10,440-39,150 UNIT TAB	3	NO	YES	NO
VIOKACE 10,440-39,150 UNITS TB	3	NO	YES	NO
VIOKACE 20,880-78,300 UNITS TB	3	NO	YES	NO
VIORELE 28 DAY TABLET	1	NO	NO	NO
VIRACEPT 250 MG TABLET	4	NO	NO	NO
VIRACEPT 625 MG TABLET	4	NO	NO	NO
VIREAD 150 MG TABLET	4	NO	NO	YES
VIREAD 200 MG TABLET	4	NO	NO	YES
VIREAD 250 MG TABLET	4	NO	NO	YES
VIREAD POWDER	4	NO	NO	YES
VIRT-C DHA SOFTGEL	1	NO	NO	NO
VIRT-NATE DHA SOFTGEL	1	NO	NO	NO
VIRT-PN DHA SOFTGEL	1	NO	NO	NO
VIRT-PN PLUS SOFTGEL	1	NO	NO	NO
VIRTUSSIN AC 10-100 MG/5 ML LQ	1	NO	NO	NO
VIRTUSSIN AC W-ALC 10-100 MG/5	1	NO	NO	NO
VISTOGARD 10 GRAM PACKET	4	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VIT A,C,D-FLUORIDE 0.25 MG/ML	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VIT A,C,D-FLUORIDE 0.5 MG/ML	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VITAMIN B COMPLEX TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VITAMIN B COMPLEX-VITAMIN C TB	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VITAMIN B-6 100 MG TABLET	1	NO	NO	NO
VITAMIN B-6 25 MG TABLET	1	NO	NO	NO
VITAMIN B-6 250 MG TABLET	1	NO	NO	NO
VITAMIN B-6 50 MG TABLET	1	NO	NO	NO
VITAMIN B-COMPLEX & C CAPLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
VITAMIN D2 1.25MG(50,000 UNIT)	1	NO	NO	NO
VITRAKVI 100 MG CAPSULE	4	YES	NO	YES
VITRAKVI 20 MG/ML SOLUTION	4	YES	NO	YES
VITRAKVI 25 MG CAPSULE	4	YES	NO	YES
VIVAGUARD 30G LANCET	1	NO	NO	YES
VIVAGUARD LANCING DEVICE	1	NO	NO	NO
VIVITROL 380 MG VIAL-DILUENT	4	NO	NO	NO
VIVJOA 150 MG CAPSULE	3	YES	NO	YES
VIZIMPRO 15 MG TABLET	4	YES	NO	YES
VIZIMPRO 30 MG TABLET	4	YES	NO	YES
VIZIMPRO 45 MG TABLET	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VOLNEA 0.15-0.02-0.01 MG TAB	1	NO	NO	NO
VONJO 100 MG CAPSULE	4	YES	NO	YES
VORICONAZOLE 200 MG TABLET	2	NO	NO	YES
VORICONAZOLE 50 MG TABLET	2	NO	NO	YES
VORTEX HOLDING CHAMBER	2	NO	NO	NO
VOSEVI 400-100-100 MG TABLET	4	YES	NO	NO
VOWST CAPSULE	4	YES	NO	YES
VOXZOGO 0.4 MG VIAL	4	YES	NO	YES
VOXZOGO 0.56 MG VIAL	4	YES	NO	YES
VOXZOGO 1.2 MG VIAL	4	YES	NO	YES
VUMERITY DR 231 MG CAPSULE	4	NO	YES	YES
VYFEMLA 0.4 MG-0.035 MG TABLET	1	NO	NO	NO
VYLIBRA 28 TABLET	1	NO	NO	NO
VYNDAMAX 61 MG CAPSULE	4	YES	NO	YES
VYNDAQEL 20 MG CAPSULE	4	YES	NO	YES
VYVANSE 10 MG CAPSULE	2	YES	NO	YES
VYVANSE 10 MG CHEWABLE TABLET	2	YES	NO	YES
VYVANSE 20 MG CAPSULE	2	YES	NO	YES
VYVANSE 20 MG CHEWABLE TABLET	2	YES	NO	YES
VYVANSE 30 MG CAPSULE	2	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
VYVANSE 30 MG CHEWABLE TABLET	2	YES	NO	YES
VYVANSE 40 MG CAPSULE	2	YES	NO	YES
VYVANSE 40 MG CHEWABLE TABLET	2	YES	NO	YES
VYVANSE 50 MG CAPSULE	2	YES	NO	YES
VYVANSE 50 MG CHEWABLE TABLET	2	YES	NO	YES
VYVANSE 60 MG CAPSULE	2	YES	NO	YES
VYVANSE 60 MG CHEWABLE TABLET	2	YES	NO	YES
VYVANSE 70 MG CAPSULE	2	YES	NO	YES
WAKIX 17.8 MG TABLET	4	YES	NO	YES
WAKIX 4.45 MG TABLET	4	YES	NO	YES
WALGREENS THIN LANCETS	1	NO	NO	YES
WALGREENS ULTRA THIN LANCETS	1	NO	NO	YES
WAL-SOM 25 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 1 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 10 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 2 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 2.5 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 3 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 4 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 5 MG TABLET	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
WARFARIN SODIUM 6 MG TABLET	1	NO	NO	NO
WARFARIN SODIUM 7.5 MG TABLET	1	NO	NO	NO
WELIREG 40 MG TABLET	4	YES	NO	YES
WERA 0.5/0.035 MG 28 TABLET	1	NO	NO	NO
WESCAP-C DHA SOFTGEL	1	NO	NO	NO
WESNATAL DHA COMPLETE	1	NO	NO	NO
WESTAB PLUS TABLET	1	NO	NO	NO
WIDE SEAL DIAPHRAGM 60MM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 65MM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 70MM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 75MM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 80MM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 85MM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 90MM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WIDE SEAL DIAPHRAGM 95MM	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WIXELA 100-50 INHUB	1	NO	NO	NO
WIXELA 250-50 INHUB	1	NO	NO	NO
WIXELA 500-50 INHUB	1	NO	NO	NO
WM UNIFINE PENTIP PLUS 4MM 32G	1	NO	NO	NO
WM UNIFINE PENTIP PLUS 5MM 31G	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
WM UNIFINE PENTIP PLUS 6MM 31G	1	NO	NO	NO
WM UNIFINE PENTIP PLUS 8MM 31G	1	NO	NO	NO
WOMANS LAXATIVE TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WOMEN'S GENTLE LAX EC 5 MG TAB	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WOMEN'S LAXATIVE 5 MG TABLET	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WOMEN'S LAXATIVE EC 5 MG TAB	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
WYMZYA FE 0.4-0.035 MG CHEW TB	1	NO	NO	NO
XACIATO 2% VAGINAL GEL	3	NO	NO	NO
XADAGO 100 MG TABLET	3	NO	YES	NO
XADAGO 50 MG TABLET	3	NO	YES	NO
XALKORI 150 MG PELLET	4	YES	NO	YES
XALKORI 20 MG PELLET	4	YES	NO	YES
XALKORI 200 MG CAPSULE	4	YES	NO	YES
XALKORI 250 MG CAPSULE	4	YES	NO	YES
XALKORI 50 MG PELLET	4	YES	NO	YES
XARELTO 1 MG/ML SUSPENSION	2	NO	NO	YES
XARELTO 10 MG TABLET	2	NO	NO	NO
XARELTO 15 MG TABLET	2	NO	NO	NO
XARELTO 2.5 MG TABLET	2	NO	NO	NO
XARELTO 20 MG TABLET	2	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XARELTO DVT-PE TREAT START 30D	2	NO	NO	NO
XCOPRI 100 MG TABLET	3	YES	NO	YES
XCOPRI 12.5-25 MG TITRATION PK	3	YES	NO	YES
XCOPRI 150 MG TABLET	3	YES	NO	YES
XCOPRI 150-200 MG TITRATION PK	3	YES	NO	YES
XCOPRI 200 MG TABLET	3	YES	NO	YES
XCOPRI 250 MG DAILY DOSE PACK	3	YES	NO	YES
XCOPRI 350 MG DAILY DOSE PACK	3	YES	NO	YES
XCOPRI 50 MG TABLET	3	YES	NO	YES
XCOPRI 50-100 MG TITRATION PAK	3	YES	NO	YES
XDEMVIY 0.25% DROP	4	YES	NO	YES
XELJANZ 1 MG/ML SOLUTION	4	NO	YES	YES
XELJANZ 10 MG TABLET	4	NO	YES	YES
XELJANZ 5 MG TABLET	4	NO	YES	YES
XELJANZ XR 11 MG TABLET	4	NO	YES	YES
XELJANZ XR 22 MG TABLET	4	NO	YES	YES
XEPI 1% CREAM	3	YES	NO	YES
XHANCE 93 MCG NASAL SPRAY	3	YES	NO	YES
XIFAXAN 200 MG TABLET	3	YES	NO	YES
XIFAXAN 550 MG TABLET	3	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XIGDUO XR 10 MG-1,000 MG TAB	2	NO	NO	YES
XIGDUO XR 10 MG-500 MG TABLET	2	NO	NO	YES
XIGDUO XR 2.5 MG-1,000 MG TAB	2	NO	NO	YES
XIGDUO XR 5 MG-1,000 MG TABLET	2	NO	NO	YES
XIGDUO XR 5 MG-500 MG TABLET	2	NO	NO	YES
XIIDRA 5% EYE DROPS	2	NO	NO	YES
XOFLUZA 20 MG TAB (40 MG DOSE)	3	NO	NO	YES
XOFLUZA 40 MG TAB (80 MG DOSE)	3	NO	NO	YES
XOFLUZA 40 MG TABLET	3	NO	NO	YES
XOFLUZA 80 MG TABLET	3	NO	NO	YES
XOLAIR 150 MG/1.2 ML POWDER VL	4	YES	NO	YES
XOLAIR 150 MG/ML SYRINGE	4	YES	NO	YES
XOLAIR 75 MG/0.5 ML SYRINGE	4	YES	NO	YES
XOSPATA 40 MG TABLET	4	YES	NO	YES
XPOVIO 100 MG ONCE WEEKLY DOSE	4	YES	NO	YES
XPOVIO 40 MG ONCE WEEKLY DOSE	4	YES	NO	YES
XPOVIO 40 MG TWICE WEEKLY DOSE	4	YES	NO	YES
XPOVIO 60 MG ONCE WEEKLY DOSE	4	YES	NO	YES
XPOVIO 60 MG TWICE WEEKLY DOSE	4	YES	NO	YES
XPOVIO 80 MG ONCE WEEKLY DOSE	4	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
XPOVIO 80 MG TWICE WEEKLY DOSE	4	YES	NO	YES
XTAMPZA ER 13.5 MG CAPSULE	3	YES	NO	YES
XTAMPZA ER 18 MG CAPSULE	3	YES	NO	YES
XTAMPZA ER 27 MG CAPSULE	3	YES	NO	YES
XTAMPZA ER 36 MG CAPSULE	3	YES	NO	YES
XTAMPZA ER 9 MG CAPSULE	3	YES	NO	YES
XTANDI 40 MG CAPSULE	4	YES	NO	YES
XTANDI 40 MG TABLET	4	YES	NO	YES
XTANDI 80 MG TABLET	4	YES	NO	YES
XULANE 150-35 MCG/DAY PATCH	1	NO	NO	NO
XULTOPHY 100 UNIT-3.6MG/ML PEN	3	NO	YES	YES
XURIDEN GRANULE PACKET	4	NO	NO	NO
XYREM 500 MG/ML ORAL SOLUTION	4	YES	NO	YES
XYWAV 0.5 GM/ML ORAL SOLUTION	4	YES	NO	YES
YALE NEEDLES 21GX1.25"	1	NO	NO	NO
YARGESA 100 MG CAPSULE	4	YES	NO	YES
YONSA 125 MG TABLET	4	YES	NO	YES
YOURX ULTICARE PEN NDL 4MM 32G	1	NO	NO	NO
YOURX ULTICARE PEN NDL 6MM 31G	1	NO	NO	NO
YOURX ULTICARE PEN NDL 8MM 31G	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
YUVAFEM 10 MCG VAGINAL INSERT	2	NO	NO	NO
ZAFEMY 150-35 MCG/DAY PATCH	1	NO	NO	NO
ZAFIRLUKAST 10 MG TABLET	2	NO	NO	NO
ZAFIRLUKAST 20 MG TABLET	2	NO	NO	NO
ZALEPLON 10 MG CAPSULE	1	NO	NO	YES
ZALEPLON 5 MG CAPSULE	1	NO	NO	YES
ZARAH TABLET	1	NO	NO	NO
ZARXIO 300 MCG/0.5 ML SYRINGE	4	YES	NO	YES
ZARXIO 480 MCG/0.8 ML SYRINGE	4	YES	NO	YES
ZATEAN-PN DHA CAPSULE	1	NO	NO	NO
ZATEAN-PN PLUS SOFTGEL	1	NO	NO	NO
ZAVZPRET 10 MG NASAL SPRAY	3	YES	NO	YES
ZEJULA 100 MG CAPSULE	4	YES	NO	YES
ZEJULA 100 MG TABLET	4	YES	NO	YES
ZEJULA 200 MG TABLET	4	YES	NO	YES
ZEJULA 300 MG TABLET	4	YES	NO	YES
ZELBORAF 240 MG TABLET	4	YES	NO	YES
ZELNORM 6 MG TABLET	3	YES	NO	YES
ZENATANE 10 MG CAPSULE	1	NO	NO	NO
ZENATANE 20 MG CAPSULE	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZENATANE 30 MG CAPSULE	1	NO	NO	NO
ZENATANE 40 MG CAPSULE	1	NO	NO	NO
ZENPEP DR 10,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 15,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 20,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 25,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 3,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 40,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 5,000 UNIT CAPSULE	2	NO	NO	NO
ZENPEP DR 60,000 UNIT CAPSULE	2	NO	NO	NO
ZENZEDI 10 MG TABLET	1	YES	NO	YES
ZENZEDI 5 MG TABLET	1	YES	NO	YES
ZEPATIER 50-100 MG TABLET	4	YES	NO	NO
ZEPOSIA 0.92 MG CAPSULE	4	NO	YES	YES
ZEPOSIA STARTER KIT (28-DAY)	4	NO	YES	YES
ZEPOSIA STARTER KIT (37-DAY)	4	NO	YES	YES
ZEPOSIA STARTER PACK (7-DAY)	4	NO	YES	YES
ZIDOVUDINE 100 MG CAPSULE	1	NO	NO	NO
ZIDOVUDINE 300 MG TABLET	1	NO	NO	NO
ZIDOVUDINE 50 MG/5 ML SYRUP	1	NO	NO	NO

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZIEXTENZO 6 MG/0.6 ML SYRINGE	4	YES	NO	NO
ZILEUTON ER 600 MG TABLET	2	YES	NO	YES
ZIMHI 5 MG/0.5 ML SYRINGE	3	NO	NO	YES
ZIPRASIDONE HCL 20 MG CAPSULE	1	YES	NO	YES
ZIPRASIDONE HCL 40 MG CAPSULE	1	YES	NO	YES
ZIPRASIDONE HCL 60 MG CAPSULE	1	YES	NO	YES
ZIPRASIDONE HCL 80 MG CAPSULE	1	YES	NO	YES
ZIRGAN 0.15% OPHTHALMIC GEL	3	NO	NO	NO
ZOKINVY 50 MG CAPSULE	4	YES	NO	NO
ZOKINVY 75 MG CAPSULE	4	YES	NO	NO
ZOLADEX 10.8 MG IMPLANT SYRN	4	YES	NO	YES
ZOLADEX 3.6 MG IMPLANT SYRN	4	YES	NO	YES
ZOLINZA 100 MG CAPSULE	4	YES	NO	YES
ZOLMITRIPTAN 2.5 MG NASAL SPRY	3	NO	NO	YES
ZOLMITRIPTAN 2.5 MG TABLET	1	NO	NO	YES
ZOLMITRIPTAN 5 MG NASAL SPRAY	2	NO	NO	YES
ZOLMITRIPTAN 5 MG TABLET	1	NO	NO	YES
ZOLPIDEM TART ER 12.5 MG TAB	2	NO	NO	YES
ZOLPIDEM TART ER 6.25 MG TAB	2	NO	NO	YES
ZOLPIDEM TARTRATE 10 MG TABLET	1	NO	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZOLPIDEM TARTRATE 5 MG TABLET	1	NO	NO	YES
ZOMACTON 10 MG VIAL	4	YES	NO	NO
ZOMACTON 5 MG VIAL	4	YES	NO	NO
ZONISAMIDE 100 MG CAPSULE	1	NO	NO	NO
ZONISAMIDE 25 MG CAPSULE	1	NO	NO	NO
ZONISAMIDE 50 MG CAPSULE	1	NO	NO	NO
ZONTIVITY 2.08 MG TABLET	3	YES	NO	NO
ZORBTIVE 8.8 MG VIAL	4	YES	NO	NO
ZOSTAVAX VIAL	ZERO-COST SHARE / PREVENTATIVE	NO	NO	NO
ZOVIA 1-35 TABLET	1	NO	NO	NO
ZOVIA 1-35E TABLET	1	NO	NO	NO
ZTALMY 50 MG/ML SUSPENSION	3	YES	NO	YES
ZUMANDIMINE 3 MG-0.03 MG TAB	1	NO	NO	NO
ZYDELIG 100 MG TABLET	4	YES	NO	YES
ZYDELIG 150 MG TABLET	4	YES	NO	YES
ZYKADIA 150 MG TABLET	4	YES	NO	YES
ZYPREXA RELPREVV 210 MG VIAL	2	YES	NO	YES
ZYPREXA RELPREVV 210 MG VL KIT	2	YES	NO	YES
ZYPREXA RELPREVV 300 MG VIAL	2	YES	NO	YES
ZYPREXA RELPREVV 300 MG VL KIT	2	YES	NO	YES

PRODUCT LABEL	FORMULARY TIER	PRIOR AUTH REQUIRED	STEP THERAPY REQUIRED	QUANTITY LIMITS
ZYPREXA RELPREVV 405 MG VIAL	2	YES	NO	YES
ZYPREXA RELPREVV 405 MG VL KIT	2	YES	NO	YES