University of Minnesota Formulary

October 2026

Please consider talking to your prescriber about prescribing formulary medications, which may help reduce your out-of-pocket costs. This formulary may help guide you and your doctor in selecting an appropriate medication for you.

This University of Minnesota Formulary was current at time of printing and is subject to change. Please visit our website, **www.MyPrime.com**, for the most current 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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Abbreviation key

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

Brand name drugs
Shown in CAPITAL letters (if Tier 1, $10 copay; if Tier 2, $30 copay; if Tier 3, $75 copay)

Generic drugs
Shown in bolded lower-case letters (Tier 1, $10 copay)

Non-formulary drugs
Covered drugs not included in this formulary listing (Tier 3, $75 copay)

Introduction to the University of Minnesota formulary

The University of Minnesota and Prime Therapeutics are pleased to provide this formulary as a reference and informational tool that will assist in selecting safe and cost-effective drug products. This formulary applies to employees, early retirees, and dependents of University of Minnesota who elect to participate in the University of Minnesota Medical and Pharmacy Program. Specific drug selection for an individual patient rests solely with the physician and the patient.

Using this formulary (finding your drugs)

Most of the drugs covered by the University of Minnesota Medical and Pharmacy Program are listed in this formulary. This is not a complete listing of all covered drugs. The University of Minnesota reserves the right to modify this formulary at any time.

The ***University of Minnesota Formulary*** is organized into broad therapeutic categories (e.g., Anti-Infective Drugs). Within most categories, drugs are subgrouped based upon drug class (e.g., Penicillins), or for a specific medical condition
(e.g., Diabetes).

- Most Generic drugs are followed by a Brand name (in parentheses) to help you recognize the drug. The brand name is listed for information only. Some Generic drugs have no brand name available.

  Example: **simvastatin (Zocor)**
- Formulary Brand drugs are shown in capital letters.

  Example: ASACOL HD
- A Generic or Formulary Brand entry will typically include all strengths, and dosage forms available for that product. Exceptions are typically noted.

  Example: **atenolol (Tenormin)**

  Tenormin is marketed as 25 mg, 50 mg and 100 mg tablets. Each strength is available generically. Generic atenolol is Tier 1. Tenormin is noted for reference only and is not listed in the University of Minnesota Formulary. Tenormin is available at a generic copay and difference in cost between the brand drug and the generic drug.

If you know the name of the drug your doctor has prescribed, or a drug that you think you may need, look first in the index at the end of the formulary. Participants who look for a particular drug and cannot find it within this formulary should consider the following reasons:

- The drug may be a covered Non-Formulary drug and available to participants at a $75 copay.
- The drug may be a Compounded Prescription (see section titled “COMPOUNDED PRESCRIPTIONS”).
- The drug may be covered as a Medical benefit and may be provided directly by your physician under the Medical portion of the University of Minnesota Medical and Pharmacy Program.
- The drug may be excluded from University of Minnesota coverage

Please note: You can use your member ID to log on to www.MyPrime.com to get the most current copay information.

Drugs represented in the ***University of Minnesota Formulary*** may have varying cost to the plan participant. Generic drugs typically are available at the lowest cost; brand-name drugs on the University of Minnesota Formulary will generally cost more than generics; and brand-name drugs not on the list will generally cost the most. Generics should be considered the first line of prescribing.

The tiered format places drugs into tiers or levels of cost sharing by the plan participant in the following manner:

Tier 1: Generic Plus	Lowest plan participant copayment: **All generic drugs and selected brand-name drugs.** Generic drugs shown in lowercase, **boldface** type and brand drugs shown in CAPITAL, non-bold type and marked as Tier 1 ($10 copay).
Tier 2: Preferred Brand-Name drugs	Intermediate plan participant copayment: Brand-name products on the University of Minnesota Formulary selected for Tier 2. Shown in CAPITAL letters, non-bold type, and marked as Tier 2 ($30 copay).
Tier 3: Non-Preferred drugs	Highest plan participant copayment: Brand-name products not selected for Tier 2. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this highest tier. Drugs shown in CAPITAL letters, non-bold type, and marked as Tier 3 ($75 copay). Covered Non-preferred Brand drugs not listed in the formulary are also in Tier 3 ($75 copay).

Over-the-counter (OTC) products tier 1 ($10 copay)

Certain over the counter (OTC) products are covered at Tier 1 ($10 copay) in the pharmacy benefit with a prescription. Please see the table below for commonly used OTC products covered but not listed in the formulary. Please note that not all OTC products are available at Prime Mail.

acetaminophen

Allegra (**fexofenadine**)

Allegra-D (**fexofenadine/pseudoephedrine ext-release**)

Artificial Tears

aspirin

bacitracin ointment

Benadryl (**diphenhydramine**)

benzoyl peroxide

biotin

calcium

Claritin (**loratadine**)

Claritin-D (**loratadine/pseudoephedrine ext-release**)

Debrox (**carbamide peroxide)**

docusate sodium

Dulcolax (**bisacodyl delayed-release**)

Excedrin (**aspirin-acetaminophen-caffeine)**

folic acid

hydrocortisone 1%

ibuprofen

Imodium (**loperamide**)

iron

Lotrimin AF (**clotrimazole**)

meclizine

Maalox (**aluminum-magnesium-simethicone)**

Miralax (**polyethylene glycol**)

Monistat (**miconazole**)

multivitamins

naproxen

Nasacort Allergy 24HR (**triamcinolone acetonide**)

Neosporin (**neomycin-bacitracin-polymyxin ointment**)

niacin

Nizoral (**ketoconazole**)

omeprazole delayed-release

Senokot (**sennosides/docusate**)

Prenatal Vitamins – various names

Prevacid 24 hr (**lansoprazole delayed-release**)

Prilosec OTC (**omeprazole delayed-release**)

Robitussin DM (**dextromethorphan/guaifenesin**)

Sudafed (**pseudoephedrine**)

Vitamins A, B, B-12, C, D, D3, E

Zantac (**ranitidine**)

Zyrtec Allergy (**cetirizine**)

Zyrtec-D Allergy/Congestion (**cetirizine/pseudoephedrine ext-release**)

Preventive drug list under affordable care act ($0 copay)

In accordance with requirements put forth through the Affordable Care Act (ACA), the University of Minnesota has elected to provide evidence-based Preventive Drug coverage at $0 in the pharmacy benefit with a prescription. Below are the drug categories available under your ACA Preventive Drug coverage. Not all medications are covered at $0 within each drug category.

This list will be reviewed periodically and is subject to change.

Drug/category	**Qualifications**
ASPIRIN 81 MG (RX & OTC)	
BOWEL PREPARATIONS (RX)	ADULTS: AGE 50 YEARS AND OLDER
BREAST CANCER (RALOXIFENE/TAMOXIFEN)	ADULTS: AGE 35 YEARS AND OLDER
FLUORIDE SUPPLEMENTS (RX & OTC)	CHILDREN: AGE 6 MONTHS – 16 YEARS
FOLIC ACID SUPPLEMENTS (OTC)	FEMALES
HIV PrEP (RX)	
INFANT EYE OINTMENT (ERYTHROMYCIN)	CHILDREN: AGE 0-3 MONTHS
IRON SUPPLEMENTS (RX & OTC)	CHILDREN: AGE 0-12 MONTHS
SINGLE-AGENT STATINS (RX)	ADULTS: AGE 40-75 YEARS
TOBACCO CESSATION (RX & OTC)	
VACCINES (ROUTINE IMMUNIZATIONS INCLUDING COVID-19 AND MONKEYPOX)	

Contraceptive coverage under the Affordable Care Act – $0 copay

Contraceptives in the Generic Plus tier are covered for women at a $0 copay in the pharmacy benefit with a prescription. Generic Plus contraceptives will be available in the following categories:

- Cervical Cap
- Diaphragm
- Emergency (Ella)
- Emergency (Plan B)
- Female condom
- Injectable
- Implantable rod
- Intrauterine device, copper
- Intrauterine device, progestin
- Oral combined
- Oral extended continuous
- Oral progestin
- Patch
- Ring
- Spermicide
- Sponge

For a complete listing of drugs covered under the University of Minnesota, please visit www.MyPrime.com.

Pharmacy and therapeutics (P&T) committee

The University of Minnesota Pharmacy Program Clinical Review Committee, consisting of University employees with clinical, drug therapy, and policy expertise, selects drugs for this formulary based on recommendations of an independent Prime Therapeutics' Pharmacy & Therapeutics (P&T) Committee that includes practicing physicians and pharmacists. Decisions on which drugs to include in the formulary are based on safety, efficacy, uniqueness, and cost. When a new drug is considered for formulary inclusion, it will be reviewed and compared to similar drugs currently included in the University of Minnesota Formulary. New drugs that are generics will be added as soon as possible at the Generic Plus level. New brand drugs will be excluded from coverage until they are reviewed by the Prime Therapeutics P&T committee and the University of Minnesota Pharmacy Program Clinical Review Committee. Formulary decisions are communicated quarterly on the Web site at www.MyPrime.com.

Generic plus drugs

The Generic Plus program is offered by the University of Minnesota to provide preferred drug products at a lower copay of $10 per 30-day supply. All generics and select brand-name drugs are included on Tier 1 at the $10 copay level. Brand-name drug products covered by the University of Minnesota Medical and Pharmacy Program and listed in this formulary on Tier 2 have a copay of $30 per 30-day supply. Drugs covered on Tier 3 by the University of Minnesota Medical and Pharmacy Program, have a copay of $75 per 30-day supply.

Generic Plus drugs which are considered *preferred* within each therapeutic category based upon safety, effectiveness, uniqueness, and cost, are highlighted in this formulary with **bold type.** In many therapeutic categories, the Generic Plus drugs are available as a generic. When there are therapeutic categories that do not have a generic available, one or more brand-name drugs have been designated as Generic Plus products and will be available at the lower $10 copay. Note, however, that the lower copay may not apply to all strengths or dosage forms of the drug name in bold type. In some cases, a drug may have a brand name and still be considered a generic drug.

Generic drug products: generic substitution

Generic substitution is the action by a pharmacist to select the source (manufacturer) of a drug product from among those drug products (brand and generic) that are considered to be therapeutically equivalent. Unless expressly indicated by the prescriber as "dispense as written" or D.A.W., pharmacists in Minnesota may dispense generic drug products that, in their professional judgment, are therapeutically equivalent unless the patient requests otherwise. In instances where the prescriber indicates D.A.W. or the patient requests D.A.W., the cost difference between the brand and the generic will be applied to the Generic Plus copay.

Generic drug approvals by the U.S. Food and Drug Administration (FDA) since 1984, and most generic approvals prior to 1984, have been based upon a demonstration that the generic drug product is therapeutically equivalent to the brand name product. To gain FDA approval as a therapeutically equivalent product:

1. The generic drug must contain the same active ingredient(s), be the same strength, and the same dosage form as the reference (brand name) product, and
2. The manufacturer of the generic drug must demonstrate to the FDA that it has the same rate and extent of absorption as the brand-name product.

Generic drug products that meet these FDA requirements are given an “A” rating indicating that they are considered by the FDA to be therapeutically equivalent. “Products evaluated as therapeutically equivalent can be expected to have equivalent clinical effect whether the product is a brand-name or generic drug product.” (*FDA Letter to Health Practitioners*, “Therapeutic Equivalence of Generic Drugs,” January 28, 1998). The ratings of brand and generic drug products are available in the FDA publication known as the “Orange Book**,**” or *Approved Drug Products with Therapeutic Equivalence Evaluations* (http://www.fda.gov/cder/ob/default.htm).

When a generic drug product has met the FDA requirements for therapeutic equivalence, the generic drug product can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product.

Certain drug products have a narrow therapeutic index (NTI), but even these drug products must meet these same FDA requirements for therapeutic equivalence and can be substituted with assurance that the generic will have the same safety and effectiveness as the brand name drug product. Health care providers do not need to approach any one therapeutic class of drug products (e.g., NTI drugs) differently than any other class when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Additional clinical tests or examinations by the prescriber are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

In addition to the “A” rated products, there are some marketed products that are “unrated.” Unrated products are generally pre-1938 drugs that were not required to undergo the FDA review and approval process. Also, many cough and cold products and multivitamin products do not require FDA review. Most of these products would be suitable for generic substitution. There are now many brand-name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source-branded product, irrespective of rating.

Some generic drug products reviewed by the FDA and listed in the *Orange Book* are given a “B” rating, indicating that these drug products are not considered to be therapeutically equivalent to the brand-name product. In some cases, generic substitution of “B” rated drug products for “A” rated drug products is not recommended. State law or regulations may affect the ability to practice generic substitution for selected products or categories of drugs.

Less than effective drugs: drug efficacy study implementation (DESI) drugs

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be approved and marketed. This legislation also applied retroactively to all drugs approved as safe from 1938 to 1962. The DESI (Drug Efficacy Study Implementation) program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications. Most of these pre-1962 drug products were determined to be fully effective, and they remain in the marketplace.

A few DESI products, however, were classified as “less than fully effective” and also remain in the marketplace. There are also drug products that are identical, similar, or related to actual DESI products that have been classified as “less than fully effective.” These “less than fully effective” DESI drug products are not a covered benefit under the University of Minnesota Medical and Pharmacy Program.

Compounded prescriptions

In some cases, a prescriber may write a prescription that needs to be prepared by the pharmacist by mixing two or more drug ingredients. Most powders and other ingredients that are commonly used in compounding a prescription drug are covered. Most compounded prescriptions are covered under the University of Minnesota’s formulary and will process according to the member’s benefit.

Prior Authorization (PA)

Prior Authorization may be required in the University of Minnesota Pharmacy Program for the following reasons:

1. Certain drugs require prior authorization to encourage safe and clinically appropriate use (drugs indicated with **PA** in the formulary). It will be necessary for your prescriber or Medication Therapy Management (MTM) pharmacist to complete and submit a **PA** form to Prime Therapeutics to request continued coverage of the selected drug.

2. If the prior authorization is approved by Prime Therapeutics, you can continue to take your drug at the $10 Generic Plus copay, $30 Preferred Brand Formulary copay, or $75 Non-Preferred Brand Formulary copay as determined by the formulary. If either you or your prescriber decides not to apply for the prior authorization, you can continue to take your drug, but you will be charged the full price of the drug.

You can find out if your drug has Prior Authorization, designated by an indicator in the column after the drug name, by looking in the formulary that begins on page 1. **You can also get more information about your Prior Authorization program at** www.MyPrime.com.

Step Therapy program (ST)

A process called Step Therapy is used in certain therapeutic drug categories to encourage use of safe, clinically appropriate or more cost-effective drugs. With Step Therapy, your prescriber is encouraged to prescribe a more cost-effective Step 1 drug before trying a less cost-effective Step 2 drug. Most drugs at Step 1 are available as the $10 Generic Plus copayment.

If you have already taken the Step 1 drug, or if there is some medical reason why you cannot do so, your prescriber can submit a prior authorization request to Prime Therapeutics on your behalf. The prior authorization form is available on the Web site at www.MyPrime.com.

If you decide that you prefer to remain on the higher Step 2 drug and do not try the Step 1 drug or request that your prescriber submit a prior authorization, you can continue to take your Step 2 drug. However, the University of Minnesota will not cover the Step 2 drug, and you will pay the full cost of the prescription drug.

You can find out if your drug has Step Therapy, designated by an indicator in the column after the drug name, by looking in the formulary that begins on page 1. **You can also get more information about your Step Therapy program at** www.MyPrime.com.

Mail service delivery

Mail Service Delivery offers participants the opportunity to submit prescriptions by mail or have prescribing prescribers fax in prescriptions. The prescription is then processed and delivered directly to the participant. Employees can receive a 90-day supply for two copays through Mail Service Delivery. Mail order forms and contact information can be found at www.MyPrime.com.

Specialty drugs

Specialty drugs are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C, rheumatoid arthritis and other complex conditions. Specialty drugs are high cost and have one or more of the following characteristics:

- They are often injected or infused, but some may be taken by mouth.
- They have unique storage or shipment requirements.
- Members using specialty medications need additional education and support from a health care professional due to the complexity of use and the potential for some serious side effects.
- They are often not stocked at all retail pharmacies.

Specialty drugs are most frequently available only through Fairview Specialty Pharmacy, Fairview Clinic or Hospital Pharmacies, or St. Luke’s or Essentia Health pharmacies in Duluth. A limited set of specialty medications are also available at other retail pharmacies. Details are available by calling 612.672.5289 or toll free at 1.877.509.5115.

Therapeutic Weblinks

The following links are to websites that provide information concerning a variety of different conditions. The University of Minnesota provides these links solely as a service for general information and convenience, and the links should not be used for the diagnosis or treatment of any medical condition. The University of Minnesota is not responsible for and does not control, approve, or endorse any site listed below, and the University of Minnesota is not responsible for and does not control, approve, or endorse any content existing therein. External links to non- University of Minnesota resources are in no way intended to represent an exhaustive listing.

Therapeutic Class	Sub-Therapeutic Class	Weblink
ANTI-INFECTIVE		https://wwwnc.cdc.gov/eid/about
		http://www.idsociety.org
	Hepatitis	http://www.cdc.gov/hepatitis/index.htm
		http://www.aasld.org
	HIV/AIDS	http://www.hiv.gov
	Influenza	http://www.cdc.gov/flu/
	Kidney Disease	http://www.kidney.org
BLOOD MODIFYING DRUGS		http://www.hemophilia.org
CANCER		http://www.asco.org
		http://www.nccn.org
CENTRAL NERVOUS SYSTEM DRUGS		http://www.psychiatry.org
	Depression	http://www.psychiatry.org
	Psychotic and Bipolar Disorders	http://www.psychiatry.org
	Sleep Aids	http://www.aasmnet.org
	Hyperactivity/Narcolepsy	http://www.aacap.org
		http://www.aap.org
	Multiple Sclerosis	http://www.aan.com
		https://www.nationalmssociety.org
	Obesity	https://www.cdc.gov/obesity
	Other Central Nervous System Drugs	http://www.aan.com

Therapeutic	Sub-Therapeutic Class	Weblink
GASTROINTESTINAL DRUGS		http://www.gi.org
		http://www.gastro.org
	Other Genitourinary Drugs	http://www.auanet.org
HEART AND CIRCULATORY DRUGS	Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations	http://www.heart.org
		http://diabetes.org
		http://www.acc.org
		https://www.cdc.gov/bloodpressure
	Angiotensin II Receptor Antagonists (ARBS) and Combinations	http://diabetes.org
		https://www.kidney.org/
	Beta Blockers and Combinations	http://www.acc.org
		https://www.mayoclinic.org
	Other Heart Related Drugs	http://www.acc.org
		http://www.heart.org
HORMONES, DIABETES AND RELATED DRUGS		http://www.menopause.org
	Erectile Dysfunction	http://www.auanet.org
	Osteoporosis	http://www.nof.org
NEUROMUSCULAR DRUGS		
	Seizures	http://www.aan.com
	Parkinson’s Disease	http://www.aan.com

Therapeutic	Sub-Therapeutic Class	Weblink
PAIN RELIEF DRUGS		http://www.asahq.org
		http://www.rheumatology.org
	Narcotic Drugs	http://www.asahq.org
		http://www.nccn.org
		https://asipp.org
	Rheumatoid and Osteoarthritis	http://www.rheumatology.org
		http://www.asahq.org
	Migraine Headaches	http://www.aan.com
RESPIRATORY AGENTS		http://www.aaaai.org
	Asthma	http://www.aaaai.org
		http://www.ginasthma.com
		http://www.goldcopd.com
		http://www.nhlbi.nih.gov
TOPICAL DRUGS		
	Ear	http://www.aap.org
	Skin Conditions/ Products – Acne	http://www.aad.org
	Other Skin Products	http://www.aad.org

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ANTI-INFECTIVE DRUGS					
PENICILLINS					
AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg, 250 mg	1				
amoxicillin (trihydrate) cap 250 mg, 500 mg	1				
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	1				
amoxicillin (trihydrate) for susp 400 mg/5ml (Amoxicillin)	1				
amoxicillin (trihydrate) tab 500 mg, 875 mg	1				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1				
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1				
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg	1				
ampicillin cap 500 mg	1				
AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2				
AUGMENTIN ES-600 – amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3				
dicloxacillin sodium cap 250 mg, 500 mg	1				
PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	3				
penicillin v potassium tab 250 mg, 500 mg	1				
CEPHALOSPORINS					
CEFACLOR – cefaclor cap 250 mg, 500 mg	3				
CEFACLOR – cefaclor for susp 250 mg/5ml	3				
CEFACLOR ER – cefaclor monohydrate tab er 12hr 500 mg	3				
CEFADROXIL – cefadroxil tab 1 gm	3				
cefadroxil cap 500 mg	1				
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1				
cefdinir cap 300 mg	1				
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1				
CEFIXIME – cefixime tab 400 mg	3				
CEFIXIME – cefixime for susp 100 mg/5ml	1				
cefixime cap 400 mg	1				
cefixime for susp 200 mg/5ml	1				
CEFPODOXIME PROXETIL – cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	3				
cefpodoxime proxetil tab 100 mg, 200 mg	1				
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1				
cefprozil tab 250 mg, 500 mg	1				
cefuroxime axetil tab 250 mg, 500 mg	1				
cephalexin cap 250 mg, 500 mg, 750 mg	1				
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1				
cephalexin tab 250 mg, 500 mg	1				
MACROLIDES					
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1				
azithromycin tab 250 mg (Zithromax z-pak)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
azithromycin tab 500 mg (Zithromax)	1				
azithromycin tab 600 mg	1				
CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml, 250 mg/5ml	3				
clarithromycin tab er 24hr 500 mg	1				
clarithromycin tab 250 mg, 500 mg	1				
DIFICID – fidaxomicin tab 200 mg	3				
DIFICID – fidaxomicin for susp 40 mg/ml	2				
E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml	2				
E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg	3				
ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml	2				
ERYTHROMYCIN DR – erythromycin w/ delayed release particles cap 250 mg	3				
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1				
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1				
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1				
erythromycin tab 250 mg, 500 mg	1				
fidaxomicin tab 200 mg (Dificid)	1				
ZITHROMAX – azithromycin for susp 200 mg/5ml	3				
ZITHROMAX – azithromycin tab 250 mg, 500 mg	3				
ZITHROMAX TRI-PAK – azithromycin tab 500 mg	3				
ZITHROMAX Z-PAK – azithromycin tab 250 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
TETRACYCLINES					
demeclocycline hcl tab 150 mg, 300 mg	1				
doxycycline hyclate cap 50 mg, 100 mg	1				
DOXYCYCLINE HYCLATE DR – doxycycline hyclate tab delayed release 50 mg	1				
doxycycline hyclate tab delayed release 75 mg, 150 mg	1				
doxycycline hyclate tab 20 mg, 50 mg, 100 mg	1				
doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg	1				
doxycycline monohydrate for susp 25 mg/5ml	1				
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg	1				
minocycline hcl cap 50 mg, 75 mg, 100 mg	1				
MINOCYCLINE HYDROCHLORIDE – minocycline hcl tab er 24hr 45 mg, 90 mg, 135 mg	3				
tetracycline hcl cap 250 mg, 500 mg	1				
TETRACYCLINE HYDROCHLORID – tetracycline hcl tab 250 mg, 500 mg	3				
FLUOROQUINOLONES					
BAXDELA – delafloxacin meglumine tab 450 mg (base equiv)	3				
CIPRO – ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)	3				
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	2				
CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1				
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ciprofloxacin hcl tab 750 mg (base equiv)	1				
levofloxacin oral soln 25 mg/ml	1				
levofloxacin tab 250 mg, 500 mg, 750 mg	1				
moxifloxacin hcl tab 400 mg (base equiv)	1				
OFLOXACIN – ofloxacin tab 300 mg, 400 mg	3				
sulfadiazine tab 500 mg	1				
AMINOGLYCOSIDES					
HUMATIN – paromomycin sulfate cap 250 mg	2				
neomycin sulfate tab 500 mg	1				
tobramycin nebu soln 300 mg/5ml (Tobi)	1	•			
TUBERCULOSIS					
CYCLOSERINE – cycloserine cap 250 mg	3				
ethambutol hcl tab 100 mg, 400 mg	1				
isoniazid syrup 50 mg/5ml	1				
isoniazid tab 100 mg, 300 mg	1				
PRETOMANID – pretomanid tab 200 mg	2				
PRIFTIN – rifapentine tab 150 mg	2				
pyrazinamide tab 500 mg	1				
rifabutin cap 150 mg	1				
rifampin cap 150 mg, 300 mg	1				
SIRTURO – bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	2	•			
FUNGAL INFECTIONS PA – Prior Authorization program information available at: www.MyPrime.com/MyPrime/UMN					
ANCOBON – flucytosine cap 250 mg, 500 mg	3				
CRESEMBA – isavuconazonium sulfate cap 74.5 mg, 186 mg	3		•		
DIFLUCAN – fluconazole for susp 40 mg/ml	3				
fluconazole for susp 10 mg/ml	1				
fluconazole for susp 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 ULTRAMICROSI – griseofulvin ultramicrosize tab 165 mg	3				
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				
nystatin tab 500000 unit	1				
posaconazole susp 40 mg/ml (Noxafil)	1		•		
posaconazole tab delayed release 100 mg (Noxafil)	1		•		
SPORANOX – itraconazole cap 100 mg	3				
terbinafine hcl tab 250 mg	1				
VFEND – voriconazole for susp 40 mg/ml	3		•		
voriconazole for susp 40 mg/ml (Vfend)	1		•		
voriconazole tab 50 mg (Vfend)	1		•		
voriconazole tab 200 mg	1		•		
VIRAL INFECTIONS					
Cytomegalovirus					

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
LIVTENCITY – maribavir tab 200 mg	3	•			•
PREVYMIS – letermovir tab 240 mg, 480 mg	3				•
PREVYMIS – letermovir pellet pack 20 mg, 120 mg	3				•
VALCYTE – valganciclovir hcl for soln 50 mg/ml (base equiv)	1				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1				
Hepatitis *PA – Prior Authorization program information available at: www.MyPrime.com/MyPrime/UMN*					
adefovir dipivoxil tab 10 mg	1				
BARACLUDE – entecavir tab 0.5 mg, 1 mg	3				
BARACLUDE – entecavir oral soln 0.05 mg/ml	1				
entecavir tab 0.5 mg, 1 mg (Baraclude)	1				
EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	1	•	•		•
EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	1	•	•		•
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	1	•	•		•
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	1	•	•		•
lamivudine tab 100 mg (hbv)	1				
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	1	•	•		•
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	1	•	•		•
MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg	1	•	•		•
PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	1	•	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	1	•	•		
RIBAVIRIN – ribavirin cap 200 mg	1	•			
RIBAVIRIN – ribavirin tab 200 mg	1	•			
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	1	•	•		•
SOVALDI – sofosbuvir tab 200 mg, 400 mg	1	•	•		•
SOVALDI – sofosbuvir pellet pack 150 mg, 200 mg	1	•	•		•
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg	3				
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	1	•	•		•
Herpes					
acyclovir cap 200 mg	1				
acyclovir susp 200 mg/5ml	1				
acyclovir tab 400 mg, 800 mg	1				
famciclovir tab 125 mg, 250 mg, 500 mg	1				
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1				
HIV/AIDS					
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				
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				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	1				
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	1				
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, 200-25 mg	1				
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	1				
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	3				
emtricitabine caps 200 mg (Emtriva)	1				
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	1				
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1				
EMTRIVA – emtricitabine caps 200 mg	3				
EMTRIVA – emtricitabine soln 10 mg/ml	3				
EPIVIR – lamivudine tab 150 mg, 300 mg	3				
EPIVIR – lamivudine oral soln 10 mg/ml	3				
etravirine tab 100 mg, 200 mg (Intelence)	1				
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	1				
fosamprenavir calcium tab 700 mg (base equiv)	1				
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	1				
INTELENCE – etravirine tab 25 mg	1				
INTELENCE – etravirine tab 100 mg, 200 mg	3				
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	1				
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)	1				
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)	1				
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)	1				
JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	1				
KALETRA – lopinavir-ritonavir tab 100-25 mg, 200-50 mg	3				
KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1				
lamivudine oral soln 10 mg/ml (Epivir)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
lamivudine tab 150 mg, 300 mg (Epivir)	1				
lamivudine-zidovudine tab 150-300 mg	1				
lopinavir-ritonavir tab 100-25 mg, 200-50 mg (Kaletra)	1				
maraviroc tab 150 mg, 300 mg (Selzentry)	1				
NEVIRAPINE – nevirapine susp 50 mg/5ml	3				
nevirapine tab er 24hr 400 mg	1				
nevirapine tab 200 mg	1				
NORVIR – ritonavir tab 100 mg	1				
NORVIR – ritonavir powder packet 100 mg	1				
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	1				
PREZCOBIX – darunavir-cobicistat tab 675-150 mg, 800-150 mg	1				
PREZISTA – darunavir oral susp 100 mg/ml	1				
PREZISTA – darunavir tab 75 mg, 150 mg	1				
PREZISTA – darunavir tab 600 mg, 800 mg	3				
RETROVIR – zidovudine cap 100 mg	3				
RETROVIR – zidovudine syrup 10 mg/ml	3				
REYATAZ – atazanavir sulfate cap 200 mg (base equiv), 300 mg (base equiv)	1				
REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)	3				
rilpivirine hcl tab 25 mg (base equivalent) (Edurant)	1				
ritonavir tab 100 mg (Norvir)	1				
RUKOBIA – fostemsavir tromethamine tab er 12hr 600 mg	3				
SELZENTRY – maraviroc tab 150 mg, 300 mg	3				
SELZENTRY – maraviroc oral soln 20 mg/ml	3				
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	3				
SUNLENCA – lenacapavir sodium tab 300 mg	3				
SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	3				
SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	1				
tenofovir disoproxil fumarate tab 300 mg (Viread)	1				
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	1				
TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv)	1				
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg	1				
TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	1				
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	3				
VIRACEPT – nelfinavir mesylate tab 250 mg, 625 mg	3				
VIREAD – tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	1				
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
YEZTUGO – lenacapavir sodium tab 300 mg (prophylaxis)	3				
ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv)	1				
zidovudine cap 100 mg (Retrovir)	1				
zidovudine syrup 10 mg/ml (Retrovir)	1				
zidovudine tab 300 mg	1				
Influenza					
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				
RELENZA DISKHALER – zanamivir aerosol powder breath activated 5 mg/act	3				
TAMIFLU – oseltamivir phosphate cap 75 mg (base equiv)	2				
TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv)	2				
XOFLUZA – baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	3				
MALARIA					
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1				
CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg	3				
chloroquine phosphate tab 500 mg	1				
COARTEM – artemether-lumefantrine tab 20-120 mg	3				
DARAPRIM – pyrimethamine tab 25 mg	3				
HYDROXYCHLOROQUINE SULFAT – hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1				
MALARONE – atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg	3				
mefloquine hcl tab 250 mg	1				
PLAQUENIL – hydroxychloroquine sulfate tab 200 mg	3				
PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)	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				
SOVUNA – hydroxychloroquine sulfate tab 200 mg, 300 mg	3				
WORM INFECTIONS					
albendazole tab 200 mg	1				
BENZNIDAZOLE – benznidazole tab 12.5 mg, 100 mg	2				
BILTRICIDE – praziquantel tab 600 mg	1				
IVERMECTIN – ivermectin tab 6 mg	3				
ivermectin tab 3 mg (Stromectol)	1				
praziquantel tab 600 mg (Biltricide)	1				
STROMECTOL – ivermectin tab 3 mg	3				
OTHER ANTI-INFECTIVES PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
atovaquone susp 750 mg/5ml (Mepron)	1				
BACTRIM – sulfamethoxazole-trimethoprim tab 400-80 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
BACTRIM DS – sulfamethoxazole-trimethoprim tab 800-160 mg	3				
CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent)	3	•			
CLEOCIN – clindamycin hcl cap 75 mg, 150 mg, 300 mg	3				
CLEOCIN PEDIATRIC GRANULE – clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3				
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				
HIPREX – methenamine hippurate tab 1 gm	3				
IMPAVIDO – miltefosine cap 50 mg	2				
LAGEVRIO – molnupiravir cap 200 mg	2				
LAMPIT – nifurtimox tab 30 mg, 120 mg	3				
linezolid for susp 100 mg/5ml (Zyvox)	1				
linezolid tab 600 mg (Zyvox)	1				
MACRODANTIN – nitrofurantoin macrocrystalline cap 25 mg	2				
MACRODANTIN – nitrofurantoin macrocrystalline cap 50 mg, 100 mg	3				
MEPRON – atovaquone susp 750 mg/5ml	3				
methenamine hippurate tab 1 gm (Hiprex)	1				
METRONIDAZOLE – metronidazole tab 125 mg	3				
metronidazole cap 375 mg	1				
metronidazole tab 250 mg, 500 mg	1				
NEBUPENT – pentamidine isethionate for nebulization soln 300 mg	3				
nitazoxanide tab 500 mg	1				
NITROFURANTOIN – nitrofurantoin susp 50 mg/5ml	3				
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	1				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1				
nitrofurantoin susp 25 mg/5ml	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				
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1				
RIBAVIRIN – ribavirin for inhal soln 6 gm	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 – trimethoprim tab 100 mg	3				
trimethoprim tab 100 mg (Trimethoprim)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
VANCOCIN – vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent)	3				
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	1				
CANCER DRUGS PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
abiraterone acetate tab 250 mg, 500 mg (Zytiga)	1	•	•		•
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	1	•			
AKEEGA – niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	3	•	•		•
ALECENSA – alectinib hcl cap 150 mg (base equivalent)	3	•	•		•
ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg	3	•	•		•
ALUNBRIG – brigatinib tab 30 mg, 90 mg, 180 mg	3	•	•		•
anastrozole tab 1 mg (Arimidex)	1				
ARIMIDEX – anastrozole tab 1 mg	2				
AROMASIN – exemestane tab 25 mg	2				
AUGTYRO – repotrectinib cap 40 mg, 160 mg	3	•	•		•
AYVAKIT – avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	3	•	•		•
BALVERSA – erdafitinib tab 3 mg, 4 mg, 5 mg	3	•	•		•
BESREMI – ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	3	•	•		•
BESREMI PEN – ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	3	•	•		•
bexarotene cap 75 mg (Targretin)	1	•	•		
bicalutamide tab 50 mg (Casodex)	1				
BOSULIF – bosutinib cap 50 mg, 100 mg	2	•	•		•
BOSULIF – bosutinib tab 100 mg, 400 mg, 500 mg	2	•	•		•
bosutinib tab 100 mg, 400 mg, 500 mg (Bosulif)	1	•	•		•
BRAFTOVI – encorafenib cap 75 mg	3	•	•		•
BRUKINSA – zanubrutinib cap 80 mg	2	•	•		•
BRUKINSA – zanubrutinib tab 160 mg	2	•	•		
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	2	•	•		•
CALQUENCE – acalabrutinib maleate tab 100 mg	2	•	•		•
capecitabine tab 150 mg, 500 mg (Xeloda)	1	•	•		
CAPRELSA – vandetanib tab 100 mg, 300 mg	2	•	•		•
CASODEX – bicalutamide tab 50 mg	2				
COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	•	•		•
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	•	•		•
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	•	•		•
COPIKTRA – duvelisib cap 15 mg, 25 mg	3	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	1	•	•		•
CYCLOPHOSPHAMIDE – cyclophosphamide cap 25 mg, 50 mg	3				
CYCLOPHOSPHAMIDE – cyclophosphamide tab 50 mg	3				
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1				
dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	1	•	•		•
DAURISMO – glasdegib maleate tab 25 mg (base equivalent), 100 mg (base equivalent)	3	•	•		•
ELIGARD – leuprolide acetate for subcutaneous inj kit 7.5 mg	2	•			
ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	2	•			
ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	2	•			
ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	2	•			
ERIVEDGE – vismodegib cap 150 mg	1	•	•		•
ERLEADA – apalutamide tab 60 mg, 240 mg	3	•	•		•
erlotinib hcl tab 25 mg (base equivalent), 150 mg (base equivalent)	1	•	•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	1	•	•		•
ETOPOSIDE – etoposide cap 50 mg	2				
EULEXIN – flutamide cap 125 mg	3				
everolimus tab for oral susp 2 mg, 3 mg, 5 mg (Afinitor disperz)	1	•	•		•
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	1	•	•		•
exemestane tab 25 mg (Aromasin)	1				
FARESTON – toremifene citrate tab 60 mg (base equivalent)	2				
FEMARA – letrozole tab 2.5 mg	1				
FOTIVDA – tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	3	•	•		•
FRUZAQLA – fruquintinib cap 1 mg, 5 mg	3	•	•		•
GAVRETO – pralsetinib cap 100 mg	2	•	•		•
gefitinib tab 250 mg (Iressa)	1	•	•		•
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	2	•	•		•
GLEEVEC – imatinib mesylate tab 100 mg (base equivalent), 400 mg (base equivalent)	3	•	•		•
GLEOSTINE – lomustine cap 10 mg, 40 mg, 100 mg	3	•			
GLIADEL WAFER – carmustine in polifeprosan intracranial implant wafer 7.7 mg	2				
HERNEXEOS – zongertinib tab 60 mg	3	•	•		•
HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	2	•	•		
HYDREA – hydroxyurea cap 500 mg	2				
hydroxyurea cap 500 mg (Hydrea)	1				
IBRANCE – palbociclib cap 125 mg	2	•	•		•
IBRANCE – palbociclib tab 75 mg, 100 mg, 125 mg	2	•	•		•
ICLUSIG – ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	2	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
IDHIFA – enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	3	•	•		•
imatinib mesylate tab 100 mg (base equivalent), 400 mg (base equivalent) (Gleevec)	1	•	•		•
IMBRUVICA – ibrutinib cap 70 mg, 140 mg	2	•	•		•
IMBRUVICA – ibrutinib tab 140 mg, 280 mg, 420 mg	3	•	•		•
IMBRUVICA – ibrutinib oral susp 70 mg/ml	3	•	•		•
INLYTA – axitinib tab 1 mg, 5 mg	3	•	•		•
INQOVI – decitabine-cedazuridine tab 35-100 mg	2	•	•		•
INREBIC – fedratinib hcl cap 100 mg	3	•	•		•
IRESSA – gefitinib tab 250 mg	3	•	•		•
ITOVEBI – inavolisib tab 3 mg, 9 mg	2	•	•		•
IWILFIN – eflornithine hcl tab 192 mg	3	•	•		•
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	3	•	•		•
JAYPIRCA – pirtobrutinib tab 50 mg, 100 mg	3	•	•		•
KISQALI – ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	2	•	•		•
KOSELUGO – selumetinib sulfate cap 10 mg, 25 mg	3	•	•		•
KOSELUGO – selumetinib sulfate cap sprinkle 5 mg, 7.5 mg	3	•	•		•
KRAZATI – adagrasib tab 200 mg	3	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	•	•		•
LAZCLUZE – lazertinib mesylate tab 80 mg, 240 mg	3	•	•		•
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	•	•		•
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	•	•		•
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	•	•		•
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	•	•		•
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	•	•		•
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	•	•		•
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	•	•		•
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	•	•		•
letrozole tab 2.5 mg (Femara)	1				
leucovorin calcium tab 5 mg, 15 mg, 25 mg	1				
LEUKERAN – chlorambucil tab 2 mg	2				
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	•			
lomustine cap 10 mg, 40 mg, 100 mg (Gleostine)	1	•			
LONSURF – trifluridine-tipiracil tab 15-6.14 mg, 20-8.19 mg	2	•	•		•
LORBRENA – lorlatinib tab 25 mg, 100 mg	3	•	•		•
LUMAKRAS – sotorasib tab 120 mg, 240 mg, 320 mg	3	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg, 7.5 mg	2	•			
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	2	•			
LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg	2	•			
LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg	2	•			
LYNPARZA – olaparib tab 100 mg, 150 mg	2	•	•		•
LYSODREN – mitotane tab 500 mg	2	•	•		
LYTGOBI – futibatinib tab therapy pack 4 mg (12 mg daily dose), 4 mg (16 mg daily dose), 4 mg (20 mg daily dose)	3	•	•		•
MATULANE – procarbazine hcl cap 50 mg	2	•	•		
megestrol acetate susp 40 mg/ml	1				
megestrol acetate tab 20 mg, 40 mg	1				
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent), 2 mg (base equivalent)	2	•	•		•
MEKINIST – trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	•	•		•
MEKTOVI – binimetinib tab 15 mg	3	•	•		•
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	1				
mercaptopurine tab 50 mg	1				
mesna tab 400 mg (Mesnex)	1				
MESNEX – mesna tab 400 mg	3				
METHOTREXATE SODIUM – methotrexate sodium inj 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	3				
METHOTREXATE SODIUM – methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	3				
methotrexate sodium for inj 1 gm	1				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	1				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (Methotrexate sodium)	1				
methotrexate sodium tab 2.5 mg (base equiv)	1				
MODEYSO – dordaviprone hcl cap 125 mg	3	•	•		•
MYLERAN – busulfan tab 2 mg	2				
NERLYNX – neratinib maleate tab 40 mg (base equivalent)	3	•	•		•
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	3	•	•		•
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	1	•	•		•
NILUTAMIDE – nilutamide tab 150 mg	1				
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	3	•	•		•
NUBEQA – darolutamide tab 300 mg	3	•	•		•
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	2	•	•		•
OGSIVEO – nirogacestat hydrobromide tab 100 mg, 150 mg	3	•	•		•
OJEMDA – tovorafenib tab 100 mg	3	•	•		•
OJEMDA – tovorafenib for oral susp 25 mg/ml	3	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
OJJAARA – momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	3	•	•		•
ONUREG – azacitidine tab 200 mg, 300 mg	3	•	•		•
ORGOVYX – relugolix tab 120 mg	3	•	•		•
ORSERDU – elacestrant hydrochloride tab 86 mg, 345 mg	3	•	•		•
pazopanib hcl tab 200 mg (base equiv) (Votrient)	1	•	•		•
PEMAZYRE – pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	3	•	•		•
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	2	•	•		•
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	•	•		•
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	•	•		•
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	1	•	•		•
POMALYST – pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	3	•	•		•
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	3				
QINLOCK – ripretinib tab 50 mg	3	•	•		•
RETEVMO – selpercatinib tab 40 mg, 80 mg, 120 mg, 160 mg	3	•	•		•
REZLIDHIA – olutasidenib cap 150 mg	3	•	•		•
ROZLYTREK – entrectinib cap 100 mg, 200 mg	2	•	•		•
ROZLYTREK – entrectinib pellet pack 50 mg	2	•	•		•
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	2	•	•		•
RYDAPT – midostaurin cap 25 mg	2	•	•		•
SCEMBLIX – asciminib hcl tab 20 mg, 40 mg, 100 mg	3	•	•		•
SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3				
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	•	•		•
STIVARGA – regorafenib tab 40 mg	2	•	•		•
sunitinib malate cap 12.5 mg (base equivalent), 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	1	•	•		•
SUTENT – sunitinib malate cap 12.5 mg (base equivalent), 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)	3	•	•		•
TABLOID – thioguanine tab 40 mg	2	•			
TABRECTA – capmatinib hcl tab 150 mg, 200 mg	2	•	•		•
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	2	•	•		•
TAFINLAR – dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	•	•		•
TAGRISSO – osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	2	•	•		•
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)	2	•	•		•
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1				
TARGRETIN – bexarotene cap 75 mg	2	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	1	•	•		
TEPMETKO – tepotinib hcl tab 225 mg	3	•	•		•
TIBSOVO – ivosidenib tab 250 mg	2	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1				
tretinoin cap 10 mg	1	•	•		
TRUQAP – capivasertib tab therapy pack 160 mg, 200 mg	3	•	•		•
TRUQAP – capivasertib tab 200 mg	3	•	•		•
TUKYSA – tucatinib tab 50 mg, 150 mg	3	•	•		•
TURALIO – pexidartinib hcl cap 125 mg (base equivalent)	3	•	•		•
TYKERB – lapatinib ditosylate tab 250 mg (base equiv)	3	•	•		•
VANFLYTA – quizartinib dihydrochloride tab 17.7 mg, 26.5 mg	3	•	•		•
VENCLEXTA – venetoclax tab 10 mg, 50 mg, 100 mg	2	•	•		•
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	•	•		•
VERZENIO – abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	2	•	•		•
VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent), 100 mg (base equivalent)	2	•	•		•
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	•	•		•
VONJO – pacritinib citrate cap 100 mg	3	•	•		•
VORANIGO – vorasidenib tab 10 mg, 40 mg	3	•	•		•
VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	3	•	•		•
WELIREG – belzutifan tab 40 mg	3	•	•		•
XALKORI – crizotinib cap 200 mg, 250 mg	2	•	•		•
XALKORI – crizotinib cap sprinkle 20 mg, 50 mg, 150 mg	2	•	•		•
XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent)	3	•	•		•
XPOVIO – selinexor tab therapy pack 10 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), 80 mg (80 mg once weekly)	3	•	•		•
XPOVIO 60 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (60 mg twice weekly)	3	•	•		•
XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly)	3	•	•		•
XTANDI – enzalutamide cap 40 mg	2	•	•		•
XTANDI – enzalutamide tab 40 mg, 80 mg	2	•	•		•
YONSA – abiraterone acetate micronized tab 125 mg	1	•	•		•
ZEJULA – niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	2	•	•		•
ZELBORAF – vemurafenib tab 240 mg	2	•	•		•
ZOLINZA – vorinostat cap 100 mg	2	•	•		•
ZYDELIG – idelalisib tab 100 mg, 150 mg	2	•	•		•
ZYKADIA – ceritinib tab 150 mg	3	•	•		•
ZYTIGA – abiraterone acetate tab 250 mg	1	•	•		•
ZYTIGA – abiraterone acetate tab 500 mg	3	•	•		•
HORMONES, DIABETES AND RELATED DRUGS					
CORTICOSTEROIDS					

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
budesonide delayed release particles cap 3 mg	1				
budesonide tab er 24hr 9 mg (Uceris)	1				
CORTEF – hydrocortisone tab 5 mg, 10 mg, 20 mg	2				
CORTISONE ACETATE – cortisone acetate tab 25 mg	3				
deflazacort susp 22.75 mg/ml (Emflaza)	1	•			
deflazacort tab 6 mg, 30 mg, 36 mg (Emflaza)	1	•	•		
deflazacort tab 18 mg (Emflaza)	1	•	•		•
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 therapy pack 1.5 mg (21)	1				
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1				
DEXAMETHASONE 10-DAY DOSE – dexamethasone tab therapy pack 1.5 mg (35)	3				
DEXAMETHASONE 13-DAY DOSE – dexamethasone tab therapy pack 1.5 mg (51)	3				
fludrocortisone acetate tab 0.1 mg	1				
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1				
MEDROL – methylprednisolone tab 2 mg	3				
MEDROL – methylprednisolone tab 4 mg, 8 mg, 16 mg	2				
MEDROL DOSEPAK – methylprednisolone tab therapy pack 4 mg (21)	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				
prednisolone tab 5 mg	1				
PREDNISONE – prednisone oral soln 5 mg/5ml	2				
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				
UCERIS – budesonide tab er 24hr 9 mg	3				
MALE HORMONES ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%)	1				
danazol cap 50 mg, 100 mg, 200 mg	1				
METHITEST – methyltestosterone oral tab 10 mg	3				
methyltestosterone cap 10 mg	1				
TESTIM – testosterone td gel 50 mg/5gm (1%)	2				
TESTOSTERONE – testosterone td gel 50 mg/5gm (1%)	3				
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml	3				
TESTOSTERONE PUMP – testosterone td gel 12.5 mg/act (1%)	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				
VOGELXO – testosterone td gel 50 mg/5gm (1%)	3				
VOGELXO PUMP – testosterone td gel 12.5 mg/act (1%)	3				
ESTROGENS					
ACTIVELLA – estradiol & norethindrone acetate tab 1-0.5 mg	2				
ALORA – estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3				
ANGELIQ – drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	3				
CLIMARA – 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	2				
CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2				
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	2				
DEPO-ESTRADIOL – estradiol cypionate im in oil 5 mg/ml	3				
DIVIGEL – 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%)	3				
ELESTRIN – estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3				
estradiol & norethindrone acetate tab 0.5-0.1 mg	1				
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1				
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	1				
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1				
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				
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				
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				
estradiol valerate im in oil 10 mg/ml, 20 mg/ml (Delestrogen)	1				
estradiol valerate im in oil 40 mg/ml	1				
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	3				
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg (Premarin)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
EVAMIST – estradiol transdermal spray 1.53 mg/spray	3				
MENOSTAR – estradiol td patch weekly 14 mcg/24hr	2				
MINIVELLE – 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	3				
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1				
ORIAHNN – elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		•		•
PREMARIN – estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2				
PREMPHASE – conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2				
VIVELLE-DOT – 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	2				
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1				
norethindrone acetate tab 5 mg	1				
progesterone cap 100 mg, 200 mg (Prometrium)	1				
progesterone im in oil 50 mg/ml	1				
PROMETRIUM – progesterone cap 100 mg, 200 mg	2				
PROVERA – medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	3				
BIRTH CONTROL					
ARANELLE – norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	1				
AVERI – desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg	3				
BALCOLTRA – levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	3				
CAYA – diaphragm arc-spring	2				
DEPO-PROVERA CONTRACEPTIV – medroxyprogesterone acetate im susp 150 mg/ml	3				
DEPO-PROVERA CONTRACEPTIV – medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3				
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)	1				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1				
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1				
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1				
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1				
ELLA – ulipristal acetate tab 30 mg	1				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1				
FEMCAP – cervical cap 22 mm, 26 mm, 30 mm	2				
KYLEENA – levonorgestrel releasing iud 17.5 mcg/day (19.5 mg total)	1				
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1				
levonorgestrel tab 1.5 mg	1				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1				
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1				
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)	1				
LILETTA – levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	1				
LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	3				
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1				
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1				
MIRENA – levonorgestrel iud 21 mcg/day (initial) (52 mg total)	1				
NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	2				
NEXPLANON – etonogestrel subdermal implant 68 mg	1				
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1				
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1				
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1				
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1				
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1				
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1				
norethindrone tab 0.35 mg	1				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1				
NUVARING – etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1				
OMNIFLEX DIAPHRAGM – diaphragms	2				
PARAGARD INTRAUTERINE COP – copper iud	1				
SAFYRAL – drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
SKYLA – levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	1				
TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3				
VALTYA 1/50 – ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1				
VELIVET – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg	3				
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	2				
YASMIN 28 – drospirenone-ethinyl estradiol tab 3-0.03 mg	3				
YAZ – drospirenone-ethinyl estradiol tab 3-0.02 mg	3				
INFERTILITY PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
cetrorelix acetate for inj kit 0.25 mg (Cetrotide)	1	•			
CETROTIDE – cetrorelix acetate for inj kit 0.25 mg	3	•			
clomiphene citrate tab 50 mg	1				
FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml, 600 unit/0.72ml, 900 unit/1.08ml	2	•			
GANIRELIX ACETATE – ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	3	•			
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	1	•			
GONAL-F – follitropin alfa for inj 450 unit	2	•	•		•
GONAL-F RFF REDIJECT – follitropin alfa subcutaneous soln pen-inj 300 unit/0.48ml, 450 unit/0.72ml, 900 unit/1.44ml	2	•	•		•
MENOPUR – menotropins for subcutaneous inj 75 unit	3	•			
ORILISSA – elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv)	2		•		•
OVIDREL – choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml	2	•			
PREGNYL – chorionic gonadotropin for im inj 10000 unit	2	•			
SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	3				
DIABETES ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
acarbose tab 25 mg, 50 mg, 100 mg	1				
ACTOPLUS MET – pioglitazone hcl-metformin hcl tab 15-850 mg	3				
ACTOS – pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	3				
BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose	1				
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose	1				
CYCLOSET – bromocriptine mesylate tab 0.8 mg (base equivalent)	3				
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg (Xigduo xr)	1				
dapagliflozin tab 5 mg, 10 mg (Farxiga)	1				
diazoxide susp 50 mg/ml (Proglycem)	1				
DUETACT – pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg	2				
FARXIGA – dapagliflozin tab 5 mg, 10 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
GLIMEPIRIDE – glimepiride tab 3 mg	3				
glimepiride tab 1 mg, 2 mg, 4 mg	1				
GLIPIZIDE – glipizide tab 2.5 mg, 15 mg	3				
glipizide tab er 24hr 2.5 mg	1				
glipizide tab er 24hr 5 mg, 10 mg (Glucotrol xl)	1				
glipizide tab 5 mg, 10 mg	1				
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1				
glucagon for inj 1 mg	1				
GLUCOTROL XL – glipizide tab er 24hr 5 mg	3				
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1				
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1				
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2				
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	1				
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	1				
GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml	1				
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml	1				
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg	3				
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg	3				
INVOKANA – canagliflozin tab 100 mg, 300 mg	3				
JANUMET – sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	1				
JANUMET XR – sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 100-1000 mg	1				
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	1				
JARDIANCE – empagliflozin tab 10 mg, 25 mg	1				
KORLYM – mifepristone tab 300 mg	3	•			
metformin hcl oral soln 500 mg/5ml (Riomet)	1				
metformin hcl tab er 24hr 500 mg, 750 mg	1				•
metformin hcl tab 500 mg, 625 mg, 750 mg, 850 mg, 1000 mg	1				
mifepristone tab 300 mg (Korlym)	1	•			
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		•		•
nateglinide tab 60 mg, 120 mg	1				
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2		•		•
OZEMPIC – semaglutide tab 1.5 mg, 4 mg, 9 mg	2		•		•
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1				
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg (Duetact)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
pioglitazone hcl-metformin hcl tab 15-500 mg	1				
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1				
PROGLYCEM – diazoxide susp 50 mg/ml	3				
repaglinide tab 0.5 mg, 1 mg, 2 mg	1				
RIOMET – metformin hcl oral soln 500 mg/5ml	3				
RYBELSUS – semaglutide tab 3 mg, 7 mg, 14 mg	2		•		•
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Januvia)	1				
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg (Janumet)	1				
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2				•
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv), 15 mg (base equiv)	3				
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	1				
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg	1				
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg, 10-5-1000 mg, 25-5-1000 mg	1				
TRIJARDY XR – empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	1				
TRULICITY – dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3		•		•
XIGDUO XR – dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	1				
XIGDUO XR – dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg	3				
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2				•
DIABETES - INSULINS A listing of diabetic supplies can be found in the Miscellaneous category under Diabetic Supplies.					
Rapid-Acting Insulins					
APIDRA – insulin glulisine inj 100 unit/ml	3		•		•
APIDRA SOLOSTAR – insulin glulisine soln pen-injector inj 100 unit/ml	3		•		•
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	1				•
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	1				•
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	1				•
HUMALOG – insulin lispro soln cartridge 100 unit/ml	1				•
HUMALOG – insulin lispro inj soln 100 unit/ml	1				•
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1				•
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	1				•
INSULIN ASPART – insulin aspart inj soln 100 unit/ml	3		•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
INSULIN LISPRO – insulin lispro inj soln 100 unit/ml	3		•		•
INSULIN LISPRO JUNIOR KWI – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3		•		•
INSULIN LISPRO KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3		•		•
KIRSTY – insulin aspart-xjhz soln pen-injector 100 unit/ml	3		•		•
KIRSTY – insulin aspart-xjhz inj soln 100 unit/ml	3		•		•
LYUMJEV – insulin lispro-aabc inj 100 unit/ml	1				•
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1				•
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml	1				•
NOVOLOG – insulin aspart inj soln 100 unit/ml	1				•
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	1				•
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	1				•
Short-Acting Insulins					
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge, 8 unit/cartridge, 12 unit/cartridge	3		•		•
AFREZZA – insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	3		•		•
AFREZZA – insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit, 60x4 & 60x8 & 60x12 ut/cart	3		•		•
HUMULIN R – insulin regular (human) inj 100 unit/ml	1				•
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	1				•
NOVOLIN R – insulin regular (human) inj 100 unit/ml	1				•
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml	1				•
Intermediate-Acting Insulins					
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1				•
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)	1				•
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1				•
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml	1				•
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1				•
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	1				•
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1				•
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	1				•
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1				•
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	1				•
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1				•
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1				•
Basal Insulins					
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml	3				
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/ml	1				
INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/ml	1				
LANTUS – insulin glargine inj 100 unit/ml	1				
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	1				
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	1				
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	1				
TRESIBA – insulin degludec inj 100 unit/ml	1				
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	1				
THYROID REGULATION					
AMERITHROID – 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				
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				
CYTOMEL – liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	3				
EVEXITHROID – thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain), 180 mg (3 grain)	3				
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				
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1				
methimazole tab 5 mg, 10 mg	1				
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				
NP THYROID 120 – thyroid tab 120 mg (2 grain)	3				
NP THYROID 15 – thyroid tab 15 mg (1/4 grain)	3				
NP THYROID 30 – thyroid tab 30 mg (1/2 grain)	3				
NP THYROID 60 – thyroid tab 60 mg (1 grain)	3				
NP THYROID 90 – thyroid tab 90 mg (1 1/2 grain)	3				
propylthiouracil tab 50 mg	1				
RENTHYROID – thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain)	3				
SYNTHROID – levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg					
THYQUIDITY – levothyroxine sodium oral solution 100 mcg/5ml	3				
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				
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				
GROWTH HORMONE PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
GENOTROPIN – somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	1	•	•		
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	1	•	•		
HUMATROPE – somatropin for inj cartridge 6 mg (18 unit), 12 mg (36 unit), 24 mg	3	•	•		
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	1	•			
NORDITROPIN FLEXPRO – somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml	1	•	•		
OMNITROPE – somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	3	•	•		
OMNITROPE – somatropin for inj 5.8 mg	3	•	•		
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg	3	•	•		
SKYTROFA – lonapegsomatropin-tcgd for subcutaneous inj cartridge 0.7 mg, 1.4 mg, 1.8 mg, 2.1 mg, 2.5 mg, 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	3	•	•		
SKYTROFA – lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	3	•	•		
ZOMACTON – somatropin for subcutaneous inj 5 mg	3	•	•		
ZOMACTON – somatropin for inj 10 mg	3	•	•		
OTHER HORMONES AND RELATED DRUGS PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
ACTHAR – corticotropin inj gel 80 unit/ml	2	•	•		
ACTONEL – risedronate sodium tab 35 mg, 150 mg	3				
alendronate sodium tab 10 mg, 35 mg	1				
alendronate sodium tab 70 mg (Fosamax)	1				
ATELVIA – risedronate sodium tab delayed release 35 mg	3				
betaine powder for oral solution (Cystadane)	1	•			
BUPHENYL – sodium phenylbutyrate tab 500 mg	3	•	•		
BUPHENYL – sodium phenylbutyrate oral powder 3 gm/teaspoonful	3	•	•		
cabergoline tab 0.5 mg	1				
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	1				
calcitonin (salmon) nasal soln 200 unit/act	1				
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
CARBAGLU – carglumic acid soluble tab 200 mg	3	•			
carglumic acid soluble tab 200 mg (Carbaglu)	1	•			
CARNITOR – levocarnitine tab 330 mg	3				
CARNITOR – levocarnitine oral soln 1 gm/10ml (10%)	3				
CARNITOR SF – levocarnitine oral soln 1 gm/10ml (10%)	3				
CERVIDIL – dinoprostone vaginal inserts 10 mg	3				
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1				
CYSTADANE – betaine powder for oral solution	3	•			
DESMOPRESSIN ACETATE – desmopressin acetate nasal spray soln 0.01%	3				
desmopressin acetate inj 4 mcg/ml (Ddavp)	1				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1				
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1				
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1				
EVISTA – raloxifene hcl tab 60 mg	1				
FOSAMAX – alendronate sodium tab 70 mg	3				
GALAFOLD – migalastat hcl cap 123 mg (base equivalent)	3	•			
ibandronate sodium tab 150 mg (base equivalent)	1				
IMCIVREE – setmelanotide acetate subcutaneous soln 10 mg/ml	3	•	•		•
ISTURISA – osilodrostat phosphate tab 1 mg, 5 mg	3	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
KERENDIA – finerenone tab 10 mg, 20 mg	2			•	•
KERENDIA – finerenone tab 40 mg	3			•	•
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor sf)	1				
levocarnitine tab 330 mg (Carnitor)	1				
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	2	•			
LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	2	•			
LUPRON DEPOT-PED (6-MONTH – leuprolide acet (6 month) for im inj pediatric kit 45 mg	2	•			
methylergonovine maleate tab 0.2 mg	1				
MIACALCIN – calcitonin (salmon) inj 200 unit/ml	3				
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	1	•			
NULIBRY – fosdenopterin hydrobromide for iv soln 9.5 mg	3				
OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	3	•			
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	•			
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	1	•			
OPFOLDA – miglustat (gaa deficiency) cap 65 mg	3	•	•		•
ORFADIN – nitisinone susp 4 mg/ml	1	•			
ORFADIN – nitisinone cap 2 mg, 5 mg, 10 mg	1	•			
ORFADIN – nitisinone cap 20 mg	3	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
OSPHENA – ospemifene tab 60 mg	3				
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	3	•	•		
PHEBURANE – sodium phenylbutyrate oral pellets 483 mg/gm	3	•	•		
raloxifene hcl tab 60 mg (Evista)	1				
REVCOVI – elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	2	•			
risedronate sodium tab 30 mg	1				
risedronate sodium tab 35 mg, 150 mg (Actonel)	1				
ROCALTROL – calcitriol cap 0.25 mcg, 0.5 mcg	3				
SAMSCA – tolvaptan (hyponatremia) tab 15 mg, 30 mg	3	•			
SANDOSTATIN – octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)	3	•			
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	1				
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	1	•	•		
sodium phenylbutyrate tab 500 mg (Buphenyl)	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)	2	•			
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	1	•			
tolvaptan (hyponatremia) tab 15 mg, 30 mg (Samsca)	1	•			
tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg (Jynarque)	1	•			
tolvaptan tab 15 mg, 30 mg (Jynarque)	1	•			
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	•	•		
VOXZOGO – vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	3	•	•		•
HEART AND CIRCULATORY DRUGS					
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS					
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				
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1				
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	3				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1				
enalapril maleate oral soln 1 mg/ml (Epaned)	1				
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1				
EPANED – enalapril maleate oral soln 1 mg/ml	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1				
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1				
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1				
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1				
LOTENSIN – benazepril hcl tab 10 mg, 20 mg, 40 mg	3				
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	2				
moexipril hcl tab 7.5 mg, 15 mg	1				
PERINDOPRIL ERBUMINE – perindopril erbumine tab 2 mg, 8 mg	3				
perindopril erbumine tab 4 mg	1				
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1				
QUINAPRIL/HYDROCHLOROTHIA – quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	3				
ramipril cap 1.25 mg, 5 mg	1				
ramipril cap 2.5 mg, 10 mg (Altace)	1				
trandolapril tab 1 mg, 2 mg, 4 mg	1				
VASERETIC – enalapril maleate & hydrochlorothiazide tab 10-25 mg	3				
VASOTEC – enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	3				
ZESTORETIC – lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	3				
ZESTRIL – lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	3				
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBS) AND COMBINATIONS					
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				
ATACAND – candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg	3				
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	3				
AVALIDE – irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	3				
AVAPRO – irbesartan tab 150 mg, 300 mg	3				
BENICAR – olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	3				
BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	3				
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	1				
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1				
COZAAR – losartan potassium tab 25 mg, 50 mg, 100 mg	3				
DIOVAN – valsartan tab 40 mg, 80 mg, 160 mg, 320 mg	3				
DIOVAN HCT – valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	3				
EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg	3				
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg,	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg					
HYZAAR – losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	3				
irbesartan tab 75 mg	1				
irbesartan tab 150 mg, 300 mg (Avapro)	1				
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1				
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1				
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1				
MICARDIS – telmisartan tab 40 mg	3				
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1				
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1				
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				
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1				
TRIBENZOR – 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	3				
valsartan oral soln 4 mg/ml	1				
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	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				
BETA BLOCKERS AND COMBINATIONS					
acebutolol hcl cap 200 mg, 400 mg	1				
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1				
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1				
betaxolol hcl tab 10 mg, 20 mg	1				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1				
BISOPROLOL FUMARATE – bisoprolol fumarate tab 2.5 mg	3				
bisoprolol fumarate tab 5 mg, 10 mg	1				
BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)	3				
carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg cr)	1				
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1				
COREG – carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	3				
COREG CR – carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg	3				
INDERAL LA – propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg	2				
INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	2				
labetalol hcl tab 100 mg, 200 mg, 300 mg, 400 mg	1				
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1				
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1				
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1				
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1				
nadolol tab 20 mg, 40 mg, 80 mg	1				
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1				
pindolol tab 5 mg, 10 mg	1				
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml	3				
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1				
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1				
PROPRANOLOL HYDROCHLORIDE – propranolol hcl oral soln 20 mg/5ml	3				
TENORMIN – atenolol tab 25 mg, 50 mg, 100 mg	3				
TIMOLOL MALEATE – timolol maleate tab 5 mg, 20 mg	1				
timolol maleate tab 10 mg	1				
TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	3				
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS					
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1				
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				
AZOR – amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	3				
CARDIZEM – diltiazem hcl tab 30 mg, 60 mg, 120 mg	3				
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	3				
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 360 mg	2				
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1				
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1				
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)	1				
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	1				
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1				
diltiazem hcl tab 90 mg	1				
EXFORGE – amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	3				
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1				
LOTREL – amlodipine besylate-benazepril hcl cap 5-10 mg, 10-20 mg	3				
nifedipine cap 10 mg, 20 mg	1				
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1				
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1				
NIMODIPINE – nimodipine oral soln 60 mg/20ml (3 mg/ml)	3				
nimodipine cap 30 mg	1				
NISOLDIPINE ER – nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	1				
NORVASC – amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	3				
NYMALIZE – nimodipine oral soln 6 mg/ml	3				
PROCARDIA XL – nifedipine tab er 24hr osmotic release 30 mg, 60 mg	3				
TELMISARTAN/AMLODIPINE – telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	3				
TIAZAC – diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3				
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				
CHEST PAIN					
isosorbide dinitrate tab 5 mg (Isordil titradose)	1				
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1				
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1				
isosorbide mononitrate tab 10 mg, 20 mg	1				
NITRO-DUR – nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3				
NITRO-DUR – nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	2				
NITRO-TIME – nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	3				
nitroglycerin oint 2%	1				
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				
NITROSTAT – nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	1				
ranolazine tab er 12hr 500 mg, 1000 mg	1				
CHOLESTEROL LOWERING					
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
cholestyramine light powder 4 gm/dose (Questran light)	1				
cholestyramine powder 4 gm/dose (Questran)	1				
colesevelam hcl tab 625 mg (Welchol)	1				
COLESTID – colestipol hcl tab 1 gm	2				
COLESTID – colestipol hcl granules 5 gm	2				
colestipol hcl granule packets 5 gm	1				
colestipol hcl granules 5 gm (Colestid)	1				
colestipol hcl tab 1 gm (Colestid)	1				
CRESTOR – rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg	3				•
ezetimibe tab 10 mg (Zetia)	1				
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1				•
fenofibrate tab 48 mg, 145 mg (Tricor)	1				
fenofibrate tab 54 mg, 160 mg	1				
FENOFIBRIC ACID – fenofibric acid tab 35 mg, 105 mg	3				
gemfibrozil tab 600 mg (Lopid)	1				
LESCOL XL – fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	3				•
LIPITOR – atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent)	3				•
LIVALO – pitavastatin calcium tab 1 mg, 2 mg, 4 mg	3				•
LOPID – gemfibrozil tab 600 mg	3				
lovastatin tab 10 mg, 20 mg, 40 mg	1				•
LOVAZA – omega-3-acid ethyl esters cap 1 gm	3				
NEXLETOL – bempedoic acid tab 180 mg	2		•		•
NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg	2		•		•
NIACIN – niacin (antihyperlipidemic) tab 500 mg	3				
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	1				
NIACOR – niacin (antihyperlipidemic) tab 500 mg	3				
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1				
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1				•
QUESTRAN – cholestyramine powder 4 gm/dose	3				
QUESTRAN – cholestyramine powder packets 4 gm	3				
QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose	3				
REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml	2		•		•
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	1				•
simvastatin tab 5 mg, 80 mg	1				•
simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)	1				•
TRICOR – fenofibrate tab 145 mg	3				
VASCEPA – icosapent ethyl cap 0.5 gm, 1 gm	1		•		•
VYTORIN – ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2				•
WELCHOL – colesevelam hcl tab 625 mg	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ZETIA – ezetimibe tab 10 mg	3				
ZOCOR – simvastatin tab 10 mg, 20 mg, 40 mg	3				•
FLUID RETENTION					
acetazolamide cap er 12hr 500 mg	1				
acetazolamide tab 125 mg, 250 mg	1				
ALDACTONE – spironolactone tab 25 mg, 50 mg, 100 mg	3				
amiloride hcl tab 5 mg	1				
AMILORIDE/HYDROCHLOROTHIA – amiloride & hydrochlorothiazide tab 5-50 mg	3				
bumetanide tab 0.5 mg (Bumex)	1				
bumetanide tab 1 mg, 2 mg	1				
BUMEX – bumetanide tab 0.5 mg	3				
chlorthalidone tab 25 mg, 50 mg	1				
DYRENIUM – triamterene cap 50 mg, 100 mg	3				
EDECRIN – ethacrynic acid tab 25 mg	3				
ethacrynic acid tab 25 mg (Edecrin)	1				
FUROSCIX – furosemide subcutaneous cartridge kit 80 mg/10ml	3				
FUROSEMIDE – furosemide oral soln 8 mg/ml	3				
FUROSEMIDE – 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				
LASIX – furosemide tab 20 mg, 40 mg, 80 mg	3				
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				
THALITONE – chlorthalidone tab 15 mg	3				
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				
HEART RHYTHM					
amiodarone hcl tab 100 mg, 200 mg	1				
BETAPACE – sotalol hcl tab 80 mg, 120 mg, 160 mg	3				
BETAPACE AF – sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg	3				
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)	3				
NORPACE – disopyramide phosphate cap 100 mg, 150 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
NORPACE CR – disopyramide phosphate cap er 12hr 100 mg, 150 mg	2				
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				
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1				
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1				
sotalol hcl tab 240 mg	1				
TIKOSYN – dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	3				
OTHER HEART RELATED DRUGS PA – Prior Authorization program information available at: www.MyPrime.com/MyPrime/UMN					
ADCIRCA – tadalafil tab 20 mg (pah)	3	•	•		•
ADEMPAS – riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	3	•	•		•
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	1				
ambrisentan tab 5 mg, 10 mg (Letairis)	1	•	•		•
BIDIL – isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3				
bosentan tab for oral susp 32 mg (Tracleer)	1	•	•		•
bosentan tab 62.5 mg, 125 mg (Tracleer)	1	•	•		•
CADUET – amlodipine besylate-atorvastatin calcium tab 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3				
CAMZYOS – mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	3	•	•		•
CARDURA – doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	3				
CATAPRES-TTS-1 – clonidine td patch weekly 0.1 mg/24hr	2				
CATAPRES-TTS-2 – clonidine td patch weekly 0.2 mg/24hr	2				
CATAPRES-TTS-3 – clonidine td patch weekly 0.3 mg/24hr	2				
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1				
CLONIDINE HYDROCHLORIDE – clonidine hcl tab 0.05 mg	3				
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1				
CORLANOR – ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	3		•		•
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		•		•
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				
doxazosin mesylate tab 1 mg	1				
doxazosin mesylate tab 2 mg, 4 mg, 8 mg (Cardura)	1				
ENTRESTO – sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	3				
ENTRESTO – sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
eplerenone tab 25 mg, 50 mg (Inspra)	1				
guanfacine hcl tab 1 mg, 2 mg	1				
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1				
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1				
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	1		•		•
LANOXIN – digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	3				
LETAIRIS – ambrisentan tab 5 mg, 10 mg	3	•	•		•
macitentan tab 10 mg (Opsumit)	1	•	•		•
METHYLDOPA – methyldopa tab 500 mg	3				
methyldopa tab 250 mg	1				
metyrosine cap 250 mg (Demser)	1				
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1				
minoxidil tab 2.5 mg, 10 mg	1				
MYQORZO – aficamten tab 5 mg, 10 mg, 15 mg, 20 mg	3		•		•
OPSUMIT – macitentan tab 10 mg	2	•	•		•
ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	3	•	•		
ORENITRAM TITRATION KIT M – treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&	3	•	•		•
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1				
prazosin hcl cap 1 mg, 2 mg, 5 mg	1				
REVATIO – sildenafil citrate tab 20 mg	3	•	•		•
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg (Entresto)	1				
sildenafil citrate for suspension 10 mg/ml	1	•	•		•
sildenafil citrate tab 20 mg (Revatio)	1	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	1	•	•		•
TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	3				
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1				
TRACLEER – bosentan tab 62.5 mg, 125 mg	2	•	•		•
TRACLEER – bosentan tab for oral susp 32 mg	3	•	•		•
TYVASO – treprostinil inhalation solution 0.6 mg/ml	3		•		•
TYVASO REFILL KIT – treprostinil inhalation solution 0.6 mg/ml	3		•		•
TYVASO STARTER KIT – treprostinil inhalation solution 0.6 mg/ml	3		•		•
UPTRAVI – selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	2	•	•		•
UPTRAVI TITRATION PACK – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	•	•		•
VERQUVO – vericiguat tab 2.5 mg, 5 mg, 10 mg	2				
VYNDAMAX – tafamidis cap 61 mg	2	•	•		•
YUTREPIA – treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg	3	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ERECTILE DYSFUNCTION					
avanafil tab 50 mg, 100 mg, 200 mg (Stendra)	1				•
sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra)	1				•
STENDRA – avanafil tab 50 mg, 100 mg, 200 mg	3				•
tadalafil tab 2.5 mg	1				•
tadalafil tab 5 mg, 10 mg, 20 mg (Cialis)	1				•
vardenafil hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg	1				•
BEE STING KITS					
EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	3				
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				
EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3				
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3				
RESPIRATORY AGENTS					
ANTIHISTAMINES					
carbinoxamine maleate tab 4 mg	1				
CLARINEX – desloratadine tab 5 mg	3				
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg	3				
CORPHENA – dexchlorpheniramine maleate oral soln 2 mg/5ml	3				
cyproheptadine hcl syrup 2 mg/5ml	1				
cyproheptadine hcl tab 4 mg	1				
DESLORATADINE – desloratadine oral soln 0.5 mg/ml	3				
DESLORATADINE ODT – desloratadine tab orally disintegrating 2.5 mg, 5 mg	3				
DIPHENHYDRAMINE HCL – diphenhydramine hcl elixir 12.5 mg/5ml	3				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1				
promethazine hcl oral soln 6.25 mg/5ml	1				
promethazine hcl suppos 12.5 mg, 25 mg	1				
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1				
PROMETHEGAN – promethazine hcl suppos 50 mg	3				
RYCLORA – dexchlorpheniramine maleate oral soln 2 mg/5ml	3				
NASAL PRODUCTS					
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				
mometasone furoate nasal susp 50 mcg/act	1				
olopatadine hcl nasal soln 0.6%	1				
OMNARIS – ciclesonide nasal susp 50 mcg/act	3				
COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%, 20%	1				
benzonatate cap 100 mg, 200 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
CLARINEX-D 12 HOUR – desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	3				
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	1				
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	1				
HYDROCODONE POLISTIREX/CH – hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3				
HYPERSAL – sodium chloride soln nebu 7%	3				
NEBUSAL – sodium chloride soln nebu 3%	1				
promethazine w/ codeine syrup 6.25-10 mg/5ml	1				
promethazine-dm syrup 6.25-15 mg/5ml	1				
PULMOSAL – sodium chloride soln nebu 7%	1				
SODIUM CHLORIDE – sodium chloride soln nebu 3%, 7%, 10%	1				
TUXARIN ER – codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg	3				
ASTHMA/COPD PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3				•
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2				•
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	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				
ALVESCO – ciclesonide inhal aerosol 80 mcg/act, 160 mcg/act	3				•
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	1				•
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	1				•
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act	1				•
BECLOMETHASONE DIPROPIONA – beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	3				•
BECLOMETHASONE DIPROPIONA – beclomethasone	3				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
diprop inhal aers 100 mcg/act (80/ delivery)					
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2				•
BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2				•
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	1				•
budesonide inhalation susp 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1				
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2				•
cromolyn sodium soln nebu 20 mg/2ml	1				
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2				•
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml	2	•	•		•
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/ act, 500-50 mcg/act (Advair diskus)	1				•
formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)	1				
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/ act (base eq)	2				•
ipratropium bromide hfa inhal aerosol 17 mcg/act (Atrovent hfa)	1				•
ipratropium bromide inhal soln 0.02%	1				
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1				
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1				
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1				
LEVALBUTEROL TARTRATE HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	3				•
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1				
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	1				
montelukast sodium tab 10 mg (base equiv) (Singulair)	1				
NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	•	•		•
NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml, 100 mg/ml	2	•	•		•
PERFOROMIST – formoterol fumarate soln nebu 20 mcg/2ml	3				
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	3				•
PULMICORT – budesonide inhalation susp 0.25 mg/2ml	2				•
PULMICORT – budesonide inhalation susp 0.5 mg/2ml, 1 mg/2ml	2				
PULMICORT FLEXHALER – budesonide inhal aero powd 90 mcg/act (breath activated), 180 mcg/act (breath activated)	3				•
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act, 80 mcg/act	1				•
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
SINGULAIR – montelukast sodium tab 10 mg (base equiv)	3				
SINGULAIR – montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)	3				
SINGULAIR – montelukast sodium oral granules packet 4 mg (base equiv)	3				
SPIRIVA RESPIMAT – tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2				•
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	3				•
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	1				•
terbutaline sulfate tab 2.5 mg, 5 mg	1				
THEO-24 – theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	3				
theophylline elixir 80 mg/15ml	1				
THEOPHYLLINE ER – theophylline tab er 12hr 100 mg, 200 mg	3				
theophylline soln 80 mg/15ml	1				
theophylline tab er 12hr 300 mg, 450 mg	1				
theophylline tab er 24hr 400 mg, 600 mg	1				
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2				•
TUDORZA PRESSAIR – aclidinium bromide aerosol powd breath activated 400 mcg/act	3				•
UMECLIDINIUM ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3				•
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1				•
XOLAIR – omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	•	•		
XOPENEX HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	3				•
zafirlukast tab 10 mg, 20 mg (Accolate)	1				
zileuton tab er 12hr 600 mg	1				
OTHER RESPIRATORY DRUGS PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
GLASSIA – alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	3				
GLASSIA – alpha1-proteinase inhibitor (human) iv soln 4 gm/200ml, 5 gm/250ml	3				
KALYDECO – ivacaftor tab 150 mg	1	•	•		•
KALYDECO – ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	1	•	•		•
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent) (Ofev)	1	•	•		•
OFEV – nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	3	•	•		•
ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	3	•	•		•
ORKAMBI – lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	3	•	•		•
pirfenidone cap 267 mg (Esbriet)	1	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
pirfenidone tab 267 mg, 801 mg (Esbriet)	1	•	•		•
PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml	1	•			
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	1	•	•		•
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	1	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	1	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	1	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	1	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	1	•	•		•
GASTROINTESTINAL DRUGS					
LAXATIVES					
CLENPIQ – sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml	3				
GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3				
GOLYTELY – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	3				
lactulose solution 10 gm/15ml	1				
MOVIPREP – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	3				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1				
PEG-PREP – bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3				
SUFLAVE – peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	3				
ANTIDIARRHEALS					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1				
DIPHENOXYLATE/ATROPINE – diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3				
LOMOTIL – diphenoxylate w/ atropine tab 2.5-0.025 mg	3				
MOTOFEN – difenoxin w/ atropine tab 1-0.025 mg	3				
ULCER/GERD					
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Pylera)	1				
CARAFATE – sucralfate tab 1 gm	3				
cimetidine hcl soln 300 mg/5ml	1				
cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg	1				
CUVPOSA – glycopyrrolate oral soln 1 mg/5ml	3				
dicyclomine hcl cap 10 mg	1				
dicyclomine hcl oral soln 10 mg/5ml	1				
dicyclomine hcl tab 20 mg	1				
DICYCLOMINE HYDROCHLORIDE – dicyclomine hcl tab 40 mg	3				
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
famotidine for susp 40 mg/5ml	1				
famotidine tab 20 mg, 40 mg (Pepcid)	1				
GLYCATE – glycopyrrolate tab 1.5 mg	3				
GLYCOPYRROLATE – glycopyrrolate tab 1.5 mg	3				
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1				
glycopyrrolate tab 1 mg, 2 mg	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				•
PEPCID – famotidine tab 20 mg, 40 mg	3				
rabeprazole sodium ec tab 20 mg (Aciphex)	1				•
sucralfate tab 1 gm (Carafate)	1				
NAUSEA AND VOMITING PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
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	Specialty	Prior Authorization	Step Therapy	Quantity Limit
aprepitant capsule 80 mg (Emend bipack)	1				
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	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)	1				
EMEND BIPACK – aprepitant capsule 80 mg	1				
EMEND TRIPACK – aprepitant capsule therapy pack 80 & 125 mg	1				
granisetron hcl tab 1 mg	1				
GRANISOL – granisetron hcl oral soln 2 mg/10ml (base equivalent)	3				
MARINOL – dronabinol cap 2.5 mg	3				
meclizine hcl tab 12.5 mg, 50 mg	1				
MECLIZINE HYDROCHLORIDE – meclizine hcl chew tab 25 mg	3				
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 ODT – ondansetron orally disintegrating tab 16 mg	3				
ondansetron orally disintegrating tab 4 mg, 8 mg	1				
scopolamine td patch 72hr 1 mg/3days	1				
TRANSDERM SCOP – scopolamine td patch 72hr 1 mg/3days	1				
trimethobenzamide hcl cap 300 mg	1				
DIGESTIVE ENZYMES					
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit					
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 2600-8800-15200 unit, 4200-14200-24600 unit, 10500-35500-61500 unit, 16800-56800-98400 unit, 21000-54700-83900 unit, 37000-97300-149900 unit	3			•	
VIOKACE – pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit, 20880-78300-78300 unit	1				
OTHER GASTROINTESTINAL DRUGS					
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	1				
APRISO – mesalamine cap er 24hr 0.375 gm	3				
AZULFIDINE – sulfasalazine tab 500 mg	3				
AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg	3				
balsalazide disodium cap 750 mg (Colazal)	1				
BYLVAY – odevixibat cap 400 mcg, 1200 mcg	3	•	•		
BYLVAY (PELLETS) – odevixibat pellets cap sprinkle 200 mcg, 600 mcg	3	•	•		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1				
calcium acetate (phosphate binder) tab 667 mg	1				
CANASA – mesalamine suppos 1000 mg	2				
CIMZIA (1 SYRINGE) – certolizumab pegol prefilled syringe kit 200 mg/ml	3	•	•		•
CIMZIA (2 SYRINGE) – certolizumab pegol prefilled syringe kit 200 mg/ml	3	•	•		•
CIMZIA STARTER KIT – certolizumab pegol prefilled syringe kit 200 mg/ml	3	•	•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1				
DIPENTUM – olsalazine sodium cap 250 mg	3				
ENTYVIO PEN – vedolizumab soln auto-injector 108 mg/0.68ml	2	•	•		•
FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)	3				
FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	3				
GASTROCROM – cromolyn sodium oral conc 100 mg/5ml	3				
GATTEX – teduglutide (rdna) for inj kit 5 mg	3				
lactulose (encephalopathy) solution 10 gm/15ml	1				
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1				
LIVMARLI – maralixibat chloride tab 10 mg, 15 mg, 20 mg, 30 mg	3	•	•		
LIVMARLI – maralixibat chloride oral soln 9.5 mg/ml, 19 mg/ml	3	•	•		
LOTRONEX – alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	3				
lubiprostone cap 8 mcg, 24 mcg (Amitiza)	1		•		•
mesalamine cap er 24hr 0.375 gm (Apriso)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
mesalamine cap er 250 mg (Pentasa)	1				
mesalamine cap er 500 mg	1				
MESALAMINE DR – mesalamine cap dr 400 mg	3				
mesalamine enema 4 gm	1				
mesalamine suppos 1000 mg (Canasa)	1				
mesalamine tab delayed release 800 mg	1				
mesalamine tab delayed release 1.2 gm (Lialda)	1				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1				
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1				
OMVOH – mirikizumab-mrkz subcutaneous soln auto-injector 200 mg/2ml	2	•	•		•
OMVOH – mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	2	•	•		•
OMVOH – mirikizumab-mrkz subcutaneous sol prefill syringe 200 mg/2ml	2	•	•		•
OMVOH – mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	2	•	•		•
PENTASA – mesalamine cap er 250 mg	2				
PENTASA – mesalamine cap er 500 mg	3				
REGLAN – metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	3				
RENVELA – sevelamer carbonate tab 800 mg	2				
RENVELA – sevelamer carbonate packet 0.8 gm, 2.4 gm	3				
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1				
sevelamer carbonate tab 800 mg (Renvela)	1				
sevelamer hcl tab 400 mg, 800 mg	1				
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	•	•		•
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1				
sulfasalazine tab 500 mg (Azulfidine)	1				
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	2		•		•
TREMFYA – guselkumab soln prefilled syringe 200 mg/2ml	2	•	•		•
TREMFYA – guselkumab soln auto-injector 200 mg/2ml	2	•	•		•
TREMFYA INDUCTION PACK FO – guselkumab soln auto-injector 200 mg/2ml	2	•	•		•
TRULANCE – plecanatide tab 3 mg	2		•		•
ursodiol cap 300 mg	1				
ursodiol tab 250 mg	1				
ursodiol tab 500 mg (Urso forte)	1				
URSOLIGN – ursodiol cap 150 mg	3				
VIBERZI – eluxadoline tab 75 mg, 100 mg	3				
VOWST – fecal microbiota spores, live-brpk caps	3		•		•
ZYMFENTRA 1-PEN – infliximab-dyyb soln auto-injector kit 120 mg/ml	3	•	•		•
ZYMFENTRA 2-PEN – infliximab-dyyb soln auto-injector kit 120 mg/ml	3	•	•		•
ZYMFENTRA 2-SYRINGE – infliximab-dyyb soln prefilled syringe kit 120 mg/ml	3	•	•		•
GENITOURINARY DRUGS					

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
URINARY TRACT SPASMS ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
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				
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	1				
GEMTESA – vibegron tab 75 mg	3				
mirabegron granules for oral extended release susp 8 mg/ml (Myrbetriq)	1				
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	1				
MYRBETRIQ – mirabegron granules for oral extended release susp 8 mg/ml	3				
MYRBETRIQ – mirabegron tab er 24 hr 25 mg, 50 mg	3				
oxybutynin chloride solution 5 mg/5ml	1				
oxybutynin chloride tab er 24hr 5 mg, 10 mg, 15 mg	1				
oxybutynin chloride tab 2.5 mg, 5 mg	1				
OXYTROL – oxybutynin td patch twice weekly 3.9 mg/24hr	3				
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1				
tolterodine tartrate cap er 24hr 2 mg, 4 mg	1				
tolterodine tartrate tab 1 mg	1				
tolterodine tartrate tab 2 mg (Detrol)	1				
TOVIAZ – fesoterodine fumarate tab er 24hr 4 mg, 8 mg	3				
trospium chloride cap er 24hr 60 mg	1				
trospium chloride tab 20 mg	1				
VESICARE – solifenacin succinate tab 5 mg, 10 mg	3				
VAGINAL PRODUCTS					
CLEOCIN – clindamycin phosphate vaginal suppos 100 mg	3				
clindamycin phosphate vaginal cream 2% (Cleocin)	1				
CLINDESSE – clindamycin phosphate (one dose) vaginal cream 2%	3				
CRINONE – progesterone vaginal gel 4%, 8%	3				
ENCARE – nonoxynol-9 vaginal suppos 100 mg	3				
ENDOMETRIN – progesterone vaginal insert 100 mg	3				
ESTRACE – estradiol vaginal cream 0.01%	1				
estradiol vaginal cream 0.01% (Estrace)	1				
estradiol vaginal tab 10 mcg (Vagifem)	1				
ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2				
FEMRING – estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr	3				
GYNAZOLE-1 – butoconazole nitrate (one dose) vaginal cream 2%	3				
metronidazole vaginal gel 0.75%	1				
MICONAZOLE 3 – miconazole nitrate vaginal suppos 200 mg	3				
OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%	3				
PHEXX – lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
PREMARIN – estrogens, conjugated vaginal cream 0.625 mg/gm	3				
progesterone vaginal insert 100 mg (Endometrin)	1				
terconazole vaginal cream 0.4%, 0.8%	1				
terconazole vaginal suppos 80 mg	1				
TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg	3				
VAGIFEM – estradiol vaginal tab 10 mcg	3				
VANDAZOLE – metronidazole vaginal gel 0.75%	3				
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%	3				
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 gel 4%	3				
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%	3				
OTHER GENITOURINARY DRUGS					
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1				
AVODART – dutasteride cap 0.5 mg	3				
CARDURA XL – doxazosin mesylate tab er 24 hr 4 mg (base equiv), 8 mg (base equiv)	3				
CYSTAGON – cysteamine bitartrate cap 50 mg, 150 mg	1	•			
dutasteride cap 0.5 mg (Avodart)	1				
ELMIRON – pentosan polysulfate sodium caps 100 mg	3				
FILSPARI – sparsentan tab 200 mg, 400 mg	3	•	•		•
finasteride tab 5 mg (Proscar)	1				
K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
LITHOSTAT – acetohydroxamic acid tab 250 mg	3				
potassium citrate tab er 5 meq (540 mg)	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				
PROCYSBI – cysteamine bitartrate delayed release granules packet 75 mg, 300 mg	3	•			
PROSCAR – finasteride tab 5 mg	3				
silodosin cap 4 mg, 8 mg (Rapaflo)	1				
SODIUM CITRATE AND CITRIC – sodium citrate & citric acid soln 500-334 mg/5ml	1				
SODIUM CITRATE/CITRIC ACI – sodium citrate & citric acid soln 500-334 mg/5ml	1				
tamsulosin hcl cap 0.4 mg	1				
tiopronin tab delayed release 100 mg, 300 mg (Thiola ec)	1	•			
tiopronin tab 100 mg (Thiola)	1	•			
UROCIT-K 10 – potassium citrate tab er 10 meq (1080 mg)	3				
UROCIT-K 15 – potassium citrate tab er 15 meq (1620 mg)	3				
UROXATRAL – alfuzosin hcl tab er 24hr 10 mg	3				
CENTRAL NERVOUS SYSTEM DRUGS					
ANXIETY					
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				
ATIVAN – lorazepam tab 0.5 mg, 1 mg, 2 mg	3				
BUCAPSOL – buspirone hcl cap 7.5 mg, 10 mg, 15 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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, 50 mg	1				
lorazepam conc 2 mg/ml	1				
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1				
oxazepam cap 10 mg, 15 mg, 30 mg	1				
VALIUM – diazepam tab 2 mg, 5 mg, 10 mg	3				
XANAX – alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	3				
DEPRESSION ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1				
ANAFRANIL – clomipramine hcl cap 25 mg, 50 mg, 75 mg	2				
APLENZIN – bupropion hbr tab er 24hr 174 mg, 348 mg, 522 mg	3				•
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				•
CELEXA – citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)	3				•
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				•
DOXEPIN HCL – doxepin hcl conc 10 mg/ml	1				
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	1				
DOXEPIN HYDROCHLORIDE – doxepin hcl cap 150 mg	1				
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1				•
EFFEXOR XR – venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)	3				•
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				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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				•
fluvoxamine maleate cap er 24hr 100 mg, 150 mg	1				•
fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	1				•
imipramine hcl tab 10 mg, 25 mg, 50 mg	1				
LEXAPRO – escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	3				•
MARPLAN – isocarboxazid tab 10 mg	3				
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	1				•
mirtazapine tab 7.5 mg, 45 mg	1				•
mirtazapine tab 15 mg, 30 mg (Remeron)	1				•
NARDIL – phenelzine sulfate tab 15 mg	2				
NORPRAMIN – desipramine hcl tab 10 mg, 25 mg	2				
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1				
nortriptyline hcl soln 10 mg/5ml	1				
PAMELOR – nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg	3				
PARNATE – tranylcypromine sulfate tab 10 mg	3				
paroxetine hcl tab er 24hr 12.5 mg, 25 mg, 37.5 mg (Paxil cr)	1				•
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1				•
PAROXETINE HYDROCHLORIDE – paroxetine hcl oral susp 10 mg/5ml (base equiv)	3				•
PHENELZINE SULFATE – phenelzine sulfate tab 15 mg	3				
PRISTIQ – desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3				•
protriptyline hcl tab 5 mg, 10 mg	1				
REMERON – mirtazapine tab 15 mg, 30 mg	3				•
REMERON SOLTAB – mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	3				•
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1				•
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1				•
tranylcypromine sulfate tab 10 mg (Parnate)	1				
trazodone hcl tab 50 mg, 100 mg, 150 mg, 300 mg	1				
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1				
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	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				•
VIIBRYD – vilazodone hcl tab 10 mg, 20 mg, 40 mg	3				•
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1				•
WELLBUTRIN SR – bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg	3				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
WELLBUTRIN XL – bupropion hcl tab er 24hr 150 mg, 300 mg	3				•
ZOLOFT – sertraline hcl tab 25 mg, 50 mg, 100 mg	3				•
ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml	3				•
ZURZUVAE – zuranolone cap 20 mg, 25 mg, 30 mg	2				•
PSYCHOTIC AND BIPOLAR DISORDERS					
ABILIFY – aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	2				•
aripiprazole oral solution 1 mg/ml	1				•
aripiprazole orally disintegrating tab 10 mg, 15 mg	1				•
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1				•
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1				•
chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	1				
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1				
clozapine orally disintegrating tab 12.5 mg, 25 mg, 100 mg, 150 mg, 200 mg	1				•
clozapine tab 25 mg, 100 mg (Clozaril)	1				•
clozapine tab 50 mg, 200 mg	1				•
CLOZARIL – clozapine tab 25 mg, 100 mg	3				•
EQUETRO – carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	3				
FANAPT – iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3				•
FANAPT TITRATION PACK A – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3				•
FANAPT TITRATION PACK B – iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	3				•
FANAPT TITRATION PACK C – iloperidone tab 1 mg & 2 mg & 6 mg titration pak	3				•
FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml	3				
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1				
FLUPHENAZINE HYDROCHLORID – fluphenazine hcl elixir 2.5 mg/5ml	3				
GEODON – ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	3				•
haloperidol lactate oral conc 2 mg/ml	1				
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1				
INVEGA – paliperidone tab er 24hr 3 mg, 6 mg, 9 mg	3				•
LATUDA – lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg	3				•
LITHIUM CARBONATE – lithium carbonate cap 150 mg, 300 mg, 600 mg	3				
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1				
lithium carbonate tab er 300 mg (Lithobid)	1				
lithium carbonate tab er 450 mg	1				
lithium carbonate tab 300 mg	1				
lithium oral solution 8 meq/5ml	1				
LITHOBID – lithium carbonate tab er 300 mg	3				
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1				
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg (Latuda)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
MOLINDONE HYDROCHLORIDE – molindone hcl tab 5 mg, 10 mg, 25 mg	3				
NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent)	3	•			
NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent)	3	•			
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	1				•
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg	1				•
olanzapine tab 20 mg (Zyprexa)	1				•
paliperidone tab er 24hr 1.5 mg	1				•
paliperidone tab er 24hr 3 mg, 6 mg, 9 mg (Invega)	1				•
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1				
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1				
prochlorperazine suppos 25 mg	1				
QUETIAPINE FUMARATE – quetiapine fumarate tab 150 mg	3				•
quetiapine fumarate tab er 24hr 50 mg, 150 mg, 200 mg, 300 mg, 400 mg (Seroquel xr)	1				•
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg (Seroquel)	1				•
RISPERDAL – risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	3				•
RISPERDAL – risperidone soln 1 mg/ml	3				•
RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg	3				•
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1				•
risperidone soln 1 mg/ml (Risperdal)	1				•
risperidone tab 0.25 mg	1				•
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1				•
SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	3				•
SECUADO – asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	3				•
SEROQUEL – quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg	3				•
SEROQUEL XR – quetiapine fumarate tab er 24hr 50 mg, 150 mg, 200 mg, 300 mg, 400 mg	3				•
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1				
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1				
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1				•
ZYPREXA – olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg	3				•
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	3				•
SLEEP AIDS					
AMBIEN – zolpidem tartrate tab 5 mg, 10 mg	3				•
AMBIEN CR – zolpidem tartrate tab er 6.25 mg, 12.5 mg	3				•
EDLUAR – zolpidem tartrate sl tab 5 mg, 10 mg	3				•
estazolam tab 1 mg, 2 mg	1				
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
LUNESTA – eszopiclone tab 1 mg, 2 mg, 3 mg	3				•
PHENOBARBITAL – phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1				
PHENOBARBITAL – phenobarbital elixir 20 mg/5ml	1				
ramelteon tab 8 mg (Rozerem)	1				•
RESTORIL – temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg	3				
ROZEREM – ramelteon tab 8 mg	3				•
SILENOR – doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	3				•
temazepam cap 15 mg, 30 mg (Restoril)	1				
zaleplon cap 5 mg, 10 mg	1				•
ZOLPIDEM TARTRATE – zolpidem tartrate sl tab 1.75 mg, 3.5 mg	3				•
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1				•
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1				•
HYPERACTIVITY/NARCOLEPSY PA – Prior Authorization information available at www.MyPrime.com/MyPrime/UMN					
ADDERALL – amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg	3				•
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	3				•
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				
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg	3				•
DAYTRANA – methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	3				•
DEXEDRINE – dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg	2				•
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				•
dextroamphetamine sulfate tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg	1				•
DYANAVEL XR – amphetamine tab extended release 5 mg, 10 mg, 15 mg, 20 mg	3				•
FOCALIN – dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	3				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	3				•
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1				•
INTUNIV – guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)	2				•
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1				•
METADATE CD – methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	3				•
methamphetamine hcl tab 5 mg	1				•
METHYLIN – methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml	3				•
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				•
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1				•
methylphenidate hcl cap er 24hr 60 mg (la)	1				•
methylphenidate hcl chew tab 2.5 mg, 5 mg, 10 mg	1				•
methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml (Methylin)	1				•
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg (Concerta)	1				•
methylphenidate hcl tab er osmotic release (osm) 72 mg	1				•
methylphenidate hcl tab er 10 mg, 20 mg	1				•
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1				•
METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 18 mg, 27 mg, 36 mg, 54 mg	3				•
METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er diffusion 27 mg, diffusion 36 mg, diffusion 54 mg	1				•
methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (Daytrana)	1				•
modafinil tab 100 mg, 200 mg (Provigil)	1				
NUVIGIL – armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	2				
phentermine hcl cap 15 mg, 30 mg, 37.5 mg	1				•
phentermine hcl tab 37.5 mg (Adipex-p)	1				•
phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg (Qsymia)	1		•		•
PROVIGIL – modafinil tab 100 mg, 200 mg	3				
QSYMIA – phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg	3		•		•
RELEXXII – methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	3				•
RITALIN – methylphenidate hcl tab 5 mg, 10 mg, 20 mg	2				•
RITALIN LA – methylphenidate hcl cap er 24hr 10 mg (la), 30 mg (la), 40 mg (la)	2				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
SUNOSI – solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2		•		•
VYVANSE – lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	2				•
VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2				•
ZEPBOUND KWIKPEN – tirzepatide (weight mngmt) soln pen-injector 2.5 mg/0.6ml, 5 mg/0.6ml, 7.5 mg/0.6ml, 10 mg/0.6ml, 12.5 mg/0.6ml, 15 mg/0.6ml	3		•		•
MULTIPLE SCLEROSIS PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
AMPYRA – dalfampridine tab er 12hr 10 mg	3	•			
AUBAGIO – teriflunomide tab 7 mg, 14 mg	3	•	•		•
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	•	•		•
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	•	•		•
BETASERON – interferon beta-1b for inj kit 0.3 mg	2	•	•		•
COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml	3	•	•		•
dalfampridine tab er 12hr 10 mg (Ampyra)	1	•			
dimethyl fumarate capsule delayed release 120 mg, 240 mg (Tecfidera)	1	•			•
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1	•			•
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1	•			•
GILENYA – fingolimod hcl cap 0.25 mg (base equiv), 0.5 mg (base equiv)	3	•	•		•
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	1	•			•
KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml	2	•	•		•
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv), 1 mg (base equiv), 2 mg (base equiv)	2	•	•		•
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack	2	•	•		•
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack	2	•	•		•
PLEGRIDY – peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	2	•	•		•
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	•	•		•
PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	3	•	•		•
PLEGRIDY STARTER PACK – peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	2	•	•		•
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	•	•		•
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	2	•	•		•
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	2	•	•		•
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•	•		•
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg, 240 mg	3	•	•		•
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	3	•	•		•
teriflunomide tab 7 mg, 14 mg (Aubagio)	1	•			•
ZEPOSIA – ozanimod hcl cap 0.92 mg	2	•	•		•
ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	2	•	•		•
ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	•	•		•
OTHER CENTRAL NERVOUS SYSTEM DRUGS PA – Prior Authorization program information available at: www.MyPrime.com/MyPrime/UMN					
acamprosate calcium tab delayed release 333 mg	1				
ADDYI – flibanserin tab 100 mg	3		•		•
ARICEPT – donepezil hydrochloride tab 5 mg, 10 mg, 23 mg	3				
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1				
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	3				
CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)	3				
CHANTIX STARTING MONTH PA – varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3				
CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	3				
dextromethorphan hbr-quinidine sulfate cap 20-10 mg (Nuedexta)	1		•		•
disulfiram tab 250 mg, 500 mg	1				
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1				
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1				
EXELON – rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	3				
FLUOXETINE HYDROCHLORIDE – fluoxetine hcl (pmdd) tab 10 mg, 20 mg	3				
GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml	3				
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	1				
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1				
INGREZZA – valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	•	•		•
INGREZZA – valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	3	•	•		•
INGREZZA – valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	3	•	•		•
LUMRYZ – sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	3	•	•		•
LUMRYZ STARTER PACK – sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	3	•	•		•
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg	1				
memantine hcl oral solution 2 mg/ml	1				
memantine hcl tab 5 mg, 10 mg	1				
MEMANTINE HCL TITRATION P – memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
nicotine polacrilex gum 2 mg, 4 mg	1				
nicotine polacrilex lozenge 2 mg, 4 mg	1				
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1				
NICOTINE TRANSDERMAL SYST – nicotine td patch 24 hr kit 21-14-7 mg/24hr	3				
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2				
NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3		•		•
paroxetine mesylate cap 7.5 mg (base equiv)	1				
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3				
pimozide tab 1 mg, 2 mg	1				
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1				
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1				
tetrabenazine tab 12.5 mg, 25 mg (Xenazine)	1	•	•		•
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1				
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1				
VYLEESI – bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	3		•		•
WAINUA – eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	3	•	•		•
XENAZINE – tetrabenazine tab 12.5 mg, 25 mg	3	•	•		•
XYWAV – calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	3	•	•		•
PAIN RELIEF DRUGS					
NON-NARCOTIC DRUGS					
aspirin chew tab 81 mg	1				
aspirin tab delayed release 81 mg	1				
butalbital-acetaminophen cap 50-300 mg	1				•
butalbital-acetaminophen tab 50-300 mg, 50-325 mg	1				•
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1				•
butalbital-aspirin-caffeine cap 50-325-40 mg	1				•
diflunisal tab 500 mg	1			•	
DOLOBID – diflunisal tab 250 mg, 375 mg	3			•	
FIORICET – butalbital-acetaminophen-caffeine cap 50-300-40 mg	3				•
TENCON – butalbital-acetaminophen tab 50-325 mg	3				•
NARCOTIC DRUGS PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg, 300-60 mg	1				•
ACETAMINOPHEN/CAFFEINE/DI – acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3				•
ACETAMINOPHEN/CODEINE – acetaminophen w/ codeine soln 120-12 mg/5ml	3				•
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	1				•
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine)	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				•
BUTRANS – buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr	3				•
CODEINE SULFATE – codeine sulfate tab 15 mg, 60 mg	1				•
CODEINE SULFATE – codeine sulfate tab 30 mg	3				•
codeine sulfate tab 30 mg (Codeine sulfate)	1				•
DILAUDID – hydromorphone hcl tab 2 mg, 4 mg, 8 mg	3				•
DILAUDID – hydromorphone hcl liqd 1 mg/ml	2				•
DISKETS – methadone hcl tab for oral susp 40 mg	3				•
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr	1		•		•
HYDROCODONE BITARTRATE/AC – hydrocodone-acetaminophen tab 2.5-325 mg	3				•
HYDROCODONE BITARTRATE/AC – hydrocodone-acetaminophen soln 10-300 mg/15ml	3				•
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				•
METHADONE HCL – methadone hcl soln 5 mg/5ml	3				•
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				•
METHADONE HYDROCHLORIDE – methadone hcl soln 10 mg/5ml	3				•
METHADOSE – methadone hcl conc 10 mg/ml	3				•
METHADOSE SUGAR-FREE – methadone hcl conc 10 mg/ml	3				•
MORPHINE SULFATE – morphine sulfate tab 15 mg, 30 mg	1				•
MORPHINE SULFATE – morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml, 100 mg/5ml (20 mg/ml)	3				•
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	3				•
morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml,	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
100 mg/5ml (20 mg/ml) (Morphine sulfate)					
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	1				•
morphine sulfate tab er 100 mg, 200 mg	1				•
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	1				•
MS CONTIN – morphine sulfate tab er 15 mg, 30 mg, 60 mg	2				•
NALOCET – oxycodone w/ acetaminophen tab 2.5-300 mg	3				•
NUCYNTA – tapentadol hcl tab 50 mg, 75 mg, 100 mg	3				•
NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	2				•
OXYCODONE AND ACETAMINOPH – oxycodone w/ acetaminophen tab 7.5-300 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				•
OXYCODONE HYDROCHLORIDE/A – oxycodone w/ acetaminophen soln 5-325 mg/5ml, 10-300 mg/5ml	3				•
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	1				•
OXYCODONE/ACETAMINOPHEN – oxycodone w/ acetaminophen tab 2.5-300 mg, 5-300 mg, 10-300 mg	3				•
OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	2				•
oxymorphone hcl tab 5 mg, 10 mg	1				•
PENTAZOCINE/NALOXONE HCL – pentazocine w/ naloxone hcl tab 50-0.5 mg	1				•
PERCOCET – oxycodone w/ acetaminophen tab 5-325 mg, 7.5-325 mg, 10-325 mg	3				•
PROLATE – oxycodone w/ acetaminophen tab 5-300 mg, 7.5-300 mg, 10-300 mg	3				•
PROLATE – oxycodone w/ acetaminophen soln 10-300 mg/5ml	3				•
ROXICODONE – oxycodone hcl tab 15 mg, 30 mg	3				•
tapentadol hcl tab 50 mg, 75 mg, 100 mg (Nucynta)	1				•
TAPENTADOL HYDROCHLORIDE – tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3				•
TRAMADOL HCL ER – tramadol hcl tab er 24hr biphasic release 200 mg, 300 mg	3				•
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1				•
tramadol hcl tab 50 mg, 100 mg	1				•
TRAMADOL HYDROCHLORIDE – tramadol hcl tab 25 mg, 75 mg	3				•
TRAMADOL HYDROCHLORIDE – tramadol hcl oral soln 5 mg/ml	3				•
tramadol-acetaminophen tab 37.5-325 mg	1				•
TREZIX – acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3				•
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
RHEUMATOID AND OSTEOARTHRITIS ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
ADALIMUMAB-AATY CD/UC/HS – adalimumab-aaty auto-injector kit 80 mg/0.8ml	2	•	•		•
ADALIMUMAB-AATY 1-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	2	•	•		•
ADALIMUMAB-AATY 2-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml	2	•	•		•
ADALIMUMAB-AATY 2-SYRINGE – adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	2	•	•		•
ADALIMUMAB-ADAZ – adalimumab-adaz soln auto-injector 40 mg/0.4ml, 80 mg/0.8ml	2	•	•		•
ADALIMUMAB-ADAZ – adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	2	•	•		•
ARAVA – leflunomide tab 10 mg, 20 mg	3				
ARCALYST – rilonacept for inj 220 mg	3		•		•
ARTHROTEC 50 – diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3			•	
ARTHROTEC 75 – diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3			•	
AURANOFIN – auranofin cap 3 mg	3				
CELEBREX – celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg	3			•	
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1				
diclofenac potassium cap 25 mg (Zipsor)	1				
diclofenac potassium tab 25 mg, 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 soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	2	•	•		•
ENBREL – etanercept subcutaneous inj 25 mg/0.5ml	2	•	•		•
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	2	•	•		•
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	2	•	•		•
etodolac cap 200 mg, 300 mg	1				
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	1				
etodolac tab 400 mg (Lodine)	1				
etodolac tab 500 mg	1				
FENOPROFEN CALCIUM – fenoprofen calcium cap 200 mg, 400 mg	3			•	
FENOPRON – fenoprofen calcium cap 300 mg	3			•	
HADLIMA – adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	2	•	•		•
HADLIMA PUSHTOUCH – adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	2	•	•		•
ibuprofen tab 400 mg, 600 mg, 800 mg	1				
INDOCIN – indomethacin susp 25 mg/5ml	3			•	
indomethacin cap er 75 mg	1				
indomethacin cap 25 mg, 50 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
indomethacin suppos 50 mg	1				
indomethacin susp 25 mg/5ml (Indocin)	1				
KETOPROFEN – ketoprofen cap 25 mg, 50 mg, 75 mg	3			•	
KETOPROFEN ER – ketoprofen cap er 24hr 200 mg	3			•	
ketorolac tromethamine tab 10 mg	1				
KEVZARA – sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	3	•	•		•
KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	3	•	•		•
KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	3	•	•		•
leflunomide tab 10 mg, 20 mg (Arava)	1				
LODINE – etodolac tab 400 mg	3			•	
MECLOFENAMATE SODIUM – meclofenamate sodium cap 50 mg, 100 mg	3			•	
mefenamic acid cap 250 mg	1				
MELOXICAM – meloxicam susp 7.5 mg/5ml	3			•	
meloxicam tab 7.5 mg, 15 mg	1				
nabumetone tab 500 mg, 750 mg	1				
NAPRELAN – naproxen sodium tab er 24hr 375 mg (base equiv), 500 mg (base equiv)	3			•	
NAPROXEN SODIUM ER – naproxen sodium tab er 24hr 750 mg (base equiv)	1			•	
naproxen sodium tab er 24hr 375 mg (base equiv), 500 mg (base equiv) (Naprelan)	1				
naproxen sodium tab 275 mg	1				
naproxen sodium tab 550 mg (Anaprox ds)	1				
naproxen tab ec 375 mg, 500 mg (Ec-naprosyn)	1				
naproxen tab 250 mg, 375 mg	1				
naproxen tab 500 mg (Naprosyn)	1				
ORUDIS – ketoprofen cap 75 mg	3			•	
OTEZLA – apremilast tab 20 mg, 30 mg	2	•	•		•
OTEZLA – apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	2	•	•		•
OTEZLA XR – apremilast tab er 24hr 75 mg	2	•	•		•
OTEZLA/OTEZLA XR 28 DAY T – apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	2	•	•		•
oxaprozin tab 600 mg (Daypro)	1				
piroxicam cap 10 mg, 20 mg	1				
RELAFEN DS – nabumetone tab 1000 mg	3			•	
RIDAURA – auranofin cap 3 mg	2				
RINVOQ – upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	2	•	•		•
RINVOQ LQ – upadacitinib oral soln 1 mg/ml	2	•	•		•
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	2	•	•		•
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	•	•		•
sulindac tab 150 mg, 200 mg	1				
tofacitinib citrate oral soln 1 mg/ml (base equivalent) (Xeljanz)	1	•	•		•
tofacitinib citrate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent) (Xeljanz xr)	1	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
tofacitinib citrate tab 5 mg (base equivalent), 10 mg (base equivalent) (Xeljanz)	1	•	•		•
TOLECTIN DS – tolmetin sodium cap 400 mg	3			•	
TOLECTIN 600 – tolmetin sodium tab 600 mg	3			•	
TOLMETIN SODIUM – tolmetin sodium cap 400 mg	3			•	
TOLMETIN SODIUM – tolmetin sodium tab 200 mg	3				
TOLMETIN SODIUM – tolmetin sodium tab 600 mg	3			•	
TYENNE – tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	2	•	•		•
TYENNE – tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	2	•	•		•
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	•	•		•
XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	•	•		•
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent)	2	•	•		•
ZIPSOR – diclofenac potassium cap 25 mg	3			•	
ZYBIC – meloxicam susp 7.5 mg/5ml	3			•	
MIGRAINE HEADACHES					
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				
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1				•
IMITREX – sumatriptan succinate tab 25 mg, 50 mg, 100 mg	3				•
IMITREX STATDOSE SYSTEM – sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	2				•
MAXALT – rizatriptan benzoate tab 10 mg (base equivalent)	3				•
MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	3				•
MIGERGOT – ergotamine w/ caffeine suppos 2-100 mg	3				
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		•		•
RELPAX – eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent)	3				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1				•
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1				•
rizatriptan benzoate tab 5 mg (base equivalent)	1				•
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1				•
sumatriptan nasal spray 5 mg/act, 20 mg/act	1				•
sumatriptan succinate inj 6 mg/0.5ml	1				•
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1				•
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	1				•
TREXIMET – sumatriptan-naproxen sodium tab 85-500 mg	3				•
UBRELVY – ubrogepant tab 50 mg, 100 mg	2		•		•
zolmitriptan nasal spray 5 mg/ spray unit (Zomig)	1				•
zolmitriptan tab 2.5 mg, 5 mg	1				•
ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit	3				•
GOUT					
allopurinol tab 100 mg, 200 mg, 300 mg	1				
colchicine cap 0.6 mg (Mitigare)	1				
colchicine tab 0.6 mg	1				
colchicine w/ probenecid tab 0.5-500 mg	1				
probenecid tab 500 mg	1				
NEUROMUSCULAR DRUGS					
SEIZURES					

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
APTIOM – eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	3				
BANZEL – rufinamide tab 200 mg, 400 mg	3				
BANZEL – rufinamide susp 40 mg/ml	3				
brivaracetam oral soln 10 mg/ml (Briviact)	1				
brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg (Briviact)	1				
BRIVIACT – brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	3				
BRIVIACT – brivaracetam oral soln 10 mg/ml	3				
CARBAMAZEPINE – carbamazepine chew tab 200 mg	3				
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1				
carbamazepine chew tab 100 mg	1				
carbamazepine susp 100 mg/5ml (Tegretol)	1				
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1				
carbamazepine tab 200 mg (Tegretol)	1				
CARBATROL – carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	2				
CELONTIN – methsuximide cap 300 mg	3				
clobazam suspension 2.5 mg/ml (Onfi)	1				
clobazam tab 10 mg, 20 mg (Onfi)	1				
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1				
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
DEPAKOTE – divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	3				
DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg, 500 mg	2				
DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg	3				
DIACOMIT – stiripentol cap 250 mg, 500 mg	3	•			
DIACOMIT – stiripentol packet 250 mg, 500 mg	3	•			
diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	1				
DILANTIN – phenytoin sodium extended cap 30 mg	2				
DILANTIN – phenytoin sodium extended cap 100 mg	3				
DILANTIN INFATABS – phenytoin chew tab 50 mg	2				
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	2	•	•		•
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				
FELBATOL – felbamate tab 400 mg, 600 mg	3				
FINTEPLA – fenfluramine hcl oral soln 2.2 mg/ml	3	•	•		•
FYCOMPA – perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3				
FYCOMPA – perampanel susp 0.5 mg/ml	3				
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1				
gabapentin cap 200 mg	1				
gabapentin oral soln 250 mg/5ml (Neurontin)	1				
gabapentin tab 600 mg, 800 mg (Neurontin)	1				
GABARONE – gabapentin tab 100 mg, 400 mg	3				
KEPPRA – levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	3				
KEPPRA – levetiracetam oral soln 100 mg/ml	3				
KEPPRA XR – levetiracetam tab er 24hr 500 mg, 750 mg	3				
KLONOPIN – clonazepam tab 0.5 mg, 1 mg, 2 mg	3				
lacosamide oral solution 10 mg/ml (Vimpat)	1				
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1				
LAMICTAL – lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	3				
LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 5 mg, 25 mg	3				
LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
LAMICTAL STARTER/NOT TAKI – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	3				
LAMICTAL STARTER/TAKING C – lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	3				
LAMICTAL STARTER/TAKING V – lamotrigine tab 35 x 25 mg starter kit	3				
LAMICTAL XR – lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	3				
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				
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1				
LYRICA – pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg	3				
LYRICA – pregabalin soln 20 mg/ml	3				
methsuximide cap 300 mg (Celontin)	1				
MYSOLINE – primidone tab 50 mg, 250 mg	3				
NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml	3				
NEURONTIN – gabapentin cap 100 mg, 300 mg, 400 mg	3				
NEURONTIN – gabapentin tab 600 mg, 800 mg	3				
NEURONTIN – gabapentin oral soln 250 mg/5ml	3				
ONFI – clobazam tab 10 mg, 20 mg	3				
ONFI – clobazam suspension 2.5 mg/ml	3				
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1				
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1				
perampanel susp 0.5 mg/ml (Fycompa)	1				
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	1				
phenytoin chew tab 50 mg (Dilantin infatabs)	1				
phenytoin sodium extended cap 100 mg (Dilantin)	1				
phenytoin sodium extended cap 200 mg, 300 mg	1				
phenytoin susp 125 mg/5ml (Dilantin-125)	1				
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
pregabalin soln 20 mg/ml (Lyrica)	1				
PRIMIDONE – primidone tab 125 mg	3				
primidone tab 50 mg, 250 mg (Mysoline)	1				
rufinamide susp 40 mg/ml (Banzel)	1				
rufinamide tab 200 mg, 400 mg (Banzel)	1				
TEGRETOL – carbamazepine tab 200 mg	3				
TEGRETOL – carbamazepine susp 100 mg/5ml	2				
TEGRETOL-XR – carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	2				
tiagabine hcl tab 2 mg, 4 mg	1				
TIAGABINE HYDROCHLORIDE – tiagabine hcl tab 12 mg, 16 mg	1				
TOPAMAX – topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	3				
TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg, 25 mg	3				
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (Qudexy xr)	1				
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1				
topiramate sprinkle cap 50 mg	1				
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1				
TRILEPTAL – oxcarbazepine tab 150 mg, 300 mg, 600 mg	3				
TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ml)	2				
valproate sodium oral soln 250 mg/5ml (base equiv)	1				
valproic acid cap 250 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
VALTOCO 10 MG DOSE – diazepam nasal spray 10 mg/0.1 ml	3				
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	•			
VIMPAT – lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	3				
VIMPAT – lacosamide oral solution 10 mg/ml	3				
XCOPRI – cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	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 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				
ZARONTIN – ethosuximide cap 250 mg	2				
ZARONTIN – ethosuximide soln 250 mg/5ml	2				
ZONEGRAN – zonisamide cap 25 mg, 100 mg	3				
zonisamide cap 25 mg, 100 mg (Zonegran)	1				
zonisamide cap 50 mg	1				
ZTALMY – ganaxolone susp 50 mg/ml	3	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
PARKINSON'S DISEASE					
amantadine hcl cap 100 mg	1				
amantadine hcl soln 50 mg/5ml	1				
APOKYN – apomorphine hcl soln cartridge 30 mg/3ml	3	•			
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1	•			
AZILECT – rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	2				
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 orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	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, 37.5-150-200 mg, 50-200-200 mg	1				
entacapone tab 200 mg	1				
INBRIJA – levodopa inhal powder cap 42 mg	2	•			
LODOSYN – carbidopa tab 25 mg	3				
NEUPRO – rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	3				
PARLODEL – bromocriptine mesylate cap 5 mg (base equivalent)	3				
PARLODEL – bromocriptine mesylate tab 2.5 mg (base equivalent)	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				
selegiline hcl cap 5 mg	1				
selegiline hcl tab 5 mg	1				
SINEMET – carbidopa & levodopa tab 10-100 mg, 25-100 mg	3				
TASMAR – tolcapone tab 100 mg	3				
tolcapone tab 100 mg (Tasmar)	1				
trihexyphenidyl hcl oral soln 0.4 mg/ml	1				
trihexyphenidyl hcl tab 2 mg, 5 mg	1				
MUSCLE RELAXANTS					
AMRIX – cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg	3				
baclofen susp 25 mg/5ml (Fleqsuvy)	1				
baclofen tab 10 mg, 15 mg, 20 mg	1				
chlorzoxazone tab 250 mg, 500 mg	1				
cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg (Amrix)	1				
cyclobenzaprine hcl tab 5 mg, 10 mg	1				
EUFLEXXA – sodium hyaluronate intra-articular soln pref syr 20 mg/2ml	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
HYALGAN – sodium hyaluronate intra-articular inj 20 mg/2ml	1				
HYALGAN – sodium hyaluronate intra-articular soln pref syr 20 mg/2ml	1				
methocarbamol tab 500 mg, 750 mg, 1000 mg	1				
NORGESIC – orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	3				
NORGESIC FORTE – orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	3				
orphenadrine citrate tab er 12hr 100 mg	1				
ORPHENADRINE/ASPIRIN/CAFF – orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	3				
ORPHENGESIC FORTE – orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	3				
ORTHOVISC – hyaluronan intra-articular soln prefilled syringe 30 mg/2ml	2				
SOHONOS – palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg	3	•			
SUPARTZ FX – sodium hyaluronate intra-articular soln pref syr 25 mg/2.5ml	1				
SYNVISC – hylan g-f 20 intra-articular soln prefilled syr 16 mg/2ml	2				
SYNVISC ONE – hylan g-f 20 intra-articular soln prefilled syr 48 mg/6ml	2				
tizanidine hcl tab 2 mg (base equivalent)	1				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1				
ZANAFLEX – tizanidine hcl cap 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent)	3				
ZANAFLEX – tizanidine hcl tab 4 mg (base equivalent)	3				
OTHER NEUROMUSCULAR DRUGS					
DAYBUE – trofinetide oral soln 200 mg/ml	3	•	•		•
DAYBUE STIX – trofinetide oral powder packet 5000 mg, 6000 mg, 8000 mg	3	•	•		•
DUVYZAT – givinostat hcl oral susp 8.86 mg/ml	3	•	•		
EVRYSDI – risdiplam tab 5 mg	3	•	•		•
EVRYSDI – risdiplam for soln 0.75 mg/ml	3	•	•		•
MESTINON – pyridostigmine bromide tab 60 mg	3				
MESTINON – pyridostigmine bromide oral soln 60 mg/5ml	2				
MESTINON TIMESPAN – pyridostigmine bromide tab er 180 mg	2				
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				
RADICAVA ORS – edaravone oral susp 105 mg/5ml	3	•	•		•
RADICAVA ORS STARTER KIT – edaravone oral susp 105 mg/5ml	3	•	•		•
riluzole tab 50 mg	1	•			
SKYCLARYS – omaveloxolone cap 50 mg	3	•	•		•
SUPPLEMENTS					
VITAMINS					
DRISDOL – ergocalciferol cap 1.25 mg (50000 unit)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1				
phytonadione tab 5 mg	1				
MULTIVITAMINS					
PRENATAL VITAMINS	2				
MINERALS AND ELECTROLYTES					
FLORIVA – sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3				
FLUORIDE – 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				
K-PHOS – potassium phosphate monobasic tab 500 mg	3				
K-PHOS NEUTRAL – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	3				
KLOR-CON 8 – potassium chloride tab er 8 meq (600 mg)	3				
PHOSPHA 250 NEUTRAL – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1				
PHOSPHO-TRIN K500 – potassium phosphate monobasic tab 500 mg	1				
PHOSPHO-TRIN 250 NEUTRAL – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1				
PHOSPHOROUS – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1				
POKONZA – potassium chloride oral soln 5% (10 meq/15ml)	3				
POKONZA – potassium chloride powder packet 10 meq, 15 meq	3				
POTASSIUM CHLORIDE – potassium chloride powder packet 40 meq	3				
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				
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, 20 meq (1500 mg)	1				
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	3				
SODIUM FLUORIDE – 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				
SODIUM FLUORIDE – sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	3				
ZYCUBO – copper histidinate for subcutaneous soln 2.9 mg	2	•			
BLOOD MODIFYING DRUGS PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	1	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	1	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	1	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
AGRYLIN – anagrelide hcl cap 0.5 mg	3				
ALPHANATE – antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	1	•			
ALPHANINE SD – coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	1	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	3	•			
ALTUVIIIO – antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	1	•			
aminocaproic acid oral soln 0.25 gm/ml	1				
aminocaproic acid tab 500 mg, 1000 mg	1				
anagrelide hcl cap 0.5 mg (Agrylin)	1				
anagrelide hcl cap 1 mg	1				
ANDEMBRY – garadacimab-gxii soln auto-injector 200 mg/1.2ml	3	•			
AQVESME – mitapivat sulfate tab 100 mg	3	•			
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	2	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	2	•	•		
ARIXTRA – fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	2				
aspirin-dipyridamole cap er 12hr 25-200 mg	1				
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	•			
BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit	3				
BRILINTA – ticagrelor tab 60 mg, 90 mg	3				
CABLIVI – caplacizumab-yhdp for inj kit 11 mg	3	•			
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1				
CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)	3	•	•		•
cilostazol tab 50 mg, 100 mg	1				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1				
COAGADEX – coagulation factor x (human) for inj 250 unit, 500 unit	1	•			
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	3	•			
cyanocobalamin inj 1000 mcg/ml	1				
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 110 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1				•
DAWNZERA – donidalorsen sodium subcutaneous soln auto-inj 80 mg/0.8ml	3	•			
dipyridamole tab 25 mg, 50 mg, 75 mg	1				
DOPTELET – avatrombopag maleate tab 20 mg (base equiv)	3	•	•		•
DOPTELET SPRINKLE – avatrombopag maleate cap sprinkle 10 mg (base equiv)	3	•	•		•
EFFIENT – prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
EKTERLY – sebetralstat tab 300 mg	3	•			
ELIQUIS – apixaban tab 2.5 mg, 5 mg	2				•
ELIQUIS – apixaban tab for oral susp 0.5 mg	2				•
ELIQUIS – apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	2				•
ELIQUIS – apixaban cap sprinkle 0.15 mg	2				•
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg	2				•
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	3	•			
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	1	•	•		•
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv) (Promacta)	1	•	•		•
EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	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				
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	1	•			
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)	1				
FIBRYGA – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	3				
FIBRYGA – fibrinogen concentrate (human) for iv soln 2 gm	3				
FIRAZYR – icatibant acetate subcutaneous soln pref syr 30 mg/3ml	3	•			
folic acid cap 0.8 mg	1				
folic acid tab 400 mcg, 800 mcg, 1 mg	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	2				
FRAGMIN – dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	2				
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	•			
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	1	•			
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml	1	•			
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	1	•			
HEMLIBRA – emicizumab-kxwh 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)	1	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
HEMOFIL M – antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	1	•			
HEPARIN SODIUM – heparin sodium (porcine) pf inj 5000 unit/ml	3				
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				
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	1	•			
HYDROXOCOBALAMIN – hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	3				
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	1	•			
IRON UP – polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	3				
IXINITY – coagulation factor ix (recombinant) for inj 500 unit, 1000 unit, 1500 unit, 3000 unit	3	•			
KOATE – antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	1	•			
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit	1	•			
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	1	•			
LEUKINE – sargramostim lyophilized for inj 250 mcg	2	•			
LOVENOX – enoxaparin sodium inj 300 mg/3ml	3				
LOVENOX – 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	3				
LOVENOX – enoxaparin sodium inj soln pref syr 150 mg/ml	2				
miglustat cap 100 mg (Zavesca)	1	•	•		•
NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml	2	•			
NEULASTA ONPRO KIT – pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6ml	2	•			
NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (600 mcg/ml)	3	•			
NEUPOGEN – filgrastim inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	3	•			
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	•			
NIVESTYM – filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	•			
NOVAFERRUM PEDIATRIC DROP – polysaccharide iron complex liquid 15 mg/ml (fe equiv)	3				
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	3				
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	1	•			
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	3	•			
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit,	3	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit					
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	3	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	3	•			
NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	2	•			
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	3				
ORLADEYO – berotralstat hcl cap 110 mg, 150 mg	3	•			
ORLADEYO – berotralstat hcl pellet pack 72 mg, 96 mg, 108 mg, 132 mg	3	•			
pentoxifylline tab er 400 mg	1				
PLAVIX – clopidogrel bisulfate tab 75 mg (base equiv)	3				
PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 110 mg (etexilate base eq), 150 mg (etexilate base eq)	3				•
PRADAXA – dabigatran etexilate mesylate pellet pack 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, 150 mg	3				•
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	1	•			
PYRUKYND – mitapivat sulfate tab 5 mg, 20 mg, 50 mg	3	•	•		•
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	3	•	•		•
REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	3	•			
RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	1	•			
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	•	•		
RIASTAP – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	3				
rivaroxaban for susp 1 mg/ml (Xarelto)	1				•
rivaroxaban tab 2.5 mg (Xarelto)	1				•
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	3	•			
RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit	3				
SEVENFACT – coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	3	•			
SIKLOS – hydroxyurea tab 100 mg, 1000 mg	3	•			
TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	3	•	•		•
ticagrelor tab 60 mg, 90 mg (Brilinta)	1				
tranexamic acid tab 650 mg	1				
TRETTEN – coagulation factor xiii a-subunit for inj 2500 unit	3				
UDENYCA – pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	2	•			
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	2	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
VONVENDI – von willebrand factor (recombinant) for inj 650 unit, 1300 unit	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				
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	1				
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	1				
XARELTO – rivaroxaban tab 2.5 mg, 10 mg, 15 mg, 20 mg	2				•
XARELTO – rivaroxaban for susp 1 mg/ml	2				•
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	2				•
XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	3	•			
XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	3	•			
XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	3	•			
XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	3	•			
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	•			
ZAVESCA – miglustat cap 100 mg	3	•	•		•
ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent)	3				
TOPICAL DRUGS					
EYE ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
Anti-infectives					
AZASITE – azithromycin ophth soln 1%	3				
BACITRACIN/POLYMYXIN B – bacitracin-polymyxin b ophth oint	3				
BESIFLOXACIN HYDROCHLORID – besifloxacin hcl ophth susp 0.6% (base equiv)	3				
BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv)	3				
CILOXAN – ciprofloxacin hcl ophth oint 0.3%	3				
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1				
erythromycin ophth oint 5 mg/gm	1				
gatifloxacin ophth soln 0.5%	1				
gentamicin sulfate ophth soln 0.3%	1				
LEVOFLOXACIN – levofloxacin ophth soln 0.5%, 1.5%	3				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1				
NATACYN – natamycin ophth susp 5%	3				
NEOMYCIN/POLYMYXIN/BACITR – neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1				
NEOMYCIN/POLYMYXIN/GRAMIC – neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3				
OCUFLOX – ofloxacin ophth soln 0.3%	3				
ofloxacin ophth soln 0.3% (Ocuflox)	1				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1				
SULFACETAMIDE SODIUM – sulfacetamide sodium ophth soln 10%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
tobramycin ophth soln 0.3%	1				
TOBREX – tobramycin ophth oint 0.3%	3				
TRIFLURIDINE – trifluridine ophth soln 1%	2				
VIGAMOX – moxifloxacin hcl ophth soln 0.5% (base equiv)	3				
Steroids and Combination Products					
ALREX – loteprednol etabonate ophth susp 0.2%	3				
DEXAMETHASONE SODIUM PHOS – dexamethasone sodium phosphate ophth soln 0.1%	3				
difluprednate ophth emulsion 0.05% (Durezol)	1				
DUREZOL – difluprednate ophth emulsion 0.05%	3				
EYSUVIS – loteprednol etabonate ophth susp 0.25%	3		•		•
FLAREX – fluorometholone acetate ophth susp 0.1%	3				
fluorometholone ophth susp 0.1% (Fml liquifilm)	1				
FML FORTE – fluorometholone ophth susp 0.25%	3				
LOTEMAX – loteprednol etabonate ophth oint 0.5%	3				
LOTEMAX – loteprednol etabonate ophth susp 0.5%	3				
LOTEMAX – loteprednol etabonate ophth gel 0.5%	3				
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%	3				
loteprednol etabonate ophth gel 0.5% (Lotemax)	1				
loteprednol etabonate ophth susp 0.2% (Alrex)	1				
loteprednol etabonate ophth susp 0.5% (Lotemax)	1				
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (Zylet)	1				
MAXIDEX – dexamethasone ophth susp 0.1%	3				
MAXITROL – neomycin-polymyxin-dexamethasone ophth susp 0.1%	3				
MAXITROL – neomycin-polymyxin-dexamethasone ophth oint 0.1%	2				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1				
NEOMYCIN/POLYMYXIN/BACITR – bacitracin-polymyxin-neomycin-hc ophth oint 1%	1				
PRED FORTE – prednisolone acetate ophth susp 1%	3				
PRED MILD – prednisolone acetate ophth susp 0.12%	3				
prednisolone acetate ophth susp 1% (Pred forte)	1				
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%	2				
SULFACETAMIDE SODIUM/PRED – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	3				
TOBRADEX – tobramycin-dexamethasone ophth oint 0.3-0.1%	3				
tobramycin-dexamethasone ophth susp 0.3-0.1%	1				
Glaucoma					
ALPHAGAN P – brimonidine tartrate ophth soln 0.1%	3				
ALPHAGAN P – brimonidine tartrate ophth soln 0.15%	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
APRACLONIDINE – apraclonidine hcl ophth soln 0.5% (base equivalent)	3				
AZOPT – brinzolamide ophth susp 1%	3				
BETAXOLOL HCL – betaxolol hcl ophth soln 0.5%	3				
BETIMOL – timolol ophth soln 0.5%	3				
bimatoprost ophth soln 0.01% (Lumigan)	1				
bimatoprost ophth soln 0.03%	1				
brimonidine tartrate ophth soln 0.1%, 0.15% (Alphagan p)	1				
brimonidine tartrate ophth soln 0.2%	1				
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1				
CARTEOLOL HCL – carteolol hcl ophth soln 1%	3				
COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3				
COSOPT – dorzolamide hcl-timolol maleate ophth soln 2-0.5%	3				
COSOPT PF – dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	3				
dorzolamide hcl ophth soln 2%	1				
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1				
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	1				
IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent)	3				
ISTALOL – timolol maleate ophth soln 0.5% (once-daily)	3				
latanoprost ophth soln 0.005% (Xalatan)	1				
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%	3				
LUMIGAN – bimatoprost ophth soln 0.01%	2				
pilocarpine hcl ophth soln 1%, 2%, 4%	1				
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2				
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1				
timolol maleate ophth soln 0.25%, 0.5%	1				
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1				
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	1				
timolol ophth soln 0.5% (Betimol)	1				
TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.25%, 0.5%	3				
TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3				
XALATAN – latanoprost ophth soln 0.005%	3				
ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015%	3				
Other Eye Products *PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN*					
ACULAR – ketorolac tromethamine ophth soln 0.5%	3				
ACULAR LS – ketorolac tromethamine ophth soln 0.4%	3				
ACUVAIL – ketorolac tromethamine (pf) ophth soln 0.45%	3				
ATROPINE SULFATE – atropine sulfate ophth soln 1%	3				
atropine sulfate ophth soln 1%	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
azelastine hcl ophth soln 0.05%	1				
bepotastine besilate ophth soln 1.5% (Bepreve)	1				
BEPREVE – bepotastine besilate ophth soln 1.5%	3				
CROMOLYN SODIUM – cromolyn sodium ophth soln 4%	3				
CYCLOGYL – cyclopentolate hcl ophth soln 0.5%, 2%	1				
CYCLOGYL – cyclopentolate hcl ophth soln 1%	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)	3	•			
CYSTARAN – cysteamine hcl ophth soln 0.44% (base equivalent)	3	•			
diclofenac sodium ophth soln 0.1%	1				
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%	3				
KETOROLAC TROMETHAMINE – ketorolac tromethamine ophth soln 0.4%	1				
ketorolac tromethamine ophth soln 0.5% (Acular)	1				
NEVANAC – nepafenac ophth susp 0.1%	3				
olopatadine hcl ophth soln 0.2% (base equivalent)	1				
OXERVATE – cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	3	•	•		•
RESTASIS – cyclosporine (ophth) emulsion 0.05% (pf)	1				
RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05% (pf)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
EAR					
acetic acid otic soln 2%	1				
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%	3				
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	1				
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1				
ciprofloxacin-hydrocortisone otic susp 0.2-1% (Cipro hc)	1				
DERMOTIC – fluocinolone acetonide (otic) oil 0.01%	3				
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1				
hydrocortisone w/ acetic acid otic soln 1-2%	1				
neomycin-polymyxin-hc otic soln 1%	1				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1				
ofloxacin otic soln 0.3%	1				
MOUTH AND THROAT (local)					
cevimeline hcl cap 30 mg (Evoxac)	1				
chlorhexidine gluconate soln 0.12% (Peridex)	1				
CLINPRO 5000 – sodium fluoride paste 1.1%	1				
clotrimazole troche 10 mg	1				
DENTA 5000 PLUS – sodium fluoride cream 1.1%	1				
DENTA 5000 PLUS SENSITIVE – sodium fluoride-potassium nitrate gel 1.1-5%	3				
DENTAGEL – sodium fluoride gel 1.1% (0.5% f)	1				
EASYGEL – stannous fluoride gel 0.4%	1				
EVOXAC – cevimeline hcl cap 30 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
FLUORIDEX DAILY DEFENSE – sodium fluoride paste 1.1%	1				
FLUORIDEX DAILY RENEWAL – stannous fluoride conc 0.63%	1				
FLUORIDEX ENHANCED WHITEN – sodium fluoride paste 1.1%	1				
FLUORIDEX SENSITIVITY REL – sodium fluoride-potassium nitrate gel 1.1-5%	3				
FLUORIMAX 5000 – sodium fluoride paste 1.1%	1				
FLUORIMAX 5000 SENSITIVE – sodium fluoride-potassium nitrate gel 1.1-5%	3				
JUST RIGHT 5000 – sodium fluoride paste 1.1%	1				
lidocaine hcl viscous soln 2%	1				
NYSTATIN – nystatin susp 100000 unit/ml	3				
nystatin susp 100000 unit/ml (Nystatin)	1				
ORAVIG – miconazole buccal tab 50 mg (mouth-throat)	3				
PERIDEX – chlorhexidine gluconate soln 0.12%	3				
PERIOMED – stannous fluoride conc 0.63%	3				
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1				
PREVIDENT FLUORIDE – sodium fluoride gel 1.1% (0.5% f)	3				
PREVIDENT RINSE – sodium fluoride rinse 0.2%	3				
PREVIDENT 5000 BOOSTER PL – sodium fluoride paste 1.1%	3				
PREVIDENT 5000 DRY MOUTH – sodium fluoride gel 1.1% (0.5% f)	3				
PREVIDENT 5000 ENAMEL PRO – sodium fluoride-potassium nitrate gel 1.1-5%	3				
PREVIDENT 5000 KIDS – sodium fluoride paste 1.1%	3				
PREVIDENT 5000 ORTHO DEFE – sodium fluoride paste 1.1%	3				
PREVIDENT 5000 PLUS – sodium fluoride cream 1.1%	3				
PREVIDENT 5000 SENSITIVE – sodium fluoride-potassium nitrate gel 1.1-5%	3				
SALAGEN – pilocarpine hcl tab 5 mg, 7.5 mg	2				
SF – sodium fluoride gel 1.1% (0.5% f)	1				
SF 5000 PLUS – sodium fluoride cream 1.1%	1				
SODIUM FLUORIDE – sodium fluoride rinse 0.2%	1				
SODIUM FLUORIDE – sodium fluoride cream 1.1%	1				
SODIUM FLUORIDE – sodium fluoride gel 1.1% (0.5% f)	1				
SODIUM FLUORIDE 5000 PLUS – sodium fluoride cream 1.1%	1				
SODIUM FLUORIDE 5000 PPM – sodium fluoride gel 1.1% (0.5% f)	1				
SODIUM FLUORIDE 5000 PPM – sodium fluoride paste 1.1%	1				
SODIUM FLUORIDE 5000 PPM – sodium fluoride-potassium nitrate gel 1.1-5%	3				
SODIUM FLUORIDE/POTASSIUM – sodium fluoride-potassium nitrate gel 1.1-5%	3				
stannous fluoride gel 0.4%	1				
triamcinolone acetonide dental paste 0.1%	1				
ANORECTAL AGENTS					
ANALPRAM HC – hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ANALPRAM HC – hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2				
ANALPRAM HC – hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3				
ANUCORT-HC – hydrocortisone acetate suppos 25 mg	1				
ANUSOL-HC – hydrocortisone perianal cream 2.5%	3				
ANUSOL-HC – hydrocortisone acetate suppos 25 mg	1				
budesonide rectal foam 2 mg/act (Uceris)	1				
CORTENEMA – hydrocortisone enema 100 mg/60ml	2				
CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose)	2				
HEMMOREX-HC – hydrocortisone acetate suppos 25 mg	1				
HYDROCORTISONE – hydrocortisone perianal cream 1%	3				
HYDROCORTISONE ACETATE – hydrocortisone acetate suppos 25 mg	1				
HYDROCORTISONE ACETATE/PR – hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3				
hydrocortisone enema 100 mg/60ml (Cortenema)	1				
hydrocortisone perianal cream 2.5% (Anusol-hc)	1				
nitroglycerin oint 0.4% (Rectiv)	1				
PROCTOCORT – hydrocortisone perianal cream 1%	3				
PROCTOFOAM HC – hydrocortisone acetate w/ pramoxine perianal foam 1-1%	3				
RECTIV – nitroglycerin oint 0.4%	3				
UCERIS – budesonide rectal foam 2 mg/act	3				
SKIN CONDITIONS/PRODUCTS					
Acne *PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN*					
ACANYA – clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	3				
ADAPALENE – adapalene soln 0.1%	3		•		
ADAPALENE – adapalene pads 0.1%	3		•		
adapalene cream 0.1% (Differin)	1		•		
adapalene gel 0.1%	1		•		
adapalene gel 0.3% (Differin)	1		•		
ATRALIN – tretinoin gel 0.05%	3		•		
azelaic acid gel 15%	1				
AZELEX – azelaic acid cream 20%	3				
CLEOCIN-T – clindamycin phosphate lotion 1%	3				
CLINDAGEL – clindamycin phosphate gel 1% (once-daily)	3				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1				
clindamycin phosphate gel 1% (once-daily) (Clindagel)	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				
clindamycin phosphate-benzoyl peroxide gel 1-5%	1				
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	1				
DIFFERIN PUMP – adapalene gel 0.3%	3		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
EPIDUO FORTE – adapalene-benzoyl peroxide gel 0.3-2.5%	3		•		
ERY – erythromycin pads 2%	3				
ERYTHROMYCIN – erythromycin gel 2%	3				
erythromycin soln 2%	1				
FINACEA – azelaic acid foam 15%	3				
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1				
ivermectin cream 1% (Soolantra)	1				
KLARON – sulfacetamide sodium lotion 10% (acne)	3				
metronidazole cream 0.75% (Metrocream)	1				
metronidazole gel 0.75%	1				
metronidazole gel 1% (Metrogel)	1				
NORITATE – metronidazole cream 1%	3				
RETIN-A – tretinoin cream 0.025%, 0.05%, 0.1%	3		•		
RETIN-A – tretinoin gel 0.01%, 0.025%	3		•		
SOOLANTRA – ivermectin cream 1%	3				
sulfacetamide sodium lotion 10% (acne) (Klaron)	1				
TAZAROTENE – tazarotene (acne) foam 0.1%	3		•		
tazarotene cream 0.05% (Tazorac)	1				
tazarotene cream 0.1% (Tazorac)	1		•		
tazarotene gel 0.05%, 0.1% (Tazorac)	1				
TAZORAC – tazarotene gel 0.05%, 0.1%	3				
TAZORAC – tazarotene cream 0.05%	3				
TAZORAC – tazarotene cream 0.1%	1		•		
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	1		•		
tretinoin gel 0.01% (Retin-a)	1		•		
tretinoin gel 0.05% (Atralin)	1		•		
WINLEVI – clascoterone cream 1%	3				
ZIANA – clindamycin phosphate-tretinoin gel 1.2-0.025%	3				
Anti-infectives					
acyclovir cream 5% (Zovirax)	1				
acyclovir oint 5% (Zovirax)	1				•
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				
ciclopirox solution 8% (Penlac nail lacquer)	1				
clotrimazole w/ betamethasone cream 1-0.05%	1				
DENAVIR – penciclovir cream 1%	3				
DICLOFENAC EPOLAMINE – diclofenac epolamine patch 1.3%	3				
diclofenac sodium soln 1.5%	1				
ECONAZOLE NITRATE – econazole nitrate foam 1%	3				
econazole nitrate cream 1%	1				
ECOZA – econazole nitrate foam 1%	3				
ERTACZO – sertaconazole nitrate cream 2%	3				
EXELDERM – sulconazole nitrate solution 1%	3				
EXELDERM – sulconazole nitrate cream 1%	3				
FLECTOR – diclofenac epolamine patch 1.3%	3				
gentamicin sulfate cream 0.1%	1				
gentamicin sulfate oint 0.1%	1				
ketoconazole cream 2%	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ketoconazole foam 2%	1				
ketoconazole shampoo 2%	1				
LULICONAZOLE – luliconazole cream 1%	3				
LUZU – luliconazole cream 1%	3				
MICONAZOLE NITRATE/ZINC O – miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	3				
mupirocin oint 2%	1				
naftifine hcl cream 2%	1				
naftifine hcl gel 2% (Naftin)	1				
NAFTIFINE HYDROCHLORIDE – naftifine hcl cream 1%	3				
NAFTIN – naftifine hcl gel 2%	3				
NEO-SYNALAR – neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3				
nystatin cream 100000 unit/gm	1				
nystatin oint 100000 unit/gm	1				
nystatin topical powder 100000 unit/gm	1				
oxiconazole nitrate cream 1%	1				
OXISTAT – oxiconazole nitrate lotion 1%	3				
penciclovir cream 1% (Denavir)	1				
SILVADENE – silver sulfadiazine cream 1%	2				
silver sulfadiazine cream 1% (Silvadene)	1				
SULCONAZOLE NITRATE – sulconazole nitrate solution 1%	3				
SULCONAZOLE NITRATE – sulconazole nitrate cream 1%	3				
SULFAMYLON – mafenide acetate cream 85 mg/gm	3				
VUSION – miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	3				
XERESE – acyclovir-hydrocortisone cream 5-1%	3				
ZOVIRAX – acyclovir oint 5%	3				•
Corticosteroids					
ALCLOMETASONE DIPROPIONAT – alclometasone dipropionate oint 0.05%	3				
alclometasone dipropionate cream 0.05%	1				
AMCINONIDE – amcinonide cream 0.1%	3				
AMCINONIDE – amcinonide oint 0.1%	3				
BETAMETHASONE DIPROPIONAT – betamethasone dipropionate augmented gel 0.05%	3				
betamethasone dipropionate augmented cream 0.05%	1				
betamethasone dipropionate augmented lotion 0.05%	1				
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				
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1				
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
clobetasol propionate cream 0.05%	1				
clobetasol propionate emollient base cream 0.05%	1				
clobetasol propionate emulsion foam 0.05%	1				
clobetasol propionate foam 0.05%	1				
clobetasol propionate gel 0.05%	1				
clobetasol propionate oint 0.05%	1				
clobetasol propionate soln 0.05%	1				
clobetasol propionate spray 0.05% (Clobex)	1				
CLOBEX – clobetasol propionate spray 0.05%	3				
CLOCORTOLONE PIVALATE – clocortolone pivalate cream 0.1%	1				
CORDRAN – flurandrenolide tape 4 mcg/sqcm	2				
DERMA-SMOOTHE/FS BODY – fluocinolone acetonide oil 0.01% (body oil)	3				
DERMA-SMOOTHE/FS SCALP – fluocinolone acetonide oil 0.01% (scalp oil)	3				
DESONIDE – desonide gel 0.05%	3				
desonide cream 0.05% (Desowen)	1				
desonide oint 0.05%	1				
desoximetasone cream 0.25% (Topicort)	1				
desoximetasone oint 0.25% (Topicort)	1				
DIFLORASONE DIACETATE – diflorasone diacetate cream 0.05%	3				
DIPROLENE – betamethasone dipropionate augmented oint 0.05%	2				
fluocinolone acetonide cream 0.01%	1				
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1				
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1				
fluocinolone acetonide oint 0.025% (Synalar)	1				
fluocinolone acetonide soln 0.01%	1				
fluocinonide cream 0.05%	1				
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				
FLURANDRENOLIDE – flurandrenolide lotion 0.05%	3				
fluticasone propionate cream 0.05%	1				
fluticasone propionate oint 0.005%	1				
halcinonide cream 0.1% (Halog)	1				
halcinonide soln 0.1% (Halog)	1				
halobetasol propionate cream 0.05%	1				
HALOG – halcinonide soln 0.1%	3				
HALOG – halcinonide cream 0.1%	3				
HYDROCORTISONE – hydrocortisone lotion 2.5%	3				
HYDROCORTISONE ACETATE – hydrocortisone acetate cream 2.5%	3				
hydrocortisone butyrate lotion 0.1%	1				
hydrocortisone cream 2.5%	1				
hydrocortisone oint 1%, 2.5%	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
hydrocortisone valerate cream 0.2%	1				•
mometasone furoate cream 0.1%	1				
mometasone furoate oint 0.1%	1				
mometasone furoate solution 0.1% (lotion)	1				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1				
SYNALAR – fluocinolone acetonide oint 0.025%	3				
TACLONEX – calcipotriene-betamethasone dipropionate susp 0.005-0.064%	3				
TOPICORT – desoximetasone oint 0.25%	2				
TRIAMCINOLONE ACETONIDE – triamcinolone acetonide lotion 0.025%	1				
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1				
triamcinolone acetonide lotion 0.1%	1				
triamcinolone acetonide oint 0.025%, 0.05%, 0.1%, 0.5%	1				
VANOS – fluocinonide cream 0.1%	3				
WYNZORA – calcipotriene-betamethasone dipropionate cream 0.005-0.064%	3				
Other Skin Products *PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN*					
acitretin cap 10 mg, 17.5 mg, 25 mg	1				
ADBRY – tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	2	•	•		•
ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	•	•		•
bexarotene gel 1% (Targretin)	1	•	•		
BIMZELX – bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml, 320 mg/2ml	3	•	•		•
BIMZELX – bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml, 320 mg/2ml	3	•	•		•
CALCIPOTRIENE – calcipotriene soln 0.005% (50 mcg/ml)	3				
calcipotriene cream 0.005%	1				
COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	2	•	•		•
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	•	•		•
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	2	•	•		•
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	•	•		•
COSENTYX UNOREADY – secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•		•
diclofenac sodium (actinic keratoses) gel 3%	1		•		•
doxepin hcl cream 5% (Prudoxin)	1				
DUPIXENT – dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	2	•	•		•
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	2	•	•		•
EBGLYSS – lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml	3	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
EBGLYSS – lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	3	•	•		•
EUCRISA – crisaborole oint 2%	3			•	
FILSUVEZ – birch triterpenes gel 10%	3	•	•		
FLUOROURACIL – fluorouracil soln 2%	3				
FLUOROURACIL – fluorouracil cream 0.5%	3		•		•
fluorouracil cream 5%	1		•		•
fluorouracil soln 5%	1				
HYFTOR – sirolimus gel 0.2%	3				
imiquimod cream 5%	1				•
lidocaine hcl soln 4%	1				
lidocaine oint 5%	1				•
lidocaine patch 5% (Lidoderm)	1		•		•
lidocaine-prilocaine cream 2.5-2.5%	1				
LIDODERM – lidocaine patch 5%	2		•		•
malathion lotion 0.5% (Ovide)	1				
METHOXSALEN – methoxsalen rapid cap 10 mg	3				
NATROBA – spinosad susp 0.9%	3				
OVIDE – malathion lotion 0.5%	3				
PANRETIN – alitretinoin gel 0.1%	3				
PELLIX – calcipotriene soln 0.005% (50 mcg/ml)	3				
PERMETHRIN – permethrin cream 5%	3				
permethrin cream 5% (Elimite)	1				
PLIAGLIS – lidocaine-tetracaine cream 7-7%	3				
PODOFILOX – podofilox soln 0.5%	3				
podofilox gel 0.5% (Condylox)	1				
PRUDOXIN – doxepin hcl cream 5%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
SANTYL – collagenase oint 250 unit/gm	3				
SELENIUM SULFIDE – selenium sulfide lotion 2.5%	1				
SKYRIZI – risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml, 150 mg/ml	2	•	•		•
SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml	2	•	•		•
SPEVIGO – spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml, 300 mg/2ml	3	•			
SPINOSAD – spinosad susp 0.9%	3				
STEQEYMA – ustekinumab-stba soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	2	•	•		•
tacrolimus oint 0.03%, 0.1%	1			•	
TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml	3	•	•		•
TALTZ – ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml	3	•	•		•
TARGRETIN – bexarotene gel 1%	3	•	•		
TOLAK – fluorouracil cream 4%	3		•		•
TREMFYA – guselkumab soln pen-injector 100 mg/ml	2	•	•		•
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	2	•	•		•
TREMFYA PEN – guselkumab soln auto-injector 100 mg/ml	2	•	•		•
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	2	•			
YESINTEK – ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	2	•	•		•
YESINTEK – ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	2	•	•		•
ZONALON – doxepin hcl cream 5%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
MISCELLANEOUS CATEGORIES (includes supplies and devices)					
DIABETIC SUPPLIES					
CONTOUR BLOOD GLUCOSE TES – glucose blood test strip	1				•
CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip	1				•
CONTOUR PLUS BLOOD GLUCOS – glucose blood test strip	1				•
CONTOUR, CONTOUR NEXT, CONTOUR NEXT EZ, CONTOUR NEXT GEN, CONTOUR NEXT LINK, CONTOUR NEXT ONE, CONTOUR PLUS BLUE, Blood Glucose Kit with Device – $0 copay per manufacturer coupon	n/a				
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			•	•
DEXCOM G7 15 DAY SENSOR – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 14 DAY/RE – continuous glucose system receiver	2			•	•
FREESTYLE LIBRE 14 DAY/SE – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 2 PLUS/SE – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 2/READER/ – continuous glucose system receiver	2			•	•
FREESTYLE LIBRE 2/SENSOR/ – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 3 PLUS/SE – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 3/READER/ – continuous glucose system receiver	2			•	•
FREESTYLE LIBRE 3/SENSOR/ – continuous glucose system sensor	2			•	•
GLUCOSE BLOOD TEST STRIPS - VARIOUS	3			•	•
GNP TRUETRACK SMART SYSTE – glucose blood test strip	1				•
INSULIN SYRINGES, LANCETS – VARIOUS	1				
NOVOFINE PEN NEEDLE 32G X – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	1				
NOVOFINE PLUS PEN NEEDLE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	1				
POGO AUTOMATIC TEST CARTR – glucose blood test automatic cartridge	3			•	•
RELION TRUE METRIX BLOOD – glucose blood test strip	1				•
TRUE METRIX BLOOD GLUCOSE – glucose blood test strip	1				•
TRUE METRIX PRO GLUCOSE T – glucose blood test strip	1				•
TRUE METRIX SELF MONITORI – glucose blood test strip	1				•
TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO, TRUENESS Blood Glucose Kit with Device - $0 copay per manufacturer coupon	n/a				
TRUENESS BLOOD GLUCOSE TE – glucose blood test strip	1				•
ILET INSULIN PUMP – insulin infusion pump - device	3		•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
OMNIPOD DASH INTRO KIT (G – insulin infusion disposable pump kit	2		•		•
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		•		•
OMNIPOD 5 LIBRE INTRO KIT – insulin infusion disposable pump kit	2		•		•
OMNIPOD 5 LIBRE PODS – insulin infusion disposable pump reservoir	2		•		•
RESPIRATORY INHALER-ASSIST DEVICES					
CHAMBERS, MASKS, SPACERS - VARIOUS	3				
MISCELLANEOUS DRUGS					
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	3	•	•		•
BENLYSTA – belimumab subcutaneous solution prefilled syringe 200 mg/ml	3	•	•		•
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				•
CELLCEPT – mycophenolate mofetil cap 250 mg	3				
CELLCEPT – mycophenolate mofetil tab 500 mg	3				
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml	2				
CHEMET – succimer cap 100 mg	1				
CONDOMS-MALE - VARIOUS	3				
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1				
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1				
cyclosporine modified cap 50 mg	1				
cyclosporine modified oral soln 100 mg/ml (Neoral)	1				
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	1	•			
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	1	•			
deferiprone tab 500 mg	1	•			
deferiprone tab 1000 mg (Ferriprox)	1	•			
DEPEN TITRATABS – penicillamine tab 250 mg	3	•			
ENSPRYNG – satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	3	•	•		•
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1				
EXJADE – deferasirox tab for oral susp 125 mg, 250 mg, 500 mg	3	•			
FC2 FEMALE CONDOM – condoms - female	3				
FERRIPROX – deferiprone oral soln 100 mg/ml	3	•			
IMURAN – azathioprine tab 50 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
JADENU SPRINKLE – deferasirox granules packet 90 mg, 180 mg, 360 mg	3	•			
JOENJA – leniolisib phosphate tab 70 mg	3	•	•		•
lenalidomide caps 2.5 mg (Revlimid)	1	•	•		•
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	1	•	•		•
LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	3				
LUPKYNIS – voclosporin cap 7.9 mg	3	•	•		•
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				
MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	1				
MYHIBBIN – mycophenolate mofetil oral susp 200 mg/ml	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 0.4 mg/ml, 2 mg/2ml	1				
naltrexone hcl tab 50 mg	1				
NEORAL – cyclosporine modified cap 25 mg, 100 mg	2				
NEORAL – cyclosporine modified oral soln 100 mg/ml	2				
OPVEE – nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2				
penicillamine tab 250 mg (Depen titratabs)	1	•			
PROGRAF – tacrolimus cap 0.5 mg, 1 mg, 5 mg	3				
PROGRAF – tacrolimus packet for susp 0.2 mg, 1 mg	3				
REZUROCK – belumosudil mesylate tab 200 mg	3	•			
RIVIVE – naloxone hcl nasal spray 3 mg/0.1ml	1				
SANDIMMUNE – cyclosporine cap 25 mg, 100 mg	2				
sirolimus oral soln 1 mg/ml	1				
sirolimus tab 0.5 mg, 1 mg, 2 mg	1				
sodium polystyrene sulfonate powder	1				
sodium polystyrene sulfonate susp 15 gm/60ml	1				
SPS – sodium polystyrene sulfonate rectal susp 30 gm/120ml	3				
SUBOXONE – 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)	2				•
SYPRINE – trientine hcl cap 250 mg	3	•			
tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg (Astagraf xl)	1				
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1				
THALOMID – thalidomide cap 50 mg, 100 mg	1	•	•		•
trientine hcl cap 250 mg (Syprine)	1	•			
TRIENTINE HYDROCHLORIDE – trientine hcl cap 500 mg	3	•			
VELTASSA – patiromer sorbitex calcium for susp packet 1 gm	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
(base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)					
VIJOICE – alpelisib (pros) oral granules packet 50 mg	3	•	•		•
VIJOICE – alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	3	•	•		•
VIJOICE – alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	3	•	•		•
VISTOGARD – uridine triacetate oral granules packet 10 gm	3	•			
ZOKINVY – lonafarnib cap 50 mg, 75 mg	2	•	•		•
ZORTRESS – everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3				
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 1.4-0.36 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 8.6-2.1 mg (base eq), 11.4-2.9 mg (base eq)	3				•

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