



Blue Cross and Blue Shield of Kansas Formulary for BlueCareSM Standardized Products

July 2025

The Blue Cross and Blue Shield of Kansas Formulary for BlueCare Standardized Products is regularly updated. Please visit www.bcbsks.com or Prime Therapeutics website at www.MyPrime.com 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 Formulary for BlueCare Standardized Products 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 Formulary for BlueCare Standardized Products is organized into broad categories (e.g. Anti-Infective Agents). 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 the Formulary for BlueCare Standardized Products is available at the BCBSKS website at www.bcbks.com or by calling BCBSKS customer service at 1.800.432.3990. **Online pharmacy tools** are available through the Prime Therapeutics website at www.MyPrime.com. You can find drug cost estimates or check if a particular drug is on the Formulary for BlueCare Standardized Products.

How Formulary Drugs Are Selected for BlueCare Standardized Products

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country.

Both drugs that are newly approved by the U.S. Food and Drug Administration (FDA) as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list.

Formulary Tiers

This prescription benefit is multi-tiered, placing prescription drugs into copay/coinsurance Tiers:

Tier	Commonly Includes
Tier 1	Generic drugs
Tier 2	Preferred brand drugs
Tier 3	Non-preferred brand drugs
Tier 4	Specialty drugs
Tier A	Drugs that may be covered if criteria for \$0 copay under the Affordable Care Act are met (A)

*Please refer to the drug list to determine the tier of your medication

Affordable Care Act (ACA) Preventive

Drugs marked in the ACA column are covered at \$0 cost share when meeting the conditions outlined under the Affordable Care Act. Examples of categories of drugs that may be subject to \$0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, HIV pre-exposure prophylaxis, iron supplements, tobacco cessation, statins, and FDA approved contraceptive methods. If you do not find the drug you are searching for, contact BCBSKS to find out if the drug is available over the counter or is covered under your medical benefit.

Specialty Prescription Drugs

Certain medical conditions may require the use of a "Specialty Drug." These drugs typically meet one or more of the following characteristics:

- High cost due to treatment of complex conditions
- Self-injected, inhaled or taken orally
- Special handling or storage
- Strict compliance and patient support
- Additional education and support required from a health care professional
- Usually not stocked at retail pharmacies
- May only be available through limited distribution arrangements

Your prescription drug benefit may require you to use a designated specialty pharmacy to be eligible for benefits. The designated specialty pharmacies are Accredo and Prime Therapeutics Specialty Pharmacy.

Specialty drugs are noted next to the medication with a dot under the Specialty Column. The specialty dot indicates that the drug is subject to any designated specialty pharmacy requirements of your prescription drug benefits. Cost share of drugs marked with a dot in the specialty column are determined by the tier listed on the formulary. You may also find the Specialty Drug List under the [Forms](#) section of myprime.com

Through the designated specialty pharmacy, medications and supplies will be delivered to you or to your doctor's office.

To order specialty medications:

- Have your prescriber call or fax your prescription to Accredo at 833-721-1620 or fax to 888-302-1028
or
- Have your prescriber call or fax your prescription to Prime Therapeutics Specialty Pharmacy at 866-554-2673 or fax to 866-364-2673

If you have questions about your specialty pharmacy benefit, please call the phone number on the back of your ID card.

Oral oncology drugs subject to the medical benefit are noted next to the medication with an M under the Oral Oncology column.

CivicaScript

Blue Cross and Blue Shield of Kansas has partnered with CivicaScript to bring our members low cost medications. Your prescription drug benefit may require you to obtain certain drugs through Prime Therapeutics Specialty Pharmacy. A list may be found on our [Specialty Drugs](#) webpage.

Prime Therapeutics Specialty Pharmacy contact information:

- Phone: 866-554-2673
- Fax: 866-364-2673

Step Therapy

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

Prior Authorization

Your benefit plan may require prior authorization for certain drugs that are high-cost or have the potential for misuse. 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 the medication will be covered under your plan. If a prior authorization is required for a medication listed in this document, it will be noted next to the medication with a dot under the prior authorization column.

Quantity Limits

Drug quantity limits help encourage medication use as intended by the FDA. Quantity limits are placed on medications in certain drug categories. For the medications listed in this document, if a quantity limit applies, it will be noted next to the medication with a dot under the quantity limits column.

A list of medications subject to quantity limits may be found at [Quantity Limit List](#). Limits may include: quantity of covered medication per prescription and/or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the quantity limit allows, you can still get the medication. However, you will be responsible for the full cost of the prescription beyond what your coverage allows.

There may also be limits for members within a certain age range.

Excluded Drugs

Drugs not found listed in this Formulary may be excluded from coverage. Drugs excluded from coverage will be allowed if certain exception criteria are met.

The criteria may be found at [Exception Criteria](#).

Abbreviation Key

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

Nondiscrimination and Accessibility Statement and Notice:

Discrimination is Against the Law

Blue Cross Blue Shield of Kansas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Blue Cross Blue Shield of Kansas does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Kansas:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Laurie Stratton.

If you believe that Blue Cross Blue Shield of Kansas has 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 with: Laurie Stratton, Director Customer Service, 1133 SW Topeka Blvd, Topeka, KS 66629 Attn: Special Services, 1-800-432-3990, 1-800-766-3777, 785-290-0785, special.services@bcbsks.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Laurie Stratton, Director Customer Service 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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Blue Cross Blue Shield of Kansas website: <https://www.bcbsks.com/>.

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Notice of Availability of Language Assistance Services and Auxiliary Aids and services (92.11)

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-432-3990. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-432-3990. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-432-3990。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-432-3990。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-432-3990 Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-432-3990 Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-432-3990 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-432-3990. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-432-3990번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-432-3990. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

إتنا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سؤال تتعلق بالصحة أو جدول الأدوية لدينا. الحصول على مترجم فوري، ليس عليك سوى Arabic: [] . []. سيدفعوننا بـ1-800-432-3990-الاتصال بـ[]

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするため に、無料の通訳サービスが ありますございます。通訳をご用命になるには、

1-800-432-3990にお電話ください。日本語を話す人 者が支援いたします。これは無料のサー ビスです。

Laotian: ໂທກເຄີ່ມການບໍລິການນາຍເຈົ້າຍົກລົງແຫຼ້ງ ໄດ້ ອອນປະໜັກມູນທີ່ທ່ານອາດຈະມີກົງວັດສູຂະແວບຫ ເຜົນການຢ່າງຍົງເວັກເຄີ່ມ ແ້ວດກັບນາຍພາສາ, ແລະ ພົມກັນໄດ້ໃຫຍ່ກ່າວເກີ່ມຕົວທີ່ 1-800-432-3990 ຄົນທີ່ເວົ້າພາສາອັງກິດ

Burmese: ကျွန်ုပ်တုံးတဲ့ ဗုဏ်ကျွန်ုပ်တုံး၏ ကျွန်ုပ်မာရ ၅၀။၇၅ မှ ဟုတ် ၇ ၅၀။၀ ၅၀။အစီအစဉ်နှင့်ပိတ်သက်ပါ။ သင့်တွင်ရှု သည်။ မျှန်းမျှန်းကုံးကုံး ရေပြဪ | နှေခမ ၆၀၇၀၈က်းပပန်၁၅၇၈၁၀၁၂၅၉မျှန်းရှု ပ သည်။ စက်းပပန် နဲ့ ကျွန်ုပ်တုံးကုံးကုံး တွင်သာ ပြင်ဆင်ရှု၏ ၅၀၃။ အင်လ ၆၈ ၅၃၇၆၂၀၉၂၂၁။ **Hmong:** Peb muaj kev pab txhais lus dawb los teb cov lus nug uas koj muaj txog peb txoj kev npaj khomob lossis tshuaj. Yog xav tau ib tug neeg txhais lus, tsuas yog hu rau peb ntawm 1-800-432-3990lb tug hais lus Askiv

Swahili: Tuna huduma za mkalimani bila malipo kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu afya au mpango wetu wa dawa. Ili kupata mkalimani, tupigie simu kwa 1-800-432-3990. Mtu anayezungumza Kiingereza

ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، کافیست با شماره 1-800-432-3990 با ما تماس بگیرید. کسی که انگلیسی صحبت می کند

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ANTI-INFECTIVE AGENTS															
PENICILLINS															
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	3							PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	3						
amoxicillin (trihydrate) cap 250 mg, 500 mg	1							penicillin v potassium tab 250 mg, 500 mg	1						
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	1							CEPHALOSPORINS							
amoxicillin (trihydrate) for susp 400 mg/5ml (Amoxicillin)	1							CEFACLOR - cefaclor cap 250 mg, 500 mg	3						
amoxicillin (trihydrate) tab 500 mg, 875 mg	1							CEFADROXIL - cefadroxil tab 1 gm	3						
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1							cefadroxil cap 500 mg	1						
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1							cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1						
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1							cefdinir cap 300 mg	1						
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1							cefdinir for susp 125 mg/5ml, 250 mg/5ml	1						
AMOXICILLIN/ CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3							cefixime for susp 100 mg/5ml, 200 mg/5ml	1						
ampicillin cap 500 mg	1							CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	3						
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	3							cefpodoxime proxetil tab 100 mg, 200 mg	1						
dicloxacillin sodium cap 250 mg, 500 mg	1							ceftazidime for susp 125 mg/5ml, 250 mg/5ml	1						
MACROLIDES															
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)															

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
azithromycin tab 250 mg (Zithromax z-pak)	1							doxycycline hyclate cap 100 mg (Vibramycin)	1						
azithromycin tab 500 mg (Zithromax)	1							doxycycline hyclate tab 20 mg, 100 mg	1						
azithromycin tab 600 mg CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	1							doxycycline monohydrate cap 50 mg, 100 mg	1						
clarithromycin tab er 24hr 500 mg	1							doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg	1						
clarithromycin tab 250 mg, 500 mg	1							minocycline hcl cap 50 mg, 75 mg, 100 mg	1						
DIFICID - fidaxomicin for susp 40 mg/ml	2							NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	3						
DIFICID - fidaxomicin tab 200 mg	2							tetracycline hcl cap 250 mg, 500 mg	1						
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	3							FLUOROQUINOLONES							
ERYTHROMYCIN DR - erythromycin w/ delayed release particles cap 250 mg	3							BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	3						
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1							CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	3						
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1							ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1						
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1							ciprofloxacin hcl tab 750 mg (base equiv)	1						
erythromycin tab 250 mg, 500 mg	1							levofloxacin oral soln 25 mg/ml	1						
ZITHROMAX - azithromycin powd pack for susp 1 gm	3							levofloxacin tab 250 mg, 500 mg, 750 mg	1						
TETRACYCLINES								moxifloxacin hcl tab 400 mg (base equiv)	1						
demeclocycline hcl tab 150 mg, 300 mg	1							OFLOXACIN - ofloxacin tab 300 mg	3						
doxycycline hyclate cap 50 mg	1							ofloxacin tab 400 mg	1						
AMINOGLYCOSIDES															

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	4	•		•		•	
HUMATIN - paromomycin sulfate cap 250 mg	2						
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	4				•		
neomycin sulfate tab 500 mg	1						
TOBI PODHALER - tobramycin inhal cap 28 mg	4				•		
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	4				•		
tobramycin nebu soln 300 mg/5ml (Tobi)	1				•		
tobramycin nebu soln 300 mg/4ml (Bethkis)	1				•		
SULFONAMIDES							
sulfadiazine tab 500 mg	1						
ANTIMYCOBACTERIAL AGENTS							
CYCLOCERINE - cycloserine cap 250 mg	3						
ethambutol hcl tab 100 mg	1						
ethambutol hcl tab 400 mg (Myambutol)	1						
isoniazid syrup 50 mg/5ml	1						
isoniazid tab 100 mg, 300 mg	1						
PRETMANID - pretomanid tab 200 mg	3						
PRIFTIN - rifapentine tab 150 mg	2						
pyrazinamide tab 500 mg	1						
rifabutin cap 150 mg (Mycobutin)	1						
rifampin cap 150 mg, 300 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	4						•
TRECATOR - ethionamide tab 250 mg	3						
ANTIFUNGALS							
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	3	•					
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1						
fluconazole tab 50 mg, 150 mg	1						
fluconazole tab 100 mg, 200 mg (Diflucan)	1						
flucytosine cap 250 mg, 500 mg (Ancobon)	1						
griseofulvin microsize susp 125 mg/5ml	1						
griseofulvin microsize tab 500 mg	1						
griseofulvin ultramicrosize tab 125 mg, 250 mg	1						
itraconazole cap 100 mg (Sporanox)	1						
itraconazole oral soln 10 mg/ml (Sporanox)	1						
ketoconazole tab 200 mg	1						
NOXAFIL - posaconazole for delayed release susp packet 300 mg	2	•					
nystatin tab 500000 unit	1						
posaconazole susp 40 mg/ml (Noxafil)	1	•					
posaconazole tab delayed release 100 mg (Noxafil)	1	•					
terbinafine hcl tab 250 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
voriconazole for susp 40 mg/ml (Vfend)	1	•					
voriconazole tab 50 mg, 200 mg (Vfend)	1	•					
ANTIVIRALS							
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1						
abacavir sulfate tab 300 mg (base equiv)	1						
abacavir sulfate-lamivudine tab 600-300 mg	1						
acyclovir cap 200 mg	1						
acyclovir susp 200 mg/5ml	1						
acyclovir tab 400 mg, 800 mg	1						
adefovir dipivoxil tab 10 mg	1						
APRETUDE - cabotegravir im extended release susp 600 mg/3ml	4			•	•		
APTIVUS - tipranavir cap 250 mg	3						
atazanavir sulfate cap 150 mg (base equiv)	1						
atazanavir sulfate cap 200 mg (base equiv), 300 mg (base equiv) (Reyataz)	1						
BARACLUDE - entecavir oral soln 0.05 mg/ml	2						
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2						
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	3						
darunavir tab 600 mg, 800 mg (Prezista)	1						
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2						
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	2						
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2				•		
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2						
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	3						
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	3						
efavirenz tab 600 mg	1						
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1						
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1						
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1						
emtricitabine caps 200 mg (Emtriva)	1						
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	1							ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2						
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1				•			ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2						
EMTRIVA - emtricitabine soln 10 mg/ml	3							ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2						
entecavir tab 0.5 mg, 1 mg (Baraclude)	1							JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2						
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	4	•		•		•		KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2						
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	4	•		•		•		LAGEVRIO - molnupiravir cap 200 mg	2						
etravirine tab 100 mg, 200 mg (Intelence)	1							lamivudine oral soln 10 mg/ml (Epivir)	1						
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2							lamivudine tab 100 mg (hbv)	1						
famciclovir tab 125 mg, 250 mg, 500 mg	1							lamivudine tab 150 mg, 300 mg (Epivir)	1						
fosamprenavir calcium tab 700 mg (base equiv)	1							lamivudine-zidovudine tab 150-300 mg	1						
FUZEON - enfuvirtide for inj 90 mg	4					•		LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	1	•		•		•	
GENVOYA - elvitegrav-cobic-emtricitab-tenofof af tab 150-150-200-10 mg	2							LIVTENCITY - maribavir tab 200 mg	4						•
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	4	•		•		•		lopinavir-ritonavir tab 100-25 mg, 200-50 mg (Kaletra)	1						
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	4	•		•		•		maraviroc tab 150 mg, 300 mg (Selzentry)	1						
INTELENCE - etravirine tab 25 mg	2							MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	4	•		•		•	
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2							MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
NEVIRAPINE - nevirapine susp 50 mg/5ml	3						
nevirapine tab er 24hr 400 mg	1						
nevirapine tab 200 mg	1						
NORVIR - ritonavir powder packet 100 mg	3						
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2						
oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1						
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1						
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	2						
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2						
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2						
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	4	•				•	
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	4	•				•	
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	3						
PREVYMIS - letermovir tab 240 mg, 480 mg	3						
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2						
PREZISTA - darunavir oral susp 100 mg/ml	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
PREZISTA - darunavir tab 75 mg, 150 mg	2						
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3						
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	3						
RIBAVIRIN - ribavirin cap 200 mg	4					•	
RIBAVIRIN - ribavirin tab 200 mg	4					•	
ritonavir tab 100 mg (Norvir)	1						
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	3						
SELZENTRY - maraviroc oral soln 20 mg/ml	3						
SOFOBUVIR/ VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	4	•			•		•
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	4	•			•		•
SOVALDI - sofosbuvir tab 200 mg, 400 mg	4	•			•		•
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	3						
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg, 5 x 300 mg	4					•	
SUNLENCA - lenacapavir sodium tab 300 mg	4					•	
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2						
tenofovir disoproxil fumarate tab 300 mg (Viread)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2						
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2						
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2						
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2						
TYBOST - cobicistat tab 150 mg	3						
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1						
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1						
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1						
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2						
VIRACEPT - nelfinavir mesylate tab 250 mg, 625 mg	3						
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2						
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2						
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	•	•	•	•		
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
zidovudine cap 100 mg (Retrovir)	1						
zidovudine syrup 10 mg/ml (Retrovir)	1						
zidovudine tab 300 mg	1						
ANTIMALARIALS							
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	3						
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1						
chloroquine phosphate tab 250 mg, 500 mg	1						
COARTEM - artemether-lumefantrine tab 20-120 mg	3						
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1						
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1						
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	3						
mefloquine hcl tab 250 mg	1						
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1						
pyrimethamine tab 25 mg (Daraprim)	1						
quinine sulfate cap 324 mg (Qualaquin)	1						
ANTHELMINTICS							
albendazole tab 200 mg	1						
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2						
ivermectin tab 3 mg (Stromectol)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
praziquantel tab 600 mg (Biltricide)	1						
ANTI-INFECTIVE AGENTS - MISC.							
atovaquone susp 750 mg/5ml (Mepron)	1						
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	4				•		
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1						
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1						
dapsone tab 25 mg, 100 mg	1						
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1						
IMPAVIDO - miltefosine cap 50 mg	2						
LAMPIT - nifurtimox tab 30 mg, 120 mg	3						
linezolid for susp 100 mg/5ml (Zyvox)	1						
linezolid tab 600 mg (Zyvox)	1						
methenamine hippurate tab 1 gm (Hiprex)	1						
metronidazole tab 250 mg, 500 mg	1						
nitazoxanide tab 500 mg	1						
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	1						
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
nitrofurantoin susp 25 mg/5ml	1						
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1						
SIVEXTRO - tedizolid phosphate tab 200 mg	3						
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1						
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1						
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1						
tinidazole tab 250 mg, 500 mg	1						
trimethoprim tab 100 mg (Trimethoprim)	1						
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin)	1						
vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent) (Firvanq)	1						
XIFAXAN - rifaximin tab 200 mg	3						
XIFAXAN - rifaximin tab 550 mg	2						
BIOLOGICALS							
VACCINES							
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	A					•	
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	A					•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
AFLURIA 2024-2025 - influenza virus vaccine split im susp	A				•			FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	A				•		
AFLURIA 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	A				•			FLULALVAL 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	A				•		
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	A				•			FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	A				•		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	A				•			FLUZONE HIGH-DOSE 2024-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	A				•		
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	A				•			FLUZONE 2024-2025 - influenza virus vaccine split im susp	A				•		
COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	A				•			FLUZONE 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	A				•		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	A				•			GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	A				•		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	A				•			GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	A				•		
FLUAD 2024-2025 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	A				•			HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	A				•		
FLUARIX 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	A				•			HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	A				•		
FLUBLOK 2024-2025 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	A				•			HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	A				•		
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit im susp	A				•			HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	A				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
IMOVOX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	2						
IPOP INACTIVATED IPV - poliovirus vaccine, ipv injection	A			•			
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	A			•			
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	A			•			
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	A			•			
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	A			•			
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	A			•			
MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	A			•			
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	A			•			
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	A			•			
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	A			•			
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	A			•			
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	A			•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	A				•		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	A				•		
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	A				•		
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	A				•		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	A				•		
RABAVERT - rabies vaccine, pcec for inj	2						
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	A				•		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	A				•		
ROTARIX - rotavirus vaccine, live oral susp	A				•		
ROTAVERSE - rotavirus vaccine, live oral pentavalent soln	A				•		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	A				•		
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	A				•		

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TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	A				•			QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	A				•			
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	A				•			TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	A				•			
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	A				•			VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	A				•			
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	A				•			VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	A				•			
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	A				•			PASSIVE IMMUNIZING AGENTS								
TOXOIDS								BEYFORTUS - nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	A				•			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	A				•			BIOLOGICALS MISC								
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	A				•			PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 mg, 0.5 & 1 & 1.5 & 3 & 6 mg	4				•			
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	A				•			PALFORZIA LEVEL 0 - peanut powder-dnfp cap sprinkle pack 1 x 1 mg (1 mg dose)	4				•			
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	A				•			PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	4				•			
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	A				•			PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	4				•			
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	A				•			PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg	4				•			
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	A				•			PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg	4				•			
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	A				•											

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	4					•	
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	4					•	
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	4					•	
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	4					•	
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	4					•	
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	4					•	
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	4					•	
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	4					•	
ANTINEOPLASTIC AGENTS							
ANTINEOPLASTICS							
abiraterone acetate tab 250 mg (Zytiga)	4					•	M
abiraterone acetate tab 500 mg (Zytiga)	4	•				•	M
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4					•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	4	•					M
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	4	•					M
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	4	•					M
ALUNBRIG - brigatinib tab 30 mg, 90 mg, 180 mg	4	•					M
anastrozole tab 1 mg (Arimidex)	4						M
AUGTYRO - repotrectinib cap 40 mg, 160 mg	4	•					M
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	4	•					M
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	•					M
BALVERSA - erdafitinib tab 3 mg, 4 mg, 5 mg	4	•					M
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	4	•					
bexarotene cap 75 mg (Targretin)	4	•					M
bicalutamide tab 50 mg (Casodex)	4						M
BOSULIF - bosutinib cap 50 mg, 100 mg	4	•					M
BOSULIF - bosutinib tab 100 mg, 400 mg, 500 mg	4	•					M
BRAFTOVI - encorafenib cap 75 mg	4	•					M
BRUKINSA - zanubrutinib cap 80 mg	4	•					M

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	4	•				•	M	ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4					•	
CALQUENCE - acalabrutinib maleate tab 100 mg	4	•				•	M	ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4					•	
capecitabine tab 150 mg, 500 mg (Xeloda)	4	•				•	M	ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4					•	
CAPRELSA - vandetanib tab 100 mg, 300 mg	4	•				•	M	ERIVEDGE - vismodegib cap 150 mg	4	•				•	M
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	•				•	M	ERLEADA - apalutamide tab 60 mg, 240 mg	4	•				•	M
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	•				•	M	erlotinib hcl tab 25 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	4	•				•	M
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	•				•	M	ETOPOSIDE - etoposide cap 50 mg	4						M
COPIKTRA - duvelisib cap 15 mg, 25 mg	4	•				•	M	everolimus tab for oral susp 2 mg, 3 mg, 5 mg (Afinitor disperz)	4	•				•	M
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	4	•				•	M	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	4	•				•	M
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	4					•	M	exemestane tab 25 mg (Aromasin)	4						M
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	4					•	M	FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	4	•				•	M
dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	4	•				•	M	FRUZAQLA - fruquintinib cap 1 mg, 5 mg	4	•				•	M
DAURISMO - glasdegib maleate tab 25 mg (base equivalent), 100 mg (base equivalent)	4	•				•	M	GAVRETO - pralsetinib cap 100 mg	4	•				•	M
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4					•		gefitinib tab 250 mg (Iressa)	4	•				•	M

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GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	4	•				•	M	INLYTA - axitinib tab 1 mg, 5 mg	4	•				•	M
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	4					•	M	INQOVI - decitabine-cedazuridine tab 35-100 mg	4	•				•	M
GOMEKLI - mirdametinib cap 1 mg, 2 mg	4	•				•	M	INREBIC - fedratinib hcl cap 100 mg	4	•				•	M
GOMEKLI - mirdametinib tab for oral susp 1 mg	4	•				•	M	ITOVEBI - inavolisib tab 3 mg, 9 mg	4	•				•	M
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	4	•				•	M	IWILFIN - eflornithine hcl tab 192 mg	4	•				•	M
hydroxyurea cap 500 mg (Hydrea)	4					•	M	JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	4	•				•	M
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	4	•				•	M	JAYPIRCA - pirtobrutinib tab 50 mg, 100 mg	4	•				•	M
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	4	•				•	M	KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	4	•				•	M
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	4	•				•	M	KOSELUGO - selumetinib sulfate cap 10 mg, 25 mg	4	•				•	M
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	4	•				•	M	KRAZATI - adagrasib tab 200 mg	4	•				•	M
imatinib mesylate tab 100 mg (base equivalent), 400 mg (base equivalent) (Gleevec)	4	•				•	M	lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	4	•				•	M
IMBRUVICA - ibrutinib cap 70 mg, 140 mg	4	•				•	M	LAZCLUZE - lazertinib mesylate tab 80 mg, 240 mg	4	•				•	M
IMBRUVICA - ibrutinib oral susp 70 mg/ml	4	•				•	M	LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	•				•	M
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	4	•				•	M								
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	4	•				•	M								

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LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	•				•	M	LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	4					•	
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	•				•	M	LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	4				•		
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	•				•	M	LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	4				•		
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	•				•	M	LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	4				•		
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	•				•	M	LYNPARZA - olaparib tab 100 mg, 150 mg	4	•			•	M	
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	•				•	M	LYSODREN - mitotane tab 500 mg	4	•			•	M	
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	•				•	M	LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose), 4 mg (16 mg daily dose), 4 mg (20 mg daily dose)	4	•			•	M	
letrozole tab 2.5 mg (Femara)	4						M	MATULANE - procarbazine hcl cap 50 mg	4	•			•	M	
leucovorin calcium tab 5 mg, 15 mg, 25 mg	1							megestrol acetate susp 40 mg/ml	1						
LEUKERAN - chlorambucil tab 2 mg	4					•	M	megestrol acetate tab 20 mg, 40 mg	1						
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1					•		MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	4	•			•	M	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg, 20-8.19 mg	4	•				•	M	MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent), 2 mg (base equivalent)	4	•			•	M	
LORBRENA - lorlatinib tab 25 mg, 100 mg	4	•				•	M	MEKTOVI - binimetinib tab 15 mg	4	•			•	M	
LUMAKRAS - sotorasib tab 120 mg, 240 mg, 320 mg	4	•				•	M	mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	4				•	M	

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mercaptopurine tab 50 mg	4						M	OJEMDA - tovafenib for oral susp 25 mg/ml	4	•				•	M
mesna tab 400 mg (Mesnex)	1							OJEMDA - tovafenib tab 100 mg	4	•				•	M
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	3							OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	4	•				•	M
methotrexate sodium for inj 1 gm	1							ONUREG - azacitidine tab 200 mg, 300 mg	4	•				•	M
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1							ORGOVYX - relugolix tab 120 mg	4	•				•	M
methotrexate sodium tab 2.5 mg (base equiv)	1							ORSERDU - elacestrant hydrochloride tab 86 mg, 345 mg	4	•				•	M
MYLERAN - busulfan tab 2 mg	4					•	M	pazopanib hcl tab 200 mg (base equiv) (Votrient)	4	•				•	M
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	4	•				•	M	PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	•				•	M
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	4	•				•	M	PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	4	•				•	M
nilutamide tab 150 mg (Nilandron)	4					•	M	PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	•				•	M
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	4	•				•	M	PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	•				•	M
NUBEQA - darolutamide tab 300 mg	4	•				•	M	POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	4	•				•	M
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	4	•				•	M	QINLOCK - ripretinib tab 50 mg	4	•				•	M
OGSIVEO - nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg	4	•				•	M	RETEVMO - selpercatinib tab 40 mg, 80 mg, 120 mg, 160 mg	4	•				•	M
								REVUFORJ - revumenib citrate tab 25 mg, 110 mg, 160 mg	4	•				•	M

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REZLIDHIA - olutasidenib cap 150 mg	4	•				•	M	TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	4	•				•	M
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	4	•				•	M	TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	4	•				•	M
ROZLYTREK - entrectinib cap 100 mg, 200 mg	4	•				•	M	TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.25 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	4	•				•	M
ROZLYTREK - entrectinib pellet pack 50 mg	4	•				•	M	tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	4				•		M
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	4	•				•	M	TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	4	•				•	M
RYDAPT - midostaurin cap 25 mg	4	•				•	M	TAZVERIK - tazemetostat hbr tab 200 mg	4	•				•	M
SCEMBLIX - asciminib hcl tab 20 mg, 40 mg, 100 mg	4	•				•	M	temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	4	•				•	M
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	4						M	TEPMETKO - tepotinib hcl tab 225 mg	4	•				•	M
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	4	•				•	M	TIBSOVO - ivosidenib tab 250 mg	4	•				•	M
STIVARGA - regorafenib tab 40 mg	4	•				•	M	toremifene citrate tab 60 mg (base equivalent) (Fareston)	4					•	M
sunitinib malate cap 12.5 mg (base equivalent), 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	4	•				•	M	tretinoin cap 10 mg	4	•				•	M
TABLOID - thioguanine tab 40 mg	4					•	M	TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	4	•				•	M
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	4	•				•	M	TRUQAP - capivasertib tab 200 mg	4	•				•	M
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	4	•				•	M	TUKYSA - tucatinib tab 50 mg, 150 mg	4	•				•	M

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TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	4	•				•	M	XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly), 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)	4	•				•	M
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg	4	•				•	M	XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	•				•	M
VENCLEXTA - venetoclax tab 10 mg, 50 mg, 100 mg	4	•				•	M	XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	•				•	M
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	•				•	M	XTANDI - enzalutamide cap 40 mg	4	•				•	M
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	4	•				•	M	XTANDI - enzalutamide tab 40 mg, 80 mg	4	•				•	M
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent), 100 mg (base equivalent)	4	•				•	M	YONSA - abiraterone acetate micronized tab 125 mg	4	•				•	M
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	4	•				•	M	ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	4	•				•	M
VIZIMPRO - dacitinib tab 15 mg, 30 mg, 45 mg	4	•				•	M	ZELBORA - vemurafenib tab 240 mg	4	•				•	M
VONJO - pacritinib citrate cap 100 mg	4	•				•	M	ZOLINZA - vorinostat cap 100 mg	4	•				•	M
VORANIGO - vorasidenib tab 10 mg, 40 mg	4	•				•	M	ZYDELIG - idelalisib tab 100 mg, 150 mg	4	•				•	M
WELIREG - belzutifan tab 40 mg	4	•				•	M	ZYKADIA - ceritinib tab 150 mg	4	•				•	M
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg, 150 mg	4	•				•	M	ENDOCRINE AND METABOLIC DRUGS							
XALKORI - crizotinib cap 200 mg, 250 mg	4	•				•	M	CORTICOSTEROIDS							
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	4	•				•	M	budesonide delayed release particles cap 3 mg	1						

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DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	3						
dexamethasone elixir 0.5 mg/5ml	1						
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	3						
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1						
fludrocortisone acetate tab 0.1 mg	1						
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1						
MEDROL - methylprednisolone tab 2 mg	3						
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1						
methylprednisolone tab 4 mg, 8 mg, 16 mg (Medrol)	1						
methylprednisolone tab 32 mg	1						
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1						
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (Pediapred)	1						
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1						
prednisolone soln 15 mg/5ml	1						
PREDNISONE - prednisone oral soln 5 mg/5ml	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1						
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1						
ANDROGEN-ANABOLIC							
danazol cap 50 mg, 100 mg, 200 mg	1	•					
METHITEST - methyltestosterone oral tab 10 mg	3	•			•		
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml	1	•			•		
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	•			•		
testosterone td gel 25 mg/2.5gm (1%), 12.5 mg/act (1%)	1	•			•		
testosterone td gel 50 mg/5gm (1%) (Testim)	1	•			•		
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1	•			•		
testosterone td soln 30 mg/act	1	•			•		
ESTROGENS							
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr	3						
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	3						
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg	3						

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CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2							estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1						
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	3							estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	1						
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	3							EVAMIST - estradiol transdermal spray 1.53 mg/spray	3						
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2							MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	3						
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3							MENOSTAR - estradiol td patch weekly 14 mcg/24hr	3						
estradiol & norethindrone acetate tab 0.5-0.1 mg	1							MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2	•					
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1							norethindrone acetate-ethynodiol dihydrogen phosphate tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1						
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	1							ORIAHNN - elagolix-estradiol-norethindrone acetate tab 300-1-0.5mg & elagolix 300mg cap pack	2	•					
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1							PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2						
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1							PREMPHASE - conjugated estrogens tab 0.625(14)/conj est- medroxyprogesterone acetate tab 0.625-5mg(14)	2						
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	1							PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2						

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CONTRACEPTIVES							
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3						
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	A			•			
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	A			•			
drospirenone-ethinyl estradiol-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 estradiol-levomefolate tab 3-0.03-0.451 mg	A			•			
ELLA - ulipristal acetate tab 30 mg	A			•			
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	A			•			
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	A			•			
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	A			•			
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	A			•			

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levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	A					•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	A					•	
levonorgestrel tab 1.5 mg	A					•	
levonorgestrel- eth estra tab 0.05-30/0.075-40/0.125-30n mcg	A					•	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	A					•	
LO LOESTRIN FE - noreth-in- eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2						
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo- provera contrac)	A					•	
medroxyprogesterone acetate im susp 150 mg/ ml (Depo-provera contrac)	A					•	
NATAZIA - estradiol valerate- dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3						
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	A					•	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	A					•	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg	A					•	

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norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	A				•			TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3						
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	A				•			VELIVET - desogestethin est tab 0.1-0.025/0.125-0.025/0.15 mg	3						
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	A				•			PROGESTINS							
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	A				•			medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1						
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	A				•			norethindrone acetate tab 5 mg	1						
norethindrone tab 0.35 mg	A				•			progesterone cap 100 mg, 200 mg (Prometrium)	1						
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	A				•			progesterone im in oil 50 mg/ml	1						
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	A				•			ANTIDIABETICS							
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mcg, 0.18-35/0.215-35/0.25-35 mcg	A				•			Antidiabetics							
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	A				•			acarbose tab 25 mg, 50 mg, 100 mg	1						
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	A				•			BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2						
SAFYRAL - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3				•			BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2						
								diazoxide susp 50 mg/ml (Proglycemic)	1						
								FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2						
								glimepiride tab 1 mg, 2 mg, 4 mg	1						
								GLIPIZIDE - glipizide tab 2.5 mg	3						
								glipizide tab er 24hr 2.5 mg	1						
								glipizide tab er 24hr 5 mg, 10 mg (Glucotrol xl)	1						

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glipizide tab 5 mg, 10 mg	1							JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 100-1000 mg	2				•			
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1							JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2			•				
glucagon (rdna) for inj kit 1 mg	1							JARDIANCE - empagliflozin tab 10 mg, 25 mg	2							
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2							metformin hcl tab er 24hr 500 mg, 750 mg	1							
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	3							metformin hcl tab 500 mg, 850 mg, 1000 mg	1							
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1							mifepristone tab 300 mg (Korlym)	1	•		•		•		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1							MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	3							
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2							MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2	•		•				
GVOKE HYPOOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2							nateglinide tab 60 mg, 120 mg	1							
GVOKE HYPOOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2							OZEMPIIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2	•		•				
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2							pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1							
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2							pioglitazone hcl-metformin hcl tab 15-500 mg	1							
JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	2		•					pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1							
								repaglinide tab 0.5 mg, 1 mg, 2 mg	1							

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RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	2	•		•				APIDRA - insulin glulisine inj 100 unit/ml	3	•					
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2			•				APIDRA SOLOSTAR - insulin glulisine soln pen-injector inj 100 unit/ml	3	•					
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2							FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2						
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg	2							FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2						
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	2							FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2						
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg, 10-5-1000 mg, 25-5-1000 mg	2							HUMALOG - insulin lispro inj soln 100 unit/ml	2						
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2	•		•				HUMALOG - insulin lispro soln cartridge 100 unit/ml	2						
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg	2							HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2						
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•				HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2						
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2							HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	2						
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2							LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2						
Rapid-Acting Insulins								LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2						
								LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2						
								LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	2						

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NOVOLOG - insulin aspart inj soln 100 unit/ml	2						
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2						
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2						
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2						
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2						
Short-Acting Insulins							
HUMULIN R - insulin regular (human) inj 100 unit/ml	2						
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml)	2						
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2						
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2						
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2						
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2						
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2						
RELION R - insulin regular (human) inj 100 unit/ml	2						
Intermediate-Acting Insulins							

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2	•					
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2						
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2						
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2						
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2						
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2						
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2						
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2						
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2						
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2						
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2						
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2						

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NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2							TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2							
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2							TRESIBA - insulin degludec inj 100 unit/ml	2							
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2							TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2							
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2							THYROID AGENTS								
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2							ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	3							
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2							ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	3							
Basal Insulins								ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	3							
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	2							LEVOTHYROXINE SODIUM - levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	3							
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	2							levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1							
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2															
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2															
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2															

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leiothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1							TIROSINT - levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	3						
methimazole tab 5 mg, 10 mg	1							TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	3						
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3							OXYTOCICS							
NP THYROID 120 - thyroid tab 120 mg (2 grain)	3							CERVIDIL - dinoprostone vaginal inserts 10 mg	3						
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	3							methylergonovine maleate tab 0.2 mg	1						
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	3							ENDOCRINE and METABOLIC AGENTS - MISC.							
NP THYROID 60 - thyroid tab 60 mg (1 grain)	3							ACTHAR - corticotropin inj gel 80 unit/ml	4	•					•
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	3							ALENDRONATE SODIUM - alendronate sodium tab 5 mg	3						
propylthiouracil tab 50 mg	1							alendronate sodium tab 10 mg, 35 mg	1						
RENTHYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3							alendronate sodium tab 70 mg (Fosamax)	1						
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2							betaine powder for oral solution (Cystadane)	1						
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	3							cabergoline tab 0.5 mg	1						
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3							calcitonin (salmon) nasal soln 200 unit/act	1						

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cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1							JYNARQUE - tolvaptan tab 15 mg, 30 mg	4	•			•		
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	3							KERENDIA - finerenone tab 10 mg, 20 mg	2		•	•			
desmopressin acetate inj 4 mcg/ml (Ddavp)	1							levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1						
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1							levocarnitine tab 330 mg (Carnitor)	1						
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1							LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	4				•		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1							LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	4				•		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	4	•		•		•		LUPRON DEPOT-PED (6-MONTH - leuprolide acet (6 month) for im inj pediatric kit 45 mg	4				•		
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	4	•				•		MYALEPT - metreleptin for subcutaneous inj 11.3 mg	4	•			•		
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	4	•				•		MYCAPSSA - octreotide acetate cap delayed release 20 mg	4				•		
ibandronate sodium tab 150 mg (base equivalent)	1							nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	1				•		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	4					•		NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	4				•		
ISTURISA - osilodrostat phosphate tab 1 mg, 5 mg	4	•		•		•		NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	3						
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	4	•		•		•		OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	4				•		

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octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1					•		risedronate sodium tab 5 mg, 30 mg	1						
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	1					•		risedronate sodium tab 35 mg, 150 mg (Actonel)	1						
OMNITROPE - somatropin for inj 5.8 mg	4	•				•		sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	1	•				•	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	4	•				•		sapropterin dihydrochloride tab 100 mg (Kuvan)	1	•				•	
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	4	•		•		•		SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	4					•	
ORFADIN - nitisinone susp 4 mg/ml	4					•		SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	4	•				•	
ORILISSA - elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv)	2	•		•				SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	4	•				•	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	4	•				•		sodium phenylbutyrate oral powder 3 gm/ teaspoonful (Buphenyl)	1	•				•	
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	1							sodium phenylbutyrate tab 500 mg (Buphenyl)	1	•				•	
paricalcitol cap 4 mcg	1							SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	4					•	
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	4	•				•		STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	4	•				•	
raloxifene hcl tab 60 mg (Evista)	1					•									
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	4	•				•									
REVCOWI - elapegademase- lvr im soln 2.4 mg/1.5ml (1.6 mg/ml)	4														
risedronate sodium tab delayed release 35 mg (Atelvia)	1														

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SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	3						
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	1	•	•	•	•		
tolvaptan tab 15 mg, 30 mg (Samsca)	1	•	•	•	•		
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	•	•	•	•		
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	4	•	•	•	•		
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)	4	•	•	•	•		
CARDIOVASCULAR AGENTS							
CARDIOTONICS							
DIGOXIN - digoxin oral soln 0.05 mg/ml	3						
digoxin oral soln 0.05 mg/ml (Digoxin)	1						
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1						
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	3						
ANTIANGINAL AGENTS							
isosorbide dinitrate tab 5 mg (Isordil titradose)	1						
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	3						
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1						
NITRO-BID - nitroglycerin oint 2%	3						
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	3						
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	3						
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1						
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1						
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual)	1						
ranolazine tab er 12hr 500 mg, 1000 mg	1						
BETA BLOCKERS							
acebutolol hcl cap 200 mg, 400 mg	1						
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1						
betaxolol hcl tab 10 mg, 20 mg	1						
bisoprolol fumarate tab 5 mg, 10 mg	1						
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1						
labetalol hcl tab 100 mg, 200 mg, 300 mg	1						

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metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1							amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1						
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1							diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1						
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1							diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1						
nadolol tab 20 mg, 40 mg (Corgard)	1							diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)	1						
nadolol tab 80 mg	1							diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1						
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1							diltiazem hcl tab er 24hr 120 mg (Cardizem la)	1						
pindolol tab 5 mg, 10 mg	1							diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1						
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1							diltiazem hcl tab 90 mg	1						
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1							felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1						
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	3							nifedipine cap 10 mg, 20 mg	1						
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1							nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1						
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1							nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1						
sotalol hcl tab 240 mg	1							NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	3						
CALCIUM CHANNEL BLOCKERS								nimodipine cap 30 mg	1						
								NYMALIZE - nimodipine oral soln 6 mg/ml	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	1						
verapamil hcl tab er 120 mg, 180 mg, 240 mg	1						
verapamil hcl tab 40 mg, 80 mg, 120 mg	1						
ANTIARRHYTHMICS							
amiodarone hcl tab 100 mg, 200 mg	1						
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1						
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1						
flecainide acetate tab 50 mg, 100 mg, 150 mg	1						
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1						
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	2						
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	3						
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	3						
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	1						
propafenone hcl tab 150 mg, 225 mg, 300 mg	1						
quinidine gluconate tab er 324 mg	1						
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ANTIHYPERTENSIVES							
amlodipine besylate- benazepril hcl cap 2.5-10 mg, 5-40 mg	1						
amlodipine besylate- benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1						
amlodipine besylate- olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	1						
amlodipine besylate- valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1						
amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	1						
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1						
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1						
benazepril & hydrochlorothiazide tab 5-6.25 mg	1						
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1						
benazepril hcl tab 5 mg	1						
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1							fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1						
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	1							fosinopril sodium tab 10 mg, 20 mg, 40 mg	1						
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1							guanfacine hcl tab 1 mg, 2 mg	1						
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1							hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1						
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1							irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1						
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1							irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1						
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1							lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1						
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1							lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1						
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1							losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1						
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1							losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1						
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1							METHYLDOPA - methyldopa tab 500 mg	3						
enalapril maleate oral soln 1 mg/ml (Epaned)	1							methyldopa tab 250 mg	1						
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1							metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1						
eplerenone tab 25 mg, 50 mg (Inspira)	1							minoxidil tab 2.5 mg, 10 mg	1						
								moexipril hcl tab 7.5 mg, 15 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1							telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)	1						
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1							TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	3		•				
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	1							terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1						
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	3							trandolapril tab 1 mg, 2 mg, 4 mg	1						
perindopril erbumine tab 4 mg	1							valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	1						
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1							valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1						
prazosin hcl cap 1 mg	1							VECAMYL - mecamylamine hcl tab 2.5 mg	4					•	
prazosin hcl cap 2 mg, 5 mg (Minipress)	1							DIURETICS							
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1							acetazolamide cap er 12hr 500 mg	1						
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	1							acetazolamide tab 125 mg, 250 mg	1						
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-25 mg	3							amiloride hcl tab 5 mg	1						
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1							AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	3						
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1							bumetanide tab 0.5 mg (Bumex)	1						
								bumetanide tab 1 mg, 2 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
chlorthalidone tab 25 mg, 50 mg	1						
DIURIL - chlorothiazide susp 250 mg/5ml	3						
ethacrynic acid tab 25 mg (Edecrin)	1						
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	4	•	•	•	•		
furosemide oral soln 10 mg/ml	1						
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1						
hydrochlorothiazide cap 12.5 mg	1						
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1						
indapamide tab 1.25 mg, 2.5 mg	1						
methazolamide tab 25 mg, 50 mg	1						
metolazone tab 2.5 mg, 5 mg, 10 mg	1						
spironolactone & hydrochlorothiazide tab 25-25 mg	1						
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1						
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1						
triamterene & hydrochlorothiazide cap 37.5-25 mg	1						
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	1						
triamterene cap 50 mg, 100 mg (Dyrenium)	1						
VASOPRESSORS							

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	2						
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1						
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1						
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1						
ANTIHYPERLIPIDEMICS							
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	1						
cholestyramine light powder 4 gm/dose (Questran light)	1						
cholestyramine powder 4 gm/dose (Questran)	1						
colesevelam hcl packet for susp 3.75 gm (Welchol)	1						
colesevelam hcl tab 625 mg (Welchol)	1						
colestipol hcl granule packets 5 gm	1						
colestipol hcl granules 5 gm (Colestid)	1						
colestipol hcl tab 1 gm (Colestid)	1						
ezetimibe tab 10 mg (Zetia)	1						
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1						
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
fenofibrate tab 48 mg, 145 mg (Tricor)	1							REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2	•			•		
fenofibrate tab 54 mg, 160 mg	1							REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2	•		•			
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1							rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	1						
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1							simvastatin tab 5 mg, 80 mg	1						
gemfibrozil tab 600 mg (Lopid)	1							simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)	1						
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	4					•		VASCEPA - icosapent ethyl cap 0.5 gm, 1 gm	1	•		•			
lovastatin tab 10 mg	1							CARDIOVASCULAR AGENTS - MISC.							
lovastatin tab 20 mg, 40 mg	1					•		ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	4	•		•		•	
NEXLETOL - bempedoic acid tab 180 mg	2	•		•				ambrisentan tab 5 mg, 10 mg (Letairis)	1	•		•		•	
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2	•		•				ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	4	•		•		•	
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	1							bosentan tab 62.5 mg, 125 mg (Tracleer)	1	•		•		•	
pitavastatin calcium tab 1 mg, 2 mg, 4 mg (Livalo)	1							CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	4	•		•		•	
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1					•		CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2						
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	•		•				ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	2						
								ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2						

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isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1							UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	4	•			•		
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	1							VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	4	•		•		•	
OPSUMIT - macitentan tab 10 mg	4	•		•		•		VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2	•		•			
ORENITRAM - treprostинil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	4	•				•		VYNDAMAX - tafamidis cap 61 mg	4	•		•		•	
ORENITRAM TITRATION KIT M - treprostинil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0	4	•		•		•		VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	4	•		•		•	
sildenafil citrate tab 20 mg (Revatio)	1	•		•		•		WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	4	•		•		•	
tadalafil tab 20 mg (pah) (Adcirca)	1	•		•		•		ERECTILE DYSFUNCTION							
tadalafil tab 2.5 mg	1			•				tadalafil tab 2.5 mg	1			•			
tadalafil tab 5 mg (Cialis)	1			•				tadalafil tab 5 mg (Cialis)	1			•			
TRACLEER - bosentan tab for oral susp 32 mg	4	•		•		•		RESPIRATORY AGENTS							
TYVASO - treprostинil inhalation solution 0.6 mg/ml	4	•		•		•		ANTIHISTAMINES							
TYVASO REFILL KIT - treprostинil inhalation solution 0.6 mg/ml	4	•		•		•		carbinoxamine maleate tab 4 mg	1						
TYVASO STARTER KIT - treprostинil inhalation solution 0.6 mg/ml	4	•		•		•		CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	3						
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	4	•		•		•		cyproheptadine hcl syrup 2 mg/5ml	1						
								cyproheptadine hcl tab 4 mg	1						
								desloratadine tab 5 mg (Claritin)	1						
								levocetirizine dihydrochloride tab 5 mg	1						
								promethazine hcl oral soln 6.25 mg/5ml	1						
								promethazine hcl suppos 12.5 mg, 25 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1						
PROMETHEGAN - promethazine hcl suppos 50 mg	3						
NASAL AGENTS - SYSTEMIC and TOPICAL							
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1						
flunisolide nasal soln 25 mcg/act (0.025%)	1						
fluticasone propionate nasal susp 50 mcg/act	1						
ipratropium bromide nasal soln 0.03% (21 mcg/ spray), 0.06% (42 mcg/ spray)	1						
olopatadine hcl nasal soln 0.6%	1						
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	3	•	•				
COUGH/COLD/ALLERGY							
acetylcysteine inhal soln 10%, 20%	1						
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3						
promethazine w/ codeine syrup 6.25-10 mg/5ml	1						
promethazine-dm syrup 6.25-15 mg/5ml	1						
sodium chloride soln nebu 3%	1						
sodium chloride soln nebu 7% (Hypersal)	1						
ANTIASTHMATIC and BRONCHODILATOR AGENTS							
ADVAIR HFA - fluticasone- salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2						

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albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1						
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1						
albuterol sulfate syrup 2 mg/5ml	1						
albuterol sulfate tab 2 mg, 4 mg	1						
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2						
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1						
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2						
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2						
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2						
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2						

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ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2							fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1						
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	3							INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2						
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2							ipratropium bromide inhal soln 0.02%	1						
BREZTRI AEROSPHERE - budesonide-glycopyrrrolate-formoterol aers 160-9-4.8 mcg/act	2							ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1						
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1							levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1						
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2							levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1						
cromolyn sodium soln nebu 20 mg/2ml	1							montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1						
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2							montelukast sodium tab 10 mg (base equiv) (Singulair)	1						
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	4	•		•		•		NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	4	•		•		•	
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	1							NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml, 100 mg/ml	4	•		•		•	
								QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act, 80 mcg/act	2						
								roflumilast tab 250 mcg, 500 mcg (Daliresp)	1						

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SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2							TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2						
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1							VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1						
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2							XOLAIR - omalizumab for inj 150 mg	4	•				•	
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2							XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	•				•	
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2							XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	•				•	
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	1							zafirlukast tab 10 mg, 20 mg (Accolate)	1						
terbutaline sulfate tab 2.5 mg, 5 mg	1							zileuton tab er 12hr 600 mg	1						
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	4	•		•		•		RESPIRATORY AGENTS - MISC.							
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	3							CUROSURF - poractant alfa intratracheal susp 120 mg/1.5ml, 240 mg/3ml	3						
theophylline elixir 80 mg/15ml	1							GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	4	•				•	
theophylline soln 80 mg/15ml	1							INFASURF - calfactant in nacl 0.9% intratracheal susp 35 mg/ml	3						
theophylline tab er 12hr 300 mg, 450 mg	1							KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	4	•		•		•	
theophylline tab er 24hr 400 mg, 600 mg	1							KALYDECO - ivacaftor tab 150 mg	4	•		•		•	
								OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	4	•		•		•	

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ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	4	•		•		•		GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3						
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	4	•		•		•		lactulose solution 10 gm/15ml	1						
PIRFENIDONE - pirfenidone tab 534 mg	4	•		•		•		peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				•		
pirfenidone cap 267 mg (Esbriet)	1	•		•		•		peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1						
pirfenidone tab 267 mg, 801 mg (Esbriet)	1	•		•		•		peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1				•		
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	4					•		PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3						
SURVANTA INTRATRACHEAL - beractant in nacl 0.9% intratracheal susp 25 mg/ml	3							sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1						
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	4	•		•		•		SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3						
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	•		•		•		ANTIDIARRHEALS							
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	4	•		•		•		diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1						
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	4	•		•		•		DIPHENOXYLATE/ ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3						
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	4	•		•		•		MOTOFEN - difenoxin w/ atropine tab 1-0.025 mg	3						
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	4	•		•		•		ULCER DRUGS							
GASTROINTESTINAL AGENTS								cimetidine hcl soln 300 mg/5ml	1						
LAXATIVES								dicyclomine hcl cap 10 mg	1						
								dicyclomine hcl oral soln 10 mg/5ml	1						
								dicyclomine hcl tab 20 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
famotidine for susp 40 mg/5ml	1						
famotidine tab 40 mg (Pepcid)	1						
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1						
glycopyrrolate tab 1 mg (Robinul)	1						
glycopyrrolate tab 2 mg (Robinul forte)	1						
lansoprazole cap delayed release 15 mg	1						
lansoprazole cap delayed release 30 mg (Prevacid)	1						
methscopolamine bromide tab 2.5 mg, 5 mg	1						
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1						
NIZATIDINE - nizatidine cap 300 mg	3						
nizatidine cap 150 mg	1						
omeprazole cap delayed release 10 mg, 20 mg, 40 mg	1						
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1						
rabeprazole sodium ec tab 20 mg (Aciphex)	1						
sucralfate tab 1 gm (Carafate)	1						
ANTIEMETICS							
ANZEMET - dolasetron mesylate tab 50 mg	3						
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1						
aprepitant capsule 40 mg, 125 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
aprepitant capsule 80 mg (Emend)	1						
dronabinol cap 2.5 mg (Marinol)	1						
dronabinol cap 5 mg, 10 mg	1						
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	2						
gransetron hcl tab 1 mg	1						
meclizine hcl tab 25 mg	1						
ONDANSETRON HCL - ondansetron hcl tab 24 mg	3						
ondansetron hcl oral soln 4 mg/5ml	1						
ondansetron hcl tab 4 mg, 8 mg	1						
ondansetron orally disintegrating tab 4 mg, 8 mg	1						
scopolamine td patch 72hr 1 mg/3days (Transderm- scop)	1						
trimethobenzamide hcl cap 300 mg	1						
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2						
DIGESTIVE AIDS							
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2						
SUCRAID - sacrosidase soln 8500 unit/ml	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	2						
GASTROINTESTINAL AGENTS- MISC.							
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	1						
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	3	•	•				
balsalazide disodium cap 750 mg (Colazal)	1						
BYLVAY - odevixibat cap 400 mcg, 1200 mcg	4	•			•		
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg, 600 mcg	4	•			•		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1						
calcium acetate (phosphate binder) tab 667 mg	1						
CHENODAL - chenodiol tab 250 mg	4				•		
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	4	•	•		•		
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	4	•	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1						
CTEXLI - chenodiol tab 250 mg	4					•	
DIPENTUM - olsalazine sodium cap 250 mg	3						
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	4	•		•		•	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	3		•	•			
GATTEX - teduglutide (rdna) for inj kit 5 mg	4	•					
IQIRVO - elafibranor tab 80 mg	4	•		•		•	
lactulose (encephalopathy) solution 10 gm/15ml	1						
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1				•		
LIVDELZI - seladelpar lysine cap 10 mg	4	•		•		•	
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml, 19 mg/ml	4	•					
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg, 30 mg	4	•					
lubiprostone cap 8 mcg, 24 mcg (Amitiza)	1	•			•		
mesalamine cap dr 400 mg (Delzicol)	1						
mesalamine cap er 24hr 0.375 gm (Apriso)	1						
mesalamine enema 4 gm	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
mesalamine suppos 1000 mg (Canasa)	1							sulfasalazine tab 500 mg (Azulfidine)	1						
mesalamine tab delayed release 800 mg	1							SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2	•			•		
mesalamine tab delayed release 1.2 gm (Lialda)	1							TREMFYA - guselkumab soln auto-injector 200 mg/2ml	4	•			•	•	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1							TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	4	•			•	•	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1							TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	4	•			•	•	
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq)	3							TRULANCE - plecanatide tab 3 mg	2	•			•		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2	•		•				ursodiol cap 300 mg	1						
OMVOH - mirikizumab-mrkz subcutaneous soln prefill syringe 100 mg/ml	4	•		•		•		ursodiol tab 250 mg (Urso 250)	1						
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	4	•		•		•		ursodiol tab 500 mg (Urso forte)	1						
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1			•				VIBERZI - eluxadoline tab 75 mg, 100 mg	3						
sevelamer carbonate tab 800 mg (Renvela)	1			•				VOWST - fecal microbiota spores, live-brpk caps	4	•			•		
sevelamer hcl tab 400 mg, 800 mg	1			•				XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	4					•	
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	4	•		•		•		ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	4	•			•		
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1							ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	4	•			•		
GENITOURINARY AGENTS															
URINARY ANTISPASMODICS															

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1						
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1						
flavoxate hcl tab 100 mg	1						
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	1						
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	2						
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	2						
oxybutynin chloride solution 5 mg/5ml	1						
oxybutynin chloride tab er 24hr 5 mg, 10 mg, 15 mg	1						
oxybutynin chloride tab 5 mg	1						
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1						
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1						
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1						
trospium chloride cap er 24hr 60 mg	1						
trospium chloride tab 20 mg	1						
VAGINAL PRODUCTS							
clindamycin phosphate vaginal cream 2% (Cleocin)	1						
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	3						
ENCARE - nonoxynol-9 vaginal suppos 100 mg	A			•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
estradiol vaginal cream 0.1 mg/gm (Estrace)	1						
estradiol vaginal tab 10 mcg (Vagifem)	1						
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2						
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3						
INTRAROSA - prasterone vaginal insert 6.5 mg	3						
metronidazole vaginal gel 0.75%	1						
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	3						
NUVESSA - metronidazole vaginal gel 1.3%	3						
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	3						
terconazole vaginal cream 0.4%, 0.8%	1						
terconazole vaginal suppos 80 mg	1						
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	A				•		
VANDAZOLE - metronidazole vaginal gel 0.75%	3						
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
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, 150 mg	4				•		
dutasteride cap 0.5 mg (Avodart)	1						
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1						
ELMIRON - pentosan polysulfate sodium caps 100 mg	3	•					
FILSPARI - sparsentan tab 200 mg, 400 mg	4	•	•	•	•		
finasteride tab 5 mg (Proscar)	1						
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2						
LITHOSTAT - acetohydroxamic acid tab 250 mg	3						
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1						
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1						
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1						
silodosin cap 4 mg, 8 mg (Rapaflo)	1						
sodium citrate & citric acid soln 500-334 mg/5ml	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
SODIUM CITRATE/CITRIC ACI - sodium citrate & citric acid soln 500-334 mg/5ml	3						
tamsulosin hcl cap 0.4 mg (Flomax)	1						
tiopronin tab delayed release 100 mg, 300 mg (Thiola ec)	1						
tiopronin tab 100 mg (Thiola)	1						
CENTRAL NERVOUS SYSTEM DRUGS							
ANTIANXIETY AGENTS							
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1						
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1						
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	1						
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1						
clorazepate dipotassium tab 3.75 mg, 7.5 mg, 15 mg	1						
diazepam conc 5 mg/ml	1						
diazepam oral soln 1 mg/ml	1						
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1						
hydroxyzine hcl syrup 10 mg/5ml	1						
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1						
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	3						
hydroxyzine pamoate cap 25 mg (Vistaril)	1						
hydroxyzine pamoate cap 50 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
lorazepam conc 2 mg/ml	1						
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1						
meprobamate tab 200 mg, 400 mg	1						
oxazepam cap 10 mg, 15 mg, 30 mg	1						
ANTIDEPRESSANTS							
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1						
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1						
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1						
bupropion hcl tab 75 mg, 100 mg	1						
citalopram hydrobromide oral soln 10 mg/5ml	1						
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1						
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1						
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1						
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1						
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1						
doxepin hcl conc 10 mg/ml	1						
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1						
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	3						
escitalopram oxalate soln 5 mg/5ml (base equiv)	1						
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1						
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	3		•				
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3		•				
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	3		•				
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1						
fluoxetine hcl solution 20 mg/5ml	1						
fluoxetine hcl tab 10 mg, 20 mg	1						
fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	1						
imipramine hcl tab 10 mg, 25 mg, 50 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
MARPLAN - isocarboxazid tab 10 mg	3							venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1						
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	1							venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1						
mirtazapine tab 7.5 mg, 45 mg	1							vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1						
mirtazapine tab 15 mg, 30 mg (Remeron)	1							ZURZUVAE - zuranolone cap 20 mg, 25 mg, 30 mg	4						•
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3							ANTIPSYCHOTICS							
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1							ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	3						
nortriptyline hcl soln 10 mg/5ml	1							ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	3						
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1							ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	3						
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	3							ariPIPRAZOLE ORAL SOLUTION 1 mg/ml	1						
protriptyline hcl tab 5 mg, 10 mg	1							ariPIPRAZOLE orally disintegrating tab 10 mg, 15 mg	1						
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1							ariPIPRAZOLE TAB 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG (Abilify)	1						
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1							ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	3						
tranylcypromine sulfate tab 10 mg (Parnate)	1														
trazodone hcl tab 50 mg, 100 mg, 150 mg	1														
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1														

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	3							haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	1						
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1							haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	1						
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1							haloperidol lactate oral conc 2 mg/ml	1						
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	3							haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1						
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	1							INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	3						
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	1							INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	3						
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	3							INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	3						
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3							LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	3						
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3							lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1						
fluphenazine decanoate inj 25 mg/ml	1							lithium carbonate tab er 300 mg (Lithobid)	1						
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3							lithium carbonate tab er 450 mg	1						
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1							lithium carbonate tab 300 mg	1						
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	3							lithium oral solution 8 meq/5ml	1						
								LITHOBID - lithium carbonate tab er 300 mg	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1							REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2						
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg (Latuda)	1							risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)	1						
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	3							RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	3						
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	1							risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1						
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1							risperidone soln 1 mg/ml (Risperdal)	1						
paliperidone tab er 24hr 1.5 mg	1							risperidone tab 0.25 mg	1						
paliperidone tab er 24hr 3 mg, 6 mg, 9 mg (Invega)	1							risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1						
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1							RYKINDO - risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg	3						
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	3							SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	3						
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1							thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1						
prochlorperazine suppos 25 mg	1							trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1						
quetiapine fumarate tab er 24hr 50 mg, 150 mg, 200 mg, 300 mg, 400 mg (Seroquel xr)	1							UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml, 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	3						
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg (Seroquel)	1														

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
VERSACLOZ - clozapine susp 50 mg/ml	3						
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2						
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1						
HYPNOTICS							
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	2						
estazolam tab 1 mg, 2 mg	1						
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1						
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	3	•	•				
phenobarbital elixir 20 mg/5ml	1						
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1						
ramelteon tab 8 mg (Rozerem)	1						
tasimelteon capsule 20 mg (Hetlioz)	1	•	•				
temazepam cap 15 mg, 30 mg (Restoril)	1						
zaleplon cap 5 mg, 10 mg	1						
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1						
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1						
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS							

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	1						
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg (Adderall)	1						
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1						
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1						
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1						
clonidine hcl tab er 12hr 0.1 mg	1						
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1						
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1						
dextroamphetamine sulfate cap er 24hr 5 mg, 15 mg	1						
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	1						
dextroamphetamine sulfate oral solution 5 mg/5ml	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
dextroamphetamine sulfate tab 5 mg, 10 mg	1							modafinil tab 100 mg, 200 mg (Provigil)	1						
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1							SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2	•		•			
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1							WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	4	•	•	•	•		
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1							PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.							
methamphetamine hcl tab 5 mg	1							acamprosate calcium tab delayed release 333 mg	1						
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd) (Metadate cd)	1							AQNEURSA - levacetylleucine for susp packet 1 gm	4	•		•		•	
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1							AUSTEDO - deutetrabenazine tab 6 mg, 9 mg, 12 mg	4	•	•	•	•		
methylphenidate hcl chew tab 2.5 mg, 5 mg, 10 mg	1							AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 18 mg, 24 mg, 30 mg, 36 mg, 42 mg, 48 mg	4	•		•		•	
methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml (Methylin)	1							AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	4	•	•			•	
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg (Concerta)	1							AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	4	•		•		•	
methylphenidate hcl tab er 10 mg, 20 mg	1							AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	4	•		•		•	
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1							BETASERON - interferon beta-1b for inj kit 0.3 mg	4	•		•		•	
								bupropion hcl (smoking deterrent) tab er 12hr 150 mg	A				•		
								CHLORDIAZEPOXIDE/ AMITRIPTYL - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	3						

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dalfampridine tab er 12hr 10 mg (Ampyra)	1					•		INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	4	•			•		
dimethyl fumarate capsule delayed release 120 mg, 240 mg (Tecfidera)	1		•			•		KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	4	•		•		•	
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1		•			•		lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	1						
disulfiram tab 250 mg, 500 mg	1							LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	4	•		•		•	
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1							LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	4	•		•		•	
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1							MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs)	4	•		•		•	
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1		•			•		MAYZENT - siponimod fumarate tab 0.25 mg (base equiv), 1 mg (base equiv), 2 mg (base equiv)	4	•		•		•	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3							MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	•		•		•	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	1							MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	•		•		•	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1							memantine hcl oral solution 2 mg/ml	1						
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	4	•		•		•		memantine hcl tab 5 mg, 10 mg	1						
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	1			•		•									
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	4	•		•		•									
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	4	•		•		•									

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1							PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	•			•	•	
nicotine polacrilex gum 2 mg, 4 mg	A				•			REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	4	•		•	•		
nicotine polacrilex lozenge 2 mg, 4 mg	A				•			REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	4	•		•	•		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	A				•			REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	•		•	•		
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	A				•			REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	•		•	•		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	A				•			rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1						
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	A				•			rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1						
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3							SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	2						
PIMOZIDE - pimozide tab 1 mg, 2 mg	3							SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	2						
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	4	•		•		•		SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	4	•		•	•		
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	•		•		•		teriflunomide tab 7 mg, 14 mg (Aubagio)	1			•	•		
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	4	•		•		•		tetrabenazine tab 12.5 mg, 25 mg (Xenazine)	1	•		•	•		
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	4	•		•		•									

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	A				•		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	A				•		
VUMERITY - diroximel fumarate capsule delayed release 231 mg	4	•		•		•	
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	4	•		•		•	
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	4	•		•		•	
ZEPOSIA - ozanimod hcl cap 0.92 mg	4	•		•		•	
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	4	•		•		•	
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	4	•		•		•	
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	1						
butalbital-acetaminophen- caffeine tab 50-325-40 mg (Esgic)	1						
butalbital-aspirin-caffeine cap 50-325-40 mg	1						
diflunisal tab 500 mg	1						
TENCON - butalbital- acetaminophen tab 50-325 mg	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ANALGESICS - NARCOTIC							
acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine)	1						
acetaminophen w/ codeine tab 300-30 mg, 300-60 mg	1						
ACETAMINOPHEN/ CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	3						
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	2				•		
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1						
buprenorphine hcl- naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1						
buprenorphine hcl- naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	1						
butalbital-acetaminophen- caff w/ cod cap 50-325-40-30 mg	1						
butalbital-aspirin- caff w/ codeine cap 50-325-40-30 mg	1						
butorphanol tartrate nasal soln 10 mg/ml	1				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
codeine sulfate tab 30 mg (Codeine sulfate)	1						
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1		•				
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3		•				
HYDROCODONE BITARTRATE/ AC - hydrocodone- acetaminophen soln 10-325 mg/15ml	3						
HYDROCODONE BITARTRATE/ AC - hydrocodone- acetaminophen tab 2.5-325 mg	2						
hydrocodone- acetaminophen soln 7.5-325 mg/15ml	1						
hydrocodone- acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg	1						
hydrocodone-ibuprofen tab 7.5-200 mg	1						
HYDROCODONE/ IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg	3						
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1						
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1		•				
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
methadone hcl conc 10 mg/ml (Methadose)	1						
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl)	1						
methadone hcl tab for oral susp 40 mg	1						
methadone hcl tab 5 mg, 10 mg	1						
MORPHINE SULFATE - morphine sulfate tab 15 mg, 30 mg	2						
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	3			•			
morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml, 100 mg/5ml (20 mg/ml) (Morphine sulfate)	1						
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)	1			•			
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	1						
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3			•			
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1						
oxycodone hcl soln 5 mg/5ml	1						
oxycodone hcl tab 5 mg, 10 mg, 20 mg	1						
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	1						
oxymorphone hcl tab 5 mg, 10 mg	1						
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	3		•				
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg	3		•				
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1		•				
tramadol hcl tab 50 mg	1						
tramadol-acetaminophen tab 37.5-325 mg	1						
XTAMPZA ER - oxycodone cap er 12hr abuse- deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2		•				
ANALGESICS - ANTI-INFLAMMATORY							
ADALIMUMAB-AATY CD/ UC/HS - adalimumab- aaty auto-injector kit 80 mg/0.8ml	4	•		•		•	
ADALIMUMAB-AATY 1- PEN KIT - adalimumab- aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	4	•		•		•	
ADALIMUMAB-AATY 2- PEN KIT - adalimumab- aaty auto-injector kit 40 mg/0.4ml	4	•		•		•	
ADALIMUMAB-AATY 2- SYRINGE - adalimumab- aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml, 80 mg/0.8ml	4	•			•		•
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	4	•			•		•
ARCALYST - rilonacept for inj 220 mg	4					•	
AURANOFIN - auranofin cap 3 mg	3						
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1						
diclofenac potassium tab 50 mg	1						
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1						
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1						
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1						
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	4	•		•		•	
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	4	•		•		•	
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	4	•		•		•	
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	4	•		•		•	
etodolac cap 200 mg, 300 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	1						
etodolac tab 400 mg (Lodine)	1						
etodolac tab 500 mg	1						
FLURBIPROFEN - flurbiprofen tab 50 mg	3						
FLURBIPROFEN - flurbiprofen tab 100 mg	1						
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	4	•		•		•	
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	4	•		•		•	
ibuprofen tab 400 mg, 600 mg, 800 mg	1						
indomethacin cap er 75 mg	1						
indomethacin cap 25 mg, 50 mg	1						
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	3						
ketorolac tromethamine tab 10 mg	1						
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	4	•		•		•	
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	4	•		•		•	
leflunomide tab 10 mg, 20 mg (Arava)	1						
LURBIPR - flurbiprofen tab 100 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	3						
meloxicam tab 7.5 mg, 15 mg	1						
nabumetone tab 500 mg, 750 mg	1						
naproxen sodium tab 275 mg	1						
naproxen sodium tab 550 mg (Anaprox ds)	1						
naproxen tab 250 mg, 375 mg	1						
naproxen tab 500 mg (Naprosyn)	1						
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	4	•			•		
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	4	•			•		
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	4	•			•		
OTEZLA - apremilast tab 20 mg, 30 mg	4	•			•		
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	2		•				
oxaprozin tab 600 mg (Daypro)	1						
piroxicam cap 10 mg, 20 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
RIDAURA - auranofin cap 3 mg	3						
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	4	•		•		•	
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	4	•		•		•	
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml, 80 mg/0.8ml	4	•		•		•	
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	4	•		•		•	
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	4	•		•		•	
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	4	•		•		•	
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	4	•		•		•	
sulindac tab 150 mg, 200 mg	1						
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	4	•		•		•	
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	4	•		•		•	
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	4	•		•		•	
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent), 10 mg (base equivalent)	4	•		•		•	
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent)	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
MIGRAINE PRODUCTS							
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2	•			•		
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2	•			•		
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2	•			•		
almotriptan malate tab 6.25 mg, 12.5 mg	1				•		
dihydroergotamine mesylate inj 1 mg/ml	1						
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	1				•		
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	•			•		
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml, 120 mg/ml	2	•			•		
ERGOMAR - ergotamine tartrate sl tab 2 mg	3						
ERGOTAMINE TARTRATE/CAFFE - ergotamine w/ caffeine tab 1-100 mg	3						
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1				•		
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	1				•		
NURTEC - rimegepant sulfate tab disint 75 mg	2	•			•		
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2	•			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	2	•		•				APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2						
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1			•				CARBAMAZEPINE - carbamazepine chew tab 200 mg	3						
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1			•				carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1						
rizatriptan benzoate tab 5 mg (base equivalent)	1			•				carbamazepine chew tab 100 mg	1						
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1			•				carbamazepine susp 100 mg/5ml (Tegretol)	1						
sumatriptan nasal spray 5 mg/act, 20 mg/act	1			•				carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1						
sumatriptan succinate inj 6 mg/0.5ml	1			•				carbamazepine tab 200 mg (Tegretol)	1						
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	1			•				CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	3						
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	1			•				clobazam suspension 2.5 mg/ml (Onfi)	1						
UBRELVY - ubrogepant tab 50 mg, 100 mg	2	•		•				clobazam tab 10 mg, 20 mg (Onfi)	1						
zolmitriptan tab 2.5 mg, 5 mg	1			•				clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1						
GOUT AGENTS															
allopurinol tab 100 mg, 300 mg	1							clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1						
colchicine tab 0.6 mg	1							DIACOMIT - stiripentol cap 250 mg, 500 mg	4					•	
colchicine w/ probenecid tab 0.5-500 mg	1							DIACOMIT - stiripentol packet 250 mg, 500 mg	4					•	
febuxostat tab 40 mg, 80 mg (Uloric)	1							DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	3						
probenecid tab 500 mg	1							diazepam rectal gel delivery system 10 mg, 20 mg	1						
NEUROMUSCULAR DRUGS															
ANTICONVULSANTS															

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	3						
DILANTIN INFATABS - phenytoin chew tab 50 mg	3						
DILANTIN-125 - phenytoin susp 125 mg/5ml	3						
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1						
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1						
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1						
EPIDIOLEX - cannabidiol soln 100 mg/ml	4	•				•	
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)	1						
ethosuximide cap 250 mg (Zarontin)	1						
ethosuximide soln 250 mg/5ml (Zarontin)	1						
felbamate susp 600 mg/5ml	1						
felbamate tab 400 mg, 600 mg (Felbatol)	1						
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	4	•	•	•	•		
FYCOMPA - perampanel susp 0.5 mg/ml	3						
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3						
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
gabapentin oral soln 250 mg/5ml (Neurontin)	1						
gabapentin tab 600 mg, 800 mg (Neurontin)	1						
lacosamide oral solution 10 mg/ml (Vimpat)	1						
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1						
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	3						
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	3						
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	3						
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1						
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1						
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1						
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1						
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1						
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1						
levetiracetam oral soln 100 mg/ml (Keppra)	1						
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1							rufinamide tab 200 mg, 400 mg (Banzel)	1						
methsuximide cap 300 mg (Celontin)	1							SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	3						
MYSOLINE - primidone tab 50 mg, 250 mg	3							TEGRETOL - carbamazepine susp 100 mg/5ml	3						
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	3							TEGRETOL - carbamazepine tab 200 mg	3						
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1							TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	3						
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1							tiagabine hcl tab 12 mg, 16 mg	1						
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	1							TOPIRAMATE - topiramate sprinkle cap 50 mg	3						
phenytoin chew tab 50 mg (Dilantin infatabs)	1							topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (Qudexy xr)	1	•					
phenytoin sodium extended cap 100 mg (Dilantin)	1							topiramate cap er 24hr 25 mg, 50 mg, 100 mg, 200 mg (Trokendi xr)	1	•					
phenytoin sodium extended cap 200 mg, 300 mg	1							topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1						
phenytoin susp 125 mg/5ml (Dilantin-125)	1							topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1						
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	1							valproate sodium oral soln 250 mg/5ml (base equiv)	1						
pregabalin soln 20 mg/ml (Lyrica)	1							valproic acid cap 250 mg	1						
PRIMIDONE - primidone tab 125 mg	3							VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	3						
primidone tab 50 mg, 250 mg (Mysoline)	1														
rufinamide susp 40 mg/ml (Banzel)	1														

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3						
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3						
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	3						
vigabatrin powd pack 500 mg (Sabril)	1				•		
vigabatrin tab 500 mg (Sabril)	1				•		
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3						
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3						
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	3						
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	3						
ZARONTIN - ethosuximide cap 250 mg	3						
ZARONTIN - ethosuximide soln 250 mg/5ml	3						
zonisamide cap 25 mg, 100 mg (Zonegran)	1						
zonisamide cap 50 mg	1						
ZTALMY - ganaxolone susp 50 mg/ml	4				•		
ANTIPARKINSON AGENTS							
amantadine hcl cap 100 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
amantadine hcl soln 50 mg/5ml	1						
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	4					•	
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1					•	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1						
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1						
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1						
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1						
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1						
carbidopa & levodopa tab 25-250 mg	1						
carbidopa tab 25 mg (Lodosyn)	1						
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 50-200-200 mg	1						
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1						
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
DUOPA - carbidopa-levodopa enteral susp 4.63-20 mg/ml	3						
entacapone tab 200 mg	1						
INBRIJA - levodopa inhal powder cap 42 mg	4				•		
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	3						
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1						
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1						
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1						
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	3						
selegiline hcl cap 5 mg	1						
selegiline hcl tab 5 mg	1						
tolcapone tab 100 mg (Tasmar)	1						
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	3						
trihexyphenidyl hcl tab 2 mg, 5 mg	1						
VYALEV - foscarbidopa-foslevodopa subcutaneous inj 12-240 mg/ml	4				•		

NEUROMUSCULAR AGENTS

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
DAYBUE - trofinetide oral soln 200 mg/ml	4	•				•	
DUVYZAT - givinstat hcl oral susp 8.86 mg/ml	4	•				•	
EVRYSDI - risdiplam for soln 0.75 mg/ml	4	•				•	
EVRYSDI - risdiplam tab 5 mg	4	•				•	
RADICAVA ORS - edaravone oral susp 105 mg/5ml	4	•				•	
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	4	•				•	
riluzole tab 50 mg (Rilutek)	1						
SKYCLARYS - omaveloxolone cap 50 mg	4	•				•	
MUSCULOSKELETAL THERAPY AGENTS							
baclofen tab 10 mg, 20 mg	1						
carisoprodol tab 250 mg, 350 mg (Soma)	1						
chlorzoxazone tab 500 mg	1						
cyclobenzaprine hcl tab 5 mg, 10 mg	1						
dantrolene sodium cap 25 mg (Dantrium)	1						
dantrolene sodium cap 50 mg, 100 mg	1						
metaxalone tab 400 mg, 800 mg	1						
methocarbamol tab 500 mg, 750 mg	1						
orphenadrine citrate tab er 12hr 100 mg	1						
SOHONOS - palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg	4	•			•		
tizanidine hcl tab 2 mg (base equivalent)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1						
ANTIMYASTHENIC AGENTS							
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	4	•		•		•	
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1						
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1						
pyridostigmine bromide tab 60 mg (Mestinon)	1						
NUTRITIONAL PRODUCTS							
VITAMINS							
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1						
phytonadione tab 5 mg	1						
MINERALS and ELECTROLYTES							
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3						
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	3						
pot phos monobasic w/ sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1						
potassium chloride cap er 8 meq, 10 meq	1						
POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq	3						
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1						
potassium chloride powder packet 20 meq	1						
potassium chloride tab er 8 meq (600 mg), 10 meq	1						
potassium chloride tab er 20 meq (1500 mg) (K-tab)	1						
potassium phosphate monobasic tab 500 mg (K-phos)	1						
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	3				•		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2				•		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1				•		
HEMATOLOGICAL AGENTS							
HEMATOPOIETIC AGENTS							
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	4					•	
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	4					•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
carbonyl iron susp 15 mg/1.25ml (elemental iron)	A				•			MIRCERA - methoxy peg- epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	3						
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	4	•		•		•		MULPLETA - lusutrombopag tab 3 mg	4	•		•		•	
cyanocobalamin inj 1000 mcg/ml	1							NIVESTYM - filgrastim- aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	4					•	
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	4	•		•		•		NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4					•	
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	4					•		NYVEPRIA - pegfilgrastim- apgf soln prefilled syringe 6 mg/0.6ml	4					•	
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	1	•		•				PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	4	•		•		•	
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv) (Promacta)	1	•		•				PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	4	•		•		•	
ferrous sulfate soln 75 mg/ ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe)	A					•		RETACRIT - epoetin alfa- epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ ml, 40000 unit/ml	4					•	
folic acid cap 0.8 mg	A					•		SIKLOS - hydroxyurea tab 100 mg, 1000 mg	3						
folic acid tab 400 mcg, 800 mcg	A					•		XOLREMDI - mavorixafor cap 100 mg	4	•		•		•	
folic acid tab 1 mg	1							ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4					•	
FULPHILA - pegfilgrastim- jmdb soln prefilled syringe 6 mg/0.6ml	4							ANTICOAGULANTS							
glutamine (sickle cell) powd pack 5 gm (Endari)	1	•				•									

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1			•			
ELIQUIS - apixaban tab 2.5 mg, 5 mg	2			•			
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2			•			
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	1						
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1						
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	1						
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	3						
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	3						
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	1						
heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml	1						
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, 150 mg	3				•		
rivaroxaban tab 2.5 mg (Xarelto)	1				•		
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1						
XARELTO - rivaroxaban for susp 1 mg/ml	2				•		
XARELTO - rivaroxaban tab 2.5 mg, 10 mg, 15 mg, 20 mg	2				•		
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2				•		
HEMOSTATICS							
tranexamic acid tab 650 mg	1						
HEMATOLOGICAL AGENTS - MISC.							
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	•					•
ADYNONOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	•					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	4	•				•		COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	4	•				•	
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	4	•				•		CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	4					•	
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	4	•				•		dipyridamole tab 25 mg, 50 mg, 75 mg	1						
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	•				•		ELOCTATE - antihemophilic factor rcmb (bdd-rfviifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	4	•				•	
ALTUVIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	•				•		EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	4	•		•		•	
anagrelide hcl cap 0.5 mg (Agrylin)	1							ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	•				•	
anagrelide hcl cap 1 mg	1							FABHALTA - iptacopan hcl cap 200 mg	4	•		•		•	
aspirin-dipyridamole cap er 12hr 25-200 mg	1							FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	4					•	
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	•				•		FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4					•	
BRILINTA - ticagrelor tab 60 mg, 90 mg	2							HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	4	•		•		•	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	4					•		HEMLIBRA - emicizumab-kwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	•		•		•	
cilostazol tab 50 mg, 100 mg	1														
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1														

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	4	•				•		KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 500 unit, 1000 unit, 3000 unit	4					•	
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	4	•				•		KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	•				•	
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml	4	•		•		•		NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	•				•	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	•		•		•		NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	4	•				•	
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	4	•				•		NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	4	•				•	
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	•				•		NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	•				•	
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucI) for inj 500 unit	4	•				•		NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	•				•	
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucI)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	•				•		NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	4	•				•	
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	4	•				•		OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4					•	
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	4	•				•		ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	4	•		•		•	
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 2000 unit	4	•				•									

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
pentoxifylline tab er 400 mg	1						
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1						
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	4	•			•		
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	4				•		
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	4				•		
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	4	•			•		
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	4	•			•		
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4				•		
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	•			•		
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	4	•		•	•		
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	4	•			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
TAKHZYRO - lanadelumab-fyo inj 300 mg/2ml (150 mg/ml)	4	•			•		
TAKHZYRO - lanadelumab-fyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	•			•		
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	4	•			•		
ticagrelor tab 60 mg, 90 mg (Brilinta)	1						
TRETEN - coagulation factor xiii a-subunit for inj 2500 unit	4					•	
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	4	•				•	
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	•				•	
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	•				•	
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	•				•	
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	4	•				•	
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	•				•	
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	4	•				•	
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
TOPICAL PRODUCTS							
OPHTHALMIC AGENTS							
ALOCRIL - nedocromil sodium ophth soln 2%	3						
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	3						
ATROPINE SULFATE - atropine sulfate ophth soln 1%	3						
atropine sulfate ophth soln 1%	1						
azelastine hcl ophth soln 0.05%	1						
BACITRACIN - bacitracin ophth oint 500 unit/gm	2						
bacitracin-polymyxin b ophth oint	1						
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1						
bepotastine besilate ophth soln 1.5% (Bepreve)	1						
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3						
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	3						
brimonidine tartrate ophth soln 0.2%	1						
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1						
brinzolamide ophth susp 1% (Azopt)	1						
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1						
CARTEOLOL HCL - carteolol hcl ophth soln 1%	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1						
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	3						
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	3						
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3						
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1						
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	4					•	
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	4					•	
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3						
diclofenac sodium ophth soln 0.1%	1						
difluprednate ophth emulsion 0.05% (Durezol)	1						
dorzolamide hcl ophth soln 2%	1						
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1						
epinastine hcl ophth soln 0.05%	1						
erythromycin ophth oint 5 mg/gm	1						
fluorometholone ophth susp 0.1% (Fml liquifilm)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	3							neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1						
gatifloxacin ophth soln 0.5%	1							neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1						
gentamicin sulfate ophth soln 0.3%	1							NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3						
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1							ofloxacin ophth soln 0.3% (Ocuflox)	1						
ketorolac tromethamine ophth soln 0.5% (Acular)	1							olopatadine hcl ophth soln 0.1% (base equivalent)	1						
latanoprost ophth soln 0.005% (Xalatan)	1							OXERVATE - cenegeamin-bkjb ophth soln 0.002% (20 mcg/ml)	4	•		•		•	
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	3							PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	3						
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3							pilocarpine hcl ophth soln 1%, 2%, 4%	1						
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	3							polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1						
loteprednol etabonate ophth gel 0.5% (Lotemax)	1							prednisolone acetate ophth susp 1% (Pred forte)	1						
loteprednol etabonate ophth susp 0.2% (Alrex)	1							SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2						
loteprednol etabonate ophth susp 0.5% (Lotemax)	1							sulfacetamide sodium ophth soln 10%	1						
LUMIGAN - bimatoprost ophth soln 0.01%	2							SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	3						
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1							tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1						
NATACYN - natamycin ophth susp 5%	2														
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1														

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
timolol maleate ophth soln 0.25%, 0.5%	1						
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3						
tobramycin ophth soln 0.3%	1						
tobramycin-dexamethasone ophth susp 0.3-0.1%	1						
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1						
TRIFLURIDINE - trifluridine ophth soln 1%	2						
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	3						
ZIRGAN - ganciclovir ophth gel 0.15%	3						
OTIC AGENTS							
acetic acid otic soln 2%	1						
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	1						
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1						
CIPROFLOXACIN/FLUOCINOLON - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3						
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1						
hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone/aceti)	1						
neomycin-polymyxin-hc otic soln 1%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1						
ofloxacin otic soln 0.3%	1						
OTOVEL - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3						
MOUTH/THROAT/DENTAL AGENTS							
cevimeline hcl cap 30 mg (Evoxac)	1						
chlorhexidine gluconate soln 0.12% (Peridex)	1						
clotrimazole troche 10 mg	1						
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2						
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	2						
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2						
lidocaine hcl viscous soln 2%	1						
nystatin susp 100000 unit/ml (Nystatin)	1						
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	3						
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1						
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	2						
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
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 rinse 0.2%	1				•		
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	2						
SODIUM FLUORIDE/ POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	2						
stannous fluoride conc 0.63%	1				•		
stannous fluoride gel 0.4%	1				•		
triamcinolone acetonide dental paste 0.1%	1						
ANORECTAL AGENTS							
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotion 2.5-1%	3						
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	2						
HYDROCORTISONE - hydrocortisone perianal cream 1%	3						
hydrocortisone acetate suppos 25 mg	1						
hydrocortisone enema 100 mg/60ml (Cortenema)	1						
hydrocortisone perianal cream 2.5% (Anusol-hc)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
nitroglycerin oint 0.4% (Rectiv)	1						
PROCTOCORT - hydrocortisone perianal cream 1%	3						
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	3						
DERMATOLOGICALS							
acitretin cap 10 mg, 17.5 mg, 25 mg	1						
acyclovir oint 5% (Zovirax)	1						
ADBRY - tralokinumab-Idrm subcutaneous soln auto-injector 300 mg/2ml	4	•			•		•
ADBRY - tralokinumab-Idrm subcutaneous soln prefilled syr 150 mg/ml	4	•			•		•
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	3						
alclometasone dipropionate cream 0.05%	1						
ALTRENO - tretinoin lotion 0.05%	3	•					
azelaic acid gel 15%	1						
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	3						
betamethasone dipropionate augmented cream 0.05%	1						
betamethasone dipropionate augmented lotion 0.05%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1						
betamethasone dipropionate cream 0.05%	1						
betamethasone dipropionate lotion 0.05%	1						
betamethasone dipropionate oint 0.05%	1						
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	3						
betamethasone valerate cream 0.1% (base equivalent)	1						
betamethasone valerate oint 0.1% (base equivalent)	1						
bexarotene gel 1% (Targretin)	1	•			•		
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	1						
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	3						
calcipotriene cream 0.005%	1						
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	4	•	•	•	•		
ciclopirox gel 0.77%	1						
ciclopirox olamine cream 0.77% (base equiv)	1						
ciclopirox olamine susp 0.77% (base equiv)	1						
ciclopirox shampoo 1%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ciclopirox solution 8% (Penlac Nail Lacquer)	1						
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1						
clindamycin phosphate gel 1% (twice-daily)	1						
clindamycin phosphate lotion 1% (Cleocin-t)	1						
clindamycin phosphate soln 1%	1						
clindamycin phosphate swab 1%	1						
clobetasol propionate cream 0.05%	1						
clobetasol propionate emollient base cream 0.05%	1						
clobetasol propionate gel 0.05%	1						
clobetasol propionate oint 0.05%	1						
clobetasol propionate soln 0.05%	1						
clocortolone pivalate cream 0.1% (Cloderm)	1						
clotrimazole w/ betamethasone cream 1-0.05%	1						
CORDRAN - flurandrenolide tape 4 mcg/sqcm	3						
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	4	•		•		•	
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	4	•		•		•		ERTACZO - sertaconazole nitrate cream 2%	3						
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	4	•		•		•		ERY - erythromycin pads 2%	3						
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	4	•		•		•		erythromycin gel 2% (Erygel)	1						
crotamiton lotion 10%	3							erythromycin soln 2%	1						
desonide cream 0.05% (Desowen)	1							EXELDERM - sulconazole nitrate cream 1%	3						
desonide oint 0.05%	1							EXELDERM - sulconazole nitrate solution 1%	3						
desoximetasone cream 0.25% (Topicort)	1							FILSUVÉZ - birch triterpenes gel 10%	4	•				•	
desoximetasone oint 0.25% (Topicort)	1							fluocinolone acetonide cream 0.01%	1						
diclofenac sodium soln 1.5%	1							fluocinolone acetonide cream 0.025% (Synalar)	1						
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	4	•		•		•		fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1						
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	4	•		•		•		fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1						
EBGLYSS - lebrikizumab-Ibkz solution prefilled syringe 250 mg/2ml	4	•		•		•		fluocinolone acetonide oint 0.025% (Synalar)	1						
EBGLYSS - lebrikizumab-Ibkz subcutaneous soln auto-inject 250 mg/2ml	4	•		•		•		fluocinolone acetonide soln 0.01%	1						
econazole nitrate cream 1%	1							fluocinonide cream 0.05%	1						
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	2							fluocinonide cream 0.1% (Vanos)	1						
								fluocinonide emulsified base cream 0.05%	1						
								fluocinonide gel 0.05%	1						
								fluocinonide oint 0.05%	1						
								fluocinonide soln 0.05%	1						
								FLUOROURACIL - fluorouracil soln 2%	3						
								fluorouracil cream 5% (Efudex)	1						
								fluorouracil soln 5%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
fluticasone propionate cream 0.05%	1							metronidazole cream 0.75% (Metrocream)	1						
fluticasone propionate oint 0.005%	1							metronidazole gel 0.75%	1						
gentamicin sulfate cream 0.1%	1							metronidazole gel 1% (Metrogel)	1						
gentamicin sulfate oint 0.1%	1							mometasone furoate cream 0.1%	1						
halobetasol propionate cream 0.05%	1							mometasone furoate oint 0.1%	1						
HYDROCORTISONE - hydrocortisone lotion 2.5%	3							mometasone furoate solution 0.1% (lotion)	1						
hydrocortisone cream 2.5%	1							mupirocin oint 2%	1						
hydrocortisone oint 2.5%	1							NATROBA - spinosad susp 0.9%	3						
hydrocortisone valerate cream 0.2%	1							NEMLUVIO - nemolizumab-ilto for subcutaneous auto-injector 30 mg	4	•	•		•		
HYFTOR - sirolimus gel 0.2%	3	•	•					NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3						
imiquimod cream 5%	1							nystatin cream 100000 unit/gm	1						
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1							nystatin oint 100000 unit/gm	1						
ketoconazole cream 2%	1							nystatin topical powder 100000 unit/gm	1						
ketoconazole shampoo 2%	1							nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1						
lactic acid (ammonium lactate) cream 12%	1							nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1						
lactic acid (ammonium lactate) lotion 12%	1							oxiconazole nitrate cream 1% (Oxistat)	1						
lidocaine hcl soln 4%	1							permethrin cream 5%	1						
lidocaine oint 5%	1							PODOFILOX - podofilox soln 0.5%	3						
lidocaine patch 5% (Lidoderm)	1							REGRANEX - becaplermin gel 0.01%	3						
lidocaine-prilocaine cream 2.5-2.5%	1														
malathion lotion 0.5% (Ovide)	1														
METHOXSALEN - methoxsalen rapid cap 10 mg	3														

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
SANTYL - collagenase oint 250 unit/gm	3							tazarotene cream 0.05% (Tazorac)	1						
SELARSDI - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	4	•		•		•		tazarotene cream 0.1% (Tazorac)	1	•					
selenium sulfide lotion 2.5%	1							tazarotene gel 0.05%, 0.1% (Tazorac)	1	•					
silver sulfadiazine cream 1% (Silvadene)	1							TREMFYA - guselkumab soln auto-injector 100 mg/ml	4	•		•		•	
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	4	•		•		•		TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	4	•		•		•	
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	4	•		•		•		TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	4	•		•		•	
SOOLANTRA - ivermectin cream 1%	1							tretinoin cream 0.025%, 0.1% (Retin-a)	1	•					
SOTYKTU - deucravacitinib tab 6 mg	4	•		•		•		tretinoin gel 0.01% (Retin-a)	1	•					
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	4	•		•		•		triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1						
SPINOSAD - spinosad susp 0.9%	3							triamcinolone acetonide lotion 0.025%, 0.1%	1						
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	4	•		•		•		triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1						
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	3							VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	4				•		
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	3							YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	4	•		•		•	
sulfacetamide sodium lotion 10% (acne) (Klaron)	1							YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	4	•		•		•	
SULFAMYLYON - mafenide acetate cream 85 mg/gm	3							MISCELLANEOUS PRODUCTS							
tacrolimus oint 0.03%, 0.1%	1							ANTIDOTES							
								CHEMET - succimer cap 100 mg	2						
								deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	1				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
deferiprone tab 500 mg, 1000 mg (Ferriprox)	1					•	
FERRIPROX - deferiprone oral soln 100 mg/ml	4					•	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2						
naloxone hcl inj 0.4 mg/ml, 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	3						
NALOXONE HYDROCHLORIDE - naloxone hcl soln prefilled syringe 0.4 mg/ml	2						
naltrexone hcl tab 50 mg	1						
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2						
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	2						
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	3						
DIAGNOSTIC PRODUCTS							
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2						
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2						
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	2						
ONETOUCH ULTRA - glucose blood test strip	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ONETOUCH ULTRA BLUE TEST - glucose blood test strip	2						
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	2						
ONETOUCH VERIO TEST STRIP - glucose blood test strip	2						
MEDICAL DEVICES							
CAYA - diaphragm arc-spring	A					•	
CONDOMS-MALE - VARIOUS	A					•	
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	2						
CONTOUR LOW CONTROL - blood glucose calibration - liquid - low	2						
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low	2						
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	2						
DEXCOM G6 RECEIVER - continuous glucose system receiver	2	•				•	
DEXCOM G6 SENSOR - continuous glucose system sensor	2	•				•	
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	2	•				•	
DEXCOM G7 RECEIVER - continuous glucose system receiver	2	•				•	
DEXCOM G7 SENSOR - continuous glucose system sensor	2	•				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ENLITE GLUCOSE SENSOR - continuous glucose system sensor	3	•		•			
FC2 FEMALE CONDOM - condoms - female	A			•			
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	A			•			
FREESTYLE LIBRE 14 DAY/RE - continuous glucose system receiver	3	•		•			
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	•		•			
FREESTYLE LIBRE 2/ SENSOR/ - continuous glucose system sensor	3	•		•			
FREESTYLE LIBRE 3 PLUS/SE - continuous glucose system sensor	3	•		•			
FREESTYLE LIBRE 3/ READER/ - continuous glucose system receiver	3	•		•			
FREESTYLE LIBRE 3/ SENSOR/ - continuous glucose system sensor	3	•		•			
FREESTYLE LIBRE/ READER/FL - continuous glucose system receiver	3	•		•			
GUARDIAN LINK 3 TRANSMITT - continuous glucose system transmitter	3	•		•			
GUARDIAN REAL-TIME REPLAC - continuous glucose system receiver	3	•		•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
GUARDIAN SENSOR (3) - continuous glucose system sensor	3	•		•			
GUARDIAN SENSOR 3 - continuous glucose system sensor	3	•		•			
GUARDIAN 4 GLUCOSE SENSOR - continuous glucose system sensor	3	•		•			
GUARDIAN 4 TRANSMITTER KI - continuous glucose system transmitter	3	•		•			
INSULIN PEN NEEDLES - VARIOUS	2						
INSULIN SYRINGES - VARIOUS	2						
LANCET DEVICES - VARIOUS	3						
LANCETS - VARIOUS	2						
LANCETS KIT - VARIOUS	3						
LANCETS MISC - VARIOUS	3						
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OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	2	•		•			
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	2	•		•			
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	2	•		•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	2	•		•			
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	2	•		•			
ONETOUCH ULTRA CONTROL - blood glucose calibration - liquid	2						
ONETOUCH ULTRA CONTROL SO - blood glucose calibration - liquid	2						
ONETOUCH VERIO LEVEL 3 CO - blood glucose calibration - liquid	2						
ONETOUCH VERIO LEVEL 4 CO - blood glucose calibration - liquid - high	2						
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	A			•			
ASSORTED CLASSES							
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	3						
azathioprine tab 50 mg (Imuran)	1						
azathioprine tab 75 mg, 100 mg	1						
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	4	•		•		•	
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ ml	4	•		•		•	
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1						
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
cyclosporine modified cap 50 mg	1						
cyclosporine modified oral soln 100 mg/ml (Neoral)	1						
ENSPRYNG - satralizumab- mwge subcutaneous soln pref syringe 120 mg/ml	4	•		•		•	
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	3						
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1						
JOENJA - leniolisib phosphate tab 70 mg	4	•		•		•	
lenalidomide caps 2.5 mg (Revlimid)	4	•				•	M
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	4	•				•	M
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2						
LUPKYNIS - voclosporin cap 7.9 mg	4	•		•		•	
mycophenolate mofetil cap 250 mg (Cellcept)	1						
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1						
mycophenolate mofetil tab 500 mg (Cellcept)	1						
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1						
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ ml	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
NEORAL - cyclosporine modified cap 25 mg, 100 mg	3							VELTASSA - patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2						
NEORAL - cyclosporine modified oral soln 100 mg/ml	3							VIJOICE - alpelisib (pros) oral granules packet 50 mg	4	•			•	•	
penicillamine tab 250 mg (Depen titratabs)	1					•		VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	4	•			•	•	
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	3							VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	4	•			•	•	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	3							ZOKINVY - Ionafarnib cap 50 mg, 75 mg	4	•			•	•	
REVLIMID - lenalidomide caps 2.5 mg	4	•				• M		ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3						
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REZUROCK - belumosudil mesylate tab 200 mg	4					•									
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	3														
sirolimus oral soln 1 mg/ml (Rapamune)	1														
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1														
sodium polystyrene sulfonate powder	1														
sodium polystyrene sulfonate susp 15 gm/60ml	1														
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	3														
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1														
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sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys).....	60
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex).....	60

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