Long Branch Bd. of Education Horizon Educators & Horizon Garden State Plans

NetResults Enhanced Drug List

April 2024

Please talk to your doctor about prescribing covered medicines from this drug list (formulary). It may help you and your doctor to choose an appropriate medicine, and may help reduce your out-of-pocket costs. This Drug Guide is regularly updated. Please sign in to Member Online Services at **www.HorizonBlue.com**, select **"Get Care" and select "Pharmacy Services"** to search for medicines according to your pharmacy benefit plan and applicable exclusions.

Not all medicines listed in this Guide may be covered under your pharmacy benefit plan.

Contents

Therapeutic Class Drug List

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

Introduction

The NetResults Enhanced Drug List is a formulary offered through Horizon BCBSNJ's contracted pharmacy benefit manager, Prime Therapeutics (Prime). Prime manages the drug list and determines what medicines are covered, not covered, added and removed. All available medicines are shown on this list. Medicines that are not covered are indicated as "NC".

Also, your pharmacy benefit plan may have benefit exclusions, resulting in some medicines shown on this list to be not covered. These are marked with a "*" along with the tier designation on the drug list. Please review the benefit plan material, pharmacy plan information, policy, or summary plan description (SPD) received from your employer or from Horizon BCBSNJ to see if benefit exclusions apply.

Members are encouraged to show this list to their doctors and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between a member and their physician.

> **Drug List updates –** This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit Member Online Services at **www.HorizonBlue.com,** log in with your user name and password, select "Get Care" and select "Pharmacy Services".
>
> You can also call the Pharmacy Member Services number on the back of your ID card.

How drugs are selected for the drug list (formulary)

Drugs on this list are selected based on the recommendations of the Prime Therapeutics' Pharmacy and Therapeutics Committee. This committee is made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from your health plan, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list. New, FDA-approved drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

How member payment is determined

Generally, each prescription drug product is placed into one of up to six member payment tiers: Preferred Generic (Tier 1), Non-Preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-Preferred Brand (Tier 4), Preferred Specialty (Tier 5) and Non-Preferred Specialty (Tier 6). Depending on your benefit plan, drugs can either be in these tiers or you may have fewer tiers, e.g. all generics in one tier.

To verify your payment amount for a drug, visit **www.HorizonBlue.com** and log in to Member Online Services or call the number on the back of your ID card.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. For example, some pharmacy benefit plans do not cover medicines indicated for: cosmetic purposes (e.g., Propecia, for hair growth), infertility, anti-obesity, and erectile dysfunction. Additionally, drugs that have not received FDA approval, prescription products that have over-the-counter (OTC) equivalents, and compounded prescriptions may not be covered. Drugs that are not FDA-approved for self-administration, and are therefore are administered or infused by a physician or health care professional may be covered through your medical benefit, rather than the pharmacy benefit.

How to use this list

Generics and brands

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand drug.

Example: **atorvastatin** (Lipitor)

Brand drugs are listed in all CAPITAL letters and are not in boldface type.

Example: PROAIR HFA

Preferred and non-preferred

The generic and brand name medicines are also indicated as being preferred or non-preferred.

- Preferred Generics are shown in lower-case **boldface** type and are marked with a “p”
- Non-Preferred Generics are shown in lower-case **boldface** type and are marked with a “np”
- Preferred Brands are shown in all CAPITAL letters and are marked with a “P”
- Non-Preferred Brands a are shown in all CAPITAL letters and are marked with a “NP”
- Preferred Specialty Drugs are shown as lower-case boldface type or in all CAPITAL letters and are marked with a “P”. These drugs are also marked with a dot in the Specialty column.
- Non-Preferred Specialty Drugs are shown as lower-case boldface type or in all CAPITAL letters and are marked with a “NP”. These drugs are also marked with a dot in the Specialty column.

For example: If you have a three tier copay plan, then:

- Preferred Generics and Non-Preferred Generics will have the same copay;
- Preferred Brands will have the same copay;
- Non-Preferred brands will have the same copay;
- Specialty medicine copay will depend on whether the specialty medicine is a generic, preferred-brand or non-preferred brand and will follow the corresponding copay; or some plans have the same specialty copay regardless of the tier.

Medicines Not Covered

Some medicines are marked with “NC”. This means the medicines are not covered (excluded). These medicines are formulary exclusions. In order for coverage to be considered, your doctor must submit a Formulary Exception request to Prime.

Benefit exclusions

Some medicines are marked with "*" along with the tier designation. This is because some pharmacy benefit plans have benefit exclusions, resulting in the medicines shown to be not covered. Some examples of benefit exclusions are infertility, compounds, anti-obesity, and erectile dysfunction medicines, Please review the benefit plan material, pharmacy plan information, policy, or summary plan description (SPD) received from your employer or from Horizon BCBSNJ to see if the drugs identified as "*" along with the tier designation are covered under your plan.

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medicine is classified according to its first FDA-approved use. Please check the index if you do not find your particular medicine in the class/condition section that corresponds to your use.

Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket costs. Generic drugs are approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Contains the same active ingredient(s)
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Brand drugs may be removed from the drug list after a generic equivalent for the brand becomes available.

You may be responsible for the brand name medicine member payment amount *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic equivalent. Generic drugs have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available. You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can decide if a generic alternative is right for your condition and write a new prescription for the generic alternative.

Coverage considerations

Below are details about coverage considerations. Please review the benefit plan material, pharmacy plan information, policy, or summary plan description (SPD) received from your employer or from Horizon BCBSNJ to see if these considerations apply.

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medicine, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medicines. Maintenance medicines are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol.

- The NetResults Enhanced Formulary excludes (does not cover) some generic and brand medicines. These are called **formulary exclusions** and are indicated as “NC” on the drug list. Your doctor must submit a request to Prime to approve a formulary exception for the medicine to be covered.
- Some plans may **exclude coverage for certain agents or drug categories**, such as compounds, and medicines used for sexual dysfunction/erectile dysfunction, infertility and/or weight loss. These are marked with a “*” along with the tier designation on the drug list.
- **Over-the-counter exclusions:** Your benefit plan may exclude coverage for prescription medicines that have an over-the-counter version.
- **Brand name drugs with generic equivalents**: Your benefit plan may exclude coverage for a brand name medicine when the generic equivalent for the corresponding brand is available.
- **Compounds:** Your benefit plan may exclude coverage for compounded medications.
- **Repackaged medications:** Repackaged versions of medications already available on the market are not covered.
- **Non FDA-approved drugs:** Drugs that have not received FDA approval are not covered.
- **Prior Authorization (PA):** Your benefit plan may require prior authorization (PA) for certain medicines. This means that your doctor will need to submit a PA request for coverage of these medicines, and the request will need to be approved, before the medicine will be covered under your plan. For the medicines listed in this document, if a PA is commonly required, it will generally be noted next to the medicine with a dot under the PA column. Some plans may have PA on additional medicines beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits. Your doctor can initiate a PA by contacting Prime Therapeutics Clinical Review at 1-888-214-1784.
- **Step Therapy (ST):** Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medicine before coverage may be available. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medicines listed in this document, if a step therapy is commonly required, it will generally be noted next to the medicine with a dot under the step therapy column. Some plans may have step therapy programs on additional medicines beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits. Your doctor can initiate an exception for a medicine that has a step therapy requirement by contacting Prime Therapeutics Clinical Review at 1-888-214-1784.

- **Quantity Limits (QL):** Quantity limits help encourage medicine use as intended by the FDA. Quantity limits are placed on medicines in certain drug categories. For the medicines listed in this document, if a quantity limit applies, it will generally be noted next to the medicine with a dot under the quantity limits column. Limits may include: quantity of covered medicine per prescription, quantity of covered medicine in a given time period, and coverage only for members within a certain age range. If your doctor prescribes a greater quantity of medicine than what the quantity limit allows, your doctor can request an exception to the QL requirement by contacting Prime Therapeutics Clinical Review at 1-888-214-1784.

Remember, medicine decisions are between you and your doctor. Only you and your doctor can determine which medicine is right for you. Discuss any questions or concerns you have about medicines you are taking or are prescribed with your doctor.

Specialty drugs

Specialty medicines require special handling, patient monitoring, and unique education prior to use. These specialty medicines also require your doctor to submit a Prior Authorization (PA) request to Prime Therapeutics to ensure they are medically necessary.

Members who want to minimize their cost-sharing are required to obtain specialty medicines from a participating specialty pharmacy.

Abbreviation key

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

You, your prescribing health care provider, or your authorized representative, can ask for an exception if your medicine is not covered (or is being removed from) the NetResults Enhanced Drug List. To request this exception, your doctor can call Prime Therapeutics Clinical Review at 1-888-214-1784. You, or your authorized representative, can call the number on the back of your ID card to ask for a review. If the coverage request is denied, Prime Therapeutics will let you and your doctor (or authorized representative) know why it was denied. Call the phone number on the back of your ID card if you have any questions.

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Horizon BCBSNJ provides free aids and services to people with disabilities (e.g. qualified sign language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services
Please call Member Services at **1-800-355-BLUE (2583) (TTY 711) or the phone number on the back of your member ID card**, if you need the free aids and services noted above and for **all other Member Services issues.**

Filing a Section 1557 Grievance
If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. **Horizon BCBSNJ's Civil Rights Coordinator** can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address: **Horizon BCBSNJ**
Civil Rights Coordinator
PO Box 820, Newark, NJ 07101.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, online at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201**or by phone at **1-800-368-1019** or **1-800-537-7697** (TDD). OCR Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

Language assistance
Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.
如果您讲英语以外的语言，可获取免费帮助。请拨打您的身份证背面的号码。
영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.
Se você fala um idioma diferente do inglês, a ajuda está disponível gratuitamente. Ligue para o número no verso do seu bilhete de identidade.
જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઇડી કાર્ડની પાછળ આપેલા નંબર પર કૉલ.
Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego.
Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identificaz ione.
Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.
Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.
Si ou pale on lòt lang ke Anglè, gen èd ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.
यदि आप अंग्रेज़ी से भिन्न कोई अन्य भाषा बोलते हैं, तो निःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर .
Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.
Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.
إذا كنت تتحدث لغة أخرى غير الإنجليزية، نوفر لك المساعدة مجانًا. يُمكنك الاتصال بالرقم الموجود على ظهر بطاقة الهوية
اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بول سکتے ہیں تو مفت مدد دستیاب ہے۔ براہ مہربانی شناختی کارڈ کی پچھلی طرف درج شدہ نمبر پر کال کریں۔

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ANTI-INFECTIVE AGENTS					
PENICILLINS					
AMOXICILLIN- amoxicillin (trihydrate) chew tab 125 mg, 250 mg	NP				
amoxicillin (trihydrate) cap 250 mg, 500 mg	p				
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	p				
amoxicillin (trihydrate) tab 500 mg, 875 mg	p				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	p				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	np				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	np				
amoxicillin & k clavulanate tab 250-125 mg	np				
amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg (Augmentin)	p				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 200-28.5 mg, 400-57 mg	NP				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	NP				
ampicillin cap 500 mg	np				
AUGMENTIN- amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	NP				
dicloxacillin sodium cap 250 mg, 500 mg	np				
PENICILLIN V POTASSIUM- penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	NP				
penicillin v potassium tab 250 mg, 500 mg	p				
CEPHALOSPORINS					
CEFACLOR- cefaclor cap 250 mg, 500 mg	NP				
CEFACLOR- cefaclor for susp 250 mg/5ml	NC				
CEFACLOR ER- cefaclor monohydrate tab er 12hr 500 mg	NC				
CEFADROXIL- cefadroxil tab 1 gm	NP				
cefadroxil cap 500 mg	p				
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	np				
cefdinir cap 300 mg	p				
cefdinir for susp 125 mg/5ml, 250 mg/5ml	np				
cefixime cap 400 mg (Suprax)	np				
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	np				
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	np				
cefpodoxime proxetil tab 100 mg, 200 mg	np				
cefprozil for susp 125 mg/5ml, 250 mg/5ml	np				
cefprozil tab 250 mg, 500 mg	np				
cefuroxime axetil tab 250 mg	p				
cefuroxime axetil tab 500 mg	np				
CEPHALEXIN- cephalexin tab 250 mg, 500 mg	NC				
cephalexin cap 250 mg, 500 mg (Keflex)	p				
cephalexin cap 750 mg (Keflex)	np				
cephalexin for susp 125 mg/5ml	p				
cephalexin for susp 250 mg/5ml	np				
MACROLIDES					
AZITHROMYCIN- azithromycin powd pack for susp 1 gm	P				
azithromycin for susp 100 mg/5ml (Zithromax)	np				
azithromycin for susp 200 mg/5ml (Zithromax)	p				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
azithromycin tab 250 mg, 500 mg (Zithromax)	p				
azithromycin tab 600 mg (Zithromax)	np				
CLARITHROMYCIN- clarithromycin for susp 125 mg/5ml, 250 mg/5ml	NP				
clarithromycin tab er 24hr 500 mg	np				
clarithromycin tab 250 mg, 500 mg	np				
DIFICID- fidaxomicin for susp 40 mg/ml	P				
DIFICID- fidaxomicin tab 200 mg	P				
E.E.S. 400- erythromycin ethylsuccinate tab 400 mg	NP				
ERYTHROCIN STEARATE- erythromycin stearate tab 250 mg	P				
ERYTHROMYCIN- erythromycin w/ delayed release particles cap 250 mg	NP				
ERYTHROMYCIN ETHYLSUCCINA- erythromycin ethylsuccinate tab 400 mg	NP				
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	np				
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	np				
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	np				
erythromycin tab 250 mg, 500 mg	np				
ZITHROMAX- azithromycin powd pack for susp 1 gm	NP				
TETRACYCLINES					
demeclocycline hcl tab 150 mg, 300 mg	np				
DORYX MPC- doxycycline hyclate tab delayed release 60 mg, 120 mg	NC				
doxycycline hyclate cap 50 mg	np				
doxycycline hyclate cap 100 mg (Vibramycin)	p				
DOXYCYCLINE HYCLATE DR- doxycycline hyclate tab delayed release 80 mg	NC				
doxycycline hyclate tab delayed release 50 mg, 200 mg (Doryx)	NC				
doxycycline hyclate tab delayed release 75 mg, 100 mg, 150 mg	NC				
doxycycline hyclate tab 20 mg, 100 mg	p				
doxycycline hyclate tab 50 mg	NC				
doxycycline hyclate tab 75 mg, 150 mg (Acticlate)	NC				
doxycycline monohydrate cap 50 mg	p				
doxycycline monohydrate cap 75 mg, 150 mg	NC				
doxycycline monohydrate cap 100 mg (Monodox)	p				
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	np				
doxycycline monohydrate tab 50 mg, 100 mg	p				
doxycycline monohydrate tab 75 mg, 150 mg	np				
minocycline hcl cap 50 mg (Minocin)	p				
minocycline hcl cap 75 mg	np				
minocycline hcl cap 100 mg (Minocin)	np				
minocycline hcl tab er 24hr 45 mg, 90 mg, 135 mg	NC				
minocycline hcl tab er 24hr 55 mg, 65 mg, 80 mg, 105 mg, 115 mg (Solodyn)	NC				
minocycline hcl tab 50 mg, 75 mg, 100 mg	NC				
MINOCYCLINE HYDROCHLORIDE- minocycline hcl cap er 24hr 45 mg (base equivalent), 90 mg (base equivalent), 135 mg (base equivalent)	NC				
MINOLIRA- minocycline hcl tab er 24hr biphasic release 105 mg, 135 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NUZYRA- omadacycline tosylate tab 150 mg (base equivalent)	NP				
SEYSARA- sarecycline hcl tab 60 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent)	NC				
tetracycline hcl cap 250 mg, 500 mg (Tetracycline hcl)	np				
TETRACYCLINE HYDROCHLORID- tetracycline hcl tab 250 mg, 500 mg	NC				
XIMINO- minocycline hcl cap er 24hr 45 mg (base equivalent), 90 mg (base equivalent), 135 mg (base equivalent)	NC				
FLUOROQUINOLONES					
BAXDELA- delafloxacin meglumine tab 450 mg (base equiv)	NP				
CIPRO- ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	NP				
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	p				
ciprofloxacin hcl tab 750 mg (base equiv)	p				
LEVOFLOXACIN- levofloxacin oral soln 25 mg/ml	NP				
levofloxacin tab 250 mg, 500 mg, 750 mg (Levaquin)	p				
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	np				
OFLOXACIN- ofloxacin tab 300 mg	P				
ofloxacin tab 400 mg	np				
AMINOGLYCOSIDES					
ARIKAYCE- amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	NP	•	•		•
HUMATIN- paromomycin sulfate cap 250 mg	P				
KITABIS PAK- tobramycin nebu soln 300 mg/5ml	NP	•			
neomycin sulfate tab 500 mg	p				
TOBI PODHALER- tobramycin inhal cap 28 mg	NP	•			
TOBRAMYCIN- tobramycin nebu soln 300 mg/5ml	NP	•			
tobramycin nebu soln 300 mg/5ml (Tobi)	np	•			
tobramycin nebu soln 300 mg/4ml (Bethkis)	np	•			
SULFONAMIDES					
SULFADIAZINE- sulfadiazine tab 500 mg	NP				
ANTIMYCOBACTERIAL AGENTS					
cycloserine cap 250 mg	np				
ethambutol hcl tab 100 mg, 400 mg (Myambutol)	np				
ISONIAZID- isoniazid tab 100 mg	NP				
isoniazid syrup 50 mg/5ml	np				
isoniazid tab 300 mg	p				
PRETOMANID- pretomanid tab 200 mg	NP				
PRIFTIN- rifapentine tab 150 mg	P				
pyrazinamide tab 500 mg	np				
rifabutin cap 150 mg (Mycobutin)	np				
rifampin cap 150 mg (Rifadin)	np				
rifampin cap 300 mg	np				
SIRTURO- bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	NP	•			
TRECATOR- ethionamide tab 250 mg	NP				
ANTIFUNGALS					
BREXAFEMME- ibrexafungerp citrate tab 150 mg	NC				
CRESEMBA- isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg), 186 mg (isavuconazole 100 mg)	NP		•		
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	np				
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	p				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
flucytosine cap 250 mg, 500 mg (Ancobon)	np				
griseofulvin microsize susp 125 mg/5ml	np				
griseofulvin microsize tab 500 mg	np				
griseofulvin ultramicrosize tab 125 mg, 250 mg (Gris-peg)	np				
itraconazole cap 100 mg (Sporanox)	np				•
itraconazole oral soln 10 mg/ml (Sporanox)	np		•		•
ketoconazole tab 200 mg	np				
NOXAFIL- posaconazole for delayed release susp packet 300 mg	P		•		
nystatin tab 500000 unit	np				
posaconazole susp 40 mg/ml (Noxafil)	np		•		
posaconazole tab delayed release 100 mg (Noxafil)	np		•		
terbinafine hcl tab 250 mg (Lamisil)	p				•
TOLSURA- itraconazole cap 65 mg	NC				
VIVJOA- oteseconazole cap therapy pack 150 mg (12 weeks)	NC				
voriconazole for susp 40 mg/ml (Vfend)	np		•		
voriconazole tab 50 mg, 200 mg (Vfend)	np		•		
ANTIVIRALS					
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	np				•
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	np				•
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	np				•
acyclovir cap 200 mg (Zovirax)	p				
acyclovir susp 200 mg/5ml (Zovirax)	np				
acyclovir tab 400 mg, 800 mg (Zovirax)	p				
adefovir dipivoxil tab 10 mg (Hepsera)	np				
APTIVUS- tipranavir cap 250 mg	NP				•
atazanavir sulfate cap 150 mg (base equiv), 200 mg (base equiv), 300 mg (base equiv) (Reyataz)	np				•
BARACLUDE- entecavir oral soln 0.05 mg/ml	P				
BIKTARVY- bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	P				•
CIMDUO- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	P				•
COMPLERA- emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	NP				•
darunavir tab 600 mg, 800 mg (Prezista)	np				•
DELSTRIGO- doravirine-lamivudine-tenofovir df tab 100-300-300 mg	P				•
DESCOVY- emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	P				•
DOVATO- dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	P				•
EDURANT- rilpivirine hcl tab 25 mg (base equivalent)	NP				•
efavirenz tab 600 mg (Sustiva)	np				•
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	np				•
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	np				•
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	np				•
emtricitabine caps 200 mg (Emtriva)	np				•
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	np				•
EMTRIVA- emtricitabine soln 10 mg/ml	NP				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
entecavir tab 0.5 mg, 1 mg (Baraclude)	np				
EPCLUSA- sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	P	•	•		•
EPCLUSA- sofosbuvir-velpatasvir tab 200-50 mg	P	•	•		•
EPCLUSA- sofosbuvir-velpatasvir tab 400-100 mg	NC				
etravirine tab 100 mg, 200 mg (Intelence)	np				•
EVOTAZ- atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	P				•
famciclovir tab 125 mg, 250 mg, 500 mg	np				
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	np				•
FUZEON- enfuvirtide for inj 90 mg	NP	•			•
GENVOYA- elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	P				•
HARVONI- ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	P	•	•		•
HARVONI- ledipasvir-sofosbuvir tab 45-200 mg	P	•	•		•
HARVONI- ledipasvir-sofosbuvir tab 90-400 mg	NC				
INTELENCE- etravirine tab 25 mg	P				•
ISENTRESS- raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	P				•
ISENTRESS- raltegravir potassium packet for susp 100 mg (base equiv)	P				•
ISENTRESS- raltegravir potassium tab 400 mg (base equiv)	P				•
ISENTRESS HD- raltegravir potassium tab 600 mg (base equiv)	P				•
JULUCA- dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	P				•
LAGEVRIO- molnupiravir cap 200 mg	NP				•
lamivudine oral soln 10 mg/ml (Epivir)	np				•
lamivudine tab 100 mg (hbv) (Epivir hbv)	np				
lamivudine tab 150 mg, 300 mg (Epivir)	np				•
lamivudine-zidovudine tab 150-300 mg (Combivir)	np				•
LEDIPASVIR/SOFOSBUVIR-ledipasvir-sofosbuvir tab 90-400 mg	P	•	•		•
LIVTENCITY- maribavir tab 200 mg	NP	•			•
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	np				•
lopinavir-ritonavir tab 100-25 mg, 200-50 mg (Kaletra)	np				•
maraviroc tab 150 mg, 300 mg (Selzentry)	np				•
MAVYRET- glecaprevir-pibrentasvir pellet pack 50-20 mg	P	•	•		•
MAVYRET- glecaprevir-pibrentasvir tab 100-40 mg	P	•	•		•
NEVIRAPINE- nevirapine susp 50 mg/5ml	NP				•
nevirapine tab er 24hr 400 mg (Viramune xr)	np				•
nevirapine tab 200 mg (Viramune)	p				•
NORVIR- ritonavir powder packet 100 mg	NP				•
ODEFSEY- emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	P				•
oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	np				•
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	np				•
PAXLOVID- nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	P				•
PAXLOVID- nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	P				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PEGASYS- peginterferon alfa-2a inj 180 mcg/ml	P	•	•		
PEGASYS- peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	P	•	•		
PIFELTRO- doravirine tab 100 mg	NC				
PREVYMIS- letermovir tab 240 mg, 480 mg	NP				•
PREZCOBIX- darunavir-cobicistat tab 800-150 mg	P				•
PREZISTA- darunavir oral susp 100 mg/ml	P				•
PREZISTA- darunavir tab 75 mg, 150 mg	P				•
RELENZA DISKHALER- zanamivir aerosol powder breath activated 5 mg/act	NP				•
REYATAZ- atazanavir sulfate oral powder packet 50 mg (base equiv)	NP				•
RIBAVIRIN- ribavirin cap 200 mg	NP	•			
RIBAVIRIN- ribavirin tab 200 mg	NP	•			
RIMANTADINE HYDROCHLORIDE- rimantadine hydrochloride tab 100 mg	NC				
ritonavir tab 100 mg (Norvir)	np				•
RUKOBIA- fostemsavir tromethamine tab er 12hr 600 mg	NP				•
SELZENTRY- maraviroc oral soln 20 mg/ml	NP				•
SITAVIG- acyclovir buccal tab 50 mg	NC				
SOFOSBUVIR/VELPATASVIR- sofosbuvir-velpatasvir tab 400-100 mg	P	•	•		•
SOVALDI- sofosbuvir pellet pack 150 mg, 200 mg	P	•	•		•
SOVALDI- sofosbuvir tab 200 mg, 400 mg	P	•	•		•
STRIBILD- elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	NP				•
SUNLENCA- lenacapavir sodium tab therapy pack 4 x 300 mg, 5 x 300 mg	NP	•			•
SYMTUZA- darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	P				•
tenofovir disoproxil fumarate tab 300 mg (Viread)	np				•
TIVICAY- dolutegravir sodium tab 50 mg (base equiv)	P				•
TIVICAY PD- dolutegravir sodium tab for oral susp 5 mg (base equiv)	P				•
TRIUMEQ- abacavir-dolutegravir-lamivudine tab 600-50-300 mg	P				•
TRIUMEQ PD- abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	P				•
TYBOST- cobicistat tab 150 mg	NP				•
valacyclovir hcl tab 500 mg (Valtrex)	p				
valacyclovir hcl tab 1 gm (Valtrex)	np				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	np				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	np				
VEMLIDY- tenofovir alafenamide fumarate tab 25 mg	P				
VIRACEPT- nelfinavir mesylate tab 250 mg, 625 mg	NP				•
VIREAD- tenofovir disoproxil fumarate oral powder 40 mg/gm	P				•
VIREAD- tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	P				•
VOSEVI- sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	P	•	•		•
XOFLUZA- baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	NP				•
ZEPATIER- elbasvir-grazoprevir tab 50-100 mg	NC				
zidovudine cap 100 mg (Retrovir)	np				•
zidovudine syrup 10 mg/ml (Retrovir)	np				•
zidovudine tab 300 mg	np				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ANTIMALARIALS					
ARAKODA- tafenoquine succinate tab 100 mg (base equivalent)	NP				
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	np				
chloroquine phosphate tab 250 mg, 500 mg	np				
COARTEM- artemether-lumefantrine tab 20-120 mg	NP				
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	np				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	np				
KRINTAFEL- tafenoquine succinate tab 150 mg (base equivalent)	NP				
mefloquine hcl tab 250 mg	np				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	np				
pyrimethamine tab 25 mg (Daraprim)	np	•			
quinine sulfate cap 324 mg (Qualaquin)	np				
AMEBICIDES					
SOLOSEC- secnidazole granules packet 2 gm	NC				
ANTHELMINTICS					
albendazole tab 200 mg (Albenza)	np				
BENZNIDAZOLE- benznidazole tab 12.5 mg, 100 mg	P				
EMVERM- mebendazole chew tab 100 mg	NC				
ivermectin tab 3 mg (Stromectol)	np				
praziquantel tab 600 mg (Biltricide)	np				
ANTI-INFECTIVE AGENTS - MISC.					
AEMCOLO- rifamycin sodium tab delayed release 194 mg (base equiv)	NC				
ALINIA- nitazoxanide for susp 100 mg/5ml	P				•
atovaquone susp 750 mg/5ml (Mepron)	np				
CAYSTON- aztreonam lysine for inhal soln 75 mg (base equivalent)	NP	•			
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	p				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	np				
dapsone tab 25 mg, 100 mg	np				
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	np				
IMPAVIDO- miltefosine cap 50 mg	P				
LAMPIT- nifurtimox tab 30 mg, 120 mg	NP				
linezolid for susp 100 mg/5ml (Zyvox)	np				
linezolid tab 600 mg (Zyvox)	np				
methenamine hippurate tab 1 gm (Hiprex)	np				
metronidazole cap 375 mg (Flagyl)	np				
metronidazole tab 250 mg, 500 mg (Flagyl)	p				
nitazoxanide tab 500 mg (Alinia)	np				•
NITROFURANTOIN- nitrofurantoin susp 50 mg/5ml	NC				
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	np				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	p				
nitrofurantoin susp 25 mg/5ml	np				
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	np				
SIVEXTRO- tedizolid phosphate tab 200 mg	NP				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	np				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	p				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	p				
tinidazole tab 250 mg	np				
tinidazole tab 500 mg (Tindamax)	np				
trimethoprim tab 100 mg	p				
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin hcl)	np				
vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent) (Firvanq)	np				
XIFAXAN- rifaximin tab 200 mg	NP				
XIFAXAN- rifaximin tab 550 mg	P				
BIOLOGICALS					
VACCINES					
ABRYSVO- rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	P				
ACTHIB- haemophilus b polysaccharide conjugate vaccine for inj	P				
AFLURIA QUADRIVALENT 2023- influenza virus vac split quadrivalent susp pref syr 0.5ml	P				
AFLURIA QUADRIVALENT 2023- influenza virus vaccine split quadrivalent im inj	P				
AREXVY- rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	P				
BEXSERO- meningococcal vac b (recomb omv adjuv) inj prefilled syringe	P				
COMIRNATY 2023-24- covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	P				
COMIRNATY 2023-24- covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	P				
ENGERIX-B- hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	P				
ENGERIX-B- hepatitis b vaccine (recombinant) susp 20 mcg/ml	P				
FLUAD QUADRIVALENT 2023-2- influenza vac type a&b surface ant adj quad pref syr 0.5 ml	P				
FLUARIX QUADRIVALENT 2023- influenza virus vac split quadrivalent susp pref syr 0.5ml	P				
FLUBLOK QUADRIVALENT 2023- influenza vac recomb ha quad pf soln pref syr 0.5 ml	P				
FLUCELVAX QUADRIVALENT 20- influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	P				
FLUCELVAX QUADRIVALENT 20- influenza vac tissue-cultured subunit quadrivalent im susp	P				
FLULAVAL QUADRIVALENT 202- influenza virus vac split quadrivalent susp pref syr 0.5ml	P				
FLUMIST QUADRIVALENT- influenza virus vaccine live quadrivalent intranasal susp	P				
FLUZONE HIGH-DOSE PF 2023- influenza vac split high-dose quad pf susp pref syr 0.7 ml	P				
FLUZONE QUADRIVALENT 2023- influenza virus vac split quadrivalent susp pref syr 0.5ml	P				
FLUZONE QUADRIVALENT 2023- influenza virus vaccine split quadrivalent im inj	P				
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac im susp	P				
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac susp pref syr	P				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
HAVRIX- hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	P				
HEPLISAV-B- hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	P				
HIBERIX- haemophilus b polysaccharide conjugate vac for inj 10 mcg	P				
IMOVAX RABIES (H.D.C.V.)- rabies virus vaccine, hdc for inj susp	P				
IPOL INACTIVATED IPV- poliovirus vaccine, ipv injection	P				
JYNNEOS- smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	P				
M-M-R II- measles-mumps-rubella virus vaccines for inj soln	P				
MENQUADFI- meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	P				
MENVEO- meningococcal (a, c, y, and w-135) oligo conj vac for inj	P				
MENVEO- meningococcal (a, c, y, and w-135) oligo conj vac im soln	P				
MODERNA COVID-19 VACCINE- covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	P				
NOVAVAX COVID-19 VACCINE/- covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	P				
PEDVAX HIB- haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	P				
PENBRAYA- meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	P				
PFIZER-BIONTECH COVID-19- covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	P				
PFIZER-BIONTECH COVID-19- covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	P				
PNEUMOVAX 23- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	P				
PNEUMOVAX 23/1 DOSE- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	P				
PREHEVBRIO- hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	P				
PREVNAR 13- pneumococcal 13-valent conjugate vaccine inj	P				
PREVNAR 20- pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	P				
PRIORIX- measles-mumps-rubella virus vaccines for subcutaneous susp	P				
PROQUAD- measles-mumps-rubella-varicella virus vaccines for susp	P				
RABAVERT- rabies vaccine, pcec for inj	P				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	P				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	P				
ROTARIX- rotavirus vaccine, live oral susp	P				
ROTATEQ- rotavirus vaccine, live oral pentavalent soln	P				
SHINGRIX- zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	P				
SPIKEVAX COVID-19 VACCINE- covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	P				
SPIKEVAX COVID-19 VACCINE- covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	P				
TRUMENBA- meningococcal group b vac (recomb) im susp prefilled syr	P				
TWINRIX- hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	P				
VAQTA- hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	P				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
VARIVAX- varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	P				
VAXNEUVANCE- pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	P				
VIVOTIF- typhoid vaccine cap delayed release	NP				
TOXOIDS					
ADACEL- tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	P				
BOOSTRIX- tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	P				
BOOSTRIX- tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	P				
DAPTACEL- diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	P				
INFANRIX- diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	P				
KINRIX- diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	P				
PEDIARIX- diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	P				
PENTACEL- diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	P				
QUADRACEL- diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	P				
QUADRACEL- diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	P				
TDVAX- tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	P				
TENIVAC- tetanus-diphtheria toxoids (td) inj 5-2 lfu	P				
VAXELIS- diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	P				
VAXELIS- diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	P				
BIOLOGICALS MISC					
GRASTEK- timothy grass pollen allergen ext sl tab 2800 bau	NP		•		•
ODACTRA- dust mite mixed ext sl tab 12 sq-hdm	NP		•		•
ORALAIR- grass mixed pollen ext sl tab 300 ir (index of reactivity)	NP		•		•
PALFORZIA INITIAL DOSE ES- peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	NP	•	•		•
PALFORZIA LEVEL 1- peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	NP	•	•		•
PALFORZIA LEVEL 10- peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	NP	•	•		•
PALFORZIA LEVEL 11 (MAINT- peanut allergen powder-dnfp maintenance packet 300 mg	NP	•	•		•
PALFORZIA LEVEL 11 (TITRA- peanut allergen powder-dnfp titration packet 300 mg	NP	•	•		•
PALFORZIA LEVEL 2- peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	NP	•	•		•
PALFORZIA LEVEL 3- peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	NP	•	•		•
PALFORZIA LEVEL 4- peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	NP	•	•		•
PALFORZIA LEVEL 5- peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	NP	•	•		•
PALFORZIA LEVEL 6- peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	NP	•	•		•
PALFORZIA LEVEL 7- peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	NP	•	•		•
PALFORZIA LEVEL 8- peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	NP	•	•		•
PALFORZIA LEVEL 9- peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	NP	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
RAGWITEK- short ragweed pollen allergen extract sl tab 12 amb a 1-u	NP		•		•
ANTINEOPLASTIC AGENTS					
ANTINEOPLASTICS					
abiraterone acetate tab 250 mg, 500 mg (Zytiga)	np	•	•		•
ACTIMMUNE- interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	P	•			
ALECENSA- alectinib hcl cap 150 mg (base equivalent)	P	•	•		•
ALUNBRIG- brigatinib tab initiation therapy pack 90 mg & 180 mg	P	•	•		•
ALUNBRIG- brigatinib tab 30 mg, 90 mg, 180 mg	P	•	•		•
anastrozole tab 1 mg (Arimidex)	p				
AYVAKIT- avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	P	•	•		•
BALVERSA- erdafitinib tab 3 mg, 4 mg, 5 mg	NP	•	•		•
BESREMI- ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	NP	•	•		•
bexarotene cap 75 mg (Targretin)	np	•	•		
bicalutamide tab 50 mg (Casodex)	p				
BOSULIF- bosutinib tab 100 mg, 400 mg, 500 mg	P	•	•		•
BRAFTOVI- encorafenib cap 75 mg	NP	•	•		•
BRUKINSA- zanubrutinib cap 80 mg	P	•	•		•
CABOMETYX- cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	P	•	•		•
CALQUENCE- acalabrutinib maleate tab 100 mg	P	•	•		•
CAMCEVI- leuprolide mesylate (6 month) emulsion prefilled syr 42 mg	NC				
capecitabine tab 150 mg, 500 mg (Xeloda)	np	•	•		
CAPRELSA- vandetanib tab 100 mg, 300 mg	P	•	•		•
COMETRIQ- cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	P	•	•		•
COMETRIQ- cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	P	•	•		•
COMETRIQ- cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	P	•	•		•
COPIKTRA- duvelisib cap 15 mg, 25 mg	NP	•	•		•
COTELLIC- cobimetinib fumarate tab 20 mg (base equivalent)	P	•	•		•
CYCLOPHOSPHAMIDE- cyclophosphamide tab 25 mg, 50 mg	P				
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	np				
DAURISMO- glasdegib maleate tab 25 mg (base equivalent), 100 mg (base equivalent)	NP	•	•		•
ELIGARD- leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	P	•			
ELIGARD- leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	P	•			
ELIGARD- leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	P	•			
ELIGARD- leuprolide acetate for subcutaneous inj kit 7.5 mg	P	•			
EMCYT- estramustine phosphate sodium cap 140 mg	P				
ERIVEDGE- vismodegib cap 150 mg	P	•	•		•
ERLEADA- apalutamide tab 60 mg, 240 mg	P	•	•		•
erlotinib hcl tab 25 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	np	•	•		•
ETOPOSIDE- etoposide cap 50 mg	P	•			
EULEXIN- flutamide cap 125 mg	NC				
everolimus tab for oral susp 2 mg, 3 mg, 5 mg (Afinitor disperz)	np	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	np	•	•		•
exemestane tab 25 mg (Aromasin)	np				
EXKIVITY- mobocertinib succinate cap 40 mg	NP	•	•		•
FOTIVDA- tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	NP	•	•		•
GAVRETO- pralsetinib cap 100 mg	NP	•	•		•
gefitinib tab 250 mg (Iressa)	np	•	•		•
GILOTRIF- afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	P	•	•		•
GLEOSTINE- lomustine cap 10 mg, 40 mg, 100 mg	P				
HYCAMTIN- topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	P	•	•		
hydroxyurea cap 500 mg (Hydrea)	np				
IBRANCE- palbociclib cap 75 mg, 100 mg, 125 mg	P	•	•		•
IBRANCE- palbociclib tab 75 mg, 100 mg, 125 mg	P	•	•		•
ICLUSIG- ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	P	•	•		•
IDHIFA- enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	NP	•	•		•
imatinib mesylate tab 100 mg (base equivalent), 400 mg (base equivalent) (Gleevec)	np	•	•		•
IMBRUVICA- ibrutinib cap 70 mg, 140 mg	P	•	•		•
IMBRUVICA- ibrutinib oral susp 70 mg/ml	P	•	•		•
IMBRUVICA- ibrutinib tab 140 mg, 280 mg, 420 mg	P	•	•		•
INLYTA- axitinib tab 1 mg, 5 mg	P	•	•		•
INQOVI- decitabine-cedazuridine tab 35-100 mg	NP	•	•		•
INREBIC- fedratinib hcl cap 100 mg	NP	•	•		•
JAKAFI- ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	P	•	•		•
JAYPIRCA- pirtobrutinib tab 50 mg, 100 mg	NP	•	•		•
KISQALI- ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	P	•	•		•
KISQALI FEMARA 200 DOSE- ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	P	•	•		•
KISQALI FEMARA 400 DOSE- ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	P	•	•		•
KISQALI FEMARA 600 DOSE- ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	P	•	•		•
KOSELUGO- selumetinib sulfate cap 10 mg, 25 mg	NP	•	•		•
KRAZATI- adagrasib tab 200 mg	NP	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	np	•	•		•
LENVIMA 10 MG DAILY DOSE- lenvatinib cap therapy pack 10 mg (10 mg daily dose)	P	•	•		•
LENVIMA 12MG DAILY DOSE- lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	P	•	•		•
LENVIMA 14 MG DAILY DOSE- lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	P	•	•		•
LENVIMA 18 MG DAILY DOSE- lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	P	•	•		•
LENVIMA 20 MG DAILY DOSE- lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	P	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
LENVIMA 24 MG DAILY DOSE- lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	P	•	•		•
LENVIMA 4 MG DAILY DOSE- lenvatinib cap therapy pack 4 mg (4 mg daily dose)	P	•	•		•
LENVIMA 8 MG DAILY DOSE- lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	P	•	•		•
letrozole tab 2.5 mg (Femara)	p				
leucovorin calcium tab 5 mg, 15 mg, 25 mg	np				
leucovorin calcium tab 10 mg	NC				
LEUKERAN- chlorambucil tab 2 mg	P				
LEUPROLIDE ACETATE- leuprolide acetate (3 month) for inj 22.5 mg	P	•			
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	np	•			
LONSURF- trifluridine-tipiracil tab 15-6.14 mg, 20-8.19 mg	P	•	•		•
LORBRENA- lorlatinib tab 25 mg, 100 mg	NP	•	•		•
LUMAKRAS- sotorasib tab 120 mg, 320 mg	NP	•	•		•
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 3.75 mg, 7.5 mg	P	•			
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	P	•			
LUPRON DEPOT (4-MONTH)- leuprolide acetate (4 month) for inj kit 30 mg	P	•			
LUPRON DEPOT (6-MONTH)- leuprolide acetate (6 month) for inj kit 45 mg	P	•			
LYNPARZA- olaparib tab 100 mg, 150 mg	P	•	•		•
LYSODREN- mitotane tab 500 mg	P	•	•		
LYTGOBI- futibatinib tab therapy pack 4 mg (12 mg daily dose), 4 mg (16 mg daily dose), 4 mg (20 mg daily dose)	NP	•	•		•
MATULANE- procarbazine hcl cap 50 mg	P	•	•		
megestrol acetate susp 40 mg/ml	np				
megestrol acetate tab 20 mg, 40 mg	p				
MEKINIST- trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	P	•	•		•
MEKINIST- trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent), 2 mg (base equivalent)	P	•	•		•
MEKTOVI- binimetinib tab 15 mg	NP	•	•		•
MELPHALAN- melphalan tab 2 mg	NP				
mercaptopurine tab 50 mg	np				
MESNEX- mesna tab 400 mg	P				
METHOTREXATE SODIUM- methotrexate sodium inj 250 mg/10ml (25 mg/ml)	NP				
methotrexate sodium for inj 1 gm	np				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	p				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	np				
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	p				
methotrexate sodium tab 2.5 mg (base equiv)	p				
MYLERAN- busulfan tab 2 mg	P				
NERLYNX- neratinib maleate tab 40 mg (base equivalent)	NP	•	•		•
nilutamide tab 150 mg (Nilandron)	np				
NINLARO- ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	P	•	•		•
NUBEQA- darolutamide tab 300 mg	P	•	•		•
ODOMZO- sonidegib phosphate cap 200 mg (base equivalent)	P	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ONUREG- azacitidine tab 200 mg, 300 mg	NP	•	•		•
ORGOVYX- relugolix tab 120 mg	NP	•	•		•
ORSERDU- elacestrant hydrochloride tab 86 mg, 345 mg	NP	•	•		•
pazopanib hcl tab 200 mg (base equiv) (Votrient)	np	•	•		•
PEMAZYRE- pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	NP	•	•		•
PIQRAY 200MG DAILY DOSE- alpelisib tab therapy pack 200 mg daily dose	P	•	•		•
PIQRAY 250MG DAILY DOSE- alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	P	•	•		•
PIQRAY 300MG DAILY DOSE- alpelisib tab pack 300 mg daily dose (2x150 mg tab)	P	•	•		•
POMALYST- pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	P	•	•		•
PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ml)	P				
QINLOCK- ripretinib tab 50 mg	NP	•	•		•
RETEVMO- selpercatinib cap 40 mg, 80 mg	P	•	•		•
REZLIDHIA- olutasidenib cap 150 mg	NP	•	•		•
ROZLYTREK- entrectinib cap 100 mg, 200 mg	P	•	•		•
RUBRACA- rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	P	•	•		•
RYDAPT- midostaurin cap 25 mg	P	•	•		•
SCEMBLIX- asciminib hcl tab 20 mg, 40 mg	NP	•	•		•
SOLTAMOX- tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	NP				
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	np	•	•		•
SPRYCEL- dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	P	•	•		•
STIVARGA- regorafenib tab 40 mg	P	•	•		•
sunitinib malate cap 12.5 mg (base equivalent), 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	np	•	•		•
TABLOID- thioguanine tab 40 mg	P				
TABRECTA- capmatinib hcl tab 150 mg, 200 mg	P	•	•		•
TAFINLAR- dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	P	•	•		•
TAFINLAR- dabrafenib mesylate tab for oral susp 10 mg (base equiv)	P	•	•		•
TAGRISSO- osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	P	•	•		•
TALZENNA- talazoparib tosylate cap 0.1 mg (base equivalent), 0.25 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	P	•	•		•
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	p				
TASIGNA- nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	P	•	•		•
TAZVERIK- tazemetostat hbr tab 200 mg	NP	•	•		•
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	np	•	•		
TEPMETKO- tepotinib hcl tab 225 mg	NP	•	•		•
TIBSOVO- ivosidenib tab 250 mg	P	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
tretinoin cap 10 mg	np		•		
TREXALL- methotrexate sodium tab 5 mg (base equiv), 7.5 mg (base equiv), 10 mg (base equiv), 15 mg (base equiv)	NC				
TUKYSA- tucatinib tab 50 mg, 150 mg	NP	•	•		•
TURALIO- pexidartinib hcl cap 125 mg (base equivalent)	NP	•	•		•
VANFLYTA- quizartinib dihydrochloride tab 17.7 mg, 26.5 mg	NP	•	•		•
VENCLEXTA- venetoclax tab 10 mg, 50 mg, 100 mg	P	•	•		•
VENCLEXTA STARTING PACK- venetoclax tab therapy starter pack 10 & 50 & 100 mg	P	•	•		•
VERZENIO- abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	P	•	•		•
VITRAKVI- larotrectinib sulfate cap 25 mg (base equivalent), 100 mg (base equivalent)	P	•	•		•
VITRAKVI- larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	P	•	•		•
VIZIMPRO- dacomitinib tab 15 mg, 30 mg, 45 mg	NP	•	•		•
VONJO- pacritinib citrate cap 100 mg	NP	•	•		•
WELIREG- belzutifan tab 40 mg	NP	•	•		•
XALKORI- crizotinib cap 200 mg, 250 mg	P	•	•		•
XATMEP- methotrexate oral soln 2.5 mg/ml	NC				
XOSPATA- gilteritinib fumarate tablet 40 mg (base equivalent)	NP	•	•		•
XPOVIO- selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)	NP	•	•		•
XPOVIO 60 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (60 mg twice weekly)	NP	•	•		•
XPOVIO 80 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (80 mg twice weekly)	NP	•	•		•
XTANDI- enzalutamide cap 40 mg	P	•	•		•
XTANDI- enzalutamide tab 40 mg, 80 mg	P	•	•		•
YONSA- abiraterone acetate micronized tab 125 mg	P	•	•		•
ZEJULA- niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	P	•	•		•
ZELBORAF- vemurafenib tab 240 mg	P	•	•		•
ZOLINZA- vorinostat cap 100 mg	P	•	•		•
ZYDELIG- idelalisib tab 100 mg, 150 mg	P	•	•		•
ZYKADIA- ceritinib tab 150 mg	P	•	•		•
ENDOCRINE AND METABOLIC DRUGS					
CORTICOSTEROIDS					
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 0.5 mg, 1 mg, 2 mg, 5 mg	NC				
budesonide delayed release particles cap 3 mg (Entocort ec)	np				
budesonide tab er 24hr 9 mg (Uceris)	NC				
CORTISONE ACETATE- cortisone acetate tab 25 mg	NC				
deflazacort tab 6 mg, 18 mg, 30 mg, 36 mg (Emflaza)	NC				
DEXABLISS- dexamethasone tab therapy pack 1.5 mg (39)	NC				
DEXAMETHASONE- dexamethasone soln 0.5 mg/5ml	NP				
dexamethasone elixir 0.5 mg/5ml	np				
DEXAMETHASONE INTENSOL- dexamethasone conc 1 mg/ml	NP				
dexamethasone tab therapy pack 1.5 mg (21) (Dexpak 6 day)	NC				
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
dexamethasone tab 1.5 mg, 4 mg, 6 mg	p				
DEXAMETHASONE 10-DAY DOSE-dexamethasone tab therapy pack 1.5 mg (35)	NC				
DEXAMETHASONE 13-DAY DOSE-dexamethasone tab therapy pack 1.5 mg (51)	NC				
EMFLAZA- deflazacort susp 22.75 mg/ml	NC				
EMFLAZA- deflazacort tab 6 mg, 18 mg, 30 mg, 36 mg	NC				
fludrocortisone acetate tab 0.1 mg	p				
HEMADY- dexamethasone tab 20 mg	NC				
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	np				
MEDROL- methylprednisolone tab 2 mg	NP				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	p				
methylprednisolone tab 4 mg, 16 mg, 32 mg (Medrol)	p				
methylprednisolone tab 8 mg (Medrol)	np				
ORAPRED ODT- prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	NC				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	np				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	p				
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv), 20 mg/5ml (base equiv)	NC				
PREDNISOLONE SODIUM PHOSP-prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	NC				
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	np				
prednisolone soln 15 mg/5ml	np				
prednisolone tab 5 mg	NC				
PREDNISONE- prednisone oral soln 5 mg/5ml	P				
PREDNISONE INTENSOL-prednisone conc 5 mg/ml	NC				
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)	p				
prednisone tab therapy pack 10 mg (48)	np				
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	p				
RAYOS- prednisone tab delayed release 1 mg, 2 mg, 5 mg	NC				
TAPERDEX 12-DAY- dexamethasone tab therapy pack 1.5 mg (49)	NC				
TAPERDEX 7-DAY- dexamethasone tab therapy pack 1.5 mg (27)	NC				
TARPEYO- budesonide delayed release cap 4 mg	NC				
ANDROGEN-ANABOLIC					
ANDRODERM- testosterone td patch 24hr 2 mg/24hr, 4 mg/24hr	NC				
danazol cap 50 mg, 100 mg, 200 mg	np		•		
JATENZO- testosterone undecanoate cap 158 mg, 198 mg, 237 mg	NC				
KYZATREX- testosterone undecanoate cap 100 mg, 150 mg, 200 mg	NC				
METHITEST- methyltestosterone oral tab 10 mg	NP		•		•
methyltestosterone cap 10 mg	np		•		•
NATESTO- testosterone nasal gel 5.5 mg/act	NC				
TESTOSTERONE- testosterone td gel 50 mg/5gm (1%)	NC				
testosterone cypionate im inj in oil 100 mg/ml	p		•		•
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	np		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
TESTOSTERONE ENANTHATE- testosterone enanthate im inj in oil 200 mg/ml	NP		•		•
TESTOSTERONE PUMP- testosterone td gel 12.5 mg/act (1%)	NC				
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	np		•		•
testosterone td gel 12.5 mg/act (1%)	np		•		•
testosterone td gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	NC				
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	np		•		•
testosterone td gel 10mg/act (2%) (Fortesta)	NC				
testosterone td soln 30 mg/act	np		•		•
TLANDO- testosterone undecanoate cap 112.5 mg	NC				
VOGELXO- testosterone td gel 50 mg/5gm (1%)	NC				
VOGELXO PUMP- testosterone td gel 12.5 mg/act (1%)	NC				
XYOSTED- testosterone enanthate solution auto-injector 50 mg/0.5ml, 75 mg/0.5ml, 100 mg/0.5ml	NC				
ESTROGENS					
ALORA- estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr	NP				•
ANGELIQ- drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	NP				
BIJUVA- estradiol-progesterone cap 0.5-100 mg, 1-100 mg	NC				
CLIMARA PRO- estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	P				•
COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	NP				•
DEPO-ESTRADIOL- estradiol cypionate im in oil 5 mg/ml	NP				
DUAVEE- conjugated estrogens-bazedoxifene tab 0.45-20 mg	P				
ELESTRIN- estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	NP				•
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg (Activella)	np				
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	p				
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	np				•
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	np				•
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	np				•
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	np				
ESTROGEL- estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	P				•
EVAMIST- estradiol transdermal spray 1.53 mg/spray	NP				•
MENEST- esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	NP				
MENOSTAR- estradiol td patch weekly 14 mcg/24hr	NP				•
MYFEMBREE- relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	P		•		•
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	np				
ORIAHNN- elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	P		•		•
PREMARIN- estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	P				
PREMPHASE- conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	P				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	P				
CONTRACEPTIVES					
ANNOVERA- segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	NC				
DEPO-SUBQ PROVERA 104- medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	NP				
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	p				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	p				
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	np				
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	np				
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	np				
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	p				
ELLA- ulipristal acetate tab 30 mg	P				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	p				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	np				
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	NC				
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	np				
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	np				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	np				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	np				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	p				
levonorgestrel tab 1.5 mg	np				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	p				
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	np				
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)	NC				
LO LOESTRIN FE- norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	P				
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	p				
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	p				
NATAZIA- estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	NP				
NEXTSTELLIS- drospirenone-estetrol tab 3-14.2 mg	NC				
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	np				
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	np				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Ortho-novum 1/35)	p				
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	np				
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	np				
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	np				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	p				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	np				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	p				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	p				
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	np				
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	NC				
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	np				
norethindrone tab 0.35 mg (Ortho micronor)	p				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	p				
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	np				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	p				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	p				
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	p				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	p				
NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	np				
SLYND- drospirenone tab 4 mg	NC				
TWIRLA- levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	NC				
TYBLUME- levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	NP				
VELIVET- desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	NP				
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	p				
megestrol acetate susp 625 mg/5ml	NC				
norethindrone acetate tab 5 mg (Aygestin)	np				
progesterone cap 100 mg, 200 mg (Prometrium)	np				
progesterone im in oil 50 mg/ml	np				
ANTIDIABETICS					
Antidiabetics					
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	np				
ALOGLIPTIN- alogliptin benzoate tab 6.25 mg (base equiv), 12.5 mg (base equiv), 25 mg (base equiv)	NC				
ALOGLIPTIN/METFORMIN HCL- alogliptin-metformin hcl tab 12.5-500 mg	NC				
ALOGLIPTIN/METFORMIN HYDR- alogliptin-metformin hcl tab 12.5-1000 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NC				
BAQSIMI ONE PACK- glucagon nasal powder 3 mg/dose	P				
BAQSIMI TWO PACK- glucagon nasal powder 3 mg/dose	P				
BEXAGLIFLOZIN- bexagliflozin tab 20 mg	NC				
BRENZAVVY- bexagliflozin tab 20 mg	NC				
BYDUREON BCISE- exenatide extended release susp auto-injector 2 mg/0.85ml	NP		•		•
BYETTA- exenatide soln pen-injector 5 mcg/0.02ml, 10 mcg/0.04ml	NC				
CYCLOSET- bromocriptine mesylate tab 0.8 mg (base equivalent)	NC				
diazoxide susp 50 mg/ml (Proglycem)	np				
FARXIGA- dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	P				•
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	p				
GLIPIZIDE- glipizide tab 2.5 mg	NP				
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	p				
glipizide tab 5 mg, 10 mg (Glucotrol)	p				
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	np				
GLUCAGEN HYPOKIT- glucagon hcl (rdna) for inj 1 mg (base equiv)	NP				
GLUCAGON EMERGENCY KIT FO- glucagon (rdna) for inj kit 1 mg	np				
GLUCAGON EMERGENCY KIT FO- glucagon hcl for inj 1 mg	P				
GLYBURIDE MICRONIZED- glyburide micronized tab 1.5 mg, 3 mg, 6 mg	p				
glyburide tab 1.25 mg, 2.5 mg, 5 mg	p				
glyburide-metformin tab 1.25-250 mg	p				
glyburide-metformin tab 2.5-500 mg, 5-500 mg (Glucovance)	p				
GLYXAMBI- empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	P				•
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	P				
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	P				
GVOKE KIT- glucagon subcutaneous soln 1 mg/0.2ml	P				
GVOKE PFS- glucagon subcutaneous soln pref syringe 1 mg/0.2ml	P				
INVOKAMET- canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg	NC				
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg	NC				
INVOKANA- canagliflozin tab 100 mg, 300 mg	NC				
JANUMET- sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	P				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 100-1000 mg	P				•
JANUVIA- sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	P				•
JARDIANCE- empagliflozin tab 10 mg, 25 mg	P				•
JENTADUETO- linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
JENTADUETO XR- linagliptin-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	NC				
KORLYM- mifepristone tab 300 mg	NP	•	•		•
metformin hcl oral soln 500 mg/5ml (Riomet)	NC				
metformin hcl tab er 24hr 500 mg, 750 mg (Glucophage xr)	p				•
metformin hcl tab er 24hr osmotic 500 mg, 1000 mg (Fortamet)	NC				
metformin hcl tab er 24hr modified release 500 mg, 1000 mg (Glumetza)	NC				
metformin hcl tab 500 mg, 850 mg, 1000 mg (Glucophage)	p				
METFORMIN HYDROCHLORIDE-metformin hcl tab 625 mg	NC				
mifepristone tab 300 mg (Korlym)	np	•	•		•
MIGLITOL- miglitol tab 25 mg, 50 mg, 100 mg	NP				
MOUNJARO- tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	P		•		•
nateglinide tab 60 mg, 120 mg (Starlix)	np				
OZEMPIC- semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	P		•		•
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	p				
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg (Duetact)	NC				
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	np				
QTERN- dapagliflozin-saxagliptin tab 5-5 mg, 10-5 mg	NC				
repaglinide tab 0.5 mg	np				
repaglinide tab 1 mg, 2 mg (Prandin)	np				
RYBELSUS- semaglutide tab 3 mg, 7 mg, 14 mg	P		•		•
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	NC				
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg (Kombiglyze xr)	NC				
SEGLUROMET- ertugliflozin-metformin hcl tab 2.5-500 mg, 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg	NC				
SOLIQUA 100/33- insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	P			•	•
STEGLATRO- ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv), 15 mg (base equiv)	NC				
STEGLUJAN- ertugliflozin-sitagliptin tab 5-100 mg, 15-100 mg	NC				
SYMLINPEN 120- pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	NC				
SYMLINPEN 60- pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	NC				
SYNJARDY- empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	P				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg	P				•
TRADJENTA- linagliptin tab 5 mg	NC				
TRIJARDY XR- empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	P				•
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg, 10-5-1000 mg, 25-5-1000 mg	P				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
TRULICITY- dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	P		•		•
VICTOZA- liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	NC				
XIGDUO XR- dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg	P				•
XULTOPHY 100/3.6- insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	P			•	•
ZEGALOGUE- dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	P				
ZEGALOGUE- dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	P				
Rapid-Acting Insulins					
ADMELOG- insulin lispro inj soln 100 unit/ml	NC				
ADMELOG SOLOSTAR- insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NC				
APIDRA- insulin glulisine inj 100 unit/ml	NC				
APIDRA SOLOSTAR- insulin glulisine soln pen-injector inj 100 unit/ml	NC				
FIASP- insulin aspart (with niacinamide) inj 100 unit/ml	P				•
FIASP FLEXTOUCH- insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	P				•
FIASP PENFILL- insulin aspart (with niacinamide) soln cartridge 100 unit/ml	P				•
HUMALOG- insulin lispro inj soln 100 unit/ml	NC				
HUMALOG- insulin lispro soln cartridge 100 unit/ml	NC				
HUMALOG JUNIOR KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	NC				
HUMALOG KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	NC				
HUMALOG TEMPO PEN- insulin lispro soln pen-inj w/transmitter port 100 unit/ml	NC				
INSULIN ASPART- insulin aspart inj soln 100 unit/ml	NC				
INSULIN ASPART FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	NC				
INSULIN ASPART PENFILL- insulin aspart soln cartridge 100 unit/ml	NC				
INSULIN LISPRO- insulin lispro inj soln 100 unit/ml	NC				
INSULIN LISPRO JUNIOR KWI- insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	NC				
INSULIN LISPRO KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NC				
LYUMJEV- insulin lispro-aabc inj 100 unit/ml	NC				
LYUMJEV KWIKPEN- insulin lispro-aabc soln pen-injector 200 unit/ml	NC				
LYUMJEV KWIKPEN- insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	NC				
LYUMJEV TEMPO PEN- insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	NC				
NOVOLOG- insulin aspart inj soln 100 unit/ml	P				•
NOVOLOG FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	P				•
NOVOLOG FLEXPEN RELION- insulin aspart soln pen-injector 100 unit/ml	P				•
NOVOLOG PENFILL- insulin aspart soln cartridge 100 unit/ml	P				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NOVOLOG RELION- insulin aspart inj soln 100 unit/ml	P				•
Short-Acting Insulins					
AFREZZA- insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit, 60x4 & 60x8 & 60x12 ut/cart	NC				
AFREZZA- insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	NC				
AFREZZA- insulin regular (human) inhalation powder 4 unit/cartridge, 8 unit/cartridge, 12 unit/cartridge	NC				
HUMULIN R- insulin regular (human) inj 100 unit/ml	NC				
HUMULIN R U-500 (CONCENTR- insulin regular (human) inj 500 unit/ml	P				•
HUMULIN R U-500 KWIKPEN- insulin regular (human) soln pen-injector 500 unit/ml	P				•
NOVOLIN R- insulin regular (human) inj 100 unit/ml	P				•
NOVOLIN R FLEXPEN- insulin regular (human) soln pen-injector 100 unit/ml	P				•
NOVOLIN R FLEXPEN RELION- insulin regular (human) soln pen-injector 100 unit/ml	P				•
NOVOLIN R RELION- insulin regular (human) inj 100 unit/ml	P				•
Intermediate-Acting Insulins					
HUMALOG MIX 50/50- insulin lispro protamine & lispro inj 100 unit/ml (50-50)	NC				
HUMALOG MIX 50/50 KWIKPEN- insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	NC				
HUMALOG MIX 75/25- insulin lispro prot & lispro inj 100 unit/ml (75-25)	NC				
HUMALOG MIX 75/25 KWIKPEN- insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	NC				
HUMULIN N- insulin nph (human) (isophane) inj 100 unit/ml	NC				
HUMULIN N KWIKPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	NC				
HUMULIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	NC				
HUMULIN 70/30 KWIKPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NC				
INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	NC				
INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	NC				
INSULIN LISPRO PROTAMINE/- insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	NC				
NOVOLIN N- insulin nph (human) (isophane) inj 100 unit/ml	P				•
NOVOLIN N FLEXPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	P				•
NOVOLIN N FLEXPEN RELION- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	P				•
NOVOLIN N RELION- insulin nph (human) (isophane) inj 100 unit/ml	P				•
NOVOLIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	P				•
NOVOLIN 70/30 FLEXPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	P				•
NOVOLIN 70/30 FLEXPEN REL- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	P				•
NOVOLIN 70/30 RELION- insulin nph isophane & regular human inj 100 unit/ml (70-30)	P				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NOVOLOG MIX 70/30- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P				•
NOVOLOG MIX 70/30 PREFILL- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	P				•
NOVOLOG MIX 70/30 RELION- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P				•
Basal Insulins					
BASAGLAR KWIKPEN- insulin glargine soln pen-injector 100 unit/ml	NC				
BASAGLAR TEMPO PEN- insulin glargine pen-inj with transmitter port 100 unit/ml	NC				
INSULIN DEGLUDEC- insulin degludec inj 100 unit/ml	NC				
INSULIN DEGLUDEC FLEXTOUC- insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	NC				
INSULIN GLARGINE-YFGN- insulin glargine-yfgn inj 100 unit/ml	NC				
INSULIN GLARGINE-YFGN- insulin glargine-yfgn soln pen-injector 100 unit/ml	NC				
LANTUS- insulin glargine inj 100 unit/ml	NC				
LANTUS SOLOSTAR- insulin glargine soln pen-injector 100 unit/ml	NC				
LEVEMIR- insulin detemir inj 100 unit/ml	P				•
LEVEMIR FLEXPEN- insulin detemir soln pen-injector 100 unit/ml	P				•
REZVOGLAR KWIKPEN- insulin glargine-aglr soln pen-injector 100 unit/ml	NC				
SEMGLEE- insulin glargine-yfgn inj 100 unit/ml	P				•
SEMGLEE- insulin glargine-yfgn soln pen-injector 100 unit/ml	P				•
TOUJEO MAX SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	P				•
TOUJEO SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	P				•
TRESIBA- insulin degludec inj 100 unit/ml	P				•
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	P				•
THYROID AGENTS					
ADTHYZA- thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	NP				
ARMOUR THYROID- thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	NP				
ERMEZA- levothyroxine sodium oral solution 150 mcg/5ml	NP				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	NP				
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	p				
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	np				
methimazole tab 5 mg, 10 mg (Tapazole)	p				
NIVA THYROID- thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	NP				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NP THYROID 120- thyroid tab 120 mg (2 grain)	NP				
NP THYROID 15- thyroid tab 15 mg (1/4 grain)	NP				
NP THYROID 30- thyroid tab 30 mg (1/2 grain)	NP				
NP THYROID 60- thyroid tab 60 mg (1 grain)	NP				
NP THYROID 90- thyroid tab 90 mg (1 1/2 grain)	NP				
propylthiouracil tab 50 mg	np				
SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	P				
THYQUIDITY- levothyroxine sodium oral solution 100 mcg/5ml	NP				
THYROID- thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	NP				
TIROSINT- levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	NP				
TIROSINT-SOL- levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	NP				
OXYTOCICS					
CERVIDIL- dinoprostone vaginal inserts 10 mg	NP				
methylergonovine maleate tab 0.2 mg	np				
ENDOCRINE and METABOLIC AGENTS - MISC.					
ACTHAR- corticotropin inj gel 80 unit/ml	NP		•		
ALENDRONATE SODIUM- alendronate sodium tab 5 mg	NP				
alendronate sodium oral soln 70 mg/75ml	np				
alendronate sodium tab 10 mg, 35 mg	p				
alendronate sodium tab 70 mg (Fosamax)	p				
betaine powder for oral solution (Cystadane)	np	•			
BINOSTO- alendronate sodium effervescent tab 70 mg	NC				
cabergoline tab 0.5 mg	np				
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	np				
calcitonin (salmon) nasal soln 200 unit/act	np				
calcitriol cap 0.25 mcg (Rocaltrol)	p				
calcitriol cap 0.5 mcg (Rocaltrol)	np				
calcitriol oral soln 1 mcg/ml (Rocaltrol)	NC				
carglumic acid soluble tab 200 mg (Carbaglu)	np	•	•		
cetrorelix acetate for inj kit 0.25 mg (Cetrotide)	NC				
CHORIONIC GONADOTROPIN- chorionic gonadotropin for im inj 10000 unit	NC				
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	np				
CLOMID- clomiphene citrate tab 50 mg	P*	•			
CORTROPHIN- corticotropin inj gel 80 unit/ml	NC				
desmopressin acetate inj 4 mcg/ml (Ddavp)	np				
desmopressin acetate nasal spray soln 0.01% (Ddavp)	np				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	np				
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	np				
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	NC				
EGRIFTA SV- tesamorelin acetate for inj 2 mg (base equiv)	NC				
FOLLISTIM AQ- follitropin beta inj 300 unit/0.36ml, 600 unit/0.72ml, 900 unit/1.08ml	P*	•	•		•
FORTEO- teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	P	•	•		•
FOSAMAX PLUS D- alendronate sodium-cholecalciferol tab 70-2800 mg-unit, 70-5600 mg-unit	NC				
GALAFOLD- migalastat hcl cap 123 mg (base equivalent)	NP	•	•		•
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	np*	•	•		•
GENOTROPIN- somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	P	•	•		
GENOTROPIN MINIQUICK- somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	P	•	•		
GONAL-F- follitropin alfa for inj 450 unit, 1050 unit	NC				
GONAL-F RFF- follitropin alfa for subcutaneous inj 75 unit	NC				
GONAL-F RFF REDIJECT- follitropin alfa subcutaneous soln pen-inj 300 unit/0.5ml, 450 unit/0.75ml, 900 unit/1.5ml	NC				
HUMATROPE- somatropin for inj cartridge 6 mg (18 unit), 12 mg (36 unit), 24 mg	NC				
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	p				
INCRELEX- mecasermin inj 40 mg/4ml (10 mg/ml)	P	•			
ISTURISA- osilodrostat phosphate tab 1 mg, 5 mg	NP	•	•		•
JYNARQUE- tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	NP	•	•		•
JYNARQUE- tolvaptan tab 15 mg, 30 mg	NP	•	•		•
KERENDIA- finerenone tab 10 mg, 20 mg	NC				
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	np				
levocarnitine tab 330 mg (Carnitor)	np				
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	P	•			
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	P	•			
LUPRON DEPOT-PED (6-MONTH- leuprolide acet (6 month) for im inj pediatric kit 45 mg	P	•			
MENOPUR- menotropins for subcutaneous inj 75 unit	NP*	•	•		•
MYALEPT- metreleptin for subcutaneous inj 11.3 mg	NP	•	•		
MYCAPSSA- octreotide acetate cap delayed release 20 mg	NP	•			
NGENLA- somatrogon-ghla solution pen-injector 24 mg/1.2ml (20 mg/ml), 60 mg/1.2ml (50 mg/ml)	NC				
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	np	•			
NITYR- nitisinone tab 2 mg, 5 mg, 10 mg	P	•			
NOCDURNA- desmopressin acetate sublingual tab 27.7 mcg, 55.3 mcg	NC				
NORDITROPIN FLEXPRO- somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NOVAREL- chorionic gonadotropin for im inj 5000 unit	NC				
NULIBRY- fosdenopterin hydrobromide for iv soln 9.5 mg	NP				
NUTROPIN AQ NUSPIN 10- somatropin solution pen-injector 10 mg/2ml	NC				
NUTROPIN AQ NUSPIN 20- somatropin solution pen-injector 20 mg/2ml	NC				
NUTROPIN AQ NUSPIN 5- somatropin solution pen-injector 5 mg/2ml	NC				
OCTREOTIDE ACETATE- octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	NP	•			
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin)	np	•			
OLPRUVA- sodium phenylbutyrate packet for susp 2 gm therapy pack	NC				
OLPRUVA- sodium phenylbutyrate packet for susp 3 gm therapy pack	NC				
OLPRUVA- sodium phenylbutyrate packet for susp 4 gm therapy pack	NC				
OLPRUVA- sodium phenylbutyrate packet for susp 5 gm therapy pack	NC				
OLPRUVA- sodium phenylbutyrate packet for susp 6 gm therapy pack	NC				
OLPRUVA- sodium phenylbutyrate packet for susp 6.67 gm therapy pack	NC				
OMNITROPE- somatropin for inj 5.8 mg	P	•	•		
OMNITROPE- somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	P	•	•		
ORFADIN- nitisinone susp 4 mg/ml	P	•			
ORILISSA- elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv)	P		•		•
OSPHENA- ospemifene tab 60 mg	NC				
OVIDREL- choriogonadotropin alfa inj 250 mcg/0.5ml	P*	•	•		•
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	NP	•	•		
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	NC				
paricalcitol cap 4 mcg	NC				
PHEBURANE- sodium phenylbutyrate oral pellets 483 mg/gm	NP	•	•		
PREGNYL- chorionic gonadotropin for im inj 10000 unit	P*	•	•		•
PREGNYL W/DILUENT BENZYL- chorionic gonadotropin for im inj 10000 unit	P*	•	•		•
raloxifene hcl tab 60 mg (Evista)	np				
RAVICTI- glycerol phenylbutyrate liquid 1.1 gm/ml	NP	•	•		
RAYALDEE- calcifediol cap er 30 mcg	NC				
RECORLEV- levoketoconazole tab 150 mg	NC				
REVCOVI- elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	P	•			
risedronate sodium tab delayed release 35 mg (Atelvia)	NC				
risedronate sodium tab 5 mg, 30 mg, 35 mg, 150 mg (Actonel)	np				
SAIZEN- somatropin (non-refrigerated) for inj 5 mg, 8.8 mg	NC				
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	NC				
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	np	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
sapropterin dihydrochloride tab 100 mg (Kuvan)	NC				
sapropterin dihydrochloride tab 100 mg (Kuvan)	np	•	•		
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg	NC				
SIGNIFOR- pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	NP	•			
SKYTROFA- lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	NP	•	•		
SKYTROFA- lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	NP	•	•		
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	np	•	•		
sodium phenylbutyrate tab 500 mg (Buphenyl)	np	•	•		
SOGROYA- somapacitan-beco solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml	NC				
SOMAVERT- pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	NP	•			
STRENSIQ- asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	P	•	•		
SYNAREL- nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	NP				
TERIPARATIDE- teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	NC				
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)	np	•	•		•
tolvaptan tab 15 mg, 30 mg (Samsca)	np	•			•
TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	P	•	•		•
VEOZAH- fezolinetant tab 45 mg	NC				
VOXZOGO- vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	NP	•	•		•
XURIDEN- uridine triacetate oral granules packet 2 gm	NC				
ZOMACTON- somatropin for inj 10 mg	NC				
ZOMACTON- somatropin for subcutaneous inj 5 mg	NC				
CARDIOVASCULAR AGENTS					
CARDIOTONICS					
DIGOXIN- digoxin oral soln 0.05 mg/ml	NP				
digoxin oral soln 0.05 mg/ml (Digoxin)	np				
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	np				
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	p				
LANOXIN- digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	NP				
ANTIANGINAL AGENTS					
ASPRUZYO SPRINKLE- ranolazine er granules packet 500 mg, 1000 mg	NC				
isosorbide dinitrate tab 5 mg (Isordil titradose)	np				
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	np				
isosorbide dinitrate tab 40 mg (Isordil titradose)	NC				
ISOSORBIDE MONONITRATE- isosorbide mononitrate tab 10 mg, 20 mg	NP				
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	p				
NITRO-BID- nitroglycerin oint 2%	NP				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NITRO-DUR- nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	NP				
NITRO-TIME- nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	NP				
nitroglycerin sl tab 0.3 mg, 0.6 mg (Nitrostat)	np				
nitroglycerin sl tab 0.4 mg (Nitrostat)	p				
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	np				
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	np				
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	np				
BETA BLOCKERS					
acebutolol hcl cap 200 mg, 400 mg	np				
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	p				
betaxolol hcl tab 10 mg, 20 mg	np				
bisoprolol fumarate tab 5 mg	p				
bisoprolol fumarate tab 10 mg	np				
carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg cr)	NC				
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	p				
HEMANGEOL- propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv)	NC				
INDERAL XL- propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	NC				
INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	NC				
KAPSPARGO SPRINKLE- metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	NC				
labetalol hcl tab 100 mg	p				
labetalol hcl tab 200 mg, 300 mg	np				
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv) (Toprol xl)	p				
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	np				
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	p				
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	p				
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	np				
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	np				
pindolol tab 5 mg, 10 mg	np				
PROPRANOLOL HCL- propranolol hcl oral soln 40 mg/5ml	P				
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	np				
propranolol hcl oral soln 20 mg/5ml	p				
propranolol hcl tab 10 mg, 20 mg, 40 mg	p				
propranolol hcl tab 60 mg, 80 mg	np				
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	p				
sotalol hcl (afib/afl) tab 120 mg, 160 mg (Betapace af)	np				
sotalol hcl tab 80 mg, 120 mg (Betapace)	p				
sotalol hcl tab 160 mg (Betapace)	np				
sotalol hcl tab 240 mg	np				
SOTYLIZE- sotalol hcl oral solution 5 mg/ml	NC				
timolol maleate tab 5 mg, 10 mg, 20 mg	NC				
CALCIUM CHANNEL BLOCKERS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	p				
CONJUPRI- levamlodipine maleate tab 2.5 mg, 5 mg	NC				
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	np				
diltiazem hcl cap er 24hr 120 mg	p				
diltiazem hcl cap er 24hr 180 mg, 240 mg	np				
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg (Cardizem cd)	p				
diltiazem hcl coated beads cap er 24hr 300 mg	np				
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	NC				
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg (Tiazac)	p				
diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	np				
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	np				
diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem la)	NC				
diltiazem hcl tab 30 mg, 60 mg (Cardizem)	p				
diltiazem hcl tab 90 mg	np				
diltiazem hcl tab 120 mg (Cardizem)	np				
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	p				
isradipine cap 2.5 mg, 5 mg	NC				
KATERZIA- amlodipine benzoate oral susp 1 mg/ml (base equivalent)	NC				
LEVAMLODIPINE- levamlodipine maleate tab 2.5 mg, 5 mg	NC				
nicardipine hcl cap 20 mg, 30 mg	NC				
nifedipine cap 10 mg (Procardia)	np				
nifedipine cap 20 mg	np				
nifedipine tab er 24hr 30 mg (Adalat cc)	p				
nifedipine tab er 24hr 60 mg, 90 mg (Adalat cc)	np				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	p				
nifedipine tab er 24hr osmotic release 60 mg, 90 mg (Procardia xl)	np				
nimodipine cap 30 mg	np				
NISOLDIPINE ER- nisoldipine tab er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg	NC				
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	NC				
NORLIQVA- amlodipine besylate oral soln 1 mg/ml (base equivalent)	NC				
NYMALIZE- nimodipine oral soln 6 mg/ml	NP				
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	np				
VERAPAMIL HCL ER- verapamil hcl cap er 24hr 100 mg, 300 mg	NC				
VERAPAMIL HCL SR- verapamil hcl cap er 24hr 360 mg	NC				
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	p				
verapamil hcl tab 40 mg	p				
verapamil hcl tab 80 mg, 120 mg (Calan)	p				
VERAPAMIL HYDROCHLORIDE E- verapamil hcl cap er 24hr 100 mg, 200 mg	NC				
VERELAN PM- verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg	NC				
ANTIARRHYTHMICS					
amiodarone hcl tab 100 mg	np				
amiodarone hcl tab 200 mg	p				
amiodarone hcl tab 400 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	np				
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	np				
flecainide acetate tab 50 mg, 100 mg, 150 mg	np				
mexiletine hcl cap 150 mg, 200 mg, 250 mg	np				
MULTAQ- dronedarone hcl tab 400 mg (base equivalent)	P				
NORPACE- disopyramide phosphate cap 100 mg, 150 mg	NP				
NORPACE CR- disopyramide phosphate cap er 12hr 100 mg, 150 mg	NP				
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	np				
propafenone hcl tab 150 mg	p				
propafenone hcl tab 225 mg, 300 mg	np				
quinidine gluconate tab er 324 mg	np				
QUINIDINE SULFATE- quinidine sulfate tab 200 mg, 300 mg	NP				
ANTIHYPERTENSIVES					
ACCURETIC- quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	NC				
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	NC				
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	p				
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	p				
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	np				
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	np				
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	np				
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	p				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	np				
benazepril & hydrochlorothiazide tab 5-6.25 mg	np				
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	np				
benazepril hcl tab 5 mg, 10 mg	p				
benazepril hcl tab 20 mg, 40 mg (Lotensin)	p				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 10-6.25 mg	p				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	p				
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	np				
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	np				
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	np				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	NC				
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	p				
CLONIDINE HYDROCHLORIDE E- clonidine hcl tab er 24hr 0.17 mg (base equivalent)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	np				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	np				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	np				
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	p				
EDARBI- azilsartan medoxomil tab 40 mg, 80 mg	NC				
EDARBYCLOR- azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg	NC				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	p				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	p				
enalapril maleate oral soln 1 mg/ml (Epaned)	np				
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	p				
eplerenone tab 25 mg, 50 mg (Inspra)	np				
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	np				
fosinopril sodium tab 10 mg, 20 mg, 40 mg	p				
guanfacine hcl tab 1 mg, 2 mg	np				
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	p				
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	p				
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	p				
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	p				
lisinopril tab 2.5 mg, 30 mg, 40 mg (Zestril)	p				
lisinopril tab 5 mg, 10 mg, 20 mg (Prinivil)	p				
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	p				
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	p				
METHYLDOPA- methyldopa tab 250 mg, 500 mg	NP				
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	np				
metoprolol & hydrochlorothiazide tab 100-25 mg, 100-50 mg	np				
metyrosine cap 250 mg (Demser)	NC				
minoxidil tab 2.5 mg, 10 mg	p				
moexipril hcl tab 7.5 mg, 15 mg	np				
NEXICLON XR- clonidine hcl tab er 24hr 0.17 mg (base equivalent)	NC				
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	p				
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	p				
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	np				
PERINDOPRIL ERBUMINE- perindopril erbumine tab 2 mg	np				
PERINDOPRIL ERBUMINE- perindopril erbumine tab 8 mg	NP				
perindopril erbumine tab 4 mg	np				
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	np				
prazosin hcl cap 1 mg (Minipress)	p				
prazosin hcl cap 2 mg, 5 mg (Minipress)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PRESTALIA- perindopril arginine-amlodipine besylate tab 3.5-2.5 mg, 7-5 mg, 14-10 mg	NC				
QBRELIS- lisinopril oral soln 1 mg/ml	NP				
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	p				
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	np				
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	p				
telmisartan tab 20 mg (Micardis)	p				
telmisartan tab 40 mg, 80 mg (Micardis)	np				
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)	NC				
TELMISARTAN/AMLODIPINE- telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	NP				
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	p				
trandolapril tab 1 mg, 2 mg, 4 mg	p				
TRANDOLAPRIL/VERAPAMIL HC- trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	NC				
VALSARTAN- valsartan oral soln 4 mg/ml	NC				
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	p				
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	np				
VECAMYL- mecamylamine hcl tab 2.5 mg	NP	•			
DIURETICS					
acetazolamide cap er 12hr 500 mg (Diamox)	np				
acetazolamide tab 125 mg, 250 mg	np				
amiloride hcl tab 5 mg	p				
AMILORIDE/HYDROCHLOROTHIA- amiloride & hydrochlorothiazide tab 5-50 mg	NP				
bumetanide tab 0.5 mg (Bumex)	p				
bumetanide tab 1 mg, 2 mg (Bumex)	np				
chlorthalidone tab 25 mg, 50 mg	p				
dichlorphenamide tab 50 mg (Keveyis)	NC				
DIURIL- chlorothiazide susp 250 mg/5ml	NP				
ethacrynic acid tab 25 mg (Edecrin)	NC				
FUROSCIX- furosemide subcutaneous cartridge kit 80 mg/10ml	NP	•	•		•
FUROSEMIDE- furosemide oral soln 8 mg/ml	NC				
furosemide oral soln 10 mg/ml	p				
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	p				
hydrochlorothiazide cap 12.5 mg (Microzide)	p				
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	p				
indapamide tab 1.25 mg, 2.5 mg	p				
methazolamide tab 25 mg, 50 mg (Neptazane)	np				
metolazone tab 2.5 mg, 5 mg, 10 mg	np				
SOAANZ- torsemide tab 20 mg, 40 mg, 60 mg	NC				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	np				
spironolactone susp 25 mg/5ml (Carospir)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	p				
THALITONE- chlorthalidone tab 15 mg	NC				
torsemide tab 5 mg, 100 mg	p				
torsemide tab 10 mg, 20 mg (Demadex)	p				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	p				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	p				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	p				
triamterene cap 50 mg, 100 mg (Dyrenium)	np				
VASOPRESSORS					
AUVI-Q- epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	P				
droxidopa cap 100 mg, 200 mg, 300 mg (Northera)	NC				
EPINEPHRINE- epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	NC				
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	np				
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	np				
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	np				
ANTIHYPERLIPIDEMICS					
ALTOPREV- lovastatin tab er 24hr 20 mg, 40 mg, 60 mg	NC				
ATORVALIQ- atorvastatin calcium susp 20 mg/5ml (4mg/ml) (base equiv)	NC				
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	p				
cholestyramine light powder packets 4 gm	NC				
cholestyramine light powder 4 gm/dose (Questran light)	np				
cholestyramine powder packets 4 gm (Questran)	NC				
cholestyramine powder 4 gm/dose (Questran)	np				
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	NC				
colesevelam hcl packet for susp 3.75 gm (Welchol)	NC				
colesevelam hcl tab 625 mg (Welchol)	np				
colestipol hcl granule packets 5 gm (Colestid flavored)	np				
colestipol hcl granules 5 gm (Colestid)	np				
colestipol hcl tab 1 gm (Colestid)	np				
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	NC				
ezetimibe tab 10 mg (Zetia)	p				
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	np				
EZETIMIBE/ROSUVASTATIN- ezetimibe-rosuvastatin calcium tab 10-5 mg, 10-10 mg, 10-20 mg, 10-40 mg	NC				
FENOFIBRATE- fenofibrate cap 50 mg, 150 mg	NC				
fenofibrate micronized cap 43 mg, 130 mg	NC				
fenofibrate micronized cap 67 mg, 134 mg	p				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
fenofibrate micronized cap 200 mg (Lofibra)	np				
fenofibrate tab 40 mg, 120 mg (Fenoglide)	NC				
fenofibrate tab 48 mg, 145 mg (Tricor)	p				
fenofibrate tab 54 mg (Lofibra)	p				
fenofibrate tab 160 mg	p				
FENOFIBRIC ACID- fenofibric acid tab 35 mg, 105 mg	NC				
FIBRICOR- fenofibric acid tab 35 mg, 105 mg	NC				
FLOLIPID- simvastatin susp 20 mg/5ml (4 mg/ml), 40 mg/5ml (8 mg/ml)	NC				
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	NC				
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	NC				
gemfibrozil tab 600 mg (Lopid)	p				
icosapent ethyl cap 0.5 gm, 1 gm (Vascepa)	NC				
JUXTAPID- lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	NP	•	•		•
LIPOFEN- fenofibrate cap 50 mg, 150 mg	NC				
lovastatin tab 10 mg, 20 mg, 40 mg	p				
NEXLETOL- bempedoic acid tab 180 mg	P		•		•
NEXLIZET- bempedoic acid-ezetimibe tab 180-10 mg	P		•		•
NIACIN- niacin (antihyperlipidemic) tab 500 mg	NC				
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	np				
NIACOR- niacin (antihyperlipidemic) tab 500 mg	NC				
omega-3-acid ethyl esters cap 1 gm (Lovaza)	NC				
pitavastatin calcium tab 1 mg, 2 mg, 4 mg (Livalo)	NC				
PRALUENT- alirocumab subcutaneous solution auto-injector 75 mg/ml, 150 mg/ml	NC				
pravastatin sodium tab 10 mg	p				
pravastatin sodium tab 20 mg, 40 mg, 80 mg (Pravachol)	p				
REPATHA- evolocumab subcutaneous soln prefilled syringe 140 mg/ml	P		•		•
REPATHA PUSHTRONEX SYSTEM- evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	P		•		•
REPATHA SURECLICK- evolocumab subcutaneous soln auto-injector 140 mg/ml	P		•		•
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	p				
ROSZET- ezetimibe-rosuvastatin calcium tab 10-5 mg, 10-10 mg, 10-20 mg, 10-40 mg	NC				
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	p				
VASCEPA- icosapent ethyl cap 0.5 gm, 1 gm	np		•		•
ZYPITAMAG- pitavastatin magnesium tab 2 mg (base equiv), 4 mg (base equiv)	NC				
CARDIOVASCULAR AGENTS - MISC.					
ADEMPAS- riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	NP	•	•		•
ambrisentan tab 5 mg, 10 mg (Letairis)	np	•	•		•
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	NC				
amlodipine besylate-atorvastatin calcium tab 5-10 mg, 5-20 mg,	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Caduet)					
bosentan tab 62.5 mg, 125 mg (Tracleer)	np	•	•		•
CAMZYOS- mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	NP	•	•		•
CORLANOR- ivabradine hcl oral soln 5 mg/5ml (base equiv)	P		•		•
CORLANOR- ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	P		•		•
ENTRESTO- sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	P				
INPEFA- sotagliflozin tab 200 mg, 400 mg	NC				
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	np				
LIQREV- sildenafil citrate oral susp 10 mg/ml	NC				
LODOCO- colchicine (cardiovascular) tab 0.5 mg	NC				
OPSUMIT- macitentan tab 10 mg	P	•	•		•
ORENITRAM- treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	NP	•	•		
ORENITRAM TITRATION KIT M- treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&8	NP	•	•		•
sildenafil citrate for suspension 10 mg/ml (Revatio)	np	•	•		•
sildenafil citrate tab 20 mg (Revatio)	np	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	np	•	•		•
TADLIQ- tadalafil oral susp 20 mg/5ml (pah)	NC				
TRACLEER- bosentan tab for oral susp 32 mg	P	•	•		•
TYVASO- treprostinil inhalation solution 0.6 mg/ml	NP		•		•
TYVASO DPI MAINTENANCE KI- treprostinil inh powder 16 mcg/ cartridge, 32 mcg/cartridge, 48 mcg/ cartridge, 64 mcg/cartridge	NC				
TYVASO DPI TITRATION KIT- treprostinil inh powder 112 x 16mcg & 84 x 32mcg	NC				
TYVASO DPI TITRATION KIT- treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	NC				
TYVASO REFILL- treprostinil inhalation solution 0.6 mg/ml	NP		•		•
TYVASO STARTER- treprostinil inhalation solution 0.6 mg/ml	NP		•		•
UPTRAVI- selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	P	•	•		•
UPTRAVI TITRATION PACK- selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	P	•	•		•
VENTAVIS- iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	NP		•		•
VERQUVO- vericiguat tab 2.5 mg, 5 mg, 10 mg	P		•		•
VYNDAMAX- tafamidis cap 61 mg	P	•	•		•
VYNDAQEL- tafamidis meglumine (cardiac) cap 20 mg	P	•	•		•
ERECTILE DYSFUNCTION					
CAVERJECT- alprostadil for inj 20 mcg, 40 mcg	NP*				
CAVERJECT IMPULSE- alprostadil for inj kit 10 mcg, 20 mcg	NP*				
EDEX- alprostadil for inj kit 10 mcg, 20 mcg, 40 mcg	NP*				
MUSE- alprostadil urethral pellet 250 mcg, 500 mcg, 1000 mcg	NP*				
sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra)	p*				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
STENDRA- avanafil tab 50 mg, 100 mg, 200 mg	NP*				•
tadalafil tab 2.5 mg, 5 mg (Cialis)	p				•
tadalafil tab 10 mg, 20 mg (Cialis)	p*				•
vardenafil hcl orally disintegrating tab 10 mg (Staxyn)	np*				•
vardenafil hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (Levitra)	np*				•
RESPIRATORY AGENTS					
ANTIHISTAMINES					
CARBINOXAMINE MALEATE- carbinoxamine maleate soln 4 mg/5ml	NC				
CARBINOXAMINE MALEATE- carbinoxamine maleate soln 4 mg/5ml	NP				
CARBINOXAMINE MALEATE- carbinoxamine maleate tab 6 mg	NC				
carbinoxamine maleate tab 4 mg	np				
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	NC				
CLEMASTINE FUMARATE- clemastine fumarate tab 2.68 mg	NP				
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	NC				
cyproheptadine hcl syrup 2 mg/5ml	p				
cyproheptadine hcl tab 4 mg	p				
DESLORATADINE ODT- desloratadine tab orally disintegrating 2.5 mg, 5 mg	NC				
desloratadine tab 5 mg (Clarinex)	NC				
diphenhydramine hcl elixir 12.5 mg/5ml	NC				
KARBINAL ER- carbinoxamine maleate extended release susp 4 mg/5ml	NC				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)	NC				
levocetirizine dihydrochloride tab 5 mg	NC				
promethazine hcl suppos 12.5 mg, 25 mg	np				
promethazine hcl syrup 6.25 mg/5ml	p				
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	p				
PROMETHEGAN- promethazine hcl suppos 50 mg	NP				
RYCLORA- dexchlorpheniramine maleate oral soln 2 mg/5ml	NC				
RYVENT- carbinoxamine maleate tab 6 mg	NC				
NASAL AGENTS - SYSTEMIC and TOPICAL					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	p				•
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	NC				
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista)	NC				
flunisolide nasal soln 25 mcg/act (0.025%)	NC				
fluticasone propionate nasal susp 50 mcg/act	p				•
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	np				•
mometasone furoate nasal susp 50 mcg/act (Nasonex)	NC				
olopatadine hcl nasal soln 0.6% (Patanase)	NC				
OMNARIS- ciclesonide nasal susp 50 mcg/act	NC				
QNASL- beclomethasone dipropionate nasal aerosol 80 mcg/ act	NC				
QNASL CHILDRENS- beclomethasone dipropionate nasal aerosol 40 mcg/act	NC				
RYALTRIS- olopatadine hcl-mometasone furoate nasal susp 665-25 mcg/act	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
XHANCE- fluticasone propionate nasal exhaler susp 93 mcg/act	NP		•		•
ZETONNA- ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)	NC				
COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%, 20%	np				
benzonatate cap 100 mg (Tessalon perles)	p				
benzonatate cap 150 mg	NC				
benzonatate cap 200 mg	p				
CLARINEX-D 12 HOUR- desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	NC				
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	p				
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	np				
HYDROCODONE POLISTIREX/CH- hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	NP				
PROMETHAZINE VC- promethazine & phenylephrine syrup 6.25-5 mg/5ml	NP				
PROMETHAZINE VC/CODEINE- promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	NP				
promethazine w/ codeine syrup 6.25-10 mg/5ml	p				
promethazine-dm syrup 6.25-15 mg/5ml	p				
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	NC				
sodium chloride soln nebu 3%	p				
sodium chloride soln nebu 7% (Hyper-sal)	p				
TUXARIN ER- codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg	NC				
ANTIASTHMATIC and BRONCHODILATOR AGENTS					
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	P				•
AIRDUO DIGIHALER 113/14- fluticasone-salmeterol aer powder ba 113-14 mcg/act w/sensor	NC				
AIRDUO DIGIHALER 232/14- fluticasone-salmeterol aer powder ba 232-14 mcg/act w/sensor	NC				
AIRDUO DIGIHALER 55/14- fluticasone-salmeterol aer powder ba 55-14 mcg/act w/ sensor	NC				
AIRDUO RESPICLICK 113/14- fluticasone-salmeterol aer powder ba 113-14 mcg/act	NC				
AIRDUO RESPICLICK 232/14- fluticasone-salmeterol aer powder ba 232-14 mcg/act	NC				
AIRDUO RESPICLICK 55/14- fluticasone-salmeterol aer powder ba 55-14 mcg/act	NC				
AIRSUPRA- albuterol-budesonide inhalation aerosol 90-80 mcg/act	NC				
ALBUTEROL SULFATE HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NC				
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	np				•
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	p				
albuterol sulfate soln nebu 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	np				
albuterol sulfate syrup 2 mg/5ml	p				
albuterol sulfate tab 2 mg, 4 mg	np				
ALVESCO- ciclesonide inhal aerosol 80 mcg/act, 160 mcg/act	NC				
ANORO ELLIPTA- umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	P				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	np				
ARMONAIR DIGIHALER- fluticasone propionate aer pow ba 55 mcg/act with sensor, 113 mcg/act with sensor, 232 mcg/act with sensor	NC				
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	P				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	P				•
ASMANEX TWISTHALER 120 ME- mometasone furoate inhal powd 220 mcg/act (breath activated)	P				•
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	P				•
ASMANEX TWISTHALER 60 MET- mometasone furoate inhal powd 220 mcg/act (breath activated)	P				•
ATROVENT HFA- ipratropium bromide hfa inhal aerosol 17 mcg/act	NP				•
BEVESPI AEROSPHERE- glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	NC				
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	P				•
BREZTRI AEROSPHERE- budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	P				•
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	np				
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	p				•
COMBIVENT RESPIMAT- ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	P				•
cromolyn sodium soln nebu 20 mg/2ml	np				
DUAKLIR PRESSAIR- aclidinium br-formoterol fum aero pow br act 400-12 mcg/act	NC				
DULERA- mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	P				•
FASENRA PEN- benralizumab subcutaneous soln auto-injector 30 mg/ml	P	•	•		•
FLUTICASONE FUROATE/VILAN- fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	NC				
FLUTICASONE PROPIONATE HF- fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	NC				
FLUTICASONE PROPIONATE HF- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve), 220 mcg/act (250/valve)	NC				
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	np				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	NC				
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	np				•
formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)	NC				
INCRUSE ELLIPTA- umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	P				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ipratropium bromide inhal soln 0.02%	p				
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	np				
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	np				
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	np				
LEVALBUTEROL TARTRATE HFA- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NC				
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	p				
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	NC				
montelukast sodium tab 10 mg (base equiv) (Singulair)	p				
NUCALA- mepolizumab subcutaneous solution auto-injector 100 mg/ml	P	•	•		•
NUCALA- mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml, 100 mg/ml	P	•	•		•
PROAIR DIGIHALER- albuterol sulfate aer pow ba 108 mcg/act with sensor	NC				
PROAIR RESPICLICK- albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	NC				
PULMICORT FLEXHALER- budesonide inhal aero powd 90 mcg/act (breath activated), 180 mcg/act (breath activated)	NC				
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act, 80 mcg/act	P				•
roflumilast tab 250 mcg, 500 mcg (Daliresp)	np				
SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	P				•
SPIRIVA HANDIHALER- tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	NC				
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	P				•
STIOLTO RESPIMAT- tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	P				•
STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	P				•
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	NC				
terbutaline sulfate tab 2.5 mg, 5 mg	np				
TEZSPIRE- tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	P		•		•
THEO-24- theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	NP				
theophylline elixir 80 mg/15ml	np				
THEOPHYLLINE ER- theophylline tab er 12hr 100 mg, 200 mg	NC				
theophylline soln 80 mg/15ml	np				
theophylline tab er 12hr 300 mg, 450 mg	np				
theophylline tab er 24hr 400 mg, 600 mg	np				
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	p				•
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	P				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
TUDORZA PRESSAIR- aclidinium bromide aerosol powd breath activated 400 mcg/act	NC				
VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	np				•
XOLAIR- omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	P	•	•		
XOLAIR- omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	P	•	•		
XOPENEX HFA- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NC				
YUPELRI- revefenacin inhalation solution 175 mcg/3ml	NC				
zafirlukast tab 10 mg, 20 mg (Accolate)	np				
zileuton tab er 12hr 600 mg (Zyflo cr)	NC				
ZYFLO- zileuton tab 600 mg	NC				
RESPIRATORY AGENTS - MISC.					
BRONCHITOL- mannitol inhal cap 40 mg	NC				
BRONCHITOL TOLERANCE TEST- mannitol inhal cap 40 mg	NC				
GLASSIA- alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	NP				
KALYDECO- ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	P	•	•		•
KALYDECO- ivacaftor tab 150 mg	P	•	•		•
OFEV- nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	NP	•	•		•
ORKAMBI- lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	NP	•	•		•
ORKAMBI- lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	NP	•	•		•
PIRFENIDONE- pirfenidone tab 534 mg	NP	•	•		•
pirfenidone cap 267 mg (Esbriet)	np	•	•		•
pirfenidone tab 267 mg, 801 mg (Esbriet)	np	•	•		•
PULMOZYME- dornase alfa inhal soln 2.5 mg/2.5ml	P	•			
SYMDEKO- tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	P	•	•		•
SYMDEKO- tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	P	•	•		•
TRIKAFTA- elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	P	•	•		•
TRIKAFTA- elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	P	•	•		•
TRIKAFTA- elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	P	•	•		•
TRIKAFTA- elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	P	•	•		•
GASTROINTESTINAL AGENTS					
LAXATIVES					
CLENPIQ- sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml	NC				
GAVILYTE-C- peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	NP				
KRISTALOSE- lactulose oral crystal packet 10 gm, 20 gm	NC				
LACTULOSE- lactulose oral crystal packet 10 gm	NC				
lactulose solution 10 gm/15ml	np				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	p				
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	NC				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PEG-PREP- bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	NP				
PLENVU- peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	NC				
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	np				
SUFLAVE- peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	NC				
SUTAB- sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	NP				
ANTIDIARRHEALS					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	np				
DIPHENOXYLATE/ATROPINE- diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	NP				
loperamide hcl cap 2 mg	NC				
MOTOFEN- difenoxin w/ atropine tab 1-0.025 mg	NP				
MYTESI- crofelemer tab delayed release 125 mg	NC				
ULCER DRUGS					
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Pylera)	NC				
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax)	NC				
cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg	NC				
dexlansoprazole cap delayed release 30 mg, 60 mg (Dexilant)	NC				
dicyclomine hcl cap 10 mg (Bentyl)	p				
dicyclomine hcl oral soln 10 mg/5ml	np				
dicyclomine hcl tab 20 mg	p				
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)	NC				
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	np				•
famotidine for susp 40 mg/5ml	np				
famotidine tab 20 mg (Pepcid)	NC				
famotidine tab 40 mg (Pepcid)	p				
GLYCATE- glycopyrrolate tab 1.5 mg	NC				
GLYCOPYRROLATE- glycopyrrolate tab 1.5 mg	NC				
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	np				
glycopyrrolate tab 1 mg (Robinul)	p				
glycopyrrolate tab 2 mg (Robinul forte)	np				
HELIDAC THERAPY- metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	NC				
KONVOMEP- omeprazole-sodium bicarbonate for oral susp 2-84 mg/ml	NC				
lansoprazole cap delayed release 15 mg, 30 mg (Prevacid)	NC				
lansoprazole tab delayed release orally disintegrating 15 mg, 30 mg (Prevacid solutab)	NC				
LANSOPRAZOLE/AMOXICILLIN/-amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	NC				
LIBRAX- chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	NC				
methscopolamine bromide tab 2.5 mg (Pamine)	np				
methscopolamine bromide tab 5 mg (Pamine forte)	np				
misoprostol tab 100 mcg, 200 mcg (Cytotec)	p				
NEXIUM- esomeprazole magnesium for delayed release susp packet 5 mg	P			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NEXIUM- esomeprazole magnesium for delayed release susp pack 2.5 mg	P			•	•
NIZATIDINE- nizatidine cap 150 mg, 300 mg	NC				
OMECLAMOX-PAK- amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack	NC				
omeprazole cap delayed release 10 mg, 20 mg, 40 mg	p				•
omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg (Zegerid)	NC				
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg (Zegerid)	NC				
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	p				•
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	NC				
PRILOSEC- omeprazole magnesium for delayed release susp packet 2.5 mg, 10 mg	NC				
PYLERA- bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	NC				
RABEPRAZOLE SODIUM DR SPR- rabeprazole sodium capsule sprinkle dr 10 mg	NC				
rabeprazole sodium ec tab 20 mg (Aciphex)	NC				
sucralfate susp 1 gm/10ml (Carafate)	NC				
sucralfate tab 1 gm (Carafate)	np				
TALICIA- amoxicillin-rifabutin-omeprazole cap dr 250-12.5-10 mg	NC				
VOQUEZNA DUAL PAK- amoxicillin cap 500 mg & vonoprazan tab 20 mg therapy pack	NC				
VOQUEZNA TRIPLE PAK- amoxicillin cap & clarithromycin tab & vonoprazan tab pack	NC				
ANTIEMETICS					
AKYNZEO- netupitant-palonosetron cap 300-0.5 mg	NC				
ANTIVERT- meclizine hcl tab 50 mg	NC				
ANZEMET- dolasetron mesylate tab 50 mg	NP				•
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	np				•
aprepitant capsule 40 mg (Emend)	np				
aprepitant capsule 80 mg, 125 mg (Emend)	np				•
BONJESTA- doxylamine-pyridoxine tab er 20-20 mg	NC				
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	NC				
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	np				
EMEND- aprepitant for oral susp 125 mg (125 mg/5ml)	P				•
granisetron hcl tab 1 mg	np				•
meclizine hcl tab 12.5 mg, 25 mg	NC				
MECLIZINE HYDROCHLORIDE- meclizine hcl tab 50 mg	NC				
ONDANSETRON HCL- ondansetron hcl tab 24 mg	NP				•
ondansetron hcl oral soln 4 mg/5ml	p				•
ondansetron hcl tab 4 mg, 8 mg (Zofran)	p				•
ondansetron orally disintegrating tab 4 mg, 8 mg (Zofran odt)	p				•
SANCUSO- granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	NC				
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	np				
SYNDROS- dronabinol soln 5 mg/ml	NC				
trimethobenzamide hcl cap 300 mg (Tigan)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
VARUBI- rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	P				•
DIGESTIVE AIDS					
CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	P				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 2600-8800-15200 unit, 4200-14200-24600 unit, 10500-35500-61500 unit, 16800-56800-98400 unit, 21000-54700-83900 unit, 37000-97300-149900 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit, 8000-28750-30250 unit, 16000-57500-60500 unit, 24000-86250-90750 unit	NC				
SUCRAID- sacrosidase soln 8500 unit/ml	NP	•	•		•
VIOKACE- pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit, 20880-78300-78300 unit	NC				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	P				
GASTROINTESTINAL AGENTS- MISC.					
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	NC				
AURYXIA- ferric citrate tab 1 gm (210 mg ferric iron)	NP				
balsalazide disodium cap 750 mg (Colazal)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
BYLVAY- odevixibat cap 400 mcg, 1200 mcg	NP	•	•		
BYLVAY (PELLETS)- odevixibat pellets cap sprinkle 200 mcg, 600 mcg	NP	•	•		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	np				
calcium acetate (phosphate binder) tab 667 mg	np				
CHENODAL- chenodiol tab 250 mg	P	•			
CHOLBAM- cholic acid cap 50 mg, 250 mg	NP	•			
CIMZIA- certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	NP	•	•		•
CIMZIA STARTER KIT- certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	NP	•	•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	np				
DIPENTUM- olsalazine sodium cap 250 mg	NC				
FOSRENOL- lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	NP				
GATTEX- teduglutide (rdna) for inj kit 5 mg	NP		•		
GIMOTI- metoclopramide hcl nasal spray 15 mg/act	NC				
IBSRELA- tenapanor hcl tab 50 mg	NC				
lactulose (encephalopathy) solution 10 gm/15ml	p				
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	np				
LINZESS- linaclotide cap 72 mcg, 145 mcg, 290 mcg	NC				
LIVMARLI- maralixibat chloride oral soln 9.5 mg/ml	NP	•	•		
lubiprostone cap 8 mcg, 24 mcg (Amitiza)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
mesalamine cap dr 400 mg (Delzicol)	np				
mesalamine cap er 24hr 0.375 gm (Apriso)	np				
mesalamine cap er 500 mg (Pentasa)	NC				
MESALAMINE DR- mesalamine tab delayed release 800 mg	NP				
mesalamine enema 4 gm	np				
mesalamine suppos 1000 mg (Canasa)	np				
mesalamine tab delayed release 1.2 gm (Lialda)	np				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	np				
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	p				
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 5 mg (base eq)	NP				
MOTEGRITY- prucalopride succinate tab 1 mg (base equivalent), 2 mg (base equivalent)	NC				
MOVANTIK- naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	P		•		•
OCALIVA- obeticholic acid tab 5 mg, 10 mg	NP	•	•		•
PENTASA- mesalamine cap er 250 mg, 500 mg	NC				
RELISTOR- methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml), 12 mg/0.6ml (20 mg/ml)	NC				
RELISTOR- methylnaltrexone bromide tab 150 mg	NC				
RELTONE- ursodiol cap 200 mg, 400 mg	NC				
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	np				
sevelamer carbonate tab 800 mg (Renvela)	np				
sevelamer hcl tab 400 mg	np				
sevelamer hcl tab 800 mg (Renagel)	np				
SFROWASA- mesalamine sulfite-free (sf) enema 4 gm/60ml	NP				
SKYRIZI- risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	P		•		•
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	np				
sulfasalazine tab 500 mg (Azulfidine)	np				
SYMPROIC- naldemedine tosylate tab 0.2 mg (base equivalent)	P		•		•
TRULANCE- plecanatide tab 3 mg	P		•		•
URSODIOL- ursodiol cap 200 mg, 400 mg	NC				
ursodiol cap 300 mg (Actigall)	np				
ursodiol tab 250 mg (Urso 250)	np				
ursodiol tab 500 mg (Urso forte)	np				
VELPHORO- sucroferric oxyhydroxide chew tab 500 mg	P				
VIBERZI- eluxadoline tab 75 mg, 100 mg	P				
VOWST- fecal microbiota spores, live-brpk caps	NP	•	•		•
XERMELO- telotristat ethyl tab 250 mg (as telotristat etiprate)	NP	•	•		•
GENITOURINARY AGENTS					
URINARY ANTISPASMODICS					
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg (Urecholine)	np				
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv) (Enablex)	NC				
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	NC				
flavoxate hcl tab 100 mg	NC				
GELNIQUE- oxybutynin chloride td gel 10%	NC				
GEMTESA- vibegron tab 75 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
MYRBETRIQ- mirabegron granules for oral extended release susp 8 mg/ml	P				
MYRBETRIQ- mirabegron tab er 24 hr 25 mg, 50 mg	P				
OXYBUTYNIN CHLORIDE- oxybutynin chloride tab 2.5 mg	NC				
oxybutynin chloride solution 5 mg/5ml	p				
oxybutynin chloride tab er 24hr 5 mg, 10 mg (Ditropan xl)	p				
oxybutynin chloride tab er 24hr 15 mg	p				
oxybutynin chloride tab 5 mg	p				
OXYTROL- oxybutynin td patch twice weekly 3.9 mg/24hr	NC				
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	p				
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	np				
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	np				
trospium chloride cap er 24hr 60 mg	np				
trospium chloride tab 20 mg	np				
VESICARE LS- solifenacin succinate susp 5 mg/5ml (1 mg/ml)	NC				
VAGINAL PRODUCTS					
CLEOCIN- clindamycin phosphate vaginal suppos 100 mg	NC				
clindamycin phosphate vaginal cream 2% (Cleocin)	np				
CLINDESSE- clindamycin phosphate (one dose) vaginal cream 2%	NP				
CRINONE- progesterone vaginal gel 4%, 8%	NC				
ENCARE- nonoxynol-9 vaginal suppos 100 mg	P				
ENDOMETRIN- progesterone vaginal insert 100 mg	P*				•
estradiol vaginal cream 0.1 mg/gm (Estrace)	np				•
estradiol vaginal tab 10 mcg (Vagifem)	np				
ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	P				•
FEMRING- estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr	NC				
GYNAZOLE-1- butoconazole nitrate (one dose) vaginal cream 2%	NP				
IMVEXXY MAINTENANCE PACK- estradiol vaginal insert 4 mcg, 10 mcg	NC				
IMVEXXY STARTER PACK- estradiol vaginal insert starter pack 4 mcg, 10 mcg	NC				
INTRAROSA- prasterone vaginal insert 6.5 mg	NC				
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	np				
MICONAZOLE 3- miconazole nitrate vaginal suppos 200 mg	NP				
NUVESSA- metronidazole vaginal gel 1.3%	NP				
OPTIONS GYNOL II VAGINAL- nonoxynol-9 gel 3%	P				
PHEXXI- lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	NP				
PREMARIN- estrogens, conjugated vaginal cream 0.625 mg/gm	NP				
terconazole vaginal cream 0.4% (Terazol 7)	np				
terconazole vaginal cream 0.8%	np				
terconazole vaginal suppos 80 mg	np				
TODAY SPONGE- nonoxynol-9 vaginal sponge 1000 mg	P				
VANDAZOLE- metronidazole vaginal gel 0.75%	NP				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 gel 4%	NP				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 film 28%	P				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 foam 12.5%	P				
XACIATO- clindamycin phosphate vaginal gel 2%	NC				
GENITOURINARY AGENTS - MISC.					
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	p				
CARDURA XL- doxazosin mesylate tab er 24 hr 4 mg (base equiv), 8 mg (base equiv)	NC				
CYSTAGON- cysteamine bitartrate cap 50 mg, 150 mg	P	•			
dutasteride cap 0.5 mg (Avodart)	p				
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	NC				
ELMIRON- pentosan polysulfate sodium caps 100 mg	NP		•		
ENTADFI- finasteride-tadalafil cap 5-5 mg	NC				
FILSPARI- sparsentan tab 200 mg, 400 mg	NP	•	•		•
finasteride tab 5 mg (Proscar)	p				
K-PHOS NO 2- potassium & sodium acid phosphates tab 305-700 mg	P				
LITHOSTAT- acetohydroxamic acid tab 250 mg	NP				
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	np				
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	np				
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	np				
PROCYSBI- cysteamine bitartrate cap delayed release 25 mg (base equiv), 75 mg (base equiv)	NP	•	•		
PROCYSBI- cysteamine bitartrate delayed release granules packet 75 mg, 300 mg	NP	•	•		
silodosin cap 4 mg, 8 mg (Rapaflo)	NC				
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)	np				
tamsulosin hcl cap 0.4 mg (Flomax)	p				
THIOLA EC- tiopronin tab delayed release 100 mg, 300 mg	NP				
tiopronin tab 100 mg (Thiola)	np				
CENTRAL NERVOUS SYSTEM DRUGS					
ANTIANXIETY AGENTS					
ALPRAZOLAM INTENSOL- alprazolam conc 1 mg/ml	NC				
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	NC				
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	p				
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	p				
buspirone hcl tab 5 mg, 10 mg, 15 mg	p				
buspirone hcl tab 7.5 mg	NC				
buspirone hcl tab 30 mg	np				
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	p				
clorazepate dipotassium tab 3.75 mg, 15 mg	np				
clorazepate dipotassium tab 7.5 mg (Tranxene t)	np				
diazepam conc 5 mg/ml	np				
diazepam oral soln 1 mg/ml	p				
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	p				
hydroxyzine hcl syrup 10 mg/5ml	np				
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	p				
HYDROXYZINE PAMOATE- hydroxyzine pamoate cap 100 mg	NP				
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	p				
lorazepam conc 2 mg/ml	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	p				
LOREEV XR- lorazepam cap er 24hr sprinkle 1 mg, 1.5 mg, 2 mg, 3 mg	NC				
meprobamate tab 200 mg, 400 mg	NC				
oxazepam cap 10 mg, 15 mg, 30 mg	np				
ANTIDEPRESSANTS					
amitriptyline hcl tab 10 mg, 50 mg, 75 mg	p				
amitriptyline hcl tab 25 mg (Elavil)	p				
amitriptyline hcl tab 100 mg, 150 mg	np				
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	NC				
APLENZIN- bupropion hbr tab er 24hr 174 mg, 348 mg, 522 mg	NC				
AUVELITY- dextromethorphan hbr-bupropion hcl tab er 45-105 mg	NC				
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	p				•
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	p				•
bupropion hcl tab 75 mg, 100 mg	p				•
BUPROPION HYDROCHLORIDE E-bupropion hcl tab er 24hr 450 mg	NC				
CITALOPRAM HYDROBROMIDE-citalopram hydrobromide cap 30 mg	NC				
citalopram hydrobromide oral soln 10 mg/5ml	np				•
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	p				•
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	np				
desipramine hcl tab 10 mg, 25 mg (Norpramin)	np				
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	np				
DESVENLAFAXINE ER-desvenlafaxine tab er 24hr 50 mg, 100 mg	NC				
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	np				•
doxepin hcl cap 10 mg, 25 mg	p				
doxepin hcl cap 50 mg, 75 mg, 100 mg, 150 mg	np				
doxepin hcl conc 10 mg/ml	p				
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	p				•
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	NC				
EMSAM- selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	NP				
escitalopram oxalate soln 5 mg/5ml (base equiv)	np				•
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	p				•
FETZIMA- levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	NP			•	•
FETZIMA TITRATION PACK-levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	NP			•	•
FLUOXETINE DR- fluoxetine hcl cap delayed release 90 mg	NP			•	•
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	p				•
fluoxetine hcl solution 20 mg/5ml	np				•
fluoxetine hcl tab 10 mg, 20 mg	NC				
fluoxetine hcl tab 60 mg (Fluoxetine hcl)	NC				
fluvoxamine maleate cap er 24hr 100 mg, 150 mg	NC				
fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	np				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
FORFIVO XL- bupropion hcl tab er 24hr 450 mg	NC				
imipramine hcl tab 10 mg, 25 mg, 50 mg (Tofranil)	p				
imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg	NC				
MARPLAN- isocarboxazid tab 10 mg	NP				
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	np				•
mirtazapine tab 7.5 mg	np				•
mirtazapine tab 15 mg, 30 mg, 45 mg (Remeron)	p				•
NARDIL- phenelzine sulfate tab 15 mg	NC				
NEFAZODONE HYDROCHLORIDE- nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	NC				
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	p				
nortriptyline hcl soln 10 mg/5ml	np				
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	NC				
paroxetine hcl tab er 24hr 12.5 mg, 25 mg, 37.5 mg (Paxil cr)	NC				
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	p				•
PHENELZINE SULFATE- phenelzine sulfate tab 15 mg	NP				
protriptyline hcl tab 5 mg, 10 mg	np				
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	np				•
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	p				•
SERTRALINE HYDROCHLORIDE- sertraline hcl cap 150 mg, 200 mg	NC				
tranylcypromine sulfate tab 10 mg (Parnate)	np				
trazodone hcl tab 50 mg, 100 mg, 150 mg	p				
trazodone hcl tab 300 mg	NC				
trimipramine maleate cap 25 mg, 50 mg, 100 mg (Surmontil)	np				
TRINTELLIX- vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	NP			•	•
VENLAFAXINE BESYLATE ER- venlafaxine besylate tab er 24hr 112.5 mg	NC				
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	p				•
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent), 225 mg (base equivalent)	NC				
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	p				•
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	np				•
ANTIPSYCHOTICS					
ABILIFY MYCITE MAINTENANC- aripiprazole tab 2 mg with sensor&strips (for pod) maint pak	NC				
ABILIFY MYCITE MAINTENANC- aripiprazole tab 5 mg with sensor&strips (for pod) maint pak	NC				
ABILIFY MYCITE MAINTENANC- aripiprazole tab 10 mg with sensor&strips(for pod) maint pak	NC				
ABILIFY MYCITE MAINTENANC- aripiprazole tab 15 mg with sensor&strips(for pod) maint pak	NC				
ABILIFY MYCITE MAINTENANC- aripiprazole tab 20 mg with sensor&strips(for pod) maint pak	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ABILIFY MYCITE MAINTENANC- aripiprazole tab 30 mg with sensor&strips(for pod) maint pak	NC				
ABILIFY MYCITE STARTER KI- aripiprazole tab 2 mg with sensor, strips & pod starter pak	NC				
ABILIFY MYCITE STARTER KI- aripiprazole tab 5 mg with sensor, strips & pod starter pak	NC				
ABILIFY MYCITE STARTER KI- aripiprazole tab 10 mg with sensor, strips & pod starter pak	NC				
ABILIFY MYCITE STARTER KI- aripiprazole tab 15 mg with sensor, strips & pod starter pak	NC				
ABILIFY MYCITE STARTER KI- aripiprazole tab 20 mg with sensor, strips & pod starter pak	NC				
ABILIFY MYCITE STARTER KI- aripiprazole tab 30 mg with sensor, strips & pod starter pak	NC				
aripiprazole oral solution 1 mg/ml	np				•
aripiprazole orally disintegrating tab 10 mg, 15 mg	np				•
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg (Abilify)	p				•
aripiprazole tab 20 mg, 30 mg (Abilify)	np				•
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	np				•
CAPLYTA- lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	NC				
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	np				
CHLORPROMAZINE HYDROCHLOR- chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	NC				
CLOZAPINE ODT- clozapine orally disintegrating tab 12.5 mg	NP			•	•
clozapine orally disintegrating tab 25 mg, 100 mg (Fazaclo)	np				•
clozapine orally disintegrating tab 150 mg, 200 mg	np				•
clozapine tab 25 mg (Clozaril)	p				•
clozapine tab 50 mg, 200 mg	np				•
clozapine tab 100 mg (Clozaril)	np				•
EQUETRO- carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	NP				
FANAPT- iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	NP			•	•
FANAPT TITRATION PACK- iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	NP			•	•
FLUPHENAZINE HCL- fluphenazine hcl oral conc 5 mg/ml	NP				
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	np				
FLUPHENAZINE HYDROCHLORID- fluphenazine hcl elixir 2.5 mg/5ml	NP				
haloperidol lactate oral conc 2 mg/ml	np				
haloperidol tab 0.5 mg, 1 mg	p				
haloperidol tab 2 mg, 5 mg, 10 mg, 20 mg	np				
LITHIUM- lithium oral solution 8 meq/5ml	P				
LITHIUM CARBONATE- lithium carbonate cap 150 mg, 300 mg, 600 mg	NP				
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	p				
lithium carbonate cap 300 mg	p				
lithium carbonate tab er 300 mg (Lithobid)	p				
lithium carbonate tab er 450 mg	p				
lithium carbonate tab 300 mg	p				
LITHOBID- lithium carbonate tab er 300 mg	NP				
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg (Latuda)	np				•
MOLINDONE HYDROCHLORIDE- molindone hcl tab 5 mg, 10 mg, 25 mg	NP				
NUPLAZID- pimavanserin tartrate cap 34 mg (base equivalent)	NC				
NUPLAZID- pimavanserin tartrate tab 10 mg (base equivalent)	NC				
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	np				•
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	p				•
paliperidone tab er 24hr 1.5 mg, 3 mg, 6 mg, 9 mg (Invega)	np				•
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	np				
prochlorperazine maleate tab 5 mg (base equivalent)	p				
prochlorperazine maleate tab 10 mg (base equivalent)	np				
prochlorperazine suppos 25 mg	np				
QUETIAPINE FUMARATE- quetiapine fumarate tab 150 mg	NC				
quetiapine fumarate tab er 24hr 50 mg, 200 mg, 300 mg, 400 mg (Seroquel xr)	np				•
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	p				•
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg (Seroquel)	p				•
REXULTI- brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P			•	•
RISPERIDONE ODT- risperidone orally disintegrating tab 0.25 mg	NP			•	•
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal m-tab)	np				•
risperidone soln 1 mg/ml (Risperdal)	np				•
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	p				•
SECUADO- asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	NP			•	•
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	NC				
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	np				
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	np				
VERSACLOZ- clozapine susp 50 mg/ml	NP			•	•
VRAYLAR- cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	NP			•	•
VRAYLAR- cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	NP			•	•
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	np				•
HYPNOTICS					
BELSOMRA- suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	NC				
DAYVIGO- lemborexant tab 5 mg, 10 mg	NC				
DORAL- quazepam tab 15 mg	NC				
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	NC				
EDLUAR- zolpidem tartrate sl tab 5 mg, 10 mg	NC				
estazolam tab 1 mg, 2 mg	np				
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	p				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
FLURAZEPAM HYDROCHLORIDE- flurazepam hcl cap 15 mg, 30 mg	NC				
HALCION- triazolam tab 0.25 mg	NC				
HETLIOZ LQ- tasimelteon oral susp 4 mg/ml	NP	•	•		•
phenobarbital elixir 20 mg/5ml	np				
phenobarbital tab 15 mg, 30 mg, 60 mg, 100 mg	p				
phenobarbital tab 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	np				
QUAZEPAM- quazepam tab 15 mg	NC				
QUVIVIQ- daridorexant hcl tab 25 mg, 50 mg	NC				
ramelteon tab 8 mg (Rozerem)	NC				
tasimelteon capsule 20 mg (Hetlioz)	np	•	•		•
temazepam cap 7.5 mg, 22.5 mg (Restoril)	NC				
temazepam cap 15 mg, 30 mg (Restoril)	p				
triazolam tab 0.125 mg	NC				
triazolam tab 0.25 mg (Halcion)	NC				
zaleplon cap 5 mg, 10 mg (Sonata)	p				•
ZOLPIDEM TARTRATE- zolpidem tartrate cap 7.5 mg	NC				
ZOLPIDEM TARTRATE- zolpidem tartrate sl tab 1.75 mg, 3.5 mg	NC				
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	np				•
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	p				•
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS					
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 3.1 mg, 6.3 mg, 9.4 mg, 12.5 mg, 15.7 mg, 18.8 mg	NC				
amphetamine sulfate tab 5 mg, 10 mg (Evekeo)	NC				
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	np				•
amphetamine-dextroamphetamine tab 5 mg (Adderall)	p				•
amphetamine-dextroamphetamine tab 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg (Adderall)	np				•
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg, 25 mg, 37.5 mg, 50 mg (Mydayis)	NC				
armodafinil tab 50 mg (Nuvigil)	p				
armodafinil tab 150 mg, 200 mg, 250 mg (Nuvigil)	np				
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	np				•
AZSTARYS- serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	NC				
benzphetamine hcl tab 50 mg	NC				
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	np				
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	np				•
CONTRAVE- naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg	NC				
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 8.6 mg, 17.3 mg, 25.9 mg	NC				
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	np				•
dexmethylphenidate hcl tab 2.5 mg, 5 mg (Focalin)	p				•
dexmethylphenidate hcl tab 10 mg (Focalin)	np				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
dextroamphetamine sulfate cap er 24hr 5 mg, 10 mg, 15 mg (Dexedrine)	np				•
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	np				•
dextroamphetamine sulfate tab 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	NC				
dextroamphetamine sulfate tab 5 mg, 10 mg	np				•
DIETHYLPROPION HCL ER- diethylpropion hcl tab er 24hr 75 mg	NC				
diethylpropion hcl tab 25 mg (Diethylpropion hcl)	NC				
DIETHYLPROPION HYDROCHLOR- diethylpropion hcl tab er 24hr 75 mg	NC				
DYANAVEL XR- amphetamine chew tab extended release 5 mg, 10 mg, 15 mg, 20 mg	NC				
DYANAVEL XR- amphetamine extended release susp 2.5 mg/ml	NC				
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	NC				
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	p				•
IMCIVREE- setmelanotide acetate subcutaneous soln 10 mg/ml	NP*	•	•		•
JORNAY PM- methylphenidate hcl cap delayed er 24hr 20 mg (pm), 40 mg (pm), 60 mg (pm), 80 mg (pm), 100 mg (pm)	NC				
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	np				•
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	np				•
LOMAIRA- phentermine hcl tab 8 mg	NP*		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
methamphetamine hcl tab 5 mg (Desoxyn)	NC				
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	np				•
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	np				•
methylphenidate hcl cap er 24hr 60 mg (la)	NC				
methylphenidate hcl cap er 24hr 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr) (Aptensio xr)	NC				
methylphenidate hcl chew tab 2.5 mg, 5 mg, 10 mg	np				•
methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml (Methylin)	np				•
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg (Concerta)	np				•
methylphenidate hcl tab er 24hr 27 mg, 36 mg, 54 mg	np				•
methylphenidate hcl tab er 10 mg, 20 mg	np				•
methylphenidate hcl tab 5 mg, 10 mg (Ritalin)	p				•
methylphenidate hcl tab 20 mg (Ritalin)	np				•
METHYLPHENIDATE HYDROCHLO- methylphenidate hcl tab er osmotic release (osm) 45 mg, 63 mg, 72 mg	NC				
METHYLPHENIDATE HYDROCHLO- methylphenidate hcl tab er 24hr 18 mg	NP				•
methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (Daytrana)	NC				
modafinil tab 100 mg, 200 mg (Provigil)	np				
ORLISTAT- orlistat cap 120 mg	NP*		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PHENDIMETRAZINE TARTRATE- phendimetrazine tartrate cap er 24hr 105 mg	NC				
phendimetrazine tartrate tab 35 mg	NC				
phentermine hcl cap 15 mg, 30 mg	p*		•		•
phentermine hcl cap 37.5 mg (Adipex-p)	p*		•		•
phentermine hcl tab 37.5 mg (Adipex-p)	p*		•		•
QELBREE- viloxazine hcl cap er 24hr 100 mg, 150 mg, 200 mg	NC				
QSYMIA- phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg	NP*		•		•
QUILLICHEW ER- methylphenidate hcl chew tab extended release 20 mg, 30 mg, 40 mg	NC				
QUILLIVANT XR- methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	NC				
RELEXXII- methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 45 mg, 54 mg, 63 mg, 72 mg	NC				
SAXENDA- liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	NP*		•		•
SUNOSI- solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	P		•		•
WAKIX- pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	NC				
WEGOVY- semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml, 1.7 mg/0.75ml, 2.4 mg/0.75ml	NP*		•		•
XELSTRYM- dextroamphetamine td patch 4.5 mg/9hr, 9 mg/9hr, 13.5 mg/9hr, 18 mg/9hr	NC				
XENICAL- orlistat cap 120 mg	NP*		•		•
ZEPBOUND- tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	NP*		•		•
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.					
acamprosate calcium tab delayed release 333 mg	np				
ADDYI- flibanserin tab 100 mg	NP*		•		•
ADLARITY- donepezil hydrochloride td patch weekly 5 mg/day, 10 mg/day	NC				
ADUHELM- aducanumab-avwa iv soln 170 mg/1.7ml (100 mg/ml), 300 mg/3ml (100 mg/ml)	NC				
AUSTEDO- deutetrabenazine tab 6 mg, 9 mg, 12 mg	NP	•	•		•
AUSTEDO XR- deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg	NP	•	•		•
AUSTEDO XR PATIENT TITRAT- deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	NP	•	•		•
AVONEX- interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	P	•	•		•
AVONEX PEN- interferon beta-1a im auto-injector kit 30 mcg/0.5ml	P	•	•		•
BAFIERTAM- monomethyl fumarate capsule delayed release 95 mg	NC				
BETASERON- interferon beta-1b for inj kit 0.3 mg	P	•	•		•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	np				
CHLORDIAZEPOXIDE/AMITRIPT- chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	NP				
dalfampridine tab er 12hr 10 mg (Ampyra)	np	•	•		•
dimethyl fumarate capsule delayed release 120 mg, 240 mg (Tecfidera)	np	•			•
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	np	•			•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
disulfiram tab 250 mg, 500 mg (Antabuse)	np				
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	p				
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	p				
donepezil hydrochloride tab 23 mg (Aricept)	np				
ERGOLOID MESYLATES- ergoloid mesylates tab 1 mg	NC				
EXTAVIA- interferon beta-1b for inj kit 0.3 mg	NC				
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	np	•			•
FLUOXETINE HYDROCHLORIDE- fluoxetine hcl (pmdd) tab 10 mg, 20 mg	NC				
gabapentin (once-daily) tab 300 mg, 600 mg (Gralise)	NC				
GALANTAMINE HYDROBROMIDE- galantamine hydrobromide oral soln 4 mg/ml	NP				
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	np				
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg (Razadyne)	np				
GILENYA- fingolimod hcl cap 0.25 mg (base equiv)	NP	•	•		•
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	np	•			•
GRALISE- gabapentin (once-daily) tab 300 mg, 450 mg, 600 mg, 750 mg, 900 mg	NC				
HORIZANT- gabapentin enacarbil tab er 300 mg, 600 mg	NC				
INGREZZA- valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	NP	•	•		•
INGREZZA- valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	NP	•	•		•
KESIMPTA- ofatumumab soln auto-injector 20 mg/0.4ml	P	•	•		•
LEQEMBI- lecanemab-irmb iv soln 200 mg/2ml (100 mg/ml), 500 mg/5ml (100 mg/ml)	NC				
LUCEMYRA- lofexidine hcl tab 0.18 mg (base equivalent)	NP				
LUMRYZ- sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	NP	•	•		•
LYBALVI- olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	NC				
MAVENCLAD- cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs)	P	•	•		•
MAYZENT- siponimod fumarate tab 0.25 mg (base equiv), 1 mg (base equiv), 2 mg (base equiv)	P	•	•		•
MAYZENT STARTER PACK- siponimod fumarate tab 0.25 mg (7) starter pack	P	•	•		•
MAYZENT STARTER PACK- siponimod fumarate tab 0.25 mg (12) starter pack	P	•	•		•
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg (Namenda xr)	NC				
memantine hcl oral solution 2 mg/ml	np				
memantine hcl tab 5 mg, 10 mg (Namenda)	p				
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	np				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 7-10 mg, 14-10 mg, 21-10 mg, 28-10 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NAMZARIC- memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	NC				
nicotine polacrilex gum 2 mg, 4 mg	np				
nicotine polacrilex lozenge 2 mg, 4 mg	np				
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	np				
NICOTINE TRANSDERMAL SYST- nicotine td patch 24 hr kit 21-14-7 mg/24hr	P				
NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered)	P				
NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray)	P				
NUEDEXTA- dextromethorphan hbr-quinidine sulfate cap 20-10 mg	NP		•		•
olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg, 6-50 mg, 12-25 mg, 12-50 mg (Symbyax)	NC				
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	NC				
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	NP				
PIMOZIDE- pimozide tab 1 mg, 2 mg	NP				
PLEGRIDY- peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	P	•	•		•
PLEGRIDY- peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	P	•	•		•
PLEGRIDY- peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	P	•	•		•
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	P	•	•		•
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	P	•	•		•
PONVORY- ponesimod tab 20 mg	NC				
PONVORY 14-DAY STARTER PA- ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg	NC				
pregabalin tab er 24hr 82.5 mg, 165 mg, 330 mg (Lyrica cr)	NC				
REBIF- interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	P	•	•		•
REBIF REBIDOSE- interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	P	•	•		•
REBIF REBIDOSE TITRATION- interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	•	•		•
REBIF TITRATION PACK- interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	•	•		•
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	np				
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	np				
SAVELLA- milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	NC				
SAVELLA TITRATION PACK- milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	NC				
SODIUM OXYBATE- sodium oxybate oral solution 500 mg/ml	NC				
SODIUM OXYBATE- sodium oxybate oral solution 500 mg/ml	NP	•	•		•
TASCENSO ODT- fingolimod lauryl sulfate tablet disintegrating 0.25 mg, 0.5 mg	NC				
TEGSEDI- inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	NP	•	•		•
teriflunomide tab 7 mg, 14 mg (Aubagio)	np	•			•
tetrabenazine tab 12.5 mg, 25 mg (Xenazine)	np	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	np				
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	np				
VUMERITY- diroximel fumarate capsule delayed release 231 mg	P	•	•		•
VYLEESI- bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	NP*	•	•		•
XYREM- sodium oxybate oral solution 500 mg/ml	NC				
XYWAV- calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	NP	•	•		•
ZEPOSIA- ozanimod hcl cap 0.92 mg	P	•	•		•
ZEPOSIA STARTER KIT- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	P	•	•		•
ZEPOSIA 7-DAY STARTER PAC- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	P	•	•		•
ANALGESICS AND ANESTHETICS					
ANALGESICS - NON-NARCOTIC					
ALLZITAL- butalbital-acetaminophen tab 25-325 mg	NC				
aspirin chew tab 81 mg	p				
aspirin tab delayed release 81 mg	p				
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	NC				
butalbital-acetaminophen tab 50-300 mg	NC				
butalbital-acetaminophen tab 50-325 mg	np				•
butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)	NC				
butalbital-acetaminophen-caffeine cap 50-325-40 mg	NC				
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	np				•
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	np				•
diflunisal tab 500 mg	np				
TENCON- butalbital-acetaminophen tab 50-325 mg	NP				•
ANALGESICS - NARCOTIC					
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	p				•
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	p				•
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	np				•
ACETAMINOPHEN/CAFFEINE/ DI- acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	NC				
ACETAMINOPHEN/CODEINE- acetaminophen w/ codeine soln 120-12 mg/5ml	p				•
APADAZ- benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	NC				
BELBUCA- buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	P		•		•
BENZHYDROCODONE/ ACETAMINO- benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	NC				
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	np				•
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	np				•
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	np				•
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine)	NC				
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	np				•
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/ codeine #3)	np				•
butorphanol tartrate nasal soln 10 mg/ml	np				•
CODEINE SULFATE- codeine sulfate tab 15 mg, 60 mg	NP				•
codeine sulfate tab 30 mg (Codeine sulfate)	np				•
CONZIP- tramadol hcl cap er 24hr biphasic release 100 mg, 200 mg, 300 mg	NC				
FENTANYL CITRATE- fentanyl citrate buccal tab 100 mcg (base equiv), 200 mcg (base equiv), 400 mcg (base equiv), 600 mcg (base equiv), 800 mcg (base equiv)	NC				
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	np		•		•
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	np		•		•
fentanyl td patch 72hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NC				
FENTORA- fentanyl citrate buccal tab 100 mcg (base equiv), 200 mcg (base equiv), 400 mcg (base equiv), 600 mcg (base equiv), 800 mcg (base equiv)	NC				
HYDROCODONE BITARTRATE ER- hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	NC				
hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (Hysingla er)	NC				
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	np				•
hydrocodone-acetaminophen tab 10-325 mg	p				•
hydrocodone-acetaminophen tab 5-300 mg, 7.5-300 mg, 10-300 mg	NC				
hydrocodone-acetaminophen tab 5-325 mg, 7.5-325 mg (Norco)	p				•
hydrocodone-ibuprofen tab 7.5-200 mg	np				•
HYDROCODONE/IBUPROFEN- hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg	NP				•
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	np				•
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	NC				
hydromorphone hcl tab 2 mg, 4 mg (Dilaudid)	p				•
hydromorphone hcl tab 8 mg (Dilaudid)	np				•
LEVORPHANOL TARTRATE- levorphanol tartrate tab 3 mg	NC				
levorphanol tartrate tab 2 mg	NC				
MEPERIDINE HCL- meperidine hcl oral soln 50 mg/5ml	NC				
meperidine hcl tab 50 mg	NC				
methadone hcl conc 10 mg/ml (Methadose)	np				•
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl)	np				•
methadone hcl tab for oral susp 40 mg	np				•
methadone hcl tab 5 mg, 10 mg (Dolophine)	p				•
MORPHINE SULFATE- morphine sulfate oral soln 10 mg/5ml	p				•
MORPHINE SULFATE- morphine sulfate tab 15 mg, 30 mg	P				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	NC				
MORPHINE SULFATE ER- morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	NP		•		•
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	np				•
morphine sulfate tab er 15 mg (Ms contin)	p		•		•
morphine sulfate tab er 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)	np		•		•
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	np				•
NALOCET- oxycodone w/ acetaminophen tab 2.5-300 mg	NC				
NUCYNTA- tapentadol hcl tab 50 mg, 75 mg, 100 mg	NC				
NUCYNTA ER- tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	NC				
OXYCODONE AND ACETAMINOPH- oxycodone w/ acetaminophen tab 7.5-300 mg	NC				
oxycodone hcl cap 5 mg	NC				
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	np				•
oxycodone hcl soln 5 mg/5ml	np				•
oxycodone hcl tab 5 mg (Roxicodone)	p				•
oxycodone hcl tab 10 mg	p				•
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	np				•
oxycodone hcl tab 20 mg	np				•
OXYCODONE HYDROCHLORIDE E- oxycodone hcl tab er 12hr deter 10 mg, 20 mg, 40 mg, 80 mg	NC				
OXYCODONE HYDROCHLORIDE/A- oxycodone w/ acetaminophen soln 5-325 mg/5ml, 10-300 mg/5ml	NC				
oxycodone w/ acetaminophen tab 2.5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	np				•
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	p				•
OXYCODONE/ACETAMINOPHEN- oxycodone w/ acetaminophen tab 2.5-300 mg, 5-300 mg, 10-300 mg	NC				
OXYCONTIN- oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	NC				
oxymorphone hcl tab 5 mg, 10 mg (Opana)	np				•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	NC				
pentazocine w/ naloxone hcl tab 50-0.5 mg	NC				
PROLATE- oxycodone w/ acetaminophen soln 10-300 mg/5ml	NC				
PROLATE- oxycodone w/ acetaminophen tab 5-300 mg, 7.5-300 mg, 10-300 mg	NC				
QDOLO- tramadol hcl oral soln 5 mg/ml	NC				
ROXYBOND- oxycodone hcl tab abuse deter 5 mg, 15 mg, 30 mg	NC				
SEGLENTIS- celecoxib-tramadol hcl tab 56-44 mg	NC				
TRAMADOL HCL ER- tramadol hcl cap er 24hr biphasic release 100 mg, 200 mg, 300 mg	NC				
TRAMADOL HCL ER- tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg	NP		•		•
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	np		•		•
tramadol hcl tab 50 mg (Ultram)	p				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
tramadol hcl tab 100 mg	NC				
TRAMADOL HYDROCHLORIDE-tramadol hcl oral soln 5 mg/ml	NC				
TRAMADOL HYDROCHLORIDE-tramadol hcl tab 25 mg	NC				
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	p				•
TREZIX- acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	NC				
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	P		•		•
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 1.4-0.36 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 8.6-2.1 mg (base eq), 11.4-2.9 mg (base eq)	NC				
ANALGESICS - ANTI-INFLAMMATORY					
ABRILADA- adalimumab-afzb prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	NC				
ABRILADA 1-PEN KIT- adalimumab-afzb auto-injector kit 40 mg/0.8ml	NC				
ABRILADA 2-PEN KIT- adalimumab-afzb auto-injector kit 40 mg/0.8ml	NC				
ACTEMRA- tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	P	•	•		•
ACTEMRA ACTPEN- tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	P	•	•		•
ADALIMUMAB-ADAZ- adalimumab-adaz soln auto-injector 40 mg/0.4ml	NC				
ADALIMUMAB-ADAZ- adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	NC				
ADALIMUMAB-ADBM- adalimumab-adbm auto-injector kit 40 mg/0.8ml	NC				
ADALIMUMAB-ADBM- adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	NC				
ADALIMUMAB-ADBM CROHNS/UC-adalimumab-adbm auto-injector kit 40 mg/0.8ml	NC				
ADALIMUMAB-ADBM PSORIASIS-adalimumab-adbm auto-injector kit 40 mg/0.8ml	NC				
ADALIMUMAB-FKJP- adalimumab-fkjp auto-injector kit 40 mg/0.8ml	NC				
ADALIMUMAB-FKJP- adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	NC				
AMJEVITA (NDC's starting with 72511 only)- adalimumab-atto soln auto-injector 40 mg/0.8ml	NC				
AMJEVITA (NDC's starting with 55513 only)- adalimumab-atto soln auto-injector 40 mg/0.8ml	P	•	•		•
AMJEVITA (NDC's starting with 55513 only)- adalimumab-atto soln prefilled syringe 10 mg/0.2ml	P	•	•		•
AMJEVITA (NDC's starting with 55513 only)- adalimumab-atto soln prefilled syringe 20 mg/0.4ml	P	•	•		•
AMJEVITA (NDC's starting with 55513 only)- adalimumab-atto soln prefilled syringe 40 mg/0.8ml	P	•	•		•
ARCALYST- rilonacept for inj 220 mg	NP	•	•		•
celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)	p				
celecoxib cap 400 mg (Celebrex)	np				
CYLTEZO- adalimumab-adbm auto-injector kit 40 mg/0.8ml	NC				
CYLTEZO- adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	NC				
CYLTEZO STARTER PACKAGE F-adalimumab-adbm auto-injector kit 40 mg/0.8ml	NC				
diclofenac potassium cap 25 mg (Zipsor)	NC				
diclofenac potassium tab 25 mg	NC				
diclofenac potassium tab 50 mg	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
diclofenac sodium tab delayed release 25 mg	np				
diclofenac sodium tab delayed release 50 mg, 75 mg	p				
diclofenac sodium tab er 24hr 100 mg	NC				
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	np				
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	np				
ENBREL- etanercept subcutaneous inj 25 mg/0.5ml	P	•	•		•
ENBREL- etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	P	•	•		•
ENBREL MINI- etanercept subcutaneous solution cartridge 50 mg/ml	P	•	•		•
ENBREL SURECLICK- etanercept subcutaneous solution auto-injector 50 mg/ml	P	•	•		•
etodolac cap 200 mg, 300 mg	np				
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	np				
etodolac tab 400 mg (Lodine)	np				
etodolac tab 500 mg	np				
FENOPROFEN CALCIUM- fenoprofen calcium cap 200 mg	NC				
fenoprofen calcium cap 400 mg (Nalfon)	NC				
fenoprofen calcium tab 600 mg	NC				
FLURBIPROFEN- flurbiprofen tab 50 mg	NP				
flurbiprofen tab 100 mg	p				
HADLIMA- adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	P	•	•		•
HADLIMA PUSHTOUCH- adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	P	•	•		•
HULIO- adalimumab-fkjp auto-injector kit 40 mg/0.8ml	NC				
HULIO- adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	NC				
HUMIRA- adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	P	•	•		•
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	P	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	P	•	•		•
HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	P	•	•		•
HUMIRA PEN-PEDIATRIC UC S- adalimumab pen-injector kit 80 mg/0.8ml	P	•	•		•
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	P	•	•		•
HYRIMOZ- adalimumab-adaz soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml, 80 mg/0.8ml	NC				
HYRIMOZ- adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml, 40 mg/0.8ml	NC				
HYRIMOZ CROHN'S DISEASE A- adalimumab-adaz soln auto-injector 80 mg/0.8ml	NC				
HYRIMOZ PEDIATRIC CROHN'S- adalimumab-adaz soln prefilled syr 80 mg/0.8ml & 40 mg/0.4ml	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
HYRIMOZ PEDIATRIC CROHNS-adalimumab-adaz soln prefilled syringe 80 mg/0.8ml	NC				
HYRIMOZ PLAQUE PSORIASIS-adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml	NC				
HYRIMOZ SENSOREADY PENS-adalimumab-adaz soln auto-injector 80 mg/0.8ml	NC				
ibuprofen susp 100 mg/5ml	NC				
ibuprofen tab 400 mg, 600 mg, 800 mg	p				
ibuprofen-famotidine tab 800-26.6 mg (Duexis)	NC				
IDACIO (2 PEN)- adalimumab-aacf auto-injector kit 40 mg/0.8ml	NC				
IDACIO (2 SYRINGE)- adalimumab-aacf prefilled syringe kit 40 mg/0.8ml	NC				
IDACIO STARTER PACKAGE FO-adalimumab-aacf auto-injector kit 40 mg/0.8ml	NC				
INDOCIN- indomethacin susp 25 mg/5ml	NC				
indomethacin cap er 75 mg	np				
indomethacin cap 25 mg, 50 mg	p				
indomethacin suppos 50 mg	NC				
indomethacin susp 25 mg/5ml (Indocin)	NC				
KETOPROFEN- ketoprofen cap 25 mg, 50 mg	NC				
KETOPROFEN ER- ketoprofen cap er 24hr 200 mg	NC				
ketorolac tromethamine tab 10 mg	p				•
KEVZARA- sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	NP	•	•		•
KEVZARA- sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	NP	•	•		•
KINERET- anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	NC				
leflunomide tab 10 mg, 20 mg (Arava)	np				
MECLOFENAMATE SODIUM-meclofenamate sodium cap 50 mg, 100 mg	NC				
mefenamic acid cap 250 mg	NC				
MELOXICAM- meloxicam susp 7.5 mg/5ml	NC				
meloxicam cap 5 mg, 10 mg (Vivlodex)	NC				
meloxicam tab 7.5 mg, 15 mg (Mobic)	p				
nabumetone tab 500 mg	p				
nabumetone tab 750 mg	np				
naproxen sodium tab er 24hr 375 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv) (Naprelan)	NC				
naproxen sodium tab 275 mg	np				
naproxen sodium tab 550 mg (Anaprox ds)	np				
naproxen susp 125 mg/5ml (Naprosyn)	NC				
naproxen tab ec 375 mg, 500 mg (Ec-naprosyn)	NC				
naproxen tab 250 mg, 375 mg	p				
naproxen tab 500 mg (Naprosyn)	p				
naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg (Vimovo)	NC				
OLUMIANT- baricitinib tab 1 mg, 2 mg, 4 mg	NP	•	•		•
ORENCIA- abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	NP	•	•		•
ORENCIA CLICKJECT- abatacept subcutaneous soln auto-injector 125 mg/ml	NP	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
OTEZLA- apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	P	•	•		•
OTEZLA- apremilast tab 30 mg	P	•	•		•
OTREXUP- methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	P			•	
oxaprozin tab 600 mg (Daypro)	np				
piroxicam cap 10 mg, 20 mg (Feldene)	np				
RASUVO- methotrexate soln pf auto-injector 7.5 mg/0.15ml, 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml	NC				
RELAFEN DS- nabumetone tab 1000 mg	NC				
RIDAURA- auranofin cap 3 mg	NP				
RINVOQ- upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	P	•	•		•
SIMPONI- golimumab subcutaneous soln auto-injector 50 mg/0.5ml	NC				
SIMPONI- golimumab subcutaneous soln auto-injector 100 mg/ml	P	•	•		•
SIMPONI- golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	NC				
SIMPONI- golimumab subcutaneous soln prefilled syringe 100 mg/ml	P	•	•		•
SPRIX- ketorolac tromethamine nasal spray 15.75 mg/spray	NC				
sulindac tab 150 mg, 200 mg	p				
XELJANZ- tofacitinib citrate oral soln 1 mg/ml (base equivalent)	P	•	•		•
XELJANZ- tofacitinib citrate tab 5 mg (base equivalent), 10 mg (base equivalent)	P	•	•		•
XELJANZ XR- tofacitinib citrate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent)	P	•	•		•
YUFLYMA- adalimumab-aaty auto-injector kit 80 mg/0.8ml	NC				
YUFLYMA CD/UC/HS STARTER- adalimumab-aaty auto-injector kit 80 mg/0.8ml	NC				
YUFLYMA 1-PEN KIT- adalimumab-aaty auto-injector kit 40 mg/0.4ml	NC				
YUFLYMA 2-PEN KIT- adalimumab-aaty auto-injector kit 40 mg/0.4ml	NC				
YUFLYMA 2-SYRINGE KIT- adalimumab-aaty prefilled syringe kit 40 mg/0.4ml	NC				
YUSIMRY- adalimumab-aqvh soln pen-injector 40 mg/0.8ml	NC				
MIGRAINE PRODUCTS					
AIMOVIG- erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	P		•		•
AJOVY- fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	P		•		•
AJOVY- fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	P		•		•
almotriptan malate tab 6.25 mg, 12.5 mg (Axert)	NC				
diclofenac potassium (migraine) packet 50 mg (Cambia)	NC				
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	np			•	•
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	NC				
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	np				•
ELYXYB- celecoxib oral soln 120 mg/4.8ml (25 mg/ml)	NC				
EMGALITY- galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	P		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml, 120 mg/ml	P		•		•
ERGOMAR- ergotamine tartrate sl tab 2 mg	NP			•	•
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	NC				
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	NC				
IMITREX STATDOSE REFILL- sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	NC				
MIGERGOT- ergotamine w/ caffeine suppos 2-100 mg	NP			•	•
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	np				•
NURTEC- rimegepant sulfate tab disint 75 mg	P		•		•
ONZETRA XSAIL- sumatriptan succinate exhaler powder 11 mg/ nosepiece	NC				
QULIPTA- atogepant tab 10 mg, 30 mg, 60 mg	P		•		•
REYVOW- lasmiditan succinate tab 50 mg, 100 mg	P		•		•
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	p				•
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	p				•
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent) (Maxalt)	p				•
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	np				•
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	np				•
SUMATRIPTAN SUCCINATE REF- sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	NC				
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	np				•
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	p				•
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	NC				
TOSYMRA- sumatriptan nasal spray 10 mg/act	NC				
TRUDHESA- dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	NC				
UBRELVY- ubrogepant tab 50 mg, 100 mg	P		•		•
ZAVZPRET- zavegepant hcl nasal spray 10 mg/act	NC				
ZEMBRACE SYMTOUCH- sumatriptan succinate solution auto-injector 3 mg/0.5ml	NC				
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	NC				
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	NC				
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	np				•
ZOMIG- zolmitriptan nasal spray 2.5 mg/spray unit	NC				
GOUT AGENTS					
ALLOPURINOL- allopurinol tab 200 mg	NC				
allopurinol tab 100 mg, 300 mg (Zyloprim)	p				
colchicine cap 0.6 mg (Mitigare)	NC				
colchicine tab 0.6 mg (Colcrys)	np				
colchicine w/ probenecid tab 0.5-500 mg	np				
febuxostat tab 40 mg, 80 mg (Uloric)	NC				
GLOPERBA- colchicine oral soln 0.6 mg/5ml	NC				
probenecid tab 500 mg	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NEUROMUSCULAR DRUGS					
ANTICONVULSANTS					
APTIOM- eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	P				
BRIVIACT- brivaracetam oral soln 10 mg/ml	NC				
BRIVIACT- brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	NC				
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	np				
carbamazepine chew tab 100 mg	np				
carbamazepine susp 100 mg/5ml (Tegretol)	np				
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	np				
carbamazepine tab 200 mg (Tegretol)	np				
CARBATROL- carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	NP				
clobazam suspension 2.5 mg/ml (Onfi)	np				
clobazam tab 10 mg, 20 mg (Onfi)	np				
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	np				
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	p				
DIACOMIT- stiripentol cap 250 mg, 500 mg	NP	•			
DIACOMIT- stiripentol packet 250 mg, 500 mg	NP	•			
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 2.5 mg	NP				
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	np				
DILANTIN- phenytoin sodium extended cap 30 mg	P				
DILANTIN- phenytoin sodium extended cap 100 mg	NP				
DILANTIN INFATABS- phenytoin chew tab 50 mg	NP				
DILANTIN-125- phenytoin susp 125 mg/5ml	NP				
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	np				
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	p				
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	np				
ELEPSIA XR- levetiracetam tab er 24hr 1000 mg, 1500 mg	NC				
EPIDIOLEX- cannabidiol soln 100 mg/ml	P	•	•		
EPRONTIA- topiramate oral soln 25 mg/ml	NC				
ethosuximide cap 250 mg (Zarontin)	np				
ethosuximide soln 250 mg/5ml (Zarontin)	np				
felbamate susp 600 mg/5ml (Felbatol)	np				
felbamate tab 400 mg, 600 mg (Felbatol)	np				
FINTEPLA- fenfluramine hcl oral soln 2.2 mg/ml	NP	•	•		•
FYCOMPA- perampanel susp 0.5 mg/ml	NP				
FYCOMPA- perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	NP				
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	p				
gabapentin oral soln 250 mg/5ml (Neurontin)	np				
gabapentin tab 600 mg, 800 mg (Neurontin)	p				
lacosamide oral solution 10 mg/ml (Vimpat)	np				
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
LAMICTAL XR- lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	NP				
LAMICTAL XR- lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	NP				
LAMICTAL XR- lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	NP				
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	NC				
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	np				
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	NC				
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	NC				
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	NC				
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	np				
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	p				
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	np				
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	np				
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	np				
levetiracetam oral soln 100 mg/ml (Keppra)	np				
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	np				
levetiracetam tab 250 mg, 500 mg (Keppra)	p				
levetiracetam tab 750 mg, 1000 mg (Keppra)	np				
methsuximide cap 300 mg (Celontin)	np				
MYSOLINE- primidone tab 50 mg, 250 mg	NP				
NAYZILAM- midazolam nasal spray soln 5 mg/0.1 ml	NP				•
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	np				
oxcarbazepine tab 150 mg (Trileptal)	p				
oxcarbazepine tab 300 mg, 600 mg (Trileptal)	np				
OXTELLAR XR- oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg	NC				
phenytoin chew tab 50 mg (Dilantin infatabs)	np				
phenytoin sodium extended cap 100 mg (Dilantin)	np				
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	np				
phenytoin susp 125 mg/5ml (Dilantin-125)	np				
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	p				•
pregabalin soln 20 mg/ml (Lyrica)	np				•
PRIMIDONE- primidone tab 125 mg	NP				
primidone tab 50 mg (Mysoline)	p				
primidone tab 250 mg (Mysoline)	np				
rufinamide susp 40 mg/ml (Banzel)	np				
rufinamide tab 200 mg, 400 mg (Banzel)	np				
SPRITAM- levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	NP				
SYMPAZAN- clobazam oral film 5 mg, 10 mg, 20 mg	NC				
TEGRETOL- carbamazepine susp 100 mg/5ml	NP				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
TEGRETOL- carbamazepine tab 200 mg	NP				
TEGRETOL-XR- carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	NP				
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	np				
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (Qudexy xr)	np		•		•
topiramate cap er 24hr 25 mg, 50 mg, 100 mg, 200 mg (Trokendi xr)	np		•		•
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	np				
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	p				
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	np				
valproic acid cap 250 mg (Depakene)	np				
VALTOCO 10 MG DOSE- diazepam nasal spray 10 mg/0.1 ml	NP				•
VALTOCO 15 MG DOSE- diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	NP				•
VALTOCO 20 MG DOSE- diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	NP				•
VALTOCO 5 MG DOSE- diazepam nasal spray 5 mg/0.1 ml	NP				•
vigabatrin powd pack 500 mg (Sabril)	np	•			
vigabatrin tab 500 mg (Sabril)	np	•			
XCOPRI- cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	NP				
XCOPRI- cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	NP				
XCOPRI- cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	NP				
XCOPRI- cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	NP				
ZARONTIN- ethosuximide cap 250 mg	NP				
ZARONTIN- ethosuximide soln 250 mg/5ml	NP				
ZONISADE- zonisamide oral susp 100 mg/5ml (20 mg/ml)	NC				
zonisamide cap 25 mg (Zonegran)	p				
zonisamide cap 50 mg	p				
zonisamide cap 100 mg (Zonegran)	np				
ZTALMY- ganaxolone susp 50 mg/ml	NP	•			
ANTIPARKINSON AGENTS					
amantadine hcl cap 100 mg	np				
amantadine hcl soln 50 mg/5ml	np				
amantadine hcl tab 100 mg	NC				
APOKYN- apomorphine hcl soln cartridge 30 mg/3ml	NP	•			
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	np	•			
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	p				
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	np				
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	np				
carbidopa & levodopa tab er 25-100 mg, 50-200 mg (Sinemet cr)	np				
carbidopa & levodopa tab 10-100 mg (Sinemet)	p				
carbidopa & levodopa tab 25-100 mg, 25-250 mg (Sinemet)	np				
carbidopa tab 25 mg (Lodosyn)	np				
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	np				
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	np				
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	np				
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	np				
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	np				
CARBIDOPA/LEVODOPA ODT- carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	NP				
DHIVY- carbidopa & levodopa tab 25-100 mg	NC				
DUOPA- carbidopa-levodopa enteral susp 4.63-20 mg/ml	NP				
entacapone tab 200 mg (Comtan)	np				
GOCOVRI- amantadine hcl cap er 24hr 68.5 mg (base equivalent), 137 mg (base equivalent)	NC				
INBRIJA- levodopa inhal powder cap 42 mg	P	•			
NEUPRO- rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	NP				
NOURIANZ- istradefylline tab 20 mg, 40 mg	NC				
ONGENTYS- opicapone cap 25 mg, 50 mg	NC				
OSMOLEX ER- amantadine hcl tab er 24hr 129 mg (base equivalent), 193 mg (base equivalent)	NC				
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	p				
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	np				
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 6 mg (base equivalent), 12 mg (base equivalent)	NC				
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 8 mg (base equivalent) (Requip xl)	NC				
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg (Requip)	p				
RYTARY- carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	NP				
selegiline hcl cap 5 mg (Eldepryl)	np				
selegiline hcl tab 5 mg	np				
tolcapone tab 100 mg (Tasmar)	np				
TRIHEXYPHENIDYL HCL- trihexyphenidyl hcl oral soln 0.4 mg/ml	NP				
trihexyphenidyl hcl tab 2 mg, 5 mg	p				
XADAGO- safinamide mesylate tab 50 mg (base equiv), 100 mg (base equiv)	NC				
ZELAPAR- selegiline hcl orally disintegrating tab 1.25 mg	NC				
NEUROMUSCULAR AGENTS					
AMONDYS 45- casimersen iv soln 100 mg/2ml (50 mg/ml)	NC				
DAYBUE- trofinetide oral soln 200 mg/ml	NP	•	•		•
ELEVIDYS 10.0-10.4 KG- delandistrogene moxeparvovec-rokl iv susp 10 x 10 ml kit	NC				
ELEVIDYS 10.5-11.4 KG- delandistrogene moxeparvovec-rokl iv susp 11 x 10 ml kit	NC				
ELEVIDYS 11.5-12.4 KG- delandistrogene moxeparvovec-rokl iv susp 12 x 10 ml kit	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ELEVIDYS 12.5-13.4 KG-delandistrogene moxeparvovec-rokl iv susp 13 x 10 ml kit	NC				
ELEVIDYS 13.5-14.4 KG-delandistrogene moxeparvovec-rokl iv susp 14 x 10 ml kit	NC				
ELEVIDYS 14.5-15.4 KG-delandistrogene moxeparvovec-rokl iv susp 15 x 10 ml kit	NC				
ELEVIDYS 15.5-16.4 KG-delandistrogene moxeparvovec-rokl iv susp 16 x 10 ml kit	NC				
ELEVIDYS 16.5-17.4 KG-delandistrogene moxeparvovec-rokl iv susp 17 x 10 ml kit	NC				
ELEVIDYS 17.5-18.4 KG-delandistrogene moxeparvovec-rokl iv susp 18 x 10 ml kit	NC				
ELEVIDYS 18.5-19.4 KG-delandistrogene moxeparvovec-rokl iv susp 19 x 10 ml kit	NC				
ELEVIDYS 19.5-20.4 KG-delandistrogene moxeparvovec-rokl iv susp 20 x 10 ml kit	NC				
ELEVIDYS 20.5-21.4 KG-delandistrogene moxeparvovec-rokl iv susp 21 x 10 ml kit	NC				
ELEVIDYS 21.5-22.4 KG-delandistrogene moxeparvovec-rokl iv susp 22 x 10 ml kit	NC				
ELEVIDYS 22.5-23.4 KG-delandistrogene moxeparvovec-rokl iv susp 23 x 10 ml kit	NC				
ELEVIDYS 23.5-24.4 KG-delandistrogene moxeparvovec-rokl iv susp 24 x 10 ml kit	NC				
ELEVIDYS 24.5-25.4 KG-delandistrogene moxeparvovec-rokl iv susp 25 x 10 ml kit	NC				
ELEVIDYS 25.5-26.4 KG-delandistrogene moxeparvovec-rokl iv susp 26 x 10 ml kit	NC				
ELEVIDYS 26.5-27.4 KG-delandistrogene moxeparvovec-rokl iv susp 27 x 10 ml kit	NC				
ELEVIDYS 27.5-28.4 KG-delandistrogene moxeparvovec-rokl iv susp 28 x 10 ml kit	NC				
ELEVIDYS 28.5-29.4 KG-delandistrogene moxeparvovec-rokl iv susp 29 x 10 ml kit	NC				
ELEVIDYS 29.5-30.4 KG-delandistrogene moxeparvovec-rokl iv susp 30 x 10 ml kit	NC				
ELEVIDYS 30.5-31.4 KG-delandistrogene moxeparvovec-rokl iv susp 31 x 10 ml kit	NC				
ELEVIDYS 31.5-32.4 KG-delandistrogene moxeparvovec-rokl iv susp 32 x 10 ml kit	NC				
ELEVIDYS 32.5-33.4 KG-delandistrogene moxeparvovec-rokl iv susp 33 x 10 ml kit	NC				
ELEVIDYS 33.5-34.4 KG-delandistrogene moxeparvovec-rokl iv susp 34 x 10 ml kit	NC				
ELEVIDYS 34.5-35.4 KG-delandistrogene moxeparvovec-rokl iv susp 35 x 10 ml kit	NC				
ELEVIDYS 35.5-36.4 KG-delandistrogene moxeparvovec-rokl iv susp 36 x 10 ml kit	NC				
ELEVIDYS 36.5-37.4 KG-delandistrogene moxeparvovec-rokl iv susp 37 x 10 ml kit	NC				
ELEVIDYS 37.5-38.4 KG-delandistrogene moxeparvovec-rokl iv susp 38 x 10 ml kit	NC				
ELEVIDYS 38.5-39.4 KG-delandistrogene moxeparvovec-rokl iv susp 39 x 10 ml kit	NC				
ELEVIDYS 39.5-40.4 KG-delandistrogene moxeparvovec-rokl iv susp 40 x 10 ml kit	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ELEVIDYS 40.5-41.4 KG-delandistrogene moxeparvovec-rokl iv susp 41 x 10 ml kit	NC				
ELEVIDYS 41.5-42.4 KG-delandistrogene moxeparvovec-rokl iv susp 42 x 10 ml kit	NC				
ELEVIDYS 42.5-43.4 KG-delandistrogene moxeparvovec-rokl iv susp 43 x 10 ml kit	NC				
ELEVIDYS 43.5-44.4 KG-delandistrogene moxeparvovec-rokl iv susp 44 x 10 ml kit	NC				
ELEVIDYS 44.5-45.4 KG-delandistrogene moxeparvovec-rokl iv susp 45 x 10 ml kit	NC				
ELEVIDYS 45.5-46.4 KG-delandistrogene moxeparvovec-rokl iv susp 46 x 10 ml kit	NC				
ELEVIDYS 46.5-47.4 KG-delandistrogene moxeparvovec-rokl iv susp 47 x 10 ml kit	NC				
ELEVIDYS 47.5-48.4 KG-delandistrogene moxeparvovec-rokl iv susp 48 x 10 ml kit	NC				
ELEVIDYS 48.5-49.4 KG-delandistrogene moxeparvovec-rokl iv susp 49 x 10 ml kit	NC				
ELEVIDYS 49.5-50.4 KG-delandistrogene moxeparvovec-rokl iv susp 50 x 10 ml kit	NC				
ELEVIDYS 50.5-51.4 KG-delandistrogene moxeparvovec-rokl iv susp 51 x 10 ml kit	NC				
ELEVIDYS 51.5-52.4 KG-delandistrogene moxeparvovec-rokl iv susp 52 x 10 ml kit	NC				
ELEVIDYS 52.5-53.4 KG-delandistrogene moxeparvovec-rokl iv susp 53 x 10 ml kit	NC				
ELEVIDYS 53.5-54.4 KG-delandistrogene moxeparvovec-rokl iv susp 54 x 10 ml kit	NC				
ELEVIDYS 54.5-55.4 KG-delandistrogene moxeparvovec-rokl iv susp 55 x 10 ml kit	NC				
ELEVIDYS 55.5-56.4 KG-delandistrogene moxeparvovec-rokl iv susp 56 x 10 ml kit	NC				
ELEVIDYS 56.5-57.4 KG-delandistrogene moxeparvovec-rokl iv susp 57 x 10 ml kit	NC				
ELEVIDYS 57.5-58.4 KG-delandistrogene moxeparvovec-rokl iv susp 58 x 10 ml kit	NC				
ELEVIDYS 58.5-59.4 KG-delandistrogene moxeparvovec-rokl iv susp 59 x 10 ml kit	NC				
ELEVIDYS 59.5-60.4 KG-delandistrogene moxeparvovec-rokl iv susp 60 x 10 ml kit	NC				
ELEVIDYS 60.5-61.4 KG-delandistrogene moxeparvovec-rokl iv susp 61 x 10 ml kit	NC				
ELEVIDYS 61.5-62.4 KG-delandistrogene moxeparvovec-rokl iv susp 62 x 10 ml kit	NC				
ELEVIDYS 62.5-63.4 KG-delandistrogene moxeparvovec-rokl iv susp 63 x 10 ml kit	NC				
ELEVIDYS 63.5-64.4 KG-delandistrogene moxeparvovec-rokl iv susp 64 x 10 ml kit	NC				
ELEVIDYS 64.5-65.4 KG-delandistrogene moxeparvovec-rokl iv susp 65 x 10 ml kit	NC				
ELEVIDYS 65.5-66.4 KG-delandistrogene moxeparvovec-rokl iv susp 66 x 10 ml kit	NC				
ELEVIDYS 66.5-67.4 KG-delandistrogene moxeparvovec-rokl iv susp 67 x 10 ml kit	NC				
ELEVIDYS 67.5-68.4 KG-delandistrogene moxeparvovec-rokl iv susp 68 x 10 ml kit	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ELEVIDYS 68.5-69.4 KG-delandistrogene moxeparvovec-rokl iv susp 69 x 10 ml kit	NC				
ELEVIDYS 69.5 KG PLUS-delandistrogene moxeparvovec-rokl iv susp 70 x 10 ml kit	NC				
EVRYSDI- risdiplam for soln 0.75 mg/ml	NP	•	•		•
EXONDYS 51- eteplirsen iv soln 100 mg/2ml (50 mg/ml), 500 mg/10ml (50 mg/ml)	NC				
EXSERVAN- riluzole oral film 50 mg	NC				
RADICAVA ORS- edaravone oral susp 105 mg/5ml	NP	•	•		•
RADICAVA ORS STARTER KIT-edaravone oral susp 105 mg/5ml	NP	•	•		•
RELYVRIO- sodium phenylbutyrate-taurursodiol powd pack 3-1 gm	NP	•	•		•
riluzole tab 50 mg (Rilutek)	np	•			
SKYCLARYS- omaveloxolone cap 50 mg	NP	•	•		•
VILTEPSO- viltolarsen iv soln 250 mg/5ml (50 mg/ml)	NC				
VYONDYS 53- golodirsen iv soln 100 mg/2ml (50 mg/ml)	NC				
MUSCULOSKELETAL THERAPY AGENTS					
BACLOFEN- baclofen oral soln 5 mg/5ml	NC				
baclofen susp 25 mg/5ml (Fleqsuvy)	NC				
baclofen tab 5 mg	NC				
baclofen tab 10 mg, 20 mg	p				
carisoprodol tab 250 mg, 350 mg (Soma)	NC				
chlorzoxazone tab 250 mg, 375 mg, 750 mg	NC				
chlorzoxazone tab 500 mg	np				
cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg (Amrix)	NC				
cyclobenzaprine hcl tab 5 mg, 10 mg	p				
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	NC				
dantrolene sodium cap 25 mg (Dantrium)	NC				
dantrolene sodium cap 50 mg, 100 mg	NC				
LYVISPAH- baclofen granules packet 5 mg, 10 mg, 20 mg	NC				
metaxalone tab 400 mg	NC				
metaxalone tab 800 mg (Skelaxin)	NC				
methocarbamol tab 500 mg (Robaxin)	p				
methocarbamol tab 750 mg (Robaxin-750)	p				
orphenadrine citrate tab er 12hr 100 mg	np				
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	NC				
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Norgesic forte)	NC				
SOHONOS- palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg	NP				
SOMA- carisoprodol tab 250 mg, 350 mg	NC				
tizanidine hcl cap 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent) (Zanaflex)	NC				
tizanidine hcl tab 2 mg (base equivalent)	p				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	p				
ANTIMYASTHENIC AGENTS					
FIRDAPSE- amifampridine phosphate tab 10 mg (base equivalent)	NP	•	•		•
PYRIDOSTIGMINE BROMIDE-pyridostigmine bromide tab 30 mg	NC				
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	np				
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
pyridostigmine bromide tab 60 mg (Mestinon)	np				
NUTRITIONAL PRODUCTS					
VITAMINS					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	p				
phytonadione tab 5 mg (Mephyton)	np				
MULTIVITAMINS					
ATABEX EC- prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg	NC				
ATABEX OB- prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	NC				
AZESCO- prenatal vit w/ fe gluconate-fa tab 13-1 mg	NC				
C-NATE DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	NC				
CITRANATAL ASSURE- prenat w/o a w/fecbn-fegl-dss-fa tab & dha cap 300 mg pack	NC				
CITRANATAL B-CALM- prenat w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak	NC				
CITRANATAL HARMONY- prenat w/ o a w/fe fum-fe cbn-dss-fa-dha cap 27-1-260 mg	NC				
CITRANATAL MEDLEY- prenat w/ o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg	NC				
CITRANATAL 90 DHA- prenat w/o a w/fecbn-fegl-dss-fa tab 90 &dha cap 300mg pak	NC				
CO-NATAL FA- prenatal vit w/ fe fumarate-fa tab 29-1 mg	NC				
COMPLETE NATAL DHA- prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	NC				
COMPLETENATE- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	NC				
CONCEPT DHA- prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	NC				
CONCEPT OB- prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	NC				
DERMACINRX PRETRATE- prenatal multivitamins & minerals w/ iron & fa tab 1 mg	NC				
DUET DHA 400- prenat w/fe poly-na fered-fa tab 25-1 & omega cap 400 mg	NC				
ELITE-OB- prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	NC				
ENBRACE HR- prenatal vit w/ fe gly cys-fa-omega 3 fatty acids cap	NC				
FOLIVANE-OB- prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	NC				
INATAL GT- prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	NC				
JENLIVA PRENATAL/POSTNATA- prenatal multivitamins & minerals w/ iron & fa cap 1 mg	NC				
KOSHER PRENATAL PLUS IRON- prenatal vit w/ iron carbonyl-fa tab 30-1 mg	NC				
M-NATAL PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
NATACHEW- prenatal vit w/ fe fum-fe bisglycin-fa chew tab 28-1 mg	NC				
NATAL PNV- prenatal vit w/ fe gluconate-fa tab 6-0.5 mg	NC				
NATALVIT- prenatal vit w/ fe fumarate-fa tab 75-1 mg	NC				
NEEVO DHA- prenat w/o a w/fefum-methylfol-omegas cap 27-1.13 mg	NC				
NEONATAL COMPLETE- prenatal vit w/ fe fumarate-fa tab 27-1 mg, 29-1 mg	NC				
NEONATAL FE- prenatal vitamin w/ iron-folic acid tab 90-1 mg	NC				
NEONATAL PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
NEONATAL 19- prenatal vitamin-folic acid tab 1 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NEONATAL/DHA- prenatal mv w/ fe fum-fa tab 29-1 mg & dha cap 200 mg pack	NC				
NESTABS- prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	NC				
NESTABS DHA- prenat w/o a w/ fe bisglyc-fa tab 32-1 mg & omega cap pack	NC				
NESTABS ONE- prenat w/o a w/fecbn-bisg-methylf-dha cap 38-1-225 mg	NC				
NIVA-PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
OB COMPLETE- prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	NC				
OB COMPLETE ONE- prenatal w/o a w/fecbn-fe asp glyc-fa-fish cap 50-1-476 mg	NC				
OB COMPLETE PETITE- prenat w/o a w/fecbn-feaspglyc-fa-omega cap 35-5-1-200 mg	NC				
OB COMPLETE PREMIER- prenatal vit w/ fe cbn-fe asp glyc-fa tab 30-20-1 mg	NC				
OB COMPLETE/DHA- prenat w/ iron cbn-fe asp glyc-fa-omega cap 30-10-1-200 mg	NC				
ONE VITE WOMENS PRENATAL- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
PNV TABS 20-1- prenat vit w/fe bisglyc chelate-fa tab 20-1mg (1.7mg dfe)	NC				
PNV-DHA- prenat w/o a w/ fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	NC				
PNV-DHA+DOCUSATE- prenatal w/ o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	NC				
PNV-OMEGA- prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	NC				
PNV-SELECT- prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	NC				
PREGEN DHA- prenatal mv & min w/ fe carbonyl-fa-dha cap 28-1-35 mg	NC				
PREGENNA- prenat vit w/fe bisglyc chelate-fa tab 20-1mg (1.7mg dfe)	NC				
PREMESISRX- prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg	NC				
PRENA 1 TRUE- prenat w/o a w/fe chel-fa tab 30-1.4 mg & dha cap 300mg pk	NC				
PRENAISSANCE- prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	NC				
PRENAISSANCE PLUS- prenatal w/o a w/fe cbn-dss-fa-dha cap 28-1-250 mg	NC				
PRENATAL- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
PRENATAL PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	P				
PRENATAL PLUS VITAMIN AND- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
PRENATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	P				
PRENATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	P				
PRENATAL-U- prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	P				
PRENATE- prenat mv & min w/ l-methylfolate-fa chew tab 0.6-0.4 mg	NC				
PRENATE AM- prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg	NC				
PRENATE DHA- prenat w/o a w/feaspg-methfol-fa-dha cap 18-0.6-0.4-300 mg	NC				
PRENATE ELITE- prenatal w/ fe asp gly-l methylfol-fa tab 20-0.6-0.4 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PRENATE ENHANCE- prenat w/ o a w/fefum-methfol-fa-dha cap 28-0.6-0.4-400 mg	NC				
PRENATE ESSENTIAL- prenat w/ o a w/feaspg-methfol-fa-dha cap 18-0.6-0.4-300 mg	NC				
PRENATE MINI- prenat w/oa w/ fecb-feasp-meth-fa-dha cap 18-0.6-0.4-350 mg	NC				
PRENATE PIXIE- prenat w/o a w/feaspg-methfol-fa-dha cap 10-0.6-0.4-200 mg	NC				
PRENATE RESTORE- prenat w/ o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-400 mg	NC				
PRENATRIX- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
PRENATRYL- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
PRENATVITE COMPLETE- prenatal multivitamins & minerals w/ iron & fa tab 1 mg	NC				
PRENATVITE PLUS- prenatal multivitamins & minerals w/ iron & fa tab 1 mg	NC				
PRENATVITE RX- prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	NC				
PRENA1 CHEW- prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg	NC				
PRENA1 PEARL- prenat w/oa w/ fefum-na fered-fa-dha cap er 30-1.4-200 mg	NC				
PRIMACARE- prenat w/o a w/ feasp-methlf-fa-omeg cap 30-0.75-0.25-470mg	NC				
PROVIDA OB- prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	NC				
RELNATE DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	NC				
SE-NATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	P				
SE-NATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	P				
SELECT-OB- prenat w/ fepolycmplx-methylfol-fa chew tab 29-0.6-0.4 mg	NC				
SELECT-OB- prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	NC				
SELECT-OB+DHA- prenatal mv w/ fe poly-fa chw 29-1 mg & dha cap 250 mg pak	NC				
TARON-C DHA- prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	NC				
THRIVITE RX- prenatal vit w/ iron carbonyl-fa tab 29-1 mg	NC				
TRINATAL RX 1- prenatal vit w/ fe fumarate-fa tab 60-1 mg	NC				
TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg	P				
TRISTART DHA- prenat w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg	NC				
VINATE DHA RF- prenat w/o a w/fefum-methylfol-omegas cap 27-1.13 mg	NC				
VINATE II- prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	P				
VINATE ONE- prenatal vit w/ fe fumarate-fa tab 60-1 mg	P				
VITAFOL FE+- prenat w/fe poly-methylfol-fa-dha cap 90-0.6-0.4-200 mg	NC				
VITAFOL GUMMIES- prenat vit w/ fe phos-fa-omega chew tab 3.33-0.333-34.8 mg	NC				
VITAFOL STRIPS- prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg	NC				
VITAFOL ULTRA- prenat w/ fe poly-methylfol-fa-dha cap 29-0.6-0.4-200 mg	NC				
VITAFOL-NANO- prenatal w/o a w/ fefum-l methylfol-fa tab 18-0.6-0.4 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
VITAFOL-OB- prenatal vit w/ fe fumarate-fa tab 65-1 mg	NC				
VITAFOL-OB+DHA- prenatal mv w/ fe fum-fa tab 65-1 mg & dha cap 250 mg pack	NC				
VITAFOL-ONE- prenatal mv w/ fe polysac cmplx-fa-dha cap 29-1-200 mg	NC				
VITAMEDMD ONE RX/QUATREFO- prenat w/o a w/fefum-methfol-fa-dha cap 30-0.6-0.4-200 mg	NC				
VITAMEDMD REDICHEW RX- prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg	NC				
VITAPEARL- prenat w/oa w/fefum-na fered-fa-dha cap er 30-1.4-200 mg	NC				
VITATHELY/GINGER- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
VITATRUE- prenat w/o a w/fe chel-fa tab 30-1.4 mg & dha cap 300mg pk	NC				
VIVA DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	NC				
WESCAP-C DHA- prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	NC				
WESCAP-PN DHA- prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	NC				
WESNATAL DHA COMPLETE- prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	NC				
WESNATE DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	NC				
WESTAB PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	NC				
WESTGEL DHA- prenat w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg	NC				
ZALVIT- prenatal vit w/ fe gluconate-fa tab 13-1 mg	NC				
ZIPHEX- prenatal vit w/ fe gluconate-fa tab 13-1 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
MINERALS and ELECTROLYTES					
FLORIVA- sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	NP				
GALZIN- zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	NP				
POKONZA- potassium chloride powder packet 10 meq	NC				
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	np				
potassium chloride cap er 8 meq, 10 meq	p				
POTASSIUM CHLORIDE ER- potassium chloride tab er 8 meq (600 mg)	NP				
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	p				
potassium chloride microencapsulated crys er tab 15 meq	np				
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	np				
potassium chloride powder packet 20 meq	np				
potassium chloride tab er 8 meq (600 mg)	p				
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	p				
potassium phosphate monobasic tab 500 mg (K-phos)	p				
SODIUM FLUORIDE- sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	P				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	p				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	p				
NUTRIENTS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
DOJOLVI- triheptanoin oral liquid 100%	NC				
HEMATOLOGICAL AGENTS					
HEMATOPOIETIC AGENTS					
ACCRUFER- ferric maltol cap 30 mg (fe equiv)	NC				
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	P	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	P	•	•		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	np				
CERDELGA- eliglustat tartrate cap 84 mg (base equivalent)	P	•	•		•
cyanocobalamin inj 1000 mcg/ml	p				
cyanocobalamin nasal spray 500 mcg/0.1ml (Nascobal)	NC				
DOPTELET- avatrombopag maleate tab 20 mg (base equiv)	P	•	•		•
DROXIA- hydroxyurea cap 200 mg, 300 mg, 400 mg	NP	•			
ENDARI- glutamine (sickle cell) powd pack 5 gm	NP	•	•		
EPOGEN- epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	NC				
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	p				
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)	np				
folic acid cap 0.8 mg	p				
folic acid tab 400 mcg, 800 mcg, 1 mg	p				
FULPHILA- pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	P	•			
FYLNETRA- pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	NC				
GRANIX- tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	NC				
GRANIX- tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	NC				
HYDROXOCOBALAMIN- hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	NP				
IRON UP- polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	P				
LEUKINE- sargramostim lyophilized for inj 250 mcg	NP	•			
miglustat cap 100 mg (Zavesca)	np	•	•		•
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	NP	•	•		
MULPLETA- lusutrombopag tab 3 mg	P	•	•		•
NASCOBAL- cyanocobalamin nasal spray 500 mcg/0.1ml	NC				
NEULASTA- pegfilgrastim soln prefilled syringe 6 mg/0.6ml	NC				
NEULASTA ONPRO KIT- pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	NC				
NEUPOGEN- filgrastim inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	NC				
NEUPOGEN- filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (600 mcg/ml)	NC				
NIVESTYM- filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	P	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NIVESTYM- filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	P	•			
NOVAFERRUM PEDIATRIC DROP- polysaccharide iron complex liquid 15 mg/ml (fe equiv)	P				
NYVEPRIA- pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	P	•			
OXBRYTA- voxelotor tab for oral susp 300 mg	NP	•	•		•
OXBRYTA- voxelotor tab 300 mg, 500 mg	NP	•	•		•
PROCRIT- epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	NC				
PROMACTA- eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	NP	•	•		•
PROMACTA- eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	NP	•	•		•
RELEUKO- filgrastim-ayow soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	NC				
RETACRIT- epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	P	•	•		
SIKLOS- hydroxyurea tab 100 mg, 1000 mg	NP	•			
STIMUFEND- pegfilgrastim-fpgk soln prefilled syringe 6 mg/0.6ml	NC				
UDENYCA- pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	NC				
UDENYCA- pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	NC				
ZARXIO- filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	P	•			
ZIEXTENZO- pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ANTICOAGULANTS					
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 110 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	np				•
ELIQUIS- apixaban tab 2.5 mg, 5 mg	P				•
ELIQUIS STARTER PACK- apixaban tab starter pack 5 mg	P				•
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	np				•
enoxaparin sodium inj 300 mg/3ml (Lovenox)	np				•
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	np				•
FRAGMIN- dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	NP				•
FRAGMIN- dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	NP				•
HEPARIN SODIUM- heparin sodium (porcine) pf inj 5000 unit/ml	NP				
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	np				
heparin sodium (porcine) pf inj 5000 unit/0.5ml	np				
PRADAXA- dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	NP				•
PRADAXA- dabigatran etexilate mesylate pellet pack 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, 150 mg	NP				•
SAVAYSA- edoxaban tosylate tab 15 mg (base equivalent), 30 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
(base equivalent), 60 mg (base equivalent)					
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin)	p				
XARELTO- rivaroxaban for susp 1 mg/ml	P				•
XARELTO- rivaroxaban tab 2.5 mg, 10 mg, 15 mg, 20 mg	P				•
XARELTO STARTER PACK- rivaroxaban tab starter therapy pack 15 mg & 20 mg	P				•
HEMOSTATICS					
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	np				
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	np				
tranexamic acid tab 650 mg (Lysteda)	np				
HEMATOLOGICAL AGENTS - MISC.					
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	P	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	P	•	•		
ALPHANATE- antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	P	•	•		
ALPHANINE SD- coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	P	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	P	•	•		
ALTUVIIIO- antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	P		•		
anagrelide hcl cap 0.5 mg (Agrylin)	np				
anagrelide hcl cap 1 mg	np				
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	np				
BENEFIX- coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	•	•		
BERINERT- c1 esterase inhibitor (human) for iv inj kit 500 unit	NP		•		•
BRILINTA- ticagrelor tab 60 mg, 90 mg	P				
CABLIVI- caplacizumab-yhdp for inj kit 11 mg	NP	•			•
cilostazol tab 50 mg, 100 mg	p				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	p				
COAGADEX- coagulation factor x (human) for inj 250 unit, 500 unit	P		•		
CORIFACT- factor xiii concentrate (human) for inj kit 1000-1600 unit	P	•			
dipyridamole tab 25 mg, 50 mg, 75 mg	np				
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	P	•	•		
EMPAVELI- pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	P	•	•		•
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	•	•		
FEIBA- antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	P	•			
FIBRYGA- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	P		•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	P	•	•		•
HEMLIBRA- emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	P	•	•		•
HEMOFIL M- antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	P	•	•		
HUMATE-P- antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	P	•	•		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	np	•	•		•
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	P	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	P	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	P	•	•		
KOATE- antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	P	•	•		
KOATE-DVI- antihemophilic factor (human) for inj 500 unit, 1000 unit	P	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	P	•	•		
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	P	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	P	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	P	•	•		
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	P	•	•		
OBIZUR- antihemophilic factor (recomb porc) rpfviii for inj 500 unit	P	•			
ORLADEYO- berotralstat hcl cap 110 mg, 150 mg	NP	•	•		•
pentoxifylline tab er 400 mg	np				
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	np				
PROFILNINE- factor ix complex for inj 500 unit, 1000 unit, 1500 unit	P	•	•		
PYRUKYND- mitapivat sulfate tab 5 mg, 20 mg, 50 mg	NP	•	•		•
PYRUKYND TAPER PACK- mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	NP	•	•		•
REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	P	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	P	•	•		
RIASTAP- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	P		•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	•	•		
RUCONEST- c1 esterase inhibitor (recombinant) for iv inj 2100 unit	NP		•		•
SEVENFACT- coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	NP		•		
TAKHZYRO- lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	P	•	•		•
TAKHZYRO- lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	P	•	•		•
TAVALISSE- fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	NP	•	•		•
TAVNEOS- avacopan cap 10 mg	NC				
TRETTEN- coagulation factor xiii a-subunit for inj 2500 unit	P	•			
VONVENDI- von willebrand factor (recombinant) for inj 650 unit, 1300 unit	P		•		
WILATE- antihemophilic factor/vwf (human) for inj 500-500 unit kit	P	•	•		
WILATE- antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	P	•	•		
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	P		•		
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	P		•		
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	P		•		
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	P		•		
YOSPRALA- aspirin-omeprazole tab delayed release 81-40 mg, 325-40 mg	NC				
ZONTIVITY- vorapaxar sulfate tab 2.08 mg (base equivalent)	NP				
TOPICAL PRODUCTS					
OPHTHALMIC AGENTS					
ACUVAIL- ketorolac tromethamine (pf) ophth soln 0.45%	NC				
ALOCRIL- nedocromil sodium ophth soln 2%	NC				
ALOMIDE- lodoxamide tromethamine ophth soln 0.1%	NC				
ALREX- loteprednol etabonate ophth susp 0.2%	NP				
APRACLONIDINE- apraclonidine hcl ophth soln 0.5% (base equivalent)	NP				
ATROPINE SULFATE- atropine sulfate ophth soln 1%	NP				
atropine sulfate ophth soln 1% (Atropine sulfate)	np				
AZASITE- azithromycin ophth soln 1%	NC				
azelastine hcl ophth soln 0.05%	p				
BACITRACIN- bacitracin ophth oint 500 unit/gm	P				
bacitracin-polymyxin b ophth oint	p				
bacitracin-polymyxin-neomycin-hc ophth oint 1%	np				
bepotastine besilate ophth soln 1.5% (Bepreve)	NC				
BESIVANCE- besifloxacin hcl ophth susp 0.6% (base equiv)	NC				
BETAXOLOL HCL- betaxolol hcl ophth soln 0.5%	NP				
BETIMOL- timolol ophth soln 0.25%, 0.5%	NC				
BETOPTIC-S- betaxolol hcl ophth susp 0.25%	NC				
bimatoprost ophth soln 0.03%	NC				
brimonidine tartrate ophth soln 0.1%, 0.15% (Alphagan p)	NC				
brimonidine tartrate ophth soln 0.2%	p				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	NC				
brinzolamide ophth susp 1% (Azopt)	NC				
bromfenac sodium ophth soln 0.07% (base equivalent) (Prolensa)	NC				
bromfenac sodium ophth soln 0.075% (base equivalent) (Bromsite)	NC				
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	NC				
BROMSITE- bromfenac sodium ophth soln 0.075% (base equivalent)	NC				
CARTEOLOL HCL- carteolol hcl ophth soln 1%	NP				
CEQUA- cyclosporine (ophth) soln 0.09% (pf)	NC				
CILOXAN- ciprofloxacin hcl ophth oint 0.3%	NC				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	p				
CROMOLYN SODIUM- cromolyn sodium ophth soln 4%	NP				
CYCLOGYL- cyclopentolate hcl ophth soln 0.5%, 2%	NP				
CYCLOMYDRIL- cyclopentolate w/ phenylephrine ophth soln 0.2-1%	NP				
cyclopentolate hcl ophth soln 1% (Cyclogyl)	p				
cyclosporine (ophth) emulsion 0.05% (Restasis multidose)	NC				
CYSTADROPS- cysteamine hcl ophth soln 0.37% (base equivalent)	NP	•			
CYSTARAN- cysteamine hcl ophth soln 0.44% (base equivalent)	NP				
DEXAMETHASONE SODIUM PHOS- dexamethasone sodium phosphate ophth soln 0.1%	P				
diclofenac sodium ophth soln 0.1%	p				
difluprednate ophth emulsion 0.05% (Durezol)	NC				
dorzolamide hcl ophth soln 2% (Trusopt)	p				
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	p				
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	NC				
epinastine hcl ophth soln 0.05% (Elestat)	NC				
ERYTHROMYCIN- erythromycin ophth oint 5 mg/gm	P				
erythromycin ophth oint 5 mg/gm	p				
EYSUVIS- loteprednol etabonate ophth susp 0.25%	NC				
FLAREX- fluorometholone acetate ophth susp 0.1%	NP				
fluorometholone ophth susp 0.1% (Fml liquifilm)	np				
FLURBIPROFEN SODIUM- flurbiprofen sodium ophth soln 0.03%	NP				
FML FORTE- fluorometholone ophth susp 0.25%	NC				
gatifloxacin ophth soln 0.5% (Zymaxid)	np				
gentamicin sulfate ophth soln 0.3%	p				
ILEVRO- nepafenac ophth susp 0.3%	NC				
INVELTYS- loteprednol etabonate ophth susp 1%	NC				
IOPIDINE- apraclonidine hcl ophth soln 1% (base equivalent)	NC				
IYUZEH- latanoprost (pf) ophth soln 0.005%	NC				
ketorolac tromethamine ophth soln 0.4% (Acular ls)	np				
ketorolac tromethamine ophth soln 0.5% (Acular)	p				
LACRISERT- artificial tear ophth insert	NP				
latanoprost ophth soln 0.005% (Xalatan)	p				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
LEVOBUNOLOL HCL- levobunolol hcl ophth soln 0.5%	NP				
LEVOFLOXACIN- levofloxacin ophth soln 1.5%	NC				
LOTEMAX- loteprednol etabonate ophth gel 0.5%	NC				
LOTEMAX- loteprednol etabonate ophth oint 0.5%	P				
LOTEMAX SM- loteprednol etabonate ophth gel 0.38%	P				
LOTEPREDNOL ETABONATE- loteprednol etabonate ophth gel 0.5%	NP				
loteprednol etabonate ophth susp 0.2% (Alrex)	np				
loteprednol etabonate ophth susp 0.5% (Lotemax)	np				
LUMIGAN- bimatoprost ophth soln 0.01%	NC				
MAXIDEX- dexamethasone ophth susp 0.1%	NP				
MIEBO- perfluorohexyloctane ophth soln 1.338 gm/ml	NC				
MITOSOL- mitomycin for ophth soln kit 0.2 mg	NC				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	np				
MOXIFLOXACIN HYDROCHLORID- moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	NC				
NATACYN- natamycin ophth susp 5%	P				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	np				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	p				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	p				
NEOMYCIN/POLYMYXIN/GRAMIC- neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	NP				
NEOMYCIN/POLYMYXIN/HYDROC- neomycin-polymyxin-hc ophth susp	NC				
NEVANAC- nepafenac ophth susp 0.1%	NC				
ofloxacin ophth soln 0.3% (Ocuflox)	p				
olopatadine hcl ophth soln 0.1% (base equivalent)	NC				
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)	NC				
OXERVATE- cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	NP	•	•		•
phenylephrine hcl ophth soln 2.5%, 10%	np				
PHOSPHOLINE IODIDE- echothiophate iodide ophth for soln 0.125%	NC				
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	np				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	p				
PRED FORTE- prednisolone acetate ophth susp 1%	NC				
PRED MILD- prednisolone acetate ophth susp 0.12%	NC				
PREDNISOLONE ACETATE- prednisolone acetate ophth susp 1%	P				
PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate ophth soln 1%	NP				
PROLENSA- bromfenac sodium ophth soln 0.07% (base equivalent)	NC				
RHOPRESSA- netarsudil dimesylate ophth soln 0.02%	NC				
ROCKLATAN- netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	NC				
SIMBRINZA- brinzolamide-brimonidine tartrate ophth susp 1-0.2%	P				
SULFACETAMIDE SODIUM- sulfacetamide sodium ophth oint 10%	NP				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
sulfacetamide sodium ophth soln 10% (Bleph-10)	np				
SULFACETAMIDE SODIUM/PRED-sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	NP				
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	NC				
tetracaine hcl ophth soln 0.5%	np				
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	NC				
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	p				
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	NC				
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	NC				
TOBRADEX- tobramycin-dexamethasone ophth oint 0.3-0.1%	NC				
TOBRADEX ST- tobramycin-dexamethasone ophth susp 0.3-0.05%	NC				
tobramycin ophth soln 0.3% (Tobrex)	p				
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	np				
TOBREX- tobramycin ophth oint 0.3%	NC				
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	NC				
TRIFLURIDINE- trifluridine ophth soln 1%	P				
TYRVAYA- varenicline tartrate nasal soln 0.03 mg/act	NC				
UPNEEQ- oxymetazoline hcl ophth soln 0.1%	NC				
VERKAZIA- cyclosporine (ophth) emulsion 0.1%	NC				
VUITY- pilocarpine hcl ophth soln 1.25%	NC				
VYZULTA- latanoprostene bunod ophth soln 0.024%	NC				
XDEMVY- lotilaner ophth soln 0.25%	NC				
XELPROS- latanoprost ophth emulsion 0.005%	NC				
XIIDRA- lifitegrast ophth soln 5%	NC				
ZERVIATE- cetirizine hcl ophth soln 0.24% (base equiv)	NC				
ZIRGAN- ganciclovir ophth gel 0.15%	NC				
ZYLET- loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	NC				
OTIC AGENTS					
acetic acid otic soln 2%	np				
CETRAXAL- ciprofloxacin hcl otic soln 0.2% (base equivalent)	NC				
CIPRO HC- ciprofloxacin-hydrocortisone otic susp 0.2-1%	NC				
CIPROFLOXACIN- ciprofloxacin hcl otic soln 0.2% (base equivalent)	NP				
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	np				
CIPROFLOXACIN/FLUOCINOLON-ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	NC				
CORTISPORIN-TC- neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	NC				
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	np				
hydrocortisone w/ acetic acid otic soln 1-2%	np				
neomycin-polymyxin-hc otic soln 1%	np				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	np				
ofloxacin otic soln 0.3% (Floxin otic)	np				
OTOVEL- ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	NC				
MOUTH/THROAT/DENTAL AGENTS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
cevimeline hcl cap 30 mg (Evoxac)	np				
chlorhexidine gluconate soln 0.12% (Peridex)	p				
clotrimazole troche 10 mg	np				
FLUORIDEX SENSITIVITY REL-sodium fluoride-potassium nitrate paste 1.1-5%	NP				
FLUORIMAX 5000 SENSITIVE-sodium fluoride-potassium nitrate paste 1.1-5%	NC				
lidocaine hcl viscous soln 2%	p				
nystatin susp 100000 unit/ml	p				
ORAVIG- miconazole buccal tab 50 mg (mouth-throat)	NP				
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	np				
PREVIDENT RINSE- sodium fluoride rinse 0.2%	NP				
sodium fluoride cream 1.1% (Prevident 5000 plus)	p				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	p				
sodium fluoride paste 1.1% (Prevident 5000 boost)	p				
stannous fluoride conc 0.63%	np				
stannous fluoride gel 0.4%	np				
triamcinolone acetonide dental paste 0.1%	np				
ANORECTAL AGENTS					
ANALPRAM-HC- hydrocortisone acetate w/ pramoxine perianal cream 1-1%	NP				
ANALPRAM-HC- hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	NP				
budesonide rectal foam 2 mg/act (Uceris)	np				
CORTIFOAM- hydrocortisone acetate perianal foam 10% (90 mg/dose)	P				
hydrocortisone acetate suppos 25 mg	np				
HYDROCORTISONE ACETATE/PR- hydrocortisone acetate w/ pramoxine perianal cream 1-1%	np				
hydrocortisone enema 100 mg/60ml (Cortenema)	np				
hydrocortisone perianal cream 1% (Proctocort)	np				
hydrocortisone perianal cream 2.5% (Anusol-hc)	np				
nitroglycerin oint 0.4% (Rectiv)	np				
PROCTOFOAM HC- hydrocortisone acetate w/ pramoxine perianal foam 1-1%	NP				
RECTIV- nitroglycerin oint 0.4%	NP				
DERMATOLOGICALS					
ABSORICA LD- isotretinoin micronized cap 8 mg, 16 mg, 24 mg, 32 mg	NC				
acitretin cap 10 mg, 17.5 mg, 25 mg (Soriatane)	np				
acyclovir cream 5% (Zovirax)	NC				
acyclovir oint 5% (Zovirax)	NC				
ADAPALENE- adapalene pads 0.1%	NC				
ADAPALENE- adapalene soln 0.1%	NC				
adapalene cream 0.1% (Differin)	NC				
adapalene gel 0.1%, 0.3% (Differin)	NC				
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	NC				
adapalene-benzoyl peroxide gel 0.3-2.5% (Epiduo forte)	NC				
ADBRY- tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	P	•	•		•
AKLIEF- trifarotene cream 0.005%	NC				
ALA-SCALP- hydrocortisone lotion 2%	NC				
alclometasone dipropionate cream 0.05%	np				•
alclometasone dipropionate oint 0.05%	np				•
ALTABAX- retapamulin oint 1%	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ALTRENO- tretinoin lotion 0.05%	NC				
AMCINONIDE- amcinonide oint 0.1%	NC				
AMZEEQ- minocycline hcl micronized foam 4%	NC				
APEXICON E- diflorasone diacetate emollient base cream 0.05%	NC				
ARAZLO- tazarotene (acne) lotion 0.045%	NC				
azelaic acid gel 15% (Finacea)	np				
AZELEX- azelaic acid cream 20%	NC				
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	NC				
BETAMETHASONE DIPROPIONAT- betamethasone dipropionate augmented gel 0.05%	NP				•
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	p				•
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	np				•
betamethasone dipropionate augmented oint 0.05% (Diprolene)	np				•
betamethasone dipropionate cream 0.05%	np				•
betamethasone dipropionate lotion 0.05%	np				•
betamethasone dipropionate oint 0.05%	np				•
betamethasone valerate aerosol foam 0.12% (Luxiq)	NC				
betamethasone valerate cream 0.1% (base equivalent)	np				•
betamethasone valerate lotion 0.1% (base equivalent)	np				•
betamethasone valerate oint 0.1% (base equivalent)	np				•
bexarotene gel 1% (Targretin)	NC				
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	np				
BRYHALI- halobetasol propionate lotion 0.01%	NC				
calcipotriene cream 0.005% (Dovonex)	np				
calcipotriene oint 0.005%	NC				
calcipotriene soln 0.005% (50 mcg/ml)	np				
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	NC				
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	NC				
CALCITRIOL- calcitriol oint 3 mcg/gm	NC				
CAPEX- fluocinolone acetonide shampoo 0.01%	NC				
CARAC- fluorouracil cream 0.5%	NC				
CIBINQO- abrocitinib tab 50 mg, 100 mg, 200 mg	P	•	•		•
ciclopirox gel 0.77%	np				
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	np				
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	NC				
ciclopirox shampoo 1% (Loprox shampoo)	np				
ciclopirox solution 8% (Penlac Nail Lacquer)	np				•
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	np				
clindamycin phosphate foam 1% (Evoclin)	NC				
clindamycin phosphate gel 1% (Cleocin-t)	np				
clindamycin phosphate gel 1% (Clindagel)	NC				
clindamycin phosphate lotion 1% (Cleocin-t)	np				
clindamycin phosphate soln 1% (Cleocin-t)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
clindamycin phosphate swab 1% (Cleocin-t)	np				
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	NC				
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya)	NC				
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (Onexton)	NC				
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	NC				
clobetasol propionate cream 0.05% (Temovate)	np				•
clobetasol propionate emollient base cream 0.05%	np				•
clobetasol propionate emulsion foam 0.05% (Olux-e)	NC				
clobetasol propionate foam 0.05% (Olux)	NC				
clobetasol propionate gel 0.05% (Temovate)	np				•
clobetasol propionate lotion 0.05% (Clobex)	NC				
clobetasol propionate oint 0.05% (Temovate)	np				•
clobetasol propionate shampoo 0.05% (Clobex)	NC				
clobetasol propionate soln 0.05% (Temovate)	np				•
clobetasol propionate spray 0.05% (Clobex)	NC				
clocortolone pivalate cream 0.1% (Cloderm)	NC				
clotrimazole cream 1%	NC				
clotrimazole soln 1%	NC				
clotrimazole w/ betamethasone cream 1-0.05%	p				
clotrimazole w/ betamethasone lotion 1-0.05%	NC				
CONDYLOX- podofilox gel 0.5%	NC				
CORDRAN- flurandrenolide tape 4 mcg/sqcm	NC				
COSENTYX- secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	P	•	•		•
COSENTYX- secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	P	•	•		•
COSENTYX SENSOREADY PEN- secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	P	•	•		•
COSENTYX SENSOREADY PEN- secukinumab subcutaneous soln auto-injector 150 mg/ml	P	•	•		•
COSENTYX UNOREADY- secukinumab subcutaneous soln auto-injector 300 mg/2ml	P	•	•		•
CROTAN- crotamiton lotion 10%	NC				
dapsone gel 5%, 7.5% (Aczone)	NC				
desonide cream 0.05% (Desowen)	np				•
desonide gel 0.05% (Desonate)	NC				
desonide lotion 0.05%	NC				
desonide oint 0.05%	np				•
desoximetasone cream 0.05% (Topicort)	NC				
desoximetasone cream 0.25% (Topicort)	np				•
desoximetasone gel 0.05% (Topicort)	NC				
desoximetasone oint 0.05% (Topicort)	NC				
desoximetasone oint 0.25% (Topicort)	np				•
desoximetasone spray 0.25% (Topicort)	NC				
DICLOFENAC EPOLAMINE- diclofenac epolamine patch 1.3%	NC				
diclofenac sodium (actinic keratoses) gel 3% (Solaraze)	np		•		
diclofenac sodium gel 1% (1.16% diethylamine equiv)	NC				
diclofenac sodium soln 1.5%	np				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
diclofenac sodium soln 2% (Pennsaid)	NC				
DIFFERIN- adapalene lotion 0.1%	NC				
DIFLORASONE DIACETATE- diflorasone diacetate cream 0.05%	NC				
diflorasone diacetate oint 0.05%	NC				
doxepin hcl cream 5% (Prudoxin)	NC				
DOXYCYCLINE- doxycycline (rosacea) cap delayed release 40 mg	NC				
DUOBRII- halobetasol propionate-tazarotene lotion 0.01-0.045%	NC				
DUPIXENT- dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	P	•	•		•
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	P	•	•		•
econazole nitrate cream 1%	np				
ECOZA- econazole nitrate foam 1%	NC				
ENSTILAR- calcipotriene-betamethasone dipropionate foam 0.005-0.064%	P				
EPIFOAM- pramoxine-hc aerosol foam 1-1%	NC				
EPSOLAY- benzoyl peroxide cream 5%	NC				
ERTACZO- sertaconazole nitrate cream 2%	NC				
ERY- erythromycin pads 2%	NP				
erythromycin gel 2% (Erygel)	np				
erythromycin soln 2%	np				
EUCRISA- crisaborole oint 2%	NC				
EXELDERM- sulconazole nitrate cream 1%	NC				
EXELDERM- sulconazole nitrate solution 1%	NC				
FABIOR- tazarotene (acne) foam 0.1%	NC				
FINACEA- azelaic acid foam 15%	NC				
FLECTOR- diclofenac epolamine patch 1.3%	NC				
FLUOCINOLONE ACETONIDE- fluocinolone acetonide cream 0.01%	np				•
fluocinolone acetonide cream 0.025% (Synalar)	np				•
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	np				•
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	np				•
fluocinolone acetonide oint 0.025% (Synalar)	np				•
fluocinolone acetonide soln 0.01% (Synalar)	np				•
fluocinonide cream 0.05%	np				•
fluocinonide cream 0.1% (Vanos)	np				•
fluocinonide emulsified base cream 0.05%	NC				
fluocinonide gel 0.05%	np				•
fluocinonide oint 0.05%	np				•
fluocinonide soln 0.05%	np				•
FLUOROURACIL- fluorouracil cream 0.5%	NC				
FLUOROURACIL- fluorouracil soln 2%, 5%	NP				
fluorouracil cream 5% (Efudex)	np		•		•
FLURANDRENOLIDE- flurandrenolide cream 0.05%	NC				
flurandrenolide lotion 0.05% (Cordran)	NC				
FLUTICASONE PROPIONATE- fluticasone propionate lotion 0.05%	NC				
fluticasone propionate cream 0.05%	p				•
fluticasone propionate oint 0.005%	np				•
gentamicin sulfate cream 0.1%	np				
gentamicin sulfate oint 0.1%	np				
halcinonide cream 0.1% (Halog)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
halobetasol propionate cream 0.05% (Ultravate)	np				•
halobetasol propionate foam 0.05% (Lexette)	NC				
halobetasol propionate oint 0.05%	NC				
HALOG- halcinonide oint 0.1%	NC				
HALOG- halcinonide soln 0.1%	NC				
HYDROCORTISONE BUTYRATE- hydrocortisone butyrate cream 0.1%	NC				
HYDROCORTISONE BUTYRATE- hydrocortisone butyrate soln 0.1%	NC				
hydrocortisone butyrate lotion 0.1% (Locoid)	NC				
hydrocortisone butyrate oint 0.1%	NC				
hydrocortisone cream 1%	NC				
hydrocortisone cream 2.5%	p				•
hydrocortisone lotion 2.5%	p				•
hydrocortisone oint 1%	NC				
hydrocortisone oint 2.5%	p				•
hydrocortisone valerate cream 0.2%	NC				
hydrocortisone valerate oint 0.2%	NC				
HYFTOR- sirolimus gel 0.2%	NP		•		•
imiquimod cream 3.75% (Zyclara)	NC				
imiquimod cream 5% (Aldara)	np				•
IMPOYZ- clobetasol propionate cream 0.025%	NC				
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	np				
isotretinoin cap 25 mg, 35 mg (Absorica)	NC				
ivermectin cream 1% (Soolantra)	NC				
JUBLIA- efinaconazole soln 10%	NC				
ketoconazole cream 2%	np				
ketoconazole foam 2% (Extina)	NC				
ketoconazole shampoo 2% (Nizoral)	p				
KLISYRI- tirbanibulin ointment 1%	NC				
lactic acid (ammonium lactate) cream 12% (Lac-hydrin)	NC				
lactic acid (ammonium lactate) lotion 12% (Lac-hydrin)	NC				
LEXETTE- halobetasol propionate foam 0.05%	NC				
LICART- diclofenac epolamine patch 24hr 1.3%	NC				
lidocaine hcl soln 4%	np		•		•
lidocaine oint 5%	NC				
lidocaine patch 5% (Lidoderm)	np		•		•
lidocaine-prilocaine cream 2.5-2.5%	np				•
LITFULO- ritlecitinib tosylate cap 50 mg (base equiv)	NC				
LOCOID LIPOCREAM- hydrocortisone butyrate hydrophilic lipo base cream 0.1%	NC				
LULICONAZOLE- luliconazole cream 1%	NC				
LUZU- luliconazole cream 1%	NC				
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	NC				
malathion lotion 0.5% (Ovide)	np				
METHOXSALEN- methoxsalen rapid cap 10 mg	NP				
metronidazole cream 0.75% (Metrocream)	np				
metronidazole gel 0.75%	np				
metronidazole gel 1% (Metrogel)	np				
metronidazole lotion 0.75% (Metrolotion)	NC				
MICONAZOLE NITRATE/ZINC O- miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	NC				
mometasone furoate cream 0.1% (Elocon)	np				•
mometasone furoate oint 0.1% (Elocon)	p				•
mometasone furoate solution 0.1% (lotion)	np				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
mupirocin calcium cream 2% (Bactroban)	NC				
mupirocin oint 2%	p				
NAFTIFINE HCL- naftifine hcl cream 1%	NC				
naftifine hcl cream 2% (Naftin)	NC				
naftifine hcl gel 2% (Naftin)	NC				
NAFTIN- naftifine hcl gel 1%	NC				
NATROBA- spinosad susp 0.9%	NP				
NEO-SYNALAR- neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	NC				
NORITATE- metronidazole cream 1%	NC				
nystatin cream 100000 unit/gm	p				
nystatin oint 100000 unit/gm	p				
nystatin topical powder 100000 unit/gm	np				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	NC				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	NC				
OPZELURA- ruxolitinib phosphate cream 1.5%	NC				
ORACEA- doxycycline (rosacea) cap delayed release 40 mg	NC				
oxiconazole nitrate cream 1% (Oxistat)	NC				
OXISTAT- oxiconazole nitrate lotion 1%	NC				
PANDEL- hydrocortisone probutate cream 0.1%	NC				
PANRETIN- alitretinoin gel 0.1%	NC				
penciclovir cream 1% (Denavir)	NC				
permethrin cream 5% (Elimite)	np				
pimecrolimus cream 1% (Elidel)	NC				
PLIAGLIS- lidocaine-tetracaine cream 7-7%	NC				
PODOFILOX- podofilox soln 0.5%	NP				
podofilox gel 0.5% (Condylox)	NC				
PRAMOSONE- pramoxine-hc cream 1-1%	NC				
PRAMOSONE- pramoxine-hc lotion 1-1%, 1-2.5%	NC				
QBREXZA- glycopyrronium tosylate pad 2.4% (base equivalent)	NC				
REGRANEX- becaplermin gel 0.01%	NP				
RETIN-A MICRO- tretinoin microsphere gel 0.06%	NC				
RHOFADE- oxymetazoline hcl cream 1%	NC				
SANTYL- collagenase oint 250 unit/gm	NP				
selenium sulfide lotion 2.5%	p				
SERNIVO- betamethasone dipropionate spray emulsion 0.05% (base equiv)	NC				
SILIQ- brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	NC				
silver sulfadiazine cream 1% (Silvadene)	p				
SKYRIZI- risankizumab-rzaa soln prefilled syringe 150 mg/ml	P	•	•		•
SKYRIZI PEN- risankizumab-rzaa soln auto-injector 150 mg/ml	P	•	•		•
SOOLANTRA- ivermectin cream 1%	np				
SORILUX- calcipotriene foam 0.005%	NC				
SOTYKTU- deucravacitinib tab 6 mg	NC				
SPINOSAD- spinosad susp 0.9%	NP				
STELARA- ustekinumab inj 45 mg/0.5ml	P	•	•		•
STELARA- ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	P	•	•		•
SULCONAZOLE NITRATE- sulconazole nitrate cream 1%	NC				
SULCONAZOLE NITRATE- sulconazole nitrate solution 1%	NC				
sulfacetamide sodium lotion 10% (acne) (Klaron)	np				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
SULFAMYLON- mafenide acetate cream 85 mg/gm	NP				
tacrolimus oint 0.03%, 0.1% (Protopic)	np			•	
TALTZ- ixekizumab subcutaneous soln auto-injector 80 mg/ml	NC				
TALTZ- ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	NC				
tavaborole soln 5% (Kerydin)	NC				
TAZAROTENE- tazarotene (acne) foam 0.1%	NC				
tazarotene cream 0.1% (Tazorac)	np		•		
tazarotene gel 0.05%, 0.1% (Tazorac)	np		•		
TAZORAC- tazarotene cream 0.05%	P				
TEXACORT- hydrocortisone soln 2.5%	NC				
TOLAK- fluorouracil cream 4%	NC				
TREMFYA- guselkumab soln pen-injector 100 mg/ml	P	•	•		•
TREMFYA- guselkumab soln prefilled syringe 100 mg/ml	P	•	•		•
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	np		•		
tretinoin gel 0.01% (Retin-a)	np		•		
tretinoin gel 0.025% (Retin-a)	NC				
tretinoin gel 0.05% (Atralin)	NC				
tretinoin microsphere gel 0.04%, 0.1% (Retin-a micro)	NC				
tretinoin microsphere gel 0.08% (Retin-a micro pump)	NC				
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	NC				
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	p				•
triamcinolone acetonide lotion 0.025%, 0.1%	np				•
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	p				•
triamcinolone acetonide oint 0.05%	NC				
TWYNEO- tretinoin-benzoyl peroxide cream 0.1-3%	NC				
ULTRAVATE- halobetasol propionate lotion 0.05%	NC				
VALCHLOR- mechlorethamine hcl gel 0.016% (base equivalent)	P	•			
VECTICAL- calcitriol oint 3 mcg/gm	NC				
VEREGEN- sinecatechins oint 15%	NC				
VTAMA- tapinarof cream 1%	NC				
VUSION- miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	NC				
WINLEVI- clascoterone cream 1%	NC				
WYNZORA- calcipotriene-betamethasone dipropionate cream 0.005-0.064%	NC				
XEPI- ozenoxacin cream 1%	NC				
XERESE- acyclovir-hydrocortisone cream 5-1%	NC				
ZILXI- minocycline hcl micronized foam 1.5%	NC				
ZORYVE- roflumilast cream 0.3%	NC				
ZTLIDO- lidocaine patch 1.8% (36 mg)	NC				
ZYCLARA PUMP- imiquimod cream 2.5%	NC				
MISCELLANEOUS PRODUCTS					
ANTIDOTES					
CHEMET- succimer cap 100 mg	P				
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	np	•			
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	np	•			
deferasirox tab 90 mg, 360 mg (Jadenu)	np	•			
deferasirox tab 180 mg	np	•			
deferiprone tab 500 mg, 1000 mg (Ferriprox)	np	•			
FERRIPROX- deferiprone oral soln 100 mg/ml	NP	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
FERRIPROX TWICE-A-DAY- deferiprone (twice daily) tab 1000 mg	NC				
KLOXXADO- naloxone hcl nasal spray 8 mg/0.1ml	P				
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	np				
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	np				
naloxone hcl soln prefilled syringe 2 mg/2ml	np				
NALOXONE HYDROCHLORIDE- naloxone hcl soln cartridge 0.4 mg/ml	NP				
naltrexone hcl tab 50 mg	np				
OPVEE- nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	P				
VISTOGARD- uridine triacetate oral granules packet 10 gm	NC				
ZIMHI- naloxone hcl soln prefilled syringe 5 mg/0.5ml	NP				
DIAGNOSTIC PRODUCTS					
ACCU-CHEK AVIVA PLUS- glucose blood test strip	NC				
ACCU-CHEK COMPACT STRIPS- glucose blood test strip	NC				
ACCU-CHEK COMPACT TEST DR- glucose blood test strip	NC				
ACCU-CHEK GUIDE- glucose blood test strip	NC				
ACCU-CHEK GUIDE TEST STRI- glucose blood test strip	NC				
ACCU-CHEK SMARTVIEW STRIP- glucose blood test strip	NC				
ACCUTREND GLUCOSE- glucose blood test strip	NC				
ADVANCE INTUITION TEST ST- glucose blood test strip	NC				
ADVANCE MICRO-DRAW TEST S- glucose blood test strip	NC				
ADVIN COVID-19 ANTIGEN HO- covid-19 at home antigen test kit	NC				
ADVOCATE REDI-CODE- glucose blood test strip	NC				
ADVOCATE REDI-CODE+ TEST- glucose blood test strip	NC				
ADVOCATE TEST STRIPS- glucose blood test strip	NC				
AGAMATRIX AMP NO CODE TES- glucose blood test strip	NC				
AGAMATRIX JAZZ TEST STRIP- glucose blood test strip	NC				
AGAMATRIX KEYNOTE TEST ST- glucose blood test strip	NC				
AGAMATRIX PRESTO TEST STR- glucose blood test strip	NC				
ASSURE II- glucose blood test strip	NC				
ASSURE II CHECK STRIP- glucose blood test strip	NC				
ASSURE II TEST STRIPS- glucose blood test strip	NC				
ASSURE PLATINUM TEST STRI- glucose blood test strip	NC				
ASSURE PRISM MULTI TEST S- glucose blood test strip	NC				
ASSURE PRO TEST STRIPS- glucose blood test strip	NC				
ASSURE 3 TEST STRIPS- glucose blood test strip	NC				
ASSURE 4 TEST STRIPS- glucose blood test strip	NC				
AT LAST TEST STRIPS- glucose blood test strip	NC				
BINAXNOW COVID-19 AG CARD- covid-19 at home antigen test kit	NC				
BIOTEL CARE BLOOD GLUCOSE- glucose blood test strip	NC				
BLOOD GLUCOSE TEST STRIPS- glucose blood test strip	NC				
BLULINK GLUCOSE TEST STRI- glucose blood test strip	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
CAREONE BLOOD GLUCOSE TES- glucose blood test strip	NC				
CARESENS N BLOOD GLUCOSE- glucose blood test strip	NC				
CARESTART COVID-19 ANTIGE- covid-19 at home antigen test kit	NC				
CARETOUCH BLOOD GLUCOSE T- glucose blood test strip	NC				
CELLTRION DIATRUST COVID-- covid-19 at home antigen test kit	NC				
CLEARDETECT COVID-19 ANTI- covid-19 at home antigen test kit	NC				
CLEVER CHEK AUTO-CODE TES- glucose blood test strip	NC				
CLEVER CHEK AUTO-CODE VOI- glucose blood test strip	NC				
CLEVER CHEK TEST STRIPS- glucose blood test strip	NC				
CLEVER CHOICE AUTO-CODE P- glucose blood test strip	NC				
CLEVER CHOICE MICRO TEST- glucose blood test strip	NC				
CLEVER CHOICE NO CODING T- glucose blood test strip	NC				
CLEVER CHOICE TALK NO COD- glucose blood test strip	NC				
CLINITEST RAPID COVID-19- covid-19 at home antigen test kit	NC				
CONTOUR BLOOD GLUCOSE TES- glucose blood test strip	P				•
CONTOUR NEXT BLOOD GLUCOS- glucose blood test strip	P				•
COOL BLOOD GLUCOSE TEST S- glucose blood test strip	NC				
COVID-19 AG TEST- covid-19 at home antigen test kit	NC				
COVID-19 AT-HOME TEST KIT- covid-19 at home antigen test kit	NC				
COVID-19 OTC ANTIGEN TEST- covid-19 at home antigen test kit	NC				
CVS ADVANCED GLUCOSE METE- glucose blood test strip	NC				
CVS COVID-19 AT HOME TEST- covid-19 at home antigen test kit	NC				
CVS GLUCOSE METER TEST ST- glucose blood test strip	NC				
DIATHRIVE BLOOD GLUCOSE T- glucose blood test strip	NC				
DIATHRIVE+ BLOOD GLUCOSE- glucose blood test strip	NC				
DIATRUE PLUS BLOOD GLUCOS- glucose blood test strip	NC				
DUO-CARE TEST STRIPS- glucose blood test strip	NC				
EASY PLUS II BLOOD GLUCOS- glucose blood test strip	NC				
EASY STEP TEST STRIPS- glucose blood test strip	NC				
EASY TALK BLOOD GLUCOSE T- glucose blood test strip	NC				
EASY TALK PLUS II BLOOD G- glucose blood test strip	NC				
EASY TOUCH GLUCOSE TEST S- glucose blood test strip	NC				
EASY TOUCH HEALTHPRO GLUC- glucose blood test strip	NC				
EASY TRAK BLOOD GLUCOSE T- glucose blood test strip	NC				
EASY TRAK II BLOOD GLUCOS- glucose blood test strip	NC				
EASYGLUCO- glucose blood test strip	NC				
EASYMAX TEST STRIPS- glucose blood test strip	NC				
EASYMAX 15 TEST STRIPS- glucose blood test strip	NC				
EASYPRO BLOOD GLUCOSE TES- glucose blood test strip	NC				
EASYPRO PLUS- glucose blood test strip	NC				
ELEMENT COMPACT TEST STRI- glucose blood test strip	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ELEMENT TEST STRIPS- glucose blood test strip	NC				
ELLUME COVID-19 HOME TEST- covid-19 at home antigen test kit	NC				
EMBRACE BLOOD GLUCOSE TES- glucose blood test strip	NC				
EMBRACE EVO BLOOD GLUCOSE- glucose blood test strip	NC				
EMBRACE PRO BLOOD GLUCOSE- glucose blood test strip	NC				
EMBRACE TALK BLOOD GLUCOS- glucose blood test strip	NC				
EMBRACE WAVE BLOOD GLUCOS- glucose blood test strip	NC				
EQ BLOOD GLUCOSE TEST STR- glucose blood test strip	NC				
EVENCARE BLOOD GLUCOSE TE- glucose blood test strip	NC				
EVOLUTION AUTOCODE- glucose blood test strip	NC				
FASTEP COVID-19 ANTIGEN H- covid-19 at home antigen test kit	NC				
FIFTY50 GLUCOSE TEST STRI- glucose blood test strip	NC				
FLOWFLEX COVID-19 ANTIGEN- covid-19 at home antigen test kit	NC				
FORA BLOOD GLUCOSE TEST S- glucose blood test strip	NC				
FORA D15G BLOOD GLUCOSE T- glucose blood test strip	NC				
FORA D20 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA D40/G31 BLOOD GLUCOS- glucose blood test strip	NC				
FORA GD20 TEST STRIPS- glucose blood test strip	NC				
FORA GD50 BLOOD GLUCOSE T- glucose blood test strip	NC				
FORA GTEL BLOOD GLUCOSE T- glucose blood test strip	NC				
FORA G20 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA G30/PREMIUM V10 BLOO- glucose blood test strip	NC				
FORA TN'G ADVANCE PRO BLO- glucose blood test strip	NC				
FORA TN'G/TN'G VOICE BLOO- glucose blood test strip	NC				
FORA V10 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA V12 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA V20 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA V30A BLOOD GLUCOSE T- glucose blood test strip	NC				
FORA 6 CONNECT- glucose blood test strip	NC				
FORA 6 CONNECT/GTEL BLOOD- glucose blood test strip	NC				
FORACARE GD40- glucose blood test strip	NC				
FORACARE PREMIUM V10 TEST- glucose blood test strip	NC				
FORACARE TEST N GO TEST S- glucose blood test strip	NC				
FORTISCARE BLOOD GLUCOSE- glucose blood test strip	NC				
FORTISCARE G1 BLOOD GLUCO- glucose blood test strip	NC				
FREESTYLE INSULINX BLOOD- glucose blood test strip	NC				
FREESTYLE LITE TEST STRIP- glucose blood test strip	NC				
FREESTYLE PRECISION NEO B- glucose blood test strip	NC				
FREESTYLE TEST STRIPS- glucose blood test strip	NC				
GENABIO COVID-19 RAPID SE- covid-19 at home antigen test kit	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
GENULTIMATE TEST STRIPS- glucose blood test strip	NC				
GE100 BLOOD GLUCOSE TEST- glucose blood test strip	NC				
GHT TEST STRIPS- glucose blood test strip	NC				
GLUCO PERFECT 3 TEST STRI- glucose blood test strip	NC				
GLUCOCARD EXPRESSION BLOO- glucose blood test strip	NC				
GLUCOCARD SHINE TEST STRI- glucose blood test strip	NC				
GLUCOCARD VITAL TEST STRI- glucose blood test strip	NC				
GLUCOCARD X-SENSOR- glucose blood test strip	NC				
GLUCOCARD 01 SENSOR PLUS- glucose blood test strip	NC				
GLUCOCOM TEST STRIPS- glucose blood test strip	NC				
GLUCONAVII BLOOD GLUCOSE- glucose blood test strip	NC				
GLUCOSE METER TEST STRIPS- glucose blood test strip	NC				
GNP EASY TOUCH GLUCOSE TE- glucose blood test strip	NC				
GNP TRUE METRIX SELF MONI- glucose blood test strip	NC				
GNP TRUETRACK BLOOD GLUCO- glucose blood test strip	NC				
GNP TRUETRACK SMART SYSTE- glucose blood test strip	NC				
GOJJI BLOOD GLUCOSE TEST- glucose blood test strip	NC				
GOODSENSE PREMIUM BLOOD G- glucose blood test strip	NC				
GOTOKNOW COVID-19 ANTIGEN- covid-19 at home antigen test kit	NC				
HW EMBRACE PRO BLOOD GLUC- glucose blood test strip	NC				
HW EMBRACE TALK BLOOD GLU- glucose blood test strip	NC				
IGLUCOSE BLOOD GLUCOSE TE- glucose blood test strip	NC				
IHEALTH COVID-19 ANTIGEN- covid-19 at home antigen test kit	NC				
IN TOUCH BLOOD GLUCOSE TE- glucose blood test strip	NC				
INDICAID COVID-19 RAPID A- covid-19 at home antigen test kit	NC				
INFINITY BLOOD GLUCOSE TE- glucose blood test strip	NC				
INFINITY VOICE- glucose blood test strip	NC				
INTELISWAB COVID-19 RAPID- covid-19 at home antigen test kit	NC				
KROGER BLOOD GLUCOSE TEST- glucose blood test strip	NC				
KROGER HEALTHPRO GLUCOSE- glucose blood test strip	NC				
KROGER PREMIUM BLOOD GLUC- glucose blood test strip	NC				
LIBERTY NEXT GENERATION B- glucose blood test strip	NC				
LIBERTY TEST STRIPS- glucose blood test strip	NC				
MEIJER BLOOD GLUCOSE TEST- glucose blood test strip	NC				
MEIJER ESSENTIAL BLOOD GL- glucose blood test strip	NC				
MEIJER TRUETEST BLOOD GLU- glucose blood test strip	NC				
MEIJER TRUETRACK BLOOD GL- glucose blood test strip	NC				
MICRODOT TEST STRIPS- glucose blood test strip	NC				
MICRODOT XTRA TEST STRIPS- glucose blood test strip	NC				
MM BLULINK GLUCOSE TEST S- glucose blood test strip	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
MM EASY TOUCH GLUCOSE TES- glucose blood test strip	NC				
MYGLUCOHEALTH BLOOD GLUCO- glucose blood test strip	NC				
NEUTEK 2TEK TEST STRIPS- glucose blood test strip	NC				
NOVA MAX GLUCOSE TEST STR- glucose blood test strip	NC				
ON CALL EXPRESS BLOOD GLU- glucose blood test strip	NC				
ON/GO COVID-19 ANTIGEN SE- covid-19 at home antigen test kit	NC				
ON/GO ONE COVID-19 ANTIGE- covid-19 at home antigen test kit	NC				
ONE DROP BLOOD GLUCOSE TE- glucose blood test strip	NC				
ONETOUCH ULTRA- glucose blood test strip	P				•
ONETOUCH ULTRA TEST STRIP- glucose blood test strip	P				•
ONETOUCH VERIO TEST STRIP- glucose blood test strip	P				•
OPTIUMEZ TEST STRIPS- glucose blood test strip	NC				
PHARMACIST CHOICE AUTOCOD- glucose blood test strip	NC				
PHARMACIST CHOICE NO CODI- glucose blood test strip	NC				
PILOT COVID-19 AT-HOME TE- covid-19 at home antigen test kit	NC				
PIP BLOOD GLUCOSE TEST ST- glucose blood test strip	NC				
POCKETCHEM EZ BLOOD GLUCO- glucose blood test strip	NC				
POGO AUTOMATIC TEST CARTR- glucose blood test automatic cartridge	NC				
PRECISION SOF-TACT TEST S- glucose blood test strip	NC				
PRECISION XTRA BLOOD GLUC- glucose blood test strip	NC				
PREMIUM BLOOD GLUCOSE TES- glucose blood test strip	NC				
PRO VOICE V8/V9 BLOOD GLU- glucose blood test strip	NC				
PRODIGY NO CODING BLOOD G- glucose blood test strip	NC				
PTS PANELS EGLU- glucose blood test strip	NC				
QUICKTEK TEST STRIPS- glucose blood test strip	NC				
QUICKVUE AT-HOME COVID-19- covid-19 at home antigen test kit	NC				
QUINTET AC BLOOD GLUCOSE- glucose blood test strip	NC				
QUINTET BLOOD GLUCOSE TES- glucose blood test strip	NC				
RAPID SARS-COV-2 ANTIGEN- covid-19 at home antigen test kit	NC				
REFUAH PLUS BLOOD GLUCOSE- glucose blood test strip	NC				
RELION CONFIRM/MICRO TEST- glucose blood test strip	NC				
RELION PREMIER BLOOD GLUC- glucose blood test strip	NC				
RELION PRIME BLOOD GLUCOS- glucose blood test strip	NC				
RELION TRUE METRIX BLOOD- glucose blood test strip	NC				
RELION ULTIMA BLOOD GLUCO- glucose blood test strip	NC				
REXALL BLOOD GLUCOSE TEST- glucose blood test strip	NC				
RIGHTEST GS100 BLOOD GLUC- glucose blood test strip	NC				
RIGHTEST GS300 BLOOD GLUC- glucose blood test strip	NC				
RIGHTEST GS333 BLOOD GLUC- glucose blood test strip	NC				
RIGHTEST GS550 BLOOD GLUC- glucose blood test strip	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
RIGHTEST GT333 BLOOD GLUC- glucose blood test strip	NC				
SMART SENSE PREMIUM BLOOD- glucose blood test strip	NC				
SMART SENSE VALUE BLOOD G- glucose blood test strip	NC				
SMARTEST BLOOD GLUCOSE TE- glucose blood test strip	NC				
SOLUS V2 AUDIBLE TEST- glucose blood test strip	NC				
SPEEDY SWAB RAPID COVID-1- covid-19 at home antigen test kit	NC				
SUPREME TEST STRIPS- glucose blood test strip	NC				
TGT BLOOD GLUCOSE TEST ST- glucose blood test strip	NC				
TRUE FOCUS SELF MONITORIN- glucose blood test strip	NC				
TRUE METRIX BLOOD GLUCOSE- glucose blood test strip	NC				
TRUE METRIX SELF MONITORI- glucose blood test strip	NC				
TRUETEST STRIPS- glucose blood test strip	NC				
TRUETRACK BLOOD GLUCOSE T- glucose blood test strip	NC				
TRUETRACK TEST- glucose blood test strip	NC				
UNISTRIP1 GENERIC- glucose blood test strip	NC				
VERASENS BLOOD GLUCOSE TE- glucose blood test strip	NC				
VIVAGUARD INO BLOOD GLUCO- glucose blood test strip	NC				
MEDICAL DEVICES					
AEROCHAMBER HOLDING CHAMB- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER MINI AEROSOL- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER MV- spacer/ aerosol-holding chambers - device	P				
AEROCHAMBER PLUS FLOW VU- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER PLUS FLOW-VU- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER PLUS FLOW-VU/- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER Z-STAT PLUS V- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER Z-STAT PLUS/F- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER Z-STAT PLUS/L- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER Z-STAT PLUS/M- spacer/aerosol-holding chambers - device	P				
AEROCHAMBER Z-STAT PLUS/S- spacer/aerosol-holding chambers - device	P				
AEROVENT PLUS HOLDING CHA- spacer/aerosol-holding chambers - device	P				
BREATHE COMFORT ANTI-STAT- spacer/aerosol-holding chambers - device	P				
BREATHE EASE/LARGE MASK- spacer/aerosol-holding chambers - device	P				
BREATHE EASE/MEDIUM MASK- spacer/aerosol-holding chambers - device	P				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
BREATHE EASE/SMALL MASK- spacer/aerosol-holding chambers - device	P				
BREATHERITE VALVED MDI CH- spacer/aerosol-holding chambers - device	P				
CAYA- diaphragm arc-spring	P				
CLEVER CHOICE ANTI-STATIC- spacer/aerosol-holding chambers - device	P				
COMPACT SPACE CHAMBER/ANT- spacer/aerosol-holding chambers - device	P				
CONDOMS MALE - VARIOUS- condoms - male	P				
CONTOUR HIGH CONTROL- blood glucose calibration - liquid - high	P				
CONTOUR LOW CONTROL- blood glucose calibration - liquid - low	P				
CONTOUR NEXT CONTROL LEVE- blood glucose calibration - liquid - normal, - low	P				
CONTOUR NORMAL CONTROL- blood glucose calibration - liquid - normal	P				
DEXCOM G6 RECEIVER- continuous blood glucose system receiver	P			•	•
DEXCOM G6 SENSOR- continuous blood glucose system sensor	P			•	•
DEXCOM G6 TRANSMITTER- continuous blood glucose system transmitter	P			•	•
DEXCOM G7 RECEIVER- continuous blood glucose system receiver	P			•	•
DEXCOM G7 SENSOR- continuous blood glucose system sensor	P			•	•
EASIVENT- spacer/aerosol-holding chambers - device	P				
EASIVENT/MASK-LARGE- spacer/ aerosol-holding chambers - device	P				
EASIVENT/MASK-MEDIUM- spacer/ aerosol-holding chambers - device	P				
EASIVENT/MASK-SMALL- spacer/ aerosol-holding chambers - device	P				
EQ SPACE CHAMBER ANTI-STA- spacer/aerosol-holding chambers - device	P				
FC2 FEMALE CONDOM- condoms - female	P				
FEMCAP- cervical cap 22 mm, 26 mm, 30 mm	P				
FLEXICHAMBER- spacer/aerosol-holding chambers - device	P				
FLEXICHAMBER ADULT MASK/S- spacer/aerosol-holding chamber supplies - masks	P				
FLEXICHAMBER CHILD MASK/L- spacer/aerosol-holding chamber supplies - masks	P				
FLEXICHAMBER CHILD MASK/S- spacer/aerosol-holding chamber supplies - masks	P				
FREESTYLE LIBRE 14 DAY/RE- continuous blood glucose system receiver	NC				
FREESTYLE LIBRE 14 DAY/SE- continuous blood glucose system sensor	NC				
FREESTYLE LIBRE 2/READER/- continuous blood glucose system receiver	NC				
FREESTYLE LIBRE 2/SENSOR/- continuous blood glucose system sensor	NC				
FREESTYLE LIBRE 3/READER/- continuous blood glucose system receiver	NC				
FREESTYLE LIBRE 3/SENSOR/- continuous blood glucose system sensor	NC				
FREESTYLE LIBRE/READER/FL- continuous blood glucose system receiver	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
INSPIREASE DRUG DELIVERY-spacer/aerosol-holding chambers - device	P				
INSPIREASE RESERVOIR BAGS-spacer/aerosol-holding chamber supplies - bags	P				
INSULIN PEN NEEDLES – VARIOUS	P				
INSULIN SYRINGES – VARIOUS	P				
LANCETS – VARIOUS	P				
MASK VORTEX/CHILD/FROG-spacer/aerosol-holding chamber supplies - masks	P				
MASK VORTEX/TODDLER/LADY-spacer/aerosol-holding chamber supplies - masks	P				
MICROCHAMBER- spacer/aerosol-holding chambers - device	P				
MICROSPACER- spacer/aerosol-holding chambers - device	P				
MISC NEEDLES & SYRINGES - VARIOUS- needles & syringes	P				
OMNIFLEX DIAPHRAGM-diaphragms	P				
OMNIPOD DASH INTRO KIT (G-insulin infusion disposable pump kit	NP		•		•
OMNIPOD DASH PODS (GEN 4)-insulin infusion disposable pump reservoir	NP		•		•
OMNIPOD 5 G6 INTRO KIT (G-insulin infusion disposable pump kit	NP		•		•
OMNIPOD 5 G6 PODS (GEN 5)-insulin infusion disposable pump reservoir	NP		•		•
OMNIPOD 5 G7 INTRO KIT (G-insulin infusion disposable pump kit	NP		•		•
OMNIPOD 5 G7 PODS (GEN 5)-insulin infusion disposable pump reservoir	NP		•		•
ONETOUCH ULTRA CONTROL-blood glucose calibration - liquid	P				
ONETOUCH ULTRA CONTROL SO-blood glucose calibration - liquid	P				
ONETOUCH VERIO LEVEL 3 CO-blood glucose calibration - liquid	P				
ONETOUCH VERIO LEVEL 4 CO-blood glucose calibration - liquid - high	P				
OPTICHAMBER- spacer/aerosol-holding chambers - device	P				
OPTICHAMBER DIAMOND- spacer/aerosol-holding chambers - device	P				
OPTICHAMBER DIAMOND/LARGE-spacer/aerosol-holding chambers - device	P				
OPTICHAMBER DIAMOND/MEDIU-spacer/aerosol-holding chambers - device	P				
OPTICHAMBER DIAMOND/SMALL-spacer/aerosol-holding chambers - device	P				
PANDA MASK LARGE- spacer/aerosol-holding chamber supplies - masks	P				
PANDA MASK MEDIUM- spacer/aerosol-holding chamber supplies - masks	P				
PANDA MASK SMALL- spacer/aerosol-holding chamber supplies - masks	P				
PEDIATRIC PANDA MASK- spacer/aerosol-holding chamber supplies - masks	P				
POCKET CHAMBER- spacer/aerosol-holding chambers - device	P				
POCKET SPACER- spacer/aerosol-holding chambers - device	P				
PRO COMFORT INHALER SPACE-spacer/aerosol-holding chambers - device	P				
PROCARE SPACER CHAMBER W/-spacer/aerosol-holding chambers - device	P				
PROCHAMBER VALVED HOLDING-spacer/aerosol-holding chambers - device	P				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PURE COMFORT INHALER SPAC- spacer/aerosol-holding chambers - device	P				
RITEFLO- spacer/aerosol-holding chambers - device	P				
VORTEX HOLDING CHAMBER/MA- spacer/aerosol-holding chambers - device	P				
VORTEX VALVED HOLDING CHA- spacer/aerosol-holding chambers - device	P				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	P				
ASSORTED CLASSES					
ASTAGRAF XL- tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	NP				
azathioprine tab 50 mg (Imuran)	np				
azathioprine tab 75 mg, 100 mg	np				
BENLYSTA- belimumab subcutaneous solution auto-injector 200 mg/ml	NP	•	•		•
BENLYSTA- belimumab subcutaneous solution prefilled syringe 200 mg/ml	NP	•	•		•
CELLCEPT- mycophenolate mofetil cap 250 mg	NP				
CELLCEPT- mycophenolate mofetil for oral susp 200 mg/ml	NP				
CELLCEPT- mycophenolate mofetil tab 500 mg	NP				
CUVRIOR- trientine tetrahydrochloride tab 300 mg	NC				
cyclosporine cap 25 mg, 100 mg (Sandimmune)	np				
cyclosporine modified cap 25 mg, 100 mg (Neoral)	np				
cyclosporine modified cap 50 mg (Cyclosporine modified)	np				
cyclosporine modified oral soln 100 mg/ml (Neoral)	np				
ENSPRYNG- satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	NP	•	•		•
ENVARSUS XR- tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	NP				
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	np				
IMURAN- azathioprine tab 50 mg	NP				
JOENJA- leniolisib phosphate tab 70 mg	NP	•	•		•
lenalidomide caps 2.5 mg (Revlimid)	np	•	•		•
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	np	•	•		•
LOKELMA- sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	P				
LUPKYNIS- voclosporin cap 7.9 mg	NP	•	•		•
mycophenolate mofetil cap 250 mg (Cellcept)	np				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	np				
mycophenolate mofetil tab 500 mg (Cellcept)	np				
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	np				
MYFORTIC- mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	NP				
NEORAL- cyclosporine modified cap 25 mg, 100 mg	NP				
NEORAL- cyclosporine modified oral soln 100 mg/ml	NP				
penicillamine cap 250 mg (Cuprimine)	NC				
penicillamine tab 250 mg (Depen titratabs)	np				
PROGRAF- tacrolimus cap 0.5 mg, 1 mg, 5 mg	NP				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PROGRAF- tacrolimus packet for susp 0.2 mg, 1 mg	NP				
RAPAMUNE- sirolimus oral soln 1 mg/ml	NP				
RAPAMUNE- sirolimus tab 0.5 mg, 1 mg, 2 mg	NP				
RESET- digital therapy application - substance use disorder	P*				•
RESET NON-MONETARY CM- digital therapy application - substance use disorder	P*				•
RESET-O- digital therapy application - substance use disorder	P*				•
RESET-O NON-MONETARY CM- digital therapy application - substance use disorder	P*				•
REVLIMID- lenalidomide caps 2.5 mg	P	•	•		•
REVLIMID- lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	P	•	•		•
REZUROCK- belumosudil mesylate tab 200 mg	NP	•	•		•
SANDIMMUNE- cyclosporine cap 25 mg, 100 mg	NP				
SANDIMMUNE- cyclosporine oral soln 100 mg/ml	NP				
sirolimus oral soln 1 mg/ml (Rapamune)	np				
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	np				
sodium polystyrene sulfonate powder	np				
SPS- sodium polystyrene sulfonate oral susp 15 gm/60ml	NP				
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	np				
THALOMID- thalidomide cap 50 mg, 100 mg, 150 mg, 200 mg	P	•	•		•
trientine hcl cap 250 mg (Syprine)	np	•			
TRIENTINE HYDROCHLORIDE- trientine hcl cap 500 mg	NC				
VELTASSA- patiromer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	P				
VIJOICE- alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	NP	•	•		•
VIJOICE- alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	NP	•	•		•
ZOKINVY- lonafarnib cap 50 mg, 75 mg	P	•	•		•
ZORTRESS- everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	NP				

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