BlueCross BlueShield of Alabama

Blue Cross and Blue Shield of Alabama Source+Rx1.0 Prescription Drug List

July 2025

The Prescription Drug List is regularly updated. Please visit **AlabamaBlue.com/DrugList** for the most up-to-date information.

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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**.

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Introduction

The attached Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List shows covered drugs for a broad range of diseases.

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.

Brand prescription drugs are shown in capital letters followed by the generic name.

The Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List is organized into broad categories (e.g. anti-infective drugs). Within most categories, drugs are sub-grouped by drug class (e.g. penicillins) or by use for a specific medical condition (e.g. diabetes).

Members are encouraged to show this list to their physicians 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 members and their physician.

The current version of this Prescription Drug List is available by visiting **AlabamaBlue.com/DrugList** or by calling the customer service number listed on the back of your identification card. **Online pharmacy tools** are available at **AlabamaBlue.com/DrugList**. Blue Cross members can find drug cost estimates or check if a particular drug is on the Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List.

How Drugs are Selected for Coverage and Tier Placement

Covered drugs on this list are selected and placed into tiers (refer to Member Prescription Benefit section) based on the recommendations of a Pharmacy and Therapeutics (P&T) Committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from the health insurer or claims administrator of your health plan, reviews prescription drugs regulated by the U.S. Food and Drug Administration (FDA) based on safety, efficacy, and uniqueness. Once drugs are deemed appropriate for coverage, and safety and efficacy have been evaluated, cost may be considered to determine final tier placement and coverage requirements.

Drugs are reviewed by the P&T Committee when newly approved by the FDA and at least annually after initial review. Drug coverage is subject to change at any time but the drug list will be updated monthly. There are many reasons why drug coverage or tier placement may change. Some examples are listed below.

- The tier level of a drug may increase or the drug may no longer be covered when an equivalent generic drug becomes available.
- The tier level of a drug may decrease if the cost of the drug decreases.

Additional Coverage Considerations

Coverage is limited to prescription drugs approved by the Food and Drug Administration (FDA) as evidenced by a New Drug Application (NDA), Abbreviated New Drug Application (ANDA), or Biologics License Application (BLA) on file. Any legal requirements or group specific benefits for coverage will supersede this (e.g. preventive drugs per the Affordable Care Act).

Newly marketed prescription drugs will not be covered until the P&T Committee has had an opportunity to review the drug, to determine whether the drug will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of drugs. If your physician feels that a new drug is medically necessary prior to P&T Committee evaluation, a non-formulary exception request for coverage may be submitted.

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

You should refer to your benefit plan booklet for details about your particular benefits.

Member Prescription Benefit

The Blue Cross prescription benefit is multi-tiered, placing prescription drugs into one of six tier levels. Tier 1 primarily contains preferred (lowest cost) generic drugs (but may include low cost brands), Tier 2 primarily contains non-preferred generic drugs (higher in cost but covered for efficacy or uniqueness purposes) . Similar to Tier 1, based on cost consideration, there may be brands placed into this tier on occasion as well. Tier 3 primarily contains preferred (based on efficacy, uniqueness, safety advantages, and/or cost considerations) brands. Tier 4 primarily contains non-preferred (less preferred compared to alternatives available based on efficacy, uniqueness, safety, and cost) brands. Tier 5 primarily contains preferred specialty drugs, and Tier 6 contains primarily non-preferred specialty drugs. All tiers may contain drugs otherwise categorized as generic, brand, or specialty. Preferred drugs may offer a clinical or cost advantage over non-preferred drugs within the same therapeutic category. Coverage and copayment/co-insurance levels vary depending on the plan. Drugs that require Prior Authorization, Step Therapy, or that have Dispensing Limits or are considered Limited Distribution are noted in the Prescription Drug List.

Tier 1 - primarily preferred generics
Tier 2 - primarily non-preferred generics
Tier 3 - primarily preferred brands
Tier 4 - primarily non-preferred brands
Tier 5 - primarily preferred specialty
Tier 6 - primarily non-preferred specialty

Note: An “A” displayed in the drug tier field indicates the drug may only be covered if a member meets criteria for $0 preventative coverage under the Affordable Care Act (ACA). If a member does not meet ACA coverage criteria, these drugs are not covered under the plan but may be available over the counter without a prescription.

Note: Covered insulin products may be capped at a cost share of $99 per 30 days’ supply. Benefits will be provided in accordance with all applicable laws. Call Customer Service using the number on the back of your ID card for questions regarding your specific coverage.

Brand Drugs and Generic Drugs

Classification

Prescription drugs are classified as either a Brand drug or a Generic drug. Blue Cross uses the Brand or Generic status provided by a nationally recognized company providing drug product information. The Brand/Generic status for a specific drug/specific marketer can sometimes change over the life of a product in the marketplace and change from Brand to Generic or from Generic to Brand. Such changes might change your copayment/co-insurance share. Brand drug or Generic drug status is never based upon a product having a trade name. Generic drugs often have trade names.

Generic Substitution

Blue Cross encourages generic utilization as a way to provide high quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict requirements of FDA's current Good Manufacturing Practice regulations required for Brand drugs and cover the manufacturing, and identity, strength, purity and quality.

An FDA-approved Generic drug may be substituted for the Brand counterpart when it:

- Contains the same active ingredient(s) as the brand drug;
- Is identical in strength, dosage form and route of administration; and
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

Affordable Care Act

Drugs marked with a dot in the ACA column may have limited or $0 member cost-sharing under the Affordable Care Act if certain criteria are met. Examples of categories of drugs that may be subject to limited or $0 member cost share include aspirin, breast cancer prevention drugs, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, tobacco cessation drugs, vaccines, vitamin D supplements, and some contraceptive drugs and devices. If you do not find the drug you are searching for, consult or contact Blue Cross to find out if the drug is available over the counter or is covered under your medical benefit. Please visit **AlabamaBlue.com/StandardACAPreventiveDrugList** to obtain a list of drugs available under the ACA.

Compound Drugs

Compound drugs are defined as a drug product made or modified to have characteristics that are specifically prescribed for an individual patient when commercial drug products are not available or appropriate. To be eligible for coverage, compounded drugs must contain at least one FDA-approved prescription ingredient and must not be a copy of a commercially available product. Compounds containing any ingredient not approved by the FDA will not be covered. All compounded drugs are subject to review and may require prior authorization. Drugs used in compounded drugs may be subject to additional coverage criteria and utilization management edits. Compounds are covered only when medically necessary. Compound drugs are always classified as the highest cost-sharing non-specialty drug Tier.

Contraceptives

Under the Affordable Care Act, members are provided coverage for select FDA-approved contraceptive methods and drugs at a $0 member cost-share. If a contraceptive drug is available at $0 member cost-share, it will be noted next to the drug with a dot under the ACA column.

If you have health coverage through your employer, some or all of the contraceptive methods or prescription drugs listed in this Prescription Drug Guide may not be covered under your plan because of your employer's religious beliefs. To find out if contraceptive methods and prescription drugs are excluded, you may find this information in the exclusions section of your benefit booklet or you may contact your group administrator.

Specialty Drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, multiple sclerosis and rheumatoid arthritis. Specialty drugs covered under this prescription benefit may be oral or injectable medications may be self-administered.

Blue Cross members must obtain their specialty drugs from a preferred provider in the Pharmacy Select Network. If a preferred provider is not utilized you may be responsible for up to 100 percent of the drug cost. If you have questions about your coverage for specialty drugs or your prescription drug benefit, call the number on the back of your ID card. You may also visit **AlabamaBlue.com/SelfAdministeredSpecialtyDrugList** to obtain a complete listing of specialty drugs.

Utilization Management

Blue Cross is committed to supporting proper selection and use of drugs for its members. To help assure these goals are met, several programs have been developed to promote drug selection that encourages both cost-effectiveness and safety. Detailed coverage criteria can be found by visiting **AlabamaBlue.com/DrugList** and clicking on Drug Coverage Guidelines. Drugs requiring Prior Authorization or Step Therapy, or drugs with Dispensing Limits will be noted in the Therapeutic Class Drug List portion of the Prescription Drug List.

Step Therapy

Your benefit plan includes a step therapy program. This means you may need to try another proven, cost-effective drug before coverage may be available for the drug included in the step therapy program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. If step therapy is required for a drug listed in this document, it will be noted next to the drug with a dot under the step therapy column.

Prior Authorization

Your benefit plan may require prior authorization for certain drugs that have the potential for misuse or overuse. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before drug will be covered under your plan. If prior authorization is required for a drug listed in this document, it will be noted next to the drug with a dot under the prior authorization column.

Dispensing Limits

Drug dispensing limits help encourage drug use as intended by the FDA. Dispensing limits are placed on drugs in certain categories for safety reasons. For the drugs listed in this document, if a dispensing limit applies, it will be noted next to the drug with a dot under the dispensing limits column.

Limits may include: quantity of covered drug per prescription and/or quantity of covered drug in a given time period. If your doctor prescribes a greater quantity of drug than what the dispensing limit allows, you can still get the drug. However, you will be responsible for the full cost of the prescription beyond what your coverage allows or your doctor will need to submit a request for an exception to the dispensing limit. If a dispensing limit applies for a drug listed in this document, it will be noted next to the drug with a dot under the dispensing limit column. For a list of drugs and their dispensing limits, visit **AlabamaBlue.com/DrugList** and click on Drug Coverage Guidelines.

Limited Distribution Drugs

Limited distribution drugs have a restriction on which pharmacies have access to and can dispense certain drugs, thereby limiting where the member may obtain the prescription. Blue Cross members may be required to use the Pharmacy Select Network or other pharmacy for limited distribution prescription drugs. If a drug has limits on where it can be filled, it will be noted next to the drug with a dot under the limited distribution column.

Notice

The purpose of the Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List is to provide a guide to coverage. This Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

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

Notice of Nondiscrimination

Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意：如果您说普通话，我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服，以易读格式向您提供信息。请拨打 1-855-216-3144（TTY: 711）或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-216-3144 (TTY: 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie 1-855-216-3144 (TTY: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિઃશુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કૉલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें। .

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Lao: ເອົາใจใส่: ຖ້າเจ้ำเว้ำ ลาว, ภามบำลิภามช่วยเหลือด้ามพาสาฟริแม่มมีให้ท่าม. ภามช่วยเหลือ และ ภามบำลิภามที่เหมาะส็มในภามสะหมองข้ำมูมในรูบแบบที่สามาดเข้ำเถิงได้แม่มยังสามาดใช้ได้โดยบ่ำเสยถ่า. โท 1-855-216-3144 (TTY: 711) ຫຼື โทหาฝ่ายบำลิภามลูกถ้า.

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Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: Paunawa: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

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Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ANTI-INFECTIVE AGENTS						
PENICILLINS						
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	4					
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	4					
amoxicillin (trihydrate) cap 250 mg	1					
amoxicillin (trihydrate) cap 500 mg	1					
amoxicillin (trihydrate) for susp 125 mg/5ml	1					
amoxicillin (trihydrate) for susp 200 mg/5ml	1					
amoxicillin (trihydrate) for susp 250 mg/5ml	1					
amoxicillin (trihydrate) for susp 400 mg/5ml	1					
amoxicillin (trihydrate) tab 500 mg	1					
amoxicillin (trihydrate) tab 875 mg	1					
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1					
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	2					
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1					
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	2					
amoxicillin & k clavulanate tab 250-125 mg	2					
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1					
amoxicillin & k clavulanate tab 875-125 mg	1					
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4					
ampicillin cap 500 mg	2					
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	4					
dicloxacillin sodium cap 250 mg	2					
dicloxacillin sodium cap 500 mg	2					
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml	4					
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	4					
penicillin v potassium tab 250 mg	1					
penicillin v potassium tab 500 mg	1					
CEPHALOSPORINS						
CEFACLOR - cefaclor cap 250 mg	4					
CEFACLOR - cefaclor cap 500 mg	4					
CEFADROXIL - cefadroxil tab 1 gm	4					
cefadroxil cap 500 mg	1					
cefadroxil for susp 250 mg/5ml	2					
cefadroxil for susp 500 mg/5ml	2					
cefdinir cap 300 mg	1					
cefdinir for susp 125 mg/5ml	2					
cefdinir for susp 250 mg/5ml	2					
cefixime for susp 100 mg/5ml (Suprax)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
cefixime for susp 200 mg/5ml (Suprax)	2					
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml	4					
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 100 mg/5ml	4					
cefpodoxime proxetil tab 100 mg	2					
cefpodoxime proxetil tab 200 mg	2					
cefprozil for susp 125 mg/5ml	2					
cefprozil for susp 250 mg/5ml	2					
cefprozil tab 250 mg	2					
cefprozil tab 500 mg	2					
cefuroxime axetil tab 250 mg	1					
cefuroxime axetil tab 500 mg	2					
cephalexin cap 250 mg	1					
cephalexin cap 500 mg	1					
cephalexin cap 750 mg (Keflex)	2					
cephalexin for susp 125 mg/5ml	1					
cephalexin for susp 250 mg/5ml	2					
MACROLIDES						
azithromycin for susp 100 mg/5ml (Zithromax)	2					
azithromycin for susp 200 mg/5ml (Zithromax)	1					
azithromycin tab 250 mg (Zithromax)	1					
azithromycin tab 500 mg (Zithromax)	1					
azithromycin tab 600 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4					
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4					
clarithromycin tab er 24hr 500 mg	2					
clarithromycin tab 250 mg	2					
clarithromycin tab 500 mg	2					
DIFICID - fidaxomicin for susp 40 mg/ml	3					
DIFICID - fidaxomicin tab 200 mg	3					
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	4					
ERYTHROMYCIN DR - erythromycin w/ delayed release particles cap 250 mg	4					
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	2					
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	2					
erythromycin tab delayed release 250 mg	2					
erythromycin tab delayed release 333 mg	2					
erythromycin tab delayed release 500 mg	2					
erythromycin tab 250 mg	2					
erythromycin tab 500 mg	2					
ZITHROMAX - azithromycin powd pack for susp 1 gm	4					
TETRACYCLINES						
demeclocycline hcl tab 150 mg	2					
demeclocycline hcl tab 300 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
doxycycline hyclate cap 50 mg	2					
doxycycline hyclate cap 100 mg (Vibramycin)	1					
doxycycline hyclate tab 20 mg	1					
doxycycline hyclate tab 100 mg	1					
doxycycline monohydrate cap 50 mg	1					
doxycycline monohydrate cap 100 mg	1					
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	2					
doxycycline monohydrate tab 50 mg	1					
doxycycline monohydrate tab 75 mg	2					
doxycycline monohydrate tab 100 mg	1					
doxycycline monohydrate tab 150 mg	2					
minocycline hcl cap 50 mg	1					
minocycline hcl cap 75 mg	2					
minocycline hcl cap 100 mg	2					
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	4					•
tetracycline hcl cap 250 mg	2					
tetracycline hcl cap 500 mg	2					
FLUOROQUINOLONES						
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	4					
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	1					
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	1					
ciprofloxacin hcl tab 750 mg (base equiv)	1					
levofloxacin oral soln 25 mg/ml	2					
levofloxacin tab 250 mg	1					
levofloxacin tab 500 mg	1					
levofloxacin tab 750 mg	1					
moxifloxacin hcl tab 400 mg (base equiv)	2					
OFLOXACIN - ofloxacin tab 300 mg	4					
ofloxacin tab 400 mg	2					
AMINOGLYCOSIDES						
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	6	•		•		•
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	6	•		•		•
neomycin sulfate tab 500 mg	1					
TOBI PODHALER - tobramycin inhal cap 28 mg	6	•		•		•
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	6	•		•		•
tobramycin nebu soln 300 mg/5ml (Tobi)	5	•		•		•
tobramycin nebu soln 300 mg/4ml (Bethkis)	5	•		•		•
SULFONAMIDES						
sulfadiazine tab 500 mg	2					
ANTIMYCOBACTERIAL AGENTS						
CYCLOSERINE - cycloserine cap 250 mg	4					
ethambutol hcl tab 100 mg	2					
ethambutol hcl tab 400 mg (Myambutol)	2					
isoniazid syrup 50 mg/5ml	2					
isoniazid tab 100 mg	2					
isoniazid tab 300 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PRETOMANID - pretomanid tab 200 mg	4					•
PRIFTIN - rifapentine tab 150 mg	3					
pyrazinamide tab 500 mg	2					
rifabutin cap 150 mg (Mycobutin)	2					
rifampin cap 150 mg	2					
rifampin cap 300 mg	2					
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	6					•
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	6					•
TRECATOR - ethionamide tab 250 mg	4					
ANTIFUNGALS						
CRESEMBA - isavuconazonium sulfate cap 74.5 mg	4					
CRESEMBA - isavuconazonium sulfate cap 186 mg	4					
fluconazole for susp 10 mg/ml (Diflucan)	2					
fluconazole for susp 40 mg/ml (Diflucan)	2					
fluconazole tab 50 mg (Diflucan)	1					
fluconazole tab 100 mg (Diflucan)	1					
fluconazole tab 150 mg (Diflucan)	1					
fluconazole tab 200 mg (Diflucan)	1					
flucytosine cap 250 mg (Ancobon)	2					
flucytosine cap 500 mg (Ancobon)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
griseofulvin microsize susp 125 mg/5ml	2					
griseofulvin microsize tab 500 mg	2					
griseofulvin ultramicrosize tab 125 mg	2					
griseofulvin ultramicrosize tab 250 mg	2					
itraconazole cap 100 mg (Sporanox)	2					
itraconazole oral soln 10 mg/ml (Sporanox)	2					
ketoconazole tab 200 mg	2					
NOXAFIL - posaconazole for delayed release susp packet 300 mg	3					
nystatin tab 500000 unit	2					
posaconazole susp 40 mg/ml (Noxafil)	2					
posaconazole tab delayed release 100 mg (Noxafil)	2					
terbinafine hcl tab 250 mg	1					
voriconazole for susp 40 mg/ml (Vfend)	2					
voriconazole tab 50 mg (Vfend)	2					
voriconazole tab 200 mg (Vfend)	2					
ANTIVIRALS						
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	2			•		
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	2			•		
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	2			•		
acyclovir cap 200 mg	1					
acyclovir susp 200 mg/5ml (Zovirax)	2					
acyclovir tab 400 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
acyclovir tab 800 mg	1					
adefovir dipivoxil tab 10 mg (Hepsera)	2					
APTIVUS - tipranavir cap 250 mg	4			•		
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	2			•		
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	2			•		
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	2			•		
BARACLUDE - entecavir oral soln 0.05 mg/ml	3					
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	3			•		
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	3			•		
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	3			•		
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	3			•		
darunavir tab 600 mg (Prezista)	2			•		
darunavir tab 800 mg (Prezista)	2			•		
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	3			•		
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	3			•		
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	3			•	•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	3			•		
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	4			•		
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	4					
efavirenz tab 600 mg (Sustiva)	2			•		
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	2			•		
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	2			•		
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2			•		
emtricitabine caps 200 mg (Emtriva)	2			•		
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	2			•		
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	2			•		
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	2			•		
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	2			•		
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	2			•	•	
EMTRIVA - emtricitabine soln 10 mg/ml	4			•		
entecavir tab 0.5 mg (Baraclude)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
entecavir tab 1 mg (Baraclude)	2					
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	5	•		•		•
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	5	•		•		•
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	5	•		•		•
etravirine tab 100 mg (Intelence)	2			•		
etravirine tab 200 mg (Intelence)	2			•		
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	3			•		
famciclovir tab 125 mg	2					
famciclovir tab 250 mg	2					
famciclovir tab 500 mg	2					
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	2			•		
FUZEON - enfuvirtide for inj 90 mg	6			•		•
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	3			•		
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	5	•		•		•
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg	5	•		•		•
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	•		•		•
INTELENCE - etravirine tab 25 mg	3			•		
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3			•		
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	3			•		
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	3			•		
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	3			•		
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	3			•		
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	3			•		
LAGEVRIO - molnupiravir cap 200 mg	3			•		
lamivudine oral soln 10 mg/ml (Epivir)	2			•		
lamivudine tab 100 mg (hbv) (Epivir hbv)	2					
lamivudine tab 150 mg (Epivir)	2			•		
lamivudine tab 300 mg (Epivir)	2			•		
lamivudine-zidovudine tab 150-300 mg (Combivir)	2			•		
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	2	•		•		
LIVTENCITY - maribavir tab 200 mg	6			•		•
lopinavir-ritonavir tab 100-25 mg (Kaletra)	2			•		
lopinavir-ritonavir tab 200-50 mg (Kaletra)	2			•		
maraviroc tab 150 mg (Selzentry)	2			•		
maraviroc tab 300 mg (Selzentry)	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	•		•		•
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	•		•		•
NEVIRAPINE - nevirapine susp 50 mg/5ml	4			•		
nevirapine tab er 24hr 400 mg (Viramune xr)	2			•		
nevirapine tab 200 mg	1			•		
NORVIR - ritonavir powder packet 100 mg	4			•		
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	3			•		
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	2			•		
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	2			•		
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	2			•		
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	2			•		
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	3			•		
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3			•		
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3			•		
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	•				•
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PREVYMIS - letermovir pellet pack 20 mg	4			•		
PREVYMIS - letermovir pellet pack 120 mg	4			•		
PREVYMIS - letermovir tab 240 mg	4			•		
PREVYMIS - letermovir tab 480 mg	4			•		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	3			•		
PREZISTA - darunavir oral susp 100 mg/ml	3			•		
PREZISTA - darunavir tab 75 mg	3			•		
PREZISTA - darunavir tab 150 mg	3			•		
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4			•		
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	4			•		
RIBAVIRIN - ribavirin cap 200 mg	5					•
RIBAVIRIN - ribavirin tab 200 mg	5					•
ritonavir tab 100 mg (Norvir)	2			•		
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	4			•		
SELZENTRY - maraviroc oral soln 20 mg/ml	4			•		
SELZENTRY - maraviroc tab 150 mg	4			•		
SELZENTRY - maraviroc tab 300 mg	4			•		
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	•		•		•
SOVALDI - sofosbuvir pellet pack 150 mg	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SOVALDI - sofosbuvir pellet pack 200 mg	5	•		•		•
SOVALDI - sofosbuvir tab 200 mg	5	•		•		•
SOVALDI - sofosbuvir tab 400 mg	5	•		•		•
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	3			•		
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	6			•		•
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	6			•		•
SUNLENCA - lenacapavir sodium tab 300 mg	6			•		•
tenofovir disoproxil fumarate tab 300 mg (Viread)	2			•		
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	3			•		
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	3			•		
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	3			•		
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	3			•		
TYBOST - cobicistat tab 150 mg	4			•		
valacyclovir hcl tab 500 mg (Valtrex)	1					
valacyclovir hcl tab 1 gm (Valtrex)	2					
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	2					
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	2					
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	4					
VIRACEPT - nelfinavir mesylate tab 250 mg	4			•		
VIRACEPT - nelfinavir mesylate tab 625 mg	4			•		
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	3			•		
VIREAD - tenofovir disoproxil fumarate tab 150 mg	3			•		
VIREAD - tenofovir disoproxil fumarate tab 200 mg	3			•		
VIREAD - tenofovir disoproxil fumarate tab 250 mg	3			•		
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	•		•		•
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4			•		
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4			•		
zidovudine cap 100 mg (Retrovir)	2			•		
zidovudine syrup 10 mg/ml (Retrovir)	2			•		
zidovudine tab 300 mg	2			•		
ANTIMALARIALS						
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	4					
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	2					
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
chloroquine phosphate tab 250 mg	2					
chloroquine phosphate tab 500 mg	2					
COARTEM - artemether-lumefantrine tab 20-120 mg	4					
hydroxychloroquine sulfate tab 100 mg	2					
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	2					
hydroxychloroquine sulfate tab 300 mg	2					
hydroxychloroquine sulfate tab 400 mg	2					
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	4					
mefloquine hcl tab 250 mg	2					
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	2					
pyrimethamine tab 25 mg (Daraprim)	2					
quinine sulfate cap 324 mg (Qualaquin)	2			•		
ANTHELMINTICS						
albendazole tab 200 mg (Albenza)	2					
BENZNIDAZOLE - benznidazole tab 12.5 mg	3					•
BENZNIDAZOLE - benznidazole tab 100 mg	3					•
ivermectin tab 3 mg (Stromectol)	2	•				
praziquantel tab 600 mg (Biltricide)	2					
ANTI-INFECTIVE AGENTS - MISC.						
atovaquone susp 750 mg/5ml (Mepron)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	6	•		•		•
clindamycin hcl cap 75 mg (Cleocin)	1					
clindamycin hcl cap 150 mg (Cleocin)	1					
clindamycin hcl cap 300 mg (Cleocin)	1					
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	2					
dapsone tab 25 mg	2					
dapsone tab 100 mg	2					
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base equivalent)	4					
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	4					
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	2					
IMPAVIDO - miltefosine cap 50 mg	3					
LAMPIT - nifurtimox tab 30 mg	4					•
LAMPIT - nifurtimox tab 120 mg	4					•
linezolid for susp 100 mg/5ml (Zyvox)	2					
linezolid tab 600 mg (Zyvox)	2					
methenamine hippurate tab 1 gm (Hiprex)	2					
metronidazole tab 250 mg	1					
metronidazole tab 500 mg (Flagyl)	1					
nitazoxanide tab 500 mg	2			•		
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	2					
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	2					
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1					
nitrofurantoin susp 25 mg/5ml	2					
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	2					
SIVEXTRO - tedizolid phosphate tab 200 mg	4					
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2					
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1					
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1					
tinidazole tab 250 mg	2					
tinidazole tab 500 mg	2					
TRIMETHOPRIM - trimethoprim tab 100 mg	4					
trimethoprim tab 100 mg	1					
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	2					
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	2					
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	2					
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	2					
XIFAXAN - rifaximin tab 200 mg	4					
XIFAXAN - rifaximin tab 550 mg	3					
BIOLOGICALS						
VACCINES						
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3					
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3					
AFLURIA 2024-2025 - influenza virus vaccine split im susp	3					
AFLURIA 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3					
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	3					
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3					
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	3					
COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	3					
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	3					
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3					
FLUAD 2024-2025 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	3					
FLUARIX 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3					
FLUBLOK 2024-2025 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	3					
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit im susp	3					
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	3					
FLULAVAL 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3					
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	3					
FLUZONE HIGH-DOSE 2024-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	3					
FLUZONE 2024-2025 - influenza virus vaccine split im susp	3					
FLUZONE 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3					
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	3					
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3					
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3					
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	3					
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3					
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3					
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3					
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3					
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3					
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3					
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3					
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3					
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3					
MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	3					
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3					
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	4					
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	3					
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	3					
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	3					
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	4					
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	3					
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3					
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	4					
RABAVERT - rabies vaccine, pcec for inj	4					
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	4					
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	4					
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	4					
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	4					
ROTARIX - rotavirus vaccine, live oral susp	4					
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	4					
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3					
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	3					
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	4					
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	4					
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	4					
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	4					
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	4					
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	3					
VIVOTIF - typhoid vaccine cap delayed release	4					
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3					
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3					
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3					
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3					
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	4					
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	4					
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4					
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	4					
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	4					
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	3					
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	3					
PASSIVE IMMUNIZING AGENTS						
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml	5	•				•
HIZENTRA - immune globulin (human) subcutaneous inj 2 gm/10ml	5	•				•
HIZENTRA - immune globulin (human) subcutaneous inj 4 gm/20ml	5	•				•
HIZENTRA - immune globulin (human) subcutaneous inj 10 gm/50ml	5	•				•
HIZENTRA - immune globulin (human) subcutaneous sol pref syr 10 gm/50ml	5	•				•
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml	5	•				•
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 2 gm/10ml	5	•				•
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 4 gm/20ml	5	•				•
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	5	•				•
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	5	•				•
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	5	•				•
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	5	•				•
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	5	•				•
XEMBIFY - immune globulin (human)-klhw subcutaneous inj 1 gm/5ml	5	•				•
XEMBIFY - immune globulin (human)-klhw subcutaneous inj 2 gm/10ml	5	•				•
XEMBIFY - immune globulin (human)-klhw subcutaneous inj 4 gm/20ml	5	•				•
XEMBIFY - immune globulin (human)-klhw subcutaneous inj 10 gm/50ml	5	•				•
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 mg	6					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	6					•
PALFORZIA LEVEL 0 - peanut powder-dnfp cap sprinkle pack 1 x 1 mg (1 mg dose)	6					•
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	6					•
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	6					•
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg	6					•
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg	6					•
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	6					•
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	6					•
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	6					•
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	6					•
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	6					•
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	6					•
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	6					•
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	6					•
ANTINEOPLASTIC AGENTS						
ANTINEOPLASTICS						
abiraterone acetate tab 250 mg (Zytiga)	5	•		•		•
abiraterone acetate tab 500 mg (Zytiga)	5	•		•		•
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	5					•
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg	6	•		•		•
AKEEGA - niraparib tosylate-abiraterone acetate tab 100-500 mg	6	•		•		•
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	5	•		•		•
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	•		•		•
ALUNBRIG - brigatinib tab 30 mg	5	•		•		•
ALUNBRIG - brigatinib tab 90 mg	5	•		•		•
ALUNBRIG - brigatinib tab 180 mg	5	•		•		•
anastrozole tab 1 mg (Arimidex)	1				•	
AUGTYRO - repotrectinib cap 40 mg	6	•		•		•
AUGTYRO - repotrectinib cap 160 mg	6	•		•		•
AYVAKIT - avapritinib tab 25 mg	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
AYVAKIT - avapritinib tab 50 mg	5	•		•		•
AYVAKIT - avapritinib tab 100 mg	5	•		•		•
AYVAKIT - avapritinib tab 200 mg	5	•		•		•
AYVAKIT - avapritinib tab 300 mg	5	•		•		•
BALVERSA - erdafitinib tab 3 mg	6	•		•		•
BALVERSA - erdafitinib tab 4 mg	6	•		•		•
BALVERSA - erdafitinib tab 5 mg	6	•		•		•
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	6	•		•		•
bexarotene cap 75 mg (Targretin)	5	•				•
bicalutamide tab 50 mg (Casodex)	1					
BOSULIF - bosutinib cap 50 mg	5	•		•		•
BOSULIF - bosutinib cap 100 mg	5	•		•		•
BOSULIF - bosutinib tab 100 mg	5	•		•		•
BOSULIF - bosutinib tab 400 mg	5	•		•		•
BOSULIF - bosutinib tab 500 mg	5	•		•		•
BRAFTOVI - encorafenib cap 75 mg	6	•		•		•
BRUKINSA - zanubrutinib cap 80 mg	5	•		•		•
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)	5	•		•		•
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)	5	•		•		•
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)	5	•		•		•
CALQUENCE - acalabrutinib maleate tab 100 mg	5	•		•		•
capecitabine tab 150 mg (Xeloda)	5	•				•
capecitabine tab 500 mg (Xeloda)	5	•				•
CAPRELSA - vandetanib tab 100 mg	5	•		•		•
CAPRELSA - vandetanib tab 300 mg	5	•		•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	5	•		•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	5	•		•		•
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	5	•		•		•
COPIKTRA - duvelisib cap 15 mg	6	•		•		•
COPIKTRA - duvelisib cap 25 mg	6	•		•		•
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	5	•		•		•
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	3					
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3					
cyclophosphamide cap 25 mg (Cyclophosphamide)	2					
cyclophosphamide cap 50 mg (Cyclophosphamide)	2					
dasatinib tab 20 mg (Sprycel)	5	•		•		•
dasatinib tab 50 mg (Sprycel)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
dasatinib tab 70 mg (Sprycel)	5	•		•		•
dasatinib tab 80 mg (Sprycel)	5	•		•		•
dasatinib tab 100 mg (Sprycel)	5	•		•		•
dasatinib tab 140 mg (Sprycel)	5	•		•		•
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	6	•		•		•
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	6	•		•		•
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	5					•
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	5					•
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	5					•
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	5					•
ERIVEDGE - vismodegib cap 150 mg	5	•		•		•
ERLEADA - apalutamide tab 60 mg	5	•		•		•
ERLEADA - apalutamide tab 240 mg	5	•		•		•
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	5	•		•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	5	•		•		•
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	5	•		•		•
ETOPOSIDE - etoposide cap 50 mg	3					
everolimus tab for oral susp 2 mg (Afinitor disperz)	5	•		•		•
everolimus tab for oral susp 3 mg (Afinitor disperz)	5	•		•		•
everolimus tab for oral susp 5 mg (Afinitor disperz)	5	•		•		•
everolimus tab 2.5 mg (Afinitor)	5	•		•		•
everolimus tab 5 mg (Afinitor)	5	•		•		•
everolimus tab 7.5 mg (Afinitor)	5	•		•		•
everolimus tab 10 mg (Afinitor)	5	•		•		•
exemestane tab 25 mg (Aromasin)	2					
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	5					•
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5					•
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent)	6	•		•		•
FOTIVDA - tivozanib hcl cap 1.34 mg (base equivalent)	6	•		•		•
FRUZAQLA - fruquintinib cap 1 mg	6	•		•		•
FRUZAQLA - fruquintinib cap 5 mg	6	•		•		•
GAVRETO - pralsetinib cap 100 mg	6	•		•		•
gefitinib tab 250 mg (Iressa)	5	•		•		•
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)	5	•		•		•
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)	5	•		•		•
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)	5	•		•		•
GLEOSTINE - lomustine cap 10 mg	3					
GLEOSTINE - lomustine cap 40 mg	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
GLEOSTINE - lomustine cap 100 mg	3					
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv)	5	•				•
HYCAMTIN - topotecan hcl cap 1 mg (base equiv)	5	•				•
hydroxyurea cap 500 mg (Hydrea)	2					
IBRANCE - palbociclib cap 75 mg	5	•		•		•
IBRANCE - palbociclib cap 100 mg	5	•		•		•
IBRANCE - palbociclib cap 125 mg	5	•		•		•
IBRANCE - palbociclib tab 75 mg	5	•		•		•
IBRANCE - palbociclib tab 100 mg	5	•		•		•
IBRANCE - palbociclib tab 125 mg	5	•		•		•
ICLUSIG - ponatinib hcl tab 10 mg (base equiv)	5	•		•		•
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)	5	•		•		•
ICLUSIG - ponatinib hcl tab 30 mg (base equiv)	5	•		•		•
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)	5	•		•		•
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)	6	•		•		•
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)	6	•		•		•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	5	•		•		•
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	5	•		•		•
IMBRUVICA - ibrutinib cap 70 mg	5	•		•		•
IMBRUVICA - ibrutinib cap 140 mg	5	•		•		•
IMBRUVICA - ibrutinib oral susp 70 mg/ml	5	•		•		•
IMBRUVICA - ibrutinib tab 140 mg	5	•		•		•
IMBRUVICA - ibrutinib tab 280 mg	5	•		•		•
IMBRUVICA - ibrutinib tab 420 mg	5	•		•		•
INLYTA - axitinib tab 1 mg	5	•		•		•
INLYTA - axitinib tab 5 mg	5	•		•		•
INQOVI - decitabine-cedazuridine tab 35-100 mg	6	•		•		•
INREBIC - fedratinib hcl cap 100 mg	6	•		•		•
ITOVEBI - inavolisib tab 3 mg	5	•		•		•
ITOVEBI - inavolisib tab 9 mg	5	•		•		•
IWILFIN - eflornithine hcl tab 192 mg	6	•		•		•
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)	5	•		•		•
JAYPIRCA - pirtobrutinib tab 50 mg	6	•		•		•
JAYPIRCA - pirtobrutinib tab 100 mg	6	•		•		•
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	•		•		•
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	•		•		•
KOSELUGO - selumetinib sulfate cap 10 mg	6	•		•		•
KOSELUGO - selumetinib sulfate cap 25 mg	6	•		•		•
KRAZATI - adagrasib tab 200 mg	6	•		•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	5	•		•		•
LAZCLUZE - lazertinib mesylate tab 80 mg	6	•		•		•
LAZCLUZE - lazertinib mesylate tab 240 mg	6	•		•		•
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	5	•		•		•
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	5	•		•		•
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	5	•		•		•
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	5	•		•		•
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	5	•		•		•
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	5	•		•		•
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	5	•		•		•
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	5	•		•		•
letrozole tab 2.5 mg (Femara)	1					
leucovorin calcium tab 5 mg	2					
leucovorin calcium tab 15 mg	2					
leucovorin calcium tab 25 mg	2					
LEUKERAN - chlorambucil tab 2 mg	3					
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5					•
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	•		•		•
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	•		•		•
LORBRENA - lorlatinib tab 25 mg	6	•		•		•
LORBRENA - lorlatinib tab 100 mg	6	•		•		•
LUMAKRAS - sotorasib tab 120 mg	6	•		•		•
LUMAKRAS - sotorasib tab 240 mg	6	•		•		•
LUMAKRAS - sotorasib tab 320 mg	6	•		•		•
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5					•
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5					•
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5					•
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5					•
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5					•
LYNPARZA - olaparib tab 100 mg	5	•		•		•
LYNPARZA - olaparib tab 150 mg	5	•		•		•
LYSODREN - mitotane tab 500 mg	5	•				•
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	6	•		•		•
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	6	•		•		•
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	6	•		•		•
MATULANE - procarbazine hcl cap 50 mg	5	•				•
megestrol acetate susp 40 mg/ml	2					
megestrol acetate tab 20 mg	1					
megestrol acetate tab 40 mg	1					
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	•		•		•
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	5	•		•		•
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	5	•		•		•
MEKTOVI - binimetinib tab 15 mg	6	•		•		•
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
mercaptopurine tab 50 mg	2					
mesna tab 400 mg (Mesnex)	2					
MESNEX - mesna tab 400 mg	3					
METHOTREXATE SODIUM - methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	4					
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	4					
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	4					
methotrexate sodium for inj 1 gm	2					
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1					
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1					
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2					
methotrexate sodium tab 2.5 mg (base equiv)	1					
MYLERAN - busulfan tab 2 mg	3					
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	6	•		•		•
nilotinib hcl cap 50 mg (base equivalent) (Tasigna)	5	•		•		•
nilotinib hcl cap 150 mg (base equivalent) (Tasigna)	5	•		•		•
nilotinib hcl cap 200 mg (base equivalent) (Tasigna)	5	•		•		•
nilutamide tab 150 mg (Nilandron)	2					
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	5	•		•		•
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	5	•		•		•
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
NUBEQA - darolutamide tab 300 mg	5	•		•		•
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	5	•		•		•
OGSIVEO - nirogacestat hydrobromide tab 50 mg	6	•		•		•
OGSIVEO - nirogacestat hydrobromide tab 100 mg	6	•		•		•
OGSIVEO - nirogacestat hydrobromide tab 150 mg	6	•		•		•
OJEMDA - tovorafenib for oral susp 25 mg/ml	6	•		•		•
OJEMDA - tovorafenib tab 100 mg	6	•		•		•
OJJAARA - momelotinib dihydrochloride tab 100 mg	6	•		•		•
OJJAARA - momelotinib dihydrochloride tab 150 mg	6	•		•		•
OJJAARA - momelotinib dihydrochloride tab 200 mg	6	•		•		•
ONUREG - azacitidine tab 200 mg	6	•		•		•
ONUREG - azacitidine tab 300 mg	6	•		•		•
ORGOVYX - relugolix tab 120 mg	6	•		•		•
ORSERDU - elacestrant hydrochloride tab 86 mg	6	•		•		•
ORSERDU - elacestrant hydrochloride tab 345 mg	6	•		•		•
pazopanib hcl tab 200 mg (base equiv) (Votrient)	5	•		•		•
PEMAZYRE - pemigatinib tab 4.5 mg	6	•		•		•
PEMAZYRE - pemigatinib tab 9 mg	6	•		•		•
PEMAZYRE - pemigatinib tab 13.5 mg	6	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	•		•		•
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	•		•		•
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	•		•		•
POMALYST - pomalidomide cap 1 mg	5	•		•		•
POMALYST - pomalidomide cap 2 mg	5	•		•		•
POMALYST - pomalidomide cap 3 mg	5	•		•		•
POMALYST - pomalidomide cap 4 mg	5	•		•		•
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5					•
QINLOCK - ripretinib tab 50 mg	6	•		•		•
RETEVMO - selpercatinib tab 40 mg	5	•		•		•
RETEVMO - selpercatinib tab 80 mg	5	•		•		•
RETEVMO - selpercatinib tab 120 mg	5	•		•		•
RETEVMO - selpercatinib tab 160 mg	5	•		•		•
REVUFORJ - revumenib citrate tab 25 mg	6	•		•		•
REVUFORJ - revumenib citrate tab 110 mg	6	•		•		•
REVUFORJ - revumenib citrate tab 160 mg	6	•		•		•
REZLIDHIA - olutasidenib cap 150 mg	6	•		•		•
ROZLYTREK - entrectinib cap 100 mg	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ROZLYTREK - entrectinib cap 200 mg	5	•		•		•
ROZLYTREK - entrectinib pellet pack 50 mg	5	•		•		•
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)	5	•		•		•
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)	5	•		•		•
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)	5	•		•		•
RYDAPT - midostaurin cap 25 mg	5	•		•		•
SCEMBLIX - asciminib hcl tab 20 mg	6	•		•		•
SCEMBLIX - asciminib hcl tab 40 mg	6	•		•		•
SCEMBLIX - asciminib hcl tab 100 mg	6	•		•		•
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	4					
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	5	•		•		•
STIVARGA - regorafenib tab 40 mg	5	•		•		•
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	5	•		•		•
sunitinib malate cap 25 mg (base equivalent) (Sutent)	5	•		•		•
sunitinib malate cap 37.5 mg (base equivalent) (Sutent)	5	•		•		•
sunitinib malate cap 50 mg (base equivalent) (Sutent)	5	•		•		•
TABLOID - thioguanine tab 40 mg	3					
TABRECTA - capmatinib hcl tab 150 mg	5	•		•		•
TABRECTA - capmatinib hcl tab 200 mg	5	•		•		•
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	5	•		•		•
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	5	•		•		•
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	•		•		•
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent)	5	•		•		•
TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.35 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.75 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)	5	•		•		•
tamoxifen citrate tab 10 mg (base equivalent)	1				•	
tamoxifen citrate tab 20 mg (base equivalent)	1				•	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	5	•		•		•
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	5	•		•		•
TAZVERIK - tazemetostat hbr tab 200 mg	6	•		•		•
temozolomide cap 5 mg	5	•				•
temozolomide cap 20 mg	5	•				•
temozolomide cap 100 mg (Temodar)	5	•				•
temozolomide cap 140 mg (Temodar)	5	•				•
temozolomide cap 180 mg (Temodar)	5	•				•
temozolomide cap 250 mg (Temodar)	5	•				•
TEPMETKO - tepotinib hcl tab 225 mg	6	•		•		•
TIBSOVO - ivosidenib tab 250 mg	5	•		•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	2					
tretinoin cap 10 mg	5	•				•
TRUQAP - capivasertib tab therapy pack 160 mg	6	•		•		•
TRUQAP - capivasertib tab therapy pack 200 mg	6	•		•		•
TRUQAP - capivasertib tab 200 mg	6	•		•		•
TUKYSA - tucatinib tab 50 mg	6	•		•		•
TUKYSA - tucatinib tab 150 mg	6	•		•		•
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	6	•		•		•
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	6	•		•		•
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	6	•		•		•
VENCLEXTA - venetoclax tab 10 mg	5	•		•		•
VENCLEXTA - venetoclax tab 50 mg	5	•		•		•
VENCLEXTA - venetoclax tab 100 mg	5	•		•		•
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	5	•		•		•
VERZENIO - abemaciclib tab 50 mg	5	•		•		•
VERZENIO - abemaciclib tab 100 mg	5	•		•		•
VERZENIO - abemaciclib tab 150 mg	5	•		•		•
VERZENIO - abemaciclib tab 200 mg	5	•		•		•
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	5	•		•		•
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	5	•		•		•
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	5	•		•		•
VIZIMPRO - dacomitinib tab 15 mg	6	•		•		•
VIZIMPRO - dacomitinib tab 30 mg	6	•		•		•
VIZIMPRO - dacomitinib tab 45 mg	6	•		•		•
VONJO - pacritinib citrate cap 100 mg	6	•		•		•
VORANIGO - vorasidenib tab 10 mg	5	•		•		•
VORANIGO - vorasidenib tab 40 mg	5	•		•		•
WELIREG - belzutifan tab 40 mg	6	•		•		•
XALKORI - crizotinib cap sprinkle 20 mg	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
XALKORI - crizotinib cap sprinkle 50 mg	5	•		•		•
XALKORI - crizotinib cap sprinkle 150 mg	5	•		•		•
XALKORI - crizotinib cap 200 mg	5	•		•		•
XALKORI - crizotinib cap 250 mg	5	•		•		•
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	6	•		•		•
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)	6	•		•		•
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	6	•		•		•
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	6	•		•		•
XTANDI - enzalutamide cap 40 mg	5	•		•		•
XTANDI - enzalutamide tab 40 mg	5	•		•		•
XTANDI - enzalutamide tab 80 mg	5	•		•		•
YONSA - abiraterone acetate micronized tab 125 mg	5	•		•		•
ZEJULA - niraparib tosylate tab 100 mg (base equivalent)	5	•		•		•
ZEJULA - niraparib tosylate tab 200 mg (base equivalent)	5	•		•		•
ZEJULA - niraparib tosylate tab 300 mg (base equivalent)	5	•		•		•
ZELBORAF - vemurafenib tab 240 mg	5	•		•		•
ZOLINZA - vorinostat cap 100 mg	5	•		•		•
ZYDELIG - idelalisib tab 100 mg	5	•		•		•
ZYDELIG - idelalisib tab 150 mg	5	•		•		•
ZYKADIA - ceritinib tab 150 mg	5	•		•		•
ENDOCRINE AND METABOLIC DRUGS						
CORTICOSTEROIDS						
budesonide delayed release particles cap 3 mg (Entocort ec)	2					
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	4					
dexamethasone elixir 0.5 mg/5ml	2					
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	4					
dexamethasone tab 0.5 mg	2					
dexamethasone tab 0.75 mg	2					
dexamethasone tab 1 mg	2					
dexamethasone tab 1.5 mg	1					
dexamethasone tab 2 mg	2					
dexamethasone tab 4 mg	1					
dexamethasone tab 6 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
fludrocortisone acetate tab 0.1 mg	1					
hydrocortisone tab 5 mg (Cortef)	2					
hydrocortisone tab 10 mg (Cortef)	2					
hydrocortisone tab 20 mg (Cortef)	2					
MEDROL - methylprednisolone tab 2 mg	4					
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1					
methylprednisolone tab 4 mg (Medrol)	1					
methylprednisolone tab 8 mg (Medrol)	2					
methylprednisolone tab 16 mg (Medrol)	1					
methylprednisolone tab 32 mg (Medrol)	1					
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1					
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (Pediapred)	2					
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2					
prednisolone soln 15 mg/5ml	2					
PREDNISONE - prednisone oral soln 5 mg/5ml	3					
prednisone tab therapy pack 5 mg (21)	1					
prednisone tab therapy pack 5 mg (48)	1					
prednisone tab therapy pack 10 mg (21)	1					
prednisone tab therapy pack 10 mg (48)	2					
prednisone tab 1 mg	1					
prednisone tab 2.5 mg	1					
prednisone tab 5 mg	1					
prednisone tab 10 mg	1					
prednisone tab 20 mg	1					
prednisone tab 50 mg	1					
ANDROGEN-ANABOLIC						
danazol cap 50 mg	2	•				
danazol cap 100 mg	2	•				
danazol cap 200 mg	2	•				
METHITEST - methyltestosterone oral tab 10 mg	4	•		•		
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1					
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	2					
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	4					
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	2	•		•		
testosterone td gel 50 mg/5gm (1%) (Androgel)	2	•		•		
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	2	•		•		
testosterone td soln 30 mg/act	2	•		•		
ESTROGENS						
ALORA - estradiol td patch twice weekly 0.025 mg/24hr	4			•		
ALORA - estradiol td patch twice weekly 0.075 mg/24hr	4			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg	4					
ANGELIQ - drospirenone-estradiol tab 0.5-1 mg	4					
BIJUVA - estradiol-progesterone cap 0.5-100 mg	4					
BIJUVA - estradiol-progesterone cap 1-100 mg	4					
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	3			•		
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	4			•		
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	4			•		
DELESTROGEN - estradiol valerate im in oil 10 mg/ml	4					
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4					
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	3					
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	4			•		
estradiol & norethindrone acetate tab 0.5-0.1 mg	2					
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	2					
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	2			•		
estradiol tab 0.5 mg (Estrace)	1					
estradiol tab 1 mg (Estrace)	1					
estradiol tab 2 mg (Estrace)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel)	2			•		
estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel)	2			•		
estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel)	2			•		
estradiol td gel 1 mg/gm (0.1%) (Divigel)	2			•		
estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel)	2			•		
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch weekly 0.025 mg/24hr (Climara)	2			•		
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	2			•		
estradiol td patch weekly 0.05 mg/24hr (Climara)	2			•		
estradiol td patch weekly 0.06 mg/24hr (Climara)	2			•		
estradiol td patch weekly 0.075 mg/24hr (Climara)	2			•		
estradiol td patch weekly 0.1 mg/24hr (Climara)	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
estradiol valerate im in oil 10 mg/ml (Delestrogen)	2					
estradiol valerate im in oil 20 mg/ml (Delestrogen)	2					
estradiol valerate im in oil 40 mg/ml (Delestrogen)	2					
EVAMIST - estradiol transdermal spray 1.53 mg/spray	4			•		
MENEST - esterified estrogens tab 0.3 mg	4					
MENEST - esterified estrogens tab 0.625 mg	4					
MENEST - esterified estrogens tab 1.25 mg	4					
MENEST - esterified estrogens tab 2.5 mg	4					
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	4			•		
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	3	•		•		
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	2					
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2					
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	3	•		•		
PREMARIN - estrogens, conjugated tab 0.3 mg	3					
PREMARIN - estrogens, conjugated tab 0.45 mg	3					
PREMARIN - estrogens, conjugated tab 0.625 mg	3					
PREMARIN - estrogens, conjugated tab 0.9 mg	3					
PREMARIN - estrogens, conjugated tab 1.25 mg	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	3					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	3					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	3					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	3					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	3					
CONTRACEPTIVES						
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	4					
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	A				•	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	A				•	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	A				•	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	A				•	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	A				•	
DROSPIRENONE/ETHINYL ESTR - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	A				•	
ELLA - ulipristal acetate tab 30 mg	A				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	A				•	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	A				•	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	A				•	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	A				•	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	A				•	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	A				•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	A				•	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	A				•	
levonorgestrel tab 1.5 mg	A				•	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg mcg	A				•	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	A				•	
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	3					
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	A				•	
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	A				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	4					
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	A				•	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	A				•	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	A				•	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	A				•	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	A				•	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	A				•	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	A				•	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	A				•	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	A				•	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	A				•	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	A				•	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	A				•	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	A				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
norethindrone tab 0.35 mg	A				•	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	A				•	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	A				•	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	A				•	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	A				•	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	A				•	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	A				•	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	A				•	
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	4					
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0. mg	4					
PROGESTINS						
medroxyprogesterone acetate tab 2.5 mg (Provera)	1					
medroxyprogesterone acetate tab 5 mg (Provera)	1					
medroxyprogesterone acetate tab 10 mg (Provera)	1					
norethindrone acetate tab 5 mg (Aygestin)	2					
progesterone cap 100 mg (Prometrium)	2					
progesterone cap 200 mg (Prometrium)	2					
progesterone im in oil 50 mg/ml	2					
ANTIDIABETICS						
acarbose tab 25 mg (Precose)	2					
acarbose tab 50 mg (Precose)	2					
acarbose tab 100 mg (Precose)	2					
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	3					
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	3					
diazoxide susp 50 mg/ml (Proglycem)	2					
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	3			•		
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	3			•		
glimepiride tab 1 mg (Amaryl)	1					
glimepiride tab 2 mg (Amaryl)	1					
glimepiride tab 4 mg (Amaryl)	1					
GLIPIZIDE - glipizide tab 2.5 mg	4					
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1					
glipizide tab er 24hr 5 mg (Glucotrol xl)	1					
glipizide tab er 24hr 10 mg (Glucotrol xl)	1					
glipizide tab 5 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
glipizide tab 10 mg	1					
glipizide-metformin hcl tab 2.5-250 mg	2					
glipizide-metformin hcl tab 2.5-500 mg	2					
glipizide-metformin hcl tab 5-500 mg	2					
glucagon (rdna) for inj kit 1 mg	2					
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	3					
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg	4					
GLYBURIDE MICRONIZED - glyburide micronized tab 3 mg	4					
GLYBURIDE MICRONIZED - glyburide micronized tab 6 mg	4					
glyburide tab 1.25 mg	1					
glyburide tab 2.5 mg	1					
glyburide tab 5 mg	1					
glyburide-metformin tab 1.25-250 mg	1					
glyburide-metformin tab 2.5-500 mg	1					
glyburide-metformin tab 5-500 mg	1					
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	3			•		
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	3			•		
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3					
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3					
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3					
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3					
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3					
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3					
JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg	3			•		
JANUMET - sitagliptin phosphate-metformin hcl tab 50-1000 mg	3			•		
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	3			•		
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	3			•		
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	3			•		
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)	3			•		
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)	3			•		
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
JARDIANCE - empagliflozin tab 10 mg	3			•		
JARDIANCE - empagliflozin tab 25 mg	3			•		
KORLYM - mifepristone tab 300 mg	6	•		•		•
metformin hcl tab er 24hr 500 mg	1					
metformin hcl tab er 24hr 750 mg	1					
metformin hcl tab 500 mg	1					
metformin hcl tab 850 mg	1					
metformin hcl tab 1000 mg	1					
mifepristone tab 300 mg (Korlym)	5	•		•		•
MIGLITOL - miglitol tab 25 mg	4					
MIGLITOL - miglitol tab 50 mg	4					
MIGLITOL - miglitol tab 100 mg	4					
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	3	•		•		
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml	3	•		•		
MOUNJARO - tirzepatide soln auto-injector 7.5 mg/0.5ml	3	•		•		
MOUNJARO - tirzepatide soln auto-injector 10 mg/0.5ml	3	•		•		
MOUNJARO - tirzepatide soln auto-injector 12.5 mg/0.5ml	3	•		•		
MOUNJARO - tirzepatide soln auto-injector 15 mg/0.5ml	3	•		•		
nateglinide tab 60 mg	2					
nateglinide tab 120 mg	2					
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	3	•		•		
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	3	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	3	•		•		
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1					
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1					
pioglitazone hcl tab 45 mg (base equiv) (Actos)	1					
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	2					
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	2					
repaglinide tab 0.5 mg	2					
repaglinide tab 1 mg	2					
repaglinide tab 2 mg	2					
RYBELSUS - semaglutide tab 3 mg	3	•		•		
RYBELSUS - semaglutide tab 7 mg	3	•		•		
RYBELSUS - semaglutide tab 14 mg	3	•		•		
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3			•		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3			•		
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3			•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3			•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3			•		
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	3			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	3			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	3			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	3			•		
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml	3	•		•		
TRULICITY - dulaglutide soln auto-injector 1.5 mg/0.5ml	3	•		•		
TRULICITY - dulaglutide soln auto-injector 3 mg/0.5ml	3	•		•		
TRULICITY - dulaglutide soln auto-injector 4.5 mg/0.5ml	3	•		•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	3			•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	3			•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	3			•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	3			•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	3			•		
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	3			•		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	3					
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	3					
Rapid-Acting Insulins						
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	1					
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	1					
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	1					
HUMALOG - insulin lispro inj soln 100 unit/ml	1					
HUMALOG - insulin lispro soln cartridge 100 unit/ml	1					
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1					
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	1					
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	1					
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	1					
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	1					
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1					
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	1					
NOVOLOG - insulin aspart inj soln 100 unit/ml	1					
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1					
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1					
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1					
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1					
Short-Acting Insulins						
HUMULIN R - insulin regular (human) inj 100 unit/ml	1					
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	3					
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3					
NOVOLIN R - insulin regular (human) inj 100 unit/ml	1					
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	1					
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	3					
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	3					
RELION R - insulin regular (human) inj 100 unit/ml	3					
Intermediate-Acting Insulins						
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1					
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	1					
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1					
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	1					
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1					
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1					
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1					
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	1					
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1					
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	3					
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1					
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1					
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3					
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3					
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1					
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1					
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1					
Basal Insulins						
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	3					
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	3					
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	3					
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3					
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3					
TRESIBA - insulin degludec inj 100 unit/ml	3					
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	3					
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	3					
THYROID AGENTS						
ADTHYZA - thyroid tab 15 mg (1/4 grain)	4					
ADTHYZA - thyroid tab 16.25 mg	4					
ADTHYZA - thyroid tab 30 mg (1/2 grain)	4					
ADTHYZA - thyroid tab 32.5 mg	4					
ADTHYZA - thyroid tab 60 mg (1 grain)	4					
ADTHYZA - thyroid tab 65 mg	4					
ADTHYZA - thyroid tab 90 mg (1 1/2 grain)	4					
ADTHYZA - thyroid tab 97.5 mg	4					
ADTHYZA - thyroid tab 120 mg (2 grain)	4					
ADTHYZA - thyroid tab 130 mg	4					
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain)	4					
ARMOUR THYROID - thyroid tab 30 mg (1/2 grain)	4					
ARMOUR THYROID - thyroid tab 60 mg (1 grain)	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ARMOUR THYROID - thyroid tab 90 mg (1 1/2 grain)	4					
ARMOUR THYROID - thyroid tab 120 mg (2 grain)	4					
ARMOUR THYROID - thyroid tab 180 mg (3 grain)	4					
ARMOUR THYROID - thyroid tab 240 mg (4 grain)	4					
ARMOUR THYROID - thyroid tab 300 mg (5 grain)	4					
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 13 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 25 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 50 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 75 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 88 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 100 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 112 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 125 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 137 mcg	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 150 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 175 mcg	4					
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 200 mcg	4					
levothyroxine sodium tab 25 mcg (Synthroid)	1					
levothyroxine sodium tab 50 mcg (Synthroid)	1					
levothyroxine sodium tab 75 mcg (Synthroid)	1					
levothyroxine sodium tab 88 mcg (Synthroid)	1					
levothyroxine sodium tab 100 mcg (Synthroid)	1					
levothyroxine sodium tab 112 mcg (Synthroid)	1					
levothyroxine sodium tab 125 mcg (Synthroid)	1					
levothyroxine sodium tab 137 mcg (Synthroid)	1					
levothyroxine sodium tab 150 mcg (Synthroid)	1					
levothyroxine sodium tab 175 mcg (Synthroid)	1					
levothyroxine sodium tab 200 mcg (Synthroid)	1					
levothyroxine sodium tab 300 mcg (Synthroid)	1					
liothyronine sodium tab 5 mcg (Cytomel)	2					
liothyronine sodium tab 25 mcg (Cytomel)	2					
liothyronine sodium tab 50 mcg (Cytomel)	2					
methimazole tab 5 mg (Tapazole)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
methimazole tab 10 mg (Tapazole)	1					
NIVA THYROID - thyroid tab 15 mg (1/4 grain)	4					
NIVA THYROID - thyroid tab 30 mg (1/2 grain)	4					
NIVA THYROID - thyroid tab 60 mg (1 grain)	4					
NIVA THYROID - thyroid tab 90 mg (1 1/2 grain)	4					
NIVA THYROID - thyroid tab 120 mg (2 grain)	4					
NP THYROID 120 - thyroid tab 120 mg (2 grain)	4					
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	4					
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	4					
NP THYROID 60 - thyroid tab 60 mg (1 grain)	4					
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	4					
propylthiouracil tab 50 mg	2					
SYNTHROID - levothyroxine sodium tab 25 mcg	3					
SYNTHROID - levothyroxine sodium tab 50 mcg	3					
SYNTHROID - levothyroxine sodium tab 75 mcg	3					
SYNTHROID - levothyroxine sodium tab 88 mcg	3					
SYNTHROID - levothyroxine sodium tab 100 mcg	3					
SYNTHROID - levothyroxine sodium tab 112 mcg	3					
SYNTHROID - levothyroxine sodium tab 125 mcg	3					
SYNTHROID - levothyroxine sodium tab 137 mcg	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SYNTHROID - levothyroxine sodium tab 150 mcg	3					
SYNTHROID - levothyroxine sodium tab 175 mcg	3					
SYNTHROID - levothyroxine sodium tab 200 mcg	3					
SYNTHROID - levothyroxine sodium tab 300 mcg	3					
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	4					
THYROID - thyroid tab 15 mg (1/4 grain)	4					
THYROID - thyroid tab 30 mg (1/2 grain)	4					
THYROID - thyroid tab 60 mg (1 grain)	4					
THYROID - thyroid tab 90 mg (1 1/2 grain)	4					
THYROID - thyroid tab 120 mg (2 grain)	4					
TIROSINT - levothyroxine sodium cap 13 mcg	4					
TIROSINT - levothyroxine sodium cap 25 mcg	4					
TIROSINT - levothyroxine sodium cap 37.5 mcg	4					
TIROSINT - levothyroxine sodium cap 44 mcg	4					
TIROSINT - levothyroxine sodium cap 50 mcg	4					
TIROSINT - levothyroxine sodium cap 62.5 mcg	4					
TIROSINT - levothyroxine sodium cap 75 mcg	4					
TIROSINT - levothyroxine sodium cap 88 mcg	4					
TIROSINT - levothyroxine sodium cap 100 mcg	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
TIROSINT - levothyroxine sodium cap 112 mcg	4					
TIROSINT - levothyroxine sodium cap 125 mcg	4					
TIROSINT - levothyroxine sodium cap 137 mcg	4					
TIROSINT - levothyroxine sodium cap 150 mcg	4					
TIROSINT - levothyroxine sodium cap 175 mcg	4					
TIROSINT - levothyroxine sodium cap 200 mcg	4					
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 25 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 37.5 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 44 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 50 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 62.5 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 75 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 88 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 100 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 112 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 125 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 137 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 150 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 175 mcg/ml	4					
TIROSINT-SOL - levothyroxine sodium oral solution 200 mcg/ml	4					
OXYTOCICS						
CERVIDIL - dinoprostone vaginal inserts 10 mg	4					
methylergonovine maleate tab 0.2 mg	2					
ENDOCRINE and METABOLIC AGENTS - MISC.						
ACTHAR - corticotropin inj gel 80 unit/ml	6	•				•
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	4					
alendronate sodium oral soln 70 mg/75ml	2					
alendronate sodium tab 10 mg	1					
alendronate sodium tab 35 mg	1					
alendronate sodium tab 70 mg (Fosamax)	1					
betaine powder for oral solution (Cystadane)	5					•
cabergoline tab 0.5 mg	2					
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	2					
calcitonin (salmon) nasal soln 200 unit/act	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
calcitriol cap 0.25 mcg (Rocaltrol)	1					
calcitriol cap 0.5 mcg (Rocaltrol)	2					
carglumic acid soluble tab 200 mg (Carbaglu)	5	•				•
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	5					•
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	2					
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	2					
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	2					
clomiphene citrate tab 50 mg	2					
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	4					
desmopressin acetate inj 4 mcg/ml (Ddavp)	2					
desmopressin acetate nasal spray soln 0.01% (refrigerated)	2					
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	2					
desmopressin acetate tab 0.1 mg (Ddavp)	2					
desmopressin acetate tab 0.2 mg (Ddavp)	2					
FOLLISTIM AQ - follitropin beta inj 300 unit/0.36ml	5					•
FOLLISTIM AQ - follitropin beta inj 600 unit/0.72ml	5					•
FOLLISTIM AQ - follitropin beta inj 900 unit/1.08ml	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-2800 mg-unit	4					
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-5600 mg-unit	4					
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	6	•		•		•
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	5					•
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg	5	•				•
GENOTROPIN - somatropin for subcutaneous inj cartridge 12 mg (36 unit)	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.4 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.6 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.8 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1 mg	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.2 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.4 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.6 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.8 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 2 mg	5	•				•
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1					
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	5					•
ISTURISA - osilodrostat phosphate tab 1 mg	6	•		•		•
ISTURISA - osilodrostat phosphate tab 5 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 15 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 30 & 15 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 60 & 30 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 90 & 30 mg	6	•		•		•
JYNARQUE - tolvaptan tab 15 mg	6	•		•		•
JYNARQUE - tolvaptan tab 30 mg	6	•		•		•
KERENDIA - finerenone tab 10 mg	3		•	•		
KERENDIA - finerenone tab 20 mg	3		•	•		
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	2					
levocarnitine tab 330 mg (Carnitor)	2					
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg	5					•
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 11.25 mg	5					•
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 15 mg	5					•
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5					•
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5					•
LUPRON DEPOT-PED (6-MONTH - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5					•
MENOPUR - menotropins for subcutaneous inj 75 unit	6					•
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	6	•				•
MYCAPSSA - octreotide acetate cap delayed release 20 mg	6					•
nitisinone cap 2 mg (Orfadin)	5					•
nitisinone cap 5 mg (Orfadin)	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
nitisinone cap 10 mg (Orfadin)	5					•
nitisinone cap 20 mg (Orfadin)	5					•
NITYR - nitisinone tab 2 mg	5					•
NITYR - nitisinone tab 5 mg	5					•
NITYR - nitisinone tab 10 mg	5					•
NOVAREL - chorionic gonadotropin for im inj 5000 unit	5					•
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	6					•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml	5					•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 100 mcg/ml	5					•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 500 mcg/ml	5					•
octreotide acetate for im inj kit 10 mg (Sandostatin lar depo)	5					•
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	5					•
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	5					•
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	5					•
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	5					•
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
OMNITROPE - somatropin for inj 5.8 mg	5	•				•
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	5	•				•
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	•				•
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	6	•		•		•
ORFADIN - nitisinone susp 4 mg/ml	5					•
ORILISSA - elagolix sodium tab 150 mg (base equiv)	3	•		•		
ORILISSA - elagolix sodium tab 200 mg (base equiv)	3	•		•		
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	6	•				•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	6	•				•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	6	•				•
paricalcitol cap 1 mcg (Zemplar)	2					
paricalcitol cap 2 mcg (Zemplar)	2					
paricalcitol cap 4 mcg	2					
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	6	•				•
PREGNYL - chorionic gonadotropin for im inj 10000 unit	5					•
raloxifene hcl tab 60 mg (Evista)	2				•	
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	6	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	5					•
risedronate sodium tab 5 mg	2					
risedronate sodium tab 30 mg	2					
risedronate sodium tab 35 mg (Actonel)	2					
risedronate sodium tab 150 mg (Actonel)	2					
SAMSCA - tolvaptan tab 15 mg	6	•		•		•
sapropterin dihydrochloride powder packet 100 mg (Kuvan)	5	•				•
sapropterin dihydrochloride powder packet 500 mg (Kuvan)	5	•				•
sapropterin dihydrochloride tab 100 mg (Kuvan)	5	•				•
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv)	6					•
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml (base equiv)	6					•
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml (base equiv)	6					•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3.6 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 4.3 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 5.2 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 6.3 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 7.6 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 9.1 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 11 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	6	•				•
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	5	•				•
sodium phenylbutyrate tab 500 mg (Buphenyl)	5	•				•
SOMAVERT - pegvisomant for inj 10 mg (as protein)	6					•
SOMAVERT - pegvisomant for inj 15 mg (as protein)	6					•
SOMAVERT - pegvisomant for inj 20 mg (as protein)	6					•
SOMAVERT - pegvisomant for inj 25 mg (as protein)	6					•
SOMAVERT - pegvisomant for inj 30 mg (as protein)	6					•
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml	5	•				•
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml	5	•				•
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml	5	•				•
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	4					
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	5	•		•		•
tolvaptan tab 15 mg (Samsca)	5	•		•		•
tolvaptan tab 30 mg (Samsca)	5	•		•		•
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	•		•		•
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg	6	•		•		•
VOXZOGO - vosoritide for subcutaneous inj 0.56 mg	6	•		•		•
VOXZOGO - vosoritide for subcutaneous inj 1.2 mg	6	•		•		•
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq)	6	•		•		•
YORVIPATH - palopegteriparatide pen-inj 294 mcg/0.98ml (teriparatide eq)	6	•		•		•
YORVIPATH - palopegteriparatide pen-inj 420 mcg/1.4ml (teriparatide eq)	6	•		•		•
CARDIOVASCULAR AGENTS						
CARDIOTONICS						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
DIGOXIN - digoxin oral soln 0.05 mg/ml	4					
digoxin oral soln 0.05 mg/ml (Digoxin)	2					
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	2					
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	1					
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	1					
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg)	4					
LANOXIN - digoxin tab 125 mcg (0.125 mg)	4					
LANOXIN - digoxin tab 250 mcg (0.25 mg)	4					
ANTIANGINAL AGENTS						
ISORDIL TITRADOSE - isosorbide dinitrate tab 40 mg	4					
isosorbide dinitrate tab 5 mg (Isordil titradose)	2					
isosorbide dinitrate tab 10 mg	2					
isosorbide dinitrate tab 20 mg	2					
isosorbide dinitrate tab 30 mg	2					
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg	4					
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 20 mg	4					
isosorbide mononitrate tab er 24hr 30 mg	1					
isosorbide mononitrate tab er 24hr 60 mg	1					
isosorbide mononitrate tab er 24hr 120 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
NITRO-BID - nitroglycerin oint 2%	4					
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr	4					
NITRO-DUR - nitroglycerin td patch 24hr 0.8 mg/hr	4					
NITRO-TIME - nitroglycerin cap er 2.5 mg	4					
NITRO-TIME - nitroglycerin cap er 6.5 mg	4					
NITRO-TIME - nitroglycerin cap er 9 mg	4					
nitroglycerin sl tab 0.3 mg (Nitrostat)	2					
nitroglycerin sl tab 0.4 mg (Nitrostat)	1					
nitroglycerin sl tab 0.6 mg (Nitrostat)	2					
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	2					
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	2					
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	2					
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	2					
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	2					
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4					
ranolazine tab er 12hr 500 mg (Ranexa)	2					
ranolazine tab er 12hr 1000 mg (Ranexa)	2					
BETA BLOCKERS						
acebutolol hcl cap 200 mg	2					
acebutolol hcl cap 400 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
atenolol tab 25 mg (Tenormin)	1					
atenolol tab 50 mg (Tenormin)	1					
atenolol tab 100 mg (Tenormin)	1					
betaxolol hcl tab 10 mg	2					
betaxolol hcl tab 20 mg	2					
bisoprolol fumarate tab 5 mg	1					
bisoprolol fumarate tab 10 mg	2					
carvedilol tab 3.125 mg (Coreg)	1					
carvedilol tab 6.25 mg (Coreg)	1					
carvedilol tab 12.5 mg (Coreg)	1					
carvedilol tab 25 mg (Coreg)	1					
labetalol hcl tab 100 mg	1					
labetalol hcl tab 200 mg	2					
labetalol hcl tab 300 mg	2					
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	2					
metoprolol tartrate tab 25 mg	1					
metoprolol tartrate tab 37.5 mg	1					
metoprolol tartrate tab 50 mg (Lopressor)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
metoprolol tartrate tab 75 mg	1					
metoprolol tartrate tab 100 mg (Lopressor)	1					
nadolol tab 20 mg (Corgard)	2					
nadolol tab 40 mg (Corgard)	2					
nadolol tab 80 mg (Corgard)	2					
nebivolol hcl tab 2.5 mg (base equivalent) (Bystolic)	2					
nebivolol hcl tab 5 mg (base equivalent) (Bystolic)	2					
nebivolol hcl tab 10 mg (base equivalent) (Bystolic)	2					
nebivolol hcl tab 20 mg (base equivalent) (Bystolic)	2					
pindolol tab 5 mg	2					
pindolol tab 10 mg	2					
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	3					
propranolol hcl cap er 24hr 60 mg (Inderal la)	2					
propranolol hcl cap er 24hr 80 mg (Inderal la)	2					
propranolol hcl cap er 24hr 120 mg (Inderal la)	2					
propranolol hcl cap er 24hr 160 mg (Inderal la)	2					
propranolol hcl tab 10 mg	1					
propranolol hcl tab 20 mg	1					
propranolol hcl tab 40 mg	1					
propranolol hcl tab 60 mg	2					
propranolol hcl tab 80 mg	2					
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	4					
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	1					
sotalol hcl (afib/afl) tab 120 mg (Betapace af)	2					
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	2					
sotalol hcl tab 80 mg (Betapace)	1					
sotalol hcl tab 120 mg (Betapace)	1					
sotalol hcl tab 160 mg (Betapace)	2					
sotalol hcl tab 240 mg	2					
CALCIUM CHANNEL BLOCKERS						
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1					
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1					
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1					
CARDIZEM LA - diltiazem hcl tab er 24hr 120 mg	4					
diltiazem hcl cap er 12hr 60 mg	2					
diltiazem hcl cap er 12hr 90 mg	2					
diltiazem hcl cap er 12hr 120 mg	2					
diltiazem hcl cap er 24hr 120 mg	1					
diltiazem hcl cap er 24hr 180 mg	2					
diltiazem hcl cap er 24hr 240 mg	2					
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1					
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1					
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)	2					
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	1					
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	1					
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	2					
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	2					
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	2					
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	2					
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	2					
diltiazem hcl tab 30 mg (Cardizem)	1					
diltiazem hcl tab 60 mg (Cardizem)	1					
diltiazem hcl tab 90 mg	2					
diltiazem hcl tab 120 mg (Cardizem)	2					
felodipine tab er 24hr 2.5 mg	1					
felodipine tab er 24hr 5 mg	1					
felodipine tab er 24hr 10 mg	1					
nifedipine cap 10 mg	2					
nifedipine cap 20 mg	2					
nifedipine tab er 24hr 30 mg	1					
nifedipine tab er 24hr 60 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
nifedipine tab er 24hr 90 mg	2					
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1					
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	2					
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	2					
nimodipine cap 30 mg	2					
NYMALIZE - nimodipine oral soln 6 mg/ml	4					
verapamil hcl cap er 24hr 120 mg (Verelan)	2					
verapamil hcl cap er 24hr 180 mg (Verelan)	2					
verapamil hcl cap er 24hr 240 mg (Verelan)	2					
verapamil hcl tab er 120 mg (Calan sr)	1					
verapamil hcl tab er 180 mg (Calan sr)	1					
verapamil hcl tab er 240 mg (Calan sr)	1					
verapamil hcl tab 40 mg	1					
verapamil hcl tab 80 mg	1					
verapamil hcl tab 120 mg	1					
ANTIARRHYTHMICS						
amiodarone hcl tab 100 mg	2					
amiodarone hcl tab 200 mg	1					
disopyramide phosphate cap 100 mg (Norpace)	2					
disopyramide phosphate cap 150 mg (Norpace)	2					
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	2					
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	2					
flecainide acetate tab 50 mg	2					
flecainide acetate tab 100 mg	2					
flecainide acetate tab 150 mg	2					
mexiletine hcl cap 150 mg	2					
mexiletine hcl cap 200 mg	2					
mexiletine hcl cap 250 mg	2					
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	3					
NORPACE - disopyramide phosphate cap 100 mg	4					
NORPACE - disopyramide phosphate cap 150 mg	4					
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg	4					
NORPACE CR - disopyramide phosphate cap er 12hr 150 mg	4					
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	2					
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	2					
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	2					
propafenone hcl tab 150 mg	1					
propafenone hcl tab 225 mg	2					
propafenone hcl tab 300 mg	2					
quinidine gluconate tab er 324 mg	2					
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	4					
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	4					
ANTIHYPERTENSIVES						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1					
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 5-40 mg	1					
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1					
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	2					
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	2					
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	2					
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	2					
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	2					
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	2					
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	2					
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	2					
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	2					
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	2					
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	2					
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	2					
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1					
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2					
benazepril & hydrochlorothiazide tab 5-6.25 mg	2					
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	2					
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	2					
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	2					
benazepril hcl tab 5 mg	1					
benazepril hcl tab 10 mg (Lotensin)	1					
benazepril hcl tab 20 mg (Lotensin)	1					
benazepril hcl tab 40 mg (Lotensin)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	1					
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	1					
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	1					
candesartan cilexetil tab 4 mg (Atacand)	2					
candesartan cilexetil tab 8 mg (Atacand)	2					
candesartan cilexetil tab 16 mg (Atacand)	2					
candesartan cilexetil tab 32 mg (Atacand)	2					
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	2					
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	2					
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	2					
captopril tab 12.5 mg	2					
captopril tab 25 mg	2					
captopril tab 50 mg	2					
captopril tab 100 mg	2					
clonidine hcl tab 0.1 mg	1					
clonidine hcl tab 0.2 mg	1					
clonidine hcl tab 0.3 mg	1					
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2					
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2					
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
doxazosin mesylate tab 1 mg (Cardura)	1					
doxazosin mesylate tab 2 mg (Cardura)	1					
doxazosin mesylate tab 4 mg (Cardura)	1					
doxazosin mesylate tab 8 mg (Cardura)	1					
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1					
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1					
enalapril maleate tab 2.5 mg (Vasotec)	1					
enalapril maleate tab 5 mg (Vasotec)	1					
enalapril maleate tab 10 mg (Vasotec)	1					
enalapril maleate tab 20 mg (Vasotec)	1					
eplerenone tab 25 mg (Inspra)	2					
eplerenone tab 50 mg (Inspra)	2					
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2					
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2					
fosinopril sodium tab 10 mg	1					
fosinopril sodium tab 20 mg	1					
fosinopril sodium tab 40 mg	1					
guanfacine hcl tab 1 mg	2					
guanfacine hcl tab 2 mg	2					
hydralazine hcl tab 10 mg	1					
hydralazine hcl tab 25 mg	1					
hydralazine hcl tab 50 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
hydralazine hcl tab 100 mg	1					
irbesartan tab 75 mg (Avapro)	1					
irbesartan tab 150 mg (Avapro)	1					
irbesartan tab 300 mg (Avapro)	1					
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	1					
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	1					
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1					
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1					
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1					
lisinopril tab 2.5 mg (Zestril)	1					
lisinopril tab 5 mg (Zestril)	1					
lisinopril tab 10 mg (Zestril)	1					
lisinopril tab 20 mg (Prinivil)	1					
lisinopril tab 30 mg (Zestril)	1					
lisinopril tab 40 mg (Zestril)	1					
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	1					
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	1					
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	1					
losartan potassium tab 25 mg (Cozaar)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
losartan potassium tab 50 mg (Cozaar)	1					
losartan potassium tab 100 mg (Cozaar)	1					
METHYLDOPA - methyldopa tab 500 mg	4					
methyldopa tab 250 mg	2					
metoprolol & hydrochlorothiazide tab 50-25 mg	2					
metoprolol & hydrochlorothiazide tab 100-25 mg	2					
metoprolol & hydrochlorothiazide tab 100-50 mg	2					
minoxidil tab 2.5 mg	1					
minoxidil tab 10 mg	1					
moexipril hcl tab 7.5 mg	2					
moexipril hcl tab 15 mg	2					
olmesartan medoxomil tab 5 mg (Benicar)	1					
olmesartan medoxomil tab 20 mg (Benicar)	1					
olmesartan medoxomil tab 40 mg (Benicar)	1					
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	1					
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	1					
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	1					
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	2					
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	2					
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	2					
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	2					
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg	4					
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	4					
perindopril erbumine tab 4 mg	2					
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2					
prazosin hcl cap 1 mg (Minipress)	1					
prazosin hcl cap 2 mg (Minipress)	2					
prazosin hcl cap 5 mg (Minipress)	2					
quinapril hcl tab 5 mg (Accupril)	1					
quinapril hcl tab 10 mg (Accupril)	1					
quinapril hcl tab 20 mg (Accupril)	1					
quinapril hcl tab 40 mg (Accupril)	1					
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	2					
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
QUINAPRIL/ HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-25 mg	4					
ramipril cap 1.25 mg (Altace)	1					
ramipril cap 2.5 mg (Altace)	1					
ramipril cap 5 mg (Altace)	1					
ramipril cap 10 mg (Altace)	1					
telmisartan tab 20 mg (Micardis)	1					
telmisartan tab 40 mg (Micardis)	2					
telmisartan tab 80 mg (Micardis)	2					
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg	4		•			
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-10 mg	4		•			
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 80-5 mg	4		•			
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 80-10 mg	4		•			
terazosin hcl cap 1 mg (base equivalent)	1					
terazosin hcl cap 2 mg (base equivalent)	1					
terazosin hcl cap 5 mg (base equivalent)	1					
terazosin hcl cap 10 mg (base equivalent)	1					
trandolapril tab 1 mg	1					
trandolapril tab 2 mg	1					
trandolapril tab 4 mg	1					
valsartan tab 40 mg (Diovan)	1					
valsartan tab 80 mg (Diovan)	1					
valsartan tab 160 mg (Diovan)	1					
valsartan tab 320 mg (Diovan)	1					
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	2					
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	2					
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	2					
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	2					
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	2					
VECAMYL - mecamylamine hcl tab 2.5 mg	6					•
DIURETICS						
acetazolamide cap er 12hr 500 mg	2					
acetazolamide tab 125 mg	2					
acetazolamide tab 250 mg	2					
amiloride hcl tab 5 mg	1					
AMILORIDE/ HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	4					
bumetanide tab 0.5 mg (Bumex)	1					
bumetanide tab 1 mg	2					
bumetanide tab 2 mg	2					
chlorthalidone tab 25 mg	1					
chlorthalidone tab 50 mg	1					
DIURIL - chlorothiazide susp 250 mg/5ml	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
EDECRIN - ethacrynic acid tab 25 mg	4					
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	6	•		•		•
furosemide oral soln 10 mg/ml	1					
furosemide tab 20 mg (Lasix)	1					
furosemide tab 40 mg (Lasix)	1					
furosemide tab 80 mg (Lasix)	1					
hydrochlorothiazide cap 12.5 mg	1					
hydrochlorothiazide tab 12.5 mg	1					
hydrochlorothiazide tab 25 mg	1					
hydrochlorothiazide tab 50 mg	1					
indapamide tab 1.25 mg	1					
indapamide tab 2.5 mg	1					
methazolamide tab 25 mg	2					
methazolamide tab 50 mg	2					
metolazone tab 2.5 mg	2					
metolazone tab 5 mg	2					
metolazone tab 10 mg	2					
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2					
spironolactone tab 25 mg (Aldactone)	1					
spironolactone tab 50 mg (Aldactone)	1					
spironolactone tab 100 mg (Aldactone)	1					
torsemide tab 5 mg	1					
torsemide tab 10 mg	1					
torsemide tab 20 mg	1					
torsemide tab 100 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
triamterene & hydrochlorothiazide cap 37.5-25 mg	1					
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1					
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1					
triamterene cap 50 mg (Dyrenium)	2					
triamterene cap 100 mg (Dyrenium)	2					
VASOPRESSORS						
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml	3					
AUVI-Q - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3					
AUVI-Q - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3					
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	2					
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	2					
midodrine hcl tab 2.5 mg	2					
midodrine hcl tab 5 mg	2					
midodrine hcl tab 10 mg	2					
ANTIHYPERLIPIDEMICS						
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	1					
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	1					
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1					
cholestyramine light powder 4 gm/dose (Questran light)	2					
cholestyramine powder 4 gm/dose (Questran)	2					
colesevelam hcl tab 625 mg (Welchol)	2					
colestipol hcl granule packets 5 gm (Colestid flavored)	2					
colestipol hcl granules 5 gm (Colestid flavored)	2					
colestipol hcl tab 1 gm (Colestid)	2					
ezetimibe tab 10 mg (Zetia)	1					
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	2		•			
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	2		•			
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	2		•			
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	2		•			
fenofibrate micronized cap 67 mg	1					
fenofibrate micronized cap 134 mg	1					
fenofibrate micronized cap 200 mg	2					
fenofibrate tab 48 mg (Tricor)	1					
fenofibrate tab 54 mg	1					
fenofibrate tab 145 mg (Tricor)	1					
fenofibrate tab 160 mg	1					
gemfibrozil tab 600 mg (Lopid)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv)	6	•		•		•
JUXTAPID - lomitapide mesylate cap 10 mg (base equiv)	6	•		•		•
JUXTAPID - lomitapide mesylate cap 20 mg (base equiv)	6	•				•
JUXTAPID - lomitapide mesylate cap 30 mg (base equiv)	6	•				•
LIVALO - pitavastatin calcium tab 1 mg	4		•			
LIVALO - pitavastatin calcium tab 2 mg	4		•			
LIVALO - pitavastatin calcium tab 4 mg	4		•			
lovastatin tab 10 mg	1					
lovastatin tab 20 mg	1				•	
lovastatin tab 40 mg	1				•	
NEXLETOL - bempedoic acid tab 180 mg	3	•		•		
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	•		•		
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	2					
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	2					
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	2					
pitavastatin calcium tab 1 mg (Livalo)	2					
pitavastatin calcium tab 2 mg (Livalo)	2					
pitavastatin calcium tab 4 mg (Livalo)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
pravastatin sodium tab 10 mg	1				•	
pravastatin sodium tab 20 mg	1				•	
pravastatin sodium tab 40 mg	1				•	
pravastatin sodium tab 80 mg	1				•	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	•		•		
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/ infusor 420 mg/3.5ml	3	•		•		
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	•		•		
rosuvastatin calcium tab 5 mg (Crestor)	1					
rosuvastatin calcium tab 10 mg (Crestor)	1					
rosuvastatin calcium tab 20 mg (Crestor)	1					
rosuvastatin calcium tab 40 mg (Crestor)	1					
simvastatin tab 5 mg	1					
simvastatin tab 10 mg (Zocor)	1					
simvastatin tab 20 mg (Zocor)	1					
simvastatin tab 40 mg (Zocor)	1					
simvastatin tab 80 mg (Zocor)	1					
VASCEPA - icosapent ethyl cap 0.5 gm	2					
VASCEPA - icosapent ethyl cap 1 gm	2					
CARDIOVASCULAR AGENTS - MISC.						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ADEMPAS - riociguat tab 0.5 mg	6	•		•		•
ADEMPAS - riociguat tab 1 mg	6	•		•		•
ADEMPAS - riociguat tab 1.5 mg	6	•		•		•
ADEMPAS - riociguat tab 2 mg	6	•		•		•
ADEMPAS - riociguat tab 2.5 mg	6	•		•		•
ambrisentan tab 5 mg (Letairis)	5	•		•		•
ambrisentan tab 10 mg (Letairis)	5	•		•		•
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	5	•		•		•
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	4					
bosentan tab 62.5 mg (Tracleer)	5	•		•		•
bosentan tab 125 mg (Tracleer)	5	•		•		•
CAMZYOS - mavacamten cap 2.5 mg	6	•		•		•
CAMZYOS - mavacamten cap 5 mg	6	•		•		•
CAMZYOS - mavacamten cap 10 mg	6	•		•		•
CAMZYOS - mavacamten cap 15 mg	6	•		•		•
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	3	•		•		•
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg	3					
ENTRESTO - sacubitril-valsartan sprinkle cap 15-16 mg	3					
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3					
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3					
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2					
ivabradine hcl tab 5 mg (base equiv) (Corlanor)	2	•		•		
ivabradine hcl tab 7.5 mg (base equiv) (Corlanor)	2	•		•		
OPSUMIT - macitentan tab 10 mg	5	•		•		•
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	6	•				•
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	6	•				•
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	6	•				•
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	6	•				•
ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv)	6	•				•
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	6	•		•		•
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	6	•		•		•
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.2	6	•		•		•
sildenafil citrate tab 20 mg (Revatio)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
tadalafil tab 20 mg (pah) (Adcirca)	5	•		•		•
tadalafil tab 2.5 mg (Cialis)	1			•		
tadalafil tab 5 mg (Cialis)	1			•		
TRACLEER - bosentan tab for oral susp 32 mg	5	•		•		•
TYVASO - treprostinil inhalation solution 0.6 mg/ml	6	•		•		•
TYVASO REFILL KIT - treprostinil inhalation solution 0.6 mg/ml	6	•		•		•
TYVASO STARTER KIT - treprostinil inhalation solution 0.6 mg/ml	6	•		•		•
UPTRAVI - selexipag tab 200 mcg	5	•		•		•
UPTRAVI - selexipag tab 400 mcg	5	•		•		•
UPTRAVI - selexipag tab 600 mcg	5	•		•		•
UPTRAVI - selexipag tab 800 mcg	5	•		•		•
UPTRAVI - selexipag tab 1000 mcg	5	•		•		•
UPTRAVI - selexipag tab 1200 mcg	5	•		•		•
UPTRAVI - selexipag tab 1400 mcg	5	•		•		•
UPTRAVI - selexipag tab 1600 mcg	5	•		•		•
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	5	•		•		•
VENTAVIS - iloprost inhalation solution 10 mcg/ml	6	•		•		•
VENTAVIS - iloprost inhalation solution 20 mcg/ml	6	•		•		•
VERQUVO - vericiguat tab 2.5 mg	3	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
VERQUVO - vericiguat tab 5 mg	3	•		•		
VERQUVO - vericiguat tab 10 mg	3	•		•		
VYNDAMAX - tafamidis cap 61 mg	5	•		•		•
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	5	•		•		•
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg	6	•		•		•
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 60 mg	6	•		•		•
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 45 mg	6	•		•		•
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 60 mg	6	•		•		•
ERECTILE DYSFUNCTION						
tadalafil tab 2.5 mg (Cialis)	1			•		
tadalafil tab 5 mg (Cialis)	1			•		
RESPIRATORY AGENTS						
ANTIHISTAMINES						
carbinoxamine maleate tab 4 mg	2					
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	4					
cyproheptadine hcl syrup 2 mg/5ml	1					
cyproheptadine hcl tab 4 mg	1					
desloratadine tab 5 mg (Clarinex)	1					
levocetirizine dihydrochloride tab 5 mg	1					
promethazine hcl oral soln 6.25 mg/5ml	1					
promethazine hcl suppos 12.5 mg	2					
promethazine hcl suppos 25 mg	2					
promethazine hcl tab 12.5 mg	1					
promethazine hcl tab 25 mg	1					
promethazine hcl tab 50 mg	1					
PROMETHEGAN - promethazine hcl suppos 50 mg	4					
NASAL AGENTS - SYSTEMIC and TOPICAL						
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1					
fluticasone propionate nasal susp 50 mcg/act	1					
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2					
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2					
olopatadine hcl nasal soln 0.6% (Patanase)	2					
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	•		•		
COUGH/COLD/ALLERGY						
acetylcysteine inhal soln 10%	2					
acetylcysteine inhal soln 20%	2					
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	4					
ANTIASTHMATIC and BRONCHODILATOR AGENTS						
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3			•		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2			•		
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1					
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2					
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2					
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2					
albuterol sulfate syrup 2 mg/5ml	1					
albuterol sulfate tab 2 mg	2					
albuterol sulfate tab 4 mg	2					
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3			•		
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	2					
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	1			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	1			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	1			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	1			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	1			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	1			•		
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	1			•		
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated)	1			•		
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	1			•		
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	1			•		
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4			•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3			•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3			•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3			•		
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3			•		
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	2					
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
budesonide inhalation susp 1 mg/2ml (Pulmicort)	2					
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3			•		
cromolyn sodium soln nebu 20 mg/2ml	2					
DALIRESP - roflumilast tab 250 mcg	4					
DALIRESP - roflumilast tab 500 mcg	4					
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3			•		
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3			•		
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3			•		
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	•		•		•
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act	2			•		
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act	2			•		
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 232-14 mcg/act	2			•		
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Advair diskus)	2			•		
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Advair diskus)	2			•		
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Advair diskus)	2			•		
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3			•		
ipratropium bromide inhal soln 0.02%	1					
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2					
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2					
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	2					
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	2					
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	2					
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	1					
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	1					
montelukast sodium tab 10 mg (base equiv) (Singulair)	1					
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	5	•		•		•
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	5	•		•		•
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	1			•		
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	1			•		
roflumilast tab 250 mcg (Daliresp)	2					
roflumilast tab 500 mcg (Daliresp)	2					
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3			•		
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2			•		
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3			•		
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3			•		
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3			•		
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	3			•		
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2			•		
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2			•		
terbutaline sulfate tab 2.5 mg	2					
terbutaline sulfate tab 5 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	5	•		•		•
THEO-24 - theophylline cap er 24hr 100 mg	4					
THEO-24 - theophylline cap er 24hr 200 mg	4					
THEO-24 - theophylline cap er 24hr 300 mg	4					
THEO-24 - theophylline cap er 24hr 400 mg	4					
theophylline elixir 80 mg/15ml	2					
theophylline soln 80 mg/15ml	2					
theophylline tab er 12hr 300 mg	2					
theophylline tab er 12hr 450 mg	2					
theophylline tab er 24hr 400 mg	2					
theophylline tab er 24hr 600 mg	2					
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3			•		
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3			•		
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2			•		
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml	5	•				•
XOLAIR - omalizumab subcutaneous soln auto-injector 150 mg/ml	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
XOLAIR - omalizumab subcutaneous soln auto-injector 300 mg/2ml	5	•				•
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	•				•
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml	5	•				•
XOLAIR - omalizumab subcutaneous soln prefilled syringe 300 mg/2ml	5	•				•
zafirlukast tab 10 mg (Accolate)	2					
zafirlukast tab 20 mg (Accolate)	2					
zileuton tab er 12hr 600 mg	2					
RESPIRATORY AGENTS - MISC.						
CUROSURF - poractant alfa intratracheal susp 120 mg/1.5ml	4					
CUROSURF - poractant alfa intratracheal susp 240 mg/3ml	4					
ESBRIET - pirfenidone cap 267 mg	6	•		•		•
ESBRIET - pirfenidone tab 267 mg	6	•		•		•
ESBRIET - pirfenidone tab 801 mg	6	•		•		•
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	6					•
INFASURF - calfactant in nacl 0.9% intratracheal susp 35 mg/ml	4					
KALYDECO - ivacaftor packet 5.8 mg	5	•		•		•
KALYDECO - ivacaftor packet 13.4 mg	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
KALYDECO - ivacaftor packet 25 mg	5	•		•		•
KALYDECO - ivacaftor packet 50 mg	5	•		•		•
KALYDECO - ivacaftor packet 75 mg	5	•		•		•
KALYDECO - ivacaftor tab 150 mg	5	•		•		•
OFEV - nintedanib esylate cap 100 mg (base equivalent)	6	•		•		•
OFEV - nintedanib esylate cap 150 mg (base equivalent)	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg	6	•		•		•
PIRFENIDONE - pirfenidone tab 534 mg	6	•		•		•
pirfenidone cap 267 mg (Esbriet)	5	•		•		•
pirfenidone tab 267 mg (Esbriet)	5	•		•		•
pirfenidone tab 801 mg (Esbriet)	5	•		•		•
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5					•
SURVANTA INTRATRACHEAL - beractant in nacl 0.9% intratracheal susp 25 mg/ml	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	•		•		•
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	•		•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	•		•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	•		•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	•		•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	5	•		•		•
GASTROINTESTINAL AGENTS						
LAXATIVES						
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	4					
lactulose solution 10 gm/15ml	2					
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				•	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	2				•	
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	4					
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	2					
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4					
ANTIDIARRHEALS						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	2					
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4					
ULCER DRUGS						
cimetidine hcl soln 300 mg/5ml	2					
DEXILANT - dexlansoprazole cap delayed release 30 mg	4		•	•		
DEXILANT - dexlansoprazole cap delayed release 60 mg	4		•	•		
dexlansoprazole cap delayed release 30 mg (Dexilant)	2			•		
dexlansoprazole cap delayed release 60 mg (Dexilant)	2			•		
dicyclomine hcl cap 10 mg	1					
dicyclomine hcl oral soln 10 mg/5ml	2					
dicyclomine hcl tab 20 mg	1					
esomeprazole magnesium for delayed release susp packet 5 mg (Nexium)	2		•	•		
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	2		•	•		
famotidine for susp 40 mg/5ml	2					
famotidine tab 40 mg (Pepcid)	1					
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	2					
glycopyrrolate tab 1 mg	1					
glycopyrrolate tab 2 mg	2					
lansoprazole cap delayed release 15 mg (Prevacid)	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
lansoprazole cap delayed release 30 mg (Prevacid)	1			•		
LANSOPRAZOLE/ AMOXICILLIN/ - amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	4					
methscopolamine bromide tab 2.5 mg	2					
methscopolamine bromide tab 5 mg	2					
misoprostol tab 100 mcg (Cytotec)	1					
misoprostol tab 200 mcg (Cytotec)	1					
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4		•	•		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4		•	•		
NIZATIDINE - nizatidine cap 300 mg	4					
nizatidine cap 150 mg	2					
omeprazole cap delayed release 10 mg	1			•		
omeprazole cap delayed release 20 mg	1			•		
omeprazole cap delayed release 40 mg	1			•		
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1			•		
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1			•		
rabeprazole sodium ec tab 20 mg (Aciphex)	1			•		
sucralfate tab 1 gm (Carafate)	2					
ANTIEMETICS						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ANZEMET - dolasetron mesylate tab 50 mg	4					
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	2					
aprepitant capsule 40 mg	2					
aprepitant capsule 80 mg (Emend)	2					
aprepitant capsule 125 mg	2					
dronabinol cap 2.5 mg (Marinol)	2					
dronabinol cap 5 mg (Marinol)	2					
dronabinol cap 10 mg (Marinol)	2					
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	3					
granisetron hcl tab 1 mg	2					
meclizine hcl tab 25 mg	1					
ONDANSETRON HCL - ondansetron hcl tab 24 mg	4					
ondansetron hcl oral soln 4 mg/5ml	1					
ondansetron hcl tab 4 mg (Zofran)	1					
ondansetron hcl tab 8 mg	1					
ondansetron orally disintegrating tab 4 mg	1					
ondansetron orally disintegrating tab 8 mg	1					
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	2					
trimethobenzamide hcl cap 300 mg	2					
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	3					•
DIGESTIVE AIDS						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3					
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3					
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3					
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3					
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3					
SUCRAID - sacrosidase soln 8500 unit/ml	6	•		•		•
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	3					
GASTROINTESTINAL AGENTS- MISC.						
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	2					
alosetron hcl tab 1 mg (base equiv) (Lotronex)	2					
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	4					
balsalazide disodium cap 750 mg (Colazal)	2					
BYLVAY - odevixibat cap 400 mcg	6	•				•
BYLVAY - odevixibat cap 1200 mcg	6	•				•
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	6	•				•
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	6	•				•
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2					
calcium acetate (phosphate binder) tab 667 mg	2					
CHENODAL - chenodiol tab 250 mg	5					•
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	6	•		•		•
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	6	•		•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	2					
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	•		•		•
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental)	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental)	4					
GATTEX - teduglutide (rdna) for inj kit 5 mg	6	•				•
IQIRVO - elafibranor tab 80 mg	6	•		•		•
lactulose (encephalopathy) solution 10 gm/15ml	1					
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	2					
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	2					
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	2					
LIVDELZI - seladelpar lysine cap 10 mg	6	•		•		•
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	6	•				•
LIVMARLI - maralixibat chloride oral soln 19 mg/ml	6	•				•
LIVMARLI - maralixibat chloride tab 10 mg	6	•				•
LIVMARLI - maralixibat chloride tab 15 mg	6	•				•
LIVMARLI - maralixibat chloride tab 20 mg	6	•				•
LIVMARLI - maralixibat chloride tab 30 mg	6	•				•
lubiprostone cap 8 mcg (Amitiza)	2	•		•		
lubiprostone cap 24 mcg (Amitiza)	2	•		•		
mesalamine cap dr 400 mg (Delzicol)	2					
mesalamine cap er 24hr 0.375 gm (Apriso)	2					
mesalamine enema 4 gm	2					
mesalamine suppos 1000 mg (Canasa)	2					
mesalamine tab delayed release 800 mg	2					
mesalamine tab delayed release 1.2 gm (Lialda)	2					
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2					
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	1					
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1					
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq)	4					
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)	3	•		•		
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	3	•		•		
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	5	•		•		•
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	5	•		•		•
sevelamer carbonate packet 0.8 gm (Renvela)	2					
sevelamer carbonate packet 2.4 gm (Renvela)	2					
sevelamer carbonate tab 800 mg (Renvela)	2					
sevelamer hcl tab 400 mg	2					
sevelamer hcl tab 800 mg (Renagel)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	•		•		•
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	•		•		•
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	2					
sulfasalazine tab 500 mg (Azulfidine)	2					
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	3	•		•		
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	5	•		•		•
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	5	•		•		•
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	5	•		•		•
TRULANCE - plecanatide tab 3 mg	3	•		•		
ursodiol cap 300 mg	2					
ursodiol tab 250 mg (Urso 250)	2					
ursodiol tab 500 mg (Urso forte)	2					
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	4					
VIBERZI - eluxadoline tab 75 mg	4					
VIBERZI - eluxadoline tab 100 mg	4					
VOWST - fecal microbiota spores, live-brpk caps	6	•		•		•
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	6	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	6	•		•		•
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	6	•		•		•
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	6	•		•		•
GENITOURINARY AGENTS						
URINARY ANTISPASMODICS						
bethanechol chloride tab 5 mg	2					
bethanechol chloride tab 10 mg	2					
bethanechol chloride tab 25 mg	2					
bethanechol chloride tab 50 mg	2					
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	2					
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	2					
flavoxate hcl tab 100 mg	2					
mirabegron tab er 24 hr 25 mg (Myrbetriq)	2					
mirabegron tab er 24 hr 50 mg (Myrbetriq)	2					
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3					
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3					
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3					
oxybutynin chloride solution 5 mg/5ml	1					
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1					
oxybutynin chloride tab er 24hr 15 mg	1					
oxybutynin chloride tab 5 mg	1					
solifenacin succinate tab 5 mg (Vesicare)	1					
solifenacin succinate tab 10 mg (Vesicare)	1					
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	2					
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	2					
tolterodine tartrate tab 1 mg (Detrol)	2					
tolterodine tartrate tab 2 mg (Detrol)	2					
trospium chloride cap er 24hr 60 mg	2					
trospium chloride tab 20 mg	2					
VAGINAL PRODUCTS						
clindamycin phosphate vaginal cream 2% (Cleocin)	2					
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	4					
ENCARE - nonoxynol-9 vaginal suppos 100 mg	A				•	
ENDOMETRIN - progesterone vaginal insert 100 mg	3					
estradiol vaginal cream 0.1 mg/gm (Estrace)	2			•		
estradiol vaginal tab 10 mcg (Vagifem)	2					
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	3			•		
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
metronidazole vaginal gel 0.75%	2					
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	4					
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	A				•	
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	A				•	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	4					
terconazole vaginal cream 0.4%	2					
terconazole vaginal cream 0.8%	2					
terconazole vaginal suppos 80 mg	2					
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	A				•	
VANDAZOLE - metronidazole vaginal gel 0.75%	4					
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	4					
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	A				•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	A				•	
GENITOURINARY AGENTS - MISC.						
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1					
CYSTAGON - cysteamine bitartrate cap 50 mg	5					•
CYSTAGON - cysteamine bitartrate cap 150 mg	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
dutasteride cap 0.5 mg (Avodart)	1					
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	2					
ELMIRON - pentosan polysulfate sodium caps 100 mg	4	•				
FILSPARI - sparsentan tab 200 mg	6	•		•		•
FILSPARI - sparsentan tab 400 mg	6	•		•		•
finasteride tab 5 mg (Proscar)	1					
LITHOSTAT - acetohydroxamic acid tab 250 mg	4					
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	2					
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	2					
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	2					
silodosin cap 4 mg (Rapaflo)	2					
silodosin cap 8 mg (Rapaflo)	2					
tamsulosin hcl cap 0.4 mg (Flomax)	1					
THIOLA EC - tiopronin tab delayed release 100 mg	4					•
THIOLA EC - tiopronin tab delayed release 300 mg	4					•
tiopronin tab delayed release 100 mg (Thiola ec)	2					•
tiopronin tab delayed release 300 mg (Thiola ec)	2					•
tiopronin tab 100 mg (Thiola)	2					•
CENTRAL NERVOUS SYSTEM DRUGS						
ANTIANXIETY AGENTS						
alprazolam tab er 24hr 0.5 mg (Xanax xr)	1					
alprazolam tab er 24hr 1 mg (Xanax xr)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
alprazolam tab er 24hr 2 mg (Xanax xr)	1					
alprazolam tab er 24hr 3 mg (Xanax xr)	1					
alprazolam tab 0.25 mg (Xanax)	1					
alprazolam tab 0.5 mg (Xanax)	1					
alprazolam tab 1 mg (Xanax)	1					
alprazolam tab 2 mg (Xanax)	1					
buspirone hcl tab 5 mg	1					
buspirone hcl tab 10 mg	1					
buspirone hcl tab 15 mg	1					
buspirone hcl tab 30 mg	2					
chlordiazepoxide hcl cap 5 mg	1					
chlordiazepoxide hcl cap 10 mg	1					
chlordiazepoxide hcl cap 25 mg	1					
clorazepate dipotassium tab 3.75 mg	2					
clorazepate dipotassium tab 7.5 mg (Tranxene t)	2					
clorazepate dipotassium tab 15 mg	2					
diazepam conc 5 mg/ml	2					
diazepam oral soln 1 mg/ml	1					
diazepam tab 2 mg (Valium)	1					
diazepam tab 5 mg (Valium)	1					
diazepam tab 10 mg (Valium)	1					
hydroxyzine hcl syrup 10 mg/5ml	2					
hydroxyzine hcl tab 10 mg	1					
hydroxyzine hcl tab 25 mg	1					
hydroxyzine hcl tab 50 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	4					
hydroxyzine pamoate cap 25 mg (Vistaril)	1					
hydroxyzine pamoate cap 50 mg (Vistaril)	1					
lorazepam conc 2 mg/ml	2					
lorazepam tab 0.5 mg (Ativan)	1					
lorazepam tab 1 mg (Ativan)	1					
lorazepam tab 2 mg (Ativan)	1					
meprobamate tab 200 mg	2					
meprobamate tab 400 mg	2					
oxazepam cap 10 mg	2					
oxazepam cap 15 mg	2					
oxazepam cap 30 mg	2					
ANTIDEPRESSANTS						
amitriptyline hcl tab 10 mg	1					
amitriptyline hcl tab 25 mg	1					
amitriptyline hcl tab 50 mg	1					
amitriptyline hcl tab 75 mg	1					
amitriptyline hcl tab 100 mg	2					
amitriptyline hcl tab 150 mg	2					
amoxapine tab 25 mg	2					
amoxapine tab 50 mg	2					
amoxapine tab 100 mg	2					
amoxapine tab 150 mg	2					
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1			•		
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1			•		
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	1			•		
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1			•		
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
bupropion hcl tab 75 mg	1			•		
bupropion hcl tab 100 mg	1			•		
citalopram hydrobromide oral soln 10 mg/5ml	2			•		
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1			•		
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1			•		
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1			•		
clomipramine hcl cap 25 mg (Anafranil)	2					
clomipramine hcl cap 50 mg (Anafranil)	2					
clomipramine hcl cap 75 mg (Anafranil)	2					
desipramine hcl tab 10 mg (Norpramin)	2					
desipramine hcl tab 25 mg (Norpramin)	2					
desipramine hcl tab 50 mg	2					
desipramine hcl tab 75 mg	2					
desipramine hcl tab 100 mg	2					
desipramine hcl tab 150 mg	2					
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	2			•		
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	2			•		
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	2			•		
doxepin hcl cap 10 mg	1					
doxepin hcl cap 25 mg	1					
doxepin hcl cap 50 mg	2					
doxepin hcl cap 75 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
doxepin hcl cap 100 mg	2					
doxepin hcl cap 150 mg	2					
doxepin hcl conc 10 mg/ml	1					
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	1			•		
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1			•		
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	1			•		
EMSAM - selegiline td patch 24hr 6 mg/24hr	4					
EMSAM - selegiline td patch 24hr 9 mg/24hr	4					
EMSAM - selegiline td patch 24hr 12 mg/24hr	4					
escitalopram oxalate soln 5 mg/5ml (base equiv)	2			•		
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1			•		
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1			•		
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1			•		
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	4		•	•		
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	4		•	•		
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	4		•	•		
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	4		•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4		•	•		
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4		•	•		
fluoxetine hcl cap 10 mg (Prozac)	1			•		
fluoxetine hcl cap 20 mg (Prozac)	1			•		
fluoxetine hcl cap 40 mg (Prozac)	1			•		
fluoxetine hcl solution 20 mg/5ml	2			•		
fluoxetine hcl tab 10 mg	1			•		
fluoxetine hcl tab 20 mg	2			•		
fluvoxamine maleate tab 25 mg	2			•		
fluvoxamine maleate tab 50 mg	2			•		
fluvoxamine maleate tab 100 mg	2			•		
imipramine hcl tab 10 mg	1					
imipramine hcl tab 25 mg	1					
imipramine hcl tab 50 mg	1					
MARPLAN - isocarboxazid tab 10 mg	4					
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	2			•		
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	2			•		
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	2			•		
mirtazapine tab 7.5 mg	2			•		
mirtazapine tab 15 mg (Remeron)	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
mirtazapine tab 30 mg (Remeron)	1			•		
mirtazapine tab 45 mg	1			•		
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	4					
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	4					
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	4					
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	4					
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	4					
nortriptyline hcl cap 10 mg (Pamelor)	1					
nortriptyline hcl cap 25 mg (Pamelor)	1					
nortriptyline hcl cap 50 mg (Pamelor)	1					
nortriptyline hcl cap 75 mg (Pamelor)	1					
nortriptyline hcl soln 10 mg/5ml	2					
paroxetine hcl tab 10 mg (Paxil)	1			•		
paroxetine hcl tab 20 mg (Paxil)	1			•		
paroxetine hcl tab 30 mg (Paxil)	1			•		
paroxetine hcl tab 40 mg (Paxil)	1			•		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	4					
protriptyline hcl tab 5 mg	2					
protriptyline hcl tab 10 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2			•		
sertraline hcl tab 25 mg (Zoloft)	1			•		
sertraline hcl tab 50 mg (Zoloft)	1			•		
sertraline hcl tab 100 mg (Zoloft)	1			•		
tranylcypromine sulfate tab 10 mg (Parnate)	2					
trazodone hcl tab 50 mg	1					
trazodone hcl tab 100 mg	1					
trazodone hcl tab 150 mg	1					
trimipramine maleate cap 25 mg	2					
trimipramine maleate cap 50 mg	2					
trimipramine maleate cap 100 mg	2					
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	4		•	•		
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	4		•	•		
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	4		•	•		
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1			•		
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1			•		
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1			•		
venlafaxine hcl tab 25 mg (base equivalent)	1			•		
venlafaxine hcl tab 37.5 mg (base equivalent)	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
venlafaxine hcl tab 50 mg (base equivalent)	1			•		
venlafaxine hcl tab 75 mg (base equivalent)	1			•		
venlafaxine hcl tab 100 mg (base equivalent)	1			•		
VIIBRYD - vilazodone hcl tab 10 mg	4		•	•		
VIIBRYD - vilazodone hcl tab 20 mg	4		•	•		
VIIBRYD - vilazodone hcl tab 40 mg	4		•	•		
vilazodone hcl tab 10 mg (Viibryd)	2			•		
vilazodone hcl tab 20 mg (Viibryd)	2			•		
vilazodone hcl tab 40 mg (Viibryd)	2			•		
ZURZUVAE - zuranolone cap 20 mg	5			•		•
ZURZUVAE - zuranolone cap 25 mg	5			•		•
ZURZUVAE - zuranolone cap 30 mg	5			•		•
ANTIPSYCHOTICS						
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	4		•	•		
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	4		•	•		
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	4		•	•		
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	4		•	•		
aripiprazole oral solution 1 mg/ml	2			•		
aripiprazole orally disintegrating tab 10 mg	2			•		
aripiprazole orally disintegrating tab 15 mg	2			•		
aripiprazole tab 2 mg (Abilify)	1			•		
aripiprazole tab 5 mg (Abilify)	1			•		
aripiprazole tab 10 mg (Abilify)	1			•		
aripiprazole tab 15 mg (Abilify)	1			•		
aripiprazole tab 20 mg (Abilify)	2			•		
aripiprazole tab 30 mg (Abilify)	2			•		
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	4		•	•		
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	4		•	•		
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	4		•	•		
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	4		•	•		
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	4		•	•		
asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	2			•		
asenapine maleate sl tab 5 mg (base equiv) (Saphris)	2			•		
asenapine maleate sl tab 10 mg (base equiv) (Saphris)	2			•		
chlorpromazine hcl inj 25 mg/ml	2					
chlorpromazine hcl inj 50 mg/2ml	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
chlorpromazine hcl tab 10 mg	2					
chlorpromazine hcl tab 25 mg	2					
chlorpromazine hcl tab 50 mg	2					
chlorpromazine hcl tab 100 mg	2					
chlorpromazine hcl tab 200 mg	2					
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4		•	•		
clozapine orally disintegrating tab 25 mg	2			•		
clozapine orally disintegrating tab 100 mg	2			•		
clozapine orally disintegrating tab 150 mg	2			•		
clozapine orally disintegrating tab 200 mg	2			•		
clozapine tab 25 mg (Clozaril)	1			•		
clozapine tab 50 mg (Clozaril)	2			•		
clozapine tab 100 mg (Clozaril)	2			•		
clozapine tab 200 mg (Clozaril)	2			•		
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg	4					
EQUETRO - carbamazepine (mood) cap er 12hr 200 mg	4					
EQUETRO - carbamazepine (mood) cap er 12hr 300 mg	4					
FANAPT - iloperidone tab 1 mg	4		•	•		
FANAPT - iloperidone tab 2 mg	4		•	•		
FANAPT - iloperidone tab 4 mg	4		•	•		
FANAPT - iloperidone tab 6 mg	4		•	•		
FANAPT - iloperidone tab 8 mg	4		•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
FANAPT - iloperidone tab 10 mg	4		•	•		
FANAPT - iloperidone tab 12 mg	4		•	•		
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4		•	•		
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4					
fluphenazine hcl tab 1 mg	2					
fluphenazine hcl tab 2.5 mg	2					
fluphenazine hcl tab 5 mg	2					
fluphenazine hcl tab 10 mg	2					
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	4					
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl inj 2.5 mg/ml	4					
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	2					
haloperidol lactate inj 5 mg/ml (Haldol)	1					
haloperidol lactate oral conc 2 mg/ml	2					
haloperidol tab 0.5 mg	1					
haloperidol tab 1 mg	1					
haloperidol tab 2 mg	2					
haloperidol tab 5 mg	2					
haloperidol tab 10 mg	2					
haloperidol tab 20 mg	2					
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	4		•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	4		•	•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4		•	•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	4		•	•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	4		•	•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	4		•	•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	4		•	•		
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	4		•	•		
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	4		•	•		
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	4		•	•		
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	4		•	•		
LITHIUM CARBONATE - lithium carbonate cap 150 mg	4					
LITHIUM CARBONATE - lithium carbonate cap 300 mg	4					
LITHIUM CARBONATE - lithium carbonate cap 600 mg	4					
lithium carbonate cap 150 mg (Lithium carbonate)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
lithium carbonate cap 300 mg	1					
lithium carbonate cap 600 mg (Lithium carbonate)	1					
lithium carbonate tab er 300 mg (Lithobid)	1					
lithium carbonate tab er 450 mg	1					
lithium carbonate tab 300 mg	1					
lithium oral solution 8 meq/5ml	2					
LITHOBID - lithium carbonate tab er 300 mg	4					
loxapine succinate cap 5 mg	2					
loxapine succinate cap 10 mg	2					
loxapine succinate cap 25 mg	2					
loxapine succinate cap 50 mg	2					
lurasidone hcl tab 20 mg (Latuda)	2			•		
lurasidone hcl tab 40 mg (Latuda)	2			•		
lurasidone hcl tab 60 mg (Latuda)	2			•		
lurasidone hcl tab 80 mg (Latuda)	2			•		
lurasidone hcl tab 120 mg (Latuda)	2			•		
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4					
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4					
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
olanzapine for im inj 10 mg (Zyprexa)	2					
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	2			•		
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	2			•		
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	2			•		
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	2			•		
olanzapine tab 2.5 mg (Zyprexa)	1			•		
olanzapine tab 5 mg (Zyprexa)	1			•		
olanzapine tab 7.5 mg (Zyprexa)	1			•		
olanzapine tab 10 mg (Zyprexa)	1			•		
olanzapine tab 15 mg (Zyprexa)	1			•		
olanzapine tab 20 mg (Zyprexa)	1			•		
paliperidone tab er 24hr 1.5 mg (Invega)	2			•		
paliperidone tab er 24hr 3 mg (Invega)	2			•		
paliperidone tab er 24hr 6 mg (Invega)	2			•		
paliperidone tab er 24hr 9 mg (Invega)	2			•		
perphenazine tab 2 mg	2					
perphenazine tab 4 mg	2					
perphenazine tab 8 mg	2					
perphenazine tab 16 mg	2					
prochlorperazine edisylate inj 10 mg/2ml	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
prochlorperazine maleate tab 5 mg (base equivalent)	1					
prochlorperazine maleate tab 10 mg (base equivalent)	2					
prochlorperazine suppos 25 mg	2					
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	2			•		
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	1			•		
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	2			•		
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	2			•		
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	2			•		
quetiapine fumarate tab 25 mg (Seroquel)	1			•		
quetiapine fumarate tab 50 mg (Seroquel)	1			•		
quetiapine fumarate tab 100 mg (Seroquel)	1			•		
quetiapine fumarate tab 200 mg (Seroquel)	1			•		
quetiapine fumarate tab 300 mg (Seroquel)	1			•		
quetiapine fumarate tab 400 mg (Seroquel)	1			•		
REXULTI - brexpiprazole tab 0.25 mg	3			•		
REXULTI - brexpiprazole tab 0.5 mg	3			•		
REXULTI - brexpiprazole tab 1 mg	3			•		
REXULTI - brexpiprazole tab 2 mg	3			•		
REXULTI - brexpiprazole tab 3 mg	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
REXULTI - brexpiprazole tab 4 mg	3			•		
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	4		•	•		
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg	4		•	•		
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg	4		•	•		
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	4		•	•		
risperidone microspheres for im extended rel susp 12.5 mg (Risperdal consta)	2		•	•		
risperidone microspheres for im extended rel susp 25 mg (Risperdal consta)	2		•	•		
risperidone microspheres for im extended rel susp 37.5 mg (Risperdal consta)	2		•	•		
risperidone microspheres for im extended rel susp 50 mg (Risperdal consta)	2		•	•		
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4		•	•		
risperidone orally disintegrating tab 0.5 mg	2			•		
risperidone orally disintegrating tab 1 mg	2			•		
risperidone orally disintegrating tab 2 mg	2			•		
risperidone orally disintegrating tab 3 mg	2			•		
risperidone orally disintegrating tab 4 mg	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
risperidone soln 1 mg/ml (Risperdal)	2			•		
risperidone tab 0.25 mg	1			•		
risperidone tab 0.5 mg (Risperdal)	1			•		
risperidone tab 1 mg (Risperdal)	1			•		
risperidone tab 2 mg (Risperdal)	1			•		
risperidone tab 3 mg (Risperdal)	1			•		
risperidone tab 4 mg (Risperdal)	1			•		
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	4		•	•		
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	4		•	•		
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	4		•	•		
thioridazine hcl tab 10 mg	2					
thioridazine hcl tab 25 mg	2					
thioridazine hcl tab 50 mg	2					
thioridazine hcl tab 100 mg	2					
thiothixene cap 1 mg	2					
thiothixene cap 2 mg	2					
thiothixene cap 5 mg	2					
thiothixene cap 10 mg	2					
trifluoperazine hcl tab 1 mg (base equivalent)	2					
trifluoperazine hcl tab 2 mg (base equivalent)	2					
trifluoperazine hcl tab 5 mg (base equivalent)	2					
trifluoperazine hcl tab 10 mg (base equivalent)	2					
VERSACLOZ - clozapine susp 50 mg/ml	4		•	•		
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	3			•		
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	3			•		
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	3			•		
ziprasidone hcl cap 20 mg (Geodon)	2			•		
ziprasidone hcl cap 40 mg (Geodon)	2			•		
ziprasidone hcl cap 60 mg (Geodon)	2			•		
ziprasidone hcl cap 80 mg (Geodon)	2			•		
HYPNOTICS						
BELSOMRA - suvorexant tab 5 mg	4			•		
BELSOMRA - suvorexant tab 10 mg	4			•		
BELSOMRA - suvorexant tab 15 mg	4			•		
BELSOMRA - suvorexant tab 20 mg	4			•		
DAYVIGO - lemborexant tab 5 mg	4			•		
DAYVIGO - lemborexant tab 10 mg	4			•		
doxepin hcl (sleep) tab 3 mg (base equiv) (Silenor)	2			•		
doxepin hcl (sleep) tab 6 mg (base equiv) (Silenor)	2			•		
estazolam tab 1 mg	2					
estazolam tab 2 mg	2					
eszopiclone tab 1 mg (Lunesta)	1			•		
eszopiclone tab 2 mg (Lunesta)	1			•		
eszopiclone tab 3 mg (Lunesta)	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg	4					
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 30 mg	4					
HETLIOZ - tasimelteon capsule 20 mg	6	•		•		•
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	6	•		•		•
phenobarbital elixir 20 mg/5ml	2					
phenobarbital tab 15 mg	1					
phenobarbital tab 16.2 mg	2					
phenobarbital tab 30 mg	1					
phenobarbital tab 32.4 mg	2					
phenobarbital tab 60 mg	1					
phenobarbital tab 64.8 mg	2					
phenobarbital tab 97.2 mg	2					
phenobarbital tab 100 mg	1					
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv)	4			•		
SILENOR - doxepin hcl (sleep) tab 6 mg (base equiv)	4			•		
tasimelteon capsule 20 mg (Hetlioz)	5	•		•		•
temazepam cap 15 mg (Restoril)	1					
temazepam cap 30 mg (Restoril)	1					
zaleplon cap 5 mg	1			•		
zaleplon cap 10 mg	1			•		
zolpidem tartrate tab er 6.25 mg (Ambien cr)	2			•		
zolpidem tartrate tab er 12.5 mg (Ambien cr)	2			•		
zolpidem tartrate tab 5 mg (Ambien)	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
zolpidem tartrate tab 10 mg (Ambien)	1			•		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS						
ADDERALL - amphetamine-dextroamphetamine tab 5 mg	4			•		
ADDERALL - amphetamine-dextroamphetamine tab 7.5 mg	4			•		
ADDERALL - amphetamine-dextroamphetamine tab 10 mg	4			•		
ADDERALL - amphetamine-dextroamphetamine tab 12.5 mg	4			•		
ADDERALL - amphetamine-dextroamphetamine tab 15 mg	4			•		
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	4			•		
ADDERALL - amphetamine-dextroamphetamine tab 30 mg	4			•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg	4			•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 10 mg	4			•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 15 mg	4			•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg	4			•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 25 mg	4			•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 30 mg	4			•		
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 10 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 15 mg (Adderall)	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
amphetamine-dextroamphetamine tab 20 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 30 mg (Adderall)	2			•		
armodafinil tab 50 mg (Nuvigil)	1					
armodafinil tab 150 mg (Nuvigil)	2					
armodafinil tab 200 mg (Nuvigil)	2					
armodafinil tab 250 mg (Nuvigil)	2					
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	2			•		
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg	3			•		
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 39.2-7.8 mg	3			•		
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 52.3-10.4 mg	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2					
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	2			•		
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg	4			•		
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 27 mg	4			•		
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	4			•		
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 54 mg	4			•		
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	2			•		
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1			•		
dexmethylphenidate hcl tab 5 mg (Focalin)	1			•		
dexmethylphenidate hcl tab 10 mg (Focalin)	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	2			•		
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	2			•		
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	2			•		
dextroamphetamine sulfate oral solution 5 mg/5ml	2			•		
dextroamphetamine sulfate tab 5 mg	2			•		
dextroamphetamine sulfate tab 10 mg	2			•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 5 mg	4			•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 10 mg	4			•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 15 mg	4			•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 20 mg	4			•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 25 mg	4			•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 30 mg	4			•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 35 mg	4			•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 40 mg	4			•		
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1			•		
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1			•		
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	1			•		
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	6	•		•		•
lisdexamfetamine dimesylate cap 10 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 20 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 30 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 40 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 50 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 60 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 70 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate chew tab 10 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate chew tab 20 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate chew tab 30 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate chew tab 40 mg (Vyvanse)	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
lisdexamfetamine dimesylate chew tab 50 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate chew tab 60 mg (Vyvanse)	2			•		
methamphetamine hcl tab 5 mg	2			•		
methylphenidate hcl cap er 10 mg (cd)	2			•		
methylphenidate hcl cap er 20 mg (cd)	2			•		
methylphenidate hcl cap er 30 mg (cd)	2			•		
methylphenidate hcl cap er 40 mg (cd)	2			•		
methylphenidate hcl cap er 50 mg (cd)	2			•		
methylphenidate hcl cap er 60 mg (cd)	2			•		
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	2			•		
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	2			•		
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	2			•		
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	2			•		
methylphenidate hcl chew tab 2.5 mg	2			•		
methylphenidate hcl chew tab 5 mg	2			•		
methylphenidate hcl chew tab 10 mg	2			•		
methylphenidate hcl soln 5 mg/5ml (Methylin)	2			•		
methylphenidate hcl soln 10 mg/5ml (Methylin)	2			•		
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	2			•		
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	2			•		
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	2			•		
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	2			•		
methylphenidate hcl tab er 10 mg	2			•		
methylphenidate hcl tab er 20 mg	2			•		
methylphenidate hcl tab 5 mg (Ritalin)	1			•		
methylphenidate hcl tab 10 mg (Ritalin)	1			•		
methylphenidate hcl tab 20 mg (Ritalin)	2			•		
modafinil tab 100 mg (Provigil)	2					
modafinil tab 200 mg (Provigil)	2					
SUNOSI - solriamfetol hcl tab 75 mg (base equiv)	3	•		•		
SUNOSI - solriamfetol hcl tab 150 mg (base equiv)	3	•		•		
VYVANSE - lisdexamfetamine dimesylate cap 10 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 20 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 30 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 40 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 50 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 60 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 70 mg	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 20 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 30 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 40 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 50 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 60 mg	3			•		
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent)	6	•		•		•
WAKIX - pitolisant hcl tab 17.8 mg (base equivalent)	6	•		•		•
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.						
acamprosate calcium tab delayed release 333 mg	2					
ADDYI - flibanserin tab 100 mg	4	•		•		•
AQNEURSA - levacetylleucine for susp packet 1 gm	6	•		•		•
AUSTEDO - deutetrabenazine tab 6 mg	6	•		•		•
AUSTEDO - deutetrabenazine tab 9 mg	6	•		•		•
AUSTEDO - deutetrabenazine tab 12 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 30 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 36 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 42 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 48 mg	6	•		•		•
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	6	•		•		•
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5			•		•
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5			•		•
BETASERON - interferon beta-1b for inj kit 0.3 mg	5			•		•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	A				•	
CHLORDIAZEPOXIDE/ AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg	4					
CHLORDIAZEPOXIDE/ AMITRIPT - chlordiazepoxide-amitriptyline tab 10-25 mg	4					
dalfampridine tab er 12hr 10 mg (Ampyra)	5					•
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	5			•		•
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	5			•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	5			•		•
disulfiram tab 250 mg	2					
disulfiram tab 500 mg	2					
donepezil hydrochloride orally disintegrating tab 5 mg	1					
donepezil hydrochloride orally disintegrating tab 10 mg	1					
donepezil hydrochloride tab 5 mg (Aricept)	1					
donepezil hydrochloride tab 10 mg (Aricept)	1					
donepezil hydrochloride tab 23 mg (Aricept)	2					
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	5			•		•
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4					
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	2					
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	2					
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	2					
galantamine hydrobromide tab 4 mg	2					
galantamine hydrobromide tab 8 mg	2					
galantamine hydrobromide tab 12 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	2			•		
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	2			•		
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	6	•		•		•
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv)	6	•		•		•
INGREZZA - valbenazine tosylate capsule sprinkle 60 mg (base equiv)	6	•		•		•
INGREZZA - valbenazine tosylate capsule sprinkle 80 mg (base equiv)	6	•		•		•
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	6	•		•		•
INGREZZA - valbenazine tosylate cap 60 mg (base equiv)	6	•		•		•
INGREZZA - valbenazine tosylate cap 80 mg (base equiv)	6	•		•		•
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5			•		•
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	2					
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	4					
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm	6	•		•		•
LUMRYZ - sodium oxybate pack for oral er susp 6 gm	6	•		•		•
LUMRYZ - sodium oxybate pack for oral er susp 7.5 gm	6	•		•		•
LUMRYZ - sodium oxybate pack for oral er susp 9 gm	6	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	6	•		•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs)	5			•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	5			•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	5			•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	5			•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (8 tabs)	5			•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	5			•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	5			•		•
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	5			•		•
MAYZENT - siponimod fumarate tab 1 mg (base equiv)	5			•		•
MAYZENT - siponimod fumarate tab 2 mg (base equiv)	5			•		•
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	5			•		•
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	5			•		•
memantine hcl oral solution 2 mg/ml	2					
memantine hcl tab 5 mg (Namenda)	1					
memantine hcl tab 10 mg (Namenda)	1					
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	2					
nicotine polacrilex gum 2 mg	A				•	
nicotine polacrilex gum 4 mg	A				•	
nicotine polacrilex lozenge 2 mg	A				•	
nicotine polacrilex lozenge 4 mg	A				•	
nicotine td patch 24hr 7 mg/24hr	A				•	
nicotine td patch 24hr 14 mg/24hr	A				•	
nicotine td patch 24hr 21 mg/24hr	A				•	
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	A				•	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	A				•	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/ spray)	A				•	
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg	4					
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 2-25 mg	4					
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 4-10 mg	4					
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 4-25 mg	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 4-50 mg	4					
PIMOZIDE - pimozide tab 1 mg	4					
PIMOZIDE - pimozide tab 2 mg	4					
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	5			•		•
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5			•		•
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5			•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	5			•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5			•		•
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml	5			•		•
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml	5			•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml	5			•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml	5			•		•
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5			•		•
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5			•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
rivastigmine tartrate cap 1.5 mg (base equivalent)	2					
rivastigmine tartrate cap 3 mg (base equivalent)	2					
rivastigmine tartrate cap 4.5 mg (base equivalent)	2					
rivastigmine tartrate cap 6 mg (base equivalent)	2					
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	2					
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	2					
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	2					
SAVELLA - milnacipran hcl tab 12.5 mg	3		•	•		
SAVELLA - milnacipran hcl tab 25 mg	3		•	•		
SAVELLA - milnacipran hcl tab 50 mg	3		•	•		
SAVELLA - milnacipran hcl tab 100 mg	3		•	•		
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3		•	•		
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	6	•		•		•
teriflunomide tab 7 mg (Aubagio)	5			•		•
teriflunomide tab 14 mg (Aubagio)	5			•		•
tetrabenazine tab 12.5 mg (Xenazine)	5	•		•		•
tetrabenazine tab 25 mg (Xenazine)	5	•		•		•
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	A				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
varenicline tartrate tab 0.5 mg (base equiv)	A				•	
varenicline tartrate tab 1 mg (base equiv)	A				•	
VUMERITY - diroximel fumarate capsule delayed release 231 mg	6			•		•
VYLEESI - bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	6	•		•		•
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	6	•		•		•
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	6	•		•		•
ZEPOSIA - ozanimod hcl cap 0.92 mg	5	•		•		•
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	5			•		•
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	5	•		•		•
ANALGESICS AND ANESTHETICS						
ANALGESICS - NON-NARCOTIC						
aspirin chew tab 81 mg	A				•	
aspirin tab delayed release 81 mg	A				•	
butalbital-acetaminophen tab 50-325 mg	2			•		
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	2			•		
butalbital-aspirin-caffeine cap 50-325-40 mg	2			•		
diflunisal tab 500 mg	2					
TENCON - butalbital-acetaminophen tab 50-325 mg	4			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ANALGESICS - NARCOTIC						
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1			•		
acetaminophen w/ codeine tab 300-30 mg	1			•		
acetaminophen w/ codeine tab 300-60 mg	2			•		
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	4			•		
buprenorphine hcl sl tab 2 mg (base equiv)	2	•		•		
buprenorphine hcl sl tab 8 mg (base equiv)	2	•		•		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	2			•		
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	2			•		
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	2			•		
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	2			•		
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2			•		
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2			•		
buprenorphine td patch weekly 5 mcg/hr (Butrans)	2	•		•		
buprenorphine td patch weekly 7.5 mcg/hr (Butrans)	2	•		•		
buprenorphine td patch weekly 10 mcg/hr (Butrans)	2	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
buprenorphine td patch weekly 15 mcg/hr (Butrans)	2	•		•		
buprenorphine td patch weekly 20 mcg/hr (Butrans)	2	•		•		
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	2			•		
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	2			•		
butorphanol tartrate nasal soln 10 mg/ml	2			•		
BUTRANS - buprenorphine td patch weekly 7.5 mcg/hr	4	•		•		
CODEINE SULFATE - codeine sulfate tab 15 mg	4			•		
CODEINE SULFATE - codeine sulfate tab 60 mg	4			•		
codeine sulfate tab 30 mg (Codeine sulfate)	2			•		
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	2	•		•		
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	2	•		•		
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	2	•		•		
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	2	•		•		
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	2	•		•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg	4	•		•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 15 mg	4	•		•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 20 mg	4	•		•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 30 mg	4	•		•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 40 mg	4	•		•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 50 mg	4	•		•		
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2			•		
hydrocodone-acetaminophen tab 10-325 mg	1			•		
hydrocodone-acetaminophen tab 5-325 mg	1			•		
hydrocodone-acetaminophen tab 7.5-325 mg	1			•		
hydrocodone-ibuprofen tab 7.5-200 mg	2			•		
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4			•		
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 10-200 mg	4			•		
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	2			•		
hydromorphone hcl tab er 24hr 8 mg	2	•		•		
hydromorphone hcl tab er 24hr 12 mg	2	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
hydromorphone hcl tab er 24hr 16 mg	2	•		•		
hydromorphone hcl tab er 24hr 32 mg	2	•		•		
hydromorphone hcl tab 2 mg (Dilaudid)	1			•		
hydromorphone hcl tab 4 mg (Dilaudid)	1			•		
hydromorphone hcl tab 8 mg (Dilaudid)	2			•		
methadone hcl conc 10 mg/ml (Methadose)	2			•		
methadone hcl soln 5 mg/5ml (Methadone hcl)	2			•		
methadone hcl soln 10 mg/5ml (Methadone hcl)	2			•		
methadone hcl tab for oral susp 40 mg	2			•		
methadone hcl tab 5 mg	1			•		
methadone hcl tab 10 mg	1			•		
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	4			•		
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5ml	4			•		
MORPHINE SULFATE - morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	4			•		
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 10 mg	4	•		•		
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 20 mg	4	•		•		
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 30 mg	4	•		•		
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 50 mg	4	•		•		
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 60 mg	4	•		•		
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 80 mg	4	•		•		
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 100 mg	4	•		•		
morphine sulfate oral soln 10 mg/5ml	1			•		
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	2			•		
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2			•		
morphine sulfate tab er 15 mg (Ms contin)	1	•		•		
morphine sulfate tab er 30 mg (Ms contin)	2	•		•		
morphine sulfate tab er 60 mg (Ms contin)	2	•		•		
morphine sulfate tab er 100 mg (Ms contin)	2	•		•		
morphine sulfate tab er 200 mg (Ms contin)	2	•		•		
morphine sulfate tab 15 mg (Morphine sulfate)	2			•		
morphine sulfate tab 30 mg (Morphine sulfate)	2			•		
NUCYNTA - tapentadol hcl tab 50 mg	4			•		
NUCYNTA - tapentadol hcl tab 75 mg	4			•		
NUCYNTA - tapentadol hcl tab 100 mg	4			•		
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	4	•		•		
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg	4	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg	4	•		•		
NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg	4	•		•		
NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg	4	•		•		
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2			•		
oxycodone hcl soln 5 mg/5ml	2			•		
oxycodone hcl tab 5 mg (Roxicodone)	1			•		
oxycodone hcl tab 10 mg	1			•		
oxycodone hcl tab 15 mg (Roxicodone)	2			•		
oxycodone hcl tab 20 mg	2			•		
oxycodone hcl tab 30 mg (Roxicodone)	2			•		
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	2			•		
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1			•		
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	2			•		
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	2			•		
oxymorphone hcl tab 5 mg	2			•		
oxymorphone hcl tab 10 mg	2			•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg	4	•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 7.5 mg	4	•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 10 mg	4	•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 15 mg	4	•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 20 mg	4	•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 30 mg	4	•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 40 mg	4	•		•		
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 100 mg	4	•		•		
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 200 mg	4	•		•		
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 300 mg	4	•		•		
tramadol hcl tab er 24hr 100 mg	2	•		•		
tramadol hcl tab er 24hr 200 mg	2	•		•		
tramadol hcl tab er 24hr 300 mg	2	•		•		
tramadol hcl tab 50 mg (Ultram)	1			•		
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1			•		
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg	4	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 13.5 mg	4	•		•		
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 18 mg	4	•		•		
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 27 mg	4	•		•		
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	4	•		•		
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	4			•		
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	4			•		
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	4			•		
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	4			•		
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	4			•		
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	4			•		
ANALGESICS - ANTI-INFLAMMATORY						
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	5	•		•		•
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	5	•		•		•
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 80 mg/0.8ml	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	5	•		•		•
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml	5	•		•		•
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 40 mg/0.4ml	5	•		•		•
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml	5	•		•		•
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 80 mg/0.8ml	5	•		•		•
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml	5	•		•		•
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 20 mg/0.2ml	5	•		•		•
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	5	•		•		•
ARCALYST - rilonacept for inj 220 mg	6	•		•		•
AURANOFIN - auranofin cap 3 mg	4					
celecoxib cap 50 mg (Celebrex)	1					
celecoxib cap 100 mg (Celebrex)	1					
celecoxib cap 200 mg (Celebrex)	1					
celecoxib cap 400 mg (Celebrex)	2					
diclofenac potassium tab 50 mg	2					
diclofenac sodium tab delayed release 25 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
diclofenac sodium tab delayed release 50 mg	1					
diclofenac sodium tab delayed release 75 mg	1					
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	2					
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	2					
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	•		•		•
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	•		•		•
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	•		•		•
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	•		•		•
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	•		•		•
etodolac cap 200 mg	2					
etodolac cap 300 mg	2					
etodolac tab er 24hr 400 mg	2					
etodolac tab er 24hr 500 mg	2					
etodolac tab er 24hr 600 mg	2					
etodolac tab 400 mg (Lodine)	2					
etodolac tab 500 mg	2					
FLURBIPROFEN - flurbiprofen tab 50 mg	4					
FLURBIPROFEN - flurbiprofen tab 100 mg	1					
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	5	•		•		•
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	5	•		•		•
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml	5	•		•		•
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.8ml	5	•		•		•
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	•		•		•
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	•		•		•
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	•		•		•
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	•		•		•
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml	5	•		•		•
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.4ml	5	•		•		•
HUMIRA PEN - adalimumab auto-injector kit 80 mg/0.8ml	5	•		•		•
HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml	5	•		•		•
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	•		•		•
ibuprofen tab 400 mg	1					
ibuprofen tab 600 mg	1					
ibuprofen tab 800 mg	1					
ibuprofen-famotidine tab 800-26.6 mg (Duexis)	2	•		•		
indomethacin cap er 75 mg	2					
indomethacin cap 25 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
indomethacin cap 50 mg	1					
KETOPROFEN - ketoprofen cap 50 mg	4					
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	4					
ketorolac tromethamine tab 10 mg	1					
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	6	•		•		•
KEVZARA - sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	6	•		•		•
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	6	•		•		•
KEVZARA - sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	6	•		•		•
leflunomide tab 10 mg (Arava)	2					
leflunomide tab 20 mg (Arava)	2					
LURBIPR - flurbiprofen tab 100 mg	1					
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg	4					
MECLOFENAMATE SODIUM - meclofenamate sodium cap 100 mg	4					
mefenamic acid cap 250 mg	2					
meloxicam tab 7.5 mg (Mobic)	1					
meloxicam tab 15 mg (Mobic)	1					
nabumetone tab 500 mg	1					
nabumetone tab 750 mg	2					
naproxen sodium tab 275 mg	2					
naproxen sodium tab 550 mg	2					
naproxen tab 250 mg	1					
naproxen tab 375 mg	1					
naproxen tab 500 mg (Naprosyn)	1					
naproxen-esomeprazole magnesium tab dr 375-20 mg (Vimovo)	2	•		•		
naproxen-esomeprazole magnesium tab dr 500-20 mg (Vimovo)	2	•		•		
OLUMIANT - baricitinib tab 1 mg	6	•		•		•
OLUMIANT - baricitinib tab 2 mg	6	•		•		•
OLUMIANT - baricitinib tab 4 mg	6	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	6	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	6	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	6	•		•		•
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	6	•		•		•
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	•		•		•
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	5	•		•		•
OTEZLA - apremilast tab 20 mg	5	•		•		•
OTEZLA - apremilast tab 30 mg	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml	3					
OTREXUP - methotrexate soln pf auto-injector 12.5 mg/0.4ml	3					
OTREXUP - methotrexate soln pf auto-injector 15 mg/0.4ml	3					
OTREXUP - methotrexate soln pf auto-injector 17.5 mg/0.4ml	3					
OTREXUP - methotrexate soln pf auto-injector 20 mg/0.4ml	3					
OTREXUP - methotrexate soln pf auto-injector 22.5 mg/0.4ml	3					
OTREXUP - methotrexate soln pf auto-injector 25 mg/0.4ml	3					
oxaprozin tab 600 mg (Daypro)	2					
piroxicam cap 10 mg (Feldene)	2					
piroxicam cap 20 mg (Feldene)	2					
RIDAURA - auranofin cap 3 mg	4					
RINVOQ - upadacitinib tab er 24hr 15 mg	5	•		•		•
RINVOQ - upadacitinib tab er 24hr 30 mg	5	•		•		•
RINVOQ - upadacitinib tab er 24hr 45 mg	5	•		•		•
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	•		•		•
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml	5	•		•		•
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml	5	•		•		•
SIMLANDI - adalimumab-ryvk prefilled syringe kit 80 mg/0.8ml	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	•		•		•
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 80 mg/0.8ml	5	•		•		•
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	•		•		•
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	5	•		•		•
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	5	•		•		•
sulindac tab 150 mg	1					
sulindac tab 200 mg	1					
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	3	•		•		
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	3	•		•		
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	5	•		•		•
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	5	•		•		•
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	5	•		•		•
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	•		•		•
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	5	•		•		•
MIGRAINE PRODUCTS						
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	•		•		
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	3	•		•		
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	3	•		•		
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	2					
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	2			•		
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	2			•		
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	•		•		
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	•		•		
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	•		•		
ERGOMAR - ergotamine tartrate sl tab 2 mg	4					
ERGOTAMINE TARTRATE/ CAFFE - ergotamine w/ caffeine tab 1-100 mg	4					
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	2		•	•		
naratriptan hcl tab 1 mg (base equiv) (Amerge)	2			•		
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	2			•		
NURTEC - rimegepant sulfate tab disint 75 mg	3	•		•		
QULIPTA - atogepant tab 10 mg	3	•		•		
QULIPTA - atogepant tab 30 mg	3	•		•		
QULIPTA - atogepant tab 60 mg	3	•		•		
REYVOW - lasmiditan succinate tab 50 mg	3	•		•		
REYVOW - lasmiditan succinate tab 100 mg	3	•		•		
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1			•		
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1			•		
rizatriptan benzoate tab 5 mg (base equivalent)	1			•		
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1			•		
sumatriptan nasal spray 5 mg/act (Imitrex)	2			•		
sumatriptan nasal spray 20 mg/act (Imitrex)	2			•		
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	2			•		
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	2			•		
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	2			•		
sumatriptan succinate tab 25 mg (Imitrex)	1			•		
sumatriptan succinate tab 50 mg (Imitrex)	1			•		
sumatriptan succinate tab 100 mg (Imitrex)	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	2		•	•		
UBRELVY - ubrogepant tab 50 mg	3	•		•		
UBRELVY - ubrogepant tab 100 mg	3	•		•		
zolmitriptan tab 2.5 mg (Zomig)	2			•		
zolmitriptan tab 5 mg (Zomig)	2			•		
GOUT AGENTS						
allopurinol tab 100 mg (Zyloprim)	1					
allopurinol tab 300 mg (Zyloprim)	1					
colchicine tab 0.6 mg (Colcrys)	2					
colchicine w/ probenecid tab 0.5-500 mg	2					
febuxostat tab 40 mg (Uloric)	2					
febuxostat tab 80 mg (Uloric)	2					
probenecid tab 500 mg	2					
NEUROMUSCULAR DRUGS						
ANTICONVULSANTS						
APTIOM - eslicarbazepine acetate tab 200 mg	3					
APTIOM - eslicarbazepine acetate tab 400 mg	3					
APTIOM - eslicarbazepine acetate tab 600 mg	3					
APTIOM - eslicarbazepine acetate tab 800 mg	3					
BANZEL - rufinamide tab 200 mg	4					
BANZEL - rufinamide tab 400 mg	4					
BRIVIACT - brivaracetam oral soln 10 mg/ml	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
BRIVIACT - brivaracetam tab 10 mg	4					
BRIVIACT - brivaracetam tab 25 mg	4					
BRIVIACT - brivaracetam tab 50 mg	4					
BRIVIACT - brivaracetam tab 75 mg	4					
BRIVIACT - brivaracetam tab 100 mg	4					
carbamazepine cap er 12hr 100 mg (Carbatrol)	2					
carbamazepine cap er 12hr 200 mg (Carbatrol)	2					
carbamazepine cap er 12hr 300 mg (Carbatrol)	2					
carbamazepine chew tab 100 mg	2					
carbamazepine susp 100 mg/5ml (Tegretol)	2					
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	2					
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	2					
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	2					
carbamazepine tab 200 mg (Tegretol)	2					
CARBATROL - carbamazepine cap er 12hr 100 mg	4					
CARBATROL - carbamazepine cap er 12hr 200 mg	4					
CARBATROL - carbamazepine cap er 12hr 300 mg	4					
CELONTIN - methsuximide cap 300 mg	4					
clobazam suspension 2.5 mg/ml (Onfi)	2					
clobazam tab 10 mg (Onfi)	2					
clobazam tab 20 mg (Onfi)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
clonazepam orally disintegrating tab 0.125 mg	2					
clonazepam orally disintegrating tab 0.25 mg	2					
clonazepam orally disintegrating tab 0.5 mg	2					
clonazepam orally disintegrating tab 1 mg	2					
clonazepam orally disintegrating tab 2 mg	2					
clonazepam tab 0.5 mg (Klonopin)	1					
clonazepam tab 1 mg (Klonopin)	1					
clonazepam tab 2 mg (Klonopin)	1					
DIACOMIT - stiripentol cap 250 mg	6					•
DIACOMIT - stiripentol cap 500 mg	6					•
DIACOMIT - stiripentol packet 250 mg	6					•
DIACOMIT - stiripentol packet 500 mg	6					•
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4					
diazepam rectal gel delivery system 10 mg (Diastat acudial)	2					
diazepam rectal gel delivery system 20 mg (Diastat acudial)	2					
DILANTIN - phenytoin sodium extended cap 30 mg	4					
DILANTIN - phenytoin sodium extended cap 100 mg	4					
DILANTIN INFATABS - phenytoin chew tab 50 mg	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
DILANTIN-125 - phenytoin susp 125 mg/5ml	4					
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	2					
divalproex sodium tab delayed release 125 mg (Depakote)	1					
divalproex sodium tab delayed release 250 mg (Depakote)	1					
divalproex sodium tab delayed release 500 mg (Depakote)	1					
divalproex sodium tab er 24 hr 250 mg (Depakote er)	2					
divalproex sodium tab er 24 hr 500 mg (Depakote er)	2					
EPIDIOLEX - cannabidiol soln 100 mg/ml	5	•				•
eslicarbazepine acetate tab 200 mg (Aptiom)	2					
eslicarbazepine acetate tab 400 mg (Aptiom)	2					
eslicarbazepine acetate tab 600 mg (Aptiom)	2					
eslicarbazepine acetate tab 800 mg (Aptiom)	2					
ethosuximide cap 250 mg (Zarontin)	2					
ethosuximide soln 250 mg/5ml (Zarontin)	2					
felbamate susp 600 mg/5ml (Felbatol)	2					
felbamate tab 400 mg (Felbatol)	2					
felbamate tab 600 mg (Felbatol)	2					
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	6	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
FYCOMPA - perampanel susp 0.5 mg/ml	4					
FYCOMPA - perampanel tab 2 mg	4					
FYCOMPA - perampanel tab 4 mg	4					
FYCOMPA - perampanel tab 6 mg	4					
FYCOMPA - perampanel tab 8 mg	4					
FYCOMPA - perampanel tab 10 mg	4					
FYCOMPA - perampanel tab 12 mg	4					
gabapentin cap 100 mg (Neurontin)	1					
gabapentin cap 300 mg (Neurontin)	1					
gabapentin cap 400 mg (Neurontin)	1					
gabapentin oral soln 250 mg/5ml (Neurontin)	2					
gabapentin tab 600 mg (Neurontin)	1					
gabapentin tab 800 mg (Neurontin)	1					
lacosamide oral solution 10 mg/ml (Vimpat)	2					
lacosamide tab 50 mg (Vimpat)	2					
lacosamide tab 100 mg (Vimpat)	2					
lacosamide tab 150 mg (Vimpat)	2					
lacosamide tab 200 mg (Vimpat)	2					
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	4					
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	4					
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	2					
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	2					
lamotrigine tab er 24hr 25 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 50 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 100 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 200 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 250 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 300 mg (Lamictal xr)	2					
lamotrigine tab 25 mg (Lamictal)	1					
lamotrigine tab 100 mg (Lamictal)	1					
lamotrigine tab 150 mg (Lamictal)	1					
lamotrigine tab 200 mg (Lamictal)	1					
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	2					
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	2					
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
levetiracetam oral soln 100 mg/ml (Keppra)	2					
levetiracetam tab er 24hr 500 mg (Keppra xr)	2					
levetiracetam tab er 24hr 750 mg (Keppra xr)	2					
levetiracetam tab 250 mg (Keppra)	1					
levetiracetam tab 500 mg (Keppra)	1					
levetiracetam tab 750 mg (Keppra)	2					
levetiracetam tab 1000 mg (Keppra)	2					
methsuximide cap 300 mg (Celontin)	2					
MYSOLINE - primidone tab 50 mg	4					
MYSOLINE - primidone tab 250 mg	4					
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4					
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	2					
oxcarbazepine tab 150 mg (Trileptal)	1					
oxcarbazepine tab 300 mg (Trileptal)	2					
oxcarbazepine tab 600 mg (Trileptal)	2					
perampanel tab 2 mg (Fycompa)	2					
perampanel tab 4 mg (Fycompa)	2					
perampanel tab 6 mg (Fycompa)	2					
perampanel tab 8 mg (Fycompa)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
perampanel tab 10 mg (Fycompa)	2					
perampanel tab 12 mg (Fycompa)	2					
phenytoin chew tab 50 mg (Dilantin infatabs)	2					
phenytoin sodium extended cap 100 mg (Dilantin)	2					
phenytoin sodium extended cap 200 mg (Phenytek)	2					
phenytoin sodium extended cap 300 mg (Phenytek)	2					
phenytoin susp 125 mg/5ml (Dilantin-125)	2					
pregabalin cap 25 mg (Lyrica)	1			•		
pregabalin cap 50 mg (Lyrica)	1			•		
pregabalin cap 75 mg (Lyrica)	1			•		
pregabalin cap 100 mg (Lyrica)	1			•		
pregabalin cap 150 mg (Lyrica)	1			•		
pregabalin cap 200 mg (Lyrica)	1			•		
pregabalin cap 225 mg (Lyrica)	1			•		
pregabalin cap 300 mg (Lyrica)	1			•		
pregabalin soln 20 mg/ml (Lyrica)	2			•		
PRIMIDONE - primidone tab 125 mg	4					
primidone tab 50 mg (Mysoline)	1					
primidone tab 250 mg (Mysoline)	2					
rufinamide susp 40 mg/ml (Banzel)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
rufinamide tab 200 mg (Banzel)	2					
rufinamide tab 400 mg (Banzel)	2					
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4					
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4					
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4					
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4					
TEGRETOL - carbamazepine susp 100 mg/5ml	4					
TEGRETOL - carbamazepine tab 200 mg	4					
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg	4					
TEGRETOL-XR - carbamazepine tab er 12hr 200 mg	4					
TEGRETOL-XR - carbamazepine tab er 12hr 400 mg	4					
tiagabine hcl tab 2 mg (Gabitril)	2					
tiagabine hcl tab 4 mg (Gabitril)	2					
tiagabine hcl tab 12 mg (Gabitril)	2					
tiagabine hcl tab 16 mg (Gabitril)	2					
topiramate cap er 24hr sprinkle 25 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr sprinkle 50 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr sprinkle 100 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr sprinkle 150 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr 25 mg (Trokendi xr)	2	•		•		
topiramate cap er 24hr 50 mg (Trokendi xr)	2	•		•		
topiramate cap er 24hr 100 mg (Trokendi xr)	2	•		•		
topiramate cap er 24hr 200 mg (Trokendi xr)	2	•		•		
topiramate sprinkle cap 15 mg (Topamax sprinkle)	2					
topiramate sprinkle cap 25 mg (Topamax sprinkle)	2					
topiramate tab 25 mg (Topamax)	1					
topiramate tab 50 mg (Topamax)	1					
topiramate tab 100 mg (Topamax)	1					
topiramate tab 200 mg (Topamax)	1					
TROKENDI XR - topiramate cap er 24hr 25 mg	4	•		•		
TROKENDI XR - topiramate cap er 24hr 50 mg	4	•		•		
TROKENDI XR - topiramate cap er 24hr 100 mg	4	•		•		
TROKENDI XR - topiramate cap er 24hr 200 mg	4	•		•		
valproate sodium oral soln 250 mg/5ml (base equiv)	2					
valproic acid cap 250 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4					
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4					
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4					
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4					
vigabatrin powd pack 500 mg (Sabril)	2					•
vigabatrin tab 500 mg (Sabril)	2					•
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	4					
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	4					
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4					
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	4					
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	4					
XCOPRI - cenobamate tab 25 mg	4					
XCOPRI - cenobamate tab 50 mg	4					
XCOPRI - cenobamate tab 100 mg	4					
XCOPRI - cenobamate tab 150 mg	4					
XCOPRI - cenobamate tab 200 mg	4					
ZARONTIN - ethosuximide cap 250 mg	4					
zonisamide cap 25 mg (Zonegran)	1					
zonisamide cap 50 mg	1					
zonisamide cap 100 mg (Zonegran)	2					
ZTALMY - ganaxolone susp 50 mg/ml	6					•
ANTIPARKINSON AGENTS						
amantadine hcl cap 100 mg	2					
amantadine hcl soln 50 mg/5ml	2					
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	6					•
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	5					•
benztropine mesylate tab 0.5 mg	1					
benztropine mesylate tab 1 mg	1					
benztropine mesylate tab 2 mg	1					
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	2					
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	2					
carbidopa & levodopa tab er 25-100 mg	2					
carbidopa & levodopa tab er 50-200 mg	2					
carbidopa & levodopa tab 10-100 mg (Sinemet)	1					
carbidopa & levodopa tab 25-100 mg (Sinemet)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
carbidopa & levodopa tab 25-250 mg	2					
carbidopa tab 25 mg (Lodosyn)	2					
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	2					
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	2					
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	2					
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	2					
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	2					
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	2					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg	4					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 25-100 mg	4					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 25-250 mg	4					
DUOPA - carbidopa-levodopa enteral susp 4.63-20 mg/ml	4					•
entacapone tab 200 mg (Comtan)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
INBRIJA - levodopa inhal powder cap 42 mg	5					•
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	4					
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	4					
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	4					
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	4					
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	4					
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	4					
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	1					
pramipexole dihydrochloride tab 0.25 mg	1					
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	1					
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	1					
pramipexole dihydrochloride tab 1 mg (Mirapex)	1					
pramipexole dihydrochloride tab 1.5 mg	1					
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	2					
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	2					
ropinirole hydrochloride tab 0.25 mg	1					
ropinirole hydrochloride tab 0.5 mg	1					
ropinirole hydrochloride tab 1 mg	1					
ropinirole hydrochloride tab 2 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ropinirole hydrochloride tab 3 mg	1					
ropinirole hydrochloride tab 4 mg	1					
ropinirole hydrochloride tab 5 mg	1					
RYTARY - carbidopa & levodopa cap er 23.75-95 mg	4					
RYTARY - carbidopa & levodopa cap er 36.25-145 mg	4					
RYTARY - carbidopa & levodopa cap er 48.75-195 mg	4					
RYTARY - carbidopa & levodopa cap er 61.25-245 mg	4					
selegiline hcl cap 5 mg	2					
selegiline hcl tab 5 mg	2					
tolcapone tab 100 mg (Tasmar)	2					
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	4					
trihexyphenidyl hcl tab 2 mg	1					
trihexyphenidyl hcl tab 5 mg	1					
VYALEV - foscarbidopa-foslevodopa subcutaneous inj 12-240 mg/ml	6					•
NEUROMUSCULAR AGENTS						
DAYBUE - trofinetide oral soln 200 mg/ml	6	•		•		•
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	6	•		•		•
EVRYSDI - risdiplam for soln 0.75 mg/ml	6	•		•		•
EVRYSDI - risdiplam tab 5 mg	6	•		•		•
RADICAVA ORS - edaravone oral susp 105 mg/5ml	6	•		•		•
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	6	•		•		•
riluzole tab 50 mg (Rilutek)	5					•
SKYCLARYS - omaveloxolone cap 50 mg	6	•		•		•
MUSCULOSKELETAL THERAPY AGENTS						
baclofen tab 10 mg	1					
baclofen tab 20 mg	1					
carisoprodol tab 250 mg (Soma)	2					
carisoprodol tab 350 mg (Soma)	1					
chlorzoxazone tab 500 mg	2					
cyclobenzaprine hcl tab 5 mg	1					
cyclobenzaprine hcl tab 10 mg	1					
dantrolene sodium cap 25 mg (Dantrium)	2					
dantrolene sodium cap 50 mg (Dantrium)	2					
dantrolene sodium cap 100 mg	2					
metaxalone tab 400 mg	2					
metaxalone tab 800 mg (Skelaxin)	2					
methocarbamol tab 500 mg	1					
methocarbamol tab 750 mg	1					
orphenadrine citrate tab er 12hr 100 mg	2					
ORPHENGESIC FORTE - orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	4					
SOHONOS - palovarotene cap 1 mg	4					•
SOHONOS - palovarotene cap 1.5 mg	4					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SOHONOS - palovarotene cap 2.5 mg	4					•
SOHONOS - palovarotene cap 5 mg	4					•
SOHONOS - palovarotene cap 10 mg	4					•
tizanidine hcl tab 2 mg (base equivalent)	1					
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1					
ANTIMYASTHENIC AGENTS						
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	6	•		•		•
MESTINON - pyridostigmine bromide oral soln 60 mg/5ml	4					
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	2					
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	2					
pyridostigmine bromide tab 60 mg (Mestinon)	2					
NUTRITIONAL PRODUCTS						
VITAMINS						
cholecalciferol cap 1.25 mg (50000 unit)	1					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1					
phytonadione tab 5 mg (Mephyton)	2					
MINERALS and ELECTROLYTES						
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	4					
GALZIN - zinc acetate cap 25 mg (elemental zinc)	4					
GALZIN - zinc acetate cap 50 mg (elemental zinc)	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
potassium chloride cap er 8 meq	1					
potassium chloride cap er 10 meq	1					
potassium chloride microencapsulated crys er tab 10 meq	1					
potassium chloride microencapsulated crys er tab 15 meq	2					
potassium chloride microencapsulated crys er tab 20 meq	1					
potassium chloride oral soln 10% (20 meq/15ml)	2					
potassium chloride oral soln 20% (40 meq/15ml)	2					
potassium chloride powder packet 20 meq	2					
potassium chloride tab er 8 meq (600 mg)	1					
potassium chloride tab er 10 meq (K-tab)	1					
potassium chloride tab er 20 meq (1500 mg) (K-tab)	1					
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	4				•	
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	3				•	
SODIUM FLUORIDE - sodium fluoride tab 1 mg f (from 2.2 mg naf)	3				•	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1				•	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1				•	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
HEMATOLOGICAL AGENTS						
HEMATOPOIETIC AGENTS						
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5					•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5					•
carbonyl iron susp 15 mg/1.25ml (elemental iron)	A				•	
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	5	•		•		•
cyanocobalamin inj 1000 mcg/ml	1					
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	5	•		•		•
DROXIA - hydroxyurea cap 200 mg	6					•
DROXIA - hydroxyurea cap 300 mg	6					•
DROXIA - hydroxyurea cap 400 mg	6					•
eltrombopag olamine powder pack for susp 25 mg (base equiv) (Promacta)	5	•		•		•
eltrombopag olamine powder pack for susp 12.5 mg (base eq) (Promacta)	5	•		•		•
eltrombopag olamine tab 12.5 mg (base equiv) (Promacta)	5	•				•
eltrombopag olamine tab 25 mg (base equiv) (Promacta)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
eltrombopag olamine tab 50 mg (base equiv) (Promacta)	5	•		•		•
eltrombopag olamine tab 75 mg (base equiv) (Promacta)	5	•		•		•
ENDARI - glutamine (sickle cell) powd pack 5 gm	6	•				•
FERRETTS CHEWABLE IRON - carbonyl iron chew tab 18 mg (elemental iron)	4					
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	A				•	
ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)	A				•	
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)	A				•	
folic acid cap 0.8 mg	A				•	
folic acid tab 400 mcg	A				•	
folic acid tab 800 mcg	A				•	
folic acid tab 1 mg	1					
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5					•
glutamine (sickle cell) powd pack 5 gm (Endari)	5	•				•
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	4					
IRON CHEWS PEDIATRIC - carbonyl iron chew tab 15 mg (elemental iron)	4					
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	A				•	
LEUKINE - sargramostim lyophilized for inj 250 mcg	6					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	4					
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	4					
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	4					
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	4					
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 120 mcg/0.3ml	4					
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	4					
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	4					
MULPLETA - lusutrombopag tab 3 mg	5	•		•		•
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5					•
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5					•
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	5					•
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5					•
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	A				•	
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv)	6	•		•		•
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg (base eq)	6	•		•		•
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv)	6	•		•		•
PROMACTA - eltrombopag olamine tab 25 mg (base equiv)	6	•		•		•
PROMACTA - eltrombopag olamine tab 50 mg (base equiv)	6	•		•		•
PROMACTA - eltrombopag olamine tab 75 mg (base equiv)	6	•		•		•
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	5					•
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	5					•
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	5					•
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	5					•
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	5					•
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	5					•
SIKLOS - hydroxyurea tab 100 mg	6					•
SIKLOS - hydroxyurea tab 1000 mg	6					•
XOLREMDI - mavorixafor cap 100 mg	6	•		•		•
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	5					•
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	5					•
ANTICOAGULANTS						
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)	2			•		
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	2			•		
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (Pradaxa)	2			•		
ELIQUIS - apixaban tab 2.5 mg	3			•		
ELIQUIS - apixaban tab 5 mg	3			•		
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3			•		
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
enoxaparin sodium inj 300 mg/3ml (Lovenox)	2					
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	2					
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	2					
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	2					
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	2					
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml	4					
FRAGMIN - dalteparin sodium soln prefilled syr 5000 unit/0.2ml	4					
FRAGMIN - dalteparin sodium soln prefilled syr 7500 unit/0.3ml	4					
FRAGMIN - dalteparin sodium soln prefilled syr 10000 unit/ml	4					
FRAGMIN - dalteparin sodium soln prefilled syr 12500 unit/0.5ml	4					
FRAGMIN - dalteparin sodium soln prefilled syr 15000 unit/0.6ml	4					
FRAGMIN - dalteparin sodium soln prefilled syr 18000 unit/0.72ml	4					
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml	4					
FRAGMIN - dalteparin sodium subcutaneous soln 95000 unit/3.8ml	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	4					
heparin sodium (porcine) inj 1000 unit/ml	2					
heparin sodium (porcine) inj 5000 unit/ml	2					
heparin sodium (porcine) inj 10000 unit/ml	2					
heparin sodium (porcine) inj 20000 unit/ml	2					
heparin sodium (porcine) pf inj 1000 unit/ml	2					
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2					
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	4			•		
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	4			•		
PRADAXA - dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 40 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 50 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 110 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 150 mg	4			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
rivaroxaban tab 2.5 mg (Xarelto)	2			•		
warfarin sodium tab 1 mg	1					
warfarin sodium tab 2 mg	1					
warfarin sodium tab 2.5 mg	1					
warfarin sodium tab 3 mg	1					
warfarin sodium tab 4 mg	1					
warfarin sodium tab 5 mg	1					
warfarin sodium tab 6 mg	1					
warfarin sodium tab 7.5 mg	1					
warfarin sodium tab 10 mg	1					
XARELTO - rivaroxaban for susp 1 mg/ml	3			•		
XARELTO - rivaroxaban tab 2.5 mg	3			•		
XARELTO - rivaroxaban tab 10 mg	3			•		
XARELTO - rivaroxaban tab 15 mg	3			•		
XARELTO - rivaroxaban tab 20 mg	3			•		
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3			•		
HEMOSTATICS						
tranexamic acid tab 650 mg (Lysteda)	2					
HEMATOLOGICAL AGENTS - MISC.						
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 500 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	5	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit	5	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 500 unit	5	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 750 unit	5	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 1000 unit	5	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 1500 unit	5	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 2000 unit	5	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 3000 unit	5	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit	5	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 500 unit	5	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1000 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1500 unit	5	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2000 unit	5	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2500 unit	5	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 3000 unit	5	•				•
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit	5	•				•
ALPHANATE - antihemophilic factor/vwf (human) for inj 500 unit	5	•				•
ALPHANATE - antihemophilic factor/vwf (human) for inj 1000 unit	5	•				•
ALPHANATE - antihemophilic factor/vwf (human) for inj 1500 unit	5	•				•
ALPHANATE - antihemophilic factor/vwf (human) for inj 2000 unit	5	•				•
ALPHANINE SD - coagulation factor ix for inj 500 unit	6	•				•
ALPHANINE SD - coagulation factor ix for inj 1000 unit	6	•				•
ALPHANINE SD - coagulation factor ix for inj 1500 unit	6	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit	5	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 500 unit	5	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	5	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	5	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	5	•				•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit	5	•				•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 500 unit	5	•				•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 1000 unit	5	•				•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 2000 unit	5	•				•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 3000 unit	5	•				•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 4000 unit	5	•				•
anagrelide hcl cap 0.5 mg (Agrylin)	2					
anagrelide hcl cap 1 mg	2					
aspirin-dipyridamole cap er 12hr 25-200 mg	2					
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit	5	•				•
BENEFIX - coagulation factor ix (recombinant) for inj kit 500 unit	5	•				•
BENEFIX - coagulation factor ix (recombinant) for inj kit 1000 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
BENEFIX - coagulation factor ix (recombinant) for inj kit 2000 unit	5	•				•
BENEFIX - coagulation factor ix (recombinant) for inj kit 3000 unit	5	•				•
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	6	•		•		•
BRILINTA - ticagrelor tab 60 mg	3					
BRILINTA - ticagrelor tab 90 mg	3					
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	6			•		•
cilostazol tab 50 mg	1					
cilostazol tab 100 mg	1					
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1					
clopidogrel bisulfate tab 300 mg (base equiv)	2					
COAGADEX - coagulation factor x (human) for inj 250 unit	5	•				•
COAGADEX - coagulation factor x (human) for inj 500 unit	5	•				•
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	5	•				•
dipyridamole tab 25 mg	2					
dipyridamole tab 50 mg	2					
dipyridamole tab 75 mg	2					
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 500 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 750 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 1000 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 1500 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 2000 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 3000 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 4000 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 5000 unit	5	•				•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 6000 unit	5	•				•
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	5	•		•		•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit	5	•				•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1000 unit	5	•				•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1500 unit	5	•				•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 2000 unit	5	•				•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 3000 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 4000 unit	5					•
FABHALTA - iptacopan hcl cap 200 mg	5	•		•		•
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit	5	•				•
FEIBA - antiinhibitor coagulant complex for iv soln 1000 unit	5	•				•
FEIBA - antiinhibitor coagulant complex for iv soln 2500 unit	5	•				•
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	5					•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	5	•		•		•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	5	•		•		•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml)	5	•				•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml	5	•				•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	5	•				•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	5	•				•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 150 mg/ml	5	•				•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 300 mg/2ml (150 mg/ml)	5	•				•
HEMOFIL M - antihemophilic factor (human) for inj 250 unit	5	•				•
HEMOFIL M - antihemophilic factor (human) for inj 500 unit	5	•				•
HEMOFIL M - antihemophilic factor (human) for inj 1000 unit	5	•				•
HEMOFIL M - antihemophilic factor (human) for inj 1700 unit	5	•				•
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit	5	•				•
HUMATE-P - antihemophilic factor/vwf (human) for inj 500-1200 unit	5	•				•
HUMATE-P - antihemophilic factor/vwf (human) for inj 1000-2400 unit	5	•				•
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml	6	•				•
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	5	•		•		•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit	5	•				•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 500 unit	5	•				•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	5	•				•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	5	•				•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	5	•				•
IXINITY - coagulation factor ix (recombinant) for inj 250 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
IXINITY - coagulation factor ix (recombinant) for inj 500 unit	5	•				•
IXINITY - coagulation factor ix (recombinant) for inj 1000 unit	5	•				•
IXINITY - coagulation factor ix (recombinant) for inj 1500 unit	5	•				•
IXINITY - coagulation factor ix (recombinant) for inj 2000 unit	5	•				•
IXINITY - coagulation factor ix (recombinant) for inj 3000 unit	5	•				•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	5	•				•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	5	•				•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	5	•				•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit	5	•				•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 4000 unit	5	•				•
KOATE - antihemophilic factor (human) for inj 250 unit	5	•				•
KOATE - antihemophilic factor (human) for inj 500 unit	5	•				•
KOATE - antihemophilic factor (human) for inj 1000 unit	5	•				•
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 500 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 1000 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 2000 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 3000 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 500 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	5	•				•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	5	•				•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	5	•				•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	5	•				•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	5	•				•
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	5	•				•
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	5	•				•
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit	5	•				•
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	5	•				•
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	5	•				•
ORLADEYO - berotralstat hcl cap 110 mg	6	•		•		•
ORLADEYO - berotralstat hcl cap 150 mg	6	•		•		•
pentoxifylline tab er 400 mg	2					
prasugrel hcl tab 5 mg (base equiv) (Effient)	2					
prasugrel hcl tab 10 mg (base equiv) (Effient)	2					
PROFILNINE - factor ix complex for inj 500 unit	5	•				•
PROFILNINE - factor ix complex for inj 1000 unit	5	•				•
PROFILNINE - factor ix complex for inj 1500 unit	5	•				•
PYRUKYND - mitapivat sulfate tab 5 mg	6	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PYRUKYND - mitapivat sulfate tab 20 mg	6	•		•		•
PYRUKYND - mitapivat sulfate tab 50 mg	6	•		•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg	6	•		•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg	6	•		•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg	6	•		•		•
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt	5	•				•
REBINYN - coagulation factor ix recomb glycopegylated for inj 1000 unt	5	•				•
REBINYN - coagulation factor ix recomb glycopegylated for inj 2000 unt	5	•				•
REBINYN - coagulation factor ix recomb glycopegylated for inj 3000 unt	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 401-800 unit	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 801-1240 unit	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1241-1800 unit	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1801-2400 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	5					•
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit	5	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 500 unit	5	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 1000 unit	5	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 2000 unit	5	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 3000 unit	5	•				•
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	6	•		•		•
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg)	6	•				•
SEVENFACT - coagulation factor viia (recom)-jncw for inj 2 mg (2000 mcg)	6	•				•
SEVENFACT - coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg)	6	•				•
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	5	•		•		•
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml	5	•		•		•
TAKHZYRO - lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	5	•		•		•
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent)	6	•		•		•
TAVALISSE - fostamatinib disodium tab 150 mg (base equivalent)	6	•		•		•
ticagrelor tab 60 mg (Brilinta)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ticagrelor tab 90 mg (Brilinta)	2					
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	5	•				•
VONVENDI - von willebrand factor (recombinant) for inj 650 unit	5	•				•
VONVENDI - von willebrand factor (recombinant) for inj 1300 unit	5	•				•
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	5	•				•
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	5	•				•
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	5	•				•
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	5	•				•
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	5	•				•
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4					
TOPICAL PRODUCTS						
OPHTHALMIC AGENTS						
AKTEN - lidocaine hcl ophth gel 3.5%	4					
ALOCRIL - nedocromil sodium ophth soln 2%	4					
ALREX - loteprednol etabonate ophth susp 0.2%	4					
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	4					
ATROPINE SULFATE - atropine sulfate ophth soln 1%	4					
atropine sulfate ophth soln 1% (Atropine sulfate)	2					
AZASITE - azithromycin ophth soln 1%	4					
azelastine hcl ophth soln 0.05%	1					
BACITRACIN - bacitracin ophth oint 500 unit/gm	3					
bacitracin-polymyxin b ophth oint	1					
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2					
bepotastine besilate ophth soln 1.5% (Bepreve)	2					
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	4					
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	4					
brimonidine tartrate ophth soln 0.2%	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	2					
brinzolamide ophth susp 1% (Azopt)	2					
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	2					
CARTEOLOL HCL - carteolol hcl ophth soln 1%	4					
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1					
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	4					
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	4					
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	4					
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1					
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	6					•
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	6					•
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	4					
diclofenac sodium ophth soln 0.1%	1					
difluprednate ophth emulsion 0.05% (Durezol)	2					
dorzolamide hcl ophth soln 2% (Trusopt)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1					
DUREZOL - difluprednate ophth emulsion 0.05%	4					
epinastine hcl ophth soln 0.05%	2					
erythromycin ophth oint 5 mg/gm	1					
FLAREX - fluorometholone acetate ophth susp 0.1%	4					
fluorometholone ophth susp 0.1% (Fml liquifilm)	2					
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	4					
gatifloxacin ophth soln 0.5% (Zymaxid)	2					
gentamicin sulfate ophth soln 0.3%	1					
ILEVRO - nepafenac ophth susp 0.3%	4					
ketorolac tromethamine ophth soln 0.4% (Acular ls)	2					
ketorolac tromethamine ophth soln 0.5% (Acular)	1					
latanoprost ophth soln 0.005% (Xalatan)	1			•		
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	4					
LOTEMAX - loteprednol etabonate ophth gel 0.5%	4					
LOTEMAX - loteprednol etabonate ophth oint 0.5%	4					
LOTEMAX - loteprednol etabonate ophth susp 0.5%	4					
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	4					
loteprednol etabonate ophth gel 0.5% (Lotemax)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
loteprednol etabonate ophth susp 0.2% (Alrex)	2					
loteprednol etabonate ophth susp 0.5% (Lotemax)	2					
MAXIDEX - dexamethasone ophth susp 0.1%	4					
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	2					
NATACYN - natamycin ophth susp 5%	3					
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2					
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1					
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1					
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	4					
ofloxacin ophth soln 0.3% (Ocuflox)	1					
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	6	•		•		•
pilocarpine hcl ophth soln 1% (Isopto carpine)	2					
pilocarpine hcl ophth soln 2% (Isopto carpine)	2					
pilocarpine hcl ophth soln 4% (Isopto carpine)	2					
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1					
prednisolone acetate ophth susp 1% (Pred forte)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	4					
proparacaine hcl ophth soln 0.5% (Alcaine)	2					
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2	•		•		
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	4			•		
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3					
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	4					
sulfacetamide sodium ophth soln 10% (Bleph-10)	2					
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	4					
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	2			•		
timolol maleate ophth soln 0.25% (Timoptic)	1					
timolol maleate ophth soln 0.5% (Timoptic)	1					
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4					
tobramycin ophth soln 0.3% (Tobrex)	1					
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	2					
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	2			•		
TRIFLURIDINE - trifluridine ophth soln 1%	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	4					
ZIOPTAN - tafluprost preservative free (pf) ophth soln 0.0015%	4			•		
ZIRGAN - ganciclovir ophth gel 0.15%	4					
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	4					
OTIC AGENTS						
acetic acid otic soln 2%	2					
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	2					
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	2					
CIPROFLOXACIN/FLUOCINOLON - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	4					
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	4					
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	2					
hydrocortisone w/ acetic acid otic soln 1-2%	2					
neomycin-polymyxin-hc otic soln 1%	2					
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2					
ofloxacin otic soln 0.3%	2					
MOUTH/THROAT/DENTAL AGENTS						
cevimeline hcl cap 30 mg (Evoxac)	2					
chlorhexidine gluconate soln 0.12% (Peridex)	1					
clotrimazole troche 10 mg	2					
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	4					
LIDOCAINE HCL - lidocaine hcl laryngotracheal soln 4%	4					
lidocaine hcl viscous soln 2%	1					
nystatin susp 100000 unit/ml	1					
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	4					
pilocarpine hcl tab 5 mg (Salagen)	2					
pilocarpine hcl tab 7.5 mg (Salagen)	2					
sodium fluoride cream 1.1% (Prevident 5000 plus)	1				•	
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1				•	
sodium fluoride paste 1.1% (Prevident 5000 boost)	1				•	
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	4					
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	4					
stannous fluoride conc 0.63%	2				•	
stannous fluoride gel 0.4%	2				•	
triamcinolone acetonide dental paste 0.1%	2					
ANORECTAL AGENTS						
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	3					
HYDROCORTISONE - hydrocortisone perianal cream 1%	4					
hydrocortisone enema 100 mg/60ml (Cortenema)	2					
hydrocortisone perianal cream 2.5% (Anusol-hc)	2					
nitroglycerin oint 0.4% (Rectiv)	2					
PROCTOCORT - hydrocortisone perianal cream 1%	4					
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	4					
RECTIV - nitroglycerin oint 0.4%	4					
DERMATOLOGICALS						
acitretin cap 10 mg (Soriatane)	2					
acitretin cap 17.5 mg	2					
acitretin cap 25 mg (Soriatane)	2					
acyclovir oint 5% (Zovirax)	2					
adapalene cream 0.1% (Differin)	2					
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	2					
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	5	•		•		•
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	4					
alclometasone dipropionate cream 0.05%	2					
ALTRENO - tretinoin lotion 0.05%	4					
azelaic acid gel 15% (Finacea)	2					
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	2					
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	4					
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1					
betamethasone dipropionate augmented lotion 0.05%	2					
betamethasone dipropionate augmented oint 0.05% (Diprolene)	2					
betamethasone dipropionate cream 0.05%	2					
betamethasone dipropionate lotion 0.05%	2					
betamethasone dipropionate oint 0.05%	2					
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	4					
betamethasone valerate cream 0.1% (base equivalent)	2					
betamethasone valerate oint 0.1% (base equivalent)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	4					
calcipotriene cream 0.005% (Dovonex)	2			•		
CIBINQO - abrocitinib tab 50 mg	5	•		•		•
CIBINQO - abrocitinib tab 100 mg	5	•		•		•
CIBINQO - abrocitinib tab 200 mg	5	•		•		•
ciclopirox gel 0.77%	2					
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	2					
ciclopirox olamine susp 0.77% (base equiv)	2					
ciclopirox shampoo 1% (Loprox shampoo)	2					
ciclopirox solution 8% (Penlac Nail Lacquer)	2	•		•		
clindamycin phosphate gel 1% (twice-daily)	2					
clindamycin phosphate lotion 1% (Cleocin-t)	2					
clindamycin phosphate soln 1%	2					
clindamycin phosphate swab 1%	2					
clobetasol propionate cream 0.05% (Temovate)	2					
clobetasol propionate emollient base cream 0.05%	2					
clobetasol propionate gel 0.05%	2					
clobetasol propionate oint 0.05% (Temovate)	2					
clobetasol propionate soln 0.05%	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
clocortolone pivalate cream 0.1% (Cloderm)	2					
clotrimazole w/ betamethasone cream 1-0.05%	1					
CORDRAN - flurandrenolide tape 4 mcg/sqcm	4					
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	5	•		•		•
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	•		•		•
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	5	•		•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	5	•		•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	5	•		•		•
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	5	•		•		•
crotamiton lotion 10%	4					
DENAVIR - penciclovir cream 1%	4					
desonide cream 0.05% (Desowen)	2					
desonide oint 0.05%	2					
desoximetasone cream 0.25% (Topicort)	2					
desoximetasone oint 0.25% (Topicort)	2					
diclofenac sodium soln 1.5%	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	5	•		•		•
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	5	•		•		•
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	•		•		•
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	•		•		•
EBGLYSS - lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	5	•		•		•
EBGLYSS - lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml	5	•		•		•
econazole nitrate cream 1%	2					
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	3			•		
ERTACZO - sertaconazole nitrate cream 2%	4					
ERY - erythromycin pads 2%	4					
erythromycin gel 2% (Erygel)	2					
erythromycin soln 2%	2					
EXELDERM - sulconazole nitrate cream 1%	4					
EXELDERM - sulconazole nitrate solution 1%	4					
FILSUVEZ - birch triterpenes gel 10%	6	•				•
fluocinolone acetonide cream 0.01%	2					
fluocinolone acetonide cream 0.025% (Synalar)	2					
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	2					
fluocinolone acetonide oint 0.025% (Synalar)	2					
fluocinolone acetonide soln 0.01% (Synalar)	2					
fluocinonide cream 0.05%	2					
fluocinonide cream 0.1% (Vanos)	2					
fluocinonide emulsified base cream 0.05%	2					
fluocinonide gel 0.05%	2					
fluocinonide oint 0.05%	2					
fluocinonide soln 0.05%	2					
FLUOROURACIL - fluorouracil soln 2%	4					
fluorouracil cream 5% (Efudex)	2	•		•		
fluorouracil soln 5%	2					
fluticasone propionate cream 0.05%	1					
fluticasone propionate oint 0.005%	2					
gentamicin sulfate cream 0.1%	2					
gentamicin sulfate oint 0.1%	2					
halcinonide cream 0.1% (Halog)	2					
halobetasol propionate cream 0.05%	2					
HYDROCORTISONE - hydrocortisone lotion 2.5%	4					
hydrocortisone cream 2.5%	1					
hydrocortisone oint 2.5%	1					
hydrocortisone valerate cream 0.2%	2					
HYFTOR - sirolimus gel 0.2%	4	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
imiquimod cream 5% (Aldara)	2			•		
isotretinoin cap 10 mg (Absorica)	2					
isotretinoin cap 20 mg (Absorica)	2					
isotretinoin cap 30 mg (Absorica)	2					
isotretinoin cap 40 mg (Absorica)	2					
ketoconazole cream 2%	2					
ketoconazole shampoo 2%	1					
lactic acid (ammonium lactate) cream 12%	2					
lactic acid (ammonium lactate) lotion 12%	2					
lidocaine hcl soln 4%	2					
LIDOCAINE HYDROCHLORIDE J - lidocaine hcl urethral/ mucosal gel 2%	4					
lidocaine oint 5%	2					
lidocaine patch 5% (Lidoderm)	2					
lidocaine-prilocaine cream 2.5-2.5%	2					
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	6	•		•		•
malathion lotion 0.5% (Ovide)	2					
METHOXSALEN - methoxsalen rapid cap 10 mg	4					
metronidazole cream 0.75% (Metrocream)	2					
metronidazole gel 0.75%	2					
metronidazole gel 1% (Metrogel)	2					
mometasone furoate cream 0.1%	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
mometasone furoate oint 0.1%	1					
mometasone furoate solution 0.1% (lotion)	2					
mupirocin oint 2%	1					
naftifine hcl cream 2% (Naftifine hydrochlor)	2					
NAFTIFINE HYDROCHLORIDE - naftifine hcl cream 1%	4					
NATROBA - spinosad susp 0.9%	4					
NEMLUVIO - nemolizumab-ilto for subcutaneous auto-injector 30 mg	5	•		•		•
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	4					
nystatin cream 100000 unit/ gm	1					
nystatin oint 100000 unit/gm	1					
nystatin topical powder 100000 unit/gm	2					
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2					
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2					
oxiconazole nitrate cream 1% (Oxistat)	2					
PANRETIN - alitretinoin gel 0.1%	4					
penciclovir cream 1% (Denavir)	2					
permethrin cream 5% (Elimite)	2					
PODOFILOX - podofilox soln 0.5%	4					
REGRANEX - becaplermin gel 0.01%	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SANTYL - collagenase oint 250 unit/gm	4					
SELARSDI - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml	3	•		•		
SELARSDI - ustekinumab-aekn soln prefilled syringe 90 mg/ml	3	•		•		
selenium sulfide lotion 2.5%	1					
silver sulfadiazine cream 1% (Silvadene)	1					
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	•		•		•
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	•		•		•
SOOLANTRA - ivermectin cream 1%	2					
SOTYKTU - deucravacitinib tab 6 mg	5	•		•		•
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	6	•		•		•
SPINOSAD - spinosad susp 0.9%	4					
STELARA - ustekinumab inj 45 mg/0.5ml	5	•		•		•
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	•		•		•
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	•		•		•
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	3	•		•		
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	3	•		•		
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	4					
sulfacetamide sodium lotion 10% (acne) (Klaron)	2					
SULFAMYLON - mafenide acetate cream 85 mg/gm	4					
tacrolimus oint 0.03% (Protopic)	2		•			
tacrolimus oint 0.1% (Protopic)	2		•			
tazarotene cream 0.05% (Tazorac)	2					
tazarotene cream 0.1% (Tazorac)	2					
tazarotene gel 0.05% (Tazorac)	2					
tazarotene gel 0.1% (Tazorac)	2					
TREMFYA - guselkumab soln auto-injector 100 mg/ml	5	•		•		•
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	•		•		•
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	5	•		•		•
tretinoin cream 0.025% (Retin-a)	2					
tretinoin cream 0.05% (Retin-a)	2					
tretinoin cream 0.1% (Retin-a)	2					
tretinoin gel 0.01% (Retin-a)	2					
triamcinolone acetonide cream 0.025%	1					
triamcinolone acetonide cream 0.1%	1					
triamcinolone acetonide cream 0.5%	1					
triamcinolone acetonide lotion 0.025%	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
triamcinolone acetonide lotion 0.1%	2					
triamcinolone acetonide oint 0.025%	1					
triamcinolone acetonide oint 0.1%	1					
triamcinolone acetonide oint 0.5%	1					
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	5					•
VEREGEN - sinecatechins oint 15%	4					
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	5	•		•		•
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	5	•		•		•
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	5	•		•		•
MISCELLANEOUS PRODUCTS						
ANTIDOTES						
CHEMET - succimer cap 100 mg	3					
deferasirox tab 90 mg (Jadenu)	5	•		•		•
deferasirox tab 180 mg (Jadenu)	5	•		•		•
deferasirox tab 360 mg (Jadenu)	5	•		•		•
deferiprone tab 500 mg (Ferriprox)	5	•		•		•
deferiprone tab 1000 mg (Ferriprox)	5	•		•		•
FERRIPROX - deferiprone oral soln 100 mg/ml	6	•		•		•
FERRIPROX - deferiprone tab 1000 mg	6	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	1					
naloxone hcl inj 0.4 mg/ml	1					
naloxone hcl inj 4 mg/10ml	1					
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1					
naloxone hcl soln prefilled syringe 2 mg/2ml	1					
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	1					
NALOXONE HYDROCHLORIDE - naloxone hcl soln prefilled syringe 0.4 mg/ml	3					
naltrexone hcl tab 50 mg	2					
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	1					
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	3					
RADIOGARDASE - prussian blue insoluble cap 0.5 gm	4					
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	3					
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	1					
DIAGNOSTIC PRODUCTS						
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	3			•		
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	3			•		
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	3			•		
ONETOUCH ULTRA - glucose blood test strip	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ONETOUCH ULTRA BLUE TEST - glucose blood test strip	3			•		
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	3			•		
ONETOUCH VERIO TEST STRIP - glucose blood test strip	3			•		
MEDICAL DEVICES						
CAYA - diaphragm arc-spring	A				•	
CONDOMS-MALE - VARIOUS	A				•	
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	4					
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	4					
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	4					
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	4					
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	4					
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	4					
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	4					
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	4					
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device	4					
DEXCOM G6 RECEIVER - continuous glucose system receiver	3		•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
DEXCOM G6 SENSOR - continuous glucose system sensor	3		•	•		
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	3		•	•		
DEXCOM G7 RECEIVER - continuous glucose system receiver	3		•	•		
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FEMCAP - cervical cap 26 mm	3					
FEMCAP - cervical cap 30 mm	3					
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FREESTYLE LIBRE 14 DAY/ SE - continuous glucose system sensor	3		•	•		
FREESTYLE LIBRE 2 PLUS/ SE - continuous glucose system sensor	3		•	•		
FREESTYLE LIBRE 2/ READER/ - continuous glucose system receiver	3		•	•		
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FREESTYLE LIBRE 3/ READER/ - continuous glucose system receiver	3		•	•		
FREESTYLE LIBRE 3/ SENSOR/ - continuous glucose system sensor	3		•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
FREESTYLE LIBRE/READER/FL - continuous glucose system receiver	3		•	•		
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	3					
INSULIN PEN NEEDLES-VARIOUS	3					
INSULIN SYRINGES-VARIOUS	3					
LANCET MISC-VARIOUS - lancets misc.	3					
MISC NEEDLES/SYRINGES-VARIOUS	3					
OMNIFLEX DIAPHRAGM - diaphragms	A				•	
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	3					
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3			•		
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	3					
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	3					
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3					
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	3					
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	3					
ONETOUCH VERIO - blood glucose monitoring kit w/ device	3					
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	3					
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	3					
ONETOUCH VERIO REFLECT - blood glucose monitoring kit w/ device	3					
TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit	3					
TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit	3					
TWIIST STARTER KIT - insulin infusion disposable pump kit	3					
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 65 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 70 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 75 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 80 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 85 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 90 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 95 mm	A				•	
ASSORTED CLASSES						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg	4					
ASTAGRAF XL - tacrolimus cap er 24hr 1 mg	4					
ASTAGRAF XL - tacrolimus cap er 24hr 5 mg	4					
azathioprine tab 50 mg (Imuran)	2					
azathioprine tab 75 mg	2					
azathioprine tab 100 mg	2					
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	6	•		•		•
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	6	•		•		•
cyclosporine cap 25 mg (Sandimmune)	2					
cyclosporine cap 100 mg (Sandimmune)	2					
cyclosporine modified cap 25 mg (Neoral)	2					
cyclosporine modified cap 50 mg	2					
cyclosporine modified cap 100 mg (Neoral)	2					
cyclosporine modified oral soln 100 mg/ml (Neoral)	2					
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	6	•		•		•
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg	4					
ENVARSUS XR - tacrolimus tab er 24hr 1 mg	4					
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	4					
everolimus tab 0.25 mg (Zortress)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
everolimus tab 0.5 mg (Zortress)	2					
everolimus tab 0.75 mg (Zortress)	2					
everolimus tab 1 mg (Zortress)	2					
JOENJA - leniolisib phosphate tab 70 mg	6	•		•		•
lenalidomide caps 2.5 mg (Revlimid)	5	•		•		•
lenalidomide cap 5 mg (Revlimid)	5	•		•		•
lenalidomide cap 10 mg (Revlimid)	5	•		•		•
lenalidomide cap 15 mg (Revlimid)	5	•		•		•
lenalidomide cap 20 mg (Revlimid)	5	•		•		•
lenalidomide cap 25 mg (Revlimid)	5	•		•		•
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	3					
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	3					
LUPKYNIS - voclosporin cap 7.9 mg	6	•		•		•
mycophenolate mofetil cap 250 mg (Cellcept)	2					
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	2					
mycophenolate mofetil tab 500 mg (Cellcept)	2					
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	2					
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	3					
NEORAL - cyclosporine modified cap 25 mg	4					
NEORAL - cyclosporine modified cap 100 mg	4					
NEORAL - cyclosporine modified oral soln 100 mg/ml	4					
penicillamine tab 250 mg (Depen titratabs)	5					•
PROGRAF - tacrolimus cap 0.5 mg	4					
PROGRAF - tacrolimus cap 1 mg	4					
PROGRAF - tacrolimus cap 5 mg	4					
PROGRAF - tacrolimus packet for susp 0.2 mg	4					
PROGRAF - tacrolimus packet for susp 1 mg	4					
REVLIMID - lenalidomide caps 2.5 mg	5	•		•		•
REVLIMID - lenalidomide cap 5 mg	5	•		•		•
REVLIMID - lenalidomide cap 10 mg	5	•		•		•
REVLIMID - lenalidomide cap 15 mg	5	•		•		•
REVLIMID - lenalidomide cap 20 mg	5	•		•		•
REVLIMID - lenalidomide cap 25 mg	5	•		•		•
REZUROCK - belumosudil mesylate tab 200 mg	6	•		•		•
SANDIMMUNE - cyclosporine cap 25 mg	4					
SANDIMMUNE - cyclosporine cap 100 mg	4					
sirolimus oral soln 1 mg/ml (Rapamune)	2					
sirolimus tab 0.5 mg (Rapamune)	2					
sirolimus tab 1 mg (Rapamune)	2					
sirolimus tab 2 mg (Rapamune)	2					
sodium polystyrene sulfonate powder	2					
sodium polystyrene sulfonate susp 15 gm/60ml	2					
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	4					
tacrolimus cap 0.5 mg (Prograf)	2					
tacrolimus cap 1 mg (Prograf)	2					
tacrolimus cap 5 mg (Prograf)	2					
THALOMID - thalidomide cap 50 mg	5	•		•		•
THALOMID - thalidomide cap 100 mg	5	•		•		•
trientine hcl cap 250 mg (Syprine)	5					•
VELTASSA - patiromer sorbitex calcium for susp packet 1 gm (base eq)	3					
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm (base eq)	3					
VELTASSA - patiromer sorbitex calcium for susp packet 16.8 gm (base eq)	3					
VELTASSA - patiromer sorbitex calcium for susp packet 25.2 gm (base eq)	3					
VIJOICE - alpelisib (pros) oral granules packet 50 mg	6	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA Preventive	Limited Distribution
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	6	•		•		•
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose	6	•		•		•
VIJOICE - alpelisib (pros) tab therapy pack 125 mg daily dose	6	•		•		•
ZOKINVY - lonafarnib cap 50 mg	5	•		•		•
ZOKINVY - lonafarnib cap 75 mg	5	•		•		•
ZORTRESS - everolimus tab 0.25 mg	4					
ZORTRESS - everolimus tab 0.5 mg	4					
ZORTRESS - everolimus tab 0.75 mg	4					
ZORTRESS - everolimus tab 1 mg	4					

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ROTATEQ -rotavirus vaccine, live oral pentavalent soln..... 12
ROZLYTREK -entrectinib cap 100 mg..... 20
ROZLYTREK -entrectinib cap 200 mg..... 21
ROZLYTREK -entrectinib pellet pack 50 mg..... 21
RUBRACA -rucaparib camsylate tab 200 mg (base equivalent)..... 21
RUBRACA -rucaparib camsylate tab 250 mg (base equivalent)..... 21
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RUCONEST -c1 esterase inhibitor (recombinant) for iv inj 2100 unit..... 111

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rufinamide tab 200 mg (Banzel)....96
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RUKOBIA -fostemsavir tromethamine tab er 12hr 600 mg....7
RYBELSUS -semaglutide tab 3 mg....30
RYBELSUS -semaglutide tab 7 mg....30
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RYDAPT -midostaurin cap 25 mg....21
RYTARY -carbidopa & levodopa cap er 23.75-95 mg....99
RYTARY -carbidopa & levodopa cap er 36.25-145 mg....99
RYTARY -carbidopa & levodopa cap er 48.75-195 mg....99
RYTARY -carbidopa & levodopa cap er 61.25-245 mg....99

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SAMSCA -tolvaptan tab 15 mg....40
SANDIMMUNE -cyclosporine cap 25 mg....125
SANDIMMUNE -cyclosporine cap 100 mg....125
SANTYL -collagenase oint 250 unit/gm....120
sapropterin dihydrochloride powder packet 100 mg (Kuvan)....40
sapropterin dihydrochloride powder packet 500 mg (Kuvan)....40
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SAVELLA -milnacipran hcl tab 12.5 mg....82
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SAVELLA TITRATION PACK -milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak....82
SCEMBLIX -asciminib hcl tab 20 mg....21
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scopolamine td patch 72hr 1 mg/3days (Transderm-scop)....60
SECUADO -asenapine td patch 24 hr 3.8 mg/24hr....73
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SELARSDI -ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml....120
SELARSDI -ustekinumab-aekn soln prefilled syringe 90 mg/ml....120
selegiline hcl cap 5 mg....99
selegiline hcl tab 5 mg....99
selenium sulfide lotion 2.5%....120
SELZENTRY -maraviroc oral soln 20 mg/ml....7
SELZENTRY -maraviroc tab 150 mg....7
SELZENTRY -maraviroc tab 300 mg....7
SEMGLEE -insulin glargine-yfgn inj 100 unit/ml....33
SEMGLEE -insulin glargine-yfgn soln pen-injector 100 unit/ml....33
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SEVENFACT -coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg)....111
SEVENFACT -coagulation factor viia (recom)-jncw for inj 2 mg (2000 mcg)....111
SEVENFACT -coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg)....111
SHINGRIX -zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml....12
SIGNIFOR -pasireotide diaspartate inj 0.3 mg/ml (base equiv)....40
SIGNIFOR -pasireotide diaspartate inj 0.6 mg/ml (base equiv)....40
SIGNIFOR -pasireotide diaspartate inj 0.9 mg/ml (base equiv)....40
SIKLOS -hydroxyurea tab 100 mg....103
SIKLOS -hydroxyurea tab 1000 mg....103
sildenafil citrate tab 20 mg (Revatio)....53
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silodosin cap 4 mg (Rapaflo)....65
silodosin cap 8 mg (Rapaflo)....65
silver sulfadiazine cream 1% (Silvadene)....120
SIMBRINZA -brinzolamide-brimonidine tartrate ophth susp 1-0.2%....114
SIMLANDI -adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml....90
SIMLANDI -adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml....90
SIMLANDI -adalimumab-ryvk prefilled syringe kit 80 mg/0.8ml....90
SIMLANDI 1-PEN KIT -adalimumab-ryvk auto-injector kit 40 mg/0.4ml....90
SIMLANDI 1-PEN KIT -adalimumab-ryvk auto-injector kit 80 mg/0.8ml....90
SIMLANDI 2-PEN KIT -adalimumab-ryvk auto-injector kit 40 mg/0.4ml....90
SIMPONI -golimumab subcutaneous soln auto-injector 100 mg/ml....90
SIMPONI -golimumab subcutaneous soln prefilled syringe 100 mg/ml....90
simvastatin tab 5 mg....52
simvastatin tab 10 mg (Zocor)....52
simvastatin tab 20 mg (Zocor)....52
simvastatin tab 40 mg (Zocor)....52
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sirolimus tab 0.5 mg (Rapamune)..... 125
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SIRTURO -bedaquiline fumarate tab 20 mg (base equiv).....4
SIRTURO -bedaquiline fumarate tab 100 mg (base equiv).....4
SIVEXTRO -tedizolid phosphate tab 200 mg.....10
SKYCLARYS -omaveloxolone cap 50 mg..... 99
SKYRIZI PEN -risankizumab-rzaa soln auto-injector 150 mg/ml.....120
SKYRIZI -risankizumab-rzaa soln prefilled syringe 150 mg/ml.....120
SKYRIZI -risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml..... 63
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SKYTROFA -lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg.....40
SKYTROFA -lonapegsomatropin-tcgd for subcutaneous inj cartridge 3.6 mg.....40
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SKYTROFA -lonapegsomatropin-tcgd for subcutaneous inj cartridge 5.2 mg.....40
SKYTROFA -lonapegsomatropin-tcgd for subcutaneous inj cartridge 6.3 mg.....40
SKYTROFA -lonapegsomatropin-tcgd for subcutaneous inj cartridge 7.6 mg.....40
SKYTROFA -lonapegsomatropin-tcgd for subcutaneous inj cartridge 9.1 mg.....40
SKYTROFA -lonapegsomatropin-tcgd for subcutaneous inj cartridge 11 mg.....40
SODIUM FLUORIDE/POTASSIUM -sodium fluoride-potassium nitrate gel 1.1-5%.....115
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)..... 100
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)..... 100
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)..... 100
sodium fluoride cream 1.1% (Prevident 5000 plus)..... 115
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)..... 115
sodium fluoride paste 1.1% (Prevident 5000 boost).....115
SODIUM FLUORIDE 5000 PPM -sodium fluoride-potassium nitrate gel 1.1-5%.....115
SODIUM FLUORIDE -sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf).....100
SODIUM FLUORIDE -sodium fluoride tab 0.5 mg f (from 1.1 mg naf).....100
SODIUM FLUORIDE -sodium fluoride tab 1 mg f (from 2.2 mg naf).....100
SODIUM OXYBATE -sodium oxybate oral solution 500 mg/ml.....82
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl).....40
sodium phenylbutyrate tab 500 mg (Buphenyl).....40
sodium polystyrene sulfonate powder..... 125
sodium polystyrene sulfonate susp 15 gm/60ml.....125
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki).....59
SOFOSBUVIR/VELPATASVIR -sofosbuvir-velpatasvir tab 400-100 mg.....7
SOHONOS -palovarotene cap 1 mg.....99
SOHONOS -palovarotene cap 1.5 mg.....99
SOHONOS -palovarotene cap 2.5 mg.....100
SOHONOS -palovarotene cap 5 mg.....100
SOHONOS -palovarotene cap 10 mg.....100
solifenacin succinate tab 5 mg (Vesicare).....64
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SOLIQUA 100/33 -insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml.....30
SOLTAMOX -tamoxifen citrate oral soln 10 mg/5ml (base equivalent).....21
SOMAVERT -pegvisomant for inj 10 mg (as protein)..... 40
SOMAVERT -pegvisomant for inj 15 mg (as protein)..... 40
SOMAVERT -pegvisomant for inj 20 mg (as protein)..... 40
SOMAVERT -pegvisomant for inj 25 mg (as protein)..... 40
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SOTYKTU -deucravacitinib tab 6 mg.....120
SOVALDI -sofosbuvir pellet pack 150 mg.....7
SOVALDI -sofosbuvir pellet pack 200 mg.....8
SOVALDI -sofosbuvir tab 200 mg..... 8
SOVALDI -sofosbuvir tab 400 mg..... 8
SPEVIGO -spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml..... 120
SPIKEVAX COVID-19 VACCINE -covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml..... 12
SPINOSAD -spinosad susp 0.9%..... 120
SPIRIVA HANDIHALER -tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....57
SPIRIVA RESPIMAT -tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act..... 57

SPIRIVA RESPIMAT -tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act..... 57
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)..... 50
spironolactone tab 25 mg (Aldactone).....50
spironolactone tab 50 mg (Aldactone).....50
spironolactone tab 100 mg (Aldactone).....50
SPRITAM -levetiracetam tab disintegrating soluble 250 mg.....96
SPRITAM -levetiracetam tab disintegrating soluble 500 mg.....96
SPRITAM -levetiracetam tab disintegrating soluble 750 mg.....96
SPRITAM -levetiracetam tab disintegrating soluble 1000 mg.....96
SPS -sodium polystyrene sulfonate rectal susp 30 gm/120ml.....125
stannous fluoride conc 0.63%..... 115
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STELARA -ustekinumab inj 45 mg/0.5ml.....120
STELARA -ustekinumab soln prefilled syringe 45 mg/0.5ml.....120
STELARA -ustekinumab soln prefilled syringe 90 mg/ml..... 120
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STEQEYMA -ustekinumab-stba soln prefilled syringe 90 mg/ml..... 120
STIOLTO RESPIMAT -tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act..... 57
STIVARGA -regorafenib tab 40 mg.....21
STRENSIQ -asfotase alfa subcutaneous inj 18 mg/0.45ml.....40
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SULCONAZOLE NITRATE -sulconazole nitrate cream 1%.....120
SULCONAZOLE NITRATE -sulconazole nitrate solution 1%.....120
SULFACETAMIDE SODIUM/PRED -sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%..... 114
sulfacetamide sodium lotion 10% (acne) (Klaron).....120
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sulfadiazine tab 500 mg..... 3
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml..... 10
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim).....10
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)..... 10
SULFAMYLON -mafenide acetate cream 85 mg/gm..... 120
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs).....63
sulfasalazine tab 500 mg (Azulfidine)..... 63
sulindac tab 150 mg..... 90
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sumatriptan-naproxen sodium tab 85-500 mg (Treximet)..... 92
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sumatriptan succinate inj 6 mg/0.5ml (Imitrex).....91
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)..... 91
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)..... 91
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sunitinib malate cap 12.5 mg (base equivalent) (Sutent)..... 21
sunitinib malate cap 25 mg (base equivalent) (Sutent)..... 21
sunitinib malate cap 37.5 mg (base equivalent) (Sutent)..... 21
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SUNLENCA -lenacapavir sodium tab 300 mg..... 8
SUNLENCA -lenacapavir sodium tab therapy pack 4 x 300 mg..... 8
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SUNOSI -solriamfetol hcl tab 75 mg (base equiv)..... 78
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SYMBICORT -budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....57
SYMBICORT -budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....57
SYMDEKO -tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk..... 59
SYMDEKO -tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk.....59
SYMPROIC -naldemedine tosylate tab 0.2 mg (base equivalent)..... 63

SYNAREL -nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)....41
SYNJARDY -empagliflozin-metformin hcl tab 12.5-1000 mg....30
SYNJARDY -empagliflozin-metformin hcl tab 12.5-500 mg....30
SYNJARDY -empagliflozin-metformin hcl tab 5-500 mg....30
SYNJARDY -empagliflozin-metformin hcl tab 5-1000 mg....30
SYNJARDY XR -empagliflozin-metformin hcl tab er 24hr 5-1000 mg....30
SYNJARDY XR -empagliflozin-metformin hcl tab er 24hr 10-1000 mg....31
SYNJARDY XR -empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg....31
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SYNTHROID -levothyroxine sodium tab 25 mcg....35
SYNTHROID -levothyroxine sodium tab 50 mcg....35
SYNTHROID -levothyroxine sodium tab 75 mcg....35
SYNTHROID -levothyroxine sodium tab 88 mcg....35
SYNTHROID -levothyroxine sodium tab 100 mcg....35
SYNTHROID -levothyroxine sodium tab 112 mcg....35
SYNTHROID -levothyroxine sodium tab 125 mcg....35
SYNTHROID -levothyroxine sodium tab 137 mcg....35
SYNTHROID -levothyroxine sodium tab 150 mcg....35
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SYNTHROID -levothyroxine sodium tab 200 mcg....35
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TABLOID -thioguanine tab 40 mg....21
TABRECTA -capmatinib hcl tab 150 mg....21
TABRECTA -capmatinib hcl tab 200 mg....21
tacrolimus cap 0.5 mg (Prograf)....125
tacrolimus cap 1 mg (Prograf)....125
tacrolimus cap 5 mg (Prograf)....125
tacrolimus oint 0.03% (Protopic)....120
tacrolimus oint 0.1% (Protopic)....120
tadalafil tab 2.5 mg (Cialis)....53,54
tadalafil tab 5 mg (Cialis)....53,54
tadalafil tab 20 mg (pah) (Adcirca)....53
TAFINLAR -dabrafenib mesylate cap 50 mg (base equivalent)....21
TAFINLAR -dabrafenib mesylate cap 75 mg (base equivalent)....21
TAFINLAR -dabrafenib mesylate tab for oral susp 10 mg (base equiv)....21
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)....114
TAGRISSO -osimertinib mesylate tab 40 mg (base equivalent)....21
TAGRISSO -osimertinib mesylate tab 80 mg (base equivalent)....21
TAKHZYRO -lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)....111
TAKHZYRO -lanadelumab-flyo soln pref syringe 150 mg/ml....111
TAKHZYRO -lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)....111
TALZENNA -talazoparib tosylate cap 0.1 mg (base equivalent)....21
TALZENNA -talazoparib tosylate cap 0.25 mg (base equivalent)....21
TALZENNA -talazoparib tosylate cap 0.35 mg (base equivalent)....21
TALZENNA -talazoparib tosylate cap 0.5 mg (base equivalent)....21
TALZENNA -talazoparib tosylate cap 0.75 mg (base equivalent)....21
TALZENNA -talazoparib tosylate cap 1 mg (base equivalent)....21
tamoxifen citrate tab 10 mg (base equivalent)....21
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TASIGNA -nilotinib hcl cap 50 mg (base equivalent)....21
TASIGNA -nilotinib hcl cap 150 mg (base equivalent)....22
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TAVALISSE -fostamatinib disodium tab 100 mg (base equivalent)....111
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tazarotene cream 0.1% (Tazorac)....120
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TAZVERIK -tazemetostat hbr tab 200 mg....22
TEGRETOL -carbamazepine susp 100 mg/5ml....96
TEGRETOL -carbamazepine tab 200 mg....96
TEGRETOL-XR -carbamazepine tab er 12hr 100 mg....96
TEGRETOL-XR -carbamazepine tab er 12hr 200 mg....96
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TENCON -butalbital-acetaminophen tab 50-325 mg.....83
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TEPMETKO -tepotinib hcl tab 225 mg....22
terazosin hcl cap 1 mg (base equivalent)....49
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terazosin hcl cap 5 mg (base equivalent)....49
terazosin hcl cap 10 mg (base equivalent)....49
terbinafine hcl tab 250 mg....4
terbutaline sulfate tab 2.5 mg....57
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terconazole vaginal cream 0.4%....64
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teriflunomide tab 7 mg (Aubagio)....82
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teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)....41
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)....24
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)....24
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testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)....24
testosterone td gel 25 mg/2.5gm (1%) (Androgel)....24
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tetrabenazine tab 12.5 mg (Xenazine)....82
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tetracycline hcl cap 250 mg....3
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TEZSPIRE -tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml....57
THALOMID -thalidomide cap 50 mg....125
THALOMID -thalidomide cap 100 mg....125
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timolol maleate ophth soln 0.25% (Timoptic)....114
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tiopronin tab delayed release 100 mg (Thiola ec)....65
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TIROSINT -levothyroxine sodium cap 13 mcg....35
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