BlueCross BlueShield of Alabama

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Blue Cross and Blue Shield of Alabama NetResults 2.0 Four Tier Prescription Drug List

The Prescription Drug List is regularly updated. Please visit **AlabamaBlue.com/pharmacy** and click on Prescription Drug Guides for the most up-to-date information.

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

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Introduction

The attached Blue Cross and Blue Shield of Alabama NetResults 2.0 Four Tier Prescription Drug List shows covered drugs for a broad range of diseases.

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

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

The Blue Cross and Blue Shield of Alabama NetResults 2.0 Four Tier Prescription Drug List is organized into broad categories (e.g. anti-infective drugs). Within most categories, drugs are sub-grouped by drug class (e.g. penicillins) or by use for a specific medical condition (e.g. diabetes).

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

The current version of this Prescription Drug List is available by visiting **AlabamaBlue.com/pharmacy** and clicking on Prescription Drug Guides or by calling the customer service number listed on the back of your identification card. Online pharmacy tools are available at **AlabamaBlue.com/pharmacy**. Blue Cross members can find drug cost estimates or check if a particular drug is on the Blue Cross and Blue Shield of Alabama NetResults 2.0 Four Tier Prescription Drug List.

How Drugs are Selected for Coverage and Tier Placement

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

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

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

Additional Coverage Considerations

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

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

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

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

Member Prescription Benefit

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

Tier 1 - primarily generics and select brands
Tier 2 - primarily preferred brands
Tier 3 - primarily non-preferred brands
Tier 4 - primarily specialty

Note:
Drugs that are not covered on the formulary will be noted in the Prescription Drug List with the NC (not covered) indicator.
Drugs that are indicated with a + next to the tier in the Prescription Drug List denote group specific coverage. Please refer to your Blue Cross benefit booklet for more information.

Brand Drugs and Generic Drugs

Classification

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

Generic Substitution

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

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

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

Compound Drugs

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

Contraceptives

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

Specialty Drugs

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

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

Utilization Management

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

Step Therapy

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

Prior Authorization

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

Dispensing Limits

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

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

Limited Distribution Drugs

Limited distribution drugs have a restriction on which pharmacies have access to and can dispense certain drugs, thereby limiting where the member may obtain the prescription. Blue Cross members may be required to use the Pharmacy Select Network or other pharmacy for limited distribution prescription drugs.

Notice

The purpose of the Blue Cross and Blue Shield of Alabama NetResults 2.0 Four Tier Prescription Drug List is to provide a guide to coverage. This Blue Cross and Blue Shield of Alabama NetResults 2.0 Four Tier Prescription Drug List is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

Key

cap..... capsules
chew..... chewable
conc .....concentrate
cr.....controlled release
dr .....delayed release
ec.....enteric coated
effe.....effervescent
equiv .....equivalent
er.....extended release
inhal.....inhalation
inj..... injection
liq.....liquid
lotn .....lotion
nebu .....nebulizer
odt. ..... orally disintegrating tabs
oint ..... ointment
ophth.....opthalmic
osm.....osmotic release
powd..... powder
sa ..... sustained action
sl .....sublingual
soln.....solution
sr.....sustained release
suppos .....suppositories
susp.....suspension
tab.....tablets
td..... transdermal

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ANTI-INFECTIVE AGENTS					
PENICILLINS					
AMOXICILLIN- amoxicillin (trihydrate) chew tab 125 mg	3				
AMOXICILLIN- amoxicillin (trihydrate) chew tab 250 mg	3				
amoxicillin (trihydrate) cap 250 mg	1				
amoxicillin (trihydrate) cap 500 mg	1				
amoxicillin (trihydrate) for susp 125 mg/5ml	1				
amoxicillin (trihydrate) for susp 200 mg/5ml	1				
amoxicillin (trihydrate) for susp 250 mg/5ml	1				
amoxicillin (trihydrate) for susp 400 mg/5ml	1				
amoxicillin (trihydrate) tab 500 mg	1				
amoxicillin (trihydrate) tab 875 mg	1				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	1				
amoxicillin & k clavulanate for susp 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 (Augmentin xr)	1				
amoxicillin & k clavulanate tab 250-125 mg	1				
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1				
amoxicillin & k clavulanate tab 875-125 mg (Augmentin)	1				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 200-28.5 mg	3				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 400-57 mg	3				
AMPICILLIN- ampicillin cap 500 mg	3				
AUGMENTIN- amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	3				
dicloxacillin sodium cap 250 mg	1				
dicloxacillin sodium cap 500 mg	1				
MOXATAG- amoxicillin (trihydrate) tab er 24hr 775 mg	3				
PENICILLIN V POTASSIUM- penicillin v potassium for soln 125 mg/5ml	3				
PENICILLIN V POTASSIUM- penicillin v potassium for soln 250 mg/5ml	3				
penicillin v potassium tab 250 mg	1				
penicillin v potassium tab 500 mg	1				
CEPHALOSPORINS					
CEFACLOR- cefaclor for susp 125 mg/5ml	3				
CEFACLOR- cefaclor for susp 250 mg/5ml	3				
CEFACLOR- cefaclor for susp 375 mg/5ml	3				
cefaclor cap 250 mg	1				
cefaclor cap 500 mg	1				
CEFACLOR ER- cefaclor monohydrate tab er 12hr 500 mg	3				
cefadroxil cap 500 mg	1				
cefadroxil for susp 250 mg/5ml	1				
cefadroxil for susp 500 mg/5ml	1				
cefadroxil tab 1 gm	1				
cefdinir cap 300 mg	1				
cefdinir for susp 125 mg/5ml	1				
cefdinir for susp 250 mg/5ml	1				
CEFDITOREN PIVOXIL- cefditoren pivoxil tab 200 mg (base equivalent)	3				
CEFDITOREN PIVOXIL- cefditoren pivoxil tab 400 mg (base equivalent)	3				
cefixime for susp 100 mg/5ml (Suprax)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
cefixime for susp 200 mg/5ml (Suprax)	1				
cefpodoxime proxetil for susp 50 mg/5ml	1				
cefpodoxime proxetil for susp 100 mg/5ml	1				
cefpodoxime proxetil tab 100 mg	1				
cefpodoxime proxetil tab 200 mg	1				
cefprozil for susp 125 mg/5ml	1				
cefprozil for susp 250 mg/5ml	1				
cefprozil tab 250 mg	1				
cefprozil tab 500 mg	1				
cefuroxime axetil tab 250 mg	1				
cefuroxime axetil tab 500 mg	1				
CEPHALEXIN- cephalexin tab 250 mg	3				
CEPHALEXIN- cephalexin tab 500 mg	3				
cephalexin cap 250 mg (Keflex)	1				
cephalexin cap 500 mg (Keflex)	1				
cephalexin cap 750 mg (Keflex)	1				
cephalexin for susp 125 mg/5ml	1				
cephalexin for susp 250 mg/5ml	1				
DAXBIA- cephalexin cap 333 mg	3				
SPECTRACEF- cefditoren pivoxil tab 400 mg (base equivalent)	3				
SUPRAX- cefixime cap 400 mg	2				
SUPRAX- cefixime chew tab 100 mg	2				
SUPRAX- cefixime chew tab 200 mg	2				
SUPRAX- cefixime for susp 100 mg/5ml	2				
SUPRAX- cefixime for susp 200 mg/5ml	2				
SUPRAX- cefixime for susp 500 mg/5ml	2				
MACROLIDES					
AZITHROMYCIN- azithromycin powd pack for susp 1 gm	2				
azithromycin for susp 100 mg/5ml (Zithromax)	1				
azithromycin for susp 200 mg/5ml (Zithromax)	1				
azithromycin tab 250 mg (Zithromax)	1				
azithromycin tab 500 mg (Zithromax)	1				
azithromycin tab 600 mg (Zithromax)	1				
CLARITHROMYCIN- clarithromycin for susp 125 mg/5ml	3				
CLARITHROMYCIN- clarithromycin for susp 250 mg/5ml	3				
clarithromycin tab er 24hr 500 mg	1				
clarithromycin tab 250 mg	1				
clarithromycin tab 500 mg (Biaxin)	1				
DIFICID- fidaxomicin tab 200 mg	3				
E.E.S. 400- erythromycin ethylsuccinate tab 400 mg	3				
ERY-TAB- erythromycin tab delayed release 250 mg	3				
ERY-TAB- erythromycin tab delayed release 333 mg	3				
ERY-TAB- erythromycin tab delayed release 500 mg	3				
ERYPED 400- erythromycin ethylsuccinate for susp 400 mg/5ml	3				
ERYTHROCIN STEARATE- erythromycin stearate tab 250 mg	2				
ERYTHROMYCIN ETHYLSUCCINA- erythromycin ethylsuccinate tab 400 mg	3				
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1				
erythromycin tab 250 mg	1				
erythromycin tab 500 mg	1				
erythromycin w/ delayed release particles cap 250 mg	1				
ZITHROMAX- azithromycin powd pack for susp 1 gm	3				
TETRACYCLINES					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
demeclocycline hcl tab 150 mg	1				
demeclocycline hcl tab 300 mg	1				
DORYX MPC- doxycycline hyclate tab delayed release 120 mg	NC				
DOXYCYCLINE HYCLATE- doxycycline hyclate tab 50 mg	NC				
doxycycline hyclate cap 50 mg	1				
doxycycline hyclate cap 100 mg (Vibramycin)	1				
doxycycline hyclate tab delayed release 50 mg (Doryx)	NC				
doxycycline hyclate tab delayed release 75 mg	NC				
doxycycline hyclate tab delayed release 100 mg	NC				
doxycycline hyclate tab delayed release 150 mg	NC				
doxycycline hyclate tab delayed release 200 mg (Doryx)	NC				
doxycycline hyclate tab 20 mg	1				
doxycycline hyclate tab 75 mg (Acticlate)	1				
doxycycline hyclate tab 100 mg	1				
doxycycline hyclate tab 150 mg (Acticlate)	1				
doxycycline monohydrate cap 50 mg	1				
doxycycline monohydrate cap 75 mg (Monodox)	1				
doxycycline monohydrate cap 100 mg (Monodox)	1				
doxycycline monohydrate cap 150 mg (Adoxa)	1				
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1				
doxycycline monohydrate tab 50 mg	1				
doxycycline monohydrate tab 75 mg	1				
doxycycline monohydrate tab 100 mg	1				
doxycycline monohydrate tab 150 mg	1				
minocycline hcl cap 50 mg (Minocin)	1				
minocycline hcl cap 75 mg (Minocin)	1				
minocycline hcl cap 100 mg (Minocin)	1				
minocycline hcl tab er 24hr 45 mg	NC				
minocycline hcl tab er 24hr 65 mg (Solodyn)	1				
minocycline hcl tab er 24hr 90 mg	NC				
minocycline hcl tab er 24hr 115 mg (Solodyn)	1				
minocycline hcl tab er 24hr 135 mg	NC				
minocycline hcl tab 50 mg	1				
minocycline hcl tab 75 mg	1				
minocycline hcl tab 100 mg	1				
SOLODYN- minocycline hcl tab er 24hr 55 mg	2				
SOLODYN- minocycline hcl tab er 24hr 80 mg	2				
SOLODYN- minocycline hcl tab er 24hr 105 mg	2				
TARGADOX- doxycycline hyclate tab 50 mg	NC				
tetracycline hcl cap 250 mg (Tetracycline hcl)	1				
tetracycline hcl cap 500 mg (Tetracycline hcl)	1				
VIBRAMYCIN- doxycycline calcium syrup 50 mg/5ml	NC				
XIMINO- minocycline hcl cap er 24hr 45 mg (base equivalent)	NC				
XIMINO- minocycline hcl cap er 24hr 90 mg (base equivalent)	NC				
XIMINO- minocycline hcl cap er 24hr 135 mg (base equivalent)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FLUOROQUINOLONES					
BAXDELA- delafloxacin meglumine tab 450 mg (base equiv)	3				
CIPRO- ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	3				
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro)	1				
CIPROFLOXACIN HCL- ciprofloxacin hcl tab 100 mg (base equiv)	3				
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	1				
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	1				
ciprofloxacin hcl tab 750 mg (base equiv)	1				
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq) (Cipro xr)	1				
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq) (Cipro xr)	1				
LEVOFLOXACIN- levofloxacin oral soln 25 mg/ml	3				
levofloxacin tab 250 mg (Levaquin)	1				
levofloxacin tab 500 mg (Levaquin)	1				
levofloxacin tab 750 mg (Levaquin)	1				
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	1				
OFLOXACIN- ofloxacin tab 300 mg	2				
ofloxacin tab 400 mg	1				
AMINOGLYCOSIDES					
BETHKIS- tobramycin nebu soln 300 mg/4ml	4	•			
KITABIS PAK- tobramycin nebu soln 300 mg/5ml	4	•			
neomycin sulfate tab 500 mg	1				
paromomycin sulfate cap 250 mg	1				
TOBI PODHALER- tobramycin inhal cap 28 mg	4	•			
TOBRAMYCIN- tobramycin nebu soln 300 mg/5ml	4	•			
tobramycin nebu soln 300 mg/5ml (Tobi)	4	•			
SULFONAMIDES					
SULFADIAZINE- sulfadiazine tab 500 mg	2				
ANTIMYCOBACTERIAL AGENTS					
CYCLOSERINE- cycloserine cap 250 mg	3				
ethambutol hcl tab 100 mg (Myambutol)	1				
ethambutol hcl tab 400 mg (Myambutol)	1				
ISONIAZID- isoniazid syrup 50 mg/5ml	3				
isoniazid tab 100 mg	1				
isoniazid tab 300 mg	1				
PASER- aminosalicylic acid er granules packet 4 gm	3				
PRIFTIN- rifapentine tab 150 mg	2				
pyrazinamide tab 500 mg	1				
rifabutin cap 150 mg (Mycobutin)	1				
RIFAMATE- isoniazid & rifampin cap 150-300 mg	3				
rifampin cap 150 mg (Rifadin)	1				
rifampin cap 300 mg	1				
RIFATER- isoniazid-rifampin w/ pyrazinamide tab 50-120-300 mg	3				
SIRTURO- bedaquiline fumarate tab 100 mg (base equiv)	3				
TRECATOR- ethionamide tab 250 mg	3				
ANTIFUNGALS					
CRESEMBA- isavuconazonium sulfate cap 186 mg	3				
fluconazole for susp 10 mg/ml (Diflucan)	1				
fluconazole for susp 40 mg/ml (Diflucan)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fluconazole tab 50 mg (Diflucan)	1				
fluconazole tab 100 mg (Diflucan)	1				
fluconazole tab 150 mg (Diflucan)	1				
fluconazole tab 200 mg (Diflucan)	1				
flucytosine cap 250 mg (Ancobon)	1				
flucytosine cap 500 mg (Ancobon)	1				
griseofulvin microsize susp 125 mg/5ml	1				
griseofulvin microsize tab 500 mg	1				
griseofulvin ultramicrosize tab 125 mg (Gris-peg)	1				
griseofulvin ultramicrosize tab 250 mg (Gris-peg)	1				
itraconazole cap 100 mg (Sporanox)	1				
ketoconazole tab 200 mg	NC				
NOXAFIL- posaconazole susp 40 mg/ml	2				
NOXAFIL- posaconazole tab delayed release 100 mg	2				
nystatin tab 500000 unit	1				
ONMEL- itraconazole tab 200 mg	3				
SPORANOX- itraconazole oral soln 10 mg/ml	3				
terbinafine hcl tab 250 mg (Lamisil)	1				
voriconazole for susp 40 mg/ml (Vfend)	1				
voriconazole tab 50 mg (Vfend)	1				
voriconazole tab 200 mg (Vfend)	1				
ANTIVIRALS					
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1				•
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1				•
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1				•
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	1				•
acyclovir cap 200 mg (Zovirax)	1				
acyclovir susp 200 mg/5ml (Zovirax)	1				
acyclovir tab 400 mg (Zovirax)	1				
acyclovir tab 800 mg (Zovirax)	1				
adefovir dipivoxil tab 10 mg (Hepsera)	1				
APTIVUS- tipranavir cap 250 mg	3				•
APTIVUS- tipranavir oral soln 100 mg/ml	3				•
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	1				•
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1				•
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1				•
ATRIPLA- efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2				•
BARACLUDE- entecavir oral soln 0.05 mg/ml	2				
BIKTARVY- bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	2				•
CIMDUO- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2				•
COMPLERA- emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2				•
CRIXIVAN- indinavir sulfate cap 200 mg	3				•
CRIXIVAN- indinavir sulfate cap 400 mg	3				•
DAKLINZA- daclatasvir dihydrochloride tab 30 mg (base equivalent)	NC	•	•		
DAKLINZA- daclatasvir dihydrochloride tab 60 mg (base equivalent)	NC	•	•		
DAKLINZA- daclatasvir dihydrochloride tab 90 mg (base equivalent)	NC	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DESCOVY- emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2				•
didanosine delayed release capsule 200 mg (Videx ec)	1				•
didanosine delayed release capsule 250 mg (Videx ec)	1				•
didanosine delayed release capsule 400 mg (Videx ec)	1				•
EDURANT- rilpivirine hcl tab 25 mg (base equivalent)	3				•
efavirenz cap 50 mg (Sustiva)	1				•
efavirenz cap 200 mg (Sustiva)	1				•
efavirenz tab 600 mg (Sustiva)	1				•
EMTRIVA- emtricitabine caps 200 mg	3				•
EMTRIVA- emtricitabine soln 10 mg/ml	3				•
entecavir tab 0.5 mg (Baraclude)	1				
entecavir tab 1 mg (Baraclude)	1				
EPCLUSA- sofosbuvir-velpatasvir tab 400-100 mg	4	•	•		
EPIVIR HBV- lamivudine oral soln 5 mg/ml (hbv)	3				
EVOTAZ- atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2				•
famciclovir tab 125 mg	1				
famciclovir tab 250 mg	1				
famciclovir tab 500 mg	1				
FLUMADINE- rimantadine hydrochloride tab 100 mg	NC				
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1				•
FUZEON- enfuvirtide for inj 90 mg	4	•			•
GENVOYA- elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2				•
HARVONI- ledipasvir-sofosbuvir tab 90-400 mg	4	•	•		
INTELENCE- etravirine tab 25 mg	2				•
INTELENCE- etravirine tab 100 mg	2				•
INTELENCE- etravirine tab 200 mg	2				•
INVIRASE- saquinavir mesylate cap 200 mg	3				•
INVIRASE- saquinavir mesylate tab 500 mg	3				•
ISENTRESS- raltegravir potassium chew tab 25 mg (base equiv)	2				•
ISENTRESS- raltegravir potassium chew tab 100 mg (base equiv)	2				•
ISENTRESS- raltegravir potassium packet for susp 100 mg (base equiv)	2				•
ISENTRESS- raltegravir potassium tab 400 mg (base equiv)	2				•
ISENTRESS HD- raltegravir potassium tab 600 mg (base equiv)	2				•
JULUCA- dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	3				•
KALETRA- lopinavir-ritonavir tab 100-25 mg	2				•
KALETRA- lopinavir-ritonavir tab 200-50 mg	2				•
lamivudine oral soln 10 mg/ml (Epivir)	1				•
lamivudine tab 100 mg (hbv) (Epivir hbv)	1				
lamivudine tab 150 mg (Epivir)	1				•
lamivudine tab 300 mg (Epivir)	1				•
lamivudine-zidovudine tab 150-300 mg (Combivir)	1				•
LEXIVA- fosamprenavir calcium susp 50 mg/ml (base equiv)	3				•
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1				•
MAVYRET- glecaprevir-pibrentasvir tab 100-40 mg	4	•	•		
MODERIBA- ribavirin tab 200 mg & ribavirin 400 mg tab therapy pack	4	•			
MODERIBA- ribavirin tab 400 mg & ribavirin 600 mg tab therapy pack	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MODERIBA 1200 DOSE PACK- ribavirin tab 600 mg	4	•			
MODERIBA 800 DOSE PACK- ribavirin tab 400 mg	4	•			
nevirapine tab er 24hr 100 mg (Viramune xr)	1				•
nevirapine tab er 24hr 400 mg (Viramune xr)	1				•
nevirapine tab 200 mg (Viramune)	1				•
NORVIR- ritonavir cap 100 mg	3				•
NORVIR- ritonavir oral soln 80 mg/ml	2				•
NORVIR- ritonavir powder packet 100 mg	3				•
NORVIR- ritonavir tab 100 mg	2				•
ODEFSEY- emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2				•
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1				•
PEGASYS- peginterferon alfa-2a inj 180 mcg/ml	4	•	•		
PEGASYS- peginterferon alfa-2a inj 180 mcg/0.5ml	4	•	•		
PEGASYS PROCLICK- peginterferon alfa-2a inj 135 mcg/0.5ml	4	•	•		
PEGASYS PROCLICK- peginterferon alfa-2a inj 180 mcg/0.5ml	4	•	•		
PEGINTRON- peginterferon alfa-2b for inj kit 50 mcg/0.5ml	4	•	•		
PREVYMIS- letermovir tab 240 mg	3				•
PREVYMIS- letermovir tab 480 mg	3				•
PREZCOBIX- darunavir-cobicistat tab 800-150 mg	2				•
PREZISTA- darunavir ethanolate susp 100 mg/ml (base equiv)	2				•
PREZISTA- darunavir ethanolate tab 75 mg (base equiv)	2				•
PREZISTA- darunavir ethanolate tab 150 mg (base equiv)	2				•
PREZISTA- darunavir ethanolate tab 600 mg (base equiv)	2				•
PREZISTA- darunavir ethanolate tab 800 mg (base equiv)	2				•
REBETOL- ribavirin soln 40 mg/ml	4	•			
RELENZA DISKHALER- zanamivir aero powder breath activated 5 mg/ blister	3				•
RESCRIPTOR- delavirdine mesylate tab 100 mg	3				•
RESCRIPTOR- delavirdine mesylate tab 200 mg	3				•
REYATAZ- atazanavir sulfate oral powder packet 50 mg (base equiv)	3				•
RIBASPHERE- ribavirin tab 400 mg	4	•			
RIBASPHERE- ribavirin tab 600 mg	4	•			
RIBASPHERE RIBAPAK- ribavirin tab 200 mg & ribavirin 400 mg tab therapy pack	4	•			
RIBASPHERE RIBAPAK- ribavirin tab 400 mg & ribavirin 600 mg tab therapy pack	4	•			
RIBASPHERE RIBAPAK- ribavirin tab 400 mg	4	•			
RIBASPHERE RIBAPAK- ribavirin tab 600 mg	4	•			
ribavirin cap 200 mg (Rebetol)	4	•			
ribavirin for inhal soln 6 gm (Virazole)	1				
ribavirin tab 200 mg (Copegus)	4	•			
rimantadine hydrochloride tab 100 mg (Flumadine)	NC				
ritonavir tab 100 mg (Norvir)	1				•
SELZENTRY- maraviroc oral soln 20 mg/ml	3				•
SELZENTRY- maraviroc tab 25 mg	3				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SELZENTRY- maraviroc tab 75 mg	3				•
SELZENTRY- maraviroc tab 150 mg	3				•
SELZENTRY- maraviroc tab 300 mg	3				•
SITAVIG- acyclovir buccal tab 50 mg	3				
SOVALDI- sofosbuvir tab 400 mg	4	•	•		
stavudine cap 15 mg (Zerit)	1				•
stavudine cap 20 mg (Zerit)	1				•
stavudine cap 30 mg (Zerit)	1				•
stavudine cap 40 mg (Zerit)	1				•
STRIBILD- elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2				•
SYMFI- efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2				•
SYMFI LO- efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2				•
TECHNIVIE- ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg	NC	•	•		
tenofovir disoproxil fumarate tab 300 mg (Viread)	1				•
TIVICAY- dolutegravir sodium tab 10 mg (base equiv)	2				•
TIVICAY- dolutegravir sodium tab 25 mg (base equiv)	2				•
TIVICAY- dolutegravir sodium tab 50 mg (base equiv)	2				•
TRIUMEQ- abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2				•
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2				•
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2				•
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2				•
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	2				•
TYBOST- cobicistat tab 150 mg	3				•
valacyclovir hcl tab 500 mg (Valtrex)	1				
valacyclovir hcl tab 1 gm (Valtrex)	1				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1				
VEMLIDY- tenofovir alafenamide fumarate tab 25 mg	NC				
VIDEX- didanosine for soln 2 gm	2				•
VIDEX- didanosine for soln 4 gm	2				•
VIDEX EC- didanosine delayed release capsule 125 mg	3				•
VIEKIRA PAK- ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	NC	•	•		
VIEKIRA XR- dasab-ombit-paritap-riton tab er 24hr 200-8.33-50-33.33 mg	NC	•	•		
VIRACEPT- nelfinavir mesylate tab 250 mg	3				•
VIRACEPT- nelfinavir mesylate tab 625 mg	3				•
VIRAMUNE- nevirapine susp 50 mg/5ml	2				•
VIREAD- tenofovir disoproxil fumarate oral powder 40 mg/gm	2				•
VIREAD- tenofovir disoproxil fumarate tab 150 mg	2				•
VIREAD- tenofovir disoproxil fumarate tab 200 mg	2				•
VIREAD- tenofovir disoproxil fumarate tab 250 mg	2				•
VOSEVI- sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	•	•		
ZEPATIER- elbasvir-grazoprevir tab 50-100 mg	NC	•	•		
ZERIT- stavudine for oral soln 1 mg/ml	3				•
zidovudine cap 100 mg (Retrovir)	1				•
zidovudine syrup 10 mg/ml (Retrovir)	1				•
zidovudine tab 300 mg	1				•
ANTIMALARIALS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	1				
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	1				
CHLOROQUINE PHOSPHATE-chloroquine phosphate tab 250 mg	2				
chloroquine phosphate tab 500 mg	1				
COARTEM- artemether-lumefantrine tab 20-120 mg	3				
DARAPRIM- pyrimethamine tab 25 mg	2				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1				
MEFLOQUINE HCL- mefloquine hcl tab 250 mg	2				
PRIMAQUINE PHOSPHATE-primaquine phosphate tab 26.3 mg (15 mg base)	2				
quinine sulfate cap 324 mg (Qualaquin)	1				•
AMEBICIDES					
SOLOSEC- secnidazole granules packet 2 gm	3				
ANTHELMINTICS					
ALBENZA- albendazole tab 200 mg	2				
BENZNIDAZOLE- benznidazole tab 12.5 mg	2				
BENZNIDAZOLE- benznidazole tab 100 mg	2				
BILTRICIDE- praziquantel tab 600 mg	2				
EMVERM- mebendazole chew tab 100 mg	3				
ivermectin tab 3 mg (Stromectol)	1				
praziquantel tab 600 mg (Biltricide)	1				
ANTI-INFECTIVE AGENTS - MISC.					
ALINIA- nitazoxanide for susp 100 mg/5ml	2				
ALINIA- nitazoxanide tab 500 mg	2				
atovaquone susp 750 mg/5ml (Mepron)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CAYSTON- aztreonam lysine for inhal soln 75 mg (base equivalent)	4	•			
clindamycin hcl cap 75 mg (Cleocin)	1				
clindamycin hcl cap 150 mg (Cleocin)	1				
clindamycin hcl cap 300 mg (Cleocin)	1				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1				
dapsone tab 25 mg	1				
dapsone tab 100 mg	1				
FIRVANQ- vancomycin hcl for oral soln 25 mg/ml	3				
FIRVANQ- vancomycin hcl for oral soln 50 mg/ml	3				
IMPAVIDO- miltefosine cap 50 mg	2				
linezolid for susp 100 mg/5ml (Zyvox)	1				
linezolid tab 600 mg (Zyvox)	1				
metronidazole cap 375 mg (Flagyl)	1				
metronidazole tab 250 mg (Flagyl)	1				
metronidazole tab 500 mg (Flagyl)	1				
NEBUPENT- pentamidine isethionate for nebulization soln 300 mg	3				
PRIMSOL- trimethoprim hcl oral soln 50 mg/5ml (base equiv)	3				
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	1				
tinidazole tab 500 mg (Tindamax)	1				
trimethoprim tab 100 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TRIMPEX- trimethoprim hcl oral soln 50 mg/5ml (base equiv)	3				
vancomycin hcl cap 125 mg (Vancocin hcl)	1				
vancomycin hcl cap 250 mg (Vancocin hcl)	1				
XIFAXAN- rifaximin tab 200 mg	3				
XIFAXAN- rifaximin tab 550 mg	2				
BIOLOGICALS					
VACCINES					
ACTHIB- haemophilus b polysaccharide conjugate vaccine for inj	2				
AFLURIA PF 2018-2019- influenza virus vaccine split pf susp pref syringe 0.5 ml	2				
AFLURIA QUADRIVALENT 2018- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				
AFLURIA QUADRIVALENT 2018- influenza virus vaccine split quadrivalent im inj	2				
AFLURIA 2018-2019- influenza virus vaccine split im susp	2				
BEXSERO- meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2				
ENGERIX-B- hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	2				
ENGERIX-B- hepatitis b vaccine (recombinant) susp 20 mcg/ml	2				
ENGERIX-B- hepatitis b vaccine (recombinant) 10 mcg/0.5ml	2				
ENGERIX-B- hepatitis b vaccine (recombinant) 20 mcg/ml	2				
FLUAD 2018-2019- influenza vac type a&b surface ant adj susp pref syr 0.5 ml	2				
FLUARIX QUADRIVALENT 2018- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FLUBLOK QUADRIVALENT 2018- influenza vac recomb ha quad pf soln pref syr 0.5 ml	2				
FLUBLOK 2015-2016- influenza virus vac recombinant hemagglutinin (ha) pf inj	2				
FLUBLOK 2017-2018- influenza virus vac recombinant hemagglutinin (ha) pf inj	2				
FLUCELVAX QUADRIVALENT 20- influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	2				
FLUCELVAX QUADRIVALENT 20- influenza vac tissue-cultured subunit quadrivalent im susp	2				
FLULAVAL QUADRIVALENT 201- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				
FLULAVAL QUADRIVALENT 201- influenza virus vaccine split quadrivalent im inj	2				
FLUMIST QUADRIVALENT- influenza virus vaccine live quadrivalent intranasal susp	2				
FLUVIRIN 2017-2018- influenza vac type a&b surface antigen susp pref syr 0.5 ml	2				
FLUVIRIN 2017-2018- influenza virus vaccine types a & b surface antigen im susp	2				
FLUZONE HIGH-DOSE PF 2018- influenza virus vac split high-dose pf susp pref syr 0.5ml	2				
FLUZONE INTRADERMAL QUADR- influenza virus vac split quad intradermal pen 9 mcg/strain	2				
FLUZONE QUADRIVALENT 2018- influenza virus vac split quadrivalent susp pref syr 0.25 ml	2				
FLUZONE QUADRIVALENT 2018- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FLUZONE QUADRIVALENT 2018- influenza virus vaccine split quadrivalent im inj	2				
FLUZONE QUADRIVALENT 2018- influenza virus vaccine split quadrivalent inj 0.5 ml	2				
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac im susp	2				
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2				
HAVRIX- hepatitis a vaccine inj susp 720 el unit/0.5ml	2				
HAVRIX- hepatitis a vaccine inj susp 1440 el unit/ml	2				
HEPLISAV-B- hepatitis b vaccine recombinant adjuvanted 20 mcg/0.5ml	2				
HIBERIX- haemophilus b polysaccharide conjugate vac for inj 10 mcg	2				
IMOVAX RABIES (H.D.C.V.)- rabies virus vaccine, hdc inj	2				
IPOL INACTIVATED IPV- poliovirus vaccine, ipv injection	2				
M-M-R II- measles, mumps & rubella virus vaccines for inj	2				
MENACTRA- meningococcal (a, c, y, and w-135) conjugate vaccine inj	2				
MENVEO- meningococcal (a, c, y, and w-135) oligo conj vac for inj	2				
PEDVAX HIB- haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2				
PNEUMOVAX 23- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2				
PNEUMOVAX 23/1 DOSE- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2				
PREVNAR 13- pneumococcal 13-valent conjugate vaccine inj	2				
PROQUAD- measles-mumps-rubella-varicella virus vaccines for inj	2				
RABAVERT- rabies vaccine, pcec for inj	2				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	2				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 10 mcg/ml	2				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 40 mcg/ml	2				
ROTARIX- rotavirus vaccine, live for oral susp	2				
ROTATEQ- rotavirus vaccine, live oral pentavalent soln	2				
SHINGRIX- zoster vaccine recombinant adjuvanted for im inj 50 mcg	2				
TRUMENBA- meningococcal group b vac (recomb) im susp prefilled syr	2				
TWINRIX- hepatitis a (inact)-hep b (recomb) vac inj 720-20 elu-mcg/ml	2				
VAQTA- hepatitis a vaccine inj susp 25 unit/0.5ml	2				
VAQTA- hepatitis a vaccine inj susp 50 unit/ml	2				
VARIVAX- varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	2				
VIVOTIF- typhoid vaccine cap delayed release	3				
ZOSTAVAX- zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	2				
TOXOIDS					
ADACEL- tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	2				
BOOSTRIX- tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	2				
DAPTACEL- diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DIPHTHERIA/TETANUS TOXOID-diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	2				
INFANRIX- diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	2				
KINRIX- diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	2				
PEDIARIX- diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	2				
PENTACEL- diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	2				
QUADRACEL- diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	2				
TENIVAC- tetanus-diphtheria toxoids (td) inj 5-2 lfu	2				
TETANUS/DIPHTHERIA TOXOID-tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	2				
BIOLOGICALS MISC					
GRASTEK- timothy grass pollen allergen ext tab sl 2800 bau	3				
ODACTRA- dust mite mixed ext tab sl 12 sq-hdm	3				
ORALAIR- grass mixed pollen ext tab sl 300 ir (index of reactivity)	3				
RAGWITEK- short ragweed pollen allergen extract tab sl 12 amb a 1-u	3				
ANTINEOPLASTIC AGENTS					
ANTINEOPLASTICS					
ACTIMMUNE- interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4	•			
AFINITOR- everolimus tab 2.5 mg	4	•	•		•
AFINITOR- everolimus tab 5 mg	4	•	•		•
AFINITOR- everolimus tab 7.5 mg	4	•	•		•
AFINITOR- everolimus tab 10 mg	4	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 2 mg	4	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 3 mg	4	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 5 mg	4	•	•		•
ALECENSA- alectinib hcl cap 150 mg (base equivalent)	4	•	•		•
ALUNBRIG- brigatinib tab initiation therapy pack 90 mg & 180 mg	4	•	•		•
ALUNBRIG- brigatinib tab 30 mg	4	•	•		•
ALUNBRIG- brigatinib tab 90 mg	4	•	•		•
ALUNBRIG- brigatinib tab 180 mg	4	•	•		•
anastrozole tab 1 mg (Arimidex)	1				
bexarotene cap 75 mg (Targretin)	4	•	•		
bicalutamide tab 50 mg (Casodex)	1				
BOSULIF- bosutinib tab 100 mg	4	•	•		•
BOSULIF- bosutinib tab 400 mg	4	•	•		•
BOSULIF- bosutinib tab 500 mg	4	•	•		•
CABOMETYX- cabozantinib s-malate tab 20 mg (base equivalent)	4	•	•		•
CABOMETYX- cabozantinib s-malate tab 40 mg (base equivalent)	4	•	•		•
CABOMETYX- cabozantinib s-malate tab 60 mg (base equivalent)	4	•	•		•
CALQUENCE- acalabrutinib cap 100 mg	4	•	•		•
capecitabine tab 150 mg (Xeloda)	4	•	•		
capecitabine tab 500 mg (Xeloda)	4	•	•		
CAPRELSA- vandetanib tab 100 mg	4	•	•		•
CAPRELSA- vandetanib tab 300 mg	4	•	•		•
COMETRIQ- cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	•	•		•
COMETRIQ- cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	•	•		•
COMETRIQ- cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	•	•		•
COTELLIC- cobimetinib fumarate tab 20 mg (base equivalent)	4	•	•		•
CYCLOPHOSPHAMIDE-cyclophosphamide cap 25 mg	2				
CYCLOPHOSPHAMIDE-cyclophosphamide cap 50 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
cyclophosphamide cap 25 mg (Cyclophosphamide)	1				
cyclophosphamide cap 50 mg (Cyclophosphamide)	1				
ELIGARD- leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	•			
ELIGARD- leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	•			
ELIGARD- leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	•			
ELIGARD- leuprolide acetate for subcutaneous inj kit 7.5 mg	4	•			
EMCYT- estramustine phosphate sodium cap 140 mg	2				
ERIVEDGE- vismodegib cap 150 mg	4	•	•		•
ERLEADA- apalutamide tab 60 mg	4	•	•		•
ETOPOSIDE- etoposide cap 50 mg	2				
exemestane tab 25 mg (Aromasin)	1				
FARESTON- toremifene citrate tab 60 mg (base equivalent)	2				
FARYDAK- panobinostat lactate cap 10 mg (base equivalent)	4	•	•		•
FARYDAK- panobinostat lactate cap 15 mg (base equivalent)	4	•	•		•
FARYDAK- panobinostat lactate cap 20 mg (base equivalent)	4	•	•		•
flutamide cap 125 mg	1				
GILOTRIF- afatinib dimaleate tab 20 mg (base equivalent)	4	•	•		•
GILOTRIF- afatinib dimaleate tab 30 mg (base equivalent)	4	•	•		•
GILOTRIF- afatinib dimaleate tab 40 mg (base equivalent)	4	•	•		•
GLEOSTINE- lomustine cap 5 mg	2				
GLEOSTINE- lomustine cap 10 mg	2				
GLEOSTINE- lomustine cap 40 mg	2				
GLEOSTINE- lomustine cap 100 mg	2				
HEXALEN- altretamine cap 50 mg	4	•	•		
HYCAMTIN- topotecan hcl cap 0.25 mg (base equiv)	4	•	•		
HYCAMTIN- topotecan hcl cap 1 mg (base equiv)	4	•	•		
hydroxyurea cap 500 mg (Hydrea)	1				
IBRANCE- palbociclib cap 75 mg	4	•	•		•
IBRANCE- palbociclib cap 100 mg	4	•	•		•
IBRANCE- palbociclib cap 125 mg	4	•	•		•
ICLUSIG- ponatinib hcl tab 15 mg (base equiv)	4	•	•		•
ICLUSIG- ponatinib hcl tab 45 mg (base equiv)	4	•	•		•
IDHIFA- enasidenib mesylate tab 50 mg (base equivalent)	4	•	•		•
IDHIFA- enasidenib mesylate tab 100 mg (base equivalent)	4	•	•		•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	4	•	•		•
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	4	•	•		•
IMBRUVICA- ibrutinib cap 70 mg	4	•	•		•
IMBRUVICA- ibrutinib cap 140 mg	4	•	•		•
IMBRUVICA- ibrutinib tab 140 mg	4	•	•		•
IMBRUVICA- ibrutinib tab 280 mg	4	•	•		•
IMBRUVICA- ibrutinib tab 420 mg	4	•	•		•
IMBRUVICA- ibrutinib tab 560 mg	4	•	•		•
INLYTA- axitinib tab 1 mg	4	•	•		•
INLYTA- axitinib tab 5 mg	4	•	•		•
INTRON A- interferon alfa-2b inj 6000000 unit/ml	4	•			
INTRON A- interferon alfa-2b inj 10000000 unit/ml	4	•			
INTRON A- interferon alfa-2b for inj 10000000 unit	4	•			
INTRON A- interferon alfa-2b for inj 18000000 unit	4	•			
INTRON A- interferon alfa-2b for inj 50000000 unit	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
IRESSA- gefitinib tab 250 mg	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 5 mg (base equivalent)	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 10 mg (base equivalent)	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 15 mg (base equivalent)	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 20 mg (base equivalent)	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 25 mg (base equivalent)	4	•	•		•
KISQALI- ribociclib succinate tab 200 mg (base equiv)	4	•	•		•
KISQALI FEMARA 200 DOSE- ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	4	•	•		•
KISQALI FEMARA 400 DOSE- ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	4	•	•		•
KISQALI FEMARA 600 DOSE- ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	4	•	•		•
LENVIMA 10 MG DAILY DOSE- lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	•	•		•
LENVIMA 14 MG DAILY DOSE- lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	•	•		•
LENVIMA 18 MG DAILY DOSE- lenvatinib cap therapy pack 10 & 4 (2) mg (18 mg daily dose)	4	•	•		•
LENVIMA 20 MG DAILY DOSE- lenvatinib cap therapy pack 10 (2) mg (20 mg daily dose)	4	•	•		•
LENVIMA 24 MG DAILY DOSE- lenvatinib cap therapy pack 10 (2) & 4 mg (24 mg daily dose)	4	•	•		•
LENVIMA 8 MG DAILY DOSE- lenvatinib cap therapy pack 4 (2) mg (8 mg daily dose)	4	•	•		•
letrozole tab 2.5 mg (Femara)	1				
LEUCOVORIN CALCIUM- leucovorin calcium tab 10 mg	2				
LEUCOVORIN CALCIUM- leucovorin calcium tab 15 mg	2				
leucovorin calcium tab 5 mg	1				
leucovorin calcium tab 25 mg	1				
LEUKERAN- chlorambucil tab 2 mg	2				
leuprolide acetate inj kit 5 mg/ml	4	•			
LONSURF- trifluridine-tipiracil tab 15-6.14 mg	4	•	•		•
LONSURF- trifluridine-tipiracil tab 20-8.19 mg	4	•	•		•
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 3.75 mg	4	•			
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 7.5 mg	4	•			
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 11.25 mg	4	•			
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 22.5 mg	4	•			
LUPRON DEPOT (4-MONTH)- leuprolide acetate (4 month) for inj kit 30 mg	4	•			
LUPRON DEPOT (6-MONTH)- leuprolide acetate (6 month) for inj kit 45 mg	4	•			
LYNPARZA- olaparib cap 50 mg	4	•	•		•
LYNPARZA- olaparib tab 100 mg	4	•	•		•
LYNPARZA- olaparib tab 150 mg	4	•	•		•
LYSODREN- mitotane tab 500 mg	4	•	•		
MATULANE- procarbazine hcl cap 50 mg	4	•	•		
megestrol acetate susp 40 mg/ml (Megace oral)	1				
megestrol acetate tab 20 mg	1				
megestrol acetate tab 40 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MEKINIST- trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	4	•	•		•
MEKINIST- trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	4	•	•		•
melphalan tab 2 mg (Alkeran)	1				
mercaptopurine tab 50 mg	1				
MESNEX- mesna tab 400 mg	2				
METHOTREXATE SODIUM- methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3				
methotrexate sodium for inj 1 gm	1				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1				
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium tab 2.5 mg (base equiv)	1				
MYLERAN- busulfan tab 2 mg	2				
NERLYNX- neratinib maleate tab 40 mg (base equivalent)	4	•	•		•
NEXAVAR- sorafenib tosylate tab 200 mg (base equivalent)	4	•	•		•
nilutamide tab 150 mg (Nilandron)	1				
NINLARO- ixazomib citrate cap 2.3 mg (base equivalent)	4	•	•		•
NINLARO- ixazomib citrate cap 3 mg (base equivalent)	4	•	•		•
NINLARO- ixazomib citrate cap 4 mg (base equivalent)	4	•	•		•
ODOMZO- sonidegib phosphate cap 200 mg (base equivalent)	4	•	•		•
POMALYST- pomalidomide cap 1 mg	4	•	•		•
POMALYST- pomalidomide cap 2 mg	4	•	•		•
POMALYST- pomalidomide cap 3 mg	4	•	•		•
POMALYST- pomalidomide cap 4 mg	4	•	•		•
PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	•			
RUBRACA- rucaparib camsylate tab 200 mg (base equivalent)	4	•	•		•
RUBRACA- rucaparib camsylate tab 250 mg (base equivalent)	4	•	•		•
RUBRACA- rucaparib camsylate tab 300 mg (base equivalent)	4	•	•		•
RYDAPT- midostaurin cap 25 mg	4	•	•		•
SOLTAMOX- tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	2				
SPRYCEL- dasatinib tab 20 mg	4	•	•		•
SPRYCEL- dasatinib tab 50 mg	4	•	•		•
SPRYCEL- dasatinib tab 70 mg	4	•	•		•
SPRYCEL- dasatinib tab 80 mg	4	•	•		•
SPRYCEL- dasatinib tab 100 mg	4	•	•		•
SPRYCEL- dasatinib tab 140 mg	4	•	•		•
STIVARGA- regorafenib tab 40 mg	4	•	•		•
SUTENT- sunitinib malate cap 12.5 mg (base equivalent)	4	•	•		•
SUTENT- sunitinib malate cap 25 mg (base equivalent)	4	•	•		•
SUTENT- sunitinib malate cap 37.5 mg (base equivalent)	4	•	•		•
SUTENT- sunitinib malate cap 50 mg (base equivalent)	4	•	•		•
SYLATRON- peginterferon alfa-2b for inj kit 200 mcg	4	•	•		
SYLATRON- peginterferon alfa-2b for inj kit 300 mcg	4	•	•		
SYLATRON- peginterferon alfa-2b for inj kit 600 mcg	4	•	•		
SYNRIBO- omacetaxine mepesuccinate for inj 3.5 mg	4	•			
TABLOID- thioguanine tab 40 mg	2				
TAFINLAR- dabrafenib mesylate cap 50 mg (base equivalent)	4	•	•		•
TAFINLAR- dabrafenib mesylate cap 75 mg (base equivalent)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TAGRISSO- osimertinib mesylate tab 40 mg (base equivalent)	4	•	•		•
TAGRISSO- osimertinib mesylate tab 80 mg (base equivalent)	4	•	•		•
tamoxifen citrate tab 10 mg (base equivalent)	1				
tamoxifen citrate tab 20 mg (base equivalent)	1				
TARCEVA- erlotinib hcl tab 25 mg (base equivalent)	4	•	•		•
TARCEVA- erlotinib hcl tab 100 mg (base equivalent)	4	•	•		•
TARCEVA- erlotinib hcl tab 150 mg (base equivalent)	4	•	•		•
TASIGNA- nilotinib hcl cap 50 mg (base equivalent)	4	•	•		•
TASIGNA- nilotinib hcl cap 150 mg (base equivalent)	4	•	•		•
TASIGNA- nilotinib hcl cap 200 mg (base equivalent)	4	•	•		•
temozolomide cap 5 mg (Temodar)	4	•	•		
temozolomide cap 20 mg (Temodar)	4	•	•		
temozolomide cap 100 mg (Temodar)	4	•	•		
temozolomide cap 140 mg (Temodar)	4	•	•		
temozolomide cap 180 mg (Temodar)	4	•	•		
temozolomide cap 250 mg (Temodar)	4	•	•		
tretinoin cap 10 mg	4	•	•		
TREXALL- methotrexate sodium tab 5 mg (base equiv)	3				
TREXALL- methotrexate sodium tab 7.5 mg (base equiv)	3				
TREXALL- methotrexate sodium tab 10 mg (base equiv)	3				
TREXALL- methotrexate sodium tab 15 mg (base equiv)	3				
TYKERB- lapatinib ditosylate tab 250 mg (base equiv)	4	•	•		•
VENCLEXTA- venetoclax tab 10 mg	4	•	•		•
VENCLEXTA- venetoclax tab 50 mg	4	•	•		•
VENCLEXTA- venetoclax tab 100 mg	4	•	•		•
VENCLEXTA STARTING PACK- venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	•	•		•
VERZENIO- abemaciclib tab 50 mg	4	•	•		•
VERZENIO- abemaciclib tab 100 mg	4	•	•		•
VERZENIO- abemaciclib tab 150 mg	4	•	•		•
VERZENIO- abemaciclib tab 200 mg	4	•	•		•
VOTRIENT- pazopanib hcl tab 200 mg (base equiv)	4	•	•		•
XALKORI- crizotinib cap 200 mg	4	•	•		•
XALKORI- crizotinib cap 250 mg	4	•	•		•
XATMEP- methotrexate oral soln 2.5 mg/ml	3				
XTANDI- enzalutamide cap 40 mg	4	•	•		•
ZEJULA- niraparib tosylate cap 100 mg (base equivalent)	4	•	•		•
ZELBORAF- vemurafenib tab 240 mg	4	•	•		•
ZOLINZA- vorinostat cap 100 mg	4	•	•		•
ZYDELIG- idelalisib tab 100 mg	4	•	•		•
ZYDELIG- idelalisib tab 150 mg	4	•	•		•
ZYKADIA- ceritinib cap 150 mg	4	•	•		•
ZYTIGA- abiraterone acetate tab 250 mg	4	•	•		•
ZYTIGA- abiraterone acetate tab 500 mg	4	•	•		•
ENDOCRINE AND METABOLIC DRUGS					
CORTICOSTEROIDS					
budesonide delayed release particles cap 3 mg (Entocort ec)	1				
budesonide tab er 24hr 9 mg (Uceris)	NC				
CORTISONE ACETATE- cortisone acetate tab 25 mg	2				
DEXAMETHASONE- dexamethasone soln 0.5 mg/5ml	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DEXAMETHASONE- dexamethasone tab 1 mg	3				
DEXAMETHASONE- dexamethasone tab 2 mg	3				
dexamethasone elixir 0.5 mg/5ml	1				
DEXAMETHASONE INTENSOL- dexamethasone conc 1 mg/ml	3				
dexamethasone tab 0.5 mg	1				
dexamethasone tab 0.75 mg	1				
dexamethasone tab 1.5 mg	1				
dexamethasone tab 4 mg	1				
dexamethasone tab 6 mg	1				
DEXPAK 10 DAY- dexamethasone tab therapy pack 1.5 mg (35)	3				
DEXPAK 13 DAY- dexamethasone tab therapy pack 1.5 mg (51)	3				
DEXPAK 6 DAY- dexamethasone tab therapy pack 1.5 mg (21)	3				
EMFLAZA- deflazacort susp 22.75 mg/ml	4	•	•		
EMFLAZA- deflazacort tab 6 mg	4	•	•		•
EMFLAZA- deflazacort tab 18 mg	4	•	•		•
EMFLAZA- deflazacort tab 30 mg	4	•	•		
EMFLAZA- deflazacort tab 36 mg	4	•	•		
fludrocortisone acetate tab 0.1 mg	1				
hydrocortisone tab 5 mg (Cortef)	1				
hydrocortisone tab 10 mg (Cortef)	1				
hydrocortisone tab 20 mg (Cortef)	1				
MEDROL- methylprednisolone tab 2 mg	3				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1				
methylprednisolone tab 4 mg (Medrol)	1				
methylprednisolone tab 8 mg (Medrol)	1				
methylprednisolone tab 16 mg (Medrol)	1				
methylprednisolone tab 32 mg (Medrol)	1				
MILLIPRED- prednisolone tab 5 mg	3				
MILLIPRED DP- prednisolone tab therapy pack 5 mg (21)	3				
MILLIPRED DP- prednisolone tab therapy pack 5 mg (48)	3				
PREDNISOLONE- prednisolone syrup 15 mg/5ml (usp solution equivalent)	1				
prednisolone sod phos orally disintegr tab 10 mg (base eq) (Orapred odt)	1				
prednisolone sod phos orally disintegr tab 15 mg (base eq) (Orapred odt)	1				
prednisolone sod phos orally disintegr tab 30 mg (base eq) (Orapred odt)	1				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1				
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (Millipred)	1				
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (Veripred 20)	1				
PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3				
PREDNISONE- prednisone oral soln 5 mg/5ml	2				
PREDNISONE- prednisone tab therapy pack 5 mg (21)	3				
PREDNISONE- prednisone tab therapy pack 5 mg (48)	3				
PREDNISONE- prednisone tab therapy pack 10 mg (21)	3				
PREDNISONE- prednisone tab therapy pack 10 mg (48)	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PREDNISONE- prednisone tab 50 mg	3				
PREDNISONE INTENSOL- prednisone conc 5 mg/ml	3				
prednisone tab 1 mg	1				
prednisone tab 2.5 mg	1				
prednisone tab 5 mg	1				
prednisone tab 10 mg	1				
prednisone tab 20 mg	1				
RAYOS- prednisone tab delayed release 1 mg	3				
RAYOS- prednisone tab delayed release 2 mg	3				
RAYOS- prednisone tab delayed release 5 mg	3				
TAPERDEX 12-DAY- dexamethasone tab therapy pack 1.5 mg (49)	3				
TAPERDEX 6-DAY- dexamethasone tab therapy pack 1.5 mg (21)	3				
ANDROGEN-ANABOLIC					
ANADROL-50- oxymetholone tab 50 mg	3		•		
ANDRODERM- testosterone td patch 24hr 2 mg/24hr	NC		•		•
ANDRODERM- testosterone td patch 24hr 4 mg/24hr	NC		•		•
ANDROGEL- testosterone td gel 20.25 mg/1.25gm (1.62%)	2		•		•
ANDROGEL- testosterone td gel 40.5 mg/2.5gm (1.62%)	2		•		•
ANDROGEL PUMP- testosterone td gel 20.25 mg/act (1.62%)	2		•		•
AVEED- testosterone undecanoate im inj in oil 750 mg/3ml (250mg/ml)	NC				
danazol cap 50 mg	1		•		
danazol cap 100 mg	1		•		
danazol cap 200 mg	1		•		
FORTESTA- testosterone td gel 10mg/act (2%)	NC		•		•
METHITEST- methyltestosterone oral tab 10 mg	3		•		
METHYLTESTOSTERONE- methyltestosterone cap 10 mg	1		•		
NATESTO- testosterone nasal gel 5.5 mg/act	NC		•		•
oxandrolone tab 2.5 mg (Oxandrin)	1		•		
oxandrolone tab 10 mg (Oxandrin)	1		•		
STRIANT- testosterone buccal mucoadhesive system 30 mg	NC		•		•
TESTOSTERONE- testosterone td gel 25 mg/2.5gm (1%)	NC		•		•
TESTOSTERONE- testosterone td gel 50 mg/5gm (1%)	NC		•		•
TESTOSTERONE- testosterone td gel 10mg/act (2%)	NC		•		•
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1				
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1				
testosterone enanthate im inj in oil 200 mg/ml	1				
TESTOSTERONE PUMP- testosterone td gel 12.5 mg/act (1%)	NC		•		•
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	1		•		•
testosterone td gel 50 mg/5gm (1%) (Androgel)	1		•		•
testosterone td gel 50 mg/5gm (1%) (Testim)	NC		•		•
testosterone td gel 12.5 mg/act (1%)	1		•		•
testosterone td soln 30 mg/act (Axiron)	1		•		•
VOGELXO- testosterone td gel 50 mg/5gm (1%)	NC		•		•
VOGELXO PUMP- testosterone td gel 12.5 mg/act (1%)	NC		•		•
ESTROGENS					
ALORA- estradiol td patch twice weekly 0.025 mg/24hr	3				
ALORA- estradiol td patch twice weekly 0.05 mg/24hr	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALORA- estradiol td patch twice weekly 0.075 mg/24hr	3				
ALORA- estradiol td patch twice weekly 0.1 mg/24hr	3				
ANGELIQ- drospirenone-estradiol tab 0.25-0.5 mg	3				
ANGELIQ- drospirenone-estradiol tab 0.5-1 mg	3				
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	3				
COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	3				
DELESTROGEN- estradiol valerate im in oil 10 mg/ml	3				
DEPO-ESTRADIOL- estradiol cypionate im in oil 5 mg/ml	3				
DIVIGEL- estradiol td gel 0.25 mg/0.25gm (0.1%)	2				
DIVIGEL- estradiol td gel 0.5 mg/0.5gm (0.1%)	2				
DIVIGEL- estradiol td gel 1 mg/gm (0.1%)	2				
DUAVEE- conjugated estrogens-bazedoxifene tab 0.45-20 mg	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 (Activella)	1				
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1				
estradiol tab 0.5 mg (Estrace)	1				
estradiol tab 1 mg (Estrace)	1				
estradiol tab 2 mg (Estrace)	1				
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	1				
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	1				
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	1				
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	1				
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	1				
estradiol td patch weekly 0.025 mg/24hr (Climara)	1				
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	1				
estradiol td patch weekly 0.05 mg/24hr (Climara)	1				
estradiol td patch weekly 0.06 mg/24hr (Climara)	1				
estradiol td patch weekly 0.075 mg/24hr (Climara)	1				
estradiol td patch weekly 0.1 mg/24hr (Climara)	1				
estradiol valerate im in oil 20 mg/ml (Delestrogen)	1				
estradiol valerate im in oil 40 mg/ml (Delestrogen)	1				
ESTROGEL- estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2				
ESTROPIPATE- estropipate tab 0.75 mg	3				
EVAMIST- estradiol transdermal spray 1.53 mg/spray	3				
MENEST- esterified estrogens tab 0.3 mg	3				
MENEST- esterified estrogens tab 0.625 mg	3				
MENEST- esterified estrogens tab 1.25 mg	3				
MENOSTAR- estradiol td patch weekly 14 mcg/24hr	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MINIVELLE- estradiol td patch twice weekly 0.025 mg/24hr	3				
MINIVELLE- estradiol td patch twice weekly 0.0375 mg/24hr	3				
MINIVELLE- estradiol td patch twice weekly 0.05 mg/24hr	3				
MINIVELLE- estradiol td patch twice weekly 0.075 mg/24hr	3				
MINIVELLE- estradiol td patch twice weekly 0.1 mg/24hr	3				
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	1				
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1				
PREFEST- estradiol tab 1 mg(15)/ estrad-norgestimate tab 1-0.09mg(15)	3				
PREMARIN- estrogens, conjugated tab 0.3 mg	2				
PREMARIN- estrogens, conjugated tab 0.45 mg	2				
PREMARIN- estrogens, conjugated tab 0.625 mg	2				
PREMARIN- estrogens, conjugated tab 0.9 mg	2				
PREMARIN- estrogens, conjugated tab 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	2				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	2				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	2				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	2				
CONTRACEPTIVES					
BALCOLTRA- levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	NC				
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) (Mircette)	1				
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Cyclessa)	1				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	1				
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	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	2				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1				
FALESSA- levonorgest-eth estrad tab 0.1 mg-20 mcg & fa tab 1 mg kit	3				
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	1				
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1				
levonorgestrel & ethinyl estradiol tab 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				
LO LOESTRIN FE- norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2				
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1				
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1				
NATAZIA- estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3				
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	1				
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	1				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	1				
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe)	1				
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1				
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	1				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	1				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	1				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	1				
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	1				
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1				
norethindrone tab 0.35 mg (Ortho micronor)	1				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	1				
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	1				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	1				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	1				
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	1				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1				
NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	2				
OGESTREL- norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	2				
SAFYRAL- drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TAYTULLA- norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	3				
XULANE- norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2				
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg (Provera)	1				
medroxyprogesterone acetate tab 5 mg (Provera)	1				
medroxyprogesterone acetate tab 10 mg (Provera)	1				
megestrol acetate susp 625 mg/5ml (Megace es)	1				
norethindrone acetate tab 5 mg (Aygestin)	1				
progesterone im in oil 50 mg/ml	1				
progesterone micronized cap 100 mg (Prometrium)	1				
progesterone micronized cap 200 mg (Prometrium)	1				
ANTIDIABETICS					
Antidiabetics					
acarbose tab 25 mg (Precose)	1				
acarbose tab 50 mg (Precose)	1				
acarbose tab 100 mg (Precose)	1				
ACTOPLUS MET XR- pioglitazone hcl-metformin hcl tab er 24hr 15-1000 mg	3				•
ACTOPLUS MET XR- pioglitazone hcl-metformin hcl tab er 24hr 30-1000 mg	3				•
ADLYXIN- lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml)	NC				•
ADLYXIN STARTER PACK- lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml	NC				•
ALOGLIPTIN- alogliptin benzoate tab 6.25 mg (base equiv)	NC				•
ALOGLIPTIN- alogliptin benzoate tab 12.5 mg (base equiv)	NC				•
ALOGLIPTIN- alogliptin benzoate tab 25 mg (base equiv)	NC				•
ALOGLIPTIN/METFORMIN HCL- alogliptin-metformin hcl tab 12.5-500 mg	NC				•
ALOGLIPTIN/METFORMIN HCL- alogliptin-metformin hcl tab 12.5-1000 mg	NC				•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-15 mg	NC				•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-30 mg	NC				•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-45 mg	NC				•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-15 mg	NC				•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-30 mg	NC				•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-45 mg	NC				•
AVANDIA- rosiglitazone maleate tab 2 mg (base equiv)	3				•
AVANDIA- rosiglitazone maleate tab 4 mg (base equiv)	3				•
BYDUREON- exenatide for inj extended release susp 2 mg	3				•
BYDUREON BCISE- exenatide extended release susp auto-injector 2 mg/0.85ml	3				•
BYDUREON PEN- exenatide extended release for susp pen-injector 2 mg	3				•
BYETTA- exenatide soln pen-injector 5 mcg/0.02ml	NC				•
BYETTA- exenatide soln pen-injector 10 mcg/0.04ml	NC				•
CHLORPROPAMIDE- chlorpropamide tab 100 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CHLORPROPAMIDE- chlorpropamide tab 250 mg	3				
CYCLOSET- bromocriptine mesylate tab 0.8 mg (base equivalent)	3				
FARXIGA- dapagliflozin propanediol tab 5 mg (base equivalent)	3				•
FARXIGA- dapagliflozin propanediol tab 10 mg (base equivalent)	3				•
glimepiride tab 1 mg (Amaryl)	1				
glimepiride tab 2 mg (Amaryl)	1				
glimepiride tab 4 mg (Amaryl)	1				
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 10 mg (Glucotrol xl)	1				
glipizide tab 5 mg (Glucotrol)	1				
glipizide tab 10 mg (Glucotrol)	1				
glipizide-metformin hcl tab 2.5-250 mg	1				
glipizide-metformin hcl tab 2.5-500 mg	1				
glipizide-metformin hcl tab 5-500 mg	1				
GLUCAGEN HYPOKIT- glucagon hcl (rdna) for inj 1 mg (base equiv)	3				
GLUCAGON EMERGENCY KIT- glucagon (rdna) for inj kit 1 mg	2				
GLUMETZA- metformin hcl tab er 24hr modified release 500 mg	3				
GLUMETZA- metformin hcl tab er 24hr modified release 1000 mg	3				
glyburide micronized tab 1.5 mg (Glynase)	1				
glyburide micronized tab 3 mg (Glynase)	1				
glyburide micronized tab 6 mg (Glynase)	1				
glyburide tab 1.25 mg	1				
glyburide tab 2.5 mg	1				
glyburide tab 5 mg	1				
glyburide-metformin tab 1.25-250 mg	1				
glyburide-metformin tab 2.5-500 mg (Glucovance)	1				
glyburide-metformin tab 5-500 mg (Glucovance)	1				
GLYXAMBI- empagliflozin-linagliptin tab 10-5 mg	2				•
GLYXAMBI- empagliflozin-linagliptin tab 25-5 mg	2				•
INVOKAMET- canagliflozin-metformin hcl tab 50-500 mg	2				•
INVOKAMET- canagliflozin-metformin hcl tab 50-1000 mg	2				•
INVOKAMET- canagliflozin-metformin hcl tab 150-500 mg	2				•
INVOKAMET- canagliflozin-metformin hcl tab 150-1000 mg	2				•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-500 mg	2				•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-1000 mg	2				•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-500 mg	2				•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-1000 mg	2				•
INVOKANA- canagliflozin tab 100 mg	2				•
INVOKANA- canagliflozin tab 300 mg	2				•
JANUMET- sitagliptin-metformin hcl tab 50-500 mg	2				•
JANUMET- sitagliptin-metformin hcl tab 50-1000 mg	2				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-500 mg	2				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 100-1000 mg	2				•
JANUVIA- sitagliptin phosphate tab 25 mg (base equiv)	2				•
JANUVIA- sitagliptin phosphate tab 50 mg (base equiv)	2				•
JANUVIA- sitagliptin phosphate tab 100 mg (base equiv)	2				•
JARDIANCE- empagliflozin tab 10 mg	2				•
JARDIANCE- empagliflozin tab 25 mg	2				•
JENTADUETO- linagliptin-metformin hcl tab 2.5-500 mg	3				•
JENTADUETO- linagliptin-metformin hcl tab 2.5-850 mg	3				•
JENTADUETO- linagliptin-metformin hcl tab 2.5-1000 mg	3				•
JENTADUETO XR- linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3				•
JENTADUETO XR- linagliptin-metformin hcl tab er 24hr 5-1000 mg	3				•
KAZANO- alogliptin-metformin hcl tab 12.5-500 mg	NC				•
KAZANO- alogliptin-metformin hcl tab 12.5-1000 mg	NC				•
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2				•
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 5-500 mg	2				•
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 5-1000 mg	2				•
KORLYM- mifepristone tab 300 mg	4	•	•		•
metformin hcl tab er 24hr 500 mg (Glucophage xr)	1				
metformin hcl tab er 24hr 750 mg (Glucophage xr)	1				
metformin hcl tab er 24hr osmotic 500 mg (Fortamet)	1				
metformin hcl tab er 24hr osmotic 1000 mg (Fortamet)	1				
metformin hcl tab er 24hr modified release 500 mg (Glumetza)	1				
metformin hcl tab er 24hr modified release 1000 mg (Glumetza)	1				
metformin hcl tab 500 mg (Glucophage)	1				
metformin hcl tab 850 mg (Glucophage)	1				
metformin hcl tab 1000 mg (Glucophage)	1				
miglitol tab 25 mg (Glyset)	1				
miglitol tab 50 mg (Glyset)	1				
miglitol tab 100 mg (Glyset)	1				
nateglinide tab 60 mg (Starlix)	1				
nateglinide tab 120 mg (Starlix)	1				
NESINA- alogliptin benzoate tab 6.25 mg (base equiv)	NC				•
NESINA- alogliptin benzoate tab 12.5 mg (base equiv)	NC				•
NESINA- alogliptin benzoate tab 25 mg (base equiv)	NC				•
ONGLYZA- saxagliptin hcl tab 2.5 mg (base equiv)	2				•
ONGLYZA- saxagliptin hcl tab 5 mg (base equiv)	2				•
OSENI- alogliptin-pioglitazone tab 12.5-15 mg	NC				•
OSENI- alogliptin-pioglitazone tab 12.5-30 mg	NC				•
OSENI- alogliptin-pioglitazone tab 12.5-45 mg	NC				•
OSENI- alogliptin-pioglitazone tab 25-15 mg	NC				•
OSENI- alogliptin-pioglitazone tab 25-30 mg	NC				•
OSENI- alogliptin-pioglitazone tab 25-45 mg	NC				•
OZEMPIC- semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	2				•
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1				•
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1				•
pioglitazone hcl tab 45 mg (base equiv) (Actos)	1				•
pioglitazone hcl-glimepiride tab 30-2 mg (Duetact)	1				•
pioglitazone hcl-glimepiride tab 30-4 mg (Duetact)	1				•
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	1				•
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1				•
PROGLYCEM- diazoxide susp 50 mg/ml	3				
QTERN- dapagliflozin-saxagliptin tab 10-5 mg	3				•
repaglinide tab 0.5 mg	1				
repaglinide tab 1 mg (Prandin)	1				
repaglinide tab 2 mg (Prandin)	1				
REPAGLINIDE/METFORMIN HYD- repaglinide-metformin hcl tab 1-500 mg	3				
REPAGLINIDE/METFORMIN HYD- repaglinide-metformin hcl tab 2-500 mg	3				
RIOMET- metformin hcl oral soln 500 mg/5ml	3				
SEGLUROMET- ertugliflozin-metformin hcl tab 2.5-500 mg	NC				•
SEGLUROMET- ertugliflozin-metformin hcl tab 2.5-1000 mg	NC				•
SEGLUROMET- ertugliflozin-metformin hcl tab 7.5-500 mg	NC				•
SEGLUROMET- ertugliflozin-metformin hcl tab 7.5-1000 mg	NC				•
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)	NC				•
STEGLATRO- ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv)	NC				•
STEGLUJAN- ertugliflozin-sitagliptin tab 5-100 mg	NC				•
STEGLUJAN- ertugliflozin-sitagliptin tab 15-100 mg	NC				•
SYMLINPEN 120- pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	NC				
SYMLINPEN 60- pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	NC				
SYNJARDY- empagliflozin-metformin hcl tab 5-500 mg	2				•
SYNJARDY- empagliflozin-metformin hcl tab 5-1000 mg	2				•
SYNJARDY- empagliflozin-metformin hcl tab 12.5-500 mg	2				•
SYNJARDY- empagliflozin-metformin hcl tab 12.5-1000 mg	2				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2				•
TANZEUM- albiglutide for soln pen-injector 30 mg	3				•
TANZEUM- albiglutide for soln pen-injector 50 mg	3				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TOLAZAMIDE- tolazamide tab 250 mg	3				
TOLAZAMIDE- tolazamide tab 500 mg	3				
TOLBUTAMIDE- tolbutamide tab 500 mg	3				
TRADJENTA- linagliptin tab 5 mg	3				•
TRULICITY- dulaglutide soln pen-injector 0.75 mg/0.5ml	2				•
TRULICITY- dulaglutide soln pen-injector 1.5 mg/0.5ml	2				•
VICTOZA- liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	3				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-500 mg	3				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	3				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-500 mg	3				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	3				•
XULTOPHY 100/3.6- insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•	•
Rapid-Acting Insulins					
ADMELOG- insulin lispro inj 100 unit/ml	NC				
ADMELOG SOLOSTAR- insulin lispro soln pen-injector 100 unit/ml	NC				
APIDRA- insulin glulisine inj 100 unit/ml	NC				
APIDRA SOLOSTAR- insulin glulisine soln pen-injector inj 100 unit/ml	NC				
FIASP- insulin aspart inj 100 unit/ml	2				
FIASP FLEXTOUCH- insulin aspart soln pen-injector 100 unit/ml	2				
HUMALOG- insulin lispro inj 100 unit/ml	NC				
HUMALOG- insulin lispro soln cartridge 100 unit/ml	NC				
HUMALOG JUNIOR KWIKPEN- insulin lispro soln pen-injector 100 unit/ml	NC				
HUMALOG KWIKPEN- insulin lispro soln pen-injector 100 unit/ml	NC				
HUMALOG KWIKPEN- insulin lispro soln pen-injector 200 unit/ml	NC				
NOVOLOG- insulin aspart inj 100 unit/ml	2				
NOVOLOG FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	2				
NOVOLOG PENFILL- insulin aspart soln cartridge 100 unit/ml	2				
Short-Acting Insulins					
AFREZZA- insulin regular (human) inh powd 4 & 8 & 12 unit/cart (60)	NC				
AFREZZA- insulin regular (human) inhal powd 4 (90) & 8 (90) unit/cart	NC				
AFREZZA- insulin regular (human) inhalation powder 4 unit/cartridge	NC				
AFREZZA- insulin regular (human) inhalation powder 8 unit/cartridge	NC				
AFREZZA- insulin regular (human) inhalation powder 12 unit/cartridge	NC				
HUMULIN R- insulin regular (human) inj 100 unit/ml	NC				
HUMULIN R U-500 (CONCENTR-insulin regular (human) inj 500 unit/ml	2				
HUMULIN R U-500 KWIKPEN- insulin regular (human) soln pen-injector 500 unit/ml	2				
NOVOLIN R- insulin regular (human) inj 100 unit/ml	2				
NOVOLIN R RELION- insulin regular (human) inj 100 unit/ml	2				
Intermediate-Acting Insulins					
HUMALOG MIX 50/50- insulin lispro protamine & lispro inj 100 unit/ml (50-50)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HUMALOG MIX 50/50 KWIKPEN- insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	NC				
HUMALOG MIX 75/25- insulin lispro prot & lispro inj 100 unit/ml (75-25)	NC				
HUMALOG MIX 75/25 KWIKPEN- insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	NC				
HUMULIN N- insulin nph (human) (isophane) inj 100 unit/ml	NC				
HUMULIN N KWIKPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	NC				
HUMULIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	NC				
HUMULIN 70/30 KWIKPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NC				
NOVOLIN N- insulin nph (human) (isophane) inj 100 unit/ml	2				
NOVOLIN N RELION- insulin nph (human) (isophane) inj 100 unit/ml	2				
NOVOLIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	2				
NOVOLIN 70/30 RELION- insulin nph isophane & regular human inj 100 unit/ml (70-30)	2				
NOVOLOG MIX 70/30- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2				
NOVOLOG MIX 70/30 PREFILL- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2				
Basal Insulins					
BASAGLAR KWIKPEN- insulin glargine soln pen-injector 100 unit/ml	NC				
LANTUS- insulin glargine inj 100 unit/ml	2				
LANTUS SOLOSTAR- insulin glargine soln pen-injector 100 unit/ml	2				
LEVEMIR- insulin detemir inj 100 unit/ml	2				
LEVEMIR FLEXTOUCH- insulin detemir soln pen-injector 100 unit/ml	2				
TOUJEO MAX SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml	2				
TOUJEO SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml	2				
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 100 unit/ml	2				
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 200 unit/ml	2				
THYROID AGENTS					
ARMOUR THYROID- thyroid tab 15 mg (1/4 grain)	3				
ARMOUR THYROID- thyroid tab 30 mg (1/2 grain)	3				
ARMOUR THYROID- thyroid tab 60 mg (1 grain)	3				
ARMOUR THYROID- thyroid tab 90 mg (1 1/2 grain)	3				
ARMOUR THYROID- thyroid tab 120 mg (2 grain)	3				
ARMOUR THYROID- thyroid tab 180 mg (3 grain)	3				
ARMOUR THYROID- thyroid tab 240 mg (4 grain)	3				
ARMOUR THYROID- thyroid tab 300 mg (5 grain)	3				
levothyroxine sodium tab 25 mcg (Synthroid)	1				
levothyroxine sodium tab 50 mcg (Synthroid)	1				
levothyroxine sodium tab 75 mcg (Synthroid)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
levothyroxine sodium tab 88 mcg (Synthroid)	1				
levothyroxine sodium tab 100 mcg (Synthroid)	1				
levothyroxine sodium tab 112 mcg (Synthroid)	1				
levothyroxine sodium tab 125 mcg (Synthroid)	1				
levothyroxine sodium tab 137 mcg (Synthroid)	1				
levothyroxine sodium tab 150 mcg (Synthroid)	1				
levothyroxine sodium tab 175 mcg (Synthroid)	1				
levothyroxine sodium tab 200 mcg (Synthroid)	1				
levothyroxine sodium tab 300 mcg (Synthroid)	1				
liothyronine sodium tab 5 mcg (Cytomel)	1				
liothyronine sodium tab 25 mcg (Cytomel)	1				
liothyronine sodium tab 50 mcg (Cytomel)	1				
methimazole tab 5 mg (Tapazole)	1				
methimazole tab 10 mg (Tapazole)	1				
NATURE-THROID- thyroid tab 16.25 mg	3				
NATURE-THROID- thyroid tab 32.5 mg	3				
NATURE-THROID- thyroid tab 48.75 mg (3/4 grain)	3				
NATURE-THROID- thyroid tab 65 mg	3				
NATURE-THROID- thyroid tab 81.25 mg	3				
NATURE-THROID- thyroid tab 97.5 mg	3				
NATURE-THROID- thyroid tab 113.75 mg	3				
NATURE-THROID- thyroid tab 130 mg	3				
NATURE-THROID- thyroid tab 195 mg	3				
NATURE-THROID- thyroid tab 260 mg	3				
NATURE-THROID- thyroid tab 325 mg (5 grain)	3				
NATURE-THROID- thyroid tab 146.25 mg	3				
NATURE-THROID NT-2.5- thyroid tab 162.5 mg (2 1/2 grain)	3				
propylthiouracil tab 50 mg	1				
SYNTHROID- levothyroxine sodium tab 25 mcg	3				
SYNTHROID- levothyroxine sodium tab 50 mcg	3				
SYNTHROID- levothyroxine sodium tab 75 mcg	3				
SYNTHROID- levothyroxine sodium tab 88 mcg	3				
SYNTHROID- levothyroxine sodium tab 100 mcg	3				
SYNTHROID- levothyroxine sodium tab 112 mcg	3				
SYNTHROID- levothyroxine sodium tab 125 mcg	3				
SYNTHROID- levothyroxine sodium tab 137 mcg	3				
SYNTHROID- levothyroxine sodium tab 150 mcg	3				
SYNTHROID- levothyroxine sodium tab 175 mcg	3				
SYNTHROID- levothyroxine sodium tab 200 mcg	3				
SYNTHROID- levothyroxine sodium tab 300 mcg	3				
thyroid tab 15 mg (1/4 grain) (Armour thyroid)	1				
thyroid tab 30 mg (1/2 grain) (Armour thyroid)	1				
thyroid tab 60 mg (1 grain) (Armour thyroid)	1				
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
thyroid tab 120 mg (2 grain) (Armour thyroid)	1				
THYROLAR-1- liotrix (t3-t4) tab 60 mg (12.5-50 mcg)	3				
THYROLAR-1/2- liotrix (t3-t4) tab 30 mg (6.25-25 mcg)	3				
THYROLAR-1/4- liotrix (t3-t4) tab 15 mg (3.1-12.5 mcg)	3				
THYROLAR-2- liotrix (t3-t4) tab 120 mg (25-100 mcg)	3				
THYROLAR-3- liotrix (t3-t4) tab 180 mg (37.5-150 mcg)	3				
TIROSINT- levothyroxine sodium cap 13 mcg	3				
TIROSINT- levothyroxine sodium cap 25 mcg	3				
TIROSINT- levothyroxine sodium cap 50 mcg	3				
TIROSINT- levothyroxine sodium cap 75 mcg	3				
TIROSINT- levothyroxine sodium cap 88 mcg	3				
TIROSINT- levothyroxine sodium cap 100 mcg	3				
TIROSINT- levothyroxine sodium cap 112 mcg	3				
TIROSINT- levothyroxine sodium cap 125 mcg	3				
TIROSINT- levothyroxine sodium cap 137 mcg	3				
TIROSINT- levothyroxine sodium cap 150 mcg	3				
WESTHROID- thyroid tab 32.5 mg	3				
WESTHROID- thyroid tab 65 mg	3				
WESTHROID- thyroid tab 97.5 mg	3				
WESTHROID- thyroid tab 130 mg	3				
WESTHROID- thyroid tab 195 mg	3				
WP THYROID- thyroid tab 16.25 mg	3				
WP THYROID- thyroid tab 32.5 mg	3				
WP THYROID- thyroid tab 48.75 mg (3/4 grain)	3				
WP THYROID- thyroid tab 65 mg	3				
WP THYROID- thyroid tab 81.25 mg	3				
WP THYROID- thyroid tab 97.5 mg	3				
WP THYROID- thyroid tab 113.75 mg	3				
WP THYROID- thyroid tab 130 mg	3				
OXYTOCICS					
CERVIDIL- dinoprostone vaginal inserts 10 mg	3				
methylergonovine maleate tab 0.2 mg	1				
PREPIDIL- dinoprostone cervical gel 0.5 mg/3gm	3				
PROSTIN E2- dinoprostone vaginal suppos 20 mg	3				
ENDOCRINE and METABOLIC AGENTS - MISC.					
ALENDRONATE SODIUM- alendronate sodium oral soln 70 mg/75ml	3				•
ALENDRONATE SODIUM- alendronate sodium tab 40 mg	3				•
alendronate sodium tab 5 mg	1				•
alendronate sodium tab 10 mg	1				•
alendronate sodium tab 35 mg	1				•
alendronate sodium tab 70 mg (Fosamax)	1				•
BINOSTO- alendronate sodium effervescent tab 70 mg	3				•
BRAVELLE- urofollitropin purified for inj 75 unit	NC	•			
cabergoline tab 0.5 mg	1				
calcitonin (salmon) nasal soln 200 unit/act	1				
calcitriol cap 0.25 mcg (Rocaltrol)	1				
calcitriol cap 0.5 mcg (Rocaltrol)	1				
calcitriol oral soln 1 mcg/ml (Rocaltrol)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CARBAGLU- carglumic acid tab 200 mg	4	•	•		
CETROTIDE- cetrorelix acetate for inj kit 0.25 mg	4	•			
CHORIONIC GONADOTROPIN- chorionic gonadotropin for im inj 10000 unit	NC	•			
CLOMIPHENE CITRATE- clomiphene citrate tab 50 mg	3				
CYSTADANE- betaine powder for oral solution	3				
DDAVP- desmopressin acetate nasal soln 0.01% (refrigerated)	3				
desmopressin acetate inj 4 mcg/ml (Ddavp)	1				
desmopressin acetate nasal spray soln 0.01% (Ddavp)	1				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1				
desmopressin acetate tab 0.1 mg (Ddavp)	1				
desmopressin acetate tab 0.2 mg (Ddavp)	1				
doxercalciferol cap 0.5 mcg (Hectorol)	1				
doxercalciferol cap 1 mcg (Hectorol)	1				
doxercalciferol cap 2.5 mcg (Hectorol)	1				
EGRIFTA- tesamorelin acetate for inj 1 mg (base equiv)	NC				
ETIDRONATE DISODIUM- etidronate disodium tab 200 mg	3				
ETIDRONATE DISODIUM- etidronate disodium tab 400 mg	3				
FOLLISTIM AQ- follitropin beta inj 300 unit/0.36ml	4	•			
FOLLISTIM AQ- follitropin beta inj 600 unit/0.72ml	4	•			
FOLLISTIM AQ- follitropin beta inj 900 unit/1.08ml	4	•			
FORTEO- teriparatide (recombinant) inj 600 mcg/2.4ml	NC	•	•		•
FOSAMAX PLUS D- alendronate sodium-cholecalciferol tab 70-2800 mg-unit	3				•
FOSAMAX PLUS D- alendronate sodium-cholecalciferol tab 70-5600 mg-unit	3				•
GANIRELIX ACETATE- ganirelix acetate inj 250 mcg/0.5ml	4	•			
GENOTROPIN- somatropin for inj 12 mg (13.8 mg overfill)	NC	•	•		
GENOTROPIN- somatropin for subcutaneous inj 5 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 0.2 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 0.4 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 0.6 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 0.8 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1.2 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1.4 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1.6 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1.8 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 2 mg	NC	•	•		
GONAL-F- follitropin alfa for inj 450 unit	NC	•			
GONAL-F- follitropin alfa for inj 1050 unit	NC	•			
GONAL-F RFF- follitropin alfa for inj 75 unit	NC	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
GONAL-F RFF REDIJECT- follitropin alfa inj 300 unit/0.5ml	NC	•			
GONAL-F RFF REDIJECT- follitropin alfa inj 450 unit/0.75ml	NC	•			
GONAL-F RFF REDIJECT- follitropin alfa inj 900 unit/1.5ml	NC	•			
H.P. ACTHAR- corticotropin inj gel 80 unit/ml	4	•	•		
HUMATROPE- somatropin for inj 6 mg (18 unit)	NC	•	•		
HUMATROPE- somatropin for inj 12 mg (36 unit)	NC	•	•		
HUMATROPE- somatropin for inj 24 mg	NC	•	•		
HUMATROPE COMBO PACK- somatropin for inj 5 mg	NC	•	•		
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1				•
INCRELEX- mecasermin inj 40 mg/4ml (10 mg/ml)	4	•			
KUVAN- sapropterin dihydrochloride powder packet 100 mg	4	•	•		
KUVAN- sapropterin dihydrochloride powder packet 500 mg	4	•	•		
KUVAN- sapropterin dihydrochloride soluble tab 100 mg	4	•	•		
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1				
levocarnitine tab 330 mg (Carnitor)	1				
LUPANETA PACK- leuprolide (1 mon) inj 3.75 mg & norethindrone tab 5 mg kit	4	•			
LUPANETA PACK- leuprolide (3 mon) inj 11.25 mg & norethindrone tab 5 mg kit	4	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 7.5 mg	4	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 11.25 mg	4	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 15 mg	4	•			
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	4	•			
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 30 mg	4	•			
MENOPUR- menotropins for subcutaneous inj 75 unit	4	•			
MIACALCIN- calcitonin (salmon) inj 200 unit/ml	3				
MYALEPT- metreleptin for subcutaneous inj 11.3 mg	4	•	•		
NATPARA- parathyroid hormone (recombinant) for inj cartridge 25 mcg	4	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 50 mcg	4	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 75 mcg	4	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 100 mcg	4	•	•		•
NITYR- nitisinone tab 2 mg	4	•			
NITYR- nitisinone tab 5 mg	4	•			
NITYR- nitisinone tab 10 mg	4	•			
NOCTIVA- desmopressin acetate nasal emulsion spray 0.83 mcg/0.1ml	3				
NOCTIVA- desmopressin acetate nasal emulsion spray 1.66 mcg/0.1ml	3				
NORDITROPIN FLEXPRO- somatropin inj 5 mg/1.5ml	NC	•	•		
NORDITROPIN FLEXPRO- somatropin inj 10 mg/1.5ml	NC	•	•		
NORDITROPIN FLEXPRO- somatropin inj 15 mg/1.5ml	NC	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NORDITROPIN FLEXPRO- somatropin inj 30 mg/3ml	NC	•	•		
NOVAREL- chorionic gonadotropin for im inj 5000 unit	NC	•			
NOVAREL- chorionic gonadotropin for im inj 10000 unit	NC	•			
NUTROPIN AQ NUSPIN 10- somatropin inj 10 mg/2ml	NC	•	•		
NUTROPIN AQ NUSPIN 20- somatropin inj 20 mg/2ml	NC	•	•		
NUTROPIN AQ NUSPIN 5- somatropin inj 5 mg/2ml	NC	•	•		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	4	•			
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	4	•			
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin)	4	•			
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	4	•			
octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin)	4	•			
OMNITROPE- somatropin for inj 5.8 mg	4	•	•		
OMNITROPE- somatropin inj 5 mg/1.5ml	4	•	•		
OMNITROPE- somatropin inj 10 mg/1.5ml	4	•	•		
ORFADIN- nitisinone cap 2 mg	4	•			
ORFADIN- nitisinone cap 5 mg	4	•			
ORFADIN- nitisinone cap 10 mg	4	•			
ORFADIN- nitisinone cap 20 mg	4	•			
ORFADIN- nitisinone susp 4 mg/ml	4	•			
OSPHENA- ospemifene tab 60 mg	3				
OVIDREL- choriogonadotropin alfa inj 250 mcg/0.5ml	4	•			
paricalcitol cap 1 mcg (Zemplar)	1				
paricalcitol cap 2 mcg (Zemplar)	1				
paricalcitol cap 4 mcg	1				
PREGNYL W/DILUENT BENZYL- chorionic gonadotropin for im inj 10000 unit	NC	•			
raloxifene hcl tab 60 mg (Evista)	1				
RAVICTI- glycerol phenylbutyrate liquid 1.1 gm/ml	4	•	•		
RAYALDEE- calcifediol cap er 30 mcg	3				
risedronate sodium tab delayed release 35 mg (Atelvia)	1				•
risedronate sodium tab 5 mg (Actonel)	1				•
risedronate sodium tab 30 mg (Actonel)	1				•
risedronate sodium tab 35 mg (Actonel)	1				•
risedronate sodium tab 150 mg (Actonel)	1				•
SAIZEN- somatropin (non-refrigerated) for inj 5 mg	NC	•	•		
SAIZEN- somatropin (non-refrigerated) for inj 8.8 mg	NC	•	•		
SAIZENPREP RECONSTITUTION- somatropin (non-refrigerated) for inj 8.8 mg	NC	•	•		
SAMSCA- tolvaptan tab 15 mg	4	•			
SAMSCA- tolvaptan tab 30 mg	4	•			
SENSIPAR- cinacalcet hcl tab 30 mg (base equiv)	2				
SENSIPAR- cinacalcet hcl tab 60 mg (base equiv)	2				
SENSIPAR- cinacalcet hcl tab 90 mg (base equiv)	2				
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 4 mg	NC	•	•		
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 5 mg	NC	•	•		
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 6 mg	NC	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SIGNIFOR- pasireotide diaspartate inj 0.3 mg/ml (base equiv)	4	•	•		•
SIGNIFOR- pasireotide diaspartate inj 0.6 mg/ml (base equiv)	4	•	•		•
SIGNIFOR- pasireotide diaspartate inj 0.9 mg/ml (base equiv)	4	•	•		•
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	4	•	•		
sodium phenylbutyrate tab 500 mg (Buphenyl)	4	•	•		
SOMAVERT- pegvisomant for inj 10 mg (as protein)	4	•			
SOMAVERT- pegvisomant for inj 15 mg (as protein)	4	•			
SOMAVERT- pegvisomant for inj 20 mg (as protein)	4	•			
SOMAVERT- pegvisomant for inj 25 mg (as protein)	4	•			
SOMAVERT- pegvisomant for inj 30 mg (as protein)	4	•			
STIMATE- desmopressin acetate nasal soln 1.5 mg/ml	2				
STRENSIQ- asfotase alfa subcutaneous inj 18 mg/0.45ml	4	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 28 mg/0.7ml	4	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 40 mg/ml	4	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 80 mg/0.8ml	4	•	•		
SYNAREL- nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	3				
TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	•	•		•
XURIDEN- uridine triacetate oral granules packet 2 gm	4	•			
ZOMACTON- somatropin for inj 10 mg	NC	•	•		
ZOMACTON- somatropin for subcutaneous inj 5 mg	NC	•	•		
ZORBTIVE- somatropin (non-refrigerated) for subcutaneous inj 8.8 mg	NC	•	•		
CARDIOVASCULAR AGENTS					
CARDIOTONICS					
DIGOXIN- digoxin oral soln 0.05 mg/ml	3				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	1				
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	1				
LANOXIN- digoxin tab 62.5 mcg (0.0625 mg)	3				
LANOXIN- digoxin tab 125 mcg (0.125 mg)	3				
LANOXIN- digoxin tab 187.5 mcg (0.1875 mg)	3				
LANOXIN- digoxin tab 250 mcg (0.25 mg)	3				
ANTIANGINAL AGENTS					
DILATRATE SR- isosorbide dinitrate cap er 40 mg	3				
GONITRO- nitroglycerin sublingual powder packet 400 mcg	3				
ISORDIL TITRADOSE- isosorbide dinitrate tab 40 mg	3				
ISOSORBIDE DINITRATE ER- isosorbide dinitrate tab er 40 mg	3				
isosorbide dinitrate tab 5 mg (Isordil titradose)	1				
isosorbide dinitrate tab 10 mg	1				
isosorbide dinitrate tab 20 mg	1				
isosorbide dinitrate tab 30 mg	1				
isosorbide mononitrate tab er 24hr 30 mg	1				
isosorbide mononitrate tab er 24hr 60 mg	1				
isosorbide mononitrate tab er 24hr 120 mg	1				
isosorbide mononitrate tab 10 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
isosorbide mononitrate tab 20 mg	1				
NITRO-BID- nitroglycerin oint 2%	3				
NITRO-DUR- nitroglycerin td patch 24hr 0.3 mg/hr	3				
NITRO-DUR- nitroglycerin td patch 24hr 0.8 mg/hr	3				
nitroglycerin cap er 2.5 mg	1				
nitroglycerin cap er 6.5 mg	1				
nitroglycerin cap er 9 mg	1				
nitroglycerin sl tab 0.3 mg (Nitrostat)	1				
nitroglycerin sl tab 0.4 mg (Nitrostat)	1				
nitroglycerin sl tab 0.6 mg (Nitrostat)	1				
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	1				
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1				
NITROMIST- nitroglycerin lingual aerosol 400 mcg/spray	3				
RANEXA- ranolazine tab er 12hr 500 mg	3				
RANEXA- ranolazine tab er 12hr 1000 mg	3				
BETA BLOCKERS					
acebutolol hcl cap 200 mg	1				
acebutolol hcl cap 400 mg	1				
atenolol tab 25 mg (Tenormin)	1				
atenolol tab 50 mg (Tenormin)	1				
atenolol tab 100 mg (Tenormin)	1				
betaxolol hcl tab 10 mg	1				
betaxolol hcl tab 20 mg	1				
bisoprolol fumarate tab 5 mg	1				
bisoprolol fumarate tab 10 mg	1				
BYSTOLIC- nebivolol hcl tab 2.5 mg (base equivalent)	3				
BYSTOLIC- nebivolol hcl tab 5 mg (base equivalent)	3				
BYSTOLIC- nebivolol hcl tab 10 mg (base equivalent)	3				
BYSTOLIC- nebivolol hcl tab 20 mg (base equivalent)	3				
carvedilol phosphate cap er 24hr 10 mg (Coreg cr)	1				
carvedilol phosphate cap er 24hr 20 mg (Coreg cr)	1				
carvedilol phosphate cap er 24hr 40 mg (Coreg cr)	1				
carvedilol phosphate cap er 24hr 80 mg (Coreg cr)	1				
carvedilol tab 3.125 mg (Coreg)	1				
carvedilol tab 6.25 mg (Coreg)	1				
carvedilol tab 12.5 mg (Coreg)	1				
carvedilol tab 25 mg (Coreg)	1				
HEMANGEOL- propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv)	3				
INDERAL XL- propranolol hcl sustained-release beads cap er 24hr 80 mg	3				
INDERAL XL- propranolol hcl sustained-release beads cap er 24hr 120 mg	3				
INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 80 mg	3				
INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 120 mg	3				
labetalol hcl tab 100 mg	1				
labetalol hcl tab 200 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
labetalol hcl tab 300 mg	1				
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	1				
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	1				
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	1				
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	1				
METOPROLOL TARTRATE- metoprolol tartrate tab 37.5 mg	3				
METOPROLOL TARTRATE- metoprolol tartrate tab 75 mg	3				
metoprolol tartrate tab 25 mg	1				
metoprolol tartrate tab 50 mg (Lopressor)	1				
metoprolol tartrate tab 100 mg (Lopressor)	1				
nadolol tab 20 mg (Corgard)	1				
nadolol tab 40 mg (Corgard)	1				
nadolol tab 80 mg (Corgard)	1				
pindolol tab 5 mg	1				
pindolol tab 10 mg	1				
PROPRANOLOL HCL- propranolol hcl oral soln 20 mg/5ml	2				
PROPRANOLOL HCL- propranolol hcl oral soln 40 mg/5ml	2				
propranolol hcl cap er 24hr 60 mg (Inderal la)	1				
propranolol hcl cap er 24hr 80 mg (Inderal la)	1				
propranolol hcl cap er 24hr 120 mg (Inderal la)	1				
propranolol hcl cap er 24hr 160 mg (Inderal la)	1				
propranolol hcl tab 10 mg	1				
propranolol hcl tab 20 mg	1				
propranolol hcl tab 40 mg	1				
propranolol hcl tab 60 mg	1				
propranolol hcl tab 80 mg	1				
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	1				
sotalol hcl (afib/afl) tab 120 mg (Betapace af)	1				
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	1				
sotalol hcl tab 80 mg (Betapace)	1				
sotalol hcl tab 120 mg (Betapace)	1				
sotalol hcl tab 160 mg (Betapace)	1				
sotalol hcl tab 240 mg	1				
SOTYLIZE- sotalol hcl oral solution 5 mg/ml	3				
TIMOLOL MALEATE- timolol maleate tab 5 mg	3				
TIMOLOL MALEATE- timolol maleate tab 10 mg	3				
TIMOLOL MALEATE- timolol maleate tab 20 mg	3				
CALCIUM CHANNEL BLOCKERS					
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1				
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1				
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1				
CARDIZEM LA- diltiazem hcl coated beads tab er 24hr 120 mg	3				
diltiazem hcl cap er 12hr 60 mg	1				
diltiazem hcl cap er 12hr 90 mg	1				
diltiazem hcl cap er 12hr 120 mg	1				
diltiazem hcl cap er 24hr 120 mg	1				
diltiazem hcl cap er 24hr 180 mg	1				
diltiazem hcl cap er 24hr 240 mg	1				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 300 mg	1				
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	1				
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	1				
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	1				
diltiazem hcl tab 30 mg (Cardizem)	1				
diltiazem hcl tab 60 mg (Cardizem)	1				
diltiazem hcl tab 90 mg	1				
diltiazem hcl tab 120 mg (Cardizem)	1				
felodipine tab er 24hr 2.5 mg	1				
felodipine tab er 24hr 5 mg	1				
felodipine tab er 24hr 10 mg	1				
isradipine cap 2.5 mg	1				
isradipine cap 5 mg	1				
nicardipine hcl cap 20 mg	1				
nicardipine hcl cap 30 mg	1				
nifedipine cap 10 mg (Procardia)	1				
nifedipine cap 20 mg	1				
nifedipine tab er 24hr 30 mg (Adalat cc)	1				
nifedipine tab er 24hr 60 mg (Adalat cc)	1				
nifedipine tab er 24hr 90 mg (Adalat cc)	1				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1				
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	1				
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	1				
nimodipine cap 30 mg	1				
NISOLDIPINE ER- nisoldipine tab er 24hr 20 mg	3				
NISOLDIPINE ER- nisoldipine tab er 24hr 25.5 mg	3				
NISOLDIPINE ER- nisoldipine tab er 24hr 30 mg	3				
NISOLDIPINE ER- nisoldipine tab er 24hr 40 mg	3				
nisoldipine tab er 24hr 8.5 mg (Sular)	1				
nisoldipine tab er 24hr 17 mg (Sular)	1				
nisoldipine tab er 24hr 34 mg (Sular)	1				
NYMALIZE- nimodipine oral soln 60 mg/20ml	3				
verapamil hcl cap er 24hr 100 mg (Verelan pm)	1				
verapamil hcl cap er 24hr 120 mg (Verelan)	1				
verapamil hcl cap er 24hr 180 mg (Verelan)	1				
verapamil hcl cap er 24hr 200 mg (Verelan pm)	1				
verapamil hcl cap er 24hr 240 mg (Verelan)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
verapamil hcl cap er 24hr 300 mg (Verelan pm)	1				
VERAPAMIL HCL SR- verapamil hcl cap er 24hr 360 mg	1				
verapamil hcl tab er 120 mg (Calan sr)	1				
verapamil hcl tab er 180 mg (Calan sr)	1				
verapamil hcl tab er 240 mg (Calan sr)	1				
verapamil hcl tab 40 mg	1				
verapamil hcl tab 80 mg (Calan)	1				
verapamil hcl tab 120 mg (Calan)	1				
ANTIARRHYTHMICS					
amiodarone hcl tab 100 mg	1				
amiodarone hcl tab 200 mg	1				
amiodarone hcl tab 400 mg	1				
disopyramide phosphate cap 100 mg (Norpace)	1				
disopyramide phosphate cap 150 mg (Norpace)	1				
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	1				
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	1				
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	1				
flecainide acetate tab 50 mg	1				
flecainide acetate tab 100 mg	1				
flecainide acetate tab 150 mg	1				
mexiletine hcl cap 150 mg	1				
mexiletine hcl cap 200 mg	1				
mexiletine hcl cap 250 mg	1				
MULTAQ- dronedarone hcl tab 400 mg (base equivalent)	2				
NORPACE- disopyramide phosphate cap 100 mg	3				
NORPACE- disopyramide phosphate cap 150 mg	3				
NORPACE CR- disopyramide phosphate cap er 12hr 100 mg	3				
NORPACE CR- disopyramide phosphate cap er 12hr 150 mg	3				
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	1				
propafenone hcl tab 150 mg	1				
propafenone hcl tab 225 mg	1				
propafenone hcl tab 300 mg	1				
quinidine gluconate tab er 324 mg	1				
QUINIDINE SULFATE- quinidine sulfate tab 200 mg	2				
QUINIDINE SULFATE- quinidine sulfate tab 300 mg	2				
ANTIHYPERTENSIVES					
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1				
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-40 mg	1				
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1				
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	1				
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	1				
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	1				
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	1				
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	1				
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	1				
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	1				
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	1				
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	1				
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	1				
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	1				
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	1				
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1				
benazepril & hydrochlorothiazide tab 5-6.25 mg	1				
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	1				
benazepril hcl tab 5 mg	1				
benazepril hcl tab 10 mg	1				
benazepril hcl tab 20 mg (Lotensin)	1				
benazepril hcl tab 40 mg (Lotensin)	1				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	1				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	1				
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	1				
BYVALSON- nebivolol-valsartan tab 5-80 mg	3			•	
candesartan cilexetil tab 4 mg (Atacand)	1				
candesartan cilexetil tab 8 mg (Atacand)	1				
candesartan cilexetil tab 16 mg (Atacand)	1				
candesartan cilexetil tab 32 mg (Atacand)	1				
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	1				
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	1				
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	1				
captopril tab 12.5 mg	1				
captopril tab 25 mg	1				
captopril tab 50 mg	1				
captopril tab 100 mg	1				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 25-15 mg	3				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 25-25 mg	3				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 50-15 mg	3				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 50-25 mg	3				
clonidine hcl tab 0.1 mg (Catapres)	1				
clonidine hcl tab 0.2 mg (Catapres)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
clonidine hcl tab 0.3 mg (Catapres)	1				
clonidine hcl td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1				
clonidine hcl td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1				
clonidine hcl td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1				
DEMSER- metyrosine cap 250 mg	3				
doxazosin mesylate tab 1 mg (Cardura)	1				
doxazosin mesylate tab 2 mg (Cardura)	1				
doxazosin mesylate tab 4 mg (Cardura)	1				
doxazosin mesylate tab 8 mg (Cardura)	1				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg	3				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg	3				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg	3				
EDARBI- azilsartan medoxomil tab 40 mg	3			•	
EDARBI- azilsartan medoxomil tab 80 mg	3			•	
EDARBYCLOR- azilsartan medoxomil-chlorthalidone tab 40-12.5 mg	3			•	
EDARBYCLOR- azilsartan medoxomil-chlorthalidone tab 40-25 mg	3			•	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1				
enalapril maleate tab 2.5 mg (Vasotec)	1				
enalapril maleate tab 5 mg (Vasotec)	1				
enalapril maleate tab 10 mg (Vasotec)	1				
enalapril maleate tab 20 mg (Vasotec)	1				
EPANED- enalapril maleate oral soln 1 mg/ml	3				
eplerenone tab 25 mg (Inspra)	1				
eplerenone tab 50 mg (Inspra)	1				
EPROSARTAN MESYLATE- eprosartan mesylate tab 600 mg	3			•	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1				
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1				
fosinopril sodium tab 10 mg	1				
fosinopril sodium tab 20 mg	1				
fosinopril sodium tab 40 mg	1				
guanfacine hcl tab 1 mg	1				
guanfacine hcl tab 2 mg	1				
hydralazine hcl tab 10 mg	1				
hydralazine hcl tab 25 mg	1				
hydralazine hcl tab 50 mg	1				
hydralazine hcl tab 100 mg	1				
irbesartan tab 75 mg (Avapro)	1				
irbesartan tab 150 mg (Avapro)	1				
irbesartan tab 300 mg (Avapro)	1				
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	1				
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	1				
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1				
lisinopril tab 2.5 mg (Zestril)	1				
lisinopril tab 5 mg (Prinivil)	1				
lisinopril tab 10 mg (Prinivil)	1				
lisinopril tab 20 mg (Prinivil)	1				
lisinopril tab 30 mg (Zestril)	1				
lisinopril tab 40 mg (Zestril)	1				
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	1				
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	1				
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	1				
losartan potassium tab 25 mg (Cozaar)	1				
losartan potassium tab 50 mg (Cozaar)	1				
losartan potassium tab 100 mg (Cozaar)	1				
methyldopa tab 250 mg	1				
methyldopa tab 500 mg	1				
METHYLDOPA/HYDROCHLOROTHI-methyldopa & hydrochlorothiazide tab 250-15 mg	3				
METHYLDOPA/HYDROCHLOROTHI-methyldopa & hydrochlorothiazide tab 250-25 mg	3				
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	1				
metoprolol & hydrochlorothiazide tab 100-25 mg	1				
METOPROLOL SUCCINATE ER/H-metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg	3				
METOPROLOL SUCCINATE ER/H-metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg	3				
METOPROLOL SUCCINATE ER/H-metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg	3				
METOPROLOL/HYDROCHLOROTHI-metoprolol & hydrochlorothiazide tab 100-50 mg	3				
minoxidil tab 2.5 mg	1				
minoxidil tab 10 mg	1				
moexipril hcl tab 7.5 mg	1				
moexipril hcl tab 15 mg	1				
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	1				
moexipril-hydrochlorothiazide tab 15-12.5 mg	1				
moexipril-hydrochlorothiazide tab 15-25 mg	1				
nadolol & bendroflumethiazide tab 40-5 mg (Corzide)	1				
nadolol & bendroflumethiazide tab 80-5 mg (Corzide)	1				
olmesartan medoxomil tab 5 mg (Benicar)	1				
olmesartan medoxomil tab 20 mg (Benicar)	1				
olmesartan medoxomil tab 40 mg (Benicar)	1				
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	1				
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	1				
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	1				
perindopril erbumine tab 2 mg	1				
perindopril erbumine tab 4 mg (Aceon)	1				
perindopril erbumine tab 8 mg (Aceon)	1				
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1				
prazosin hcl cap 1 mg (Minipress)	1				
prazosin hcl cap 2 mg (Minipress)	1				
prazosin hcl cap 5 mg (Minipress)	1				
PRESTALIA- perindopril arginine-amlodipine besylate tab 3.5-2.5 mg	3				
PRESTALIA- perindopril arginine-amlodipine besylate tab 7-5 mg	3				
PRESTALIA- perindopril arginine-amlodipine besylate tab 14-10 mg	3				
PROPRANOLOL/ HYDROCHLOROTH- propranolol & hydrochlorothiazide tab 40-25 mg	3				
PROPRANOLOL/ HYDROCHLOROTH- propranolol & hydrochlorothiazide tab 80-25 mg	3				
QBRELIS- lisinopril oral soln 1 mg/ml	3				
quinapril hcl tab 5 mg (Accupril)	1				
quinapril hcl tab 10 mg (Accupril)	1				
quinapril hcl tab 20 mg (Accupril)	1				
quinapril hcl tab 40 mg (Accupril)	1				
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	1				
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	1				
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	1				
ramipril cap 1.25 mg (Altace)	1				
ramipril cap 2.5 mg (Altace)	1				
ramipril cap 5 mg (Altace)	1				
ramipril cap 10 mg (Altace)	1				
TEKTURNA- aliskiren fumarate tab 150 mg (base equivalent)	3			•	
TEKTURNA- aliskiren fumarate tab 300 mg (base equivalent)	3			•	
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 150-12.5 mg	3			•	
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 150-25 mg	3			•	
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 300-12.5 mg	3			•	
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 300-25 mg	3			•	
telmisartan tab 20 mg (Micardis)	1				
telmisartan tab 40 mg (Micardis)	1				
telmisartan tab 80 mg (Micardis)	1				
telmisartan-amlodipine tab 40-5 mg (Twynsta)	1				
telmisartan-amlodipine tab 40-10 mg (Twynsta)	1				
telmisartan-amlodipine tab 80-5 mg (Twynsta)	1				
telmisartan-amlodipine tab 80-10 mg (Twynsta)	1				
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	1				
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	1				
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	1				
terazosin hcl cap 1 mg (base equivalent)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
terazosin hcl cap 2 mg (base equivalent)	1				
terazosin hcl cap 5 mg (base equivalent)	1				
terazosin hcl cap 10 mg (base equivalent)	1				
trandolapril tab 1 mg (Mavik)	1				
trandolapril tab 2 mg (Mavik)	1				
trandolapril tab 4 mg	1				
trandolapril-verapamil hcl tab er 2-180 mg (Tarka)	1				
trandolapril-verapamil hcl tab er 2-240 mg (Tarka)	1				
trandolapril-verapamil hcl tab er 4-240 mg (Tarka)	1				
TRANDOLAPRIL/VERAPAMIL HC-trandolapril-verapamil hcl tab er 1-240 mg	1				
valsartan tab 40 mg (Diovan)	1				
valsartan tab 80 mg (Diovan)	1				
valsartan tab 160 mg (Diovan)	1				
valsartan tab 320 mg (Diovan)	1				
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	1				
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	1				
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	1				
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	1				
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	1				
VECAMYL- mecamylamine hcl tab 2.5 mg	3				
DIURETICS					
acetazolamide cap er 12hr 500 mg (Diamox)	1				
acetazolamide tab 125 mg	1				
acetazolamide tab 250 mg	1				
ALDACTAZIDE- spironolactone & hydrochlorothiazide tab 50-50 mg	3				
amiloride & hydrochlorothiazide tab 5-50 mg	1				
amiloride hcl tab 5 mg	1				
bumetanide tab 0.5 mg (Bumex)	1				
bumetanide tab 1 mg (Bumex)	1				
bumetanide tab 2 mg (Bumex)	1				
CAROSPIR- spironolactone susp 25 mg/5ml	3				
CHLOROTHIAZIDE- chlorothiazide tab 250 mg	3				
chlorothiazide tab 500 mg	1				
chlorthalidone tab 25 mg	1				
chlorthalidone tab 50 mg	1				
DIURIL- chlorothiazide susp 250 mg/5ml	3				
DYRENIUM- triamterene cap 50 mg	3				
DYRENIUM- triamterene cap 100 mg	3				
ethacrynic acid tab 25 mg (Edecrin)	1				
FUROSEMIDE- furosemide oral soln 8 mg/ml	3				
furosemide oral soln 10 mg/ml	1				
furosemide tab 20 mg (Lasix)	1				
furosemide tab 40 mg (Lasix)	1				
furosemide tab 80 mg (Lasix)	1				
hydrochlorothiazide cap 12.5 mg (Microzide)	1				
hydrochlorothiazide tab 12.5 mg	1				
hydrochlorothiazide tab 25 mg	1				
hydrochlorothiazide tab 50 mg	1				
indapamide tab 1.25 mg	1				
indapamide tab 2.5 mg	1				
KEVEYIS- dichlorphenamide tab 50 mg	3		•		•
methazolamide tab 25 mg (Neptazane)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
methazolamide tab 50 mg (Neptazane)	1				
METHYCLOTHIAZIDE- methyclothiazide tab 5 mg	3				
metolazone tab 2.5 mg	1				
metolazone tab 5 mg	1				
metolazone tab 10 mg	1				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1				
spironolactone tab 25 mg (Aldactone)	1				
spironolactone tab 50 mg (Aldactone)	1				
spironolactone tab 100 mg (Aldactone)	1				
torsemide tab 5 mg	1				
torsemide tab 10 mg (Demadex)	1				
torsemide tab 20 mg (Demadex)	1				
torsemide tab 100 mg	1				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	1				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1				
VASOPRESSORS					
AUVI-Q- epinephrine solution auto-injector 0.1 mg/0.1ml	NC				
AUVI-Q- epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	NC				
AUVI-Q- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	NC				
EPINEPHRINE- epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	NC				
EPINEPHRINE- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	NC				
EPINEPHRINE (Mylan Products)- epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1				
EPINEPHRINE (Mylan Products)- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1				
EPIPEN 2-PAK- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2				
EPIPEN-JR 2-PAK- epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	2				
midodrine hcl tab 2.5 mg	1				
midodrine hcl tab 5 mg	1				
midodrine hcl tab 10 mg	1				
NORTHERA- droxidopa cap 100 mg	3		•		•
NORTHERA- droxidopa cap 200 mg	3		•		•
NORTHERA- droxidopa cap 300 mg	3		•		•
ANTIHYPERLIPIDEMICS					
ALTOPREV- lovastatin tab er 24hr 20 mg	3				
ALTOPREV- lovastatin tab er 24hr 40 mg	3				
ALTOPREV- lovastatin tab er 24hr 60 mg	3				
ANTARA- fenofibrate micronized cap 30 mg	3				
ANTARA- fenofibrate micronized cap 90 mg	3				
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1				
cholestyramine light powder packets 4 gm	1				
cholestyramine light powder 4 gm/ dose (Questran light)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
cholestyramine powder packets 4 gm (Questran)	1				
cholestyramine powder 4 gm/dose (Questran)	1				
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	1				
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	1				
colesevelam hcl packet for susp 3.75 gm (Welchol)	1				
colesevelam hcl tab 625 mg (Welchol)	1				
colestipol hcl granule packets 5 gm (Colestid flavored)	1				
colestipol hcl granules 5 gm (Colestid)	1				
colestipol hcl tab 1 gm (Colestid)	1				
ezetimibe tab 10 mg (Zetia)	1				
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	1				
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	1				
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	1				
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	1				
FENOFIBRATE- fenofibrate cap 50 mg	3				
FENOFIBRATE- fenofibrate cap 150 mg	3				
fenofibrate micronized cap 43 mg	1				
fenofibrate micronized cap 67 mg (Lofibra)	1				
fenofibrate micronized cap 130 mg	1				
fenofibrate micronized cap 134 mg (Lofibra)	1				
fenofibrate micronized cap 200 mg (Lofibra)	1				
fenofibrate tab 40 mg (Fenoglide)	1				
fenofibrate tab 48 mg (Tricor)	1				
fenofibrate tab 54 mg (Lofibra)	1				
fenofibrate tab 120 mg (Fenoglide)	1				
fenofibrate tab 145 mg (Tricor)	1				
fenofibrate tab 160 mg (Lofibra)	1				
FENOFIBRIC ACID- fenofibric acid tab 35 mg	3				
FENOFIBRIC ACID- fenofibric acid tab 105 mg	3				
FIBRICOR- fenofibric acid tab 35 mg	3				
FIBRICOR- fenofibric acid tab 105 mg	3				
FLOLIPID- simvastatin susp 20 mg/5ml (4 mg/ml)	3				
FLOLIPID- simvastatin susp 40 mg/5ml (8 mg/ml)	3				
fluvastatin sodium cap 20 mg	1				
fluvastatin sodium cap 40 mg	1				
fluvastatin sodium tab er 24 hr 80 mg (Lescol xl)	1				
gemfibrozil tab 600 mg (Lopid)	1				
JUXTAPID- lomitapide mesylate cap 5 mg (base equiv)	4	•	•		•
JUXTAPID- lomitapide mesylate cap 10 mg (base equiv)	4	•	•		•
JUXTAPID- lomitapide mesylate cap 20 mg (base equiv)	4	•	•		•
JUXTAPID- lomitapide mesylate cap 30 mg (base equiv)	4	•	•		•
JUXTAPID- lomitapide mesylate cap 40 mg (base equiv)	4	•	•		•
JUXTAPID- lomitapide mesylate cap 60 mg (base equiv)	4	•	•		•
KYNAMRO- mipomersen sodium soln prefilled syringe 200 mg/ml	4	•	•		•
LIPOFEN- fenofibrate cap 50 mg	2				
LIPOFEN- fenofibrate cap 150 mg	2				
LIVALO- pitavastatin calcium tab 1 mg (base equiv)	2				
LIVALO- pitavastatin calcium tab 2 mg (base equiv)	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LIVALO- pitavastatin calcium tab 4 mg (base equiv)	2				
lovastatin tab 10 mg	1				
lovastatin tab 20 mg	1				
lovastatin tab 40 mg	1				
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	1				
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	1				
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	1				
NIACOR- niacin (antihyperlipidemic) tab 500 mg	3				
omega-3-acid ethyl esters cap 1 gm (Lovaza)	NC				
PRALUENT- alirocumab subcutaneous soln pen-injector 75 mg/ml	4	•	•		•
PRALUENT- alirocumab subcutaneous soln pen-injector 150 mg/ml	4	•	•		•
pravastatin sodium tab 10 mg	1				
pravastatin sodium tab 20 mg (Pravachol)	1				
pravastatin sodium tab 40 mg (Pravachol)	1				
pravastatin sodium tab 80 mg (Pravachol)	1				
REPATHA- evolocumab subcutaneous soln prefilled syringe 140 mg/ml	4	•	•		•
REPATHA PUSHTRONEX SYSTEM- evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	4	•	•		•
REPATHA SURECLICK- evolocumab subcutaneous soln auto-injector 140 mg/ml	4	•	•		•
rosuvastatin calcium tab 5 mg (Crestor)	1				
rosuvastatin calcium tab 10 mg (Crestor)	1				
rosuvastatin calcium tab 20 mg (Crestor)	1				
rosuvastatin calcium tab 40 mg (Crestor)	1				
simvastatin tab 5 mg (Zocor)	1				
simvastatin tab 10 mg (Zocor)	1				
simvastatin tab 20 mg (Zocor)	1				
simvastatin tab 40 mg (Zocor)	1				
simvastatin tab 80 mg (Zocor)	1				
TRIGLIDE- fenofibrate tab 160 mg	3				
VASCEPA- icosapent ethyl cap 0.5 gm	2				
VASCEPA- icosapent ethyl cap 1 gm	2				
WELCHOL- colesevelam hcl packet for susp 3.75 gm	2				
WELCHOL- colesevelam hcl tab 625 mg	2				
ZYPITAMAG- pitavastatin magnesium tab 1 mg (base equiv)	NC				
ZYPITAMAG- pitavastatin magnesium tab 2 mg (base equiv)	NC				
ZYPITAMAG- pitavastatin magnesium tab 4 mg (base equiv)	NC				
CARDIOVASCULAR AGENTS - MISC.					
ADCIRCA- tadalafil tab 20 mg (pah)	4	•	•		•
ADEMPAS- riociguat tab 0.5 mg	4	•	•		•
ADEMPAS- riociguat tab 1 mg	4	•	•		•
ADEMPAS- riociguat tab 1.5 mg	4	•	•		•
ADEMPAS- riociguat tab 2 mg	4	•	•		•
ADEMPAS- riociguat tab 2.5 mg	4	•	•		•
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1				
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1				
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1				
amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet)	1				
amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet)	1				
amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet)	1				
amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet)	1				
amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet)	1				
amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet)	1				
amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet)	1				
BIDIL- isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3				
CORLANOR- ivabradine hcl tab 5 mg (base equiv)	3		•		•
CORLANOR- ivabradine hcl tab 7.5 mg (base equiv)	3		•		•
ENTRESTO- sacubitril-valsartan tab 24-26 mg	2				•
ENTRESTO- sacubitril-valsartan tab 49-51 mg	2				•
ENTRESTO- sacubitril-valsartan tab 97-103 mg	2				•
LETAIRIS- ambrisentan tab 5 mg	4	•	•		•
LETAIRIS- ambrisentan tab 10 mg	4	•	•		•
OPSUMIT- macitentan tab 10 mg	4	•	•		•
ORENITRAM- treprostinil diolamine tab er 0.125 mg (base equiv)	4	•	•		
ORENITRAM- treprostinil diolamine tab er 0.25 mg (base equiv)	4	•	•		
ORENITRAM- treprostinil diolamine tab er 1 mg (base equiv)	4	•	•		
ORENITRAM- treprostinil diolamine tab er 2.5 mg (base equiv)	4	•	•		
ORENITRAM- treprostinil diolamine tab er 5 mg (base equiv)	4	•	•		
REVATIO- sildenafil citrate for suspension 10 mg/ml	4	•	•		•
sildenafil citrate tab 20 mg (Revatio)	4	•	•		•
TRACLEER- bosentan tab for oral susp 32 mg	4	•	•		•
TRACLEER- bosentan tab 62.5 mg	4	•	•		•
TRACLEER- bosentan tab 125 mg	4	•	•		•
TYVASO- treprostinil inhalation solution 0.6 mg/ml	4	•	•		•
TYVASO REFILL- treprostinil inhalation solution 0.6 mg/ml	4	•	•		•
TYVASO STARTER- treprostinil inhalation solution 0.6 mg/ml	4	•	•		•
UPTRAVI- selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	4	•	•		•
UPTRAVI- selexipag tab 200 mcg	4	•	•		•
UPTRAVI- selexipag tab 400 mcg	4	•	•		•
UPTRAVI- selexipag tab 600 mcg	4	•	•		•
UPTRAVI- selexipag tab 800 mcg	4	•	•		•
UPTRAVI- selexipag tab 1000 mcg	4	•	•		•
UPTRAVI- selexipag tab 1200 mcg	4	•	•		•
UPTRAVI- selexipag tab 1400 mcg	4	•	•		•
UPTRAVI- selexipag tab 1600 mcg	4	•	•		•
VENTAVIS- iloprost inhalation solution 10 mcg/ml	4	•	•		•
VENTAVIS- iloprost inhalation solution 20 mcg/ml	4	•	•		•
ERECTILE DYSFUNCTION					
CAVERJECT- alprostadil for inj 20 mcg	3				
CAVERJECT- alprostadil for inj 40 mcg	3				
CAVERJECT IMPULSE- alprostadil for inj kit 10 mcg	3				
CAVERJECT IMPULSE- alprostadil for inj kit 20 mcg	3				
CIALIS- tadalafil tab 2.5 mg	2				•
CIALIS- tadalafil tab 5 mg	2				•
CIALIS- tadalafil tab 10 mg	2				•
CIALIS- tadalafil tab 20 mg	2				•
EDEX- alprostadil for inj kit 10 mcg	3				
EDEX- alprostadil for inj kit 20 mcg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
EDEX- alprostadil for inj kit 40 mcg	3				
LEVITRA- vardenafil hcl tab 2.5 mg	3				•
LEVITRA- vardenafil hcl tab 5 mg	3				•
LEVITRA- vardenafil hcl tab 10 mg	3				•
LEVITRA- vardenafil hcl tab 20 mg	3				•
MUSE- alprostadil urethral pellet 125 mcg	3				
MUSE- alprostadil urethral pellet 250 mcg	3				
MUSE- alprostadil urethral pellet 500 mcg	3				
MUSE- alprostadil urethral pellet 1000 mcg	3				
sildenafil citrate tab 25 mg (Viagra)	1				•
sildenafil citrate tab 50 mg (Viagra)	1				•
sildenafil citrate tab 100 mg (Viagra)	1				•
STAXYN- vardenafil hcl orally disintegrating tab 10 mg	3				•
STENDRA- avanafil tab 50 mg	3				•
STENDRA- avanafil tab 100 mg	3				•
STENDRA- avanafil tab 200 mg	3				•
VIAGRA- sildenafil citrate tab 25 mg	1				•
VIAGRA- sildenafil citrate tab 50 mg	1				•
VIAGRA- sildenafil citrate tab 100 mg	1				•
RESPIRATORY AGENTS					
ANTIHISTAMINES					
carbinoxamine maleate soln 4 mg/5ml	1				
carbinoxamine maleate tab 4 mg	1				
carbinoxamine maleate tab 6 mg	1				
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1				
CLARINEX- desloratadine syrup 0.5 mg/ml	3				
CLEMASTINE FUMARATE- clemastine fumarate tab 2.68 mg	3				
cyproheptadine hcl syrup 2 mg/5ml	1				
cyproheptadine hcl tab 4 mg	1				
DESLORATADINE ODT- desloratadine tab orally disintegrating 2.5 mg	3				
DESLORATADINE ODT- desloratadine tab orally disintegrating 5 mg	3				
desloratadine tab 5 mg (Clarinex)	1				
diphenhydramine hcl elixir 12.5 mg/5ml	1				
KARBINAL ER- carbinoxamine maleate extended release susp 4 mg/5ml	3				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)	1				
levocetirizine dihydrochloride tab 5 mg (Xyzal)	1				
promethazine hcl suppos 12.5 mg	1				
promethazine hcl suppos 25 mg	1				
promethazine hcl suppos 50 mg	1				
promethazine hcl syrup 6.25 mg/5ml	1				
promethazine hcl tab 12.5 mg	1				
promethazine hcl tab 25 mg	1				
promethazine hcl tab 50 mg	1				
NASAL AGENTS - SYSTEMIC and TOPICAL					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1				•
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	1				•
BACTROBAN NASAL- mupirocin calcium nasal oint 2%	3				
BECONASE AQ- beclomethasone dipropionate monohyd nasal susp 42 mcg/spray	3				•
DYMISTA- azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	3				•
FLUNISOLIDE- flunisolide nasal soln 25 mcg/act (0.025%)	3				•
fluticasone propionate nasal susp 50 mcg/act	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1				•
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1				•
mometasone furoate nasal susp 50 mcg/act (Nasonex)	1				•
olopatadine hcl nasal soln 0.6% (Patanase)	1				•
OMNARIS- ciclesonide nasal susp 50 mcg/act	3				•
QNASL- beclomethasone dipropionate nasal aerosol 80 mcg/ act	3				•
QNASL CHILDRENS- beclomethasone dipropionate nasal aerosol 40 mcg/act	3				•
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	1				•
XHANCE- fluticasone propionate nasal exhaler susp 93 mcg/act	3				•
ZETONNA- ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)	3				•
COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%	1				
acetylcysteine inhal soln 20%	1				
benzonatate cap 100 mg (Tessalon perles)	1				
benzonatate cap 150 mg	1				
benzonatate cap 200 mg	1				
CLARINEX-D 12 HOUR- desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	3				
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Tussionex pennkineti)	1				•
HYDROCODONE BITARTRATE/ CH- pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	1				
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1				
hydrocodone w/ homatropine tab 5-1.5 mg	1				
OBREDON- hydrocodone-guaifenesin soln 2.5-200 mg/5ml	3				
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1				
promethazine w/ codeine syrup 6.25-10 mg/5ml	1				
promethazine-dm syrup 6.25-15 mg/5ml	1				
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1				
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1				
SEMPREX-D- acrivastine & pseudoephedrine cap 8-60 mg	3				
TUSSICAPS- hydrocod polst-chlorphen polst cap er 12hr 5-4 mg	3				•
TUSSICAPS- hydrocod polst-chlorphen polst cap er 12hr 10-8 mg	3				•
TUZISTRA XR- codeine polist-chlorphen polist er susp 14.7-2.8 mg/5ml	3				•
ANTIASTHMATIC and BRONCHODILATOR AGENTS					
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 100-50 mcg/dose	2				•
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 250-50 mcg/dose	2				•
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 500-50 mcg/dose	2				•
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2				•
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2				•
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2				•
AIRDUO RESPICLICK 113/14- fluticasone-salmeterol aer powder ba 113-14 mcg/act	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AIRDUO RESPICLICK 232/14-fluticasone-salmeterol aer powder ba 232-14 mcg/act	NC				•
AIRDUO RESPICLICK 55/14-fluticasone-salmeterol aer powder ba 55-14 mcg/act	NC				•
ALBUTEROL SULFATE ER- albuterol sulfate tab er 12hr 4 mg	3				
ALBUTEROL SULFATE ER- albuterol sulfate tab er 12hr 8 mg	3				
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1				
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1				
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1				
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1				
albuterol sulfate syrup 2 mg/5ml	1				
albuterol sulfate tab 2 mg	1				
albuterol sulfate tab 4 mg	1				
ALVESCO- ciclesonide inhal aerosol 80 mcg/act	NC				•
ALVESCO- ciclesonide inhal aerosol 160 mcg/act	NC				•
ANORO ELLIPTA- umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	2				•
ARCAPTA NEOHALER- indacaterol maleate inhal powder cap 75 mcg (base equiv)	3				•
ARMONAIR RESPICLICK 113-fluticasone propionate aer pow ba 113 mcg/act	NC				•
ARMONAIR RESPICLICK 232-fluticasone propionate aer pow ba 232 mcg/act	NC				•
ARMONAIR RESPICLICK 55-fluticasone propionate aer pow ba 55 mcg/act	NC				•
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 50 mcg/act	2				•
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 100 mcg/act	2				•
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 200 mcg/act	2				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 100 mcg/act	2				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 200 mcg/act	2				•
ASMANEX TWISTHALER 120 ME-mometasone furoate inhal powd 220 mcg/inh (breath activated)	2				•
ASMANEX TWISTHALER 30 MET-mometasone furoate inhal powd 110 mcg/inh (breath activated)	2				•
ASMANEX TWISTHALER 30 MET-mometasone furoate inhal powd 220 mcg/inh (breath activated)	2				•
ASMANEX TWISTHALER 60 MET-mometasone furoate inhal powd 220 mcg/inh (breath activated)	2				•
ATROVENT HFA- ipratropium bromide hfa inhal aerosol 17 mcg/act	3				•
BEVESPI AEROSPHERE- glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	NC				•
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	2				•
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	2				•
BROVANA- arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	2				
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1				
COMBIVENT RESPIMAT- ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3				•
cromolyn sodium soln nebu 20 mg/2ml	1				
DALIRESP- roflumilast tab 250 mcg	3				
DALIRESP- roflumilast tab 500 mcg	3				
DULERA- mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2				•
DULERA- mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2				•
ELIXOPHYLLIN- theophylline elixir 80 mg/15ml	3				
FLOVENT DISKUS- fluticasone propionate aer pow ba 50 mcg/ blister	2				•
FLOVENT DISKUS- fluticasone propionate aer pow ba 100 mcg/ blister	2				•
FLOVENT DISKUS- fluticasone propionate aer pow ba 250 mcg/ blister	2				•
FLOVENT HFA- fluticasone propionate hfa inhal aero 44 mcg/ act (50/valve)	2				•
FLOVENT HFA- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2				•
FLOVENT HFA- fluticasone propionate hfa inhal aer 220 mcg/ act (250/valve)	2				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 55-14 mcg/act	1				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 113-14 mcg/act	1				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 232-14 mcg/act	1				•
INCRUSE ELLIPTA- umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	2				•
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) (Xopenex concentrate)	1				
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	1				
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	1				
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	1				
LEVALBUTEROL TARTRATE HFA- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NC				•
LONHALA MAGNAIR REFILL KI- glycopyrrolate inhal solution 25 mcg/ml	NC				
LONHALA MAGNAIR STARTER K- glycopyrrolate inhal solution 25 mcg/ml	NC				
METAPROTERENOL SULFATE- metaproterenol sulfate syrup 10 mg/5ml	NC				
METAPROTERENOL SULFATE- metaproterenol sulfate tab 10 mg	NC				
METAPROTERENOL SULFATE- metaproterenol sulfate tab 20 mg	NC				
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
montelukast sodium chew tab 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				•
PERFOROMIST- formoterol fumarate soln nebu 20 mcg/2ml	NC				
PROAIR HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2				•
PROAIR RESPICLICK- albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	2				•
PROVENTIL HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NC				•
PULMICORT FLEXHALER- budesonide inhal aero powd 90 mcg/act (breath activated)	NC				•
PULMICORT FLEXHALER- budesonide inhal aero powd 180 mcg/act (breath activated)	NC				•
QVAR- beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	2				•
QVAR- beclomethasone diprop inhal aero soln 80 mcg/act (100/valve)	2				•
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act	2				•
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 80 mcg/act	2				•
SEEBRI NEOHALER- glycopyrrolate inhal cap 15.6 mcg	NC				•
SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	2				•
SPIRIVA HANDIHALER- tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2				•
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2				•
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2				•
STIOLTO RESPIMAT- tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2				•
STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2				•
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2				•
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2				•
terbutaline sulfate tab 2.5 mg	1				
terbutaline sulfate tab 5 mg	1				
THEO-24- theophylline cap er 24hr 100 mg	3				
THEO-24- theophylline cap er 24hr 200 mg	3				
THEO-24- theophylline cap er 24hr 300 mg	3				
THEO-24- theophylline cap er 24hr 400 mg	3				
theophylline soln 80 mg/15ml	1				
theophylline tab er 12hr 100 mg	1				
theophylline tab er 12hr 200 mg	1				
theophylline tab er 12hr 300 mg	1				
theophylline tab er 12hr 450 mg	1				
theophylline tab er 24hr 400 mg	1				
theophylline tab er 24hr 600 mg	1				
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	2				•
TUDORZA PRESSAIR- aclidinium bromide aerosol powd breath activated 400 mcg/act	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
UTIBRON NEOHALER- indacaterol-glycopyrrolate inhal cap 27.5-15.6 mcg	NC				•
VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2				•
XOPENEX HFA- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NC				•
zafirlukast tab 10 mg (Accolate)	1				•
zafirlukast tab 20 mg (Accolate)	1				•
zileuton tab er 12hr 600 mg (Zyflo cr)	NC				•
ZYFLO- zileuton tab 600 mg	NC				•
ZYFLO CR- zileuton tab er 12hr 600 mg	NC				•
RESPIRATORY AGENTS - MISC.					
ESBRIET- pirfenidone cap 267 mg	4	•	•		•
ESBRIET- pirfenidone tab 267 mg	4	•	•		•
ESBRIET- pirfenidone tab 801 mg	4	•	•		•
GLASSIA- alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	4	•			
KALYDECO- ivacaftor packet 50 mg	4	•	•		•
KALYDECO- ivacaftor packet 75 mg	4	•	•		•
KALYDECO- ivacaftor tab 150 mg	4	•	•		•
OFEV- nintedanib esylate cap 100 mg (base equivalent)	4	•	•		•
OFEV- nintedanib esylate cap 150 mg (base equivalent)	4	•	•		•
ORKAMBI- lumacaftor-ivacaftor tab 100-125 mg	4	•	•		•
ORKAMBI- lumacaftor-ivacaftor tab 200-125 mg	4	•	•		•
PULMOZYME- dornase alfa inhal soln 1 mg/ml	4	•			
SYMDEKO- tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	•	•		•
GASTROINTESTINAL AGENTS					
LAXATIVES					
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	1				
CLENPIQ- sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/160ml	NC				
GIALAX- polyethylene glycol 3350 - kit	3				
GOLYTELY- peg 3350-kcl-na bicarb-nacl-na sulfate packet 227.1 gm	NC				
KRISTALOSE- lactulose oral crystal packet 10 gm	NC				
KRISTALOSE- lactulose oral crystal packet 20 gm	NC				
lactulose solution 10 gm/15ml	1				
MOVIPREP- peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	NC				
OSMOPREP- sod phos mono-sod phos di tabs 1.102-0.398 gm(1.5gm na phos)	NC				
PCP 100- mag cit-bisacodyl-petrolat-peg-metoclopramide-electrol kit	3				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	1				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs)	1				
polyethylene glycol 3350 oral packet	1				
polyethylene glycol 3350 oral powder	1				
PREPOPIK- sod picosulfate-mg oxide-citric acid pack 10 mg-3.5 gm-12 gm	NC				
SUPREP BOWEL PREP KIT- sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/180ml	3				
ANTIDIARRHEALS					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DIPHENOXYLATE/ATROPINE- diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3				
loperamide hcl cap 2 mg	1				
MOTOFEN- difenoxin w/ atropine tab 1-0.025 mg	3				
MYTESI- crofelemer tab delayed release 125 mg	3				
ULCER DRUGS					
ACIPHEX SPRINKLE- rabeprazole sodium capsule sprinkle dr 5 mg	NC				•
ACIPHEX SPRINKLE- rabeprazole sodium capsule sprinkle dr 10 mg	NC				•
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack (Prevpac)	1				
CARAFATE- sucralfate susp 1 gm/10ml	3				
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax)	NC				
CIMETIDINE HCL- cimetidine hcl soln 300 mg/5ml	3				
cimetidine tab 200 mg	1				
cimetidine tab 300 mg	1				
cimetidine tab 400 mg	1				
cimetidine tab 800 mg	1				
CUVPOSA- glycopyrrolate oral soln 1 mg/5ml	3				
DEXILANT- dexlansoprazole cap delayed release 30 mg	3				•
DEXILANT- dexlansoprazole cap delayed release 60 mg	3				•
dicyclomine hcl cap 10 mg (Bentyl)	1				
dicyclomine hcl oral soln 10 mg/5ml	1				
dicyclomine hcl tab 20 mg	1				
DONNATAL- pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	NC				
DONNATAL- pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	NC				
esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium)	NC				•
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	NC				•
ESOMEPRAZOLE STRONTIUM- esomeprazole strontium cap delayed release 49.3 mg	NC				•
famotidine for susp 40 mg/5ml (Pepcid)	1				
famotidine tab 20 mg (Pepcid)	1				
famotidine tab 40 mg (Pepcid)	1				
GLYCATE- glycopyrrolate tab 1.5 mg	3				
glycopyrrolate tab 1 mg (Robinul)	1				
glycopyrrolate tab 2 mg (Robinul forte)	1				
lansoprazole cap delayed release 15 mg (Prevacid)	NC				•
lansoprazole cap delayed release 30 mg (Prevacid)	NC				•
lansoprazole tab delayed release orally disintegrating 15 mg (Prevacid solutab)	NC				•
lansoprazole tab delayed release orally disintegrating 30 mg (Prevacid solutab)	NC				•
LIBRAX- chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	NC				
methscopolamine bromide tab 2.5 mg (Pamine)	1				
methscopolamine bromide tab 5 mg (Pamine forte)	1				
misoprostol tab 100 mcg (Cytotec)	1				
misoprostol tab 200 mcg (Cytotec)	1				
NEXIUM- esomeprazole magnesium for delayed release susp packet 5 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NEXIUM- esomeprazole magnesium for delayed release susp packet 10 mg	2				•
NEXIUM- esomeprazole magnesium for delayed release susp packet 20 mg	2				•
NEXIUM- esomeprazole magnesium for delayed release susp packet 40 mg	2				•
NEXIUM- esomeprazole magnesium for delayed release susp pack 2.5 mg	2				•
NIZATIDINE- nizatidine oral soln 15 mg/ml	3				
nizatidine cap 150 mg	1				
nizatidine cap 300 mg	1				
OMECLAMOX-PAK- amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack	3				
omeprazole cap delayed release 10 mg	1				•
omeprazole cap delayed release 20 mg	1				•
omeprazole cap delayed release 40 mg	1				•
omeprazole-sodium bicarbonate cap 20-1100 mg (Zegerid)	NC				•
omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)	NC				•
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)	NC				•
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)	NC				•
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1				•
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1				•
PRILOSEC- omeprazole magnesium for delayed release susp packet 2.5 mg	NC				•
PRILOSEC- omeprazole magnesium for delayed release susp packet 10 mg	NC				•
PROPANTHELINE BROMIDE- propantheline bromide tab 15 mg	3				
PROTONIX- pantoprazole sodium for delayed release susp packet 40 mg	NC				•
PYLERA- bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	3				
rabeprazole sodium ec tab 20 mg (Aciphex)	NC				•
ranitidine hcl cap 150 mg	1				
ranitidine hcl cap 300 mg	1				
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	1				
ranitidine hcl tab 150 mg (Zantac)	1				
ranitidine hcl tab 300 mg (Zantac)	1				
sucralfate tab 1 gm (Carafate)	1				
ANTIEMETICS					
AKYNZEO- netupitant-palonosetron cap 300-0.5 mg	3				•
ANZEMET- dolasetron mesylate tab 50 mg	3				•
ANZEMET- dolasetron mesylate tab 100 mg	3				•
aprepitant capsule therapy pack 80 & 125 mg (Emend)	1				•
aprepitant capsule 40 mg (Emend)	1				
aprepitant capsule 80 mg (Emend)	1				•
aprepitant capsule 125 mg (Emend)	1				•
BONJESTA- doxylamine-pyridoxine tab er 20-20 mg	3				
CESAMET- nabilone cap 1 mg	3				•
DICLEGIS- doxylamine-pyridoxine tab delayed release 10-10 mg	3				
dronabinol cap 2.5 mg (Marinol)	1				
dronabinol cap 5 mg (Marinol)	1				
dronabinol cap 10 mg (Marinol)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
EMEND- aprepitant for oral susp 125 mg (125 mg/5ml)	2				•
granisetron hcl tab 1 mg	1				•
meclizine hcl tab 12.5 mg	1				
meclizine hcl tab 25 mg	1				
ondansetron hcl oral soln 4 mg/5ml (Zofran)	1				•
ondansetron hcl tab 4 mg (Zofran)	1				•
ondansetron hcl tab 8 mg (Zofran)	1				•
ondansetron hcl tab 24 mg	1				•
ondansetron orally disintegrating tab 4 mg (Zofran odt)	1				•
ondansetron orally disintegrating tab 8 mg (Zofran odt)	1				•
SANCUSO- granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	3				•
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1				
SYNDROS- dronabinol soln 5 mg/ml	3				
trimethobenzamide hcl cap 300 mg (Tigan)	1				
VARUBI- rolapitant hcl tab 90 mg (base equiv)	3				•
ZUPLENZ- ondansetron oral soluble film 4 mg	3				•
ZUPLENZ- ondansetron oral soluble film 8 mg	3				•
DIGESTIVE AIDS					
CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	2				
CREON- pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	2				
CREON- pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	2				
CREON- pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	2				
CREON- pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	2				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 2600-6200-10850 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit	NC				
SUCRAID- sacrosidase soln 8500 unit/ml	4	•			
VIOKACE- pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	NC				
VIOKACE- pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	NC				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	2				
GASTROINTESTINAL AGENTS- MISC.					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	1				
alosetron hcl tab 1 mg (base equiv) (Lotronex)	1				
AMITIZA- lubiprostone cap 8 mcg	3				
AMITIZA- lubiprostone cap 24 mcg	3				
APRISO- mesalamine cap er 24hr 0.375 gm	2				
ASACOL HD- mesalamine tab delayed release 800 mg	2				
AURYXIA- ferric citrate tab 1 gm (210 mg ferric iron)	3				
balsalazide disodium cap 750 mg (Colazal)	1				
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1				
calcium acetate (phosphate binder) tab 667 mg (Eliphos)	1				
CANASA- mesalamine suppos 1000 mg	2				
CHENODAL- chenodiol tab 250 mg	4	•			
CHOLBAM- cholic acid cap 50 mg	4	•			
CHOLBAM- cholic acid cap 250 mg	4	•			
CIMZIA- certolizumab pegol for inj kit 2 x 200 mg	NC	•	•		•
CIMZIA- certolizumab pegol inj kit 2 x 200 mg/ml	NC	•	•		•
CIMZIA STARTER KIT- certolizumab pegol inj kit 6 x 200 mg/ml	NC	•	•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1				
DELZICOL- mesalamine cap dr 400 mg	2				
DIPENTUM- olsalazine sodium cap 250 mg	NC				
FOSRENOL- lanthanum carbonate oral powder pack 750 mg (elemental)	3				
FOSRENOL- lanthanum carbonate oral powder pack 1000 mg (elemental)	3				
GATTEX- teduglutide (rdna) for inj kit 5 mg	4	•	•		
GIAZO- balsalazide disodium tab 1.1 gm	NC				
lactulose (encephalopathy) solution 10 gm/15ml	1				
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	1				
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	1				
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	1				
LINZESS- linaclotide cap 72 mcg	2				
LINZESS- linaclotide cap 145 mcg	2				
LINZESS- linaclotide cap 290 mcg	2				
MESALAMINE DR- mesalamine tab delayed release 800 mg	2				
mesalamine enema 4 gm	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) (Reglan)	1				
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1				
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 5 mg (base eq)	3				
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 10 mg (base eq)	3				
MOVANTIK- naloxegol oxalate tab 12.5 mg (base equivalent)	3				
MOVANTIK- naloxegol oxalate tab 25 mg (base equivalent)	3				
OCALIVA- obeticholic acid tab 5 mg	4	•	•		•
OCALIVA- obeticholic acid tab 10 mg	4	•	•		•
PENTASA- mesalamine cap er 250 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PENTASA- mesalamine cap er 500 mg	NC				
PHOSLYRA- calcium acetate (phosphate binder) oral soln 667 mg/5ml	3				
RELISTOR- methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	3				
RELISTOR- methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	3				
RELISTOR- methylnaltrexone bromide tab 150 mg	3				
RENAGEL- sevelamer hcl tab 800 mg	3				
sevelamer carbonate packet 0.8 gm (Renvela)	1				
sevelamer carbonate packet 2.4 gm (Renvela)	1				
sevelamer carbonate tab 800 mg (Renvela)	1				
SFROWASA- mesalamine sulfite-free (sf) enema 4 gm/60ml	3				
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)	3				
TRULANCE- plecanatide tab 3 mg	3				
ursodiol cap 300 mg (Actigall)	1				
ursodiol tab 250 mg (Urso 250)	1				
ursodiol tab 500 mg (Urso forte)	1				
VELPHORO- sucroferric oxyhydroxide chew tab 500 mg	2				
VIBERZI- eluxadoline tab 75 mg	2				
VIBERZI- eluxadoline tab 100 mg	2				
XERMELO- telotristat etiprate tab 250 mg (telotristat ethyl equiv)	4	•	•		•
GENITOURINARY AGENTS					
URINARY ANTI-INFECTIVES					
methenamine hippurate tab 1 gm (Hiprex)	1				
MONUROL- fosfomycin tromethamine powd pack 3 gm (base equivalent)	3				
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	1				
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	1				
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	1				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1				
nitrofurantoin susp 25 mg/5ml (Furadantin)	1				
URINARY ANTISPASMODICS					
bethanechol chloride tab 5 mg (Urecholine)	1				
bethanechol chloride tab 10 mg (Urecholine)	1				
bethanechol chloride tab 25 mg (Urecholine)	1				
bethanechol chloride tab 50 mg (Urecholine)	1				
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)	NC				
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex)	NC				
flavoxate hcl tab 100 mg	NC				
GELNIQUE- oxybutynin chloride td gel 10%	NC				
GELNIQUE PUMP- oxybutynin chloride td gel 10%	NC				
MYRBETRIQ- mirabegron tab er 24 hr 25 mg	2				
MYRBETRIQ- mirabegron tab er 24 hr 50 mg	2				
oxybutynin chloride syrup 5 mg/5ml	1				
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1				
oxybutynin chloride tab er 24hr 15 mg (Ditropan xl)	1				
oxybutynin chloride tab 5 mg	1				
OXYTROL- oxybutynin td patch twice weekly 3.9 mg/24hr	3				
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	1				
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	1				
tolterodine tartrate tab 1 mg (Detrol)	1				
tolterodine tartrate tab 2 mg (Detrol)	1				
TOVIAZ- fesoterodine fumarate tab er 24hr 4 mg	NC				
TOVIAZ- fesoterodine fumarate tab er 24hr 8 mg	NC				
trospium chloride cap er 24hr 60 mg	1				
trospium chloride tab 20 mg	1				
VESICARE- solifenacin succinate tab 5 mg	2				
VESICARE- solifenacin succinate tab 10 mg	2				
VAGINAL PRODUCTS					
AVC- sulfanilamide vaginal cream 15%	3				
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%	2				
CRINONE- progesterone vaginal gel 8%	2				
ENCARE- nonoxynol-9 vaginal suppos 100 mg	2				
ENDOMETRIN- progesterone vaginal insert 100 mg	NC				
estradiol vaginal cream 0.1 mg/gm (Estrace)	1				
estradiol vaginal tab 10 mcg (Vagifem)	NC				
ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	3				
FEMRING- estradiol acetate vaginal ring 0.05 mg/24hr	3				
FEMRING- estradiol acetate vaginal ring 0.1 mg/24hr	3				
GYNAZOLE-1- butoconazole nitrate (one dose) vaginal cream 2%	3				
INTRAROSA- prasterone vaginal insert 6.5 mg	3				
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	1				
MICONAZOLE 3- miconazole nitrate vaginal suppos 200 mg	3				
nonoxynol-9 gel 4%	1				
NUVESSA- metronidazole vaginal gel 1.3%	3				
OPTIONS GYNOL II VAGINAL- nonoxynol-9 gel 3%	2				
PREMARIN- estrogens, conjugated vaginal cream 0.625 mg/gm	3				
SHUR-SEAL- nonoxynol-9 gel 2%	2				
TERCONAZOLE- terconazole vaginal cream 0.8%	3				
terconazole vaginal cream 0.4% (Terazol 7)	1				
terconazole vaginal suppos 80 mg	1				
TODAY SPONGE- nonoxynol-9 vaginal sponge 1000 mg	2				
VAGIFEM- estradiol vaginal tab 10 mcg	1				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 film 28%	2				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 foam 12.5%	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
GENITOURINARY AGENTS - MISC.					
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1				
CARDURA XL- doxazosin mesylate tab er 24 hr 4 mg (base equiv)	3				
CARDURA XL- doxazosin mesylate tab er 24 hr 8 mg (base equiv)	3				
CYSTAGON- cysteamine bitartrate cap 50 mg	4	•			
CYSTAGON- cysteamine bitartrate cap 150 mg	4	•			
dutasteride cap 0.5 mg (Avodart)	1				
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1				
ELMIRON- pentosan polysulfate sodium caps 100 mg	3				
finasteride tab 5 mg (Proscar)	1				
LITHOSTAT- acetohydroxamic acid tab 250 mg	3				
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1				
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1				
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1				
PROCYSBI- cysteamine bitartrate cap delayed release 25 mg (base equiv)	4	•			
PROCYSBI- cysteamine bitartrate cap delayed release 75 mg (base equiv)	4	•			
RAPAFLO- silodosin cap 4 mg	3				
RAPAFLO- silodosin cap 8 mg	3				
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)	1				
tamsulosin hcl cap 0.4 mg (Flomax)	1				
THIOLA- tiopronin tab 100 mg	3				
CENTRAL NERVOUS SYSTEM DRUGS					
ANTIANXIETY AGENTS					
ALPRAZOLAM INTENSOL- alprazolam conc 1 mg/ml	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
alprazolam orally disintegrating tab 0.25 mg	1				
alprazolam orally disintegrating tab 0.5 mg	1				
alprazolam orally disintegrating tab 1 mg	1				
alprazolam orally disintegrating tab 2 mg	1				
alprazolam tab er 24hr 0.5 mg (Xanax xr)	1				
alprazolam tab er 24hr 1 mg (Xanax xr)	1				
alprazolam tab er 24hr 2 mg (Xanax xr)	1				
alprazolam tab er 24hr 3 mg (Xanax xr)	1				
alprazolam tab 0.25 mg (Xanax)	1				
alprazolam tab 0.5 mg (Xanax)	1				
alprazolam tab 1 mg (Xanax)	1				
alprazolam tab 2 mg (Xanax)	1				
buspirone hcl tab 5 mg	1				
buspirone hcl tab 7.5 mg	1				
buspirone hcl tab 10 mg	1				
buspirone hcl tab 15 mg	1				
buspirone hcl tab 30 mg	1				
chlordiazepoxide hcl cap 5 mg	1				
chlordiazepoxide hcl cap 10 mg	1				
chlordiazepoxide hcl cap 25 mg	1				
clorazepate dipotassium tab 3.75 mg	1				
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1				
clorazepate dipotassium tab 15 mg	1				
DIAZEPAM- diazepam oral soln 1 mg/ml	2				
diazepam conc 5 mg/ml	1				
diazepam tab 2 mg (Valium)	1				
diazepam tab 5 mg (Valium)	1				
diazepam tab 10 mg (Valium)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
hydroxyzine hcl syrup 10 mg/5ml	1				
hydroxyzine hcl tab 10 mg	1				
hydroxyzine hcl tab 25 mg	1				
hydroxyzine hcl tab 50 mg	1				
HYDROXYZINE PAMOATE- hydroxyzine pamoate cap 100 mg	3				
hydroxyzine pamoate cap 25 mg (Vistaril)	1				
hydroxyzine pamoate cap 50 mg (Vistaril)	1				
lorazepam conc 2 mg/ml	1				
lorazepam tab 0.5 mg (Ativan)	1				
lorazepam tab 1 mg (Ativan)	1				
lorazepam tab 2 mg (Ativan)	1				
meprobamate tab 200 mg	NC				
meprobamate tab 400 mg	NC				
OXAZEPAM- oxazepam cap 30 mg	1				
oxazepam cap 10 mg	1				
oxazepam cap 15 mg	1				
ANTIDEPRESSANTS					
amitriptyline hcl tab 10 mg	1				
amitriptyline hcl tab 25 mg (Elavil)	1				
amitriptyline hcl tab 50 mg	1				
amitriptyline hcl tab 75 mg	1				
amitriptyline hcl tab 100 mg	1				
amitriptyline hcl tab 150 mg	1				
AMOXAPINE- amoxapine tab 25 mg	NC				
AMOXAPINE- amoxapine tab 50 mg	NC				
AMOXAPINE- amoxapine tab 100 mg	NC				
AMOXAPINE- amoxapine tab 150 mg	NC				
APLENZIN- bupropion hbr tab er 24hr 174 mg	3				•
APLENZIN- bupropion hbr tab er 24hr 348 mg	3				•
APLENZIN- bupropion hbr tab er 24hr 522 mg	3				•
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1				•
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1				•
bupropion hcl tab 75 mg	1				•
bupropion hcl tab 100 mg	1				•
citalopram hydrobromide oral soln 10 mg/5ml	1				•
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1				•
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1				•
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1				•
clomipramine hcl cap 25 mg (Anafranil)	1				
clomipramine hcl cap 50 mg (Anafranil)	1				
clomipramine hcl cap 75 mg (Anafranil)	1				
desipramine hcl tab 10 mg (Norpramin)	1				
desipramine hcl tab 25 mg (Norpramin)	1				
desipramine hcl tab 50 mg	1				
desipramine hcl tab 75 mg	1				
desipramine hcl tab 100 mg	1				
desipramine hcl tab 150 mg	1				
DESVENLAFAXINE ER- desvenlafaxine tab er 24hr 50 mg	3				•
DESVENLAFAXINE ER- desvenlafaxine tab er 24hr 100 mg	3				•
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	1				•
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1				•
doxepin hcl cap 10 mg	1				
doxepin hcl cap 25 mg	1				
doxepin hcl cap 50 mg	1				
doxepin hcl cap 75 mg	1				
doxepin hcl cap 100 mg	1				
doxepin hcl cap 150 mg	1				
doxepin hcl conc 10 mg/ml	1				
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	1				•
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1				•
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1				•
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	1				•
EMSAM- selegiline td patch 24hr 6 mg/24hr	3				
EMSAM- selegiline td patch 24hr 9 mg/24hr	3				
EMSAM- selegiline td patch 24hr 12 mg/24hr	3				
escitalopram oxalate soln 5 mg/5ml (base equiv)	1				•
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1				•
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1				•
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1				•
FETZIMA- levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	3				•
FETZIMA- levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	3				•
FETZIMA- levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	3				•
FETZIMA- levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	3				•
FETZIMA TITRATION PACK- levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3				•
FLUOXETINE DR- fluoxetine hcl cap delayed release 90 mg	3				•
fluoxetine hcl cap 10 mg (Prozac)	1				•
fluoxetine hcl cap 20 mg (Prozac)	1				•
fluoxetine hcl cap 40 mg (Prozac)	1				•
fluoxetine hcl solution 20 mg/5ml	1				•
fluoxetine hcl tab 10 mg	1				•
fluoxetine hcl tab 20 mg	1				•
fluoxetine hcl tab 60 mg (Fluoxetine hcl)	1				•
fluvoxamine maleate cap er 24hr 100 mg	1				•
fluvoxamine maleate cap er 24hr 150 mg	1				•
fluvoxamine maleate tab 25 mg	1				•
fluvoxamine maleate tab 50 mg	1				•
fluvoxamine maleate tab 100 mg	1				•
FORFIVO XL- bupropion hcl tab er 24hr 450 mg	3				•
imipramine hcl tab 10 mg (Tofranil)	1				
imipramine hcl tab 25 mg (Tofranil)	1				
imipramine hcl tab 50 mg (Tofranil)	1				
imipramine pamoate cap 75 mg	1				
imipramine pamoate cap 100 mg	1				
imipramine pamoate cap 125 mg	1				
imipramine pamoate cap 150 mg	1				
KHEDEZLA- desvenlafaxine tab er 24hr 50 mg	3				•
KHEDEZLA- desvenlafaxine tab er 24hr 100 mg	3				•
MAPROTILINE HCL- maprotiline hcl tab 25 mg	3				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MAPROTILINE HCL- maprotiline hcl tab 50 mg	3				•
MAPROTILINE HCL- maprotiline hcl tab 75 mg	3				•
MARPLAN- isocarboxazid tab 10 mg	3				
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	1				•
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	1				•
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	1				•
mirtazapine tab 7.5 mg	1				•
mirtazapine tab 15 mg (Remeron)	1				•
mirtazapine tab 30 mg (Remeron)	1				•
mirtazapine tab 45 mg (Remeron)	1				•
NEFAZODONE HCL- nefazodone hcl tab 100 mg	NC				
NEFAZODONE HCL- nefazodone hcl tab 150 mg	NC				
NEFAZODONE HCL- nefazodone hcl tab 200 mg	NC				
nefazodone hcl tab 50 mg	NC				
nefazodone hcl tab 250 mg	NC				
nortriptyline hcl cap 10 mg (Pamelor)	1				
nortriptyline hcl cap 25 mg (Pamelor)	1				
nortriptyline hcl cap 50 mg (Pamelor)	1				
nortriptyline hcl cap 75 mg (Pamelor)	1				
nortriptyline hcl soln 10 mg/5ml	1				
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	1				•
paroxetine hcl tab er 24hr 25 mg (Paxil cr)	1				•
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)	1				•
paroxetine hcl tab 10 mg (Paxil)	1				•
paroxetine hcl tab 20 mg (Paxil)	1				•
paroxetine hcl tab 30 mg (Paxil)	1				•
paroxetine hcl tab 40 mg (Paxil)	1				•
PAXIL- paroxetine hcl oral susp 10 mg/5ml (base equiv)	3				•
PEXEVA- paroxetine mesylate tab 10 mg (base equiv)	3				•
PEXEVA- paroxetine mesylate tab 20 mg (base equiv)	3				•
PEXEVA- paroxetine mesylate tab 30 mg (base equiv)	3				•
PEXEVA- paroxetine mesylate tab 40 mg (base equiv)	3				•
phenelzine sulfate tab 15 mg (Nardil)	1				
protriptyline hcl tab 5 mg	1				
protriptyline hcl tab 10 mg	1				
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1				•
sertraline hcl tab 25 mg (Zoloft)	1				•
sertraline hcl tab 50 mg (Zoloft)	1				•
sertraline hcl tab 100 mg (Zoloft)	1				•
tranylcypromine sulfate tab 10 mg (Parnate)	1				
trazodone hcl tab 50 mg	1				
trazodone hcl tab 100 mg	1				
trazodone hcl tab 150 mg	1				
trazodone hcl tab 300 mg	1				
trimipramine maleate cap 25 mg (Surmontil)	1				
trimipramine maleate cap 50 mg (Surmontil)	1				
trimipramine maleate cap 100 mg (Surmontil)	1				
TRINTELLIX- vortioxetine hbr tab 5 mg (base equiv)	3				•
TRINTELLIX- vortioxetine hbr tab 10 mg (base equiv)	3				•
TRINTELLIX- vortioxetine hbr tab 20 mg (base equiv)	3				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (Venlafaxine hcl er)	1				•
venlafaxine hcl tab er 24hr 75 mg (base equivalent) (Venlafaxine hcl er)	1				•
venlafaxine hcl tab er 24hr 150 mg (base equivalent) (Venlafaxine hcl er)	1				•
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1				•
venlafaxine hcl tab 25 mg	1				•
venlafaxine hcl tab 37.5 mg	1				•
venlafaxine hcl tab 50 mg	1				•
venlafaxine hcl tab 75 mg	1				•
venlafaxine hcl tab 100 mg	1				•
VIIBRYD- vilazodone hcl tab 10 mg	3				•
VIIBRYD- vilazodone hcl tab 20 mg	3				•
VIIBRYD- vilazodone hcl tab 40 mg	3				•
VIIBRYD STARTER PACK- vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	3				•
ANTIPSYCHOTICS					
ADASUVE- loxapine aerosol powder breath activated 10 mg	3				
aripiprazole oral solution 1 mg/ml	1				•
aripiprazole orally disintegrating tab 10 mg	1				•
aripiprazole orally disintegrating tab 15 mg	1				•
aripiprazole tab 2 mg (Abilify)	1				•
aripiprazole tab 5 mg (Abilify)	1				•
aripiprazole tab 10 mg (Abilify)	1				•
aripiprazole tab 15 mg (Abilify)	1				•
aripiprazole tab 20 mg (Abilify)	1				•
aripiprazole tab 30 mg (Abilify)	1				•
chlorpromazine hcl tab 10 mg	1				
chlorpromazine hcl tab 25 mg	1				
chlorpromazine hcl tab 50 mg	1				
chlorpromazine hcl tab 100 mg	1				
chlorpromazine hcl tab 200 mg	1				
CLOZAPINE ODT- clozapine orally disintegrating tab 150 mg	3			•	•
CLOZAPINE ODT- clozapine orally disintegrating tab 200 mg	3			•	•
clozapine orally disintegrating tab 12.5 mg (Fazaclo)	1				•
clozapine orally disintegrating tab 25 mg (Fazaclo)	1				•
clozapine orally disintegrating tab 100 mg (Fazaclo)	1				•
clozapine tab 25 mg (Clozaril)	1				•
clozapine tab 50 mg	1				•
clozapine tab 100 mg (Clozaril)	1				•
clozapine tab 200 mg	1				•
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 100 mg	3				
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 200 mg	3				
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 300 mg	3				
FANAPT- iloperidone tab 1 mg	3			•	•
FANAPT- iloperidone tab 2 mg	3			•	•
FANAPT- iloperidone tab 4 mg	3			•	•
FANAPT- iloperidone tab 6 mg	3			•	•
FANAPT- iloperidone tab 8 mg	3			•	•
FANAPT- iloperidone tab 10 mg	3			•	•
FANAPT- iloperidone tab 12 mg	3			•	•
FANAPT TITRATION PACK- iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3			•	•
FAZACLO- clozapine orally disintegrating tab 12.5 mg	3			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FAZACLO- clozapine orally disintegrating tab 150 mg	3			•	•
FAZACLO- clozapine orally disintegrating tab 200 mg	3			•	•
FLUPHENAZINE HCL- fluphenazine hcl elixir 2.5 mg/5ml	3				
FLUPHENAZINE HCL- fluphenazine hcl oral conc 5 mg/ml	3				
fluphenazine hcl tab 1 mg	1				
fluphenazine hcl tab 2.5 mg	1				
fluphenazine hcl tab 5 mg	1				
fluphenazine hcl tab 10 mg	1				
haloperidol lactate oral conc 2 mg/ml	1				
haloperidol tab 0.5 mg	1				
haloperidol tab 1 mg	1				
haloperidol tab 2 mg	1				
haloperidol tab 5 mg	1				
haloperidol tab 10 mg	1				
haloperidol tab 20 mg	1				
LATUDA- lurasidone hcl tab 20 mg	3			•	•
LATUDA- lurasidone hcl tab 40 mg	3			•	•
LATUDA- lurasidone hcl tab 60 mg	3			•	•
LATUDA- lurasidone hcl tab 80 mg	3			•	•
LATUDA- lurasidone hcl tab 120 mg	3			•	•
LITHIUM- lithium oral solution 8 meq/5ml	2				
LITHIUM CARBONATE- lithium carbonate cap 150 mg	3				
LITHIUM CARBONATE- lithium carbonate cap 600 mg	3				
lithium carbonate cap 150 mg (Lithium carbonate)	1				
lithium carbonate cap 300 mg	1				
lithium carbonate cap 600 mg (Lithium carbonate)	1				
lithium carbonate tab er 300 mg (Lithobid)	1				
lithium carbonate tab er 450 mg	1				
lithium carbonate tab 300 mg	1				
LITHOBID- lithium carbonate tab er 300 mg	3				
loxapine succinate cap 5 mg	1				
loxapine succinate cap 10 mg	1				
loxapine succinate cap 25 mg	1				
loxapine succinate cap 50 mg	1				
NUPLAZID- pimavanserin tartrate cap 34 mg (base equivalent)	3		•		•
NUPLAZID- pimavanserin tartrate tab 10 mg (base equivalent)	3		•		•
NUPLAZID- pimavanserin tartrate tab 17 mg (base equivalent)	3		•		•
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	1				•
olanzapine tab 2.5 mg (Zyprexa)	1				•
olanzapine tab 5 mg (Zyprexa)	1				•
olanzapine tab 7.5 mg (Zyprexa)	1				•
olanzapine tab 10 mg (Zyprexa)	1				•
olanzapine tab 15 mg (Zyprexa)	1				•
olanzapine tab 20 mg (Zyprexa)	1				•
paliperidone tab er 24hr 1.5 mg (Invega)	1				•
paliperidone tab er 24hr 3 mg (Invega)	1				•
paliperidone tab er 24hr 6 mg (Invega)	1				•
paliperidone tab er 24hr 9 mg (Invega)	1				•
perphenazine tab 2 mg	1				
perphenazine tab 4 mg	1				
perphenazine tab 8 mg	1				
perphenazine tab 16 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
prochlorperazine maleate tab 5 mg (base equivalent)	1				
prochlorperazine maleate tab 10 mg (base equivalent)	1				
prochlorperazine suppos 25 mg	1				
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	1				•
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	1				•
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	1				•
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	1				•
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	1				•
quetiapine fumarate tab 25 mg (Seroquel)	1				•
quetiapine fumarate tab 50 mg (Seroquel)	1				•
quetiapine fumarate tab 100 mg (Seroquel)	1				•
quetiapine fumarate tab 200 mg (Seroquel)	1				•
quetiapine fumarate tab 300 mg (Seroquel)	1				•
quetiapine fumarate tab 400 mg (Seroquel)	1				•
REXULTI- brexpiprazole tab 0.25 mg	3			•	•
REXULTI- brexpiprazole tab 0.5 mg	3			•	•
REXULTI- brexpiprazole tab 1 mg	3			•	•
REXULTI- brexpiprazole tab 2 mg	3			•	•
REXULTI- brexpiprazole tab 3 mg	3			•	•
REXULTI- brexpiprazole tab 4 mg	3			•	•
RISPERIDONE ODT- risperidone orally disintegrating tab 0.25 mg	3			•	•
risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab)	1				•
risperidone orally disintegrating tab 1 mg (Risperdal m-tab)	1				•
risperidone orally disintegrating tab 2 mg (Risperdal m-tab)	1				•
risperidone orally disintegrating tab 3 mg (Risperdal m-tab)	1				•
risperidone orally disintegrating tab 4 mg (Risperdal m-tab)	1				•
risperidone soln 1 mg/ml (Risperdal)	1				•
risperidone tab 0.25 mg (Risperdal)	1				•
risperidone tab 0.5 mg (Risperdal)	1				•
risperidone tab 1 mg (Risperdal)	1				•
risperidone tab 2 mg (Risperdal)	1				•
risperidone tab 3 mg (Risperdal)	1				•
risperidone tab 4 mg (Risperdal)	1				•
SAPHRIS- asenapine maleate sl tab 2.5 mg (base equiv)	3			•	•
SAPHRIS- asenapine maleate sl tab 5 mg (base equiv)	3			•	•
SAPHRIS- asenapine maleate sl tab 10 mg (base equiv)	3			•	•
thioridazine hcl tab 10 mg	NC				
thioridazine hcl tab 25 mg	NC				
thioridazine hcl tab 50 mg	NC				
thioridazine hcl tab 100 mg	NC				
thiothixene cap 1 mg	1				
thiothixene cap 2 mg	1				
thiothixene cap 5 mg	1				
thiothixene cap 10 mg	1				
trifluoperazine hcl tab 1 mg (base equivalent)	1				
trifluoperazine hcl tab 2 mg (base equivalent)	1				
trifluoperazine hcl tab 5 mg (base equivalent)	1				
trifluoperazine hcl tab 10 mg (base equivalent)	1				
VERSACLOZ- clozapine susp 50 mg/ml	3			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VRAYLAR- cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	3			•	•
VRAYLAR- cariprazine hcl cap 1.5 mg (base equivalent)	3			•	•
VRAYLAR- cariprazine hcl cap 3 mg (base equivalent)	3			•	•
VRAYLAR- cariprazine hcl cap 4.5 mg (base equivalent)	3			•	•
VRAYLAR- cariprazine hcl cap 6 mg (base equivalent)	3			•	•
ziprasidone hcl cap 20 mg (Geodon)	1				•
ziprasidone hcl cap 40 mg (Geodon)	1				•
ziprasidone hcl cap 60 mg (Geodon)	1				•
ziprasidone hcl cap 80 mg (Geodon)	1				•
HYPNOTICS					
BELSOMRA- suvorexant tab 5 mg	2				•
BELSOMRA- suvorexant tab 10 mg	2				•
BELSOMRA- suvorexant tab 15 mg	2				•
BELSOMRA- suvorexant tab 20 mg	2				•
BUTISOL SODIUM- butabarbital sodium tab 30 mg	NC				
DORAL- quazepam tab 15 mg	3				
EDLUAR- zolpidem tartrate sl tab 5 mg	3				•
EDLUAR- zolpidem tartrate sl tab 10 mg	3				•
estazolam tab 1 mg	1				
estazolam tab 2 mg	1				
eszopiclone tab 1 mg (Lunesta)	1				•
eszopiclone tab 2 mg (Lunesta)	1				•
eszopiclone tab 3 mg (Lunesta)	1				•
FLURAZEPAM HCL- flurazepam hcl cap 15 mg	3				
FLURAZEPAM HCL- flurazepam hcl cap 30 mg	3				
HALCION- triazolam tab 0.25 mg	NC				
HETLIOZ- tasimelteon capsule 20 mg	3		•		•
PHENOBARBITAL- phenobarbital tab 15 mg	2				
PHENOBARBITAL- phenobarbital tab 30 mg	2				
PHENOBARBITAL- phenobarbital tab 60 mg	2				
PHENOBARBITAL- phenobarbital tab 100 mg	2				
phenobarbital elixir 20 mg/5ml	1				
phenobarbital tab 16.2 mg	1				
phenobarbital tab 32.4 mg	1				
phenobarbital tab 64.8 mg	1				
phenobarbital tab 97.2 mg	1				
QUAZEPAM- quazepam tab 15 mg	3				
ROZEREM- ramelteon tab 8 mg	NC				•
SECONAL SODIUM- secobarbital sodium cap 100 mg	NC				
SILENOR- doxepin hcl (sleep) tab 3 mg (base equiv)	3				•
SILENOR- doxepin hcl (sleep) tab 6 mg (base equiv)	3				•
temazepam cap 7.5 mg (Restoril)	1				
temazepam cap 15 mg (Restoril)	1				
temazepam cap 22.5 mg (Restoril)	1				
temazepam cap 30 mg (Restoril)	1				
TRIAZOLAM- triazolam tab 0.125 mg	NC				
triazolam tab 0.25 mg (Halcion)	NC				
zaleplon cap 5 mg (Sonata)	1				•
zaleplon cap 10 mg (Sonata)	1				•
zolpidem tartrate sl tab 1.75 mg (Intermezzo)	1				•
zolpidem tartrate sl tab 3.5 mg (Intermezzo)	1				•
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1				•
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
zolpidem tartrate tab 5 mg (Ambien)	1				•
zolpidem tartrate tab 10 mg (Ambien)	1				•
ZOLPIMIST- zolpidem tartrate oral spray 5 mg/act	3				•
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS					
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 5 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 10 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 15 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 20 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 25 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 30 mg	1				•
ADZENYS ER- amphetamine extended release susp 1.25 mg/ml	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 3.1 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 6.3 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 9.4 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 12.5 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 15.7 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 18.8 mg	NC				•
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 10 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 15 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1				•
APTENSIO XR- methylphenidate hcl cap er 24hr 10 mg (xr)	NC				•
APTENSIO XR- methylphenidate hcl cap er 24hr 15 mg (xr)	NC				•
APTENSIO XR- methylphenidate hcl cap er 24hr 20 mg (xr)	NC				•
APTENSIO XR- methylphenidate hcl cap er 24hr 30 mg (xr)	NC				•
APTENSIO XR- methylphenidate hcl cap er 24hr 40 mg (xr)	NC				•
APTENSIO XR- methylphenidate hcl cap er 24hr 50 mg (xr)	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
APTENSIO XR- methylphenidate hcl cap er 24hr 60 mg (xr)	NC				•
armodafinil tab 50 mg (Nuvigil)	1		•		•
armodafinil tab 150 mg (Nuvigil)	1		•		•
armodafinil tab 200 mg (Nuvigil)	1		•		•
armodafinil tab 250 mg (Nuvigil)	1		•		•
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	1				•
BELVIQ- lorcaserin hcl tab 10 mg	4+				
BELVIQ XR- lorcaserin hcl tab er 24hr 20 mg	4+				
benzphetamine hcl tab 25 mg (Regimex)	NC				
benzphetamine hcl tab 50 mg	NC				
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1				
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1				•
CONCERTA- methylphenidate hcl tab er osmotic release (osm) 18 mg	1				•
CONCERTA- methylphenidate hcl tab er osmotic release (osm) 27 mg	1				•
CONCERTA- methylphenidate hcl tab er osmotic release (osm) 36 mg	1				•
CONCERTA- methylphenidate hcl tab er osmotic release (osm) 54 mg	1				•
CONTRAVE- naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg	4+				
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 8.6 mg	NC				•
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 17.3 mg	NC				•
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 25.9 mg	NC				•
DAYTRANA- methylphenidate td patch 10 mg/9hr	NC				•
DAYTRANA- methylphenidate td patch 15 mg/9hr	NC				•
DAYTRANA- methylphenidate td patch 20 mg/9hr	NC				•
DAYTRANA- methylphenidate td patch 30 mg/9hr	NC				•
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	1				•
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1				•
dexmethylphenidate hcl tab 5 mg (Focalin)	1				•
dexmethylphenidate hcl tab 10 mg (Focalin)	1				•
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	1				•
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	1				•
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	1				•
dextroamphetamine sulfate tab 5 mg	1				•
dextroamphetamine sulfate tab 10 mg	1				•
diethylpropion hcl tab er 24hr 75 mg	NC				
diethylpropion hcl tab 25 mg (Diethylpropion hcl)	NC				
DYANAVEL XR- amphetamine extended release susp 2.5 mg/ml	NC				•
EVEKEO- amphetamine sulfate tab 5 mg	NC				•
EVEKEO- amphetamine sulfate tab 10 mg	NC				•
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	1				•
LOMAIRA- phentermine hcl tab 8 mg	4+				
methamphetamine hcl tab 5 mg (Desoxyn)	1				•
methylphenidate hcl cap er 10 mg (cd)	1				•
methylphenidate hcl cap er 20 mg (cd)	1				•
methylphenidate hcl cap er 30 mg (cd)	1				•
methylphenidate hcl cap er 40 mg (cd)	1				•
methylphenidate hcl cap er 50 mg (cd)	1				•
methylphenidate hcl cap er 60 mg (cd)	1				•
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	NC				•
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	1				•
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	1				•
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	1				•
methylphenidate hcl chew tab 2.5 mg	1				•
methylphenidate hcl chew tab 5 mg	1				•
methylphenidate hcl chew tab 10 mg	1				•
METHYLPHENIDATE HCL ER- methylphenidate hcl tab er 24hr 18 mg	NC				•
METHYLPHENIDATE HCL ER- methylphenidate hcl tab er 24hr 27 mg	NC				•
METHYLPHENIDATE HCL ER- methylphenidate hcl tab er 24hr 36 mg	NC				•
METHYLPHENIDATE HCL ER- methylphenidate hcl tab er 24hr 54 mg	NC				•
METHYLPHENIDATE HCL ER (L- methylphenidate hcl cap er 24hr 60 mg (la)	NC				•
methylphenidate hcl soln 5 mg/5ml (Methylin)	1				•
methylphenidate hcl soln 10 mg/5ml (Methylin)	1				•
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	NC				•
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	NC				•
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	NC				•
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
methylphenidate hcl tab er osmotic release (osm) 72 mg	NC				•
methylphenidate hcl tab er 10 mg	1				•
methylphenidate hcl tab er 20 mg	1				•
methylphenidate hcl tab 5 mg (Ritalin)	1				•
methylphenidate hcl tab 10 mg (Ritalin)	1				•
methylphenidate hcl tab 20 mg (Ritalin)	1				•
modafinil tab 100 mg (Provigil)	1		•		•
modafinil tab 200 mg (Provigil)	1		•		•
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	NC				•
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	NC				•
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	NC				•
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	NC				•
PHENDIMETRAZINE TARTRATE- phendimetrazine tartrate cap er 24hr 105 mg	NC				
phendimetrazine tartrate tab 35 mg	NC				
phentermine hcl cap 15 mg	1+				
phentermine hcl cap 30 mg	1+				
phentermine hcl cap 37.5 mg (Adipex-p)	1+				
phentermine hcl tab 37.5 mg (Adipex-p)	1+				
QSYMIA- phentermine hcl-topiramate cap er 24hr 3.75-23 mg	4+				
QSYMIA- phentermine hcl-topiramate cap er 24hr 7.5-46 mg	4+				
QSYMIA- phentermine hcl-topiramate cap er 24hr 11.25-69 mg	4+				
QSYMIA- phentermine hcl-topiramate cap er 24hr 15-92 mg	4+				
QUILLICHEW ER- methylphenidate hcl chew tab extended release 20 mg	3				•
QUILLICHEW ER- methylphenidate hcl chew tab extended release 30 mg	3				•
QUILLICHEW ER- methylphenidate hcl chew tab extended release 40 mg	3				•
QUILLIVANT XR- methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	3				•
REGIMEX- benzphetamine hcl tab 25 mg	NC				
SAXENDA- liraglutide (weight management) soln pen-injector 18 mg/3ml	4+				
VYVANSE- lisdexamfetamine dimesylate cap 10 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 20 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 30 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 40 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 50 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 60 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 70 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 10 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 20 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 30 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 40 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 50 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VYVANSE- lisdexamfetamine dimesylate chew tab 60 mg	2				•
XENICAL- orlistat cap 120 mg	4+				
ZENZEDI- dextroamphetamine sulfate tab 2.5 mg	NC				•
ZENZEDI- dextroamphetamine sulfate tab 7.5 mg	NC				•
ZENZEDI- dextroamphetamine sulfate tab 15 mg	NC				•
ZENZEDI- dextroamphetamine sulfate tab 20 mg	NC				•
ZENZEDI- dextroamphetamine sulfate tab 30 mg	NC				•
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.					
acamprosate calcium tab delayed release 333 mg	1				
ADDYI- flibanserin tab 100 mg	3		•		•
AMPYRA- dalfampridine tab er 12hr 10 mg	4	•	•		•
AUBAGIO- teriflunomide tab 7 mg	4	•			•
AUBAGIO- teriflunomide tab 14 mg	4	•			•
AUSTEDO- deutetrabenazine tab 6 mg	4	•			
AUSTEDO- deutetrabenazine tab 9 mg	4	•			
AUSTEDO- deutetrabenazine tab 12 mg	4	•			
AVONEX- interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/vial)	4	•			•
AVONEX- interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	4	•			•
AVONEX PEN- interferon beta-1a im auto-injector kit 30 mcg/0.5ml	4	•			•
BETASERON- interferon beta-1b for inj kit 0.3 mg	4	•			•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	1				
CHANTIX- varenicline tartrate tab 0.5 mg (base equiv)	2				
CHANTIX- varenicline tartrate tab 1 mg (base equiv)	2				
CHANTIX CONTINUING MONTH- varenicline tartrate tab 1 mg (base equiv)	2				
CHANTIX STARTING MONTH PA- varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	2				
CHLORDIAZEPOXIDE/AMITRIPT- chlordiazepoxide-amitriptyline tab 5-12.5 mg	3				
CHLORDIAZEPOXIDE/AMITRIPT- chlordiazepoxide-amitriptyline tab 10-25 mg	3				
COPAXONE- glatiramer acetate soln prefilled syringe 20 mg/ml	4	•			•
COPAXONE- glatiramer acetate soln prefilled syringe 40 mg/ml	4	•			•
disulfiram tab 250 mg (Antabuse)	1				
disulfiram tab 500 mg (Antabuse)	1				
donepezil hydrochloride orally disintegrating tab 5 mg	1				
donepezil hydrochloride orally disintegrating tab 10 mg	1				
donepezil hydrochloride tab 5 mg (Aricept)	1				
donepezil hydrochloride tab 10 mg (Aricept)	1				
donepezil hydrochloride tab 23 mg (Aricept)	1				
ERGOLOID MESYLATES- ergoloid mesylates tab 1 mg	NC				
EXTAVIA- interferon beta-1b for inj kit 0.3 mg	NC	•			•
FLUOXETINE- fluoxetine hcl (pmdd) cap 10 mg	3				
FLUOXETINE- fluoxetine hcl (pmdd) cap 20 mg	3				
fluoxetine hcl (pmdd) tab 10 mg (Sarafem)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fluoxetine hcl (pmdd) tab 20 mg (Sarafem)	1				
GALANTAMINE HYDROBROMIDE- galantamine hydrobromide oral soln 4 mg/ml	3				
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	1				
galantamine hydrobromide tab 4 mg (Razadyne)	1				
galantamine hydrobromide tab 8 mg (Razadyne)	1				
galantamine hydrobromide tab 12 mg (Razadyne)	1				
GILENYA- fingolimod hcl cap 0.5 mg (base equiv)	4	•			•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	4	•			•
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	4	•			•
GRALISE- gabapentin (once-daily) tab 300 mg	3				•
GRALISE- gabapentin (once-daily) tab 600 mg	3				•
GRALISE STARTER- gabapentin (once-daily) tab pack 300 mg (9) & 600 mg (69)	3				•
HORIZANT- gabapentin enacarbil tab er 300 mg	3				•
HORIZANT- gabapentin enacarbil tab er 600 mg	3				•
INGREZZA- valbenazine tosylate cap 40 mg (base equiv)	4	•			
INGREZZA- valbenazine tosylate cap 80 mg (base equiv)	4	•			
LYRICA CR- pregabalin tab er 24hr 82.5 mg	NC		•		•
LYRICA CR- pregabalin tab er 24hr 165 mg	NC		•		•
LYRICA CR- pregabalin tab er 24hr 330 mg	NC		•		•
memantine hcl cap er 24hr 7 mg (Namenda xr)	1				
memantine hcl cap er 24hr 14 mg (Namenda xr)	1				
memantine hcl cap er 24hr 21 mg (Namenda xr)	1				
memantine hcl cap er 24hr 28 mg (Namenda xr)	1				
memantine hcl oral solution 2 mg/ml (Namenda)	1				
memantine hcl tab 5 mg (Namenda)	1				
memantine hcl tab 10 mg (Namenda)	1				
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (Namenda titration pa)	1				
NAMENDA XR TITRATION PACK- memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack	3				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 7-10 mg	3				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 14-10 mg	3				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 21-10 mg	3				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 28-10 mg	3				
NAMZARIC- memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	3				
nicotine polacrilex gum 2 mg	1				
nicotine polacrilex gum 4 mg	1				
nicotine polacrilex lozenge 2 mg	1				
nicotine polacrilex lozenge 4 mg	1				
nicotine td patch 24hr 7 mg/24hr	1				
nicotine td patch 24hr 14 mg/24hr	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
nicotine td patch 24hr 21 mg/24hr	1				
NICOTINE TRANSDERMAL SYST- nicotine td patch 24 hr kit 21-14-7 mg/24hr	2				
NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered)	2				
NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2				
NUEDEXTA- dextromethorphan hbr-quinidine sulfate cap 20-10 mg	2				
olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)	1				
olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)	1				
olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax)	1				
olanzapine-fluoxetine hcl cap 12-25 mg (Symbyax)	1				
olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax)	1				
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	1				
PERPHENAZINE/AMITRIPTYLIN-perphenazine-amitriptyline tab 2-10 mg	3				
PERPHENAZINE/AMITRIPTYLIN-perphenazine-amitriptyline tab 2-25 mg	3				
PERPHENAZINE/AMITRIPTYLIN-perphenazine-amitriptyline tab 4-10 mg	3				
PERPHENAZINE/AMITRIPTYLIN-perphenazine-amitriptyline tab 4-25 mg	3				
PERPHENAZINE/AMITRIPTYLIN-perphenazine-amitriptyline tab 4-50 mg	3				
pimozide tab 1 mg (Orap)	1				
pimozide tab 2 mg (Orap)	1				
PLEGRIDY- peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	4	•			•
PLEGRIDY- peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	•			•
PLEGRIDY STARTER PACK-peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	4	•			•
PLEGRIDY STARTER PACK-peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	•			•
REBIF- interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	4	•			•
REBIF- interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	4	•			•
REBIF REBIDOSE- interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	4	•			•
REBIF REBIDOSE- interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	4	•			•
REBIF REBIDOSE TITRATION-interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	•			•
REBIF TITRATION PACK- interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	•			•
rivastigmine tartrate cap 1.5 mg	1				
rivastigmine tartrate cap 3 mg	1				
rivastigmine tartrate cap 4.5 mg	1				
rivastigmine tartrate cap 6 mg	1				
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	1				
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	1				
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	1				
SAVELLA- milnacipran hcl tab 12.5 mg	2				•
SAVELLA- milnacipran hcl tab 25 mg	2				•
SAVELLA- milnacipran hcl tab 50 mg	2				•
SAVELLA- milnacipran hcl tab 100 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SAVELLA TITRATION PACK- milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	2				•
TECFIDERA- dimethyl fumarate capsule delayed release 120 mg	4	•			•
TECFIDERA- dimethyl fumarate capsule delayed release 240 mg	4	•			•
TECFIDERA STARTER PACK- dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	•			•
tetrabenazine tab 12.5 mg (Xenazine)	4	•			
tetrabenazine tab 25 mg (Xenazine)	4	•			
XYREM- sodium oxybate oral solution 500 mg/ml	4	•	•		•
ANALGESICS AND ANESTHETICS					
ANALGESICS - NON-NARCOTIC					
ALLZITAL- butalbital-acetaminophen tab 25-325 mg	3				•
aspirin chew tab 81 mg	1				
aspirin tab delayed release 81 mg	1				
butalbital-acetaminophen tab 50-300 mg	1				•
butalbital-acetaminophen tab 50-325 mg	1				•
butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)	1				•
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1				•
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1				•
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	1				•
BUTALBITAL/ASPIRIN/CAFFEI- butalbital-aspirin-caffeine tab 50-325-40 mg	3				•
diflunisal tab 500 mg	1				
TENCON- butalbital-acetaminophen tab 50-325 mg	3				•
VANATOL LQ- butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml	3				•
VANATOL S- butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml	3				•
ANALGESICS - NARCOTIC					
ABSTRAL- fentanyl citrate sl tab 100 mcg (base equiv)	3		•		•
ABSTRAL- fentanyl citrate sl tab 200 mcg (base equiv)	3		•		•
ABSTRAL- fentanyl citrate sl tab 300 mcg (base equiv)	3		•		•
ABSTRAL- fentanyl citrate sl tab 400 mcg (base equiv)	3		•		•
ABSTRAL- fentanyl citrate sl tab 600 mcg (base equiv)	3		•		•
ABSTRAL- fentanyl citrate sl tab 800 mcg (base equiv)	3		•		•
acetaminophen w/ codeine soln 120-12 mg/5ml	1		•		•
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1		•		•
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	1		•		•
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	1		•		•
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	1		•		•
ACETAMINOPHEN/CAFFEINE/ DI- acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3		•		•
ARYMO ER- morphine sulfate tab er abuse-deterrent 15 mg	NC		•		•
ARYMO ER- morphine sulfate tab er abuse-deterrent 30 mg	NC		•		•
ARYMO ER- morphine sulfate tab er abuse-deterrent 60 mg	NC		•		•
BELBUCA- buprenorphine hcl buccal film 75 mcg (base equivalent)	3		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BELBUCA- buprenorphine hcl buccal film 150 mcg (base equivalent)	3		•		•
BELBUCA- buprenorphine hcl buccal film 300 mcg (base equivalent)	3		•		•
BELBUCA- buprenorphine hcl buccal film 450 mcg (base equivalent)	3		•		•
BELBUCA- buprenorphine hcl buccal film 600 mcg (base equivalent)	3		•		•
BELBUCA- buprenorphine hcl buccal film 750 mcg (base equivalent)	3		•		•
BELBUCA- buprenorphine hcl buccal film 900 mcg (base equivalent)	3		•		•
BUNAVAIL- buprenorphine-naloxone buccal film 2.1-0.3 mg (base equiv)	3				•
BUNAVAIL- buprenorphine-naloxone buccal film 4.2-0.7 mg (base equiv)	3				•
BUNAVAIL- buprenorphine-naloxone buccal film 6.3-1 mg (base equiv)	3				•
BUPRENORPHINE- buprenorphine td patch weekly 5 mcg/hr	3		•		•
BUPRENORPHINE- buprenorphine td patch weekly 7.5 mcg/hr	3		•		•
BUPRENORPHINE- buprenorphine td patch weekly 10 mcg/hr	3		•		•
BUPRENORPHINE- buprenorphine td patch weekly 15 mcg/hr	3		•		•
BUPRENORPHINE- buprenorphine td patch weekly 20 mcg/hr	3		•		•
buprenorphine hcl sl tab 2 mg (base equiv)	1		•		•
buprenorphine hcl sl tab 8 mg (base equiv)	1		•		•
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1				•
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	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 (Fiorinal/ codeine #3)	1		•		•
butorphanol tartrate nasal soln 10 mg/ml	1		•		•
BUTRANS- buprenorphine td patch weekly 5 mcg/hr	3		•		•
BUTRANS- buprenorphine td patch weekly 7.5 mcg/hr	3		•		•
BUTRANS- buprenorphine td patch weekly 10 mcg/hr	3		•		•
BUTRANS- buprenorphine td patch weekly 15 mcg/hr	3		•		•
BUTRANS- buprenorphine td patch weekly 20 mcg/hr	3		•		•
codeine sulfate tab 15 mg (Codeine sulfate)	1		•		•
codeine sulfate tab 30 mg (Codeine sulfate)	1		•		•
codeine sulfate tab 60 mg (Codeine sulfate)	1		•		•
CONZIP- tramadol hcl cap er 24hr biphasic release 100 mg	3		•		•
CONZIP- tramadol hcl cap er 24hr biphasic release 200 mg	3		•		•
CONZIP- tramadol hcl cap er 24hr biphasic release 300 mg	3		•		•
EMBEDA- morphine-naltrexone cap er 20-0.8 mg	3		•		•
EMBEDA- morphine-naltrexone cap er 30-1.2 mg	3		•		•
EMBEDA- morphine-naltrexone cap er 50-2 mg	3		•		•
EMBEDA- morphine-naltrexone cap er 60-2.4 mg	3		•		•
EMBEDA- morphine-naltrexone cap er 80-3.2 mg	3		•		•
EMBEDA- morphine-naltrexone cap er 100-4 mg	3		•		•
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	1		•		•
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 37.5 mcg/hr	1		•		•
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 62.5 mcg/hr	1		•		•
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 87.5 mcg/hr	1		•		•
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	1		•		•
FENTORA- fentanyl citrate buccal tab 100 mcg (base equiv)	3		•		•
FENTORA- fentanyl citrate buccal tab 200 mcg (base equiv)	3		•		•
FENTORA- fentanyl citrate buccal tab 400 mcg (base equiv)	3		•		•
FENTORA- fentanyl citrate buccal tab 600 mcg (base equiv)	3		•		•
FENTORA- fentanyl citrate buccal tab 800 mcg (base equiv)	3		•		•
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	1		•		•
hydrocodone-acetaminophen tab 2.5-325 mg	1		•		•
hydrocodone-acetaminophen tab 10-325 mg (Norco)	1		•		•
hydrocodone-acetaminophen tab 5-300 mg (Xodol)	1		•		•
hydrocodone-acetaminophen tab 7.5-300 mg (Xodol)	1		•		•
hydrocodone-acetaminophen tab 5-325 mg (Norco)	1		•		•
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	1		•		•
hydrocodone-acetaminophen tab 10-300 mg (Xodol)	1		•		•
hydrocodone-ibuprofen tab 5-200 mg (Reprexain)	1		•		•
hydrocodone-ibuprofen tab 7.5-200 mg	1		•		•
hydrocodone-ibuprofen tab 10-200 mg (Ibudone)	1		•		•
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		•		•
hydromorphone hcl tab er 24hr deter 8 mg (Exalgo)	1		•		•
hydromorphone hcl tab er 24hr deter 12 mg (Exalgo)	1		•		•
hydromorphone hcl tab er 24hr deter 16 mg (Exalgo)	1		•		•
hydromorphone hcl tab er 24hr deter 32 mg (Exalgo)	1		•		•
hydromorphone hcl tab 2 mg (Dilaudid)	1		•		•
hydromorphone hcl tab 4 mg (Dilaudid)	1		•		•
hydromorphone hcl tab 8 mg (Dilaudid)	1		•		•
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 20 mg	3		•		•
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 30 mg	3		•		•
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 40 mg	3		•		•
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 60 mg	3		•		•
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 80 mg	3		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 100 mg	3		•		•
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 120 mg	3		•		•
KADIAN- morphine sulfate cap er 24hr 40 mg	3		•		•
KADIAN- morphine sulfate cap er 24hr 200 mg	3		•		•
LAZANDA- fentanyl citrate nasal spray 100 mcg/act (base equiv)	3		•		•
LAZANDA- fentanyl citrate nasal spray 300 mcg/act (base equiv)	3		•		•
LAZANDA- fentanyl citrate nasal spray 400 mcg/act (base equiv)	3		•		•
LEVORPHANOL TARTRATE- levorphanol tartrate tab 2 mg	3		•		•
LORTAB- hydrocodone-acetaminophen soln 10-300 mg/15ml	3		•		•
MEPERIDINE HCL- meperidine hcl oral soln 50 mg/5ml	NC		•		•
meperidine hcl tab 50 mg	NC		•		•
meperidine hcl tab 100 mg (Demerol)	NC		•		•
methadone hcl conc 10 mg/ml (Methadose)	1		•		•
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		•		•
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		•		•
methadone hcl tab for oral susp 40 mg	1		•		•
methadone hcl tab 5 mg (Dolophine)	1		•		•
methadone hcl tab 10 mg (Dolophine)	1		•		•
MORPHABOND ER- morphine sulfate tab er 12hr deter 15 mg	NC		•		•
MORPHABOND ER- morphine sulfate tab er 12hr deter 30 mg	NC		•		•
MORPHABOND ER- morphine sulfate tab er 12hr deter 60 mg	NC		•		•
MORPHABOND ER- morphine sulfate tab er 12hr deter 100 mg	NC		•		•
MORPHINE SULFATE- morphine sulfate tab 15 mg	2		•		•
MORPHINE SULFATE- morphine sulfate tab 30 mg	2		•		•
morphine sulfate cap er 24hr 10 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 20 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 30 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 50 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 60 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 80 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 100 mg (Kadian)	1		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 30 mg	3		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 45 mg	3		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 60 mg	3		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 75 mg	3		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 90 mg	3		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 120 mg	3		•		•
morphine sulfate oral soln 10 mg/5ml	1		•		•
morphine sulfate oral soln 20 mg/5ml	1		•		•
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
morphine sulfate tab er 15 mg (Ms contin)	1		•		•
morphine sulfate tab er 30 mg (Ms contin)	1		•		•
morphine sulfate tab er 60 mg (Ms contin)	1		•		•
morphine sulfate tab er 100 mg (Ms contin)	1		•		•
morphine sulfate tab er 200 mg (Ms contin)	1		•		•
NALOCET- oxycodone w/ acetaminophen tab 2.5-300 mg	3		•		•
NUCYNTA- tapentadol hcl tab 50 mg	3		•		•
NUCYNTA- tapentadol hcl tab 75 mg	3		•		•
NUCYNTA- tapentadol hcl tab 100 mg	3		•		•
NUCYNTA ER- tapentadol hcl tab er 12hr 50 mg	2		•		•
NUCYNTA ER- tapentadol hcl tab er 12hr 100 mg	2		•		•
NUCYNTA ER- tapentadol hcl tab er 12hr 150 mg	2		•		•
NUCYNTA ER- tapentadol hcl tab er 12hr 200 mg	2		•		•
NUCYNTA ER- tapentadol hcl tab er 12hr 250 mg	2		•		•
OPANA ER (CRUSH RESISTANT- oxymorphone hcl tab er 12hr deter 5 mg	NC		•		•
OPANA ER (CRUSH RESISTANT- oxymorphone hcl tab er 12hr deter 7.5 mg	NC		•		•
OPANA ER (CRUSH RESISTANT- oxymorphone hcl tab er 12hr deter 10 mg	NC		•		•
OPANA ER (CRUSH RESISTANT- oxymorphone hcl tab er 12hr deter 15 mg	NC		•		•
OPANA ER (CRUSH RESISTANT- oxymorphone hcl tab er 12hr deter 20 mg	NC		•		•
OPANA ER (CRUSH RESISTANT- oxymorphone hcl tab er 12hr deter 30 mg	NC		•		•
OPANA ER (CRUSH RESISTANT- oxymorphone hcl tab er 12hr deter 40 mg	NC		•		•
OXAYDO- oxycodone hcl tab abuse deter 5 mg	3		•		•
OXAYDO- oxycodone hcl tab abuse deter 7.5 mg	3		•		•
oxycodone hcl cap 5 mg	1		•		•
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		•		•
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 10 mg	3		•		•
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 15 mg	3		•		•
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 20 mg	3		•		•
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 30 mg	3		•		•
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 40 mg	3		•		•
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 60 mg	3		•		•
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 80 mg	3		•		•
oxycodone hcl soln 5 mg/5ml	1		•		•
oxycodone hcl tab 5 mg (Roxicodone)	1		•		•
oxycodone hcl tab 10 mg	1		•		•
oxycodone hcl tab 15 mg (Roxicodone)	1		•		•
oxycodone hcl tab 20 mg	1		•		•
oxycodone hcl tab 30 mg (Roxicodone)	1		•		•
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	1		•		•
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		•		•
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		•		•
oxycodone-aspirin tab 4.8355-325 mg	1		•		•
OXYCODONE/ACETAMINOPHEN- oxycodone w/ acetaminophen soln 5-325 mg/5ml	3		•		•
OXYCODONE/IBUPROFEN- oxycodone-ibuprofen tab 5-400 mg	3		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 10 mg	2		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 15 mg	2		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 20 mg	2		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 30 mg	2		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 40 mg	2		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 60 mg	2		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 80 mg	2		•		•
oxymorphone hcl tab 5 mg (Opana)	1		•		•
oxymorphone hcl tab 10 mg (Opana)	1		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 5 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 7.5 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 10 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 15 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 20 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 30 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 40 mg	3		•		•
pentazocine w/ naloxone tab 50-0.5 mg	NC				
PRIMLEV- oxycodone w/ acetaminophen tab 5-300 mg	3		•		•
PRIMLEV- oxycodone w/ acetaminophen tab 7.5-300 mg	3		•		•
PRIMLEV- oxycodone w/ acetaminophen tab 10-300 mg	3		•		•
SUBOXONE- buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2				•
SUBOXONE- buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2				•
SUBOXONE- buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2				•
SUBOXONE- buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2				•
SUBSYS- fentanyl sublingual spray 100 mcg	3		•		•
SUBSYS- fentanyl sublingual spray 200 mcg	3		•		•
SUBSYS- fentanyl sublingual spray 400 mcg	3		•		•
SUBSYS- fentanyl sublingual spray 600 mcg	3		•		•
SUBSYS- fentanyl sublingual spray 800 mcg	3		•		•
SUBSYS- fentanyl sublingual spray 1200 mcg (600 mcg x 2)	3		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SUBSYS- fentanyl sublingual spray 1600 mcg (800 mcg x 2)	3		•		•
TRAMADOL HCL ER- tramadol hcl cap er 24hr biphasic release 100 mg	3		•		•
TRAMADOL HCL ER- tramadol hcl cap er 24hr biphasic release 150 mg	3		•		•
TRAMADOL HCL ER- tramadol hcl cap er 24hr biphasic release 200 mg	3		•		•
TRAMADOL HCL ER- tramadol hcl cap er 24hr biphasic release 300 mg	3		•		•
tramadol hcl tab er 24hr 100 mg	1		•		•
tramadol hcl tab er 24hr 200 mg	1		•		•
tramadol hcl tab er 24hr 300 mg	1		•		•
tramadol hcl tab er 24hr biphasic release 100 mg	1		•		•
tramadol hcl tab er 24hr biphasic release 200 mg	1		•		•
tramadol hcl tab er 24hr biphasic release 300 mg	1		•		•
tramadol hcl tab 50 mg (Ultram)	1		•		•
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		•		•
TREZIX- acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 9 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 13.5 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 18 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 27 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 36 mg	3		•		•
ZOHYDRO ER- hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg	3		•		•
ZOHYDRO ER- hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg	3		•		•
ZOHYDRO ER- hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg	3		•		•
ZOHYDRO ER- hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg	3		•		•
ZOHYDRO ER- hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg	3		•		•
ZOHYDRO ER- hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg	3		•		•
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	3				•
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	3				•
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	3				•
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	3				•
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	3				•
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	3				•
ANALGESICS - ANTI-INFLAMMATORY					
ACTEMRA- tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	4	•	•		•
ARCALYST- rilonacept for inj 220 mg	4	•	•		•
celecoxib cap 50 mg (Celebrex)	1				•
celecoxib cap 100 mg (Celebrex)	1				•
celecoxib cap 200 mg (Celebrex)	1				•
celecoxib cap 400 mg (Celebrex)	1				•
diclofenac potassium tab 50 mg	1				
diclofenac sodium tab delayed release 25 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
diclofenac sodium tab delayed release 50 mg	1				
diclofenac sodium tab delayed release 75 mg	1				
diclofenac sodium tab er 24hr 100 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				
DUEXIS- ibuprofen-famotidine tab 800-26.6 mg	3				
ENBREL- etanercept for subcutaneous inj 25 mg	4	•	•		•
ENBREL- etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	4	•	•		•
ENBREL- etanercept subcutaneous soln prefilled syringe 50 mg/ml	4	•	•		•
ENBREL MINI- etanercept subcutaneous solution cartridge 50 mg/ml	4	•	•		•
ENBREL SURECLICK- etanercept subcutaneous solution auto-injector 50 mg/ml	4	•	•		•
etodolac cap 200 mg	1				
etodolac cap 300 mg	1				
etodolac tab er 24hr 400 mg	1				
etodolac tab er 24hr 500 mg	1				
etodolac tab er 24hr 600 mg	1				
etodolac tab 400 mg (Lodine)	1				
etodolac tab 500 mg	1				
FENOPROFEN CALCIUM- fenoprofen calcium cap 200 mg	3				
FENOPROFEN CALCIUM- fenoprofen calcium cap 400 mg	3				
fenoprofen calcium tab 600 mg	1				
FENORTHO- fenoprofen calcium cap 200 mg	3				
flurbiprofen tab 50 mg	1				
flurbiprofen tab 100 mg	1				
HUMIRA- adalimumab prefilled syringe kit 10 mg/0.1ml	4	•	•		•
HUMIRA- adalimumab prefilled syringe kit 10 mg/0.2ml	4	•	•		•
HUMIRA- adalimumab prefilled syringe kit 20 mg/0.2ml	4	•	•		•
HUMIRA- adalimumab prefilled syringe kit 20 mg/0.4ml	4	•	•		•
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.8ml	4	•	•		•
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.4ml	4	•	•		•
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 40 mg/0.8ml	4	•	•		•
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml	4	•	•		•
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	4	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.8ml	4	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.4ml	4	•	•		•
HUMIRA PEN-CROHNS DISEASE- adalimumab pen-injector kit 40 mg/0.8ml	4	•	•		•
HUMIRA PEN-PSORIASIS STAR- adalimumab pen-injector kit 40 mg/0.8ml	4	•	•		•
ibuprofen susp 100 mg/5ml	1				
ibuprofen tab 400 mg	1				
ibuprofen tab 600 mg	1				
ibuprofen tab 800 mg	1				
INDOCIN- indomethacin suppos 50 mg	3				
INDOCIN- indomethacin susp 25 mg/5ml	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
indomethacin cap er 75 mg	1				
indomethacin cap 25 mg	1				
indomethacin cap 50 mg	1				
KETOPROFEN- ketoprofen cap 25 mg	3				
KETOPROFEN ER- ketoprofen cap er 24hr 200 mg	3				
ketorolac tromethamine tab 10 mg	1				
KEVZARA- sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	NC	•	•		•
KEVZARA- sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	NC	•	•		•
KEVZARA- sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	NC	•	•		•
KEVZARA- sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	NC	•	•		•
KINERET- anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	NC	•	•		•
leflunomide tab 10 mg (Arava)	1				
leflunomide tab 20 mg (Arava)	1				
MECLOFENAMATE SODIUM- meclofenamate sodium cap 50 mg	3				
MECLOFENAMATE SODIUM- meclofenamate sodium cap 100 mg	3				
mefenamic acid cap 250 mg (Ponstel)	1				
meloxicam tab 7.5 mg (Mobic)	1				
meloxicam tab 15 mg (Mobic)	1				
nabumetone tab 500 mg	1				
nabumetone tab 750 mg	1				
NALFON- fenoprofen calcium cap 400 mg	3				
NAPRELAN- naproxen sodium tab er 24hr 750 mg (base equiv)	3				
naproxen sodium tab er 24hr 375 mg (base equiv) (Naprelan)	NC				
naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan)	NC				
naproxen sodium tab 275 mg	1				
naproxen sodium tab 550 mg (Anaprox ds)	1				
naproxen susp 125 mg/5ml (Naprosyn)	1				
naproxen tab ec 375 mg (Ec-naprosyn)	1				
naproxen tab ec 500 mg (Ec-naprosyn)	1				
naproxen tab 250 mg	1				
naproxen tab 375 mg	1				
naproxen tab 500 mg (Naprosyn)	1				
ORENCIA- abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	4	•	•		•
ORENCIA- abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	4	•	•		•
ORENCIA- abatacept subcutaneous soln prefilled syringe 125 mg/ml	4	•	•		•
ORENCIA CLICKJECT- abatacept subcutaneous soln auto-injector 125 mg/ml	4	•	•		•
OTEZLA- apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	4	•	•		•
OTEZLA- apremilast tab 30 mg	4	•	•		•
OTREXUP- methotrexate soln pf auto-injector 10 mg/0.4ml	3				
OTREXUP- methotrexate soln pf auto-injector 12.5 mg/0.4ml	3				
OTREXUP- methotrexate soln pf auto-injector 15 mg/0.4ml	3				
OTREXUP- methotrexate soln pf auto-injector 17.5 mg/0.4ml	3				
OTREXUP- methotrexate soln pf auto-injector 20 mg/0.4ml	3				
OTREXUP- methotrexate soln pf auto-injector 22.5 mg/0.4ml	3				
OTREXUP- methotrexate soln pf auto-injector 25 mg/0.4ml	3				
oxaprozin tab 600 mg (Daypro)	1				
piroxicam cap 10 mg (Feldene)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
piroxicam cap 20 mg (Feldene)	1				
RASUVO- methotrexate soln pf auto-injector 7.5 mg/0.15ml	3				
RASUVO- methotrexate soln pf auto-injector 10 mg/0.2ml	3				
RASUVO- methotrexate soln pf auto-injector 12.5 mg/0.25ml	3				
RASUVO- methotrexate soln pf auto-injector 15 mg/0.3ml	3				
RASUVO- methotrexate soln pf auto-injector 17.5 mg/0.35ml	3				
RASUVO- methotrexate soln pf auto-injector 20 mg/0.4ml	3				
RASUVO- methotrexate soln pf auto-injector 22.5 mg/0.45ml	3				
RASUVO- methotrexate soln pf auto-injector 25 mg/0.5ml	3				
RASUVO- methotrexate soln pf auto-injector 30 mg/0.6ml	3				
RIDAURA- auranofin cap 3 mg	3				
SIMPONI- golimumab subcutaneous soln auto-injector 50 mg/0.5ml	4	•	•		•
SIMPONI- golimumab subcutaneous soln auto-injector 100 mg/ml	4	•	•		•
SIMPONI- golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	4	•	•		•
SIMPONI- golimumab subcutaneous soln prefilled syringe 100 mg/ml	4	•	•		•
SPRIX- ketorolac tromethamine nasal spray 15.75 mg/spray	3				
sulindac tab 150 mg	1				
sulindac tab 200 mg	1				
TIVORBEX- indomethacin cap 20 mg	NC				
TIVORBEX- indomethacin cap 40 mg	NC				
TOLMETIN SODIUM- tolmetin sodium cap 400 mg	3				
TOLMETIN SODIUM- tolmetin sodium tab 200 mg	3				
TOLMETIN SODIUM- tolmetin sodium tab 600 mg	3				
VIMOVO- naproxen-esomeprazole magnesium tab dr 375-20 mg	3				
VIMOVO- naproxen-esomeprazole magnesium tab dr 500-20 mg	3				
VIVLODEX- meloxicam cap 5 mg	NC				
VIVLODEX- meloxicam cap 10 mg	NC				
XELJANZ- tofacitinib citrate tab 5 mg (base equivalent)	4	•	•		•
XELJANZ- tofacitinib citrate tab 10 mg (base equivalent)	4	•	•		•
XELJANZ XR- tofacitinib citrate tab er 24hr 11 mg (base equivalent)	4	•	•		•
ZIPSOR- diclofenac potassium cap 25 mg	3				
ZORVOLEX- diclofenac cap 18 mg	NC				
ZORVOLEX- diclofenac cap 35 mg	NC				
MIGRAINE PRODUCTS					
almotriptan malate tab 6.25 mg (Axert)	1				•
almotriptan malate tab 12.5 mg (Axert)	1				•
CAMBIA- diclofenac potassium packet 50 mg	3				
DIHYDROERGOTAMINE MESYLAT- dihydroergotamine mesylate nasal spray 4 mg/ml	3				
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1				
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1				•
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1				•
ERGOMAR- ergotamine tartrate sl tab 2 mg	3				
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	1				
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1				•
MIGERGOT- ergotamine w/ caffeine suppos 2-100 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MIGRANAL- dihydroergotamine mesylate nasal spray 4 mg/ml	2				
naratriptan hcl tab 1 mg (base equiv) (Amerge)	1				•
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	1				•
ONZETRA XSAIL- sumatriptan succinate exhaler powder 11 mg/ nosepiece	NC				•
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	1				•
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1				•
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)	1				•
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1				•
sumatriptan nasal spray 5 mg/act (Imitrex)	1				•
sumatriptan nasal spray 20 mg/act (Imitrex)	1				•
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	1				•
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	1				•
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1				•
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)	1				•
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)	1				•
sumatriptan succinate tab 25 mg (Imitrex)	1				•
sumatriptan succinate tab 50 mg (Imitrex)	1				•
sumatriptan succinate tab 100 mg (Imitrex)	1				•
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	1				•
TREXIMET- sumatriptan-naproxen sodium tab 10-60 mg	3				•
ZEMBRACE SYMTOUCH- sumatriptan succinate solution auto-injector 3 mg/0.5ml	NC				•
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	1				•
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	1				•
zolmitriptan tab 2.5 mg (Zomig)	1				•
zolmitriptan tab 5 mg (Zomig)	1				•
ZOMIG- zolmitriptan nasal spray 2.5 mg/spray unit	NC				•
ZOMIG- zolmitriptan nasal spray 5 mg/spray unit	NC				•
GOUT AGENTS					
allopurinol tab 100 mg (Zyloprim)	1				
allopurinol tab 300 mg (Zyloprim)	1				
COLCHICINE- colchicine cap 0.6 mg	NC				
COLCHICINE- colchicine tab 0.6 mg	NC				
colchicine w/ probenecid tab 0.5-500 mg	1				
COLCRYS- colchicine tab 0.6 mg	2				
DUZALLO- lesinurad-allopurinol tab 200-200 mg	3		•		•
DUZALLO- lesinurad-allopurinol tab 200-300 mg	3		•		•
MITIGARE- colchicine cap 0.6 mg	NC				
probenecid tab 500 mg	1				
ULORIC- febuxostat tab 40 mg	3				
ULORIC- febuxostat tab 80 mg	3				
ZURAMPIC- lesinurad tab 200 mg	3		•		•
NEUROMUSCULAR DRUGS					
ANTICONVULSANTS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
APTIOM- eslicarbazepine acetate tab 200 mg	3				
APTIOM- eslicarbazepine acetate tab 400 mg	3				
APTIOM- eslicarbazepine acetate tab 600 mg	3				
APTIOM- eslicarbazepine acetate tab 800 mg	3				
BANZEL- rufinamide susp 40 mg/ml	3				
BANZEL- rufinamide tab 200 mg	3				
BANZEL- rufinamide tab 400 mg	3				
BRIVIACT- brivaracetam oral soln 10 mg/ml	3				
BRIVIACT- brivaracetam tab 10 mg	3				
BRIVIACT- brivaracetam tab 25 mg	3				
BRIVIACT- brivaracetam tab 50 mg	3				
BRIVIACT- brivaracetam tab 75 mg	3				
BRIVIACT- brivaracetam tab 100 mg	3				
carbamazepine cap er 12hr 100 mg (Carbatrol)	1				
carbamazepine cap er 12hr 200 mg (Carbatrol)	1				
carbamazepine cap er 12hr 300 mg (Carbatrol)	1				
carbamazepine chew tab 100 mg	1				
carbamazepine susp 100 mg/5ml (Tegretol)	1				
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	1				
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	1				
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	1				
carbamazepine tab 200 mg (Tegretol)	1				
CARBATROL- carbamazepine cap er 12hr 100 mg	3				
CARBATROL- carbamazepine cap er 12hr 200 mg	3				
CARBATROL- carbamazepine cap er 12hr 300 mg	3				
CELONTIN- methsuximide cap 300 mg	3				
clonazepam orally disintegrating tab 0.125 mg	1				
clonazepam orally disintegrating tab 0.25 mg	1				
clonazepam orally disintegrating tab 0.5 mg	1				
clonazepam orally disintegrating tab 1 mg	1				
clonazepam orally disintegrating tab 2 mg	1				
clonazepam tab 0.5 mg (Klonopin)	1				
clonazepam tab 1 mg (Klonopin)	1				
clonazepam tab 2 mg (Klonopin)	1				
DEPAKENE- valproate sodium oral soln 250 mg/5ml (base equiv)	3				
DEPAKENE- valproic acid cap 250 mg	3				
DIASTAT ACUDIAL- diazepam rectal gel delivery system 10 mg	2				
DIASTAT ACUDIAL- diazepam rectal gel delivery system 20 mg	2				
DIASTAT PEDIATRIC- diazepam rectal gel delivery system 2.5 mg	2				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 2.5 mg	3				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 10 mg	3				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 20 mg	3				
DILANTIN- phenytoin sodium extended cap 30 mg	2				
DILANTIN- phenytoin sodium extended cap 100 mg	3				
DILANTIN INFATABS- phenytoin chew tab 50 mg	3				
DILANTIN-125- phenytoin susp 125 mg/5ml	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1				
divalproex sodium tab delayed release 125 mg (Depakote)	1				
divalproex sodium tab delayed release 250 mg (Depakote)	1				
divalproex sodium tab delayed release 500 mg (Depakote)	1				
divalproex sodium tab er 24 hr 250 mg (Depakote er)	1				
divalproex sodium tab er 24 hr 500 mg (Depakote er)	1				
ethosuximide cap 250 mg (Zarontin)	1				
ethosuximide soln 250 mg/5ml (Zarontin)	1				
felbamate susp 600 mg/5ml (Felbatol)	1				
felbamate tab 400 mg (Felbatol)	1				
felbamate tab 600 mg (Felbatol)	1				
FYCOMPA- perampanel susp 0.5 mg/ml	3				
FYCOMPA- perampanel tab 2 mg	3				
FYCOMPA- perampanel tab 4 mg	3				
FYCOMPA- perampanel tab 6 mg	3				
FYCOMPA- perampanel tab 8 mg	3				
FYCOMPA- perampanel tab 10 mg	3				
FYCOMPA- perampanel tab 12 mg	3				
gabapentin cap 100 mg (Neurontin)	1				•
gabapentin cap 300 mg (Neurontin)	1				•
gabapentin cap 400 mg (Neurontin)	1				•
gabapentin oral soln 250 mg/5ml (Neurontin)	1				•
gabapentin tab 600 mg (Neurontin)	1				•
gabapentin tab 800 mg (Neurontin)	1				•
GABITRIL- tiagabine hcl tab 12 mg	3				
GABITRIL- tiagabine hcl tab 16 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LAMICTAL ODT- lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit	3				
LAMICTAL ODT- lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit	3				
LAMICTAL ODT- lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	3				
LAMICTAL XR- lamotrigine tab er 24hr 25 mg (21) & 50 mg (7) 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 orally disintegrating tab 25 mg (Lamictal odt)	1				
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	1				
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	1				
lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	1				
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	1				
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	1				
lamotrigine tab er 24hr 25 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 50 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 100 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 200 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 250 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 300 mg (Lamictal xr)	1				
lamotrigine tab 25 mg (Lamictal)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
lamotrigine tab 100 mg (Lamictal)	1				
lamotrigine tab 150 mg (Lamictal)	1				
lamotrigine tab 200 mg (Lamictal)	1				
lamotrigine tab 25 mg (35) starter kit (Lamictal starter/tak)	1				
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1				
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit (Lamictal starter/tak)	1				
levetiracetam oral soln 100 mg/ml (Keppra)	1				
levetiracetam tab er 24hr 500 mg (Keppra xr)	1				
levetiracetam tab er 24hr 750 mg (Keppra xr)	1				
levetiracetam tab 250 mg (Keppra)	1				
levetiracetam tab 500 mg (Keppra)	1				
levetiracetam tab 750 mg (Keppra)	1				
levetiracetam tab 1000 mg (Keppra)	1				
LYRICA- pregabalin cap 25 mg	2				•
LYRICA- pregabalin cap 50 mg	2				•
LYRICA- pregabalin cap 75 mg	2				•
LYRICA- pregabalin cap 100 mg	2				•
LYRICA- pregabalin cap 150 mg	2				•
LYRICA- pregabalin cap 200 mg	2				•
LYRICA- pregabalin cap 225 mg	2				•
LYRICA- pregabalin cap 300 mg	2				•
LYRICA- pregabalin soln 20 mg/ml	2				•
MYSOLINE- primidone tab 50 mg	3				
MYSOLINE- primidone tab 250 mg	3				
ONFI- clobazam suspension 2.5 mg/ml	3				
ONFI- clobazam tab 10 mg	3				
ONFI- clobazam tab 20 mg	3				
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1				
oxcarbazepine tab 150 mg (Trileptal)	1				
oxcarbazepine tab 300 mg (Trileptal)	1				
oxcarbazepine tab 600 mg (Trileptal)	1				
OXTELLAR XR- oxcarbazepine tab er 24hr 150 mg	3				
OXTELLAR XR- oxcarbazepine tab er 24hr 300 mg	3				
OXTELLAR XR- oxcarbazepine tab er 24hr 600 mg	3				
PEGANONE- ethotoin tab 250 mg	3				
PHENYTEK- phenytoin sodium extended cap 200 mg	3				
PHENYTEK- phenytoin sodium extended cap 300 mg	3				
phenytoin chew tab 50 mg (Dilantin infatabs)	1				
phenytoin sodium extended cap 100 mg (Dilantin)	1				
phenytoin sodium extended cap 200 mg (Phenytek)	1				
phenytoin sodium extended cap 300 mg (Phenytek)	1				
phenytoin susp 125 mg/5ml (Dilantin-125)	1				
primidone tab 50 mg (Mysoline)	1				
primidone tab 250 mg (Mysoline)	1				
QUDEXY XR- topiramate cap er 24hr sprinkle 25 mg	3		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 50 mg	3		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 100 mg	3		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 150 mg	3		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 200 mg	3		•		•
SABRIL- vigabatrin tab 500 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SPRITAM- levetiracetam tab disintegrating soluble 250 mg	3				
SPRITAM- levetiracetam tab disintegrating soluble 500 mg	3				
SPRITAM- levetiracetam tab disintegrating soluble 750 mg	3				
SPRITAM- levetiracetam tab disintegrating soluble 1000 mg	3				
TEGRETOL- carbamazepine susp 100 mg/5ml	3				
TEGRETOL- carbamazepine tab 200 mg	3				
TEGRETOL-XR- carbamazepine tab er 12hr 100 mg	3				
TEGRETOL-XR- carbamazepine tab er 12hr 200 mg	3				
TEGRETOL-XR- carbamazepine tab er 12hr 400 mg	3				
tiagabine hcl tab 2 mg (Gabitril)	1				
tiagabine hcl tab 4 mg (Gabitril)	1				
tiagabine hcl tab 12 mg (Gabitril)	1				
tiagabine hcl tab 16 mg (Gabitril)	1				
TOPIRAMATE ER- topiramate cap er 24hr sprinkle 25 mg	3		•		•
TOPIRAMATE ER- topiramate cap er 24hr sprinkle 50 mg	3		•		•
TOPIRAMATE ER- topiramate cap er 24hr sprinkle 100 mg	3		•		•
TOPIRAMATE ER- topiramate cap er 24hr sprinkle 150 mg	3		•		•
TOPIRAMATE ER- topiramate cap er 24hr sprinkle 200 mg	3		•		•
topiramate sprinkle cap 15 mg (Topamax sprinkle)	1				
topiramate sprinkle cap 25 mg (Topamax sprinkle)	1				
topiramate tab 25 mg (Topamax)	1				
topiramate tab 50 mg (Topamax)	1				
topiramate tab 100 mg (Topamax)	1				
topiramate tab 200 mg (Topamax)	1				
TROKENDI XR- topiramate cap er 24hr 25 mg	3		•		•
TROKENDI XR- topiramate cap er 24hr 50 mg	3		•		•
TROKENDI XR- topiramate cap er 24hr 100 mg	3		•		•
TROKENDI XR- topiramate cap er 24hr 200 mg	3		•		•
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	1				
valproic acid cap 250 mg (Depakene)	1				
vigabatrin powd pack 500 mg (Sabril)	1				
VIMPAT- lacosamide oral solution 10 mg/ml	3				
VIMPAT- lacosamide tab 50 mg	3				
VIMPAT- lacosamide tab 100 mg	3				
VIMPAT- lacosamide tab 150 mg	3				
VIMPAT- lacosamide tab 200 mg	3				
ZARONTIN- ethosuximide cap 250 mg	3				
ZARONTIN- ethosuximide soln 250 mg/5ml	3				
zonisamide cap 25 mg (Zonegran)	1				
zonisamide cap 50 mg	1				
zonisamide cap 100 mg (Zonegran)	1				
ANTIPARKINSON AGENTS					
amantadine hcl cap 100 mg	1				
amantadine hcl syrup 50 mg/5ml	1				
amantadine hcl tab 100 mg	1				
APOKYN- apomorphine hcl soln cartridge 30 mg/3ml	4	•			
benztropine mesylate tab 0.5 mg	1				
benztropine mesylate tab 1 mg	1				
benztropine mesylate tab 2 mg	1				
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1				
carbidopa & levodopa orally disintegrating tab 10-100 mg	1				
carbidopa & levodopa orally disintegrating tab 25-100 mg	1				
carbidopa & levodopa orally disintegrating tab 25-250 mg	1				
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)	1				
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)	1				
carbidopa & levodopa tab 10-100 mg (Sinemet)	1				
carbidopa & levodopa tab 25-100 mg (Sinemet)	1				
carbidopa & levodopa tab 25-250 mg (Sinemet)	1				
carbidopa tab 25 mg (Lodosyn)	1				
CARBIDOPA/LEVODOPA/ENTACA-carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA-carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA-carbidopa-levodopa-entacapone tabs 25-100-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA-carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA-carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA-carbidopa-levodopa-entacapone tabs 50-200-200 mg	3				
DUOPA- carbidopa-levodopa enteral susp 4.63-20 mg/ml	3				
entacapone tab 200 mg (Comtan)	1				
GOCOVRI- amantadine hcl cap er 24hr 68.5 mg (base equivalent)	4	•	•		•
GOCOVRI- amantadine hcl cap er 24hr 137 mg (base equivalent)	4	•	•		•
NEUPRO- rotigotine td patch 24hr 1 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 2 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 3 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 4 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 6 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 8 mg/24hr	3				
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	1				
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.25 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	1				
pramipexole dihydrochloride tab 1 mg (Mirapex)	1				
pramipexole dihydrochloride tab 1.5 mg (Mirapex)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	1				
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	1				
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab 0.25 mg (Requip)	1				
ropinirole hydrochloride tab 0.5 mg (Requip)	1				
ropinirole hydrochloride tab 1 mg (Requip)	1				
ropinirole hydrochloride tab 2 mg (Requip)	1				
ropinirole hydrochloride tab 3 mg (Requip)	1				
ropinirole hydrochloride tab 4 mg (Requip)	1				
ropinirole hydrochloride tab 5 mg (Requip)	1				
RYTARY- carbidopa & levodopa cap er 23.75-95 mg	3				
RYTARY- carbidopa & levodopa cap er 36.25-145 mg	3				
RYTARY- carbidopa & levodopa cap er 48.75-195 mg	3				
RYTARY- carbidopa & levodopa cap er 61.25-245 mg	3				
selegiline hcl cap 5 mg (Eldepryl)	1				
selegiline hcl tab 5 mg	1				
STALEVO 100- carbidopa-levodopa-entacapone tabs 25-100-200 mg	3				
STALEVO 125- carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3				
STALEVO 150- carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3				
STALEVO 200- carbidopa-levodopa-entacapone tabs 50-200-200 mg	3				
STALEVO 50- carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3				
STALEVO 75- carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3				
tolcapone tab 100 mg (Tasmar)	1				
trihexyphenidyl hcl elixir 0.4 mg/ml	1				
trihexyphenidyl hcl tab 2 mg	1				
trihexyphenidyl hcl tab 5 mg	1				
XADAGO- safinamide mesylate tab 50 mg (base equiv)	3				
XADAGO- safinamide mesylate tab 100 mg (base equiv)	3				
ZELAPAR- selegiline hcl orally disintegrating tab 1.25 mg	3				
NEUROMUSCULAR AGENTS					
EXONDYS 51- eteplirsen iv soln 100 mg/2ml (50 mg/ml)	NC				
EXONDYS 51- eteplirsen iv soln 500 mg/10ml (50 mg/ml)	NC				
riluzole tab 50 mg (Rilutek)	1				
MUSCULOSKELETAL THERAPY AGENTS					
AMRIX- cyclobenzaprine hcl cap er 24hr 15 mg	3				
AMRIX- cyclobenzaprine hcl cap er 24hr 30 mg	3				
baclofen tab 10 mg	1				
baclofen tab 20 mg	1				
carisoprodol tab 250 mg (Soma)	NC				
carisoprodol tab 350 mg (Soma)	NC				
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	NC				
carisoprodol w/ aspirin tab 200-325 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CHLORZOXAZONE- chlorzoxazone tab 250 mg	3				
CHLORZOXAZONE- chlorzoxazone tab 500 mg	3				
cyclobenzaprine hcl tab 5 mg	1				
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	1				
cyclobenzaprine hcl tab 10 mg	1				
dantrolene sodium cap 25 mg (Dantrium)	1				
dantrolene sodium cap 50 mg (Dantrium)	1				
dantrolene sodium cap 100 mg	1				
LORZONE- chlorzoxazone tab 375 mg	3				
LORZONE- chlorzoxazone tab 750 mg	3				
METAXALONE- metaxalone tab 400 mg	3				
metaxalone tab 800 mg (Skelaxin)	1				
methocarbamol tab 500 mg (Robaxin)	1				
methocarbamol tab 750 mg (Robaxin-750)	1				
orphenadrine citrate tab er 12hr 100 mg	1				
SOMA- carisoprodol tab 250 mg	NC				
SOMA- carisoprodol tab 350 mg	NC				
tizanidine hcl cap 2 mg (base equivalent) (Zanaflex)	1				
tizanidine hcl cap 4 mg (base equivalent) (Zanaflex)	1				
tizanidine hcl cap 6 mg (base equivalent) (Zanaflex)	1				
tizanidine hcl tab 2 mg (base equivalent)	1				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1				
ANTIMYASTHENIC AGENTS					
GUANIDINE HCL- guanidine hcl tab 125 mg	3				
MESTINON- pyridostigmine bromide syrup 60 mg/5ml	3				
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1				
pyridostigmine bromide tab 60 mg (Mestinon)	1				
NUTRITIONAL PRODUCTS					
VITAMINS					
cholecalciferol cap 400 unit	1				
cholecalciferol cap 1000 unit	1				
cholecalciferol chew tab 400 unit	1				
cholecalciferol chew tab 1000 unit	1				
cholecalciferol drops 5000 unit/ml (1000 unit/0.2ml)	1				
cholecalciferol oral liquid 400 unit/ml	1				
cholecalciferol tab 400 unit	1				
cholecalciferol tab 1000 unit	1				
ergocalciferol cap 50000 unit	1				
MEPHYTON- phytonadione tab 5 mg	2				
phytonadione tab 5 mg (Mephyton)	1				
MINERALS and ELECTROLYTES					
FLORIVA- sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3				
FLUORABON- sodium fluoride soln 0.25 mg/0.6ml (from 0.55 mg/0.6ml naf)	3				
FLURA-DROPS- sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	2				
GALZIN- zinc acetate cap 25 mg (elemental zinc)	3				
GALZIN- zinc acetate cap 50 mg (elemental zinc)	3				
K-TAB- potassium chloride tab er 8 meq (600 mg)	3				
K-TAB- potassium chloride tab er 20 meq (1500 mg)	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KLOR-CON M15- potassium chloride microencapsulated crys er tab 15 meq	3				
POTASSIUM CHLORIDE- potassium chloride oral soln 20% (40 meq/15ml)	3				
potassium chloride cap er 8 meq (Micro-k)	1				
potassium chloride cap er 10 meq (Micro-k)	1				
POTASSIUM CHLORIDE ER- potassium chloride tab er 8 meq (600 mg)	2				
POTASSIUM CHLORIDE ER- potassium chloride tab er 20 meq (1500 mg)	3				
potassium chloride microencapsulated crys er tab 10 meq	1				
potassium chloride microencapsulated crys er tab 20 meq	1				
potassium chloride oral soln 10% (20 meq/15ml)	1				
potassium chloride powder packet 20 meq	1				
potassium chloride tab er 8 meq (600 mg)	1				
potassium chloride tab er 10 meq (K-tab)	1				
SODIUM FLUORIDE- sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	2				
SODIUM FLUORIDE- sodium fluoride tab 1 mg f (from 2.2 mg naf)	2				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1				
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1				
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	1				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1				
NUTRIENTS					
NUTRESTORE- glutamine powd pack 5 gm	3				
HEMATOLOGICAL AGENTS					
HEMATOPOIETIC AGENTS					
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 25 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 40 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 60 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 100 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 200 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 300 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 500 mcg/ml	4	•			
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1				
CERDELGA- eliglustat tartrate cap 84 mg (base equivalent)	4	•	•		•
cyanocobalamin inj 1000 mcg/ml	1				
DROXIA- hydroxyurea cap 200 mg	4	•			
DROXIA- hydroxyurea cap 300 mg	4	•			
DROXIA- hydroxyurea cap 400 mg	4	•			
ENDARI- glutamine (sickle cell) powd pack 5 gm	4	•	•		
EPOGEN- epoetin alfa inj 2000 unit/ml	4	•			
EPOGEN- epoetin alfa inj 3000 unit/ml	4	•			
EPOGEN- epoetin alfa inj 4000 unit/ml	4	•			
EPOGEN- epoetin alfa inj 10000 unit/ml	4	•			
EPOGEN- epoetin alfa inj 20000 unit/ml	4	•			
FERROUS SULFATE- ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe)	2				
FERROUS SULFATE- ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)	2				
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	1				
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1				
folic acid cap 0.8 mg	1				
folic acid tab 400 mcg	1				
folic acid tab 800 mcg	1				
folic acid tab 1 mg	1				
GRANIX- tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	4	•			
GRANIX- tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	4	•			
HYDROXOCOBALAMIN- hydroxocobalamin inj 1000 mcg/ml	3				
IRON UP- polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	2				
LEUKINE- sargramostim lyophilized for inj 250 mcg	4	•			
miglustat cap 100 mg (Zavesca)	4	•	•		•
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	3				
NASCOBAL- cyanocobalamin nasal spray 500 mcg/0.1ml	3				
NEULASTA- pegfilgrastim soln prefilled syringe 6 mg/0.6ml	4	•			
NEULASTA ONPRO KIT- pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	4	•			
NEUPOGEN- filgrastim inj 300 mcg/ml	4	•			
NEUPOGEN- filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	4	•			
NEUPOGEN- filgrastim soln prefilled syringe 300 mcg/0.5ml	4	•			
NEUPOGEN- filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	4	•			
NOVAFERRUM PEDIATRIC DROP- polysaccharide iron complex liquid 15 mg/ml (fe equiv)	2				
PROCRIT- epoetin alfa inj 2000 unit/ml	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PROCRIT- epoetin alfa inj 3000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 4000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 10000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 20000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 40000 unit/ml	4	•			
PROMACTA- eltrombopag olamine tab 12.5 mg (base equiv)	4	•	•		•
PROMACTA- eltrombopag olamine tab 25 mg (base equiv)	4	•	•		•
PROMACTA- eltrombopag olamine tab 50 mg (base equiv)	4	•	•		•
PROMACTA- eltrombopag olamine tab 75 mg (base equiv)	4	•	•		•
ZARXIO- filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	4	•			
ZARXIO- filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	4	•			
ZAVESCA- miglustat cap 100 mg	4	•	•		•
ANTICOAGULANTS					
BEVYXXA- betrixaban maleate cap 40 mg (base equivalent)	3				•
BEVYXXA- betrixaban maleate cap 80 mg (base equivalent)	3				•
COUMADIN- warfarin sodium tab 1 mg	3				
COUMADIN- warfarin sodium tab 2 mg	3				
COUMADIN- warfarin sodium tab 2.5 mg	3				
COUMADIN- warfarin sodium tab 3 mg	3				
COUMADIN- warfarin sodium tab 4 mg	3				
COUMADIN- warfarin sodium tab 5 mg	3				
COUMADIN- warfarin sodium tab 6 mg	3				
COUMADIN- warfarin sodium tab 7.5 mg	3				
COUMADIN- warfarin sodium tab 10 mg	3				
ELIQUIS- apixaban tab 2.5 mg	2				•
ELIQUIS- apixaban tab 5 mg	2				•
ELIQUIS STARTER PACK- apixaban tab 5 mg	2				•
enoxaparin sodium inj 30 mg/0.3ml (Lovenox)	1				•
enoxaparin sodium inj 40 mg/0.4ml (Lovenox)	1				•
enoxaparin sodium inj 60 mg/0.6ml (Lovenox)	1				•
enoxaparin sodium inj 80 mg/0.8ml (Lovenox)	1				•
enoxaparin sodium inj 100 mg/ml (Lovenox)	1				•
enoxaparin sodium inj 120 mg/0.8ml (Lovenox)	1				•
enoxaparin sodium inj 150 mg/ml (Lovenox)	1				•
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1				•
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	1				•
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	1				•
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	1				•
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	1				•
FRAGMIN- dalteparin sodium inj 10000 unit/ml	3				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FRAGMIN- dalteparin sodium inj 2500 unit/0.2ml	3				•
FRAGMIN- dalteparin sodium inj 5000 unit/0.2ml	3				•
FRAGMIN- dalteparin sodium inj 7500 unit/0.3ml	3				•
FRAGMIN- dalteparin sodium inj 12500 unit/0.5ml	3				•
FRAGMIN- dalteparin sodium inj 15000 unit/0.6ml	3				•
FRAGMIN- dalteparin sodium inj 18000 unit/0.72ml	3				•
FRAGMIN- dalteparin sodium inj 95000 unit/3.8ml	3				•
heparin sodium (porcine) inj 1000 unit/ml	1				
heparin sodium (porcine) inj 5000 unit/ml	1				
heparin sodium (porcine) inj 10000 unit/ml	1				
heparin sodium (porcine) inj 20000 unit/ml	1				
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1				
PRADAXA- dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	3				•
PRADAXA- dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3				•
PRADAXA- dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	3				•
SAVAYSA- edoxaban tosylate tab 15 mg (base equivalent)	3				•
SAVAYSA- edoxaban tosylate tab 30 mg (base equivalent)	3				•
SAVAYSA- edoxaban tosylate tab 60 mg (base equivalent)	3				•
warfarin sodium tab 1 mg (Coumadin)	1				
warfarin sodium tab 2 mg (Coumadin)	1				
warfarin sodium tab 2.5 mg (Coumadin)	1				
warfarin sodium tab 3 mg (Coumadin)	1				
warfarin sodium tab 4 mg (Coumadin)	1				
warfarin sodium tab 5 mg (Coumadin)	1				
warfarin sodium tab 6 mg (Coumadin)	1				
warfarin sodium tab 7.5 mg (Coumadin)	1				
warfarin sodium tab 10 mg (Coumadin)	1				
XARELTO- rivaroxaban tab 10 mg	2				•
XARELTO- rivaroxaban tab 15 mg	2				•
XARELTO- rivaroxaban tab 20 mg	2				•
XARELTO STARTER PACK- rivaroxaban tab starter therapy pack 15 mg & 20 mg	2				•
HEMOSTATICS					
AMICAR- aminocaproic acid oral soln 0.25 gm/ml	3				
AMICAR- aminocaproic acid tab 500 mg	3				
AMICAR- aminocaproic acid tab 1000 mg	3				
ARTISS- fibrin sealant component solution	3				
RECOTHROM- thrombin (recombinant) for soln 5000 unit	3				
RECOTHROM- thrombin (recombinant) for soln 20000 unit	3				
RECOTHROM SPRAY KIT- thrombin (recombinant) for soln 20000 unit	3				
THROMBIN-JMI DILUENT- thrombin for soln 5000 unit	3				
THROMBIN-JMI DILUENT- thrombin for soln 20000 unit	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
THROMBIN-JMI EPISTAXIS- thrombin for soln kit 5000 unit	3				
THROMBIN-JMI SYRINGE SPRA- thrombin for soln kit 5000 unit	3				
THROMBIN-JMI SYRINGE SPRA- thrombin for soln kit 20000 unit	3				
THROMBIN-JMI W/DIL SPRAY- thrombin for soln kit 20000 unit	3				
TISSEEL- fibrin sealant component kit 2 ml	3				
TISSEEL- fibrin sealant component kit 4 ml	3				
TISSEEL- fibrin sealant component kit 10 ml	3				
TISSEEL- fibrin sealant component solution	3				
TISSEEL VH- fibrin sealant component kit 2 ml	3				
TISSEEL VH- fibrin sealant component kit 4 ml	3				
TISSEEL VH- fibrin sealant component kit 10 ml	3				
tranexamic acid tab 650 mg (Lysteda)	1				
HEMATOLOGICAL AGENTS - MISC.					
ADVATE- antihemophilic factor rahf-pfm for inj 250 unit	4	•			
ADVATE- antihemophilic factor rahf-pfm for inj 500 unit	4	•			
ADVATE- antihemophilic factor rahf-pfm for inj 1000 unit	4	•			
ADVATE- antihemophilic factor rahf-pfm for inj 1500 unit	4	•			
ADVATE- antihemophilic factor rahf-pfm for inj 2000 unit	4	•			
ADVATE- antihemophilic factor rahf-pfm for inj 3000 unit	4	•			
ADVATE- antihemophilic factor rahf-pfm for inj 4000 unit	4	•			
ADYNOVATE- antihemophilic factor recomb pegylated for inj 250 unit	4	•			
ADYNOVATE- antihemophilic factor recomb pegylated for inj 500 unit	4	•			
ADYNOVATE- antihemophilic factor recomb pegylated for inj 750 unit	4	•			
ADYNOVATE- antihemophilic factor recomb pegylated for inj 1000 unit	4	•			
ADYNOVATE- antihemophilic factor recomb pegylated for inj 1500 unit	4	•			
ADYNOVATE- antihemophilic factor recomb pegylated for inj 2000 unit	4	•			
ADYNOVATE- antihemophilic factor recomb pegylated for inj 3000 unit	4	•			
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 250 unit	4	•			
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 500 unit	4	•			
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 1000 unit	4	•			
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 1500 unit	4	•			
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 2000 unit	4	•			
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 2500 unit	4	•			
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 3000 unit	4	•			
ALPHANATE/VON WILLEBRAND- antihemophilic factor/vwf (human) for inj 250 unit	4	•			
ALPHANATE/VON WILLEBRAND- antihemophilic factor/vwf (human) for inj 500 unit	4	•			
ALPHANATE/VON WILLEBRAND- antihemophilic factor/vwf (human) for inj 1000 unit	4	•			
ALPHANATE/VON WILLEBRAND- antihemophilic factor/vwf (human) for inj 1500 unit	4	•			
ALPHANATE/VON WILLEBRAND- antihemophilic factor/vwf (human) for inj 2000 unit	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALPHANINE SD- coagulation factor ix for inj 500 unit	4	•			
ALPHANINE SD- coagulation factor ix for inj 1000 unit	4	•			
ALPHANINE SD- coagulation factor ix for inj 1500 unit	4	•			
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 250 unit	4	•			
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 500 unit	4	•			
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	4	•			
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	4	•			
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	4	•			
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	4	•			
anagrelide hcl cap 0.5 mg (Agrylin)	1				
anagrelide hcl cap 1 mg	1				
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	1				
BEBULIN- factor ix complex for inj 200-1200 unit	4	•			
BENEFIX- coagulation factor ix (recombinant) for inj kit 250 unit	4	•			
BENEFIX- coagulation factor ix (recombinant) for inj kit 500 unit	4	•			
BENEFIX- coagulation factor ix (recombinant) for inj kit 1000 unit	4	•			
BENEFIX- coagulation factor ix (recombinant) for inj kit 2000 unit	4	•			
BENEFIX- coagulation factor ix (recombinant) for inj kit 3000 unit	4	•			
BERINERT- c1 esterase inhibitor (human) for iv inj kit 500 unit	4	•	•		•
BRILINTA- ticagrelor tab 60 mg	2				
BRILINTA- ticagrelor tab 90 mg	2				
cilostazol tab 50 mg	1				
cilostazol tab 100 mg	1				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1				
clopidogrel bisulfate tab 300 mg (base equiv) (Plavix)	1				
COAGADEX- coagulation factor x (human) for inj 250 unit	4	•			
COAGADEX- coagulation factor x (human) for inj 500 unit	4	•			
CORIFACT- factor xiii concentrate (human) for inj kit 1000-1600 unit	4	•			
dipyridamole tab 25 mg	1				
dipyridamole tab 50 mg	1				
dipyridamole tab 75 mg	1				
DURLAZA- aspirin capsule er 24hr 162.5 mg	3				
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 250 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 500 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 750 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 1000 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 1500 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 2000 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 3000 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 4000 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 5000 unit	4	•			
ELOCTATE- antihemophilic factor (recomb) rfviiifc for inj 6000 unit	4	•			
FEIBA- antiinhibitor coagulant complex for inj	4	•			
FIRAZYR- icatibant acetate inj 30 mg/3ml (base equivalent)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	4	•	•		•
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	4	•	•		•
HELIXATE FS- antihemophilic factor (recombinant) for inj kit 250 unit	4	•			
HELIXATE FS- antihemophilic factor (recombinant) for inj kit 500 unit	4	•			
HELIXATE FS- antihemophilic factor (recombinant) for inj kit 1000 unit	4	•			
HELIXATE FS- antihemophilic factor (recombinant) for inj kit 2000 unit	4	•			
HELIXATE FS- antihemophilic factor (recombinant) for inj kit 3000 unit	4	•			
HEMLIBRA- emicizumab-kxwh subcutaneous soln 30 mg/ml	4	•			
HEMLIBRA- emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	4	•			
HEMLIBRA- emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	4	•			
HEMLIBRA- emicizumab-kxwh subcutaneous soln 150 mg/ml	4	•			
HEMOFIL M- antihemophilic factor (human) for inj 250 unit	4	•			
HEMOFIL M- antihemophilic factor (human) for inj 500 unit	4	•			
HEMOFIL M- antihemophilic factor (human) for inj 1000 unit	4	•			
HEMOFIL M- antihemophilic factor (human) for inj 1700 unit	4	•			
HUMATE-P- antihemophilic factor/vwf (human) for inj 250-600 unit	4	•			
HUMATE-P- antihemophilic factor/vwf (human) for inj 500-1200 unit	4	•			
HUMATE-P- antihemophilic factor/vwf (human) for inj 1000-2400 unit	4	•			
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 250 unit	4	•			
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 500 unit	4	•			
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	4	•			
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	4	•			
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	4	•			
IXINITY- coagulation factor ix (recombinant) for inj 250 unit	4	•			
IXINITY- coagulation factor ix (recombinant) for inj 500 unit	4	•			
IXINITY- coagulation factor ix (recombinant) for inj 1000 unit	4	•			
IXINITY- coagulation factor ix (recombinant) for inj 1500 unit	4	•			
IXINITY- coagulation factor ix (recombinant) for inj 2000 unit	4	•			
IXINITY- coagulation factor ix (recombinant) for inj 3000 unit	4	•			
KOATE- antihemophilic factor (human) for inj 250 unit	4	•			
KOATE- antihemophilic factor (human) for inj 500 unit	4	•			
KOATE- antihemophilic factor (human) for inj 1000 unit	4	•			
KOATE-DVI- antihemophilic factor (human) for inj 250 unit	4	•			
KOATE-DVI- antihemophilic factor (human) for inj 500 unit	4	•			
KOATE-DVI- antihemophilic factor (human) for inj 1000 unit	4	•			
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 250 unit	4	•			
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 500 unit	4	•			
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 1000 unit	4	•			
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 2000 unit	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 3000 unit	4	•			
KOGENATE FS BIO-SET- antihemophilic factor (recombinant) for inj kit 1000 unit	4	•			
KOGENATE FS BIO-SET- antihemophilic factor (recombinant) for inj kit 2000 unit	4	•			
KOGENATE FS BIO-SET- antihemophilic factor (recombinant) for inj kit 3000 unit	4	•			
KOVALTRY- antihemophilic factor (recombinant) for inj 250 unit	4	•			
KOVALTRY- antihemophilic factor (recombinant) for inj 500 unit	4	•			
KOVALTRY- antihemophilic factor (recombinant) for inj 1000 unit	4	•			
KOVALTRY- antihemophilic factor (recombinant) for inj 2000 unit	4	•			
KOVALTRY- antihemophilic factor (recombinant) for inj 3000 unit	4	•			
MONOCLATE-P- antihemophilic factor (human) for inj kit 1000 unit	4	•			
MONOCLATE-P- antihemophilic factor (human) for inj kit 1500 unit	4	•			
MONONINE- coagulation factor ix for inj 1000 unit	4	•			
NOVOEIGHT- antihemophilic factor (recombinant) for inj 250 unit	4	•			
NOVOEIGHT- antihemophilic factor (recombinant) for inj 500 unit	4	•			
NOVOEIGHT- antihemophilic factor (recombinant) for inj 1000 unit	4	•			
NOVOEIGHT- antihemophilic factor (recombinant) for inj 1500 unit	4	•			
NOVOEIGHT- antihemophilic factor (recombinant) for inj 2000 unit	4	•			
NOVOEIGHT- antihemophilic factor (recombinant) for inj 3000 unit	4	•			
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	4	•			
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	4	•			
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	4	•			
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj kit 250 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj kit 500 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj kit 1000 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj kit 2000 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj kit 2500 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj kit 3000 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj kit 4000 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj 250 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj 500 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj 1000 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj 2000 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj 2500 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj 3000 unit	4	•			
NUWIQ- antihemophilic factor (bdd-rfviii) for inj 4000 unit	4	•			
OBIZUR- antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4	•			
pentoxifylline tab er 400 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
prasugrel hcl tab 5 mg (base equiv) (Effient)	1				
prasugrel hcl tab 10 mg (base equiv) (Effient)	1				
PROFILNINE- factor ix complex for inj 500 unit	4	•			
PROFILNINE- factor ix complex for inj 1000 unit	4	•			
PROFILNINE- factor ix complex for inj 1500 unit	4	•			
PROFILNINE SD- factor ix complex for inj 500 unit	4	•			
PROFILNINE SD- factor ix complex for inj 1000 unit	4	•			
PROFILNINE SD- factor ix complex for inj 1500 unit	4	•			
REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unt	4	•			
REBINYN- coagulation factor ix recomb glycopegylated for inj 1000 unt	4	•			
REBINYN- coagulation factor ix recomb glycopegylated for inj 2000 unt	4	•			
RECOMBINATE- antihemophilic factor (recombinant) for inj 220-400 unit	4	•			
RECOMBINATE- antihemophilic factor (recombinant) for inj 401-800 unit	4	•			
RECOMBINATE- antihemophilic factor (recombinant) for inj 801-1240 unit	4	•			
RECOMBINATE- antihemophilic factor (recombinant) for inj 1241-1800 unit	4	•			
RECOMBINATE- antihemophilic factor (recombinant) for inj 1801-2400 unit	4	•			
RIASTAP- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	•			
RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit	4	•			
RIXUBIS- coagulation factor ix (recombinant) for inj 500 unit	4	•			
RIXUBIS- coagulation factor ix (recombinant) for inj 1000 unit	4	•			
RIXUBIS- coagulation factor ix (recombinant) for inj 2000 unit	4	•			
RIXUBIS- coagulation factor ix (recombinant) for inj 3000 unit	4	•			
RUCONEST- c1 esterase inhibitor (recombinant) for iv inj 2100 unit	4	•	•		•
TRETTEN- coagulation factor xiii a-subunit for inj 2000-3125 unit	4	•			
VONVENDI- von willebrand factor (recombinant) for inj 650 unit	4	•			
VONVENDI- von willebrand factor (recombinant) for inj 1300 unit	4	•			
WILATE- antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	•			
WILATE- antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	•			
XYNTHA- antihemophilic factor recombinant paf for inj kit 250 unit	4	•			
XYNTHA- antihemophilic factor recombinant paf for inj kit 500 unit	4	•			
XYNTHA- antihemophilic factor recombinant paf for inj kit 1000 unit	4	•			
XYNTHA- antihemophilic factor recombinant paf for inj kit 2000 unit	4	•			
XYNTHA SOLOFUSE- antihemophilic factor recombinant paf for inj kit 250 unit	4	•			
XYNTHA SOLOFUSE- antihemophilic factor recombinant paf for inj kit 500 unit	4	•			
XYNTHA SOLOFUSE- antihemophilic factor recombinant paf for inj kit 1000 unit	4	•			
XYNTHA SOLOFUSE- antihemophilic factor recombinant paf for inj kit 2000 unit	4	•			
XYNTHA SOLOFUSE- antihemophilic factor recombinant paf for inj kit 3000 unit	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
YOSPRALA- aspirin-omeprazole tab delayed release 81-40 mg	3				
YOSPRALA- aspirin-omeprazole tab delayed release 325-40 mg	3				
ZONTIVITY- vorapaxar sulfate tab 2.08 mg (base equivalent)	3				
TOPICAL PRODUCTS					
OPHTHALMIC AGENTS					
ACUVAIL- ketorolac tromethamine (pf) ophth soln 0.45%	3				
AKTEN- lidocaine hcl ophth gel 3.5%	3				
ALOCRIL- nedocromil sodium ophth soln 2%	3				
ALOMIDE- lodoxamide tromethamine ophth soln 0.1%	3				
ALPHAGAN P- brimonidine tartrate ophth soln 0.1%	NC				
ALREX- loteprednol etabonate ophth susp 0.2%	2				
apraclonidine hcl ophth soln 0.5% (base equivalent) (lopidine)	1				
ATROPINE SULFATE- atropine sulfate ophth soln 1%	3				
AZASITE- azithromycin ophth soln 1%	NC				
azelastine hcl ophth soln 0.05%	1				
AZOPT- brinzolamide ophth susp 1%	2				
BACITRACIN- bacitracin ophth oint 500 unit/gm	2				
bacitracin-polymyxin b ophth oint	1				
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1				
BEPREVE- bepotastine besilate ophth soln 1.5%	3				
BESIVANCE- besifloxacin hcl ophth susp 0.6% (base equiv)	2				
BETADINE OPHTHALMIC PREP- povidone-iodine ophth soln 5%	NC				
betaxolol hcl ophth soln 0.5%	1				
BETIMOL- timolol ophth soln 0.25%	3				
BETIMOL- timolol ophth soln 0.5%	3				
BETOPTIC-S- betaxolol hcl ophth susp 0.25%	3				
BIMATOPROST- bimatoprost ophth soln 0.03%	NC				•
BLEPHAMIDE- sulfacetamide sodium-prednisolone ophth susp 10-0.2%	3				
BLEPHAMIDE S.O.P.- sulfacetamide sodium-prednisolone ophth oint 10-0.2%	3				
brimonidine tartrate ophth soln 0.15% (Alphagan p)	1				
brimonidine tartrate ophth soln 0.2%	1				
BROMFENAC- bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	3				
BROMSITE- bromfenac sodium ophth soln 0.075% (base equivalent)	3				
CARTEOLOL HCL- carteolol hcl ophth soln 1%	3				
CILOXAN- ciprofloxacin hcl ophth oint 0.3%	NC				
ciprofloxacin hcl ophth soln 0.3% (Ciloxan)	1				
COMBIGAN- brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3				
COSOPT PF- dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	3				
cromolyn sodium ophth soln 4%	1				
CYCLOMYDRIL- cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3				
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	1				
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1				
cyclopentolate hcl ophth soln 2% (Cyclogyl)	1				
CYSTARAN- cysteamine hcl ophth soln 0.44% (base equivalent)	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DEXAMETHASONE SODIUM PHOS-dexamethasone sodium phosphate ophth soln 0.1%	2				
diclofenac sodium ophth soln 0.1%	1				
dorzolamide hcl ophth soln 2% (Trusopt)	1				
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	1				
DUREZOL- difluprednate ophth emulsion 0.05%	NC				
EMADINE- emedastine difumarate ophth soln 0.05% (base equiv)	3				
epinastine hcl ophth soln 0.05% (Elestat)	1				
erythromycin ophth oint 5 mg/gm	1				
FLAREX- fluorometholone acetate ophth susp 0.1%	3				
fluorometholone ophth susp 0.1% (Fml liquifilm)	1				
flurbiprofen sodium ophth soln 0.03% (Ocufen)	1				
FML- fluorometholone ophth oint 0.1%	NC				
FML FORTE- fluorometholone ophth susp 0.25%	NC				
gatifloxacin ophth soln 0.5% (Zymaxid)	1				
GENTAK- gentamicin sulfate ophth oint 0.3%	3				
gentamicin sulfate ophth soln 0.3%	1				
ILEVRO- nepafenac ophth susp 0.3%	3				
IOPIDINE- apraclonidine hcl ophth soln 1% (base equivalent)	NC				
ISOPTO ATROPINE- atropine sulfate ophth soln 1%	3				
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1				
ketorolac tromethamine ophth soln 0.5% (Acular)	1				
LACRISERT- artificial tear ophth insert	NC				
LASTACAFT- alcaftadine ophth soln 0.25%	3				
latanoprost ophth soln 0.005% (Xalatan)	1				•
levobunolol hcl ophth soln 0.5% (Betagan)	1				
levofloxacin ophth soln 0.5%	1				
LOTEMAX- loteprednol etabonate ophth gel 0.5%	2				
LOTEMAX- loteprednol etabonate ophth oint 0.5%	2				
LOTEMAX- loteprednol etabonate ophth susp 0.5%	2				
LUMIGAN- bimatoprost ophth soln 0.01%	2				•
MAXIDEX- dexamethasone ophth susp 0.1%	3				
METIPRANOLOL- metipranolol ophth soln 0.3%	3				
MITOSOL- mitomycin for ophth soln kit 0.2 mg	NC				
MOXEZA- moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	2				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1				
NATACYN- natamycin ophth susp 5%	2				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1				
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml (Neosporin)	1				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1				
NEOMYCIN/POLYMYXIN/HYDROC-neomycin-polymyxin-hc ophth susp	3				
NEVANAC- nepafenac ophth susp 0.1%	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ofloxacin ophth soln 0.3% (Ocuflox)	1				
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol)	1				
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)	1				
PAZEO- olopatadine hcl ophth soln 0.7% (base equivalent)	2				
phenylephrine hcl ophth soln 2.5%	1				
phenylephrine hcl ophth soln 10%	1				
PHOSPHOLINE IODIDE- echothiophate iodide ophth for soln 0.125%	NC				
pilocarpine hcl ophth soln 1% (Isopto carpine)	1				
pilocarpine hcl ophth soln 2% (Isopto carpine)	1				
pilocarpine hcl ophth soln 4% (Isopto carpine)	1				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1				
PRED MILD- prednisolone acetate ophth susp 0.12%	NC				
PRED-G- gentamicin-prednisolone ace ophth susp 0.3-1%	3				
PRED-G S.O.P.- gentamicin-prednisolone ace ophth oint 0.3-0.6%	3				
prednisolone acetate ophth susp 1% (Pred forte)	1				
PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate ophth soln 1%	3				
PROLENSA- bromfenac sodium ophth soln 0.07% (base equivalent)	3				
proparacaine hcl ophth soln 0.5%	1				
RESTASIS- cyclosporine (ophth) emulsion 0.05%	2				
RESTASIS MULTIDOSE- cyclosporine (ophth) emulsion 0.05%	2				
RHOPRESSA- netarsudil dimesylate ophth soln 0.02%	NC				
SIMBRINZA- brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2				
SULFACETAMIDE SODIUM- sulfacetamide sodium ophth oint 10%	3				
sulfacetamide sodium ophth soln 10% (Bleph-10)	1				
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1				
tetracaine hcl ophth soln 0.5%	1				
timolol maleate ophth soln 0.25% (Timoptic)	1				
timolol maleate ophth soln 0.5% (Timoptic)	1				
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1				
TIMOLOL MALEATE OPHTHALMI- timolol maleate ophth gel forming soln 0.25%	3				
TIMOLOL MALEATE OPHTHALMI- timolol maleate ophth gel forming soln 0.5%	3				
TIMOPTIC OCUDOSE- timolol maleate preservative free ophth soln 0.25%	3				
TIMOPTIC OCUDOSE- timolol maleate preservative free ophth soln 0.5%	3				
TIMOPTIC-XE- timolol maleate ophth gel forming soln 0.25%	3				
TIMOPTIC-XE- timolol maleate ophth gel forming soln 0.5%	3				
TOBRADEX- tobramycin-dexamethasone ophth oint 0.3-0.1%	NC				
TOBRADEX ST- tobramycin-dexamethasone ophth susp 0.3-0.05%	3				
tobramycin ophth soln 0.3% (Tobrex)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1				
TOBREX- tobramycin ophth oint 0.3%	NC				
TRAVATAN Z- travoprost ophth soln 0.004% (benzalkonium free) (bak free)	2				•
trifluridine ophth soln 1% (Viroptic)	1				
VYZULTA- latanoprostene bunod ophth soln 0.024%	3				•
XIIDRA- lifitegrast ophth soln 5%	2				
ZIOPTAN- tafluprost ophth soln 0.0015%	NC				•
ZIRGAN- ganciclovir ophth gel 0.15%	NC				
ZYLET- loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3				
OTIC AGENTS					
acetic acid otic soln 2%	1				
CETRAXAL- ciprofloxacin hcl otic soln 0.2% (base equivalent)	3				
CIPRO HC- ciprofloxacin-hydrocortisone otic susp 0.2-1%	NC				
CIPRODEX- ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2				
CIPROFLOXACIN- ciprofloxacin hcl otic soln 0.2% (base equivalent)	3				
COLY-MYCIN S- neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	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% (Floxin otic)	1				
OTOVEL- ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MOUTH/THROAT/DENTAL AGENTS					
ARESTIN- minocycline hcl subgingival powder cartridge 1 mg	NC				
cevimeline hcl cap 30 mg (Evoxac)	1				
chlorhexidine gluconate soln 0.12% (Peridex)	1				
clotrimazole troche 10 mg	1				
LIDOCAINE HCL- lidocaine hcl laryngotracheal soln 4%	3				
lidocaine hcl viscous soln 2%	1				
NAFRINSE DAILY/ACIDULATED- sodium fluoride-phosphoric acid for soln 1 mg/5ml (f equiv)	3				
NAFRINSE DAILY/NEUTRAL- sodium fluoride for soln rinse 0.05%	3				
NAFRINSE WEEKLY- sodium fluoride for soln rinse 0.2%	3				
nystatin susp 100000 unit/ml	1				
ORAVIG- miconazole buccal tab 50 mg (mouth-throat)	3				
pilocarpine hcl tab 5 mg (Salagen)	1				
pilocarpine hcl tab 7.5 mg (Salagen)	1				
sodium fluoride cream 1.1% (Prevident 5000 plus)	1				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1				
sodium fluoride paste 1.1% (Prevident 5000 boost)	1				
sodium fluoride rinse 0.2%	1				
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)	1				
stannous fluoride conc 0.63% (Gel-kam oral care ri)	1				
stannous fluoride gel 0.4%	1				
triamcinolone acetonide dental paste 0.1%	1				
ANORECTAL AGENTS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ANALPRAM-HC- hydrocortisone acetate w/ pramoxine rectal lotn 2.5-1%	3				
CORTIFOAM- hydrocortisone acetate rectal foam 10% (90 mg/dose)	2				
hydrocortisone acetate w/ pramoxine rectal cream 1-1% (Analpram-hc)	1				
hydrocortisone enema 100 mg/60ml (Cortenema)	1				
hydrocortisone rectal cream 1% (Proctocort)	1				
hydrocortisone rectal cream 2.5% (Anusol-hc)	1				
PROCTOFOAM HC- hydrocortisone acetate w/ pramoxine rectal foam 1-1%	3				
RECTIV- nitroglycerin oint 0.4%	3				
UCERIS- budesonide rectal foam 2 mg/act	3				
DERMATOLOGICALS					
ABSORICA- isotretinoin cap 10 mg	2				
ABSORICA- isotretinoin cap 20 mg	2				
ABSORICA- isotretinoin cap 25 mg	2				
ABSORICA- isotretinoin cap 30 mg	2				
ABSORICA- isotretinoin cap 35 mg	2				
ABSORICA- isotretinoin cap 40 mg	2				
ACANYA- clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	2				
acitretin cap 10 mg (Soriatane)	1				
acitretin cap 17.5 mg (Soriatane)	1				
acitretin cap 25 mg (Soriatane)	1				
acyclovir oint 5% (Zovirax)	1				
ACZONE- dapsone gel 7.5%	3				
ADAPALENE- adapalene lotion 0.1%	NC				
adapalene cream 0.1% (Differin)	1				
adapalene gel 0.1% (Differin)	1				
adapalene gel 0.3% (Differin)	1				
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	1				
AKTIPAK- benzoyl peroxide-erythromycin gel pack 5-3%	3				
alclometasone dipropionate cream 0.05%	1				
alclometasone dipropionate oint 0.05%	1				
ALTABAX- retapamulin oint 1%	3				
AMCINONIDE- amcinonide cream 0.1%	3				
AMCINONIDE- amcinonide lotion 0.1%	3				
AMCINONIDE- amcinonide oint 0.1%	3				
AMELUZ- aminolevulinic acid hcl gel 10%	3				
APEXICON E- diflorasone diacetate emollient base cream 0.05%	3				
AUGMENTED BETAMETHASONE D- betamethasone dipropionate augmented gel 0.05%	3				
AZELEX- azelaic acid cream 20%	3				
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1				
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	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 aerosol foam 0.12% (Luxiq)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
betamethasone valerate cream 0.1% (base equivalent)	1				
betamethasone valerate lotion 0.1% (base equivalent)	1				
betamethasone valerate oint 0.1% (base equivalent)	1				
calcipotriene cream 0.005% (Dovonex)	1				•
calcipotriene oint 0.005%	1				•
calcipotriene soln 0.005% (50 mcg/ml)	1				•
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	1				•
CALCITRIOL- calcitriol oint 3 mcg/gm	3				•
CAPEX- fluocinolone acetonide shampoo 0.01%	3				
CARAC- fluorouracil cream 0.5%	2				•
CENTANY- mupirocin oint 2%	3				
ciclopirox gel 0.77%	1				
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1				
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1				
ciclopirox shampoo 1% (Loprox shampoo)	1				
ciclopirox solution 8% (Penlac Nail Lacquer)	1				
CLINDAGEL- clindamycin phosphate gel 1%	NC				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	1				
CLINDAMYCIN PHOSPHATE- clindamycin phosphate gel 1%	NC				
clindamycin phosphate foam 1% (Evoclin)	1				
clindamycin phosphate gel 1% (Cleocin-t)	1				
clindamycin phosphate lotion 1% (Cleocin-t)	1				
clindamycin phosphate soln 1% (Cleocin-t)	1				
clindamycin phosphate swab 1% (Cleocin-t)	1				
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	1				
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	1				
CLINDAMYCIN PHOSPHATE/BEN- clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	2				
clobetasol propionate cream 0.05% (Temovate)	1				
clobetasol propionate emollient base cream 0.05%	1				
clobetasol propionate emulsion foam 0.05% (Olux-e)	1				•
clobetasol propionate foam 0.05% (Olux)	1				•
clobetasol propionate gel 0.05% (Temovate)	1				
clobetasol propionate lotion 0.05% (Clobex)	1				•
clobetasol propionate oint 0.05% (Temovate)	1				
clobetasol propionate shampoo 0.05% (Clobex)	1				•
clobetasol propionate soln 0.05% (Temovate)	1				
clobetasol propionate spray 0.05% (Clobex)	1				•
CLOCORTOLONE PIVALATE- clocortolone pivalate cream 0.1%	3				
CLOCORTOLONE PIVALATE PUM- clocortolone pivalate cream 0.1%	3				
CLODERM- clocortolone pivalate cream 0.1%	3				
CLODERM PUMP- clocortolone pivalate cream 0.1%	3				
clotrimazole cream 1%	1				
clotrimazole soln 1%	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)	1				
clotrimazole w/ betamethasone lotion 1-0.05%	1				
CONDYLOX- podofilox gel 0.5%	3				
CORDRAN- flurandrenolide tape 4 mcg/sqcm	3				
CORTISPORIN- bacitracin-polymyxin-neomycin hc oint 1%	3				
CORTISPORIN- neomycin-polymyxin-hc crm 3.5 mg/gm-10000 unt/gm-0.5%	3				
COSENTYX- secukinumab subcutaneous soln prefilled syringe 150 mg/ml	4	•	•		•
COSENTYX SENSOREADY PEN- secukinumab subcutaneous soln auto-injector 150 mg/ml	4	•	•		•
dapsone gel 5% (Aczone)	1				
DENAVIR- penciclovir cream 1%	3				
DESONATE- desonide gel 0.05%	3				
desonide cream 0.05% (Desowen)	1				
desonide lotion 0.05% (Desowen)	1				
desonide oint 0.05%	1				
desoximetasone cream 0.05% (Topicort)	1				
desoximetasone cream 0.25% (Topicort)	1				
desoximetasone gel 0.05% (Topicort)	1				
desoximetasone oint 0.05% (Topicort)	1				
desoximetasone oint 0.25% (Topicort)	1				
diclofenac sodium (actinic keratoses) gel 3% (Solaraze)	1				•
diclofenac sodium gel 1% (Voltaren)	1				
diclofenac sodium soln 1.5%	1				
DIFFERIN- adapalene lotion 0.1%	NC				
DIFLORASONE DIACETATE- diflorasone diacetate cream 0.05%	3				
DIFLORASONE DIACETATE- diflorasone diacetate oint 0.05%	3				
DOXEPIN HYDROCHLORIDE- doxepin hcl cream 5%	3		•		•
DOXYCYCLINE- doxycycline (rosacea) cap delayed release 40 mg	NC				
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	4	•	•		•
econazole nitrate cream 1%	1				
ECOZA- econazole nitrate foam 1%	3				
ELIDEL- pimecrolimus cream 1%	2				
ENSTILAR- calcipotriene-betamethasone dipropionate foam 0.005-0.064%	2				•
EPIDUO FORTE- adapalene-benzoyl peroxide gel 0.3-2.5%	2				
EPIFOAM- pramoxine-hc aerosol foam 1-1%	NC				
ERTACZO- sertaconazole nitrate cream 2%	3				
erythromycin gel 2% (Erygel)	1				
erythromycin pads 2%	1				
erythromycin soln 2%	1				
EUCRISA- crisaborole oint 2%	2				
EURAX- crotamiton cream 10%	3				
EURAX- crotamiton lotion 10%	3				
EXELDERM- sulconazole nitrate cream 1%	3				
EXELDERM- sulconazole nitrate solution 1%	3				
FABIOR- tazarotene (acne) foam 0.1%	NC				
FINACEA- azelaic acid foam 15%	2				
FINACEA- azelaic acid gel 15%	2				
FLECTOR- diclofenac epolamine patch 1.3%	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fluocinolone acetonide cream 0.01%	1				
fluocinolone acetonide cream 0.025% (Synalar)	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% (Synalar)	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				
FLUOROPLEX- fluorouracil cream 1%	NC				•
FLUOROURACIL- fluorouracil cream 0.5%	NC				•
FLUOROURACIL- fluorouracil soln 2%	3				
FLUOROURACIL- fluorouracil soln 5%	3				
fluorouracil cream 5% (Efudex)	1				•
flurandrenolide cream 0.05% (Cordran)	1				
flurandrenolide lotion 0.05% (Cordran)	1				
flurandrenolide oint 0.05% (Cordran)	1				
fluticasone propionate cream 0.05% (Cutivate)	1				
fluticasone propionate lotion 0.05% (Cutivate)	1				
fluticasone propionate oint 0.005%	1				
gentamicin sulfate cream 0.1%	1				
gentamicin sulfate oint 0.1%	1				
halobetasol propionate cream 0.05% (Ultravate)	1				
halobetasol propionate oint 0.05% (Ultravate)	1				
HALOG- halcinonide cream 0.1%	3				
HALOG- halcinonide oint 0.1%	3				
hydrocortisone butyrate cream 0.1% (Locoid)	1				
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (Locoid lipocream)	1				
hydrocortisone butyrate lotion 0.1% (Locoid)	1				
hydrocortisone butyrate oint 0.1% (Locoid)	1				
hydrocortisone butyrate soln 0.1% (Locoid)	1				
hydrocortisone cream 1%	1				
hydrocortisone cream 2.5%	1				
hydrocortisone lotion 2.5%	1				
hydrocortisone oint 1%	1				
hydrocortisone oint 2.5%	1				
hydrocortisone valerate cream 0.2%	1				
hydrocortisone valerate oint 0.2% (Westcort)	1				
imiquimod cream 5% (Aldara)	1				•
IMPOYZ- clobetasol propionate cream 0.025%	NC				
isotretinoin cap 10 mg	NC				
isotretinoin cap 20 mg	NC				
isotretinoin cap 30 mg	NC				
isotretinoin cap 40 mg	NC				
JUBLIA- efinaconazole soln 10%	2				
KERYDIN- tavaborole soln 5%	2				
ketoconazole cream 2%	1				
ketoconazole foam 2% (Extina)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ketoconazole shampoo 2% (Nizoral)	1				
lactic acid (ammonium lactate) cream 12% (Lac-hydrin)	1				
lactic acid (ammonium lactate) lotion 12% (Lac-hydrin)	1				
LEVULAN KERASTICK- aminolevulinic acid hcl for soln 20% (stick applicator)	3				
LIDOCAINE AND TETRACAINE- lidocaine-tetracaine cream 7-7%	3				
lidocaine hcl gel 2%	1				
lidocaine hcl soln 4% (Xylocaine)	1				
lidocaine oint 5%	1				
lidocaine patch 5% (Lidoderm)	1				
lidocaine-prilocaine cream 2.5-2.5%	1				
LINDANE- lindane shampoo 1%	3				
LULICONAZOLE- luliconazole cream 1%	3				
LUZU- luliconazole cream 1%	3				
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	NC				
malathion lotion 0.5% (Ovide)	1				
MENTAX- butenafine hcl cream 1%	3				
methoxsalen rapid cap 10 mg (Oxsoralen ultra)	1				
metronidazole cream 0.75% (Metrocream)	1				
metronidazole gel 0.75%	1				
metronidazole gel 1% (Metrogel)	1				
metronidazole lotion 0.75% (Metrolotion)	1				
MICORT-HC- hydrocortisone acetate cream 2.5%	3				
MIRVASO- brimonidine tartrate gel 0.33% (base equivalent)	3				
mometasone furoate cream 0.1% (Elocon)	1				
mometasone furoate oint 0.1% (Elocon)	1				
mometasone furoate solution 0.1% (lotion) (Elocon)	1				
mupirocin calcium cream 2% (Bactroban)	1				
mupirocin oint 2%	1				
naftifine hcl cream 1%	1				
naftifine hcl cream 2% (Naftin)	1				
NAFTIN- naftifine hcl gel 1%	3				
NAFTIN- naftifine hcl gel 2%	3				
NATROBA- spinosad susp 0.9%	3				
NEO-SYNALAR- neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3				
NORITATE- metronidazole cream 1%	NC				
nystatin cream 100000 unit/gm	1				
nystatin oint 100000 unit/gm	1				
nystatin topical powder 100000 unit/gm	1				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1				
ONEXTON- clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	2				
ORACEA- doxycycline (rosacea) cap delayed release 40 mg	2				
oxiconazole nitrate cream 1% (Oxistat)	NC				
OXISTAT- oxiconazole nitrate lotion 1%	3				
PANDEL- hydrocortisone probutate cream 0.1%	3				
PANRETIN- alitretinoin gel 0.1%	NC				
PENNSAID- diclofenac sodium soln 2%	3				
permethrin cream 5% (Elimite)	1				
PICATO- ingenol mebutate gel 0.015%	2				•
PICATO- ingenol mebutate gel 0.05%	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PLIAGLIS- lidocaine-tetracaine cream 7-7%	3				
podofilox soln 0.5% (Condylox)	1				
PRAMOSONE- pramoxine-hc cream 1-1%	NC				
PRAMOSONE- pramoxine-hc lotion 1-1%	NC				
PRAMOSONE- pramoxine-hc lotion 1-2.5%	NC				
PREDNICARBATE- prednicarbate cream 0.1%	3				
PREDNICARBATE- prednicarbate oint 0.1%	3				
PRUDOXIN- doxepin hcl cream 5%	3		•		•
PSORCON- diflorasone diacetate cream 0.05%	3				
REGRANEX- becaplermin gel 0.01%	3				
RETIN-A MICRO- tretinoin microsphere gel 0.06%	NC				
RETIN-A MICRO PUMP- tretinoin microsphere gel 0.08%	NC				
RHOFADE- oxymetazoline hcl cream 1%	NC				
SANTYL- collagenase oint 250 unit/ gm	3				
selenium sulfide lotion 2.5%	1				
SERNIVO- betamethasone dipropionate spray emulsion 0.05% (base equiv)	3				•
SILIQ- brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	NC	•	•		•
silver sulfadiazine cream 1% (Silvadene)	1				
SKLICE- ivermectin lotion 0.5%	3				
SOOLANTRA- ivermectin cream 1%	2				
SORILUX- calcipotriene foam 0.005%	3				•
SPINOSAD- spinosad susp 0.9%	3				
STELARA- ustekinumab inj 45 mg/0.5ml	4	•	•		•
STELARA- ustekinumab soln prefilled syringe 45 mg/0.5ml	4	•	•		•
STELARA- ustekinumab soln prefilled syringe 90 mg/ml	4	•	•		•
sulfacetamide sodium lotion 10% (acne) (Klaron)	1				
SULFAMYLON- mafenide acetate cream 85 mg/gm	3				
SYNERA- lidocaine-tetracaine topical patch 70-70 mg	3				
TACLONEX- calcipotriene-betamethasone dipropionate susp 0.005-0.064%	2				•
tacrolimus oint 0.03% (Protopic)	1				
tacrolimus oint 0.1% (Protopic)	1				
TALTZ- ixekizumab subcutaneous soln auto-injector 80 mg/ml	NC	•	•		•
TALTZ- ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	NC	•	•		•
TARGRETIN- bexarotene gel 1%	NC	•			
tazarotene cream 0.1% (Tazorac)	1				
TAZORAC- tazarotene cream 0.05%	2				
TAZORAC- tazarotene gel 0.05%	2				
TAZORAC- tazarotene gel 0.1%	2				
TEXACORT- hydrocortisone soln 2.5%	3				
TOLAK- fluorouracil cream 4%	NC				•
TOPICORT- desoximetasone spray 0.25%	3				
TREMFYA- guselkumab soln prefilled syringe 100 mg/ml	NC	•	•		•
tretinoin cream 0.025% (Retin-a)	1				
tretinoin cream 0.05% (Retin-a)	1				
tretinoin cream 0.1% (Retin-a)	1				
tretinoin gel 0.01% (Retin-a)	1				
tretinoin gel 0.025% (Retin-a)	1				
tretinoin gel 0.05% (Atralin)	1				
tretinoin microsphere gel 0.04% (Retin-a micro)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
tretinoin microsphere gel 0.1% (Retin-a micro)	1				
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	1				
triamcinolone acetonide cream 0.025%	1				
triamcinolone acetonide cream 0.1%	1				
triamcinolone acetonide cream 0.5%	1				
triamcinolone acetonide lotion 0.025%	1				
triamcinolone acetonide lotion 0.1%	1				
triamcinolone acetonide oint 0.025%	1				
triamcinolone acetonide oint 0.1%	1				
triamcinolone acetonide oint 0.5%	1				
TRIANEX- triamcinolone acetonide oint 0.05%	3				
ULESFIA- benzyl alcohol lotion 5%	3				
ULTRAVATE- halobetasol propionate lotion 0.05%	3				
VALCHLOR- mechlorethamine hcl gel 0.016% (base equivalent)	4	•			
VECTICAL- calcitriol oint 3 mcg/gm	3				•
VELTIN- clindamycin phosphate-tretinoin gel 1.2-0.025%	3				
VERDESO- desonide foam 0.05%	3				
VEREGEN- sinecatechins oint 15%	3				
VUSION- miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	3				
XERESE- acyclovir-hydrocortisone cream 5-1%	3				
XOLEGEL- ketoconazole gel 2%	3				
ZONALON- doxepin hcl cream 5%	3		•		•
ZOVIRAX- acyclovir cream 5%	3				
ZYCLARA- imiquimod cream 3.75%	2				•
ZYCLARA PUMP- imiquimod cream 2.5%	2				•
ZYCLARA PUMP- imiquimod cream 3.75%	2				•
MISCELLANEOUS PRODUCTS					
ANTIDOTES					
CETYLEV- acetylcysteine effervescent tab 500 mg	3				
CETYLEV- acetylcysteine effervescent tab 2.5 gm	3				
CHEMET- succimer cap 100 mg	2				
EVZIO- naloxone hcl solution auto-injector 0.4 mg/0.4ml	3				•
EVZIO- naloxone hcl solution auto-injector 2 mg/0.4ml	3				•
EXJADE- deferasirox tab for oral susp 125 mg	4	•			
EXJADE- deferasirox tab for oral susp 250 mg	4	•			
EXJADE- deferasirox tab for oral susp 500 mg	4	•			
FERRIPROX- deferiprone oral soln 100 mg/ml	4	•			
FERRIPROX- deferiprone tab 500 mg	4	•			
JADENU- deferasirox tab 90 mg	4	•			
JADENU- deferasirox tab 180 mg	4	•			
JADENU- deferasirox tab 360 mg	4	•			
JADENU SPRINKLE- deferasirox granules packet 90 mg	4	•			
JADENU SPRINKLE- deferasirox granules packet 180 mg	4	•			
JADENU SPRINKLE- deferasirox granules packet 360 mg	4	•			
NALOXONE HCL- naloxone hcl soln cartridge 0.4 mg/ml	3				•
NALOXONE HCL- naloxone hcl soln prefilled syringe 2 mg/2ml	3				•
naloxone hcl inj 0.4 mg/ml	1				
naloxone hcl inj 4 mg/10ml	1				
naltrexone hcl tab 50 mg	1				
NARCAN- naloxone hcl nasal spray 4 mg/0.1ml	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
RADIOGARDASE- prussian blue insoluble cap 0.5 gm	3				
VISTOGARD- uridine triacetate oral granules packet 10 gm	4	•			
DIAGNOSTIC PRODUCTS					
ACCU-CHEK AVIVA PLUS- glucose blood test strip	NC				•
ACCU-CHEK COMPACT PLUS- glucose blood test strip	NC				•
ACCU-CHEK COMPACT STRIPS- glucose blood test strip	NC				•
ACCU-CHEK COMPACT TEST DR- glucose blood test strip	NC				•
ACCU-CHEK GUIDE- glucose blood test strip	NC				•
ACCU-CHEK SMARTVIEW STRIP- glucose blood test strip	NC				•
ACCUTREND GLUCOSE- glucose blood test strip	NC				•
ADVANCE INTUITION TEST ST- glucose blood test strip	NC				•
ADVANCE MICRO-DRAW TEST S- glucose blood test strip	NC				•
ADVOCATE REDI-CODE- glucose blood test strip	NC				•
ADVOCATE REDI-CODE+ TEST- glucose blood test strip	NC				•
ADVOCATE TEST STRIPS- glucose blood test strip	NC				•
AGAMATRIX AMP NO CODE TES- glucose blood test strip	NC				•
AGAMATRIX JAZZ TEST STRIP- glucose blood test strip	NC				•
AGAMATRIX KEYNOTE TEST ST- glucose blood test strip	NC				•
AGAMATRIX PRESTO TEST STR- glucose blood test strip	NC				•
ASSURE II- glucose blood test strip	NC				•
ASSURE II CHECK STRIP- glucose blood test strip	NC				•
ASSURE II TEST STRIPS- glucose blood test strip	NC				•
ASSURE PLATINUM TEST STRI- glucose blood test strip	NC				•
ASSURE PRISM MULTI TEST S- glucose blood test strip	NC				•
ASSURE PRO TEST STRIPS- glucose blood test strip	NC				•
ASSURE 3 TEST STRIPS- glucose blood test strip	NC				•
ASSURE 4 TEST STRIPS- glucose blood test strip	NC				•
AT LAST TEST STRIPS- glucose blood test strip	NC				•
BAYER BREEZE 2 TEST DISC- glucose blood test disk	2				•
BAYER CONTOUR BLOOD GLUCO- glucose blood test strip	2				•
BIOSCANNER GLUCOSE TEST S- glucose blood test strip	NC				•
BLOOD GLUCOSE TEST STRIPS- glucose blood test strip	NC				•
CAREONE BLOOD GLUCOSE TES- glucose blood test strip	NC				•
CARESENS N BLOOD GLUCOSE- glucose blood test strip	NC				•
CARETOUCH BLOOD GLUCOSE T- glucose blood test strip	NC				•
CLEVER CHEK AUTO-CODE TES- glucose blood test strip	NC				•
CLEVER CHEK AUTO-CODE VOI- glucose blood test strip	NC				•
CLEVER CHEK TEST STRIPS- glucose blood test strip	NC				•
CLEVER CHOICE AUTO-CODE P- glucose blood test strip	NC				•
CLEVER CHOICE MICRO TEST- glucose blood test strip	NC				•
CLEVER CHOICE NO CODING T- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CLEVER CHOICE TALK NO COD- glucose blood test strip	NC				•
CONTOUR NEXT BLOOD GLUCOS- glucose blood test strip	2				•
COOL BLOOD GLUCOSE TEST S- glucose blood test strip	NC				•
CVS ADVANCED GLUCOSE METE- glucose blood test strip	NC				•
DIATRUE PLUS BLOOD GLUCOS- glucose blood test strip	NC				•
DUO-CARE TEST STRIPS- glucose blood test strip	NC				•
EASY PLUS BLOOD GLUCOSE T- glucose blood test strip	NC				•
EASY PLUS II BLOOD GLUCOS- glucose blood test strip	NC				•
EASY STEP TEST STRIPS- glucose blood test strip	NC				•
EASY TALK BLOOD GLUCOSE T- glucose blood test strip	NC				•
EASY TOUCH GLUCOSE TEST S- glucose blood test strip	NC				•
EASY TOUCH HEALTHPRO GLUC- glucose blood test strip	NC				•
EASY TRAK BLOOD GLUCOSE T- glucose blood test strip	NC				•
EASYGLUCO- glucose blood test strip	NC				•
EASYGLUCO PLUS- glucose blood test strip	NC				•
EASYMAX TEST STRIPS- glucose blood test strip	NC				•
EASYMAX 15 TEST STRIPS- glucose blood test strip	NC				•
EASYPLUS BLOOD GLUCOSE TE- glucose blood test strip	NC				•
EASYPRO BLOOD GLUCOSE TES- glucose blood test strip	NC				•
EASYPRO PLUS- glucose blood test strip	NC				•
ELEMENT COMPACT TEST STRI- glucose blood test strip	NC				•
ELEMENT TEST STRIPS- glucose blood test strip	NC				•
EMBRACE BLOOD GLUCOSE TES- glucose blood test strip	NC				•
EMBRACE EVO BLOOD GLUCOSE- glucose blood test strip	NC				•
EMBRACE PRO BLOOD GLUCOSE- glucose blood test strip	NC				•
EQ BLOOD GLUCOSE TEST STR- glucose blood test strip	NC				•
EVENCARE + BLOOD GLUCOSE- glucose blood test strip	NC				•
EVENCARE BLOOD GLUCOSE TE- glucose blood test strip	NC				•
EVENCARE G2 TEST STRIPS- glucose blood test strip	NC				•
EVENCARE G3 TEST STRIPS- glucose blood test strip	NC				•
EVENCARE MINI BLOOD GLUCO- glucose blood test strip	NC				•
EVOLUTION AUTOCODE- glucose blood test strip	NC				•
EXACTECH R-S-G TEST STRIP- glucose blood test strip	NC				•
EXACTECH TEST STRIPS- glucose blood test strip	NC				•
EZ SMART BLOOD GLUCOSE TE- glucose blood test strip	NC				•
EZ SMART PLUS BLOOD GLUCO- glucose blood test strip	NC				•
FIFTY50 GLUCOSE TEST STRI- glucose blood test strip	NC				•
FORA BLOOD GLUCOSE TEST S- glucose blood test strip	NC				•
FORA D15G BLOOD GLUCOSE T- glucose blood test strip	NC				•
FORA D20 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA D40/G31 BLOOD GLUCOS- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FORA GD20 TEST STRIPS- glucose blood test strip	NC				•
FORA GD50 BLOOD GLUCOSE T- glucose blood test strip	NC				•
FORA G20 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA G30/PREMIUM V10 BLOO- glucose blood test strip	NC				•
FORA TN'G/TN'G VOICE BLOO- glucose blood test strip	NC				•
FORA V10 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA V12 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA V20 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA V30A BLOOD GLUCOSE T- glucose blood test strip	NC				•
FORACARE GD40- glucose blood test strip	NC				•
FORACARE PREMIUM V10 TEST- glucose blood test strip	NC				•
FORACARE TEST N GO TEST S- glucose blood test strip	NC				•
FORTISCARE BLOOD GLUCOSE- glucose blood test strip	NC				•
FREESTYLE INSULINX BLOOD- glucose blood test strip	NC				•
FREESTYLE LITE TEST STRIP- glucose blood test strip	NC				•
FREESTYLE PRECISION NEO B- glucose blood test strip	NC				•
FREESTYLE TEST STRIPS- glucose blood test strip	NC				•
GENSTRIP 50- glucose blood test strip	NC				•
GENULTIMATE TEST STRIPS- glucose blood test strip	NC				•
GE100 BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
GHT TEST STRIPS- glucose blood test strip	NC				•
GLUCO PERFECT 3 TEST STRI- glucose blood test strip	NC				•
GLUCOCARD EXPRESSION BLOO- glucose blood test strip	NC				•
GLUCOCARD SHINE TEST STRI- glucose blood test strip	NC				•
GLUCOCARD VITAL TEST STRI- glucose blood test strip	NC				•
GLUCOCARD X-SENSOR- glucose blood test strip	NC				•
GLUCOCARD 01 SENSOR PLUS- glucose blood test strip	NC				•
GLUCOCOM TEST STRIPS- glucose blood test strip	NC				•
GLUCONAVII BLOOD GLUCOSE- glucose blood test strip	NC				•
GLUCOSE METER TEST STRIPS- glucose blood test strip	NC				•
GNP EASY TOUCH GLUCOSE TE- glucose blood test strip	NC				•
GOODSENSE PREMIUM BLOOD G- glucose blood test strip	NC				•
IGLUCOSE BLOOD GLUCOSE TE- glucose blood test strip	NC				•
IN TOUCH BLOOD GLUCOSE TE- glucose blood test strip	NC				•
INFINITY BLOOD GLUCOSE TE- glucose blood test strip	NC				•
INFINITY VOICE- glucose blood test strip	NC				•
KROGER BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
KROGER PREMIUM BLOOD GLUC- glucose blood test strip	NC				•
KROGER TEST STRIPS- glucose blood test strip	NC				•
LIBERTY NEXT GENERATION B- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LIBERTY TEST STRIPS- glucose blood test strip	NC				•
MEIJER BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
MEIJER ESSENTIAL BLOOD GL- glucose blood test strip	NC				•
MEIJER PREMIUM BLOOD GLUC- glucose blood test strip	NC				•
MEIJER TRUETEST BLOOD GLU- glucose blood test strip	NC				•
MEIJER TRUETRACK BLOOD GL- glucose blood test strip	NC				•
MICRODOT TEST STRIPS- glucose blood test strip	NC				•
MM EASY TOUCH GLUCOSE TES- glucose blood test strip	NC				•
MYGLUCOHEALTH BLOOD GLUCO- glucose blood test strip	NC				•
NEUTEK 2TEK TEST STRIPS- glucose blood test strip	NC				•
NOVA MAX GLUCOSE TEST STR- glucose blood test strip	NC				•
ON CALL EXPRESS BLOOD GLU- glucose blood test strip	NC				•
ON CALL PLUS BLOOD GLUCOS- glucose blood test strip	NC				•
ON CALL VIVID BLOOD GLUCO- glucose blood test strip	NC				•
ONETOUCH ULTRA BLUE- glucose blood test strip	NC				•
ONETOUCH ULTRA TEST STRIP- glucose blood test strip	NC				•
ONETOUCH VERIO TEST STRIP- glucose blood test strip	NC				•
OPTIUM TEST STRIPS- glucose blood test strip	NC				•
OPTIUMEZ TEST STRIPS- glucose blood test strip	NC				•
OPTUMRX BLOOD GLUCOSE TES- glucose blood test strip	NC				•
PHARMACIST CHOICE AUTOCOD- glucose blood test strip	NC				•
PHARMACIST CHOICE NO CODI- glucose blood test strip	NC				•
POCKETCHEM EZ BLOOD GLUCO- glucose blood test strip	NC				•
PRECISION PCX- glucose blood test strip	NC				•
PRECISION PCX PLUS TEST S- glucose blood test strip	NC				•
PRECISION POINT OF CARE T- glucose blood test strip	NC				•
PRECISION QID TEST STRIPS- glucose blood test strip	NC				•
PRECISION SOF-TACT TEST S- glucose blood test strip	NC				•
PRECISION XTRA BLOOD GLUC- glucose blood test strip	NC				•
PREMIUM BLOOD GLUCOSE TES- glucose blood test strip	NC				•
PRESTIGE TEST STRIPS- glucose blood test strip	NC				•
PRODIGY NO CODING BLOOD G- glucose blood test strip	NC				•
PTS PANELS GLUCOSE TEST- glucose blood test strip	NC				•
QUICKTEK TEST STRIPS- glucose blood test strip	NC				•
QUINTET AC BLOOD GLUCOSE- glucose blood test strip	NC				•
QUINTET BLOOD GLUCOSE TES- glucose blood test strip	NC				•
RA TRUETEST STRIPS- glucose blood test strip	NC				•
REFUAH PLUS BLOOD GLUCOSE- glucose blood test strip	NC				•
RELION BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
RELION CONFIRM/MICRO TEST- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
RELION PREMIER BLOOD GLUC- glucose blood test strip	NC				•
RELION PRIME BLOOD GLUCOS- glucose blood test strip	NC				•
RELION ULTIMA BLOOD GLUCO- glucose blood test strip	NC				•
RELION ULTIMA TEST STRIPS- glucose blood test strip	NC				•
REVEAL BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
REXALL BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
RIGHTEST GS100 BLOOD GLUC- glucose blood test strip	NC				•
RIGHTEST GS300 BLOOD GLUC- glucose blood test strip	NC				•
RIGHTEST GS550 BLOOD GLUC- glucose blood test strip	NC				•
SMART SENSE PREMIUM BLOOD- glucose blood test strip	NC				•
SMART SENSE VALUE BLOOD G- glucose blood test strip	NC				•
SMARTEST BLOOD GLUCOSE TE- glucose blood test strip	NC				•
SOLUS V2 AUDIBLE TEST- glucose blood test strip	NC				•
SUPREME TEST STRIPS- glucose blood test strip	NC				•
SURE EDGE BLOOD GLUCOSE T- glucose blood test strip	NC				•
SURE-TEST EASYPLUS MINI B- glucose blood test strip	NC				•
SURECHEK BLOOD GLUCOSE TE- glucose blood test strip	NC				•
TELCARE BLOOD GLUCOSE TES- glucose blood test strip	NC				•
TGT BLOOD GLUCOSE TEST ST- glucose blood test strip	NC				•
TRUE FOCUS SELF MONITORIN- glucose blood test strip	NC				•
TRUE METRIX BLOOD GLUCOSE- glucose blood test strip	NC				•
TRUE METRIX SELF MONITORI- glucose blood test strip	NC				•
TRUETEST BLOOD GLUCOSE T- glucose blood test strip	NC				•
TRUETEST STRIPS- glucose blood test strip	NC				•
TRUETRACK BLOOD GLUCOSE T- glucose blood test strip	NC				•
TRUETRACK TEST- glucose blood test strip	NC				•
ULTIMA TEST STRIPS- glucose blood test strip	NC				•
ULTRATRAK PRO TEST STRIPS- glucose blood test strip	NC				•
ULTRATRAK ULTIMATE TEST S- glucose blood test strip	NC				•
UNISTRIP1 GENERIC- glucose blood test strip	NC				•
VERASENS BLOOD GLUCOSE TE- glucose blood test strip	NC				•
VICTORY AGM-4000 TEST STR- glucose blood test strip	NC				•
VOCAL POINT BLOOD GLUCOSE- glucose blood test strip	NC				•
WAVESENSE PRESTO TEST STR- glucose blood test strip	NC				•
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ADULT MASK- respiratory therapy supplies - devices	2				
AEROBIKA- respiratory therapy supplies - devices	2				
AEROCHAMBER MINI AEROSOL- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER MV- spacer/ aerosol-holding chambers - device	2				
AEROCHAMBER PLUS FLOW-VU- spacer/aerosol-holding chambers - device	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
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AEROCHAMBER Z-STAT PLUS V- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS/F- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS/L- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS/M- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS/S- spacer/aerosol-holding chambers - device	2				
AEROVENT PLUS HOLDING CHA- spacer/aerosol-holding chambers - device	2				
ALL FLOW 1000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 2000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 3000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 4000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 5000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 6000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 7000 PFT FILTER- respiratory therapy supplies - devices	2				
AMIELLE RESTORE VAGINAL E- misc. devices	2				
ARIAL CHAMBER- spacer/aerosol-holding chambers - device	2				
BAYER BREEZE 2 HIGH CONTR- blood glucose calibration - liquid - high	2				
BAYER BREEZE 2 LOW CONTRO- blood glucose calibration - liquid - low	2				
BAYER BREEZE 2 NORMAL CON- blood glucose calibration - liquid - normal	2				
BAYER CONTOUR HIGH CONTRO- blood glucose calibration - liquid - high	2				
BAYER CONTOUR LOW CONTROL- blood glucose calibration - liquid - low	2				
BAYER CONTOUR NORMAL CONT- blood glucose calibration - liquid - normal	2				
BREATHERITE- spacer/aerosol-holding chambers - device	2				
BREATHERITE COLLAPSIBLE- spacer/aerosol-holding chambers - device	2				
BREATHERITE RIGID SPACER- spacer/aerosol-holding chambers - device	2				
BREATHERITE VALVED MDI CH- respiratory therapy supplies - devices	2				
BREATHERITE W/LARGE MASK- spacer/aerosol-holding chambers - device	2				
BREATHERITE W/MEDIUM MASK- spacer/aerosol-holding chambers - device	2				
BREATHERITE W/SMALL MASK- spacer/aerosol-holding chambers - device	2				
CAYA- diaphragm arc-spring	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CLEVER CHOICE ANTI-STATIC-spacer/aerosol-holding chambers - device	2				
CO MONITOR- respiratory therapy supplies - devices	2				
COMPACT SPACE CHAMBER/ANT-spacer/aerosol-holding chambers - device	2				
CONTOUR NEXT CONTROL LEVE-blood glucose calibration - liquid - low	2				
CONTOUR NEXT CONTROL LEVE-blood glucose calibration - liquid - normal	2				
EASIVENT- spacer/aerosol-holding chambers - device	2				
EASIVENT/MASK-LARGE- spacer/aerosol-holding chambers - device	2				
EASIVENT/MASK-MEDIUM- spacer/aerosol-holding chambers - device	2				
EASIVENT/MASK-SMALL- spacer/aerosol-holding chambers - device	2				
FC FEMALE CONDOM- condoms - female	2				
FC2 FEMALE CONDOM- condoms - female	2				
FEMCAP- cervical cap 22 mm	2				
FEMCAP- cervical cap 26 mm	2				
FEMCAP- cervical cap 30 mm	2				
FLEXICHAMBER- spacer/aerosol-holding chambers - device	2				
FLEXICHAMBER ADULT MASK/S-spacer/aerosol-holding chamber supplies - masks	2				
FLEXICHAMBER CHILD MASK/L-spacer/aerosol-holding chamber supplies - masks	2				
FLEXICHAMBER CHILD MASK/S-spacer/aerosol-holding chamber supplies - masks	2				
IN-CHECK DIAL INSPIRATORY-respiratory therapy supplies - devices	2				
IN-CHECK INSPIRATORY FLOW-respiratory therapy supplies - devices	2				
INSPIRACHAMBER/ANTI-STATI-spacer/aerosol-holding chambers - device	2				
INSPIRACHAMBER/LARGE- spacer/aerosol-holding chambers - device	2				
INSPIRACHAMBER/SOOTHERMAS-spacer/aerosol-holding chambers - device	2				
INSPIREASE DRUG DELIVERY-spacer/aerosol-holding chambers - device	2				
INSPIREASE RESERVOIR BAGS-spacer/aerosol-holding chamber supplies - bags	2				
INSULIN PEN NEEDLES – VARIOUS	2				
INSULIN SYRINGES – VARIOUS	2				
LANCETS – VARIOUS	2				
LITEAIRE- spacer/aerosol-holding chambers - device	2				
MASK VORTEX/BABY WHIRL DU-spacer/aerosol-holding chamber supplies - masks	2				
MASK VORTEX/CHILD/FROG-spacer/aerosol-holding chamber supplies - masks	2				
MASK VORTEX/SPINNER THE D-spacer/aerosol-holding chamber supplies - masks	2				
MASK VORTEX/TODDLER/LADY-spacer/aerosol-holding chamber supplies - masks	2				
MICROCHAMBER- spacer/aerosol-holding chambers - device	2				
MICROSPACER- spacer/aerosol-holding chambers - device	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MISC NEEDLES & SYRINGES – VARIOUS	2				
MISTASSIST- respiratory therapy supplies - devices	2				
NEBULIZER CUP/TUBING- respiratory therapy supplies - devices	2				
OMBRA TABLE TOP COMPRESSO- respiratory therapy supplies - devices	2				
OMNIFLEX DIAPHRAGM- diaphragms	2				
ONE FLOW FVC MONITORING S- respiratory therapy supplies - devices	2				
OPTICHAMBER- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER ADVANTAGE/LAR- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER ADVANTAGE/MED- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER ADVANTAGE/SMA- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER DIAMOND- spacer/ aerosol-holding chambers - device	2				
OPTICHAMBER DIAMOND/LARGE- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER DIAMOND/MEDIU- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER DIAMOND/SMALL- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER FACE MASK/LAR- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER FACE MASK/MED- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER FACE MASK/SMA- spacer/aerosol-holding chambers - device	2				
OPTIHALER- spacer/aerosol-holding chambers - device	2				
OPTIHALER MDI DRUG DELIVE- spacer/aerosol-holding chambers - device	2				
PANDA MASK LARGE- spacer/ aerosol-holding chamber supplies - masks	2				
PANDA MASK MEDIUM- spacer/ aerosol-holding chamber supplies - masks	2				
PANDA MASK SMALL- spacer/ aerosol-holding chamber supplies - masks	2				
PARI MANUAL INTERRUPTER- respiratory therapy supplies - devices	2				
PARI TREK S COMBO PACK- respiratory therapy supplies - devices	2				
PEDIATRIC PANDA MASK- spacer/ aerosol-holding chamber supplies - masks	2				
POCKET CHAMBER- spacer/aerosol-holding chambers - device	2				
POCKET SPACER- spacer/aerosol-holding chambers - device	2				
PRIMEAIRE DUAL-VALVED HOL- respiratory therapy supplies - devices	2				
PULMONEB LT COMPRESSOR/ NE- respiratory therapy supplies - devices	2				
QUAKE- respiratory therapy supplies - devices	2				
RITEFLO- spacer/aerosol-holding chambers - device	2				
SPIRO PD- respiratory therapy supplies - devices	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
THRESHOLD PEP- respiratory therapy supplies - devices	2				
VALVED HOLDING CHAMBER- spacer/aerosol-holding chambers - device	2				
VORTEX HOLDING CHAMBER/ MA- respiratory therapy supplies - devices	2				
VORTEX VALVED HOLDING CHA- spacer/aerosol-holding chambers - device	2				
WATCHHALER- spacer/aerosol-holding chambers - device	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 60 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 65 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 70 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 75 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 80 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 85 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 90 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 95 mm	2				
ASSORTED CLASSES					
ASTAGRAF XL- tacrolimus cap er 24hr 0.5 mg	3				
ASTAGRAF XL- tacrolimus cap er 24hr 1 mg	3				
ASTAGRAF XL- tacrolimus cap er 24hr 5 mg	3				
AZASAN- azathioprine tab 75 mg	3				
AZASAN- azathioprine tab 100 mg	3				
azathioprine tab 50 mg (Imuran)	1				
BENLYSTA- belimumab subcutaneous solution auto-injector 200 mg/ml	4	•	•		•
BENLYSTA- belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	•	•		•
CELLCEPT- mycophenolate mofetil cap 250 mg	3				
CELLCEPT- mycophenolate mofetil tab 500 mg	3				
CUPRIMINE- penicillamine cap 250 mg	4	•			
cyclosporine cap 25 mg (Sandimmune)	1				
cyclosporine cap 100 mg (Sandimmune)	1				
CYCLOSPORINE MODIFIED- cyclosporine modified cap 50 mg	2				
cyclosporine modified cap 25 mg (Neoral)	1				
cyclosporine modified cap 100 mg (Neoral)	1				
cyclosporine modified oral soln 100 mg/ml (Neoral)	1				
DEPEN TITRATABS- penicillamine tab 250 mg	4	•			
ENVARSUS XR- tacrolimus tab er 24hr 0.75 mg	3				
ENVARSUS XR- tacrolimus tab er 24hr 1 mg	3				
ENVARSUS XR- tacrolimus tab er 24hr 4 mg	3				
IMURAN- azathioprine tab 50 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) (Myfortic)	1				
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MYFORTIC- mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3				
MYFORTIC- mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3				
NEORAL- cyclosporine modified cap 25 mg	3				
NEORAL- cyclosporine modified cap 100 mg	3				
NEORAL- cyclosporine modified oral soln 100 mg/ml	3				
PROGRAF- tacrolimus cap 0.5 mg	3				
PROGRAF- tacrolimus cap 1 mg	3				
PROGRAF- tacrolimus cap 5 mg	3				
RAPAMUNE- sirolimus oral soln 1 mg/ml	3				
REVLIMID- lenalidomide caps 2.5 mg	4	•	•		•
REVLIMID- lenalidomide cap 5 mg	4	•	•		•
REVLIMID- lenalidomide cap 10 mg	4	•	•		•
REVLIMID- lenalidomide cap 15 mg	4	•	•		•
REVLIMID- lenalidomide cap 20 mg	4	•	•		•
REVLIMID- lenalidomide cap 25 mg	4	•	•		•
SANDIMMUNE- cyclosporine cap 25 mg	3				
SANDIMMUNE- cyclosporine cap 100 mg	3				
SANDIMMUNE- cyclosporine oral soln 100 mg/ml	3				
sirolimus tab 0.5 mg (Rapamune)	1				
sirolimus tab 1 mg (Rapamune)	1				
sirolimus tab 2 mg (Rapamune)	1				
sodium polystyrene sulfonate oral susp 15 gm/60ml	1				
sodium polystyrene sulfonate powder (Kayexalate)	1				
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1				
tacrolimus cap 0.5 mg (Prograf)	1				
tacrolimus cap 1 mg (Prograf)	1				
tacrolimus cap 5 mg (Prograf)	1				
THALOMID- thalidomide cap 50 mg	4	•	•		•
THALOMID- thalidomide cap 100 mg	4	•	•		•
THALOMID- thalidomide cap 150 mg	4	•	•		•
THALOMID- thalidomide cap 200 mg	4	•	•		•
trientine hcl cap 250 mg (Syprine)	4	•			
VELTASSA- patiromer sorbitex calcium for susp packet 8.4 gm (base eq)	3				
VELTASSA- patiromer sorbitex calcium for susp packet 16.8 gm (base eq)	3				
VELTASSA- patiromer sorbitex calcium for susp packet 25.2 gm (base eq)	3				
ZORTRESS- everolimus tab 0.25 mg	3				
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verapamil hcl tab er 180 mg (Calan sr).....37
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VERSACLOZ -clozapine susp 50 mg/ml..... 65
VERZENIO -abemaciclib tab 50 mg..... 16
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VIBERZI -eluxadoline tab 75 mg.....57
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VIBRAMYCIN -doxycycline calcium syrup 50 mg/5ml.....3
VICTORY AGM-4000 TEST STR -glucose blood test strip.....116
VICTOZA -liraglutide soln pen-injector 18 mg/3ml (6 mg/ml).....26
VIDEX -didanosine for soln 2 gm.....8
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VIEKIRA PAK -ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg..... 8
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VIMPAT -lacosamide tab 100 mg.....88
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VIRACEPT -nelfinavir mesylate tab 250 mg.....8

VIRACEPT -nelfinavir mesylate tab 625 mg....8
VIRAMUNE -nevirapine susp 50 mg/5ml....8
VIREAD -tenofovir disoproxil fumarate oral powder 40 mg/gm....8
VIREAD -tenofovir disoproxil fumarate tab 150 mg....8
VIREAD -tenofovir disoproxil fumarate tab 200 mg....8
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VOCAL POINT BLOOD GLUCOSE -glucose blood test strip....116
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VOGELXO -testosterone td gel 50 mg/5gm (1%)....18
VONVENDI -von willebrand factor (recombinant) for inj 650 unit....100
VONVENDI -von willebrand factor (recombinant) for inj 1300 unit....100
voriconazole for susp 40 mg/ml (Vfend)....5
voriconazole tab 50 mg (Vfend)....5
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VORTEX HOLDING CHAMBER/MA -respiratory therapy supplies - devices....120
VORTEX VALVED HOLDING CHA -spacer/aerosol-holding chambers - device....120
VOSEVI -sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg....8
VOTRIENT -pazopanib hcl tab 200 mg (base equiv)....16
VRAYLAR -cariprazine hcl cap 1.5 mg (base equivalent)....66
VRAYLAR -cariprazine hcl cap 3 mg (base equivalent)....66
VRAYLAR -cariprazine hcl cap 4.5 mg (base equivalent)....66
VRAYLAR -cariprazine hcl cap 6 mg (base equivalent)....66
VRAYLAR -cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)....66
VUSION -miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%....111
VYVANSE -lisdexamfetamine dimesylate cap 10 mg....70
VYVANSE -lisdexamfetamine dimesylate cap 20 mg....70
VYVANSE -lisdexamfetamine dimesylate cap 30 mg....70
VYVANSE -lisdexamfetamine dimesylate cap 40 mg....70
VYVANSE -lisdexamfetamine dimesylate cap 50 mg....70
VYVANSE -lisdexamfetamine dimesylate cap 60 mg....70
VYVANSE -lisdexamfetamine dimesylate cap 70 mg....70
VYVANSE -lisdexamfetamine dimesylate chew tab 10 mg....70
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VYVANSE -lisdexamfetamine dimesylate chew tab 50 mg....70
VYVANSE -lisdexamfetamine dimesylate chew tab 60 mg....71
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warfarin sodium tab 5 mg (Coumadin)....95
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WAVESENSE PRESTO TEST STR -glucose blood test strip....116
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WELCHOL -colesevelam hcl tab 625 mg....45
WESTHROID -thyroid tab 32.5 mg....29
WESTHROID -thyroid tab 65 mg....29
WESTHROID -thyroid tab 97.5 mg....29
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WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 65 mm....120
WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 70 mm....120
WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 75 mm....120
WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 80 mm....120
WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 85 mm....120
WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 90 mm....120
WIDE-SEAL SILICONE DIAPHR -diaphragm wide seal 95 mm....120
WILATE -antihemophilic factor/vwf (human) for inj 500-500 unit kit....100
WILATE -antihemophilic factor/vwf (human) for inj 1000-1000 unit kit....100
WP THYROID -thyroid tab 16.25 mg....29
WP THYROID -thyroid tab 32.5 mg....29
WP THYROID -thyroid tab 65 mg....29
WP THYROID -thyroid tab 81.25 mg....29
WP THYROID -thyroid tab 97.5 mg....29
WP THYROID -thyroid tab 113.75 mg....29
WP THYROID -thyroid tab 130 mg....29

WP THYROID -thyroid tab 48.75 mg (3/4 grain)..... 29

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XADAGO -safinamide mesylate tab 50 mg (base equiv)..... 90
XADAGO -safinamide mesylate tab 100 mg (base equiv)..... 90
XALKORI -crizotinib cap 200 mg..... 16
XALKORI -crizotinib cap 250 mg..... 16
XARELTO -rivaroxaban tab 10 mg..... 95
XARELTO -rivaroxaban tab 15 mg..... 95
XARELTO -rivaroxaban tab 20 mg..... 95
XARELTO STARTER PACK -rivaroxaban tab starter therapy pack 15 mg & 20 mg..... 95
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XELJANZ -tofacitinib citrate tab 5 mg (base equivalent)..... 83
XELJANZ -tofacitinib citrate tab 10 mg (base equivalent)..... 83
XELJANZ XR -tofacitinib citrate tab er 24hr 11 mg (base equivalent)..... 83
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XERESE -acyclovir-hydrocortisone cream 5-1%..... 111
XERMELO -telotristat etiprate tab 250 mg (telotristat ethyl equiv)..... 57
XHANCE -fluticasone propionate nasal exhaler susp 93 mcg/act..... 48
XIFAXAN -rifaximin tab 200 mg..... 10
XIFAXAN -rifaximin tab 550 mg..... 10
XIGDUO XR -dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg..... 26
XIGDUO XR -dapagliflozin-metformin hcl tab er 24hr 5-500 mg..... 26
XIGDUO XR -dapagliflozin-metformin hcl tab er 24hr 5-1000 mg..... 26
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XIMINO -minocycline hcl cap er 24hr 45 mg (base equivalent)..... 3
XIMINO -minocycline hcl cap er 24hr 90 mg (base equivalent)..... 3
XIMINO -minocycline hcl cap er 24hr 135 mg (base equivalent)..... 3
XOLEGEL -ketoconazole gel 2%..... 111
XOPENEX HFA -levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)..... 52
XTAMPZA ER -oxycodone cap er 12hr abuse-deterrent 9 mg..... 80
XTAMPZA ER -oxycodone cap er 12hr abuse-deterrent 13.5 mg..... 80
XTAMPZA ER -oxycodone cap er 12hr abuse-deterrent 18 mg..... 80
XTAMPZA ER -oxycodone cap er 12hr abuse-deterrent 27 mg..... 80
XTAMPZA ER -oxycodone cap er 12hr abuse-deterrent 36 mg..... 80
XTANDI -enzalutamide cap 40 mg..... 16
XULANE -norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr..... 22
XULTOPHY 100/3.6 -insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml..... 26
XURIDEN -uridine triacetate oral granules packet 2 gm..... 33
XYNTHA -antihemophilic factor recombinant paf for inj kit 250 unit..... 100
XYNTHA -antihemophilic factor recombinant paf for inj kit 500 unit..... 100
XYNTHA -antihemophilic factor recombinant paf for inj kit 1000 unit..... 100
XYNTHA -antihemophilic factor recombinant paf for inj kit 2000 unit..... 100
XYNTHA SOLOFUSE -antihemophilic factor recombinant paf for inj kit 250 unit..... 100
XYNTHA SOLOFUSE -antihemophilic factor recombinant paf for inj kit 500 unit..... 100
XYNTHA SOLOFUSE -antihemophilic factor recombinant paf for inj kit 1000 unit..... 100
XYNTHA SOLOFUSE -antihemophilic factor recombinant paf for inj kit 2000 unit..... 100
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zaleplon cap 5 mg (Sonata)..... 66
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ZARONTIN -ethosuximide cap 250 mg..... 88
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ZAVESCA -miglustat cap 100 mg..... 94
ZEJULA -niraparib tosylate cap 100 mg (base equivalent)..... 16
ZELAPAR -selegiline hcl orally disintegrating tab 1.25 mg..... 90
ZELBORAF -vemurafenib tab 240 mg..... 16
ZEMBRACE SYMTOUCH -sumatriptan succinate solution auto-injector 3 mg/0.5ml..... 84
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit..... 55

ZENPEP -pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit....55
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit....55
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit....55
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit....55
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit....55
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ZENZEDI -dextroamphetamine sulfate tab 15 mg....71
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ZEPATIER -elbasvir-grazoprevir tab 50-100 mg....8
ZERIT -stavudine for oral soln 1 mg/ml....8
ZETONNA -ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)....48
zidovudine cap 100 mg (Retrovir)....8
zidovudine syrup 10 mg/ml (Retrovir)....8
zidovudine tab 300 mg....8
zileuton tab er 12hr 600 mg (Zyflo cr)....52
ZIOPTAN -tafluprost ophth soln 0.0015%....104
ziprasidone hcl cap 20 mg (Geodon)....66
ziprasidone hcl cap 40 mg (Geodon)....66
ziprasidone hcl cap 60 mg (Geodon)....66
ziprasidone hcl cap 80 mg (Geodon)....66
ZIPSOR -diclofenac potassium cap 25 mg....83
ZIRGAN -ganciclovir ophth gel 0.15%....104
ZITHROMAX -azithromycin powd pack for susp 1 gm....2
ZOHYDRO ER -hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg....80
ZOHYDRO ER -hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg....80
ZOHYDRO ER -hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg....80
ZOHYDRO ER -hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg....80
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zolpidem tartrate tab er 12.5 mg (Ambien cr)....66
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ZOMACTON -somatropin for inj 10 mg....33
ZOMACTON -somatropin for subcutaneous inj 5 mg....33
ZOMIG -zolmitriptan nasal spray 2.5 mg/spray unit....84
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ZORTRESS -everolimus tab 0.75 mg....121
ZORVOLEX -diclofenac cap 18 mg....83
ZORVOLEX -diclofenac cap 35 mg....83
ZOSTAVAX -zoster vaccine live for subcutaneous susp 19400 unit/0.65ml....11
ZOVIRAX -acyclovir cream 5%....111
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)....80
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)....80
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)....80
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)....80
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)....80
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)....80
ZUPLENZ -ondansetron oral soluble film 4 mg....55
ZUPLENZ -ondansetron oral soluble film 8 mg....55
ZURAMPIC -lesinurad tab 200 mg....84
ZYCLARA -imiquimod cream 3.75%....111
ZYCLARA PUMP -imiquimod cream 2.5%....111
ZYCLARA PUMP -imiquimod cream 3.75%....111
ZYDELIG -idelalisib tab 100 mg....16
ZYDELIG -idelalisib tab 150 mg....16
ZYFLO CR -zileuton tab er 12hr 600 mg....52
ZYFLO -zileuton tab 600 mg....52
ZYKADIA -ceritinib cap 150 mg....16
ZYLET -loteprednol etabonate-tobramycin ophth susp 0.5-0.3%....104
ZYPITAMAG -pitavastatin magnesium tab 1 mg (base equiv)....45
ZYPITAMAG -pitavastatin magnesium tab 2 mg (base equiv)....45
ZYPITAMAG -pitavastatin magnesium tab 4 mg (base equiv)....45
ZYTIGA -abiraterone acetate tab 250 mg....16
ZYTIGA -abiraterone acetate tab 500 mg....16