Blue Cross & Blue Shield of Rhode Island
5-Tier Generic Prescription Drug List

December 2019

The Blue Cross & Blue Shield of Rhode Island 5-Tier Generic Prescription Drug List is updated in April and October. Please visit **www.bcbsri.com** or Prime Therapeutics at **www.MyPrime.com** for the most up-to-date information.

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

Introduction

The attached Blue Cross & Blue Shield of Rhode Island 5-Tier Generic Prescription Drug List (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 Drug List is organized into broad categories, like anti-infective drugs. Within most categories, drugs are sub-grouped by drug class, like penicillins, or by use for a specific medical condition, like diabetes. Members can also use this list to check for a particular drug or find drug cost estimates using on line tools available through the Prime Therapeutics® website at **www.MyPrime.com**.

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

The current version of this drug list is available at the Blue Cross & Blue Shield of Rhode Island website at **www.bcbsri.com** or by calling the customer service number listed on back of your identification card. **Online pharmacy tools** are available through the Prime Therapeutics® website at **www.MyPrime.com**.

How formulary drugs are selected

Drugs on this list are selected based on the recommendations of the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Pharmacy & Therapeutics (P&T) Committee. The P&T membership includes local practitioners and pharmacists who provide direct member care. The physician members include a minimum of five contracted and board-certified physicians, one of which will be a primary care physician (PCP), and at least three specialists, two community pharmacists, and the BCBSRI Chief Medical Officer or designee, as the acting Chairperson. Drugs that are newly approved by the FDA, as well as those that have been on the market for some time, are considered based on safety, efficacy, cost, and how they compare to other drugs currently on the list.

Tiers

This prescription benefit is multi-tiered, placing prescription drugs into one of the below copay/coinsurance levels:

- Tier 1: Lowest cost generic drugs
- Tier 2: Low-cost generic drugs
- Tier 3: Higher cost generic and preferred Brand name drugs
- Tier 4: Highest cost generic and non-preferred Brand name drugs
- Tier 5: Specialty drugs

Note: Drugs listed with an “A” in the drug tier column indicates the drug may be covered at $0 cost-sharing if you meet certain criteria under the Affordable Care Act. Drugs listed with an “F” in the drug tier column indicates the drug is included for coverage under the Fertility benefit and is typically subject to a % (percentage) cost-sharing or as outlined in your Certificate of Coverage.

Affordable Care Act

Please note, some drugs may have limited or $0 cost-sharing under the Affordable Care Act. If you do not find the drug you are searching for, contact BCBSRI to find out if the drug is available over the counter or is covered under your medical benefit. Plan limitations may apply, consistent with recommended or approved indications for use.

Specialty drugs are used in the treatment of medical conditions such as hepatitis, multiple sclerosis, and rheumatoid arthritis. Specialty drugs may be oral or injectable medications that can either be self-administered or administered by a health care professional. Specialty drugs are distributed through our preferred specialty pharmacy providers.

Drugs marked as “limited distribution” have been restricted by the drug manufacturer as to where you may obtain the drug. This may include requiring the use of a designated pharmacy to fill a prescription.

Step therapy

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

Preauthorization

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

Quantity Limits

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

Limits may include: quantity of covered medication per prescription and/or quantity of covered medication in a given time period. There may also be limits for members based upon clinical criteria for eligibility.

Providers

If you have any questions on the following covered drug list, please contact our Member Service Center.

Disclaimer

Your health plan’s benefit design determines what is covered and the applicable copayment. The medications listed on this Drug List are subject to change pursuant to the formulary management activities of BCBSRI. The presence of a medication on this Drug List does not guarantee coverage. Certain therapeutic classes are routinely designated as formulary exclusions and are not eligible for coverage. These classes include Weight Loss, Erectile Dysfunction, Smoking Cessation, over-the-counter status products and drugs with over-the-counter equivalents, Vaccines, products with DESI designations and experimental drugs. Most brand name drugs with generic equivalents are not covered.

Abbreviation Key

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

Nondiscrimination and Language Assistance

Blue Cross & Blue Shield of Rhode Island (BCBSRI) complies with applicable Federal civil rights laws and does not discriminate or treat people differently on the basis of race, color, national origin, age, disability, or sex.

BCBSRI provides free aids and services to people with disabilities and to people whose primary language is not English when such services are necessary to communicate effectively with us.

If you need these services, contact us at 800-639-2227.

If you believe that BCBSRI has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Director of Grievance and Appeals Department, Blue Cross & Blue Shield of Rhode Island, 500 Exchange Street, Providence RI 02903, or by calling 401-459-5000 or 800-639-2227 (TTY/TDD: 888-252-5051). You can file a grievance in person, by phone or by mail, fax at 401-459-5005, or electronically through our member portal at bcbsri.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

English: If you, or someone you're helping, has questions about Blue Cross & Blue Shield of Rhode Island, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-639-2227.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross & Blue Shield of Rhode Island, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-639-2227.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue Cross & Blue Shield of Rhode Island, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-639-2227.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross & Blue Shield of Rhode Island 方面 的問題，您有權利免費以您的母語得到幫助和訊息. 洽詢一位翻譯員，請撥電話在此插入數字 1-800-639-2227.

French Creole: Si oumenm oswa yon moun w ap ede gen kesyon konsènan Blue Cross & Blue Shield of Rhode Island, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-639-2227.

Cambodian-Mon-Khmer: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងតែជួយ មានសំណួរអំពី Blue Cross & Blue Shield of Rhode Island ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មាន នៅក្នុងភាសា របស់អ្នក ដោយមិនអស់ប្រាក់ ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូម 1-800-639-2227.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross & Blue Shield of Rhode Island, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-639-2227.

Italian: Se tu o qualcuno che stai aiutando avete domande su Blue Cross & Blue Shield of Rhode Island, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-639-2227.

Laotian: ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Blue Cross & Blue Shield of Rhode Island, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-800-639-2227.

Arabic: إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross & Blue Shield of Rhode Island، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة.
للتحدث مع مترجم اتصل بـ 1-800-639-2227.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross & Blue Shield of Rhode Island, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-639-2227.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross & Blue Shield of Rhode Island, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-639-2227.

Kru: I bale we, tole mut u ye hola, a gwee mbarga inyu Blue Cross & Blue Shield of Rhode Island, U gwee Kunde I kosna mahola ni biniiguene I hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel 1-800-639-2227.

Ibo: Ọ bụrụ gị, ma o bụ onye I na eyere-aka, nwere ajụjụ gbasara Blue Cross & Blue Shield of Rhode Island, I nwere ohere iwenta nye maka na ọmụma na asụsụ gị na akwu gị ụgwọ. I chọrọ I kwụrụ onye-ntapịa okwu, kpọ 1-800-639-2227.

Yoruba: Bí ìwọ, tàbí ẹnikẹni tí o n ranlọwọ, bá ní ibeere nípa Blue Cross & Blue Shield of Rhode Island, o ní ẹtọ lati rí iranwọ àti ìfitónilétí gbà ní èdè rẹ láìsanwó. Láti bá ongbufọ kan sọrọ, pè sórí 1-800-639-2227.

Polish: Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Blue Cross & Blue Shield of Rhode Island, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-639-2227.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이Blue Cross & Blue Shield of Rhode Island 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-639-2227 로 전화하십시오.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross & Blue Shield of Rhode Island, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-639-2227.

This notice is being provided to you in compliance with federal law.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

09/16 MLTI-87235.7760 GeneralTagline

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
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)	3						
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2						
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	2						
amoxicillin & k clavulanate tab 250-125 mg	2						
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1						
amoxicillin & k clavulanate tab 875-125 mg	1						
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 200-28.5 mg	3						
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 400-57 mg	3						
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2						
AMPICILLIN - ampicillin cap 500 mg	1						
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	4						
BICILLIN L-A - penicillin g benzathine intramuscular susp 600000 unit/ml	3				•		
BICILLIN L-A - penicillin g benzathine intramuscular susp 1200000 unit/2ml	3				•		
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml	3				•		
dicloxacillin sodium cap 250 mg	2						
dicloxacillin sodium cap 500 mg	2						
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml	1						
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	1						
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	2						
cefaclor cap 500 mg	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
CEFACLOR ER - cefaclor monohydrate tab er 12hr 500 mg	3						
cefadroxil cap 500 mg	1						
cefadroxil for susp 250 mg/5ml	2						
cefadroxil for susp 500 mg/5ml	2						
cefadroxil tab 1 gm	2						
cefdinir cap 300 mg	2						
cefdinir for susp 125 mg/5ml	2						
cefdinir for susp 250 mg/5ml	2						
CEFDITOREN PIVOXIL - cefditoren pivoxil tab 200 mg (base equivalent)	3						
CEFDITOREN PIVOXIL - cefditoren pivoxil tab 400 mg (base equivalent)	3						
cefixime cap 400 mg (Suprax)	3						
cefixime for susp 100 mg/5ml (Suprax)	3						
cefixime for susp 200 mg/5ml (Suprax)	3						
cefpodoxime proxetil for susp 50 mg/5ml	2						
cefpodoxime proxetil for susp 100 mg/5ml	3						
cefpodoxime proxetil tab 100 mg	2						
cefpodoxime proxetil tab 200 mg	2						
cefprozil for susp 125 mg/5ml	2						
cefprozil for susp 250 mg/5ml	2						
cefprozil tab 250 mg	2						
cefprozil tab 500 mg	2						
cefuroxime axetil tab 250 mg	2						
cefuroxime axetil tab 500 mg (Ceftin)	2						
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)	3						
cephalexin for susp 125 mg/5ml	2						
cephalexin for susp 250 mg/5ml	2						
SPECTRACEF - cefditoren pivoxil tab 400 mg (base equivalent)	4						
SUPRAX - cefixime chew tab 100 mg	3						
SUPRAX - cefixime chew tab 200 mg	3						
SUPRAX - cefixime for susp 500 mg/5ml	3						
MACROLIDES							
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3						
azithromycin for susp 100 mg/5ml (Zithromax)	2						
azithromycin for susp 200 mg/5ml (Zithromax)	2						
azithromycin tab 250 mg (Zithromax)	1						
azithromycin tab 500 mg (Zithromax)	1						
azithromycin tab 600 mg (Zithromax)	2						
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	3						
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	3						
clarithromycin tab er 24hr 500 mg	3						
clarithromycin tab 250 mg (Biaxin)	2						
clarithromycin tab 500 mg (Biaxin)	2						
DIFICID - fidaxomicin tab 200 mg	4						
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4						
ERYTHROMYCIN ETHYLSUCCINA - erythromycin ethylsuccinate tab 400 mg	3						
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	3						
erythromycin tab delayed release 250 mg	4						
erythromycin tab delayed release 333 mg	4						
erythromycin tab delayed release 500 mg	4						
erythromycin tab 250 mg	3						
erythromycin tab 500 mg	3						
erythromycin w/ delayed release particles cap 250 mg	3						
TETRACYCLINES							
demeclocycline hcl tab 150 mg	2						
demeclocycline hcl tab 300 mg	3						
doxycycline hyclate cap 50 mg	2						
doxycycline hyclate cap 100 mg (Vibramycin)	2						
doxycycline hyclate tab delayed release 75 mg	3						
doxycycline hyclate tab delayed release 100 mg	3						
doxycycline hyclate tab delayed release 150 mg	3						
doxycycline hyclate tab 20 mg	2						
doxycycline hyclate tab 100 mg	2						
doxycycline monohydrate cap 50 mg	1						
doxycycline monohydrate cap 75 mg (Monodox)	3						
doxycycline monohydrate cap 100 mg (Monodox)	2						
doxycycline monohydrate cap 150 mg	3						
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	2						
doxycycline monohydrate tab 50 mg (Adoxa)	2						
doxycycline monohydrate tab 75 mg (Adoxa)	2						
doxycycline monohydrate tab 100 mg (Adoxa pak 1/100)	2						
doxycycline monohydrate tab 150 mg	3						
minocycline hcl cap 50 mg (Minocin)	2						
minocycline hcl cap 75 mg (Minocin)	2						
minocycline hcl cap 100 mg (Minocin)	2						
tetracycline hcl cap 250 mg	3						
tetracycline hcl cap 500 mg	3						
VIBRAMYCIN - doxycycline calcium syrup 50 mg/5ml	4						
FLUOROQUINOLONES							
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	4				•		
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro)	2						
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						
levofloxacin oral soln 25 mg/ml	3						
levofloxacin tab 250 mg (Levaquin)	1						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
levofloxacin tab 500 mg (Levaquin)	1						
levofloxacin tab 750 mg (Levaquin)	1						
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	2						
OFLOXACIN - ofloxacin tab 300 mg	3						
ofloxacin tab 400 mg	3						
AMINOGLYCOSIDES							
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	•	•		•		•
BETHKIS - tobramycin nebu soln 300 mg/4ml	5	•	•				•
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	5	•	•				•
neomycin sulfate tab 500 mg	1						
paromomycin sulfate cap 250 mg	2						
TOBI PODHALER - tobramycin inhal cap 28 mg	5	•	•				•
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	5	•	•				•
tobramycin nebu soln 300 mg/5ml (Tobi)	5	•	•				•
SULFONAMIDES							
SULFADIAZINE - sulfadiazine tab 500 mg	3						
ANTIMYCOBACTERIAL AGENTS							
cycloserine cap 250 mg	2						
ethambutol hcl tab 100 mg (Myambutol)	2						
ethambutol hcl tab 400 mg (Myambutol)	2						
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	4						
pyrazinamide tab 500 mg	3						
rifabutin cap 150 mg (Mycobutin)	3						
RIFAMATE - isoniazid & rifampin cap 150-300 mg	4						
rifampin cap 150 mg (Rifadin)	3						
rifampin cap 300 mg (Rifadin)	2						
RIFATER - isoniazid-rifampin w/ pyrazinamide tab 50-120-300 mg	3						
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	4						•
TRECATOR - ethionamide tab 250 mg	3						
ANTIFUNGALS							
CRESEMBA - isavuconazonium sulfate cap 186 mg	4		•				
fluconazole for susp 10 mg/ml (Diflucan)	2						
fluconazole for susp 40 mg/ml (Diflucan)	2						
fluconazole tab 50 mg (Diflucan)	1						
fluconazole tab 100 mg (Diflucan)	2						
fluconazole tab 150 mg (Diflucan)	1						
fluconazole tab 200 mg (Diflucan)	2						
flucytosine cap 250 mg (Ancobon)	2						
flucytosine cap 500 mg (Ancobon)	3						
griseofulvin microsize susp 125 mg/5ml	3						
griseofulvin microsize tab 500 mg	3						
griseofulvin ultramicrosize tab 125 mg	2						
griseofulvin ultramicrosize tab 250 mg (Gris-peg)	3						
itraconazole cap 100 mg (Sporanox)	3		•		•		
nystatin tab 500000 unit	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
terbinafine hcl tab 250 mg (Lamisil)	1						
voriconazole for susp 40 mg/ml (Vfend)	2						
voriconazole tab 50 mg (Vfend)	3						
voriconazole tab 200 mg (Vfend)	3						
ANTIVIRALS							
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	2				•		
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	3				•		
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	3				•		
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	2				•		
acyclovir cap 200 mg (Zovirax)	1						
acyclovir susp 200 mg/5ml (Zovirax)	3						
acyclovir tab 400 mg (Zovirax)	1						
acyclovir tab 800 mg (Zovirax)	2						
adefovir dipivoxil tab 10 mg (Hepsera)	3						
APTIVUS - tipranavir cap 250 mg	3				•		
APTIVUS - tipranavir oral soln 100 mg/ml	3				•		
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	3				•		
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	3				•		
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	3				•		
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4				•		
BARACLUDE - entecavir oral soln 0.05 mg/ml	4						
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	4				•		
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	4				•		
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	4				•		
CRIXIVAN - indinavir sulfate cap 200 mg	3				•		
CRIXIVAN - indinavir sulfate cap 400 mg	3				•		
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	4				•		
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	4				•		
DIDANOSINE - didanosine delayed release capsule 400 mg	2				•		
didanosine delayed release capsule 200 mg (Videx ec)	2				•		
didanosine delayed release capsule 250 mg (Videx ec)	2				•		
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	3				•		
efavirenz cap 50 mg (Sustiva)	2				•		
efavirenz cap 200 mg (Sustiva)	2				•		
efavirenz tab 600 mg (Sustiva)	3				•		
EMTRIVA - emtricitabine caps 200 mg	3				•		
EMTRIVA - emtricitabine soln 10 mg/ml	3				•		
entecavir tab 0.5 mg (Baraclude)	3						
entecavir tab 1 mg (Baraclude)	3						
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3						
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	4				•		
famciclovir tab 125 mg	1						
famciclovir tab 250 mg (Famvir)	2						
famciclovir tab 500 mg (Famvir)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	2				•		
FUZEON - enfuvirtide for inj 90 mg	5	•			•		•
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	4				•		
INTELENCE - etravirine tab 25 mg	3				•		
INTELENCE - etravirine tab 100 mg	3				•		
INTELENCE - etravirine tab 200 mg	3				•		
INVIRASE - saquinavir mesylate tab 500 mg	3				•		
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3				•		
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	3				•		
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	4				•		
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	3				•		
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	3				•		
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	4				•		
KALETRA - lopinavir-ritonavir tab 100-25 mg	3				•		
KALETRA - lopinavir-ritonavir tab 200-50 mg	3				•		
lamivudine oral soln 10 mg/ml (Epivir)	2				•		
lamivudine tab 100 mg (hbv) (Epivir hbv)	2						
lamivudine tab 150 mg (Epivir)	3				•		
lamivudine tab 300 mg (Epivir)	2				•		
lamivudine-zidovudine tab 150-300 mg (Combivir)	3				•		
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	•	•				•
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	5	•	•				•
nevirapine susp 50 mg/5ml (Viramune)	2				•		
nevirapine tab er 24hr 100 mg (Viramune xr)	2				•		
nevirapine tab er 24hr 400 mg (Viramune xr)	2				•		
nevirapine tab 200 mg (Viramune)	1				•		
NORVIR - ritonavir oral soln 80 mg/ml	3				•		
NORVIR - ritonavir powder packet 100 mg	3				•		
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	4				•		
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	2						
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	2						
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	2						
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	3						
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	•	•				•
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	5	•	•				•
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	5	•	•				•
PEGINTRON - peginterferon alfa-2b for inj kit 50 mcg/0.5ml	5	•		•			•
PREVYMIS - letermovir tab 240 mg	5	•			•		•
PREVYMIS - letermovir tab 480 mg	5	•			•		•
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	4				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
PREZISTA - darunavir ethanolate susp 100 mg/ml (base equiv)	3				•		
PREZISTA - darunavir ethanolate tab 75 mg (base equiv)	3				•		
PREZISTA - darunavir ethanolate tab 150 mg (base equiv)	3				•		
PREZISTA - darunavir ethanolate tab 600 mg (base equiv)	3				•		
PREZISTA - darunavir ethanolate tab 800 mg (base equiv)	3				•		
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	4						
RESCRIPTOR - delavirdine mesylate tab 200 mg	3				•		
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	4				•		
ribavirin cap 200 mg (Rebetol)	3						
ribavirin for inhal soln 6 gm (Virazole)	5	•					•
ribavirin tab 200 mg (Copegus)	3						
rimantadine hydrochloride tab 100 mg (Flumadine)	2						
ritonavir tab 100 mg (Norvir)	3				•		
SELZENTRY - maraviroc oral soln 20 mg/ml	3				•		
SELZENTRY - maraviroc tab 25 mg	3				•		
SELZENTRY - maraviroc tab 75 mg	3				•		
SELZENTRY - maraviroc tab 150 mg	3				•		
SELZENTRY - maraviroc tab 300 mg	3				•		
SITAVIG - acyclovir buccal tab 50 mg	4		•				
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	•	•				•
SOVALDI - sofosbuvir tab 400 mg	5	•	•				•
stavudine cap 15 mg (Zerit)	2				•		
stavudine cap 20 mg (Zerit)	2				•		
stavudine cap 30 mg (Zerit)	2				•		
stavudine cap 40 mg (Zerit)	2				•		
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	4				•		
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	4				•		
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4				•		
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	4				•		
TEMIXYS - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	3				•		
tenofovir disoproxil fumarate tab 300 mg (Viread)	3				•		
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	4				•		
TIVICAY - dolutegravir sodium tab 25 mg (base equiv)	4				•		
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	4				•		
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	4				•		
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	3				•		
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	3				•		
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	3				•		
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	3				•		
valacyclovir hcl tab 500 mg (Valtrex)	2						
valacyclovir hcl tab 1 gm (Valtrex)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	3						
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	3						
VIDEX - didanosine for soln 2 gm	4				•		
VIRACEPT - nelfinavir mesylate tab 250 mg	3				•		
VIRACEPT - nelfinavir mesylate tab 625 mg	3				•		
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	3				•		
VIREAD - tenofovir disoproxil fumarate tab 150 mg	3				•		
VIREAD - tenofovir disoproxil fumarate tab 200 mg	3				•		
VIREAD - tenofovir disoproxil fumarate tab 250 mg	3				•		
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	•	•				•
XOFLUZA - baloxavir marboxil tab therapy pack 20 (2) mg (40 mg dose)	4				•		
XOFLUZA - baloxavir marboxil tab therapy pack 40 (2) mg (80 mg dose)	4				•		
zidovudine cap 100 mg (Retrovir)	2				•		
zidovudine syrup 10 mg/ml (Retrovir)	2				•		
zidovudine tab 300 mg	2				•		
ANTIMALARIALS							
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	2						
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	3						
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	3						
chloroquine phosphate tab 500 mg (Aralen)	2						
COARTEM - artemether-lumefantrine tab 20-120 mg	4						
DARAPRIM - pyrimethamine tab 25 mg	4						•
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	2						
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	4						
MEFLOQUINE HCL - mefloquine hcl tab 250 mg	2						
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	3						
quinine sulfate cap 324 mg (Qualaquin)	3						
ANTHELMINTICS							
albendazole tab 200 mg (Albenza)	3						
EMVERM - mebendazole chew tab 100 mg	4						
ivermectin tab 3 mg (Stromectol)	2						
praziquantel tab 600 mg (Biltricide)	3						
ANTI-INFECTIVE AGENTS - MISC.							
ALINIA - nitazoxanide for susp 100 mg/5ml	3		•		•		
ALINIA - nitazoxanide tab 500 mg	3		•		•		
atovaquone susp 750 mg/5ml (Mepron)	3						
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	5	•					•
clindamycin hcl cap 75 mg (Cleocin)	2						
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)	3						
dapsone tab 25 mg	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
dapsone tab 100 mg	2						
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base equivalent)	4						
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	4						
linezolid for susp 100 mg/5ml (Zyvox)	2						
linezolid tab 600 mg (Zyvox)	2						
metronidazole cap 375 mg (Flagyl)	3						
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)	4						
SIVEXTRO - tedizolid phosphate tab 200 mg	4						
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2						
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1						
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1						
tinidazole tab 250 mg	2						
tinidazole tab 500 mg (Tindamax)	2						
trimethoprim tab 100 mg	1						
VANCOMYCIN HCL - vancomycin hcl for iv soln 100 gm (base equivalent)	2						
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	3						
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)	3						
vancomycin hcl for iv soln 500 mg (base equivalent)	3						
vancomycin hcl for iv soln 750 mg (base equivalent)	2						
vancomycin hcl for iv soln 1 gm (base equivalent)	2						
vancomycin hcl for iv soln 5 gm (base equivalent)	2						
vancomycin hcl for iv soln 10 gm (base equivalent)	2						
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 250 mg (base equivalent)	2						
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 750 mg (base equivalent)	2						
XIFAXAN - rifaximin tab 200 mg	4		•		•		
XIFAXAN - rifaximin tab 550 mg	4		•		•		
BIOLOGICALS							
VACCINES							
AFLURIA QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.25 ml	A					•	
AFLURIA QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A					•	
AFLURIA QUADRIVALENT 2019 - influenza virus vaccine split quadrivalent im inj	A					•	
FLUAD 2019-2020 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	A					•	
FLUARIX QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A					•	
FLUBLOK QUADRIVALENT 2019 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	A					•	
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	A					•	

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	A					•	
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	A					•	
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	A					•	
FLULAVAL QUADRIVALENT 201 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A					•	
FLULAVAL QUADRIVALENT 201 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A					•	
FLULAVAL QUADRIVALENT 201 - influenza virus vaccine split quadrivalent im inj	A					•	
FLULAVAL QUADRIVALENT 201 - influenza virus vaccine split quadrivalent im inj	A					•	
FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	A					•	
FLUZONE HIGH-DOSE PF 2019 - influenza virus vac split high-dose pf susp pref syr 0.5ml	A					•	
FLUZONE QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.25 ml	A					•	
FLUZONE QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A					•	
FLUZONE QUADRIVALENT 2019 - influenza virus vaccine split quadrivalent im inj	A					•	
FLUZONE QUADRIVALENT 2019 - influenza virus vaccine split quadrivalent inj 0.5 ml	A					•	
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	A					•	
VIVOTIF - typhoid vaccine cap delayed release	3					•	
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	A						•
PASSIVE IMMUNIZING AGENTS							
CUVITRU - immune globulin (human) subcutaneous inj 1 gm/5ml	5	•	•				•
CUVITRU - immune globulin (human) subcutaneous inj 2 gm/10ml	5	•	•				•
CUVITRU - immune globulin (human) subcutaneous inj 4 gm/20ml	5	•	•				•
CUVITRU - immune globulin (human) subcutaneous inj 8 gm/40ml	5	•	•				•
CUVITRU - immune globulin (human) subcutaneous inj 10 gm/50ml	5	•	•				•
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml	5	•	•				•
HIZENTRA - immune globulin (human) subcutaneous inj 2 gm/10ml	5	•	•				•
HIZENTRA - immune globulin (human) subcutaneous inj 4 gm/20ml	5	•	•				•
HIZENTRA - immune globulin (human) subcutaneous inj 10 gm/50ml	5	•	•				•
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	5	•	•				•
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	5	•	•				•
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	5	•	•				•
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	5	•	•				•
SYNAGIS - palivizumab im soln 50 mg/0.5ml	5	•	•				•
SYNAGIS - palivizumab im soln 100 mg/ml	5	•	•				•
ANTINEOPLASTIC AGENTS							
ANTINEOPLASTICS							
abiraterone acetate tab 250 mg (Zytiga)	5	•	•		•		•
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	5	•	•				•
AFINITOR - everolimus tab 2.5 mg	5	•	•		•		•
AFINITOR - everolimus tab 5 mg	5	•	•		•		•
AFINITOR - everolimus tab 7.5 mg	5	•	•		•		•
AFINITOR - everolimus tab 10 mg	5	•	•		•		•
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5	•	•		•		•
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	•	•		•		•
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	5	•	•		•		•
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	5	•	•		•		•
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	•	•		•		•
ALUNBRIG - brigatinib tab 30 mg	5	•	•		•		•
ALUNBRIG - brigatinib tab 90 mg	5	•	•		•		•
ALUNBRIG - brigatinib tab 180 mg	5	•	•		•		•
anastrozole tab 1 mg (Arimidex)	1						
BALVERSA - erdafitinib tab 3 mg	5	•	•		•		•
BALVERSA - erdafitinib tab 4 mg	5	•	•		•		•
BALVERSA - erdafitinib tab 5 mg	5	•	•		•		•
bexarotene cap 75 mg (Targretin)	5	•	•				•
bicalutamide tab 50 mg (Casodex)	1						
BOSULIF - bosutinib tab 100 mg	5	•	•		•		•
BOSULIF - bosutinib tab 400 mg	5	•	•		•		•
BOSULIF - bosutinib tab 500 mg	5	•	•		•		•
BRAFTOVI - encorafenib cap 75 mg	5	•	•		•		•
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)	5	•	•		•		•
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)	5	•	•		•		•
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)	5	•	•		•		•
CALQUENCE - acalabrutinib cap 100 mg	5	•	•		•		•
capecitabine tab 150 mg (Xeloda)	5	•	•				•
capecitabine tab 500 mg (Xeloda)	5	•	•				•
CAPRELSA - vandetanib tab 100 mg	5	•	•		•		•
CAPRELSA - vandetanib tab 300 mg	5	•	•		•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	5	•	•		•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	5	•	•		•		•
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	5	•	•		•		•
COPIKTRA - duvelisib cap 15 mg	5	•	•		•		•
COPIKTRA - duvelisib cap 25 mg	5	•	•		•		•
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	5	•	•		•		•
cyclophosphamide cap 25 mg (Cyclophosphamide)	3						
cyclophosphamide cap 50 mg (Cyclophosphamide)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	5	•	•		•		•
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	5	•	•		•		•
DEPO-PROVERA - medroxyprogesterone acetate im susp 400 mg/ml	4						
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	5	•					•
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	5	•					•
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	5	•					•
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	5	•					•
EMCYT - estramustine phosphate sodium cap 140 mg	3						
ERIVEDGE - vismodegib cap 150 mg	5	•	•		•		•
ERLEADA - apalutamide tab 60 mg	5	•	•		•		•
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	5	•	•		•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	5	•	•		•		•
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	5	•	•		•		•
ETOPOSIDE - etoposide cap 50 mg	3						
exemestane tab 25 mg (Aromasin)	3						
FARYDAK - panobinostat lactate cap 10 mg (base equivalent)	5	•	•		•		•
FARYDAK - panobinostat lactate cap 15 mg (base equivalent)	5	•	•		•		•
FARYDAK - panobinostat lactate cap 20 mg (base equivalent)	5	•	•		•		•
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	5	•					•
FIRMAGON - degarelix acetate for inj 120 mg (base equiv)	5	•					•
flutamide cap 125 mg	2						
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)	5	•	•		•		•
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)	5	•	•		•		•
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)	5	•	•		•		•
GLEOSTINE - lomustine cap 10 mg	4						
GLEOSTINE - lomustine cap 40 mg	4						
GLEOSTINE - lomustine cap 100 mg	4						
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv)	4		•				
HYCAMTIN - topotecan hcl cap 1 mg (base equiv)	4		•				
HYDROXYPROGESTERONE CAPRO - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	3						
hydroxyurea cap 500 mg (Hydrea)	2						
IBRANCE - palbociclib cap 75 mg	5	•	•		•		•
IBRANCE - palbociclib cap 100 mg	5	•	•		•		•
IBRANCE - palbociclib cap 125 mg	5	•	•		•		•
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)	5	•	•		•		•
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)	5	•	•		•		•
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)	5	•	•		•		•
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)	5	•	•		•		•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	5	•	•		•		•
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	5	•	•		•		•
IMBRUVICA - ibrutinib cap 70 mg	5	•	•		•		•
IMBRUVICA - ibrutinib cap 140 mg	5	•	•		•		•
IMBRUVICA - ibrutinib tab 140 mg	5	•	•		•		•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
IMBRUVICA - ibrutinib tab 280 mg	5	•	•		•		•
IMBRUVICA - ibrutinib tab 420 mg	5	•	•		•		•
IMBRUVICA - ibrutinib tab 560 mg	5	•	•		•		•
INLYTA - axitinib tab 1 mg	5	•	•		•		•
INLYTA - axitinib tab 5 mg	5	•	•		•		•
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5	•					•
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	•					•
INTRON A - interferon alfa-2b for inj 10000000 unit	5	•					•
INTRON A - interferon alfa-2b for inj 18000000 unit	5	•					•
INTRON A - interferon alfa-2b for inj 50000000 unit	5	•					•
IRESSA - gefitinib tab 250 mg	5	•	•		•		•
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)	5	•	•		•		•
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)	5	•	•		•		•
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)	5	•	•		•		•
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)	5	•	•		•		•
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)	5	•	•		•		•
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	•	•		•		•
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	•	•		•		•
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	•	•		•		•
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•	•		•		•
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•	•		•		•
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•	•		•		•
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	5	•	•		•		•
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose)	5	•	•		•		•
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	5	•	•		•		•
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 (2) mg (18 mg daily dose)	5	•	•		•		•
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg (20 mg daily dose)	5	•	•		•		•
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg (24 mg daily dose)	5	•	•		•		•
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	5	•	•		•		•
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 4 (2) mg (8 mg daily dose)	5	•	•		•		•
letrozole tab 2.5 mg (Femara)	1						
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg	3						
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg	3						
leucovorin calcium tab 5 mg	1						
leucovorin calcium tab 25 mg	3						
LEUKERAN - chlorambucil tab 2 mg	3						
leuprolide acetate inj kit 5 mg/ml	3						
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	•	•		•		•
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	•	•		•		•
LORBRENA - lorlatinib tab 25 mg	5	•	•		•		•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
LORBRENA - lorlatinib tab 100 mg	5	•	•		•		•
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	•					•
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	•		•			•
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	•					•
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	•		•			•
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	•		•			•
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	•		•			•
LYNPARZA - olaparib tab 100 mg	5	•	•		•		•
LYNPARZA - olaparib tab 150 mg	5	•	•		•		•
LYSODREN - mitotane tab 500 mg	3		•				•
MATULANE - procarbazine hcl cap 50 mg	3		•				•
megestrol acetate susp 40 mg/ml (Megace oral)	2						
megestrol acetate tab 20 mg	2						
megestrol acetate tab 40 mg	2						
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	5	•	•		•		•
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	5	•	•		•		•
MEKTOVI - binimetinib tab 15 mg	5	•	•		•		•
melphalan tab 2 mg (Alkeran)	2						
mercaptopurine tab 50 mg	2						
MESNEX - mesna tab 400 mg	3						
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3						
methotrexate sodium for inj 1 gm	2						
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1						
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1						
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2						
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1						
methotrexate sodium tab 2.5 mg (base equiv)	2						
MYLERAN - busulfan tab 2 mg	3						
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	5	•	•		•		•
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	5	•	•		•		•
nilutamide tab 150 mg (Nilandron)	5	•					•
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	5	•	•		•		•
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	5	•	•		•		•
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	5	•	•		•		•
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	5	•	•		•		•
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	•	•		•		•
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	•	•		•		•
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	•	•		•		•
POMALYST - pomalidomide cap 1 mg	5	•	•		•		•
POMALYST - pomalidomide cap 2 mg	5	•	•		•		•
POMALYST - pomalidomide cap 3 mg	5	•	•		•		•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
POMALYST - pomalidomide cap 4 mg	5	•	•		•		•
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	3						•
RITUXAN - rituximab iv soln 100 mg/10ml	5	•	•				•
RITUXAN - rituximab iv soln 500 mg/50ml	5	•	•				•
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)	5	•	•		•		•
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)	5	•	•		•		•
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)	5	•	•		•		•
RYDAPT - midostaurin cap 25 mg	5	•	•		•		•
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3						
SPRYCEL - dasatinib tab 20 mg	5	•	•		•		•
SPRYCEL - dasatinib tab 50 mg	5	•	•		•		•
SPRYCEL - dasatinib tab 70 mg	5	•	•		•		•
SPRYCEL - dasatinib tab 80 mg	5	•	•		•		•
SPRYCEL - dasatinib tab 100 mg	5	•	•		•		•
SPRYCEL - dasatinib tab 140 mg	5	•	•		•		•
STIVARGA - regorafenib tab 40 mg	5	•	•		•		•
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	5	•	•		•		•
SUTENT - sunitinib malate cap 25 mg (base equivalent)	5	•	•		•		•
SUTENT - sunitinib malate cap 37.5 mg (base equivalent)	5	•	•		•		•
SUTENT - sunitinib malate cap 50 mg (base equivalent)	5	•	•		•		•
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5	•	•				•
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5	•	•				•
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5	•	•				•
TABLOID - thioguanine tab 40 mg	4						
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	5	•	•		•		•
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	5	•	•		•		•
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent)	5	•	•		•		•
TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent)	5	•	•		•		•
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	5	•	•		•		•
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)	5	•	•		•		•
tamoxifen citrate tab 10 mg (base equivalent)	2					•	
tamoxifen citrate tab 20 mg (base equivalent)	2					•	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)	5	•	•		•		•
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	5	•	•		•		•
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	5	•	•		•		•
temozolomide cap 5 mg (Temodar)	5	•	•				•
temozolomide cap 20 mg (Temodar)	5	•	•				•
temozolomide cap 100 mg (Temodar)	5	•	•				•
temozolomide cap 140 mg (Temodar)	5	•	•				•
temozolomide cap 180 mg (Temodar)	5	•	•				•
temozolomide cap 250 mg (Temodar)	5	•	•				•
TIBSOVO - ivosidenib tab 250 mg	5	•	•		•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	3						
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	•					•
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	•					•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	•					•
tretinoin cap 10 mg	2		•				
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)	5	•	•		•		•
VANTAS - histrelin acetate implant kit 50 mg	5	•					•
VENCLEXTA - venetoclax tab 10 mg	5	•	•		•		•
VENCLEXTA - venetoclax tab 50 mg	5	•	•		•		•
VENCLEXTA - venetoclax tab 100 mg	5	•	•		•		•
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	5	•	•		•		•
VERZENIO - abemaciclib tab 50 mg	5	•	•		•		•
VERZENIO - abemaciclib tab 100 mg	5	•	•		•		•
VERZENIO - abemaciclib tab 150 mg	5	•	•		•		•
VERZENIO - abemaciclib tab 200 mg	5	•	•		•		•
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	5	•	•		•		•
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	5	•	•		•		•
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	5	•	•		•		•
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	5	•	•		•		•
XALKORI - crizotinib cap 200 mg	5	•	•		•		•
XALKORI - crizotinib cap 250 mg	5	•	•		•		•
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	5	•	•		•		•
XPOVIO 100 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (100 mg once weekly)	5	•	•		•		•
XPOVIO 60 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (60 mg once weekly)	5	•	•		•		•
XPOVIO 80 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (80 mg once weekly)	5	•	•		•		•
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	5	•	•		•		•
XTANDI - enzalutamide cap 40 mg	5	•	•		•		•
ZEJULA - niraparib tosylate cap 100 mg (base equivalent)	5	•	•		•		•
ZELBORAF - vemurafenib tab 240 mg	5	•	•		•		•
ZOLADEX - goserelin acetate implant 3.6 mg	5	•					•
ZOLADEX - goserelin acetate implant 10.8 mg	5	•					•
ZOLINZA - vorinostat cap 100 mg	5	•	•		•		•
ZYDELIG - idelalisib tab 100 mg	5	•	•		•		•
ZYDELIG - idelalisib tab 150 mg	5	•	•		•		•
ZYKADIA - ceritinib tab 150 mg	5	•	•		•		•
ZYTIGA - abiraterone acetate tab 500 mg	5	•	•		•		•
ENDOCRINE AND METABOLIC DRUGS							
CORTICOSTEROIDS							
budesonide delayed release particles cap 3 mg (Entocort ec)	3						
budesonide tab er 24hr 9 mg (Uceris)	3						
CORTISONE ACETATE - cortisone acetate tab 25 mg	3						
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	3						
DEXAMETHASONE - dexamethasone tab 1 mg	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
DEXAMETHASONE - dexamethasone tab 2 mg	3						
dexamethasone elixir 0.5 mg/5ml	2						
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						
fludrocortisone acetate tab 0.1 mg	2						
hydrocortisone tab 5 mg (Cortef)	2						
hydrocortisone tab 10 mg (Cortef)	2						
hydrocortisone tab 20 mg (Cortef)	2						
MEDROL - methylprednisolone tab 2 mg	4						
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	2						
methylprednisolone tab 4 mg (Medrol)	2						
methylprednisolone tab 8 mg (Medrol)	2						
methylprednisolone tab 16 mg (Medrol)	2						
methylprednisolone tab 32 mg (Medrol)	1						
PREDNISOLONE - prednisolone syrup 15 mg/5ml (usp solution equivalent)	1						
prednisolone sod phos orally disintegr tab 10 mg (base eq) (Orapred odt)	2						
prednisolone sod phos orally disintegr tab 15 mg (base eq) (Orapred odt)	2						
prednisolone sod phos orally disintegr tab 30 mg (base eq) (Orapred odt)	3						
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	3						
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1						
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (Millipred)	2						
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (Veripred 20)	2						
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3						
PREDNISONE - prednisone oral soln 5 mg/5ml	3						
PREDNISONE INTENSOL - prednisone conc 5 mg/ml	3						
prednisone tab therapy pack 5 mg (21)	3						
prednisone tab therapy pack 5 mg (48)	3						
prednisone tab therapy pack 10 mg (21)	3						
prednisone tab therapy pack 10 mg (48)	3						
prednisone tab 1 mg	2						
prednisone tab 2.5 mg	1						
prednisone tab 5 mg	1						
prednisone tab 10 mg	1						
prednisone tab 20 mg	1						
prednisone tab 50 mg	3						
ANDROGEN-ANABOLIC							
ANADROL-50 - oxymetholone tab 50 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	4		•		•		
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	4		•		•		
danazol cap 50 mg	2						
danazol cap 100 mg	3						
danazol cap 200 mg	3						
METHITEST - methyltestosterone oral tab 10 mg	3		•		•		
METHYLTESTOSTERONE - methyltestosterone cap 10 mg	2		•		•		
oxandrolone tab 2.5 mg	2						
oxandrolone tab 10 mg (Oxandrin)	3						
STRIANT - testosterone buccal mucoadhesive system 30 mg	4		•		•		
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	2		•		•		
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	2		•		•		
testosterone enanthate im inj in oil 200 mg/ml	2		•		•		
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	3		•		•		
testosterone td gel 50 mg/5gm (1%) (Androgel)	3		•		•		
testosterone td gel 12.5 mg/act (1%)	3		•		•		
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	3		•		•		
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	3		•		•		
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	3		•		•		
testosterone td gel 10mg/act (2%) (Fortesta)	3		•		•		
testosterone td soln 30 mg/act (Axiron)	3		•		•		
ESTROGENS							
ALORA - estradiol td patch twice weekly 0.025 mg/24hr	3						
ALORA - estradiol td patch twice weekly 0.05 mg/24hr	3						
ALORA - estradiol td patch twice weekly 0.075 mg/24hr	4						
ALORA - estradiol td patch twice weekly 0.1 mg/24hr	3						
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg	4						
ANGELIQ - drospirenone-estradiol tab 0.5-1 mg	3						
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	3						
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	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%)	4						
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)	4						
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)	4						
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)	4						
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	4						
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)	2						
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	3						
estradiol tab 0.5 mg (Estrace)	1						
estradiol tab 1 mg (Estrace)	1						
estradiol tab 2 mg (Estrace)	2						
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	2						
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	2						
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	2						
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	2						
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	2						
estradiol td patch weekly 0.025 mg/24hr (Climara)	2						
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	2						
estradiol td patch weekly 0.05 mg/24hr (Climara)	2						
estradiol td patch weekly 0.06 mg/24hr (Climara)	2						
estradiol td patch weekly 0.075 mg/24hr (Climara)	2						
estradiol td patch weekly 0.1 mg/24hr (Climara)	2						
estradiol valerate im in oil 20 mg/ml (Delestrogen)	3						
estradiol valerate im in oil 40 mg/ml (Delestrogen)	3						
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	4						
EVAMIST - estradiol transdermal spray 1.53 mg/spray	4						
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	4						
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	2						
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2						
PREFEST - estradiol tab 1 mg(15)/estrad-norgestimate tab 1-0.09mg(15)	3						
PREMARIN - estrogens, conjugated tab 0.3 mg	3						
PREMARIN - estrogens, conjugated tab 0.45 mg	3						
PREMARIN - estrogens, conjugated tab 0.625 mg	3						
PREMARIN - estrogens, conjugated tab 0.9 mg	3						
PREMARIN - estrogens, conjugated tab 1.25 mg	3						
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	4						
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	3						
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	3						
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	3						
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	3						
CONTRACEPTIVES							

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	2					•	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025r mg (Cyclessa)	A					•	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	2					•	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	3						
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	3					•	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	2					•	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	2						
ELLA - ulipristal acetate tab 30 mg	A					•	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2					•	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2					•	
FALESSA - levonorgest-eth estrad tab 0.1 mg-20 mcg & fa tab 1 mg kit	A					•	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	3					•	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	2						
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	2						
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	A					•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2					•	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2					•	
levonorgestrel tab 1.5 mg	2				•	•	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	A					•	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	A					•	
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	4						
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	2					•	
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	2					•	
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	A					•	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	2					•	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	2					•	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	A					•	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe)	2					•	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	2						
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	2						
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	2					•	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	2					•	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	2					•	

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	2					•	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	3						
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2					•	
norethindrone tab 0.35 mg (Nor-qd)	2					•	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	A					•	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	2					•	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2					•	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	2					•	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2					•	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	A					•	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	A					•	
XULANE - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	A					•	
PROGESTINS							
MAKENA - hydroxyprogesterone caproate im in oil 250 mg/ml	5	•	•				•
MAKENA - hydroxyprogesterone caproate soln auto-injector 275 mg/1.1ml	5	•	•				•
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)	3						
norethindrone acetate tab 5 mg (Aygestin)	2						
progesterone im in oil 50 mg/ml	2						
progesterone micronized cap 100 mg (Prometrium)	2						
progesterone micronized cap 200 mg (Prometrium)	2						
ANTIDIABETICS							
ANTIDIABETICS							
acarbose tab 25 mg (Precose)	2						
acarbose tab 50 mg (Precose)	2						
acarbose tab 100 mg (Precose)	2						
ALOGLIPTIN - alogliptin benzoate tab 6.25 mg (base equiv)	4			•	•		
ALOGLIPTIN - alogliptin benzoate tab 12.5 mg (base equiv)	4			•	•		
ALOGLIPTIN - alogliptin benzoate tab 25 mg (base equiv)	4			•	•		
ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-500 mg	4			•	•		
ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-1000 mg	4			•	•		
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-15 mg	4			•	•		
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-30 mg	4			•	•		
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-45 mg	4			•	•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-15 mg	4			•	•		
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-30 mg	4			•	•		
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-45 mg	4			•	•		
AVANDIA - rosiglitazone maleate tab 2 mg (base equiv)	4						
AVANDIA - rosiglitazone maleate tab 4 mg (base equiv)	4						
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	4			•	•		
BYDUREON PEN - exenatide extended release for susp pen-injector 2 mg	4			•	•		
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	4			•	•		
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	4			•	•		
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)	4						
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	4			•	•		
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	4			•	•		
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)	2						
glipizide tab 5 mg (Glucotrol)	1						
glipizide tab 10 mg (Glucotrol)	1						
glipizide-metformin hcl tab 2.5-250 mg	2						
glipizide-metformin hcl tab 2.5-500 mg	2						
glipizide-metformin hcl tab 5-500 mg	2						
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	4						
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	4						
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	2						
glyburide-metformin tab 1.25-250 mg (Glucovance)	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	3			•	•		
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	3			•	•		
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3			•	•		
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3			•	•		
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3			•	•		
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3			•	•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3			•	•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg	3			•	•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg	3			•	•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg	3			•	•		
INVOKANA - canagliflozin tab 100 mg	3			•	•		
INVOKANA - canagliflozin tab 300 mg	3			•	•		
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3				•		
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3				•		
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3				•		
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3				•		
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3				•		
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)	3				•		
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)	3				•		
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)	3				•		
JARDIANCE - empagliflozin tab 10 mg	3			•	•		
JARDIANCE - empagliflozin tab 25 mg	3			•	•		
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	4			•	•		
KAZANO - alogliptin-metformin hcl tab 12.5-1000 mg	4			•	•		
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	4			•	•		
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg	4			•	•		
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-1000 mg	4			•	•		
KORLYM - mifepristone tab 300 mg	5	•	•		•		•
metformin hcl tab er 24hr 500 mg (Glucophage xr)	1				•		
metformin hcl tab er 24hr 750 mg (Glucophage xr)	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)	3						
miglitol tab 50 mg (Glyset)	2						
miglitol tab 100 mg (Glyset)	2						
nateglinide tab 60 mg (Starlix)	2						
nateglinide tab 120 mg (Starlix)	2						
NESINA - alogliptin benzoate tab 6.25 mg (base equiv)	4			•	•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
NESINA - alogliptin benzoate tab 12.5 mg (base equiv)	4			•	•		
NESINA - alogliptin benzoate tab 25 mg (base equiv)	4			•	•		
ONGLYZA - saxagliptin hcl tab 2.5 mg (base equiv)	4			•	•		
ONGLYZA - saxagliptin hcl tab 5 mg (base equiv)	4			•	•		
OSENI - alogliptin-pioglitazone tab 12.5-15 mg	4			•	•		
OSENI - alogliptin-pioglitazone tab 12.5-30 mg	4			•	•		
OSENI - alogliptin-pioglitazone tab 12.5-45 mg	4			•	•		
OSENI - alogliptin-pioglitazone tab 25-15 mg	4			•	•		
OSENI - alogliptin-pioglitazone tab 25-30 mg	4			•	•		
OSENI - alogliptin-pioglitazone tab 25-45 mg	4			•	•		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	3			•	•		
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	3			•	•		
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1						
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1						
pioglitazone hcl tab 45 mg (base equiv) (Actos)	2						
pioglitazone hcl-glimepiride tab 30-2 mg (Duetact)	3						
pioglitazone hcl-glimepiride tab 30-4 mg (Duetact)	3						
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	2						
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	3						
PROGLYCEM - diazoxide susp 50 mg/ml	3						
QTERN - dapagliflozin-saxagliptin tab 5-5 mg	4			•	•		
QTERN - dapagliflozin-saxagliptin tab 10-5 mg	4			•	•		
repaglinide tab 0.5 mg (Prandin)	2						
repaglinide tab 1 mg (Prandin)	2						
repaglinide tab 2 mg (Prandin)	2						
REPAGLINIDE/METFORMIN HYD - repaglinide-metformin hcl tab 1-500 mg	3						
REPAGLINIDE/METFORMIN HYD - repaglinide-metformin hcl tab 2-500 mg	3						
SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-500 mg	4			•	•		
SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-1000 mg	4			•	•		
SEGLUROMET - ertugliflozin-metformin hcl tab 7.5-500 mg	4			•	•		
SEGLUROMET - ertugliflozin-metformin hcl tab 7.5-1000 mg	4			•	•		
STEGLATRO - ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv)	4			•	•		
STEGLATRO - ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv)	4			•	•		
STEGLUJAN - ertugliflozin-sitagliptin tab 5-100 mg	4			•	•		
STEGLUJAN - ertugliflozin-sitagliptin tab 15-100 mg	4			•	•		
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	4						
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	4						
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3			•	•		
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3			•	•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3			•	•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3			•	•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3			•	•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3			•	•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3			•	•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3			•	•		
TOLBUTAMIDE - tolbutamide tab 500 mg	3						
TRADJENTA - linagliptin tab 5 mg	3				•		
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	3			•	•		
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	3			•	•		
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3			•	•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	4			•	•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-500 mg	4			•	•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	4			•	•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-500 mg	4			•	•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	4			•	•		
Rapid-Acting Insulins							
NOVOLOG - insulin aspart inj 100 unit/ml	3				•		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	3				•		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	3				•		
Short-Acting Insulins							
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	3				•		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3				•		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	3				•		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	3				•		
Intermediate-Acting Insulins							
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	4		•		•		
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	4		•		•		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	3				•		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	3				•		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3				•		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3				•		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3				•		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3				•		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3				•		
Basal Insulins							
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4				•		
LANTUS - insulin glargine inj 100 unit/ml	3				•		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3				•		
LEVEMIR - insulin detemir inj 100 unit/ml	3				•		
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	3				•		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3				•		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3				•		
THYROID AGENTS							
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain)	4						
ARMOUR THYROID - thyroid tab 30 mg (1/2 grain)	4						
ARMOUR THYROID - thyroid tab 60 mg (1 grain)	4						
ARMOUR THYROID - thyroid tab 90 mg (1 1/2 grain)	4						
ARMOUR THYROID - thyroid tab 120 mg (2 grain)	4						
ARMOUR THYROID - thyroid tab 180 mg (3 grain)	4						
ARMOUR THYROID - thyroid tab 240 mg (4 grain)	4						
ARMOUR THYROID - thyroid tab 300 mg (5 grain)	4						
CYTOMEL - liothyronine sodium tab 5 mcg	4						
CYTOMEL - liothyronine sodium tab 25 mcg	4						
CYTOMEL - liothyronine sodium tab 50 mcg	4						
levothyroxine sodium tab 25 mcg (Synthroid)	1						
levothyroxine sodium tab 50 mcg (Synthroid)	1						
levothyroxine sodium tab 75 mcg (Synthroid)	1						
levothyroxine sodium tab 88 mcg (Synthroid)	2						
levothyroxine sodium tab 100 mcg (Synthroid)	2						
levothyroxine sodium tab 112 mcg (Synthroid)	2						
levothyroxine sodium tab 125 mcg (Synthroid)	2						
levothyroxine sodium tab 137 mcg (Synthroid)	2						
levothyroxine sodium tab 150 mcg (Synthroid)	2						
levothyroxine sodium tab 175 mcg (Synthroid)	2						
levothyroxine sodium tab 200 mcg (Synthroid)	2						
levothyroxine sodium tab 300 mcg (Synthroid)	2						
liothyronine sodium tab 5 mcg (Cytomel)	2						
liothyronine sodium tab 25 mcg (Cytomel)	2						
liothyronine sodium tab 50 mcg (Cytomel)	2						
methimazole tab 5 mg (Tapazole)	1						
methimazole tab 10 mg (Tapazole)	1						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
NATURE-THROID - thyroid tab 16.25 mg	4						
NATURE-THROID - thyroid tab 32.5 mg	4						
NATURE-THROID - thyroid tab 48.75 mg (3/4 grain)	4						
NATURE-THROID - thyroid tab 65 mg	4						
NATURE-THROID - thyroid tab 81.25 mg	4						
NATURE-THROID - thyroid tab 97.5 mg	4						
NATURE-THROID - thyroid tab 113.75 mg	4						
NATURE-THROID - thyroid tab 130 mg	4						
NATURE-THROID - thyroid tab 195 mg	4						
NATURE-THROID - thyroid tab 260 mg	4						
NATURE-THROID - thyroid tab 325 mg (5 grain)	4						
NATURE-THROID - thyroid tab 146.25 mg	4						
NATURE-THROID NT-2.5 - thyroid tab 162.5 mg (2 1/2 grain)	4						
propylthiouracil tab 50 mg	2						
SYNTHROID - levothyroxine sodium tab 25 mcg	4						
SYNTHROID - levothyroxine sodium tab 50 mcg	4						
SYNTHROID - levothyroxine sodium tab 75 mcg	4						
SYNTHROID - levothyroxine sodium tab 88 mcg	4						
SYNTHROID - levothyroxine sodium tab 100 mcg	4						
SYNTHROID - levothyroxine sodium tab 112 mcg	4						
SYNTHROID - levothyroxine sodium tab 125 mcg	4						
SYNTHROID - levothyroxine sodium tab 137 mcg	4						
SYNTHROID - levothyroxine sodium tab 150 mcg	4						
SYNTHROID - levothyroxine sodium tab 175 mcg	4						
SYNTHROID - levothyroxine sodium tab 200 mcg	4						
SYNTHROID - levothyroxine sodium tab 300 mcg	4						
thyroid tab 15 mg (1/4 grain) (Armour thyroid)	2						
thyroid tab 30 mg (1/2 grain) (Armour thyroid)	2						
thyroid tab 60 mg (1 grain) (Armour thyroid)	2						
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)	2						
thyroid tab 120 mg (2 grain) (Armour thyroid)	2						
TIROSINT - levothyroxine sodium cap 13 mcg	4			•			
TIROSINT - levothyroxine sodium cap 25 mcg	4			•			
TIROSINT - levothyroxine sodium cap 50 mcg	4			•			
TIROSINT - levothyroxine sodium cap 75 mcg	4			•			
TIROSINT - levothyroxine sodium cap 88 mcg	4			•			
TIROSINT - levothyroxine sodium cap 100 mcg	4			•			
TIROSINT - levothyroxine sodium cap 112 mcg	4			•			
TIROSINT - levothyroxine sodium cap 125 mcg	4			•			
TIROSINT - levothyroxine sodium cap 137 mcg	4			•			
TIROSINT - levothyroxine sodium cap 150 mcg	4			•			

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
TIROSINT - levothyroxine sodium cap 175 mcg	4			•			
TIROSINT - levothyroxine sodium cap 200 mcg	4			•			
WESTHROID - thyroid tab 32.5 mg	4						
WESTHROID - thyroid tab 65 mg	4						
WESTHROID - thyroid tab 97.5 mg	4						
WESTHROID - thyroid tab 130 mg	4						
WESTHROID - thyroid tab 195 mg	4						
WP THYROID - thyroid tab 16.25 mg	4						
WP THYROID - thyroid tab 32.5 mg	4						
WP THYROID - thyroid tab 48.75 mg (3/4 grain)	4						
WP THYROID - thyroid tab 65 mg	4						
WP THYROID - thyroid tab 81.25 mg	4						
WP THYROID - thyroid tab 97.5 mg	4						
WP THYROID - thyroid tab 113.75 mg	4						
WP THYROID - thyroid tab 130 mg	4						
OXYTOCICS							
CERVIDIL - dinoprostone vaginal inserts 10 mg	3						
methylergonovine maleate tab 0.2 mg	3						
PREPIDIL - dinoprostone cervical gel 0.5 mg/3gm	3						
PROSTIN E2 - dinoprostone vaginal suppos 20 mg	3						
ENDOCRINE and METABOLIC AGENTS - MISC.							
ACTHAR - corticotropin inj gel 80 unit/ml	5	•	•				•
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)	5	•	•				•
ALENDRONATE SODIUM - alendronate sodium oral soln 70 mg/75ml	3				•		
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	1				•		
ALENDRONATE SODIUM - alendronate sodium tab 40 mg	3				•		
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	4				•		
cabergoline tab 0.5 mg	2						
calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)	2						
calcitriol cap 0.25 mcg (Rocaltrol)	2						
calcitriol cap 0.5 mcg (Rocaltrol)	2						
calcitriol oral soln 1 mcg/ml (Rocaltrol)	3						
CARBAGLU - carglumic acid tab 200 mg	5	•	•				•
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	F	•					•
cinacalcet hcl tab 30 mg (base equiv) (SENSIPAR)	3						
cinacalcet hcl tab 60 mg (base equiv) (SENSIPAR)	3						
cinacalcet hcl tab 90 mg (base equiv) (SENSIPAR)	3						
CLOMIPHENE CITRATE - clomiphene citrate tab 50 mg	F						
CYSTADANE - betaine powder for oral solution	4						•
desmopressin acetate inj 4 mcg/ml (Ddavp)	2						
desmopressin acetate nasal spray soln 0.01% (Ddavp)	2						
desmopressin acetate nasal spray soln 0.01% (refrigerated)	3						
desmopressin acetate tab 0.1 mg (Ddavp)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
desmopressin acetate tab 0.2 mg (Ddavp)	2						
doxercalciferol cap 0.5 mcg	2						
doxercalciferol cap 1 mcg	2						
doxercalciferol cap 2.5 mcg	2						
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	•	•				•
ETIDRONATE DISODIUM - etidronate disodium tab 200 mg	3						
ETIDRONATE DISODIUM - etidronate disodium tab 400 mg	3						
FABRAZYME - agalsidase beta for iv soln 5 mg	5	•	•				•
FABRAZYME - agalsidase beta for iv soln 35 mg	5	•	•				•
FOLLISTIM AQ - follitropin beta inj 300 unit/0.36ml	F	•					•
FOLLISTIM AQ - follitropin beta inj 600 unit/0.72ml	F	•					•
FOLLISTIM AQ - follitropin beta inj 900 unit/1.08ml	F	•					•
FORTEO - teriparatide (recombinant) inj 600 mcg/2.4ml	5	•	•		•		•
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-2800 mg-unit	4				•		
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-5600 mg-unit	4				•		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	5	•	•		•		•
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	F	•					•
GENOTROPIN - somatropin for inj 12 mg (13.8 mg overfill)	5	•	•				•
GENOTROPIN - somatropin for subcutaneous inj 5 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 0.2 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 0.4 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 0.6 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 0.8 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 1 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 1.2 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 1.4 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 1.6 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 1.8 mg	5	•	•				•
GENOTROPIN MINIQUICK - somatropin for inj 2 mg	5	•	•				•
GONAL-F - follitropin alfa for inj 450 unit	F	•	•				•
GONAL-F - follitropin alfa for inj 1050 unit	F	•	•				•
GONAL-F RFF - follitropin alfa for subcutaneous inj 75 unit	F	•	•				•
GONAL-F RFF REDIJECT - follitropin alfa inj 300 unit/0.5ml	F	•	•				•
GONAL-F RFF REDIJECT - follitropin alfa inj 450 unit/0.75ml	F	•	•				•
GONAL-F RFF REDIJECT - follitropin alfa inj 900 unit/1.5ml	F	•	•				•
HUMATROPE - somatropin for inj 6 mg (18 unit)	5	•	•				•
HUMATROPE - somatropin for inj 12 mg (36 unit)	5	•	•				•
HUMATROPE - somatropin for inj 24 mg	5	•	•				•
HUMATROPE COMBO PACK - somatropin for inj 5 mg	5	•	•				•
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	2				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	5	•	•				•
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg	5	•	•		•		•
JYNARQUE - tolvaptan tab therapy pack 60 & 30 mg	5	•	•		•		•
JYNARQUE - tolvaptan tab therapy pack 90 & 30 mg	5	•	•		•		•
JYNARQUE - tolvaptan tab 15 mg	5	•	•		•		•
JYNARQUE - tolvaptan tab 30 mg	5	•	•		•		•
KUVAN - sapropterin dihydrochloride powder packet 100 mg	5	•	•				•
KUVAN - sapropterin dihydrochloride powder packet 500 mg	5	•	•				•
KUVAN - sapropterin dihydrochloride soluble tab 100 mg	5	•	•				•
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	3						
levocarnitine tab 330 mg (Carnitor)	2						
LUMIZYME - alglucosidase alfa for iv soln 50 mg	5	•	•				•
LUPANETA PACK - leuprolide (1 mon) inj 3.75 mg & norethindrone tab 5 mg kit	5	•					•
LUPANETA PACK - leuprolide (3 mon) inj 11.25 mg & norethindrone tab 5 mg kit	5	•					•
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg	5	•					•
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 11.25 mg	5	•					•
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 15 mg	5	•					•
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	•					•
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	•					•
MENOPUR - menotropins for subcutaneous inj 75 unit	F	•					•
MEPSEVII - vestronidase alfa-vjbk iv soln 10 mg/5ml (2 mg/ml)	5	•	•				•
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	4						
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	5	•	•				•
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml	5	•	•				•
NITYR - nitisinone tab 2 mg	5	•	•				•
NITYR - nitisinone tab 5 mg	5	•	•				•
NITYR - nitisinone tab 10 mg	5	•	•				•
NORDITROPIN FLEXPRO - somatropin inj 5 mg/1.5ml	5	•	•				•
NORDITROPIN FLEXPRO - somatropin inj 10 mg/1.5ml	5	•	•				•
NORDITROPIN FLEXPRO - somatropin inj 15 mg/1.5ml	5	•	•				•
NORDITROPIN FLEXPRO - somatropin inj 30 mg/3ml	5	•	•				•
NOVAREL - chorionic gonadotropin for im inj 5000 unit	F	•					•
NUTROPIN AQ NUSPIN 10 PREFERRED - somatropin inj 10 mg/2ml	5	•	•				•
NUTROPIN AQ NUSPIN 20 PREFERRED - somatropin inj 20 mg/2ml	5	•	•				•
NUTROPIN AQ NUSPIN 5 PREFERRED - somatropin inj 5 mg/2ml	5	•	•				•
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	3						
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	2						
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	2						
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	2						
OMNITROPE - somatropin for inj 5.8 mg	5	•	•				•
OMNITROPE - somatropin inj 5 mg/1.5ml	5	•	•				•
OMNITROPE - somatropin inj 10 mg/1.5ml	5	•	•				•
ORFADIN - nitisinone cap 2 mg	5	•					•
ORFADIN - nitisinone cap 5 mg	5	•					•
ORFADIN - nitisinone cap 10 mg	5	•					•
ORFADIN - nitisinone cap 20 mg	5	•					•
ORILISSA - elagolix sodium tab 150 mg (base equiv)	5	•	•		•		•
ORILISSA - elagolix sodium tab 200 mg (base equiv)	5	•	•		•		•
OSPHENA - ospemifene tab 60 mg	4						
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	•	•				•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	•	•				•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	•	•				•
paricalcitol cap 1 mcg (Zemplar)	3						
paricalcitol cap 2 mcg (Zemplar)	2						
paricalcitol cap 4 mcg	2						
PREGNYL W/DILUENT BENZYL - chorionic gonadotropin for im inj 10000 unit	F	•					•
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	5	•	•		•		•
raloxifene hcl tab 60 mg (Evista)	2					•	
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	5	•	•				•
risedronate sodium tab delayed release 35 mg (Atelvia)	3				•		
risedronate sodium tab 5 mg (Actonel)	2				•		
risedronate sodium tab 30 mg (Actonel)	3				•		
risedronate sodium tab 35 mg (Actonel)	2				•		
risedronate sodium tab 150 mg (Actonel)	2				•		
SAIZEN - somatropin (non-refrigerated) for inj 5 mg	5	•	•				•
SAIZEN - somatropin (non-refrigerated) for inj 8.8 mg	5	•	•				•
SAIZENPREP RECONSTITUTION - somatropin (non-refrigerated) for inj 8.8 mg	5	•	•				•
SAMSCA - tolvaptan tab 15 mg	4						•
SAMSCA - tolvaptan tab 30 mg	4						•
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 10 mg	5	•	•		•		•
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 20 mg	5	•	•		•		•
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 30 mg	5	•	•		•		•
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg	5	•	•				•
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 5 mg	5	•	•				•
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 6 mg	5	•	•				•
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv)	5	•	•		•		•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml (base equiv)	5	•	•		•		•
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml (base equiv)	5	•	•		•		•
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv)	5	•	•				•
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg (base equiv)	5	•	•				•
SIGNIFOR LAR - pasireotide pamoate for im er susp 30 mg (base equiv)	5	•	•				•
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg (base equiv)	5	•	•				•
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg (base equiv)	5	•	•				•
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	2						
sodium phenylbutyrate tab 500 mg (Buphenyl)	4						
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	•	•		•		•
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	•	•		•		•
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	•	•		•		•
SOMAVERT - pegvisomant for inj 10 mg (as protein)	5	•	•		•		•
SOMAVERT - pegvisomant for inj 15 mg (as protein)	5	•	•		•		•
SOMAVERT - pegvisomant for inj 20 mg (as protein)	5	•	•		•		•
SOMAVERT - pegvisomant for inj 25 mg (as protein)	5	•	•		•		•
SOMAVERT - pegvisomant for inj 30 mg (as protein)	5	•	•		•		•
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	3						
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml	5	•	•				•
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml	5	•	•				•
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml	5	•	•				•
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml	5	•	•				•
SUPPRELIN LA - histrelin acetate (cpp) implant kit 50 mg	5	•					•
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	3						
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	•	•		•		•
VIMIZIM - elosulfase alfa soln for iv infusion 5 mg/5ml (1 mg/ml)	5	•	•				•
XGEVA - denosumab inj 120 mg/1.7ml	5	•	•		•		•
XURIDEN - uridine triacetate oral granules packet 2 gm	5	•	•				•
ZOLEDRONIC ACID - zoledronic acid iv soln 4 mg/100ml	3						
ZOMACTON - somatropin for inj 10 mg	5	•	•				•
ZOMACTON - somatropin for subcutaneous inj 5 mg	5	•	•				•
ZORBTIVE - somatropin (non-refrigerated) for subcutaneous inj 8.8 mg	5	•	•				•
CARDIOVASCULAR AGENTS							
CARDIOTONICS							
DIGOXIN - digoxin oral soln 0.05 mg/ml	3						
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	2						
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg)	4						
LANOXIN - digoxin tab 125 mcg (0.125 mg)	4						
LANOXIN - digoxin tab 250 mcg (0.25 mg)	4						
ANTIANGINAL AGENTS							
DILATRATE SR - isosorbide dinitrate cap er 40 mg	3						
ISOSORBIDE DINITRATE - isosorbide dinitrate tab 30 mg	2						
ISOSORBIDE DINITRATE ER - isosorbide dinitrate tab er 40 mg	3						
isosorbide dinitrate tab 5 mg (Isordil titradose)	2						
isosorbide dinitrate tab 10 mg	2						
isosorbide dinitrate tab 20 mg	2						
isosorbide mononitrate tab er 24hr 30 mg	1						
isosorbide mononitrate tab er 24hr 60 mg	1						
isosorbide mononitrate tab er 24hr 120 mg	2						
isosorbide mononitrate tab 10 mg	1						
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						
NITRO-TIME - nitroglycerin cap er 6.5 mg	2						
NITRO-TIME - nitroglycerin cap er 9 mg	2						
nitroglycerin cap er 2.5 mg	2						
nitroglycerin sl tab 0.3 mg (Nitrostat)	2						
nitroglycerin sl tab 0.4 mg (Nitrostat)	2						
nitroglycerin sl tab 0.6 mg (Nitrostat)	2						
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	2						
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	2						
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	2						
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	2						
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	3						
NITROMIST - nitroglycerin lingual aerosol 400 mcg/spray	4						
ranolazine tab er 12hr 500 mg (Ranexa)	3						
ranolazine tab er 12hr 1000 mg (Ranexa)	3						
BETA BLOCKERS							
acebutolol hcl cap 200 mg	2						
acebutolol hcl cap 400 mg (Sectral)	2						
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 (Kerlone)	2						
bisoprolol fumarate tab 5 mg	2						
bisoprolol fumarate tab 10 mg (Zebeta)	2						
BYSTOLIC - nebivolol hcl tab 2.5 mg (base equivalent)	4						
BYSTOLIC - nebivolol hcl tab 5 mg (base equivalent)	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
BYSTOLIC - nebivolol hcl tab 10 mg (base equivalent)	4						
BYSTOLIC - nebivolol hcl tab 20 mg (base equivalent)	4						
carvedilol phosphate cap er 24hr 10 mg (Coreg cr)	3						
carvedilol phosphate cap er 24hr 20 mg (Coreg cr)	3						
carvedilol phosphate cap er 24hr 40 mg (Coreg cr)	3						
carvedilol phosphate cap er 24hr 80 mg (Coreg cr)	3						
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						
INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 80 mg	4						
INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 120 mg	4						
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 80 mg	4						
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 120 mg	4						
labetalol hcl tab 100 mg	2						
labetalol hcl tab 200 mg	2						
labetalol hcl tab 300 mg	2						
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	1						
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	1						
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	2						
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	2						
metoprolol tartrate tab 25 mg	1						
metoprolol tartrate tab 37.5 mg	3						
metoprolol tartrate tab 50 mg (Lopressor)	1						
metoprolol tartrate tab 75 mg	3						
metoprolol tartrate tab 100 mg (Lopressor)	1						
nadolol tab 20 mg (Corgard)	2						
nadolol tab 40 mg (Corgard)	2						
nadolol tab 80 mg (Corgard)	3						
pindolol tab 5 mg	2						
pindolol tab 10 mg	2						
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml	3						
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	3						
propranolol hcl cap er 24hr 60 mg (Inderal la)	2						
propranolol hcl cap er 24hr 80 mg (Inderal la)	2						
propranolol hcl cap er 24hr 120 mg (Inderal la)	2						
propranolol hcl cap er 24hr 160 mg (Inderal la)	2						
propranolol hcl tab 10 mg	1						
propranolol hcl tab 20 mg	2						
propranolol hcl tab 40 mg	2						
propranolol hcl tab 60 mg	2						
propranolol hcl tab 80 mg	2						
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	2						
sotalol hcl (afib/afl) tab 120 mg (Betapace af)	2						
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	2						
sotalol hcl tab 80 mg (Betapace)	1						
sotalol hcl tab 120 mg (Betapace)	1						
sotalol hcl tab 160 mg (Betapace)	2						
sotalol hcl tab 240 mg	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
SOTYLIZE - sotalol hcl oral solution 5 mg/ml	4						
TIMOLOL MALEATE - timolol maleate tab 10 mg	3						
TIMOLOL MALEATE - timolol maleate tab 20 mg	3						
timolol maleate tab 5 mg	2						
CALCIUM CHANNEL BLOCKERS							
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1						
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1						
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1						
DILT-XR - diltiazem hcl cap er 24hr 120 mg	2						
diltiazem hcl cap er 12hr 60 mg	2						
diltiazem hcl cap er 12hr 90 mg	2						
diltiazem hcl cap er 12hr 120 mg	2						
diltiazem hcl cap er 24hr 180 mg	2						
diltiazem hcl cap er 24hr 240 mg	2						
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1						
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	2						
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	2						
diltiazem hcl coated beads cap er 24hr 300 mg	2						
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	3						
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	2						
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	2						
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	2						
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	3						
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	2						
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	2						
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	2						
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	2						
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	2						
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	2						
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	2						
diltiazem hcl tab 30 mg (Cardizem)	1						
diltiazem hcl tab 60 mg (Cardizem)	2						
diltiazem hcl tab 90 mg	1						
diltiazem hcl tab 120 mg (Cardizem)	2						
felodipine tab er 24hr 2.5 mg	1						
felodipine tab er 24hr 5 mg	2						
felodipine tab er 24hr 10 mg	2						
isradipine cap 2.5 mg	2						
isradipine cap 5 mg	2						
nicardipine hcl cap 20 mg	2						
nicardipine hcl cap 30 mg	2						
nifedipine cap 10 mg (Procardia)	2						
nifedipine cap 20 mg	3						
nifedipine tab er 24hr 30 mg (Adalat cc)	2						
nifedipine tab er 24hr 60 mg (Adalat cc)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
nifedipine tab er 24hr 90 mg (Adalat cc)	2						
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1						
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	2						
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	2						
nimodipine cap 30 mg	2						
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)	3						
nisoldipine tab er 24hr 17 mg (Sular)	3						
nisoldipine tab er 24hr 34 mg (Sular)	3						
NYMALIZE - nimodipine oral soln 60 mg/20ml	4						
verapamil hcl cap er 24hr 120 mg (Verelan)	2						
verapamil hcl cap er 24hr 180 mg (Verelan)	2						
verapamil hcl cap er 24hr 200 mg (Verelan pm)	2						
verapamil hcl cap er 24hr 240 mg (Verelan)	2						
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg	2						
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 300 mg	2						
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	2						
verapamil hcl tab er 120 mg (Calan sr)	1						
verapamil hcl tab er 180 mg (Calan sr)	1						
verapamil hcl tab er 240 mg (Calan sr)	1						
verapamil hcl tab 40 mg	1						
verapamil hcl tab 80 mg (Calan)	1						
verapamil hcl tab 120 mg (Calan)	1						
ANTIARRHYTHMICS							
amiodarone hcl tab 100 mg	3						
amiodarone hcl tab 200 mg (Cordarone)	1						
amiodarone hcl tab 400 mg	3						
disopyramide phosphate cap 100 mg (Norpace)	2						
disopyramide phosphate cap 150 mg (Norpace)	3						
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	3						
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	3						
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	3						
flecainide acetate tab 50 mg	2						
flecainide acetate tab 100 mg	2						
flecainide acetate tab 150 mg	2						
MEXILETINE HCL - mexiletine hcl cap 150 mg	2						
MEXILETINE HCL - mexiletine hcl cap 200 mg	2						
MEXILETINE HCL - mexiletine hcl cap 250 mg	2						
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4						
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg	3						
NORPACE CR - disopyramide phosphate cap er 12hr 150 mg	4						
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	2						
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	2						
propafenone hcl tab 150 mg	2						
propafenone hcl tab 225 mg (Rythmol)	2						
propafenone hcl tab 300 mg	2						
quinidine gluconate tab er 324 mg	3						
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	3						
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	3						
ANTIHYPERTENSIVES							
aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)	3						
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)	3						
amlodipine besylate-benazepril hcl cap 2.5-10 mg	2						
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	2						
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	2						
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	2						
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	2						
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	2						
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	2						
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	2						
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	2						
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	2						
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	2						
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	2						
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	3						
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	2						
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	3						
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	2						
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	3						
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	2						
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2						
benazepril & hydrochlorothiazide tab 5-6.25 mg	2						
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	2						
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	2						
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	2						
benazepril hcl tab 5 mg	1						
benazepril hcl tab 10 mg (Lotensin)	1						
benazepril hcl tab 20 mg (Lotensin)	1						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
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						
candesartan cilexetil tab 4 mg (Atacand)	2						
candesartan cilexetil tab 8 mg (Atacand)	2						
candesartan cilexetil tab 16 mg (Atacand)	2						
candesartan cilexetil tab 32 mg (Atacand)	2						
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	2						
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	2						
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	3						
captopril tab 12.5 mg	2						
captopril tab 25 mg	2						
captopril tab 50 mg	3						
captopril tab 100 mg	3						
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						
clonidine hcl tab 0.3 mg (Catapres)	1						
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2						
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	3						
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	3						
DEMSER - metyrosine cap 250 mg	3						
doxazosin mesylate tab 1 mg (Cardura)	2						
doxazosin mesylate tab 2 mg (Cardura)	2						
doxazosin mesylate tab 4 mg (Cardura)	2						
doxazosin mesylate tab 8 mg (Cardura)	2						
DUTOPROL - metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg	4						
DUTOPROL - metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg	4						
DUTOPROL - metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg	4						
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						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
enalapril maleate tab 5 mg (Vasotec)	2						
enalapril maleate tab 10 mg (Vasotec)	1						
enalapril maleate tab 20 mg (Vasotec)	2						
EPANED - enalapril maleate oral soln 1 mg/ml	4						
eplerenone tab 25 mg (Inspra)	2						
eplerenone tab 50 mg (Inspra)	2						
EPROSARTAN MESYLATE - eprosartan mesylate tab 600 mg	3						
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2						
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2						
fosinopril sodium tab 10 mg	1						
fosinopril sodium tab 20 mg	1						
fosinopril sodium tab 40 mg	2						
guanfacine hcl tab 1 mg (Tenex)	1						
guanfacine hcl tab 2 mg (Tenex)	1						
hydralazine hcl tab 10 mg	1						
hydralazine hcl tab 25 mg	1						
hydralazine hcl tab 50 mg	1						
hydralazine hcl tab 100 mg	2						
irbesartan tab 75 mg (Avapro)	1						
irbesartan tab 150 mg (Avapro)	1						
irbesartan tab 300 mg (Avapro)	1						
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	1						
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	1						
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1						
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1						
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1						
lisinopril tab 2.5 mg (Zestril)	1						
lisinopril tab 5 mg (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	2						
methyldopa tab 500 mg	2						
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)	2						
metoprolol & hydrochlorothiazide tab 100-25 mg	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
METOPROLOL SUCCINATE ER/H - metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg	4						
METOPROLOL SUCCINATE ER/H - metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg	4						
METOPROLOL/ HYDROCHLOROTHI - metoprolol & hydrochlorothiazide tab 100-50 mg	3						
minoxidil tab 2.5 mg	2						
minoxidil tab 10 mg	2						
moexipril hcl tab 7.5 mg	2						
moexipril hcl tab 15 mg	2						
olmesartan medoxomil tab 5 mg (Benicar)	2						
olmesartan medoxomil tab 20 mg (Benicar)	1						
olmesartan medoxomil tab 40 mg (Benicar)	2						
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	2						
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)	3						
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	3						
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	2						
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	2						
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	3						
perindopril erbumine tab 2 mg	2						
perindopril erbumine tab 4 mg (Aceon)	2						
perindopril erbumine tab 8 mg (Aceon)	2						
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	3						
prazosin hcl cap 1 mg (Minipress)	2						
prazosin hcl cap 2 mg (Minipress)	2						
prazosin hcl cap 5 mg (Minipress)	2						
PROPRANOLOL/ HYDROCHLOROTH - propranolol & hydrochlorothiazide tab 40-25 mg	3						
PROPRANOLOL/ HYDROCHLOROTH - propranolol & hydrochlorothiazide tab 80-25 mg	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)	2						
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	2						
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	2						
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						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg	4			•			
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-25 mg	4			•			
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg	4			•			
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg	4			•			
telmisartan tab 20 mg (Micardis)	2						
telmisartan tab 40 mg (Micardis)	2						
telmisartan tab 80 mg (Micardis)	2						
telmisartan-amlodipine tab 40-5 mg (Twynsta)	2						
telmisartan-amlodipine tab 40-10 mg (Twynsta)	2						
telmisartan-amlodipine tab 80-5 mg (Twynsta)	3						
telmisartan-amlodipine tab 80-10 mg (Twynsta)	2						
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	2						
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	2						
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	2						
terazosin hcl cap 1 mg (base equivalent)	1						
terazosin hcl cap 2 mg (base equivalent)	1						
terazosin hcl cap 5 mg (base equivalent)	1						
terazosin hcl cap 10 mg (base equivalent)	1						
trandolapril tab 1 mg (Mavik)	1						
trandolapril tab 2 mg (Mavik)	1						
trandolapril tab 4 mg	2						
trandolapril-verapamil hcl tab er 2-180 mg (Tarka)	3						
trandolapril-verapamil hcl tab er 2-240 mg (Tarka)	3						
trandolapril-verapamil hcl tab er 4-240 mg (Tarka)	3						
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 1-240 mg	2						
valsartan tab 40 mg (Diovan)	1						
valsartan tab 80 mg (Diovan)	1						
valsartan tab 160 mg (Diovan)	1						
valsartan tab 320 mg (Diovan)	2						
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	1						
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	2						
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	1						
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	2						
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	2						
VECAMYL - mecamylamine hcl tab 2.5 mg	4		•		•		•
DIURETICS							
acetazolamide cap er 12hr 500 mg	2						
acetazolamide tab 125 mg	2						
acetazolamide tab 250 mg	3						
ALDACTAZIDE - spironolactone & hydrochlorothiazide tab 50-50 mg	3						
amiloride & hydrochlorothiazide tab 5-50 mg	2						
amiloride hcl tab 5 mg	1						
bumetanide tab 0.5 mg (Bumex)	2						
bumetanide tab 1 mg (Bumex)	2						
bumetanide tab 2 mg (Bumex)	2						
CHLOROTHIAZIDE - chlorothiazide tab 250 mg	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
CHLOROTHIAZIDE - chlorothiazide tab 500 mg	2						
chlorthalidone tab 25 mg	2						
chlorthalidone tab 50 mg	2						
DIURIL - chlorothiazide susp 250 mg/5ml	3						
DYRENIUM - triamterene cap 50 mg	4						
DYRENIUM - triamterene cap 100 mg	4						
ethacrynic acid tab 25 mg (Edecrin)	3						
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	2						
KEVEYIS - dichlorphenamide tab 50 mg	5	•	•		•		•
methazolamide tab 25 mg	3						
methazolamide tab 50 mg (Neptazane)	3						
metolazone tab 2.5 mg	2						
metolazone tab 5 mg	2						
metolazone tab 10 mg	2						
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2						
spironolactone tab 25 mg (Aldactone)	1						
spironolactone tab 50 mg (Aldactone)	2						
spironolactone tab 100 mg (Aldactone)	2						
torsemide tab 5 mg (Demadex)	1						
torsemide tab 10 mg (Demadex)	1						
torsemide tab 20 mg (Demadex)	1						
torsemide tab 100 mg	2						
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						
triamterene cap 50 mg (Dyrenium)	1						
triamterene cap 100 mg (Dyrenium)	1						
VASOPRESSORS							
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3				•		
EPINEPHRINE - AUTHORIZED GENERIC TO EPIPEN - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3				•		
epinephrine pf soln prefilled syringe 1 mg/10ml (0.1 mg/ml)	1						
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	3				•		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	3				•		
midodrine hcl tab 2.5 mg	3						
midodrine hcl tab 5 mg	2						
midodrine hcl tab 10 mg	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
NORTHERA - droxidopa cap 100 mg	5	•	•		•		•
NORTHERA - droxidopa cap 200 mg	5	•	•		•		•
NORTHERA - droxidopa cap 300 mg	5	•	•		•		•
SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	3				•		
SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	3				•		
ANTIHYPERLIPIDEMICS							
ALTOPREV - lovastatin tab er 24hr 20 mg	4						
ALTOPREV - lovastatin tab er 24hr 40 mg	4						
ALTOPREV - lovastatin tab er 24hr 60 mg	4						
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	3						
cholestyramine light powder 4 gm/dose (Questran light)	2						
cholestyramine powder packets 4 gm (Questran)	3						
cholestyramine powder 4 gm/ dose (Questran)	2						
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	2						
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	2						
colesevelam hcl packet for susp 3.75 gm (Welchol)	3						
colesevelam hcl tab 625 mg (Welchol)	3						
colestipol hcl granule packets 5 gm (Colestid flavored)	3						
colestipol hcl granules 5 gm (Colestid)	2						
colestipol hcl tab 1 gm (Colestid)	2						
ezetimibe tab 10 mg (Zetia)	2				•		
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	3						
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	3						
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	3						
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	3						
FENOFIBRATE - fenofibrate cap 50 mg	3						
FENOFIBRATE - fenofibrate cap 150 mg	3						
fenofibrate micronized cap 67 mg (Lofibra)	2						
fenofibrate micronized cap 134 mg (Lofibra)	2						
fenofibrate micronized cap 200 mg (Lofibra)	2						
fenofibrate tab 40 mg (Fenoglide)	3						
fenofibrate tab 48 mg (Tricor)	2						
fenofibrate tab 54 mg (Lofibra)	2						
fenofibrate tab 120 mg (Fenoglide)	3						
fenofibrate tab 145 mg (Tricor)	2						
fenofibrate tab 160 mg (Lofibra)	2						
fluvastatin sodium cap 20 mg (base equivalent)	3						
fluvastatin sodium cap 40 mg (base equivalent)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	3						
gemfibrozil tab 600 mg (Lopid)	1						
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv)	5	•	•		•		•
JUXTAPID - lomitapide mesylate cap 10 mg (base equiv)	5	•	•		•		•
JUXTAPID - lomitapide mesylate cap 20 mg (base equiv)	5	•	•		•		•
JUXTAPID - lomitapide mesylate cap 30 mg (base equiv)	5	•	•		•		•
JUXTAPID - lomitapide mesylate cap 40 mg (base equiv)	5	•	•		•		•
JUXTAPID - lomitapide mesylate cap 60 mg (base equiv)	5	•	•		•		•
LIVALO - pitavastatin calcium tab 1 mg (base equiv)	4						
LIVALO - pitavastatin calcium tab 2 mg (base equiv)	4						
LIVALO - pitavastatin calcium tab 4 mg (base equiv)	4						
lovastatin tab 10 mg	1						
lovastatin tab 20 mg	1						
lovastatin tab 40 mg (Mevacor)	1						
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	2						
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	3						
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	2						
NIACOR - niacin (antihyperlipidemic) tab 500 mg	3						
omega-3-acid ethyl esters cap 1 gm (Lovaza)	2						
PRALUENT - alirocumab subcutaneous solution auto-injector 75 mg/ml	4		•		•		
PRALUENT - alirocumab subcutaneous solution auto-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)	2						
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						
CARDIOVASCULAR AGENTS - MISC.							
ADEMPAS - riociguat tab 0.5 mg	5	•	•		•		•
ADEMPAS - riociguat tab 1 mg	5	•	•		•		•
ADEMPAS - riociguat tab 1.5 mg	5	•	•		•		•
ADEMPAS - riociguat tab 2 mg	5	•	•		•		•
ADEMPAS - riociguat tab 2.5 mg	5	•	•		•		•
ambrisentan tab 5 mg (Letairis)	5	•	•		•		•
ambrisentan tab 10 mg (Letairis)	5	•	•		•		•
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg (Caduet)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet)	3						
amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet)	3						
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	4						
bosentan tab 62.5 mg (Tracleer)	5	•	•		•		•
bosentan tab 125 mg (Tracleer)	5	•	•		•		•
CAVERJECT - alprostadil for inj 40 mcg	4				•		
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg	4				•		
CAVERJECT IMPULSE - alprostadil for inj kit 20 mcg	4				•		
CIALIS - tadalafil tab 5 mg	4		•		•		
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	4						
CORLANOR - ivabradine hcl tab 5 mg (base equiv)	4						
CORLANOR - ivabradine hcl tab 7.5 mg (base equiv)	4						
EDEX - alprostadil for inj kit 10 mcg	4				•		
EDEX - alprostadil for inj kit 20 mcg	4				•		
EDEX - alprostadil for inj kit 40 mcg	4				•		
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3						
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3						
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3						
epoprostenol sodium for inj 0.5 mg (Flolan)	5	•	•				•
epoprostenol sodium for inj 1.5 mg (Flolan)	5	•	•				•
MUSE - alprostadil urethral pellet 125 mcg	4						
MUSE - alprostadil urethral pellet 250 mcg	4						
MUSE - alprostadil urethral pellet 500 mcg	4						
MUSE - alprostadil urethral pellet 1000 mcg	4						
OPSUMIT - macitentan tab 10 mg	5	•	•				•
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	5	•	•				•
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	5	•	•				•
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	5	•	•				•
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	5	•	•				•
ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv)	5	•	•				•
sildenafil citrate for suspension 10 mg/ml (Revatio)	5	•	•		•		•
sildenafil citrate tab 20 mg (Revatio)	3		•		•		
tadalafil tab 20 mg (pah) (Adcirca)	5	•	•		•		•
tadalafil tab 5 mg (Cialis)	3		•		•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
TRACLEER - bosentan tab for oral susp 32 mg	5	•	•		•		•
treprostinil inj soln 20 mg/20ml (1 mg/ml) (Remodulin)	5	•	•				•
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) (Remodulin)	5	•	•				•
treprostinil inj soln 100 mg/20ml (5 mg/ml) (Remodulin)	5	•	•				•
treprostinil inj soln 200 mg/20ml (10 mg/ml) (Remodulin)	5	•	•				•
TYVASO - treprostinil inhalation solution 0.6 mg/ml	5	•	•		•		•
TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml	5	•	•		•		•
TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml	5	•	•		•		•
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	5	•	•				•
UPTRAVI - selexipag tab 200 mcg	5	•	•				•
UPTRAVI - selexipag tab 400 mcg	5	•	•				•
UPTRAVI - selexipag tab 600 mcg	5	•	•				•
UPTRAVI - selexipag tab 800 mcg	5	•	•				•
UPTRAVI - selexipag tab 1000 mcg	5	•	•				•
UPTRAVI - selexipag tab 1200 mcg	5	•	•				•
UPTRAVI - selexipag tab 1400 mcg	5	•	•				•
UPTRAVI - selexipag tab 1600 mcg	5	•	•				•
VELETRI - epoprostenol sodium for inj 0.5 mg	5	•	•				•
VELETRI - epoprostenol sodium for inj 1.5 mg	5	•	•				•
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	•	•		•		•
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	•	•		•		•
VYNDAMAX - tafamidis cap 61 mg	5	•	•		•		•
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	5	•	•		•		•
ERECTLIE DYSFUNCTION							
CAVERJECT - alprostadil for inj 40 mcg	4				•		
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg	4				•		
CAVERJECT IMPULSE - alprostadil for inj kit 20 mcg	4				•		
CIALIS - tadalafil tab 5 mg	4		•		•		
EDEX - alprostadil for inj kit 10 mcg	4				•		
EDEX - alprostadil for inj kit 20 mcg	4				•		
EDEX - alprostadil for inj kit 40 mcg	4				•		
MUSE - alprostadil urethral pellet 125 mcg	4						
MUSE - alprostadil urethral pellet 250 mcg	4						
MUSE - alprostadil urethral pellet 500 mcg	4						
MUSE - alprostadil urethral pellet 1000 mcg	4						
tadalafil tab 5 mg (Cialis)	3		•		•		
RESPIRATORY AGENTS							
ANTIHISTAMINES							
carbinoxamine maleate soln 4 mg/5ml	2						
carbinoxamine maleate tab 4 mg	2						
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	3						
cyproheptadine hcl syrup 2 mg/5ml	2						
cyproheptadine hcl tab 4 mg	2						
desloratadine tab 5 mg (Clarinex)	2						
diphenhydramine hcl inj 50 mg/ml	1						
KARBINAL ER - carbinoxamine maleate extended release susp 4 mg/5ml	4						
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)	2						
levocetirizine dihydrochloride tab 5 mg (Xyzal)	1						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
promethazine hcl suppos 12.5 mg	3						
promethazine hcl suppos 25 mg	3						
promethazine hcl suppos 50 mg	2						
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)	2				•		
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	2				•		
DYMISTA - azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	4				•		
FLUNISOLIDE - flunisolide nasal soln 25 mcg/act (0.025%)	3				•		
fluticasone propionate nasal susp 50 mcg/act	1				•		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2				•		
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2				•		
mometasone furoate nasal susp 50 mcg/act (Nasonex)	3				•		
olopatadine hcl nasal soln 0.6% (Patanase)	3				•		
COUGH/COLD/ALLERGY							
acetylcysteine inhal soln 10%	2						
acetylcysteine inhal soln 20%	2						
benzonatate cap 100 mg (Tessalon perles)	1						
benzonatate cap 200 mg	2						
guaifenesin-codeine soln 100-10 mg/5ml	1						
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Tussionex pennkineti)	2						
HYDROCODONE BITARTRATE/CH - pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	2						
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	2						
hydrocodone w/ homatropine tab 5-1.5 mg	2						
promethazine w/ codeine syrup 6.25-10 mg/5ml	1						
PROMETHAZINE/DEXTROMETHOR - promethazine-dm syrup 6.25-15 mg/5ml	1						
PROMETHAZINE/PHENYLEPHRIN - promethazine & phenylephrine syrup 6.25-5 mg/5ml	2						
PROMETHAZINE/PHENYLEPHRIN - promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2						
TUZISTRA XR - codeine polist-chlorphen polist er susp 14.7-2.8 mg/5ml	4						
ANTIASTHMATIC and BRONCHODILATOR AGENTS							
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	3				•		
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	3				•		
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	3				•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3				•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3				•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ALBUTEROL SULFATE ER - albuterol sulfate tab er 12hr 4 mg	2						
ALBUTEROL SULFATE ER - albuterol sulfate tab er 12hr 8 mg	2						
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1						
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2						
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2						
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2						
albuterol sulfate syrup 2 mg/5ml	1						
albuterol sulfate tab 2 mg	2						
albuterol sulfate tab 4 mg	3						
ALVESCO - ciclesonide inhal aerosol 80 mcg/act	4			•	•		
ALVESCO - ciclesonide inhal aerosol 160 mcg/act	4			•	•		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3				•		
ARCAPTA NEOHALER - indacaterol maleate inhal powder cap 75 mcg (base equiv)	4				•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3				•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3				•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3				•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3				•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3				•		
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/inh (breath activated)	3				•		
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/inh (breath activated)	3				•		
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)	3				•		
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)	3				•		
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	3				•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	3				•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	3				•		
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	4						
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	3						
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	3						
budesonide inhalation susp 1 mg/2ml (Pulmicort)	3						
CINQAIR - reslizumab iv infusion soln 100 mg/10ml (10 mg/ml)	5	•	•				•
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3				•		
cromolyn sodium soln nebu 20 mg/2ml	3						
DALIRESP - roflumilast tab 250 mcg	4				•		
DALIRESP - roflumilast tab 500 mcg	4				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3				•		
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3				•		
ELIXOPHYLLIN - theophylline elixir 80 mg/15ml	3						
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	5	•	•				•
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/ blister	3				•		
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/ blister	3				•		
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/ blister	3				•		
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3				•		
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/ act (125/valve)	3				•		
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3				•		
FLUTICASONE PROPIONATE/ SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act	2				•		
FLUTICASONE PROPIONATE/ SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act	2				•		
FLUTICASONE PROPIONATE/ SA - fluticasone-salmeterol aer powder ba 232-14 mcg/act	2				•		
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	3				•		
ipratropium bromide inhal soln 0.02%	2						
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2						
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	3						
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	2						
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	2						
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	2						
LEVALBUTEROL TARTRATE HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	3			•	•		
METAPROTERENOL SULFATE - metaproterenol sulfate syrup 10 mg/5ml	3						
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	1						
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	1						
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	3						
montelukast sodium tab 10 mg (base equiv) (Singulair)	1						
NUCALA - mepolizumab for inj 100 mg	5	•	•				•
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	5	•	•				•
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	5	•	•				•
PERFOROMIST - formoterol fumarate soln nebu 20 mcg/2ml	4						
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	3				•		
PROVENTIL HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	4			•	•		
PULMICORT FLEXHALER - budesonide inhal aero powd 90 mcg/act (breath activated)	4			•	•		
PULMICORT FLEXHALER - budesonide inhal aero powd 180 mcg/act (breath activated)	4			•	•		
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3				•		
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3				•		
SEEBRI NEOHALER - glycopyrrolate inhal cap 15.6 mcg	4				•		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/ dose (base equiv)	3				•		
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	3				•		
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3				•		
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3				•		
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3				•		
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3				•		
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3				•		
terbutaline sulfate tab 2.5 mg	3						
terbutaline sulfate tab 5 mg	2						
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						
THEOCHRON - theophylline tab er 12hr 100 mg	2						
THEOCHRON - theophylline tab er 12hr 200 mg	2						
THEOPHYLLINE ER - theophylline tab er 12hr 450 mg	2						
theophylline soln 80 mg/15ml	3						
theophylline tab er 12hr 300 mg	2						
theophylline tab er 24hr 400 mg	2						
theophylline tab er 24hr 600 mg	2						
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	3				•		
TUDORZA PRESSAIR - aclidinium bromide aerosol powd breath activated 400 mcg/act	4				•		
UTIBRON NEOHALER - indacaterol-glycopyrrolate inhal cap 27.5-15.6 mcg	4				•		
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3				•		
XOLAIR - omalizumab for inj 150 mg	5	•	•				•
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	•	•				•
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	4			•	•		
zafirlukast tab 10 mg (Accolate)	2						
zafirlukast tab 20 mg (Accolate)	2						
zileuton tab er 12hr 600 mg (Zyflo cr)	3						
RESPIRATORY AGENTS - MISC.							
ARALAST NP - alpha1-proteinase inhibitor (human) for iv soln 500 mg	5	•	•				•
ARALAST NP - alpha1-proteinase inhibitor (human) for iv soln 1000 mg	5	•	•				•
CUROSURF - poractant alfa intratracheal susp 120 mg/1.5ml	4						
CUROSURF - poractant alfa intratracheal susp 240 mg/3ml	4						
ESBRIET - pirfenidone cap 267 mg	5	•	•		•		•
ESBRIET - pirfenidone tab 267 mg	5	•	•		•		•
ESBRIET - pirfenidone tab 801 mg	5	•	•		•		•
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	5	•	•				•
INFASURF - calfactant in nacl 0.9% intratracheal susp 35 mg/ml	4						
KALYDECO - ivacaftor packet 25 mg	5	•	•		•		•
KALYDECO - ivacaftor packet 50 mg	5	•	•		•		•
KALYDECO - ivacaftor packet 75 mg	5	•	•		•		•
KALYDECO - ivacaftor tab 150 mg	5	•	•		•		•
OFEV - nintedanib esylate cap 100 mg (base equivalent)	5	•	•		•		•
OFEV - nintedanib esylate cap 150 mg (base equivalent)	5	•	•		•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg	5	•	•		•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg	5	•	•		•		•
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg	5	•	•		•		•
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg	5	•	•		•		•
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml	5	•	•				•
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg	5	•	•				•
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	•					•
SURVANTA INTRATRACHEAL - beractant in nacl 0.9% intratracheal susp 25 mg/ml	4						
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	•	•		•		•
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	•	•		•		•
ZEMAIRA - alpha1-proteinase inhibitor (human) for iv soln 1000 mg	5	•	•				•
GASTROINTESTINAL AGENTS							
LAXATIVES							
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	2						
CLENPIQ - sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/160ml	4						
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate packet 227.1 gm	3						
KRISTALOSE - lactulose oral crystal packet 20 gm	4						
lactulose solution 10 gm/15ml	2						
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
OSMOPREP - sod phos mono-sod phos di tabs 1.102-0.398 gm(1.5gm na phos)	3						
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	2					•	
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					•	
PREPOPIK - sod picosulfate-mg oxide-citric acid pack 10 mg-3.5 gm-12 gm	4						
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4						
ANTIDIARRHEALS							
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	2						
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3						
MOTOFEN - difenoxin w/ atropine tab 1-0.025 mg	3						
MYTESI - crofelemer tab delayed release 125 mg	4		•		•		
ULCER DRUGS							
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	3						
CARAFATE - sucralfate susp 1 gm/10ml	3						
CIMETIDINE HCL - cimetidine hcl soln 300 mg/5ml	2						
cimetidine tab 200 mg	1						
cimetidine tab 300 mg	2						
cimetidine tab 400 mg	2						
cimetidine tab 800 mg	2						
CUVPOSA - glycopyrrolate oral soln 1 mg/5ml	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
DEXILANT - dexlansoprazole cap delayed release 30 mg	4				•		
DEXILANT - dexlansoprazole cap delayed release 60 mg	4				•		
dicyclomine hcl cap 10 mg (Bentyl)	1						
dicyclomine hcl oral soln 10 mg/5ml	2						
dicyclomine hcl tab 20 mg (Bentyl)	1						
famotidine for susp 40 mg/5ml (Pepcid)	2						
famotidine tab 20 mg (Pepcid)	1						
famotidine tab 40 mg (Pepcid)	1						
glycopyrrolate tab 1 mg (Robinul)	2						
glycopyrrolate tab 2 mg (Robinul forte)	2						
lansoprazole cap delayed release 15 mg (Prevacid)	2				•		
lansoprazole cap delayed release 30 mg (Prevacid)	2				•		
methscopolamine bromide tab 2.5 mg (Pamine)	2						
methscopolamine bromide tab 5 mg	2						
misoprostol tab 100 mcg (Cytotec)	1						
misoprostol tab 200 mcg (Cytotec)	1						
NIZATIDINE - nizatidine oral soln 15 mg/ml	3						
nizatidine cap 150 mg	2						
nizatidine cap 300 mg	1						
OMECLAMOX-PAK - amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack	4						
omeprazole cap delayed release 10 mg (Prilosec)	2				•		
omeprazole cap delayed release 20 mg (Prilosec)	1				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
omeprazole cap delayed release 40 mg (Prilosec)	1				•		
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1				•		
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1				•		
PROPANTHELINE BROMIDE - propantheline bromide tab 15 mg	3						
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4						
rabeprazole sodium ec tab 20 mg (Aciphex)	2				•		
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	1						
ranitidine hcl tab 150 mg	1						
ranitidine hcl tab 300 mg (Zantac)	1						
sucralfate tab 1 gm (Carafate)	2						
ANTIEMETICS							
ANZEMET - dolasetron mesylate tab 50 mg	4				•		
ANZEMET - dolasetron mesylate tab 100 mg	4				•		
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	3				•		
aprepitant capsule 40 mg (Emend)	3						
aprepitant capsule 80 mg (Emend)	3				•		
aprepitant capsule 125 mg (Emend)	3				•		
dronabinol cap 2.5 mg (Marinol)	3						
dronabinol cap 5 mg (Marinol)	3						
dronabinol cap 10 mg (Marinol)	3						
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	4				•		
granisetron hcl tab 1 mg	2				•		
ONDANSETRON HCL - ondansetron hcl tab 24 mg	2						
ondansetron hcl oral soln 4 mg/5ml (Zofran)	2						
ondansetron hcl tab 4 mg (Zofran)	1						
ondansetron hcl tab 8 mg (Zofran)	1						
ondansetron orally disintegrating tab 4 mg (Zofran odt)	1						
ondansetron orally disintegrating tab 8 mg (Zofran odt)	2						
SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	4				•		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	2						
trimethobenzamide hcl cap 300 mg (Tigan)	2						
ZUPLENZ - ondansetron oral soluble film 4 mg	4				•		
ZUPLENZ - ondansetron oral soluble film 8 mg	4				•		
DIGESTIVE AIDS							
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3						
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3						
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3						
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3						
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3						
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 2600-6200-10850 unit	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit	3						
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit	3						
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit	3						
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit	3						
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit	3						
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit	4						
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit	4						
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit	4						
SUCRAID - sacrosidase soln 8500 unit/ml	3		•				•
VIOKACE - pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	3						
VIOKACE - pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	3						
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3						
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3						
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3						
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3						
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3						
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3						
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3						
GASTROINTESTINAL AGENTS- MISC.							
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	3						
alosetron hcl tab 1 mg (base equiv) (Lotronex)	3						
AMITIZA - lubiprostone cap 8 mcg	4						
AMITIZA - lubiprostone cap 24 mcg	4						
APRISO - mesalamine cap er 24hr 0.375 gm	3						
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	3						
balsalazide disodium cap 750 mg (Colazal)	3						
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo)	2						
calcium acetate (phosphate binder) tab 667 mg (Eliphos)	2						
CHENODAL - chenodiol tab 250 mg	5	•		•			•
CHOLBAM - cholic acid cap 50 mg	5	•	•				•
CHOLBAM - cholic acid cap 250 mg	5	•	•				•
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	5	•	•		•		•
CIMZIA - certolizumab pegol inj kit 2 x 200 mg/ml	5	•	•		•		•
CIMZIA STARTER KIT - certolizumab pegol inj kit 6 x 200 mg/ml	5	•	•		•		•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	3						
DELZICOL - mesalamine cap dr 400 mg	4						
DIPENTUM - olsalazine sodium cap 250 mg	4						
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	5	•	•				•
lactulose (encephalopathy) solution 10 gm/15ml	2						
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	3						
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	2						
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	3						
LINZESS - linaclotide cap 72 mcg	3				•		
LINZESS - linaclotide cap 145 mcg	3				•		
LINZESS - linaclotide cap 290 mcg	3				•		
mesalamine enema 4 gm	3						
mesalamine suppos 1000 mg (Canasa)	3						
mesalamine tab delayed release 800 mg (Asacol hd)	3						
mesalamine tab delayed release 1.2 gm (Lialda)	3						
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)	4		•				
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	4		•				
OCALIVA - obeticholic acid tab 5 mg	5	•	•		•		•
OCALIVA - obeticholic acid tab 10 mg	5	•	•		•		•
PENTASA - mesalamine cap er 250 mg	4						
PENTASA - mesalamine cap er 500 mg	4						
PHOSLYRA - calcium acetate (phosphate binder) oral soln 667 mg/5ml	4						
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	4		•				
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	4		•				
RELISTOR - methylnaltrexone bromide tab 150 mg	4		•				
sevelamer carbonate packet 0.8 gm (Renvela)	3						
sevelamer carbonate packet 2.4 gm (Renvela)	3						
sevelamer carbonate tab 800 mg (Renvela)	3						
sevelamer hcl tab 800 mg (Renagel)	3						
SEVELAMER HYDROCHLORIDE - sevelamer hcl tab 400 mg	3						
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	•	•		•		•
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	2						
sulfasalazine tab 500 mg (Azulfidine)	2						
ursodiol cap 300 mg (Actigall)	3						
ursodiol tab 250 mg (Urso 250)	3						
ursodiol tab 500 mg (Urso forte)	3						
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	4						
VIBERZI - eluxadoline tab 75 mg	4		•		•		
VIBERZI - eluxadoline tab 100 mg	4		•		•		
XERMELO - telotristat etiprate tab 250 mg (telotristat ethyl equiv)	5	•	•		•		•
GENITOURINARY AGENTS							
URINARY ANTI-INFECTIVES							
methenamine hippurate tab 1 gm (Hiprex)	2						
MONUROL - fosfomycin tromethamine powd pack 3 gm (base equivalent)	3						
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	3						
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	2						
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	2						
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	2						
nitrofurantoin susp 25 mg/5ml (Furadantin)	3						
URINARY ANTISPASMODICS							
bethanechol chloride tab 5 mg (Urecholine)	2						
bethanechol chloride tab 10 mg (Urecholine)	2						
bethanechol chloride tab 25 mg (Urecholine)	2						
bethanechol chloride tab 50 mg (Urecholine)	2						
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)	3						
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex)	3						
flavoxate hcl tab 100 mg	2						
GELNIQUE - oxybutynin chloride td gel 10%	4						
GELNIQUE PUMP - oxybutynin chloride td gel 10%	4						
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3						
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3						
oxybutynin chloride syrup 5 mg/5ml	2						
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	2						
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	2						
oxybutynin chloride tab er 24hr 15 mg (Ditropan xl)	2						
oxybutynin chloride tab 5 mg	2						
solifenacin succinate tab 5 mg (Vesicare)	3						
solifenacin succinate tab 10 mg (Vesicare)	3						
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	3						
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	3						
tolterodine tartrate tab 1 mg (Detrol)	2						
tolterodine tartrate tab 2 mg (Detrol)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
trospium chloride cap er 24hr 60 mg	3						
trospium chloride tab 20 mg	2						
VAGINAL PRODUCTS							
AVC - sulfanilamide vaginal cream 15%	4						
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	3						
clindamycin phosphate vaginal cream 2% (Cleocin)	2						
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	4						
ENCARE - nonoxynol-9 vaginal suppos 100 mg	A					•	
ENDOMETRIN - progesterone vaginal insert 100 mg	4						
estradiol vaginal cream 0.1 mg/gm (Estrace)	3						
estradiol vaginal tab 10 mcg (Vagifem)	3						
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	3				•		
FEMRING - estradiol acetate vaginal ring 0.05 mg/24hr	4				•		
FEMRING - estradiol acetate vaginal ring 0.1 mg/24hr	4				•		
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	4						
INTRAROSA - prasterone vaginal insert 6.5 mg	4						
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	2						
nonoxynol-9 gel 4%	A					•	
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	A					•	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3						
SHUR-SEAL - nonoxynol-9 gel 2%	A					•	
TERCONAZOLE - terconazole vaginal cream 0.8%	2						
terconazole vaginal cream 0.4% (Terazol 7)	2						
terconazole vaginal suppos 80 mg	2						
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	A					•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	A					•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	A					•	
GENITOURINARY AGENTS - MISC.							
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1						
CARDURA XL - doxazosin mesylate tab er 24 hr 4 mg (base equiv)	4						
CARDURA XL - doxazosin mesylate tab er 24 hr 8 mg (base equiv)	4						
CYSTAGON - cysteamine bitartrate cap 50 mg	3						•
CYSTAGON - cysteamine bitartrate cap 150 mg	3						•
dutasteride cap 0.5 mg (Avodart)	2						
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	3						
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)	3						
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	3						
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
PROCYSBI - cysteamine bitartrate cap delayed release 25 mg (base equiv)	5	•	•				•
PROCYSBI - cysteamine bitartrate cap delayed release 75 mg (base equiv)	5	•	•				•
silodosin cap 4 mg (Rapaflo)	3						
silodosin cap 8 mg (Rapaflo)	3						
tamsulosin hcl cap 0.4 mg (Flomax)	1						
THIOLA - tiopronin tab 100 mg	5	•	•				•
CENTRAL NERVOUS SYSTEM DRUGS							
ANTIANXIETY AGENTS							
ALPRAZOLAM INTENSOL - alprazolam conc 1 mg/ml	3						
alprazolam orally disintegrating tab 0.25 mg	2						
alprazolam orally disintegrating tab 0.5 mg	2						
alprazolam orally disintegrating tab 1 mg	2						
alprazolam orally disintegrating tab 2 mg	3						
alprazolam tab er 24hr 0.5 mg (Xanax xr)	2						
alprazolam tab er 24hr 1 mg (Xanax xr)	2						
alprazolam tab er 24hr 2 mg (Xanax xr)	2						
alprazolam tab er 24hr 3 mg (Xanax xr)	2						
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	2						
buspirone hcl tab 10 mg	1						
buspirone hcl tab 15 mg	1						
buspirone hcl tab 30 mg	2						
chlordiazepoxide hcl cap 5 mg	1						
chlordiazepoxide hcl cap 10 mg	1						
chlordiazepoxide hcl cap 25 mg	1						
clorazepate dipotassium tab 3.75 mg (Tranxene t)	2						
clorazepate dipotassium tab 7.5 mg (Tranxene t)	3						
clorazepate dipotassium tab 15 mg	2						
DIAZEPAM - diazepam oral soln 1 mg/ml	3						
diazepam conc 5 mg/ml	2						
diazepam tab 2 mg (Valium)	1						
diazepam tab 5 mg (Valium)	1						
diazepam tab 10 mg (Valium)	1						
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	2						
lorazepam tab 0.5 mg (Ativan)	1						
lorazepam tab 1 mg (Ativan)	1						
lorazepam tab 2 mg (Ativan)	1						
meprobamate tab 200 mg	2						
meprobamate tab 400 mg	3						
OXAZEPAM - oxazepam cap 10 mg	2						
OXAZEPAM - oxazepam cap 15 mg	2						
OXAZEPAM - oxazepam cap 30 mg	2						
ANTIDEPRESSANTS							
amitriptyline hcl tab 10 mg	1						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
amitriptyline hcl tab 25 mg (Elavil)	1						
amitriptyline hcl tab 50 mg	2						
amitriptyline hcl tab 75 mg	2						
amitriptyline hcl tab 100 mg	2						
amitriptyline hcl tab 150 mg	2						
AMOXAPINE - amoxapine tab 25 mg	3						
AMOXAPINE - amoxapine tab 50 mg	3						
AMOXAPINE - amoxapine tab 100 mg	3						
AMOXAPINE - amoxapine tab 150 mg	3						
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	2						
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1						
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	2						
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	2						
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	2						
bupropion hcl tab 75 mg	2						
bupropion hcl tab 100 mg	2						
BUPROPION HYDROCHLORIDE E - bupropion hcl tab er 24hr 450 mg	4						
citalopram hydrobromide oral soln 10 mg/5ml	2						
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1						
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1						
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1						
clomipramine hcl cap 25 mg (Anafranil)	3						
clomipramine hcl cap 50 mg (Anafranil)	3						
clomipramine hcl cap 75 mg (Anafranil)	3						
desipramine hcl tab 10 mg (Norpramin)	2						
desipramine hcl tab 25 mg (Norpramin)	2						
desipramine hcl tab 50 mg	3						
desipramine hcl tab 75 mg	3						
desipramine hcl tab 100 mg	2						
desipramine hcl tab 150 mg	2						
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)	2						
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	2						
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	2						
DOXEPIN HCL - doxepin hcl cap 150 mg	2						
doxepin hcl cap 10 mg	2						
doxepin hcl cap 25 mg	2						
doxepin hcl cap 50 mg	2						
doxepin hcl cap 75 mg	2						
doxepin hcl cap 100 mg	2						
doxepin hcl conc 10 mg/ml	1						
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	2				•		
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	2				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	3				•		
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	2				•		
EMSAM - selegiline td patch 24hr 6 mg/24hr	4						
EMSAM - selegiline td patch 24hr 9 mg/24hr	4						
EMSAM - selegiline td patch 24hr 12 mg/24hr	4						
escitalopram oxalate soln 5 mg/5ml (base equiv)	2						
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1						
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1						
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1						
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	4			•			
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	4			•			
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	4			•			
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	4			•			
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	2						
fluoxetine hcl tab 20 mg	2						
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	3						
fluvoxamine maleate cap er 24hr 100 mg	3						
fluvoxamine maleate cap er 24hr 150 mg	3						
fluvoxamine maleate tab 25 mg	2						
fluvoxamine maleate tab 50 mg	2						
fluvoxamine maleate tab 100 mg	2						
FORFIVO XL - bupropion hcl tab er 24hr 450 mg	4						
imipramine hcl tab 10 mg (Tofranil)	2						
imipramine hcl tab 25 mg (Tofranil)	2						
imipramine hcl tab 50 mg (Tofranil)	2						
imipramine pamoate cap 75 mg	2						
imipramine pamoate cap 100 mg	3						
imipramine pamoate cap 125 mg	2						
imipramine pamoate cap 150 mg	3						
KHEDEZLA - desvenlafaxine tab er 24hr 50 mg	4						
KHEDEZLA - desvenlafaxine tab er 24hr 100 mg	4						
MAPROTILINE HCL - maprotiline hcl tab 25 mg	3						
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)	2						
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	2						
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	2						
mirtazapine tab 7.5 mg	2						
mirtazapine tab 15 mg (Remeron)	1						
mirtazapine tab 30 mg (Remeron)	1						
mirtazapine tab 45 mg (Remeron)	1						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
NEFAZODONE HCL - nefazodone hcl tab 100 mg	3						
NEFAZODONE HCL - nefazodone hcl tab 150 mg	3						
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	2						
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	3						
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	2						
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml	2						
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						
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	3						
paroxetine hcl tab er 24hr 25 mg (Paxil cr)	3						
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)	3						
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)	4						
PEXEVA - paroxetine mesylate tab 10 mg (base equiv)	4			•			
PEXEVA - paroxetine mesylate tab 20 mg (base equiv)	4			•			
PEXEVA - paroxetine mesylate tab 30 mg (base equiv)	4			•			
PEXEVA - paroxetine mesylate tab 40 mg (base equiv)	4			•			
phenelzine sulfate tab 15 mg (Nardil)	2						
protriptyline hcl tab 5 mg	2						
protriptyline hcl tab 10 mg	2						
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2						
sertraline hcl tab 25 mg (Zoloft)	1						
sertraline hcl tab 50 mg (Zoloft)	1						
sertraline hcl tab 100 mg (Zoloft)	1						
tranylcypromine sulfate tab 10 mg (Parnate)	3						
trazodone hcl tab 50 mg	1						
trazodone hcl tab 100 mg	1						
trazodone hcl tab 150 mg	1						
trazodone hcl tab 300 mg	2						
trimipramine maleate cap 25 mg (Surmontil)	2						
trimipramine maleate cap 50 mg (Surmontil)	2						
trimipramine maleate cap 100 mg (Surmontil)	2						
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	4			•			
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	4			•			
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	4			•			
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1						
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1						
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1						
venlafaxine hcl tab 25 mg (base equivalent)	1						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
venlafaxine hcl tab 37.5 mg (base equivalent)	1						
venlafaxine hcl tab 50 mg (base equivalent)	2						
venlafaxine hcl tab 75 mg (base equivalent)	1						
venlafaxine hcl tab 100 mg (base equivalent)	2						
VIIBRYD - vilazodone hcl tab 10 mg	4			•			
VIIBRYD - vilazodone hcl tab 20 mg	4			•			
VIIBRYD - vilazodone hcl tab 40 mg	4			•			
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4			•			
ANTIPSYCHOTICS							
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	4			•	•		
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	4			•	•		
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	4			•	•		
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	4			•	•		
aripiprazole oral solution 1 mg/ml	3				•		
aripiprazole orally disintegrating tab 10 mg	3			•	•		
aripiprazole orally disintegrating tab 15 mg	3			•	•		
aripiprazole tab 2 mg (Abilify)	2				•		
aripiprazole tab 5 mg (Abilify)	2				•		
aripiprazole tab 10 mg (Abilify)	2				•		
aripiprazole tab 15 mg (Abilify)	2				•		
aripiprazole tab 20 mg (Abilify)	2				•		
aripiprazole tab 30 mg (Abilify)	2				•		
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	4			•	•		
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	4			•	•		
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	4			•	•		
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	4			•	•		
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	4			•	•		
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	3						
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	3						
chlorpromazine hcl tab 10 mg	2						
chlorpromazine hcl tab 25 mg	3						
chlorpromazine hcl tab 50 mg	3						
chlorpromazine hcl tab 100 mg	3						
chlorpromazine hcl tab 200 mg	3						
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)	2				•		
clozapine orally disintegrating tab 25 mg (Fazaclo)	2				•		
clozapine orally disintegrating tab 100 mg (Fazaclo)	2				•		
clozapine tab 25 mg (Clozaril)	2				•		
clozapine tab 50 mg	2				•		
clozapine tab 100 mg (Clozaril)	3				•		
clozapine tab 200 mg (Clozapine)	3				•		
EQUETRO - carbamazepine (antipsychotic) cap er 12hr 100 mg	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
EQUETRO - carbamazepine (antipsychotic) cap er 12hr 200 mg	3						
EQUETRO - carbamazepine (antipsychotic) cap er 12hr 300 mg	3						
FANAPT - iloperidone tab 1 mg	4			•	•		
FANAPT - iloperidone tab 2 mg	4			•	•		
FANAPT - iloperidone tab 4 mg	4			•	•		
FANAPT - iloperidone tab 6 mg	4			•	•		
FANAPT - iloperidone tab 8 mg	4			•	•		
FANAPT - iloperidone tab 10 mg	4			•	•		
FANAPT - iloperidone tab 12 mg	4			•	•		
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4			•	•		
FAZACLO - clozapine orally disintegrating tab 12.5 mg	4			•	•		
FAZACLO - clozapine orally disintegrating tab 150 mg	4			•	•		
FAZACLO - clozapine orally disintegrating tab 200 mg	4			•	•		
fluphenazine decanoate inj 25 mg/ml	2						
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	3						
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3						
FLUPHENAZINE HCL - fluphenazine hcl tab 1 mg	2						
FLUPHENAZINE HCL - fluphenazine hcl tab 2.5 mg	2						
FLUPHENAZINE HCL - fluphenazine hcl tab 5 mg	2						
FLUPHENAZINE HCL - fluphenazine hcl tab 10 mg	2						
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	3						
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	4				•		
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	2						
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	3						
haloperidol lactate inj 5 mg/ml (Haldol)	2						
haloperidol lactate oral conc 2 mg/ml	2						
haloperidol tab 0.5 mg	1						
haloperidol tab 1 mg	2						
haloperidol tab 2 mg	2						
haloperidol tab 5 mg	2						
haloperidol tab 10 mg	2						
haloperidol tab 20 mg	2						
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4				•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	4				•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	4				•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	4				•		
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	4				•		
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.875ml	4			•	•		
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.315ml	4			•	•		
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	4			•	•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.625ml	4			•	•		
LATUDA - lurasidone hcl tab 20 mg	4			•	•		
LATUDA - lurasidone hcl tab 40 mg	4			•	•		
LATUDA - lurasidone hcl tab 60 mg	4			•	•		
LATUDA - lurasidone hcl tab 80 mg	4			•	•		
LATUDA - lurasidone hcl tab 120 mg	4			•	•		
LITHIUM - lithium oral solution 8 meq/5ml	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)	2						
lithium carbonate tab er 450 mg	2						
lithium carbonate tab 300 mg	1						
loxapine succinate cap 5 mg	2						
loxapine succinate cap 10 mg	2						
loxapine succinate cap 25 mg	2						
loxapine succinate cap 50 mg	2						
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	3						
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	3						
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	3						
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)	4		•		•		•
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)	4		•		•		•
olanzapine for im inj 10 mg (Zyprexa)	2				•		
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	2				•		
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	1				•		
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	2				•		
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	2				•		
olanzapine tab 2.5 mg (Zyprexa)	1				•		
olanzapine tab 5 mg (Zyprexa)	1				•		
olanzapine tab 7.5 mg (Zyprexa)	1				•		
olanzapine tab 10 mg (Zyprexa)	2				•		
olanzapine tab 15 mg (Zyprexa)	2				•		
olanzapine tab 20 mg (Zyprexa)	2				•		
paliperidone tab er 24hr 1.5 mg (Invega)	3				•		
paliperidone tab er 24hr 3 mg (Invega)	3				•		
paliperidone tab er 24hr 6 mg (Invega)	3				•		
paliperidone tab er 24hr 9 mg (Invega)	3				•		
perphenazine tab 2 mg	2						
perphenazine tab 4 mg	2						
perphenazine tab 8 mg	2						
perphenazine tab 16 mg	2						
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine)	1						
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine)	1						
prochlorperazine suppos 25 mg	2						
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	2				•		
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	3				•		
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	2				•		
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	2				•		
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	2				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
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)	2				•		
REXULTI - brexpiprazole tab 0.25 mg	4			•	•		
REXULTI - brexpiprazole tab 0.5 mg	4			•	•		
REXULTI - brexpiprazole tab 1 mg	4			•	•		
REXULTI - brexpiprazole tab 2 mg	4			•	•		
REXULTI - brexpiprazole tab 3 mg	4			•	•		
REXULTI - brexpiprazole tab 4 mg	4			•	•		
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	4				•		
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg	4				•		
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg	4				•		
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	4				•		
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	2				•		
risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab)	2				•		
risperidone orally disintegrating tab 1 mg (Risperdal m-tab)	2				•		
risperidone orally disintegrating tab 2 mg (Risperdal m-tab)	2				•		
risperidone orally disintegrating tab 3 mg	2				•		
risperidone orally disintegrating tab 4 mg	3				•		
risperidone soln 1 mg/ml (Risperdal)	2				•		
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)	4			•	•		
SAPHRIS - asenapine maleate sl tab 5 mg (base equiv)	4			•	•		
SAPHRIS - asenapine maleate sl tab 10 mg (base equiv)	4			•	•		
thioridazine hcl tab 10 mg	2						
thioridazine hcl tab 25 mg	2						
thioridazine hcl tab 50 mg	1						
thioridazine hcl tab 100 mg	2						
thiothixene cap 1 mg	3						
thiothixene cap 2 mg	2						
thiothixene cap 5 mg	2						
thiothixene cap 10 mg	3						
trifluoperazine hcl tab 1 mg (base equivalent)	2						
trifluoperazine hcl tab 2 mg (base equivalent)	2						
trifluoperazine hcl tab 5 mg (base equivalent)	2						
trifluoperazine hcl tab 10 mg (base equivalent)	2						
VERSACLOZ - clozapine susp 50 mg/ml	4			•	•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	4			•	•		
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	4			•	•		
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	4			•	•		
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	4			•	•		
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	4			•	•		
ziprasidone hcl cap 20 mg (Geodon)	2				•		
ziprasidone hcl cap 40 mg (Geodon)	2				•		
ziprasidone hcl cap 60 mg (Geodon)	2				•		
ziprasidone hcl cap 80 mg (Geodon)	2				•		
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq)	4				•		
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg (base eq)	4				•		
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg (base eq)	4				•		
HYPNOTICS							
BELSOMRA - suvorexant tab 5 mg	4				•		
BELSOMRA - suvorexant tab 10 mg	4				•		
BELSOMRA - suvorexant tab 15 mg	4				•		
BELSOMRA - suvorexant tab 20 mg	4				•		
estazolam tab 1 mg	2						
estazolam tab 2 mg	2						
eszopiclone tab 1 mg (Lunesta)	2				•		
eszopiclone tab 2 mg (Lunesta)	2				•		
eszopiclone tab 3 mg (Lunesta)	2				•		
FLURAZEPAM HCL - flurazepam hcl cap 15 mg	3						
FLURAZEPAM HCL - flurazepam hcl cap 30 mg	3						
HETLIOZ - tasimelteon capsule 20 mg	4		•		•		•
phenobarbital elixir 20 mg/5ml	2						
phenobarbital tab 15 mg	2						
phenobarbital tab 16.2 mg	2						
phenobarbital tab 30 mg	1						
phenobarbital tab 32.4 mg	2						
phenobarbital tab 60 mg	2						
phenobarbital tab 64.8 mg	2						
phenobarbital tab 97.2 mg	2						
phenobarbital tab 100 mg	1						
QUAZEPAM - quazepam tab 15 mg	3				•		
ramelteon tab 8 mg (Rozerem)	2				•		
ROZEREM - ramelteon tab 8 mg	4				•		
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv)	4				•		
SILENOR - doxepin hcl (sleep) tab 6 mg (base equiv)	4				•		
temazepam cap 7.5 mg (Restoril)	3						
temazepam cap 15 mg (Restoril)	1						
temazepam cap 22.5 mg (Restoril)	3						
temazepam cap 30 mg (Restoril)	1						
zaleplon cap 5 mg	2				•		
zaleplon cap 10 mg (Sonata)	1				•		
zolpidem tartrate sl tab 1.75 mg (Intermezzo)	3				•		
zolpidem tartrate sl tab 3.5 mg (Intermezzo)	3				•		
zolpidem tartrate tab er 6.25 mg (Ambien cr)	2				•		
zolpidem tartrate tab er 12.5 mg (Ambien cr)	2				•		
zolpidem tartrate tab 5 mg (Ambien)	1				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
zolpidem tartrate tab 10 mg (Ambien)	1				•		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS							
ADDERALL - amphetamine-dextroamphetamine tab 5 mg	4				•		
ADDERALL - amphetamine-dextroamphetamine tab 7.5 mg	4				•		
ADDERALL - amphetamine-dextroamphetamine tab 10 mg	4				•		
ADDERALL - amphetamine-dextroamphetamine tab 12.5 mg	4				•		
ADDERALL - amphetamine-dextroamphetamine tab 15 mg	4				•		
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	4				•		
ADDERALL - amphetamine-dextroamphetamine tab 30 mg	4				•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg	3				•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 10 mg	3				•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 15 mg	3				•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg	3				•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 25 mg	3				•		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 30 mg	3				•		
ADZENYS ER - amphetamine extended release susp 1.25 mg/ml	4				•		
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 3.1 mg	4				•		
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 6.3 mg	4				•		
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 9.4 mg	4				•		
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 12.5 mg	4				•		
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 15.7 mg	4				•		
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 18.8 mg	4				•		
amphetamine-dextroamphetamine tab 5 mg (Adderall)	2				•		
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	2				•		
amphetamine-dextroamphetamine tab 10 mg (Adderall)	2				•		
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	2				•		
amphetamine-dextroamphetamine tab 15 mg (Adderall)	2				•		
amphetamine-dextroamphetamine tab 20 mg (Adderall)	2				•		
amphetamine-dextroamphetamine tab 30 mg (Adderall)	2				•		
APTENSIO XR - methylphenidate hcl cap er 24hr 10 mg (xr)	4				•		
APTENSIO XR - methylphenidate hcl cap er 24hr 15 mg (xr)	4				•		
APTENSIO XR - methylphenidate hcl cap er 24hr 20 mg (xr)	4				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
APTENSIO XR - methylphenidate hcl cap er 24hr 30 mg (xr)	4				•		
APTENSIO XR - methylphenidate hcl cap er 24hr 40 mg (xr)	4				•		
APTENSIO XR - methylphenidate hcl cap er 24hr 50 mg (xr)	4				•		
APTENSIO XR - methylphenidate hcl cap er 24hr 60 mg (xr)	4				•		
armodafinil tab 50 mg (Nuvigil)	2				•		
armodafinil tab 150 mg (Nuvigil)	2				•		
armodafinil tab 200 mg (Nuvigil)	2				•		
armodafinil tab 250 mg (Nuvigil)	2				•		
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	3				•		
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	3				•		
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	3				•		
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	3				•		
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	3				•		
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	3				•		
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	3				•		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2						
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	3				•		
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg	3				•		
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 27 mg	3				•		
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	3				•		
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 54 mg	3				•		
DAYTRANA - methylphenidate td patch 10 mg/9hr	4				•		
DAYTRANA - methylphenidate td patch 15 mg/9hr	4				•		
DAYTRANA - methylphenidate td patch 20 mg/9hr	4				•		
DAYTRANA - methylphenidate td patch 30 mg/9hr	4				•		
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 5 mg	4				•		
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 10 mg	4				•		
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 15 mg	4				•		
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	3				•		
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	3				•		
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	3				•		
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	3				•		
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	3				•		
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	3				•		
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	3				•		
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	3				•		
dexmethylphenidate hcl tab 2.5 mg (Focalin)	2				•		
dexmethylphenidate hcl tab 5 mg (Focalin)	2				•		
dexmethylphenidate hcl tab 10 mg (Focalin)	2				•		
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	3				•		
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	3				•		
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	2				•		
dextroamphetamine sulfate tab 5 mg	2				•		
dextroamphetamine sulfate tab 10 mg	2				•		
DYANAVEL XR - amphetamine extended release susp 2.5 mg/ml	4				•		
FOCALIN - dexmethylphenidate hcl tab 2.5 mg	4				•		
FOCALIN - dexmethylphenidate hcl tab 5 mg	4				•		
FOCALIN - dexmethylphenidate hcl tab 10 mg	4				•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 5 mg	4				•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 10 mg	4				•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 15 mg	4				•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 20 mg	4				•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 25 mg	4				•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 30 mg	4				•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 35 mg	4				•		
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 40 mg	4				•		
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	2				•		
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	2				•		
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	2				•		
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	2				•		
methamphetamine hcl tab 5 mg (Desoxyn)	2				•		
METHYLIN - methylphenidate hcl soln 5 mg/5ml	4				•		
METHYLIN - methylphenidate hcl soln 10 mg/5ml	4				•		
methylphenidate hcl cap er 10 mg (cd) (Metadate cd)	3				•		
methylphenidate hcl cap er 20 mg (cd) (Metadate cd)	3				•		
methylphenidate hcl cap er 30 mg (cd) (Metadate cd)	3				•		
methylphenidate hcl cap er 40 mg (cd) (Metadate cd)	3				•		
methylphenidate hcl cap er 50 mg (cd) (Metadate cd)	3				•		
methylphenidate hcl cap er 60 mg (cd) (Metadate cd)	3				•		
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	3				•		
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	3				•		
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	3				•		
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	3				•		
methylphenidate hcl cap er 24hr 60 mg (la)	3				•		
methylphenidate hcl cap er 24hr 60 mg (la)	4				•		
methylphenidate hcl chew tab 2.5 mg	3				•		
methylphenidate hcl chew tab 5 mg	3				•		
methylphenidate hcl chew tab 10 mg	3				•		
methylphenidate hcl soln 5 mg/5ml (Methylin)	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
methylphenidate hcl soln 10 mg/5ml (Methylin)	3				•		
methylphenidate hcl tab er 10 mg	3				•		
methylphenidate hcl tab er 20 mg	3				•		
methylphenidate hcl tab 5 mg (Ritalin)	2				•		
methylphenidate hcl tab 10 mg (Ritalin)	2				•		
methylphenidate hcl tab 20 mg (Ritalin)	2				•		
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg	4				•		
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 27 mg	4				•		
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	4				•		
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 54 mg	4				•		
modafinil tab 100 mg (Provigil)	2				•		
modafinil tab 200 mg (Provigil)	2				•		
PHENDIMETRAZINE TARTRATE - phendimetrazine tartrate cap er 24hr 105 mg	3						
PROCENTRA - dextroamphetamine sulfate oral solution 5 mg/5ml	4				•		
QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg	4				•		
QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg	4				•		
QUILLICHEW ER - methylphenidate hcl chew tab extended release 40 mg	4				•		
QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	4				•		
RITALIN - methylphenidate hcl tab 5 mg	4				•		
RITALIN - methylphenidate hcl tab 10 mg	4				•		
RITALIN - methylphenidate hcl tab 20 mg	4				•		
RITALIN LA - methylphenidate hcl cap er 24hr 10 mg (la)	4				•		
RITALIN LA - methylphenidate hcl cap er 24hr 20 mg (la)	4				•		
RITALIN LA - methylphenidate hcl cap er 24hr 30 mg (la)	4				•		
RITALIN LA - methylphenidate hcl cap er 24hr 40 mg (la)	4				•		
VYVANSE - lisdexamfetamine dimesylate cap 10 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate cap 20 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate cap 30 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate cap 40 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate cap 50 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate cap 60 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate cap 70 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate chew tab 20 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate chew tab 30 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate chew tab 40 mg	3				•		
VYVANSE - lisdexamfetamine dimesylate chew tab 50 mg	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
VYVANSE - lisdexamfetamine dimesylate chew tab 60 mg	3				•		
ZENZEDI - dextroamphetamine sulfate tab 2.5 mg	4				•		
ZENZEDI - dextroamphetamine sulfate tab 7.5 mg	4				•		
ZENZEDI - dextroamphetamine sulfate tab 15 mg	4				•		
ZENZEDI - dextroamphetamine sulfate tab 20 mg	4				•		
ZENZEDI - dextroamphetamine sulfate tab 30 mg	4				•		
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.							
acamprosate calcium tab delayed release 333 mg	3						
ADDYI - flibanserin tab 100 mg	4		•		•		
AUBAGIO - teriflunomide tab 7 mg	5	•			•		•
AUBAGIO - teriflunomide tab 14 mg	5	•			•		•
AUSTEDO - deutetrabenazine tab 6 mg	5	•	•		•		•
AUSTEDO - deutetrabenazine tab 9 mg	5	•	•		•		•
AUSTEDO - deutetrabenazine tab 12 mg	5	•	•		•		•
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	•			•		•
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	•			•		•
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	•			•		•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	A					•	
CHANTIX - varenicline tartrate tab 0.5 mg (base equiv)	A					•	
CHANTIX - varenicline tartrate tab 1 mg (base equiv)	A					•	
CHANTIX CONTINUING MONTH - varenicline tartrate tab 1 mg (base equiv)	A					•	
CHANTIX STARTING MONTH PA - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	A					•	
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg	3						
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 10-25 mg	3						
dalfampridine tab er 12hr 10 mg (Ampyra)	3		•		•		
disulfiram tab 250 mg (Antabuse)	2						
disulfiram tab 500 mg (Antabuse)	2						
donepezil hydrochloride orally disintegrating tab 5 mg	1						
donepezil hydrochloride orally disintegrating tab 10 mg	1						
donepezil hydrochloride tab 5 mg (Aricept)	1						
donepezil hydrochloride tab 10 mg (Aricept)	1						
donepezil hydrochloride tab 23 mg (Aricept)	3						
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	3						
FLUOXETINE - fluoxetine hcl (pmdd) cap 10 mg	3						
FLUOXETINE - fluoxetine hcl (pmdd) cap 20 mg	3						
fluoxetine hcl (pmdd) tab 10 mg (Sarafem)	2						
fluoxetine hcl (pmdd) tab 20 mg (Sarafem)	2						
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3						
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	2						
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	2						
galantamine hydrobromide tab 4 mg (Razadyne)	2						
galantamine hydrobromide tab 8 mg (Razadyne)	2						
galantamine hydrobromide tab 12 mg (Razadyne)	2						
GILENYA - fingolimod hcl cap 0.5 mg (base equiv)	5	•			•		•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	5	•			•		•
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	5	•			•		•
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	5	•	•		•		•
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	5	•	•		•		•
INGREZZA - valbenazine tosylate cap 80 mg (base equiv)	5	•	•		•		•
memantine hcl cap er 24hr 7 mg (Namenda xr)	3						
memantine hcl cap er 24hr 14 mg (Namenda xr)	3						
memantine hcl cap er 24hr 21 mg (Namenda xr)	3						
memantine hcl cap er 24hr 28 mg (Namenda xr)	3						
memantine hcl oral solution 2 mg/ml	2						
memantine hcl tab 5 mg (Namenda)	2						
memantine hcl tab 10 mg (Namenda)	2						
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (Namenda titration pa)	3						
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	4			•			
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 14-10 mg	4			•			
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 21-10 mg	4			•			
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 28-10 mg	4			•			
NAMZARIC - memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	4						
nicotine polacrilex gum 2 mg	A					•	
nicotine polacrilex gum 4 mg	A					•	
nicotine polacrilex lozenge 2 mg	A					•	
nicotine polacrilex lozenge 4 mg	A					•	
nicotine td patch 24hr 7 mg/24hr	A					•	
nicotine td patch 24hr 14 mg/24hr	A					•	
nicotine td patch 24hr 21 mg/24hr	A					•	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	A					•	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	A					•	
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	•	•		•		•
olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)	3						
olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)	3						
olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax)	3						
olanzapine-fluoxetine hcl cap 12-25 mg	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax)	3						
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 - pimozide tab 1 mg	2						
PIMOZIDE - pimozide tab 2 mg	2						
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	•			•		•
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	•			•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	•			•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	•			•		•
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	5	•			•		•
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	5	•			•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	5	•			•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	5	•			•		•
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	•			•		•
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	•			•		•
rivastigmine tartrate cap 1.5 mg (base equivalent)	3						
rivastigmine tartrate cap 3 mg (base equivalent)	2						
rivastigmine tartrate cap 4.5 mg (base equivalent)	2						
rivastigmine tartrate cap 6 mg (base equivalent)	2						
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	3						
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	3						
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	3						
SAVELLA - milnacipran hcl tab 12.5 mg	4				•		
SAVELLA - milnacipran hcl tab 25 mg	4				•		
SAVELLA - milnacipran hcl tab 50 mg	4				•		
SAVELLA - milnacipran hcl tab 100 mg	4				•		
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	4				•		
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5	•			•		•
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5	•			•		•
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	•			•		•
TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	5	•	•		•		•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
tetrabenazine tab 12.5 mg (Xenazine)	5	•	•		•		•
tetrabenazine tab 25 mg (Xenazine)	5	•	•		•		•
TYSABRI - natalizumab for iv inj conc 300 mg/15ml	5	•	•		•		•
XYREM - sodium oxybate oral solution 500 mg/ml	5	•	•		•		•
ANALGESICS AND ANESTHETICS							
ANALGESICS - NON-NARCOTIC							
ALLZITAL - butalbital-acetaminophen tab 25-325 mg	4						
aspirin chew tab 81 mg	A					•	
aspirin tab delayed release 81 mg	A					•	
butalbital-acetaminophen tab 50-300 mg	3						
butalbital-acetaminophen tab 50-325 mg	2						
butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)	2						
butalbital-acetaminophen-caffeine cap 50-325-40 mg	3						
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	2						
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	2						
BUTALBITAL/ASPIRIN/CAFFEI - butalbital-aspirin-caffeine tab 50-325-40 mg	4						
diflunisal tab 500 mg	2						
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						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ANALGESICS - NARCOTIC							
ABSTRAL - fentanyl citrate sl tab 100 mcg (base equiv)	4		•		•		
ABSTRAL - fentanyl citrate sl tab 200 mcg (base equiv)	4		•		•		
ABSTRAL - fentanyl citrate sl tab 300 mcg (base equiv)	4		•		•		
ABSTRAL - fentanyl citrate sl tab 400 mcg (base equiv)	4		•		•		
ABSTRAL - fentanyl citrate sl tab 600 mcg (base equiv)	4		•		•		
ABSTRAL - fentanyl citrate sl tab 800 mcg (base equiv)	4		•		•		
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)	2				•		
ACETAMINOPHEN/CAFFEINE/DI - acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3						
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent)	4		•		•		
BELBUCA - buprenorphine hcl buccal film 150 mcg (base equivalent)	4		•		•		
BELBUCA - buprenorphine hcl buccal film 300 mcg (base equivalent)	4		•		•		
BELBUCA - buprenorphine hcl buccal film 450 mcg (base equivalent)	4		•		•		
BELBUCA - buprenorphine hcl buccal film 600 mcg (base equivalent)	4		•		•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
BELBUCA - buprenorphine hcl buccal film 750 mcg (base equivalent)	4		•		•		
BELBUCA - buprenorphine hcl buccal film 900 mcg (base equivalent)	4		•		•		
BUPRENORPHINE - buprenorphine td patch weekly 7.5 mcg/hr	3		•		•		
buprenorphine hcl sl tab 2 mg (base equiv)	2						
buprenorphine hcl sl tab 8 mg (base equiv)	2						
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	3						
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	3						
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	3						
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	3						
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	3						
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	3						
buprenorphine td patch weekly 5 mcg/hr (Butrans)	3		•		•		
buprenorphine td patch weekly 10 mcg/hr (Butrans)	3		•		•		
buprenorphine td patch weekly 15 mcg/hr (Butrans)	3		•		•		
buprenorphine td patch weekly 20 mcg/hr (Butrans)	3		•		•		
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine)	3						
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	2						
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/ codeine #3)	2						
butorphanol tartrate nasal soln 10 mg/ml	2						
BUTRANS - buprenorphine td patch weekly 7.5 mcg/hr	4		•		•		
codeine sulfate tab 30 mg (Codeine sulfate)	2						
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	3		•		•		
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	3		•		•		
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	3		•		•		
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	3		•		•		
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	3		•		•		
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	3		•		•		
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	3		•		•		
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	2		•		•		
fentanyl td patch 72hr 37.5 mcg/ hr	3		•		•		
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	2		•		•		
fentanyl td patch 72hr 62.5 mcg/ hr	2		•		•		
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	3		•		•		
fentanyl td patch 72hr 87.5 mcg/ hr	2		•		•		
fentanyl td patch 72hr 100 mcg/ hr (Duragesic)	3		•		•		
FENTORA - fentanyl citrate buccal tab 100 mcg (base equiv)	4		•		•		
FENTORA - fentanyl citrate buccal tab 200 mcg (base equiv)	4		•		•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
FENTORA - fentanyl citrate buccal tab 400 mcg (base equiv)	4		•		•		
FENTORA - fentanyl citrate buccal tab 600 mcg (base equiv)	4		•		•		
FENTORA - fentanyl citrate buccal tab 800 mcg (base equiv)	4		•		•		
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	2						
hydrocodone-acetaminophen tab 10-325 mg (Norco)	2				•		
hydrocodone-acetaminophen tab 5-325 mg (Norco)	1				•		
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	2				•		
hydrocodone-ibuprofen tab 5-200 mg (Reprexain)	3				•		
hydrocodone-ibuprofen tab 7.5-200 mg	2				•		
hydrocodone-ibuprofen tab 10-200 mg	3				•		
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	2						
hydromorphone hcl tab er 24hr deter 8 mg	3		•		•		
hydromorphone hcl tab er 24hr deter 12 mg (Exalgo)	2		•		•		
hydromorphone hcl tab er 24hr deter 16 mg	3		•		•		
hydromorphone hcl tab er 24hr deter 32 mg	3		•		•		
hydromorphone hcl tab 2 mg (Dilaudid)	1		•				
hydromorphone hcl tab 4 mg (Dilaudid)	1		•				
hydromorphone hcl tab 8 mg (Dilaudid)	2		•				
KADIAN - morphine sulfate cap er 24hr 200 mg	4		•		•		
LAZANDA - fentanyl citrate nasal spray 100 mcg/act (base equiv)	4		•		•		
LAZANDA - fentanyl citrate nasal spray 300 mcg/act (base equiv)	4		•		•		
LAZANDA - fentanyl citrate nasal spray 400 mcg/act (base equiv)	4		•		•		
levorphanol tartrate tab 2 mg	2						
LORTAB - hydrocodone-acetaminophen soln 10-300 mg/15ml	4						
methadone hcl conc 10 mg/ml (Methadose)	2		•				
methadone hcl soln 5 mg/5ml (Methadone hcl)	2						
methadone hcl soln 10 mg/5ml (Methadone hcl)	2						
methadone hcl tab for oral susp 40 mg	2		•		•		
methadone hcl tab 5 mg (Dolophine)	2		•		•		
methadone hcl tab 10 mg (Dolophine)	2		•		•		
MORPHABOND ER - morphine sulfate tab er 12hr deter 15 mg	4		•		•		
MORPHABOND ER - morphine sulfate tab er 12hr deter 30 mg	4		•		•		
MORPHABOND ER - morphine sulfate tab er 12hr deter 60 mg	4		•		•		
MORPHABOND ER - morphine sulfate tab er 12hr deter 100 mg	4		•		•		
MORPHINE SULFATE - morphine sulfate tab 15 mg	3						
MORPHINE SULFATE - morphine sulfate tab 30 mg	3		•				
morphine sulfate cap er 24hr 10 mg (Kadian)	3		•		•		
morphine sulfate cap er 24hr 20 mg (Kadian)	3		•		•		
morphine sulfate cap er 24hr 30 mg (Kadian)	3		•		•		
morphine sulfate cap er 24hr 40 mg (Kadian)	3		•		•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
morphine sulfate cap er 24hr 50 mg (Kadian)	3		•		•		
morphine sulfate cap er 24hr 60 mg (Kadian)	3		•		•		
morphine sulfate cap er 24hr 80 mg (Kadian)	3		•		•		
morphine sulfate cap er 24hr 100 mg (Kadian)	3		•		•		
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 90 mg	3		•		•		
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 120 mg	3		•		•		
morphine sulfate oral soln 10 mg/5ml	2		•				
morphine sulfate oral soln 20 mg/5ml	3		•				
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2		•				
morphine sulfate tab er 15 mg (Ms contin)	2		•		•		
morphine sulfate tab er 30 mg (Ms contin)	2		•		•		
morphine sulfate tab er 60 mg (Ms contin)	2		•		•		
morphine sulfate tab er 100 mg (Ms contin)	2		•		•		
morphine sulfate tab er 200 mg (Ms contin)	3		•		•		
morphine sulfate tab 15 mg (Morphine sulfate)	2						
morphine sulfate tab 30 mg (Morphine sulfate)	2						
NUCYNTA - tapentadol hcl tab 50 mg	4		•				
NUCYNTA - tapentadol hcl tab 75 mg	4		•				
NUCYNTA - tapentadol hcl tab 100 mg	4		•				
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	4		•		•		
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg	4		•		•		
NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg	4		•		•		
NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg	4		•		•		
OXAYDO - oxycodone hcl tab abuse deter 5 mg	4				•		
OXAYDO - oxycodone hcl tab abuse deter 7.5 mg	4				•		
oxycodone hcl cap 5 mg	2				•		
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	3		•				
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 10 mg	4		•		•		
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 15 mg	4		•		•		
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 20 mg	4		•		•		
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 30 mg	4		•		•		
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 40 mg	4		•		•		
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 60 mg	4		•		•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 80 mg	4		•		•		
oxycodone hcl soln 5 mg/5ml	2				•		
oxycodone hcl tab 5 mg (Roxicodone)	1				•		
oxycodone hcl tab 10 mg	2		•				
oxycodone hcl tab 15 mg (Roxicodone)	2		•				
oxycodone hcl tab 20 mg	2		•				
oxycodone hcl tab 30 mg (Roxicodone)	2		•				
OXYCODONE HYDROCHLORIDE E - oxycodone hcl tab er 12hr deter 10 mg	4		•		•		
OXYCODONE HYDROCHLORIDE E - oxycodone hcl tab er 12hr deter 20 mg	4		•		•		
OXYCODONE HYDROCHLORIDE E - oxycodone hcl tab er 12hr deter 40 mg	4		•		•		
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	2				•		
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1				•		
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	2				•		
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	2						
OXYCODONE/ASPIRIN - oxycodone-aspirin tab 4.8355-325 mg	2				•		
OXYCODONE/IBUPROFEN - oxycodone-ibuprofen tab 5-400 mg	4						
OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg	4		•		•		
OXYCONTIN - oxycodone hcl tab er 12hr deter 15 mg	4		•		•		
OXYCONTIN - oxycodone hcl tab er 12hr deter 20 mg	4		•		•		
OXYCONTIN - oxycodone hcl tab er 12hr deter 30 mg	4		•		•		
OXYCONTIN - oxycodone hcl tab er 12hr deter 40 mg	4		•		•		
OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg	4		•		•		
OXYCONTIN - oxycodone hcl tab er 12hr deter 80 mg	4		•		•		
oxymorphone hcl tab 5 mg (Opana)	3						
oxymorphone hcl tab 10 mg (Opana)	3		•				
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg	4		•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 7.5 mg	4		•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 10 mg	4		•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 15 mg	4		•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 20 mg	4		•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 30 mg	4		•		•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 40 mg	4		•		•		
PRIMLEV - oxycodone w/ acetaminophen tab 5-300 mg	4				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
PRIMLEV - oxycodone w/ acetaminophen tab 7.5-300 mg	4						
PRIMLEV - oxycodone w/ acetaminophen tab 10-300 mg	4						
SUBSYS - fentanyl sublingual spray 100 mcg	4		•		•		
SUBSYS - fentanyl sublingual spray 200 mcg	4		•		•		
SUBSYS - fentanyl sublingual spray 400 mcg	4		•		•		
SUBSYS - fentanyl sublingual spray 600 mcg	4		•		•		
SUBSYS - fentanyl sublingual spray 800 mcg	4		•		•		
SUBSYS - fentanyl sublingual spray 1200 mcg (600 mcg x 2)	4		•		•		
SUBSYS - fentanyl sublingual spray 1600 mcg (800 mcg x 2)	4		•		•		
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	2				•		
tramadol hcl tab er 24hr 200 mg	2				•		
tramadol hcl tab er 24hr 300 mg	3				•		
tramadol hcl tab er 24hr biphasic release 100 mg	2				•		
tramadol hcl tab er 24hr biphasic release 200 mg	3				•		
tramadol hcl tab er 24hr biphasic release 300 mg	2				•		
tramadol hcl tab 50 mg (Ultram)	1				•		
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	2				•		
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	4						
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	4						
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	4						
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	4						
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	4						
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	4						
ANALGESICS - ANTI-INFLAMMATORY							
ACTEMRA - tocilizumab iv inj 80 mg/4ml	5	•	•		•		•
ACTEMRA - tocilizumab iv inj 200 mg/10ml	5	•	•		•		•
ACTEMRA - tocilizumab iv inj 400 mg/20ml	5	•	•		•		•
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	5	•	•		•		•
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	5	•	•		•		•
ARCALYST - rilonacept for inj 220 mg	5	•	•		•		•
celecoxib cap 50 mg (Celebrex)	2				•		
celecoxib cap 100 mg (Celebrex)	2				•		
celecoxib cap 200 mg (Celebrex)	2				•		
celecoxib cap 400 mg (Celebrex)	2				•		
diclofenac potassium tab 50 mg	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
diclofenac sodium tab delayed release 25 mg	2						
diclofenac sodium tab delayed release 50 mg	1						
diclofenac sodium tab delayed release 75 mg	1						
diclofenac sodium tab er 24hr 100 mg	2						
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	3						
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	3						
ENBREL "PREFERRED" - etanercept for subcutaneous inj 25 mg	5	•	•		•		•
ENBREL "PREFERRED" - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	•	•		•		•
ENBREL "PREFERRED" - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	•	•		•		•
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	•	•		•		•
ENBREL SURECLICK "PREFERRED" - etanercept subcutaneous solution auto-injector 50 mg/ml	5	•	•		•		•
etodolac cap 200 mg	2						
etodolac cap 300 mg	2						
etodolac tab er 24hr 400 mg	2						
etodolac tab er 24hr 500 mg	2						
etodolac tab er 24hr 600 mg	2						
etodolac tab 400 mg	2						
etodolac tab 500 mg	2						
fenoprofen calcium tab 600 mg (Nalfon)	3						
flurbiprofen tab 50 mg	1						
flurbiprofen tab 100 mg	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
HUMIRA "PREFERRED" - adalimumab prefilled syringe kit 10 mg/0.1ml	5	•	•		•		•
HUMIRA "PREFERRED" - adalimumab prefilled syringe kit 10 mg/0.2ml	5	•	•		•		•
HUMIRA "PREFERRED" - adalimumab prefilled syringe kit 20 mg/0.2ml	5	•	•		•		•
HUMIRA "PREFERRED" - adalimumab prefilled syringe kit 20 mg/0.4ml	5	•	•		•		•
HUMIRA "PREFERRED" - adalimumab prefilled syringe kit 40 mg/0.8ml	5	•	•		•		•
HUMIRA "PREFERRED" - adalimumab prefilled syringe kit 40 mg/0.4ml	5	•	•		•		•
HUMIRA PEDIATRIC CROHNS D "PREFERRED" - adalimumab prefilled syringe kit 40 mg/0.8ml	5	•	•		•		•
HUMIRA PEDIATRIC CROHNS D "PREFERRED" - adalimumab prefilled syringe kit 80 mg/0.8ml	5	•	•		•		•
HUMIRA PEDIATRIC CROHNS D "PREFERRED" - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	5	•	•		•		•
HUMIRA PEN "PREFERRED" - adalimumab pen-injector kit 40 mg/0.8ml	5	•	•		•		•
HUMIRA PEN "PREFERRED" - adalimumab pen-injector kit 40 mg/0.4ml	5	•	•		•		•
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml	5	•	•		•		•
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 80 mg/0.8ml	5	•	•		•		•
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	•	•		•		•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	•	•		•		•
ibuprofen tab 400 mg	1						
ibuprofen tab 600 mg	1						
ibuprofen tab 800 mg	1						
ILARIS - canakinumab subcutaneous inj 150 mg/ml	5	•	•		•		•
INDOCIN - indomethacin suppos 50 mg	4						
INDOCIN - indomethacin susp 25 mg/5ml	3						
indomethacin cap er 75 mg	2						
indomethacin cap 25 mg	1						
indomethacin cap 50 mg	1						
KETOPROFEN - ketoprofen cap 25 mg	2						
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	3						
ketorolac tromethamine tab 10 mg	2				•		
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	•	•		•		•
leflunomide tab 10 mg (Arava)	3						
leflunomide tab 20 mg (Arava)	3						
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg	3						
MECLOFENAMATE SODIUM - meclofenamate sodium cap 100 mg	3						
mefenamic acid cap 250 mg	3						
meloxicam tab 7.5 mg (Mobic)	1						
meloxicam tab 15 mg (Mobic)	1						
nabumetone tab 500 mg	2						
nabumetone tab 750 mg	2						
naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan)	3						
naproxen sodium tab 275 mg	2						
naproxen sodium tab 550 mg (Anaprox ds)	2						
naproxen susp 125 mg/5ml (Naprosyn)	3						
naproxen tab ec 375 mg (Ec-naprosyn)	2						
naproxen tab ec 500 mg (Ec-naproxen)	2						
naproxen tab 250 mg	1						
naproxen tab 375 mg	1						
naproxen tab 500 mg (Naprosyn)	1						
ORENCIA - abatacept for iv soln 250 mg	5	•	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	•	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	•	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	•	•		•		•
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	•	•		•		•
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	5	•	•		•		•
OTEZLA - apremilast tab 30 mg	5	•	•		•		•
oxaprozin tab 600 mg (Daypro)	2						
piroxicam cap 10 mg (Feldene)	2						
piroxicam cap 20 mg (Feldene)	2						
RIDAURA - auranofin cap 3 mg	3						
SIMPONI "PREFERRED" - golimumab subcutaneous soln auto-injector 50 mg/0.5ml	5	•	•		•		•
SIMPONI "PREFERRED" - golimumab subcutaneous soln auto-injector 100 mg/ml	5	•	•		•		•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
SIMPONI "PREFERRED" - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	5	•	•		•		•
SIMPONI "PREFERRED" - golimumab subcutaneous soln prefilled syringe 100 mg/ml	5	•	•		•		•
SIMPONI ARIA - golimumab iv soln 50 mg/4ml	5	•	•				•
SPRIX - ketorolac tromethamine nasal spray 15.75 mg/spray	4		•		•		
sulindac tab 150 mg	1						
sulindac tab 200 mg	2						
TOLMETIN SODIUM - tolmetin sodium cap 400 mg	3						
TOLMETIN SODIUM - tolmetin sodium tab 200 mg	3						
TOLMETIN SODIUM - tolmetin sodium tab 600 mg	3						
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	5	•	•		•		•
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	5	•	•		•		•
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	•	•		•		•
MIGRAINE PRODUCTS							
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3		•		•		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3		•		•		
almotriptan malate tab 6.25 mg	3			•	•		
almotriptan malate tab 12.5 mg	3			•	•		
DIHYDROERGOTAMINE MESYLAT - dihydroergotamine mesylate nasal spray 4 mg/ml	3						
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	3		•		•		
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	3				•		
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	3				•		
ERGOMAR - ergotamine tartrate sl tab 2 mg	4		•		•		
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	3						
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	3				•		
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	4						
naratriptan hcl tab 1 mg (base equiv) (Amerge)	2				•		
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	2				•		
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	2				•		
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	2				•		
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)	2				•		
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	2				•		
sumatriptan nasal spray 5 mg/ act (Imitrex)	3				•		
sumatriptan nasal spray 20 mg/ act (Imitrex)	3				•		
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	3				•		
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	3				•		
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	3				•		
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)	3				•		
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)	3				•		
sumatriptan succinate tab 25 mg (Imitrex)	1				•		
sumatriptan succinate tab 50 mg (Imitrex)	1				•		
sumatriptan succinate tab 100 mg (Imitrex)	1				•		
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	2				•		
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	2				•		
zolmitriptan tab 2.5 mg (Zomig)	2				•		
zolmitriptan tab 5 mg (Zomig)	2				•		
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit	4				•		
ZOMIG - zolmitriptan nasal spray 5 mg/spray unit	4				•		
GOUT AGENTS							
allopurinol tab 100 mg (Zyloprim)	1						
allopurinol tab 300 mg (Zyloprim)	1						
colchicine w/ probenecid tab 0.5-500 mg	2						
febuxostat tab 40 mg (Uloric)	3				•		
febuxostat tab 80 mg (Uloric)	3				•		
KRYSTEXXA - pegloticase inj 8 mg/ml (for iv infusion)	5	•	•				•
MITIGARE - colchicine cap 0.6 mg	3						
probenecid tab 500 mg	2						
NEUROMUSCULAR DRUGS							
ANTICONVULSANTS							
APTIOM - eslicarbazepine acetate tab 200 mg	4						
APTIOM - eslicarbazepine acetate tab 400 mg	4						
APTIOM - eslicarbazepine acetate tab 600 mg	4						
APTIOM - eslicarbazepine acetate tab 800 mg	4						
BANZEL - rufinamide susp 40 mg/ml	4						
BANZEL - rufinamide tab 200 mg	4						
BANZEL - rufinamide tab 400 mg	4						
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4						
BRIVIACT - brivaracetam oral soln 10 mg/ml	4						
BRIVIACT - brivaracetam tab 10 mg	4						
BRIVIACT - brivaracetam tab 25 mg	4						
BRIVIACT - brivaracetam tab 50 mg	4						
BRIVIACT - brivaracetam tab 75 mg	4						
BRIVIACT - brivaracetam tab 100 mg	4						
carbamazepine cap er 12hr 100 mg (Carbatrol)	2						
carbamazepine cap er 12hr 200 mg (Carbatrol)	2						
carbamazepine cap er 12hr 300 mg (Carbatrol)	2						
carbamazepine chew tab 100 mg	2						
carbamazepine susp 100 mg/5ml (Tegretol)	2						
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	2						
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	3						
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	3						
carbamazepine tab 200 mg (Tegretol)	2						
CARBATROL - carbamazepine cap er 12hr 100 mg	4						
CARBATROL - carbamazepine cap er 12hr 200 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
CARBATROL - carbamazepine cap er 12hr 300 mg	4						
CELONTIN - methsuximide cap 300 mg	4						
clobazam suspension 2.5 mg/ml (Onfi)	3			•			
clobazam tab 10 mg (Onfi)	3			•			
clobazam tab 20 mg (Onfi)	2			•			
clonazepam orally disintegrating tab 0.125 mg	2						
clonazepam orally disintegrating tab 0.25 mg	2						
clonazepam orally disintegrating tab 0.5 mg	2						
clonazepam orally disintegrating tab 1 mg	2						
clonazepam orally disintegrating tab 2 mg	2						
clonazepam tab 0.5 mg (Klonopin)	1						
clonazepam tab 1 mg (Klonopin)	1						
clonazepam tab 2 mg (Klonopin)	1						
DEPAKOTE - divalproex sodium tab delayed release 125 mg	4						
DEPAKOTE - divalproex sodium tab delayed release 250 mg	4						
DEPAKOTE - divalproex sodium tab delayed release 500 mg	4						
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg	4						
DEPAKOTE ER - divalproex sodium tab er 24 hr 500 mg	4						
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	4						
DIACOMIT - stiripentol cap 250 mg	5	•	•				•
DIACOMIT - stiripentol cap 500 mg	5	•	•				•
DIACOMIT - stiripentol packet 250 mg	5	•	•				•
DIACOMIT - stiripentol packet 500 mg	5	•	•				•
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	3						
DILANTIN - phenytoin sodium extended cap 100 mg	4						
DILANTIN INFATABS - phenytoin chew tab 50 mg	4						
DILANTIN-125 - phenytoin susp 125 mg/5ml	4						
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	3						
divalproex sodium tab delayed release 125 mg (Depakote)	2						
divalproex sodium tab delayed release 250 mg (Depakote)	2						
divalproex sodium tab delayed release 500 mg (Depakote)	2						
divalproex sodium tab er 24 hr 250 mg (Depakote er)	3						
divalproex sodium tab er 24 hr 500 mg (Depakote er)	2						
EPIDIOLEX - cannabidiol soln 100 mg/ml	5	•	•				•
ethosuximide cap 250 mg (Zarontin)	3						
ethosuximide soln 250 mg/5ml (Zarontin)	2						
felbamate susp 600 mg/5ml (Felbatol)	2						
felbamate tab 400 mg (Felbatol)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
felbamate tab 600 mg (Felbatol)	3						
FELBATOL - felbamate tab 400 mg	4						
FYCOMPA - perampanel tab 2 mg	4						
FYCOMPA - perampanel tab 4 mg	4						
FYCOMPA - perampanel tab 6 mg	4						
FYCOMPA - perampanel tab 8 mg	4						
FYCOMPA - perampanel tab 10 mg	4						
FYCOMPA - perampanel tab 12 mg	4						
gabapentin cap 100 mg (Neurontin)	1						
gabapentin cap 300 mg (Neurontin)	1						
gabapentin cap 400 mg (Neurontin)	2						
gabapentin oral soln 250 mg/5ml (Neurontin)	2						
gabapentin tab 600 mg (Neurontin)	2						
gabapentin tab 800 mg (Neurontin)	2						
GABITRIL - tiagabine hcl tab 12 mg	4						
GABITRIL - tiagabine hcl tab 16 mg	4						
KEPPRA - levetiracetam oral soln 100 mg/ml	4						
KEPPRA - levetiracetam tab 250 mg	4						
KEPPRA - levetiracetam tab 500 mg	4						
KEPPRA - levetiracetam tab 750 mg	4						
KEPPRA - levetiracetam tab 1000 mg	4						
KEPPRA XR - levetiracetam tab er 24hr 500 mg	4						
KEPPRA XR - levetiracetam tab er 24hr 750 mg	4						
LAMICTAL - lamotrigine tab 25 mg	4						
LAMICTAL - lamotrigine tab 100 mg	4						
LAMICTAL - lamotrigine tab 150 mg	4						
LAMICTAL - lamotrigine tab 200 mg	4						
LAMICTAL CHEWABLE DISPERS - lamotrigine tab chewable dispersible 5 mg	4						
LAMICTAL CHEWABLE DISPERS - lamotrigine tab chewable dispersible 25 mg	4						
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg	4						
LAMICTAL ODT - lamotrigine orally disintegrating tab 50 mg	4						
LAMICTAL ODT - lamotrigine orally disintegrating tab 100 mg	4						
LAMICTAL ODT - lamotrigine orally disintegrating tab 200 mg	4						
LAMICTAL ODT - lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit	4						
LAMICTAL ODT - lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit	4						
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	4						
LAMICTAL STARTER/NOT TAKI - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	4						
LAMICTAL STARTER/TAKING C - lamotrigine tab 25 mg (84) & 100 mg (14) starter kit	4						
LAMICTAL STARTER/TAKING V - lamotrigine tab 25 mg (35) starter kit	4						
LAMICTAL XR - lamotrigine tab er 24hr 25 mg (21) & 50 mg (7) titration kit	4						
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	4						
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
LAMICTAL XR - lamotrigine tab er 24hr 25 mg	4						
LAMICTAL XR - lamotrigine tab er 24hr 50 mg	4						
LAMICTAL XR - lamotrigine tab er 24hr 100 mg	4						
LAMICTAL XR - lamotrigine tab er 24hr 200 mg	4						
LAMICTAL XR - lamotrigine tab er 24hr 250 mg	4						
LAMICTAL XR - lamotrigine tab er 24hr 300 mg	4						
lamotrigine orally disintegrating tab 25 mg (Lamictal odt)	2						
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	2						
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	2						
lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	2						
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	2						
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	2						
lamotrigine tab er 24hr 25 mg (Lamictal xr)	2						
lamotrigine tab er 24hr 50 mg (Lamictal xr)	2						
lamotrigine tab er 24hr 100 mg (Lamictal xr)	2						
lamotrigine tab er 24hr 200 mg (Lamictal xr)	2						
lamotrigine tab er 24hr 250 mg (Lamictal xr)	2						
lamotrigine tab er 24hr 300 mg (Lamictal xr)	2						
lamotrigine tab 25 mg (Lamictal)	1						
lamotrigine tab 100 mg (Lamictal)	1						
lamotrigine tab 150 mg (Lamictal)	1						
lamotrigine tab 200 mg (Lamictal)	1						
lamotrigine tab 25 mg (35) starter kit (Lamictal starter/tak)	3						
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	3						
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit (Lamictal starter/tak)	3						
levetiracetam oral soln 100 mg/ml (Keppra)	2						
levetiracetam tab er 24hr 500 mg (Keppra xr)	2						
levetiracetam tab er 24hr 750 mg (Keppra xr)	2						
levetiracetam tab 250 mg (Keppra)	1						
levetiracetam tab 500 mg (Keppra)	1						
levetiracetam tab 750 mg (Keppra)	2						
levetiracetam tab 1000 mg (Keppra)	2						
MYSOLINE - primidone tab 50 mg	4						
MYSOLINE - primidone tab 250 mg	4						
ONFI - clobazam suspension 2.5 mg/ml	4			•			
ONFI - clobazam tab 10 mg	4			•			
ONFI - clobazam tab 20 mg	4			•			
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	3						
oxcarbazepine tab 150 mg (Trileptal)	2						
oxcarbazepine tab 300 mg (Trileptal)	2						
oxcarbazepine tab 600 mg (Trileptal)	2						
OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg	4						
OXTELLAR XR - oxcarbazepine tab er 24hr 300 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
OXTELLAR XR - oxcarbazepine tab er 24hr 600 mg	4						
PEGANONE - ethotoin tab 250 mg	4						
PHENYTEK - phenytoin sodium extended cap 200 mg	4						
PHENYTEK - phenytoin sodium extended cap 300 mg	4						
phenytoin chew tab 50 mg (Dilantin infatabs)	2						
phenytoin sodium extended cap 100 mg (Dilantin)	2						
phenytoin sodium extended cap 200 mg (Phenytek)	2						
phenytoin sodium extended cap 300 mg (Phenytek)	2						
phenytoin susp 125 mg/5ml (Dilantin-125)	1						
pregabalin cap 25 mg (Lyrica)	2				•		
pregabalin cap 50 mg (Lyrica)	2				•		
pregabalin cap 75 mg (Lyrica)	2				•		
pregabalin cap 100 mg (Lyrica)	2				•		
pregabalin cap 150 mg (Lyrica)	2				•		
pregabalin cap 200 mg (Lyrica)	2				•		
pregabalin cap 225 mg (Lyrica)	2				•		
pregabalin cap 300 mg (Lyrica)	2				•		
pregabalin soln 20 mg/ml (Lyrica)	3				•		
primidone tab 50 mg (Mysoline)	1						
primidone tab 250 mg (Mysoline)	2						
QUDEXY XR - topiramate cap er 24hr sprinkle 25 mg	4						
QUDEXY XR - topiramate cap er 24hr sprinkle 50 mg	4						
QUDEXY XR - topiramate cap er 24hr sprinkle 100 mg	4						
QUDEXY XR - topiramate cap er 24hr sprinkle 150 mg	4						
QUDEXY XR - topiramate cap er 24hr sprinkle 200 mg	4						
SABRIL - vigabatrin powd pack 500 mg	5	•	•				•
SABRIL - vigabatrin tab 500 mg	5	•	•				•
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4						
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4						
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4						
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4						
TEGRETOL - carbamazepine susp 100 mg/5ml	4						
TEGRETOL - carbamazepine tab 200 mg	4						
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg	4						
TEGRETOL-XR - carbamazepine tab er 12hr 200 mg	4						
TEGRETOL-XR - carbamazepine tab er 12hr 400 mg	4						
tiagabine hcl tab 2 mg (Gabitril)	3						
tiagabine hcl tab 4 mg (Gabitril)	2						
tiagabine hcl tab 12 mg (Gabitril)	3						
tiagabine hcl tab 16 mg (Gabitril)	2						
TOPAMAX - topiramate tab 25 mg	4						
TOPAMAX - topiramate tab 50 mg	4						
TOPAMAX - topiramate tab 100 mg	4						
TOPAMAX - topiramate tab 200 mg	4						
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg	4						
TOPAMAX SPRINKLE - topiramate sprinkle cap 25 mg	4						
TOPIRAMATE ER - topiramate cap er 24hr sprinkle 25 mg	4						
TOPIRAMATE ER - topiramate cap er 24hr sprinkle 50 mg	4						
TOPIRAMATE ER - topiramate cap er 24hr sprinkle 100 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
TOPIRAMATE ER - topiramate cap er 24hr sprinkle 150 mg	4						
TOPIRAMATE ER - topiramate cap er 24hr sprinkle 200 mg	4						
topiramate sprinkle cap 15 mg (Topamax sprinkle)	2						
topiramate sprinkle cap 25 mg (Topamax sprinkle)	2						
topiramate tab 25 mg (Topamax)	1						
topiramate tab 50 mg (Topamax)	1						
topiramate tab 100 mg (Topamax)	1						
topiramate tab 200 mg (Topamax)	1						
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4						
TRILEPTAL - oxcarbazepine tab 150 mg	4						
TRILEPTAL - oxcarbazepine tab 300 mg	4						
TRILEPTAL - oxcarbazepine tab 600 mg	4						
TROKENDI XR - topiramate cap er 24hr 25 mg	4						
TROKENDI XR - topiramate cap er 24hr 50 mg	4						
TROKENDI XR - topiramate cap er 24hr 100 mg	4						
TROKENDI XR - topiramate cap er 24hr 200 mg	4						
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	2						
valproic acid cap 250 mg (Depakene)	2						
vigabatrin powd pack 500 mg (Sabril)	5	•	•				•
vigabatrin tab 500 mg (Sabril)	5	•	•				•
VIMPAT - lacosamide oral solution 10 mg/ml	4						
VIMPAT - lacosamide tab 50 mg	4						
VIMPAT - lacosamide tab 100 mg	4						
VIMPAT - lacosamide tab 150 mg	4						
VIMPAT - lacosamide tab 200 mg	4						
ZARONTIN - ethosuximide cap 250 mg	4						
ZARONTIN - ethosuximide soln 250 mg/5ml	4						
ZONEGRAN - zonisamide cap 25 mg	4						
zonisamide cap 25 mg (Zonegran)	2						
zonisamide cap 50 mg	2						
zonisamide cap 100 mg (Zonegran)	2						
ANTIPARKINSON AGENTS							
amantadine hcl cap 100 mg	2						
amantadine hcl syrup 50 mg/5ml	2						
amantadine hcl tab 100 mg	2						
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)	3						
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	2						
carbidopa & levodopa orally disintegrating tab 10-100 mg	2						
carbidopa & levodopa orally disintegrating tab 25-100 mg	2						
carbidopa & levodopa orally disintegrating tab 25-250 mg	2						
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)	2						
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)	2						
carbidopa & levodopa tab 10-100 mg (Sinemet)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
carbidopa & levodopa tab 25-100 mg (Sinemet)	2						
carbidopa & levodopa tab 25-250 mg (Sinemet)	2						
carbidopa tab 25 mg (Lodosyn)	3						
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						
entacapone tab 200 mg (Comtan)	3						
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	4						
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	4						
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	4						
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	4						
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	4						
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	4						
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	3						
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	3						
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	3						
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	3						
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	3						
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	2						
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	2						
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)	2						
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	3						
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	3						
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (Requip xl)	2						
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)	2						
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (Requip xl)	2						
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (Requip xl)	3						
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	2						
RYTARY - carbidopa & levodopa cap er 23.75-95 mg	4						
RYTARY - carbidopa & levodopa cap er 36.25-145 mg	4						
RYTARY - carbidopa & levodopa cap er 48.75-195 mg	4						
RYTARY - carbidopa & levodopa cap er 61.25-245 mg	4						
SELEGILINE HCL - selegiline hcl tab 5 mg	2						
selegiline hcl cap 5 mg	3						
STALEVO 100 - carbidopa-levodopa-entacapone tabs 25-100-200 mg	4						
STALEVO 125 - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4						
STALEVO 150 - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4						
STALEVO 200 - carbidopa-levodopa-entacapone tabs 50-200-200 mg	4						
STALEVO 50 - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4						
STALEVO 75 - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4						
tolcapone tab 100 mg (Tasmar)	2						
trihexyphenidyl hcl elixir 0.4 mg/ml	3						
trihexyphenidyl hcl tab 2 mg	1						
trihexyphenidyl hcl tab 5 mg	1						
NEUROMUSCULAR AGENTS							
BOTOX - onabotulinumtoxina for inj 100 unit	5	•	•				•
BOTOX - onabotulinumtoxina for inj 200 unit	5	•	•				•
DYSPORT - abobotulinumtoxina for im inj 300 unit	5	•	•				•
DYSPORT - abobotulinumtoxina for im inj 500 unit	5	•	•				•
MYOBLOC - rimabotulinumtoxinb im inj 2500 unit/0.5ml	5	•	•				•
MYOBLOC - rimabotulinumtoxinb im inj 5000 unit/ml	5	•	•				•
MYOBLOC - rimabotulinumtoxinb im inj 10000 unit/2ml	5	•	•				•
riluzole tab 50 mg (Rilutek)	3						
XEOMIN - incobotulinumtoxina for im inj 50 unit	5	•	•				•
XEOMIN - incobotulinumtoxina for im inj 100 unit	5	•	•				•
MUSCULOSKELETAL THERAPY AGENTS							
BACLOFEN - baclofen tab 5 mg	2						
baclofen tab 10 mg	2						
baclofen tab 20 mg	2						
carisoprodol tab 250 mg (Soma)	2		•				
CHLORZOXAZONE - chlorzoxazone tab 250 mg	2						
CHLORZOXAZONE - chlorzoxazone tab 500 mg	2						
cyclobenzaprine hcl tab 5 mg	1						
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
cyclobenzaprine hcl tab 10 mg	1						
dantrolene sodium cap 25 mg (Dantrium)	2						
dantrolene sodium cap 50 mg (Dantrium)	2						
dantrolene sodium cap 100 mg	2						
LORZONE - chlorzoxazone tab 375 mg	4						
LORZONE - chlorzoxazone tab 750 mg	4						
METAXALONE - metaxalone tab 400 mg	3						
metaxalone tab 800 mg (Skelaxin)	3						
methocarbamol tab 500 mg (Robaxin)	1						
methocarbamol tab 750 mg (Robaxin-750)	1						
orphenadrine citrate tab er 12hr 100 mg	2						
tizanidine hcl cap 2 mg (base equivalent) (Zanaflex)	2						
tizanidine hcl cap 4 mg (base equivalent) (Zanaflex)	2						
tizanidine hcl cap 6 mg (base equivalent) (Zanaflex)	3						
tizanidine hcl tab 2 mg (base equivalent)	1						
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1						
ANTIMYASTHENIC AGENTS							
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	5	•	•		•		•
GUANIDINE HCL - guanidine hcl tab 125 mg	3						
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	3						
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	3						
pyridostigmine bromide tab 60 mg (Mestinon)	2						
RUZURGI - amifampridine tab 10 mg	5	•	•		•		•
NUTRITIONAL PRODUCTS							
VITAMINS							
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1						
phytonadione tab 5 mg (Mephyton)	3						
MULTIVITAMINS							
ATABEX EC - prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg	4						
ATABEX OB - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	4						
BAL-CARE DHA - prenat w/fe poly-na fered-fa tab 27-1 & omega cap dr 430mg	4						
C-NATE DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	4						
CITRANATAL ASSURE - prenat w/ o a w/fecbn-fegl-dss-fa tab & dha cap 300 mg pack	4						
CITRANATAL B-CALM - prenat w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak	4						
CITRANATAL BLOOM - prenatal vit w/ dss-fe cbn-fe gluc-fa tab 90-1 mg	4						
CITRANATAL BLOOM DHA - prenat w/o a w/fecbn-fegl-dss-fa tab 90 &dha cap 300mg pak	4						
CITRANATAL DHA - prenat w/o a w/fecbn-fegl-dss-fa tab & dha cap 250 mg pack	4						
CITRANATAL HARMONY - prenat w/o a w/fe fum-fe cbn-dss-fa-dha cap 27-1-260 mg	4						
CITRANATAL MEDLEY - prenat w/ o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
CITRANATAL RX - prenatal w/o a w/ fe carbonyl-fe gluc-dss-fa tab 27-1mg	4						
CITRANATAL 90 DHA - prenat w/ o a w/fecbn-fegl-dss-fa tab 90 &dha cap 300mg pak	4						
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	4						
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 250 pk	4						
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4						
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4						
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	4						
DUET DHA BALANCED - prenat w/fe poly-na fered-fa tab 25-1 & omega cap 267 mg	4						
DUET DHA 400 - prenat w/fe poly-na fered-fa tab 25-1 & omega cap 400 mg	4						
ELITE-OB - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	4						
FOLET DHA - prenat w/fecbn-bisg-methylf-dss tab dr & dha cap pak	4						
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	4						
INATAL GT - prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	4						
KOSHER PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 30-1 mg	4						
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
M-VIT - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
MARNATAL-F - prenatal w/o vit a w/ fe polysac cmplx-fa cap 60-1 mg	4						
MYNATAL - prenatal multivitamins & minerals w/ iron & fa cap 1 mg	4						
MYNATAL ADVANCE - prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	4						
MYNATAL PLUS - prenatal vit w/ fe fumarate-fa tab 65-1 mg	4						
MYNATAL ULTRACAPLET - prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	4						
MYNATAL-Z - prenatal vit w/ fe fumarate-fa tab 65-1 mg	4						
MYNATE 90 PLUS - prenatal vit w/ dss-fe fumarate-fa tab er 90-1 mg	4						
NATACHEW - prenatal vit w/ fe fum-fe bisglycin-fa chew tab 28-1 mg	4						
NATALVIT - prenatal vit w/ fe fumarate-fa tab 75-1 mg	4						
NATELLE ONE - prenatal w/o vit a w/ fe fum-fa-omega 3 cap 28-1-250 mg	4						
NEEVO DHA - prenat w/o a w/ fefum-methylfol-omegas cap 27-1.13 mg	4						
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
NEONATAL VITAMIN - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	4						
NESTABS - prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	4						
NESTABS DHA - prenat w/o a w/ fe bisglyc-fa tab 32-1 mg & omega cap pack	4						
NESTABS ONE - prenat w/o a w/fecbn-bisg-methylf-dha cap 38-1-225 mg	4						
NEXA PLUS - prenatal w/o vit a w/ fe fum-doc-fa-dha cap 29-1.25-350 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
O-CAL FA - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
O-CAL PRENATAL - prenatal vit w/ fe fumarate-fa tab 15-1 mg	4						
OB COMPLETE - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	4						
OB COMPLETE ONE - prenatal w/o a w/fecbn-fe asp glyc-fa-fish cap 50-1-476 mg	4						
OB COMPLETE PETITE - prenat w/ o a w/fecbn-feaspglyc-fa-omega cap 35-5-1-200 mg	4						
OB COMPLETE PREMIER - prenatal vit w/ fe cbn-fe asp glyc-fa tab 30-20-1 mg	4						
OB COMPLETE/DHA - prenat w/ iron cbn-fe asp glyc-fa-omega cap 30-10-1-200 mg	4						
OBSTETRIX DHA - prenat w/fecbn-fa-dss tab 29-1 mg & omega 3 cap 387 mg pak	4						
OBSTETRIX EC - prenatal vit w/ dss-iron carbonyl-fa tab 29-1 mg	4						
PNV FOLIC ACID + IRON MUL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
PNV PRENATAL PLUS MULTIVI - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
PNV TABS 29-1 - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4						
PNV-DHA - prenat w/o a w/ fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	4						
PNV-DHA+DOCUSATE - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	4						
PNV-OMEGA - prenat w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap	4						
PNV-SELECT - prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	4						
PR NATAL 400 - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 400 pk	4						
PR NATAL 400 EC - prenat-fe bis-fe prot succ-fa-ca tab & omega cap dr 400 pk	4						
PR NATAL 430 - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 430 pk	4						
PR NATAL 430 EC - prenat-fe bis-fe prot succ-fa-ca tab & omega cap dr 430 pk	4						
PREMESISRX - prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg	4						
PRENAISSANCE - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	4						
PRENAISSANCE PLUS - prenatal w/o a w/fe cbn-dss-fa-dha cap 28-1-250 mg	4						
PRENATA - prenatal w/o a vit w/ fe fum-fa tab chew 29-1 mg	4						
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4						
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
PRENATAL + DHA - prenatal w/o a w/fe fum-fa tab 27-1 mg & dha cap 250 mg	4						
PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4						
PRENATAL VITAMINS PLUS LO - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4						
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	4						
PRENATE - prenat mv & min w/ l-methylfolate-fa chew tab 0.6-0.4 mg	4						
PRENATE AM - prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg	4						
PRENATE DHA - prenat w/o a w/feaspg-methfol-fa-dha cap 18-0.6-0.4-300 mg	4						
PRENATE ELITE - prenatal w/ fe asp gly-l methylfol-fa tab 20-0.6-0.4 mg	4						
PRENATE ENHANCE - prenat w/ o a w/fefum-methfol-fa-dha cap 28-0.6-0.4-400 mg	4						
PRENATE ESSENTIAL - prenat w/ o a w/feaspg-methfol-fa-dha cap 18-0.6-0.4-300 mg	4						
PRENATE MINI - prenat w/oa w/ fecb-feasp-meth-fa-dha cap 18-0.6-0.4-350 mg	4						
PRENATE PIXIE - prenat w/o a w/feaspg-methfol-fa-dha cap 10-0.6-0.4-200 mg	4						
PRENATE RESTORE - prenat w/ o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-400 mg	4						
PRENA1 CHEW - prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg	4						
PRENA1 PEARL - prenat w/oa w/ fefum-na fered-fa-dha cap er 30-1.4-200 mg	4						
PREPLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
PRETAB - prenatal vit w/ fe fumarate-fa tab 29-1 mg	4						
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	4						
R-NATAL OB - prenatal w/o a w/fe cbn-fa-dha cap 20-1-320 mg	4						
RELNATE DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	4						
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4						
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4						
SELECT-OB - prenat w/ fepolycmplx-methylfol-fa chew tab 29-0.6-0.4 mg	4						
SELECT-OB - prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	4						
SELECT-OB+DHA - prenatal mv w/fe poly-fa chw 29-1 mg & dha cap 250 mg pak	4						
TARON-BC - prenat w/o a w/ fe cbnyl-fa tab 20-1 mg & vit b6 tab pak	4						
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4						
TARON-PREX - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 30-1.2-265 mg	4						
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4						
THRIVITE 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4						
TL FOLATE - prenatal vit w/ fe fum-methylfolate-fa tab 27-0.5-0.5 mg	4						
TL-CARE DHA - prenatal w/fe fumarate-fa-dss-fish oil cap 27-1-500 mg	4						
TL-SELECT - prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	4						
TRI-TABS DHA - prenat w/o a w/ fe bisglyc-fa tab 32-1 mg & omega cap pack	4						
TRICARE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
TRICARE PRENATAL DHA ONE - prenatal w/fe fumarate-fa-dss-fish oil cap 27-1-500 mg	4						
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	4						
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	4						
TRIVEEN-DUO DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 400 pk	4						
ULTIMATECARE ONE - prenatal vit w/ fe cbn-fe asp glyc-fa-omega 3 cap 27-1mg	4						
VENA-BAL DHA - prenat w/fe poly-na fered-fa tab 27-1 & omega cap dr 430mg	4						
VINATE DHA RF - prenat w/o a w/fefum-methylfol-omegas cap 27-1.13 mg	4						
VINATE II - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	4						
VINATE M - prenatal vit w/ sel-fe fumarate-fa tab 27-1 mg	4						
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	4						
VIRT-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4						
VIRT-NATE DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	4						
VIRT-PN DHA - prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	4						
VIRT-PN PLUS - prenat w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap	4						
VITAFOL STRIPS - prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg	4						
VITAFOL ULTRA - prenat w/ fe poly-methylfol-fa-dha cap 29-0.6-0.4-200 mg	4						
VITAFOL-NANO - prenatal w/o a w/ fefum-l methylfol-fa tab 18-0.6-0.4 mg	4						
VITAFOL-OB - prenatal vit w/ fe fumarate-fa tab 65-1 mg	4						
VITAFOL-OB+DHA - prenatal mv w/ fe fum-fa tab 65-1 mg & dha cap 250 mg pack	4						
VITAFOL-ONE - prenatal mv w/ fe polysac cmplx-fa-dha cap 29-1-200 mg	4						
VITAMEDMD ONE RX/ QUATREFO - prenat w/o a w/fefum-methfol-fa-dha cap 30-0.6-0.4-200 mg	4						
VITAMEDMD REDICHEW RX - prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg	4						
VITAPEARL - prenat w/oa w/ fefum-na fered-fa-dha cap er 30-1.4-200 mg	4						
VIVA DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	4						
VOL-NATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	4						
VOL-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4						
VOL-TAB RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4						
VP-HEME OB + DHA - prenat-fe poly cmplx-fe heme poly-fa tab & omega 3 cap pck	4						
VP-PNV-DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-215.8 mg	4						
ZATEAN-PN DHA - prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ZATEAN-PN PLUS - prenat w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap	4						
MINERALS and ELECTROLYTES							
FLORICAL - sodium fluoride w/ calcium carb cap 8.3-364 mg	4						
FLORICAL - sodium fluoride w/ calcium carb tab 8.3-364 mg	4						
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	4						
FLUORABON - sodium fluoride soln 0.25 mg/0.6ml (from 0.55 mg/0.6ml naf)	4						
FLURA-DROPS - sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	4						
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)	4						
K-TAB - potassium chloride tab er 20 meq (1500 mg)	4						
KLOR-CON M15 - potassium chloride microencapsulated crys er tab 15 meq	4						
MONOCAL - sodium monofluorophosphate-calcium carb tab 22.75-625 mg	4						
potassium chloride cap er 8 meq (Micro-k)	2						
potassium chloride cap er 10 meq (Micro-k)	2						
POTASSIUM CHLORIDE ER - potassium chloride tab er 8 meq (600 mg)	3						
POTASSIUM CHLORIDE ER - potassium chloride tab er 20 meq (1500 mg)	3						
potassium chloride microencapsulated crys er tab 10 meq	2						
potassium chloride microencapsulated crys er tab 20 meq	1						
potassium chloride oral soln 10% (20 meq/15ml)	3						
potassium chloride oral soln 20% (40 meq/15ml)	3						
potassium chloride powder packet 20 meq	3						
potassium chloride tab er 8 meq (600 mg)	2						
potassium chloride tab er 10 meq (K-tab)	2						
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)	1					•	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride)	1					•	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride)	1					•	
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	2					•	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride)	1					•	
HEMATOLOGICAL AGENTS							
HEMATOPOIETIC AGENTS							
carbonyl iron susp 15 mg/1.25ml (elemental iron)	2						
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	5	•	•		•		•
CEREZYME - imiglucerase for inj 400 unit	5	•	•				•
cyanocobalamin inj 1000 mcg/ml	1						
DROXIA - hydroxyurea cap 200 mg	3						
DROXIA - hydroxyurea cap 300 mg	3						
DROXIA - hydroxyurea cap 400 mg	3						
ELELYSO - taliglucerase alfa for inj 200 unit	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
FERRETTS CHEWABLE IRON - carbonyl iron chew tab 18 mg (elemental iron)	4						
FERROUS SULFATE - ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)	3						
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	A					•	
folic acid tab 400 mcg	A					•	
folic acid tab 800 mcg	A					•	
folic acid tab 1 mg	1						
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	•			•		•
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	3						
IRON CHEWS PEDIATRIC - carbonyl iron chew tab 15 mg (elemental iron)	3						
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	•					•
miglustat cap 100 mg (Zavesca)	5	•	•		•		•
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	4						
NASCOBAL - cyanocobalamin nasal spray 500 mcg/0.1ml	4						
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	•					•
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	•					•
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	5	•					•
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	•					•
NPLATE - romiplostim for inj 250 mcg	5	•	•				•
NPLATE - romiplostim for inj 500 mcg	5	•	•				•
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg (base eq)	5	•	•		•		•
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv)	5	•	•		•		•
PROMACTA - eltrombopag olamine tab 25 mg (base equiv)	5	•	•		•		•
PROMACTA - eltrombopag olamine tab 50 mg (base equiv)	5	•	•		•		•
PROMACTA - eltrombopag olamine tab 75 mg (base equiv)	5	•	•		•		•
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	5	•					•
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	5	•					•
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	5	•					•
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	5	•					•
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	5	•					•
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	•			•		•
VPRIV - velaglucerase alfa for inj 400 unit	5	•	•				•
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	5	•					•
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	5	•					•
ANTICOAGULANTS							
ACD FORMULA A - anticoagulant citrate dextrose solution a	4						
ANTICOAGULANT CITRATE DEX - anticoagulant citrate dextrose solution a	4						
ANTICOAGULANT SODIUM CITR - anticoagulant sodium citrate soln 4%	4						
BEVYXXA - betrixaban maleate cap 40 mg (base equivalent)	4				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
BEVYXXA - betrixaban maleate cap 80 mg (base equivalent)	4				•		
ELIQUIS - apixaban tab 2.5 mg	3				•		
ELIQUIS - apixaban tab 5 mg	3				•		
ELIQUIS STARTER PACK - apixaban tab 5 mg	3				•		
enoxaparin sodium inj 30 mg/0.3ml (Lovenox)	3				•		
enoxaparin sodium inj 40 mg/0.4ml (Lovenox)	3				•		
enoxaparin sodium inj 60 mg/0.6ml (Lovenox)	3				•		
enoxaparin sodium inj 80 mg/0.8ml (Lovenox)	3				•		
enoxaparin sodium inj 100 mg/ml (Lovenox)	3				•		
enoxaparin sodium inj 120 mg/0.8ml (Lovenox)	3				•		
enoxaparin sodium inj 150 mg/ml (Lovenox)	3				•		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	3				•		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	3				•		
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	2				•		
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	3				•		
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	3				•		
FRAGMIN - dalteparin sodium inj 10000 unit/ml	4				•		
FRAGMIN - dalteparin sodium inj 2500 unit/0.2ml	4				•		
FRAGMIN - dalteparin sodium inj 5000 unit/0.2ml	4				•		
FRAGMIN - dalteparin sodium inj 7500 unit/0.3ml	4				•		
FRAGMIN - dalteparin sodium inj 12500 unit/0.5ml	4				•		
FRAGMIN - dalteparin sodium inj 15000 unit/0.6ml	4				•		
FRAGMIN - dalteparin sodium inj 18000 unit/0.72ml	4				•		
FRAGMIN - dalteparin sodium inj 95000 unit/3.8ml	4				•		
heparin sodium (porcine) inj 1000 unit/ml	2						
heparin sodium (porcine) inj 5000 unit/ml	2						
heparin sodium (porcine) inj 10000 unit/ml	2						
heparin sodium (porcine) inj 20000 unit/ml	3						
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2						
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	4				•		
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	4				•		
PRADAXA - dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	4				•		
TRICITRASOL - anticoagulant sodium citrate concentrate 46.7%	4						
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						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
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 2.5 mg	3				•		
XARELTO - rivaroxaban tab 10 mg	3				•		
XARELTO - rivaroxaban tab 15 mg	3				•		
XARELTO - rivaroxaban tab 20 mg	3				•		
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3				•		
HEMOSTATICS							
AMICAR - aminocaproic acid oral soln 0.25 gm/ml	4						
aminocaproic acid tab 500 mg (Amicar)	4						
aminocaproic acid tab 1000 mg (Amicar)	4						
tranexamic acid tab 650 mg (Lysteda)	2						
HEMATOLOGICAL AGENTS - MISC.							
ADVATE - antihemophilic factor rahf-pfm for inj 250 unit	5	•	•				•
ADVATE - antihemophilic factor rahf-pfm for inj 500 unit	5	•	•				•
ADVATE - antihemophilic factor rahf-pfm for inj 1000 unit	5	•	•				•
ADVATE - antihemophilic factor rahf-pfm for inj 1500 unit	5	•	•				•
ADVATE - antihemophilic factor rahf-pfm for inj 2000 unit	5	•	•				•
ADVATE - antihemophilic factor rahf-pfm for inj 3000 unit	5	•	•				•
ADVATE - antihemophilic factor rahf-pfm for inj 4000 unit	5	•	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit	5	•	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 500 unit	5	•	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 750 unit	5	•	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 1000 unit	5	•	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 1500 unit	5	•	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 2000 unit	5	•	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 3000 unit	5	•	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit	5	•	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 500 unit	5	•	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1000 unit	5	•	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1500 unit	5	•	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2000 unit	5	•	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2500 unit	5	•	•				•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 3000 unit	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 250 unit	5	•					•
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 500 unit	5	•					•
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 1000 unit	5	•					•
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 1500 unit	5	•					•
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 2000 unit	5	•					•
ALPHANINE SD - coagulation factor ix for inj 500 unit	5	•					•
ALPHANINE SD - coagulation factor ix for inj 1000 unit	5	•					•
ALPHANINE SD - coagulation factor ix for inj 1500 unit	5	•					•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit	5	•	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 500 unit	5	•	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	5	•	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	5	•	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	5	•	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	5	•	•				•
anagrelide hcl cap 0.5 mg (Agrylin)	2						
anagrelide hcl cap 1 mg	3						
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	3						
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit	5	•					•
BENEFIX - coagulation factor ix (recombinant) for inj kit 500 unit	5	•					•
BENEFIX - coagulation factor ix (recombinant) for inj kit 1000 unit	5	•					•
BENEFIX - coagulation factor ix (recombinant) for inj kit 2000 unit	5	•					•
BENEFIX - coagulation factor ix (recombinant) for inj kit 3000 unit	5	•					•
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	5	•	•		•		•
BRILINTA - ticagrelor tab 60 mg	4						
BRILINTA - ticagrelor tab 90 mg	4						
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	•	•		•		•
cilostazol tab 50 mg	2						
cilostazol tab 100 mg	1						
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1						
clopidogrel bisulfate tab 300 mg (base equiv) (Plavix)	2						
COAGADEX - coagulation factor x (human) for inj 250 unit	5	•					•
COAGADEX - coagulation factor x (human) for inj 500 unit	5	•					•
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	5	•					•
dipyridamole tab 25 mg	1						
dipyridamole tab 50 mg	2						
dipyridamole tab 75 mg (Persantine)	2						
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 250 unit	5	•	•				•
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 500 unit	5	•	•				•
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 750 unit	5	•	•				•
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 1000 unit	5	•	•				•
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 1500 unit	5	•	•				•
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 2000 unit	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 3000 unit	5	•	•				•
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 4000 unit	5	•	•				•
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 5000 unit	5	•	•				•
ELOCTATE - antihemophilic factor (recomb) rfviiifc for inj 6000 unit	5	•	•				•
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit	5	•					•
FEIBA - antiinhibitor coagulant complex for iv soln 1000 unit	5	•					•
FEIBA - antiinhibitor coagulant complex for iv soln 2500 unit	5	•					•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	5	•	•		•		•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	5	•	•		•		•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml	5	•	•				•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	5	•	•				•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	5	•	•				•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 150 mg/ml	5	•	•				•
HEMOFIL M - antihemophilic factor (human) for inj 250 unit	5	•	•				•
HEMOFIL M - antihemophilic factor (human) for inj 500 unit	5	•	•				•
HEMOFIL M - antihemophilic factor (human) for inj 1000 unit	5	•	•				•
HEMOFIL M - antihemophilic factor (human) for inj 1700 unit	5	•	•				•
HUMATE-P - antihemophilic factor/ vwf (human) for inj 250-600 unit	5	•					•
HUMATE-P - antihemophilic factor/ vwf (human) for inj 500-1200 unit	5	•					•
HUMATE-P - antihemophilic factor/ vwf (human) for inj 1000-2400 unit	5	•					•
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	5	•	•		•		•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit	5	•	•				•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 500 unit	5	•	•				•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	5	•	•				•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	5	•	•				•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	5	•	•				•
IXINITY - coagulation factor ix (recombinant) for inj 250 unit	5	•	•				•
IXINITY - coagulation factor ix (recombinant) for inj 500 unit	5	•	•				•
IXINITY - coagulation factor ix (recombinant) for inj 1000 unit	5	•	•				•
IXINITY - coagulation factor ix (recombinant) for inj 1500 unit	5	•	•				•
IXINITY - coagulation factor ix (recombinant) for inj 2000 unit	5	•	•				•
IXINITY - coagulation factor ix (recombinant) for inj 3000 unit	5	•	•				•
KOATE - antihemophilic factor (human) for inj 250 unit	5	•	•				•
KOATE - antihemophilic factor (human) for inj 500 unit	5	•	•				•
KOATE - antihemophilic factor (human) for inj 1000 unit	5	•	•				•
KOATE-DVI - antihemophilic factor (human) for inj 250 unit	5	•	•				•
KOATE-DVI - antihemophilic factor (human) for inj 500 unit	5	•	•				•
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 250 unit	5	•	•				•
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 500 unit	5	•	•				•
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 1000 unit	5	•	•				•
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 2000 unit	5	•	•				•
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 3000 unit	5	•	•				•
KOVALTRY - antihemophilic factor (recombinant) for inj 250 unit	5	•	•				•
KOVALTRY - antihemophilic factor (recombinant) for inj 500 unit	5	•	•				•
KOVALTRY - antihemophilic factor (recombinant) for inj 1000 unit	5	•	•				•
KOVALTRY - antihemophilic factor (recombinant) for inj 2000 unit	5	•	•				•
KOVALTRY - antihemophilic factor (recombinant) for inj 3000 unit	5	•	•				•
MONONINE - coagulation factor ix for inj 1000 unit	5	•					•
NOVOEIGHT - antihemophilic factor (recombinant) for inj 250 unit	5	•	•				•
NOVOEIGHT - antihemophilic factor (recombinant) for inj 500 unit	5	•	•				•
NOVOEIGHT - antihemophilic factor (recombinant) for inj 1000 unit	5	•	•				•
NOVOEIGHT - antihemophilic factor (recombinant) for inj 1500 unit	5	•	•				•
NOVOEIGHT - antihemophilic factor (recombinant) for inj 2000 unit	5	•	•				•
NOVOEIGHT - antihemophilic factor (recombinant) for inj 3000 unit	5	•	•				•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	5	•					•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	5	•					•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	5	•					•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	5	•					•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 250 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 500 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 1000 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 2000 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 2500 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 3000 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 4000 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 250 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 500 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 1000 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 2000 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 2500 unit	5	•	•				•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 3000 unit	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 4000 unit	5	•	•				•
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	5	•					•
pentoxifylline tab er 400 mg	2						
prasugrel hcl tab 5 mg (base equiv) (Effient)	2						
prasugrel hcl tab 10 mg (base equiv) (Effient)	3						
PROFILNINE - factor ix complex for inj 500 unit	5	•					•
PROFILNINE - factor ix complex for inj 1000 unit	5	•					•
PROFILNINE - factor ix complex for inj 1500 unit	5	•					•
PROFILNINE SD - factor ix complex for inj 500 unit	5	•					•
PROFILNINE SD - factor ix complex for inj 1000 unit	5	•					•
PROFILNINE SD - factor ix complex for inj 1500 unit	5	•					•
RECOMBINATE - antihemophilic factor (recombinant) for inj 220-400 unit	5	•	•				•
RECOMBINATE - antihemophilic factor (recombinant) for inj 401-800 unit	5	•	•				•
RECOMBINATE - antihemophilic factor (recombinant) for inj 801-1240 unit	5	•	•				•
RECOMBINATE - antihemophilic factor (recombinant) for inj 1241-1800 unit	5	•	•				•
RECOMBINATE - antihemophilic factor (recombinant) for inj 1801-2400 unit	5	•	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit	5	•					•
RIXUBIS - coagulation factor ix (recombinant) for inj 500 unit	5	•					•
RIXUBIS - coagulation factor ix (recombinant) for inj 1000 unit	5	•					•
RIXUBIS - coagulation factor ix (recombinant) for inj 2000 unit	5	•					•
RIXUBIS - coagulation factor ix (recombinant) for inj 3000 unit	5	•					•
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	5	•	•		•		•
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	5	•	•		•		•
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent)	5	•	•		•		•
TAVALISSE - fostamatinib disodium tab 150 mg (base equivalent)	5	•	•		•		•
TRETTEN - coagulation factor xiii a-subunit for inj 2000-3125 unit	5	•					•
VONVENDI - von willebrand factor (recombinant) for inj 650 unit	5	•	•				•
VONVENDI - von willebrand factor (recombinant) for inj 1300 unit	5	•	•				•
XYNTHA - antihemophilic factor recombinant paf for inj kit 250 unit	5	•	•				•
XYNTHA - antihemophilic factor recombinant paf for inj kit 500 unit	5	•	•				•
XYNTHA - antihemophilic factor recombinant paf for inj kit 1000 unit	5	•	•				•
XYNTHA - antihemophilic factor recombinant paf for inj kit 2000 unit	5	•	•				•
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 250 unit	5	•	•				•
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 500 unit	5	•	•				•
XYNTHA SOLOFUSE - antihemophilic factor	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
recombinant paf for inj kit 1000 unit							
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 2000 unit	5	•	•				•
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 3000 unit	5	•	•				•
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4						
TOPICAL PRODUCTS							
OPHTHALMIC AGENTS							
ACUVAIL - ketorolac tromethamine (pf) ophth soln 0.45%	4						
AKTEN - lidocaine hcl ophth gel 3.5%	4						
ALOCRIL - nedocromil sodium ophth soln 2%	4						
ALOMIDE - lodoxamide tromethamine ophth soln 0.1%	4						
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	4						
ALREX - loteprednol etabonate ophth susp 0.2%	3						
apraclonidine hcl ophth soln 0.5% (base equivalent) (Iopidine)	2						
ATROPINE SULFATE - atropine sulfate ophth soln 1%	3						
AZASITE - azithromycin ophth soln 1%	4						
azelastine hcl ophth soln 0.05%	2						
AZOPT - brinzolamide ophth susp 1%	3						
BACITRACIN - bacitracin ophth oint 500 unit/gm	3						
bacitracin-polymyxin b ophth oint	2						
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2						
BEPREVE - bepotastine besilate ophth soln 1.5%	4						
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	4						
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	3						
betaxolol hcl ophth soln 0.5%	2						
BETIMOL - timolol ophth soln 0.25%	3						
BETIMOL - timolol ophth soln 0.5%	3						
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	3						
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)	3						
brimonidine tartrate ophth soln 0.2%	1						
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	2						
BROMSITE - bromfenac sodium ophth soln 0.075% (base equivalent)	4						
CARTEOLOL HCL - carteolol hcl ophth soln 1%	1						
CILOXAN - ciprofloxacin hcl ophth oint 0.3%	3						
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1						
cromolyn sodium ophth soln 4%	1						
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3						
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	2						
cyclopentolate hcl ophth soln 1% (Cyclogyl)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
cyclopentolate hcl ophth soln 2% (Cyclogyl)	2						
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	5	•	•				•
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3						
diclofenac sodium ophth soln 0.1%	1						
dorzolamide hcl ophth soln 2% (Trusopt)	2						
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	1						
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	3						
DUREZOL - difluprednate ophth emulsion 0.05%	4						
epinastine hcl ophth soln 0.05% (Elestat)	2						
erythromycin ophth oint 5 mg/gm	2						
EYLEA - aflibercept intravitreal inj 2 mg/0.05ml (40 mg/ml)	5	•	•				•
FLAREX - fluorometholone acetate ophth susp 0.1%	4						
fluorometholone ophth susp 0.1% (Fml liquifilm)	2						
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	1						
FML - fluorometholone ophth oint 0.1%	3						
FML FORTE - fluorometholone ophth susp 0.25%	3						
gatifloxacin ophth soln 0.5% (Zymaxid)	2						
GENTAK - gentamicin sulfate ophth oint 0.3%	3						
gentamicin sulfate ophth soln 0.3%	1						
ILEVRO - nepafenac ophth susp 0.3%	4						
IOPIDINE - apraclonidine hcl ophth soln 1% (base equivalent)	3						
ISOPTO ATROPINE - atropine sulfate ophth soln 1%	3						
ketorolac tromethamine ophth soln 0.4% (Acular ls)	2						
ketorolac tromethamine ophth soln 0.5% (Acular)	2						
LASTACAFT - alcaftadine ophth soln 0.25%	4						
latanoprost ophth soln 0.005% (Xalatan)	1				•		
levobunolol hcl ophth soln 0.5% (Betagan)	1						
levofloxacin ophth soln 0.5%	2						
LOTEMAX - loteprednol etabonate ophth gel 0.5%	3						
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3						
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	3						
loteprednol etabonate ophth susp 0.5% (Lotemax)	3						
LUCENTIS - ranibizumab intravitreal inj 0.3 mg/0.05ml (6 mg/ml)	5	•	•				•
LUCENTIS - ranibizumab intravitreal inj 0.5 mg/0.05ml (10 mg/ml)	5	•	•				•
LUCENTIS - ranibizumab intravitreal soln pref syr 0.3 mg/0.05ml	5	•	•				•
LUCENTIS - ranibizumab intravitreal soln pref syr 0.5 mg/0.05ml	5	•	•				•
LUMIGAN - bimatoprost ophth soln 0.01%	3				•		
MACUGEN - pegaptanib sodium intravitreous inj 0.3 mg/90 microliter	5	•	•				•

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
MAXIDEX - dexamethasone ophth susp 0.1%	3						
MITOSOL - mitomycin for ophth soln kit 0.2 mg	4						
MOXEZA - moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	4						
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	2						
NATACYN - natamycin ophth susp 5%	3						
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2						
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	2						
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	2						
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2						
NEOMYCIN/POLYMYXIN/HYDROC - neomycin-polymyxin-hc ophth susp	3						
NEVANAC - nepafenac ophth susp 0.1%	3						
ofloxacin ophth soln 0.3% (Ocuflox)	2						
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol)	2						
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)	2						
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	5	•	•		•		•
phenylephrine hcl ophth soln 2.5%	2						
phenylephrine hcl ophth soln 10%	2						
pilocarpine hcl ophth soln 1% (Isopto carpine)	2						
pilocarpine hcl ophth soln 2% (Isopto carpine)	2						
pilocarpine hcl ophth soln 4% (Isopto carpine)	2						
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1						
PRED MILD - prednisolone acetate ophth susp 0.12%	3						
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 - prednisolone acetate ophth susp 1%	2						
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	3						
PROLENSA - bromfenac sodium ophth soln 0.07% (base equivalent)	4						
proparacaine hcl ophth soln 0.5% (Alcaine)	2						
RESTASIS - cyclosporine (ophth) emulsion 0.05%	4		•		•		
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	4		•		•		
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	4						
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	4						
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	3						
sulfacetamide sodium ophth soln 10% (Bleph-10)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
SULFACETAMIDE SODIUM/ PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2						
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)	3						
TIMOLOL MALEATE OPHTHALMI - timolol maleate ophth gel forming soln 0.25%	2						
TIMOLOL MALEATE OPHTHALMI - timolol maleate ophth gel forming soln 0.5%	2						
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3						
TOBRADEX ST - tobramycin-dexamethasone ophth susp 0.3-0.05%	4						
tobramycin ophth soln 0.3% (Tobrex)	1						
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	3						
TOBREX - tobramycin ophth oint 0.3%	3						
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3				•		
TRIFLURIDINE - trifluridine ophth soln 1%	2						
tropicamide ophth soln 0.5%	1						
tropicamide ophth soln 1% (Mydriacyl)	2						
XIIDRA - lifitegrast ophth soln 5%	4		•		•		
ZIOPTAN - tafluprost preservative free (pf) ophth soln 0.0015%	4				•		
ZIRGAN - ganciclovir ophth gel 0.15%	4						
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	4						
OTIC AGENTS							
acetic acid otic soln 2%	2						
CETRAXAL - ciprofloxacin hcl otic soln 0.2% (base equivalent)	4						
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	4						
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	3						
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)	3						
hydrocortisone w/ acetic acid otic soln 1-2%	2						
neomycin-polymyxin-hc otic soln 1%	2						
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2						
ofloxacin otic soln 0.3% (Floxin otic)	2						
OTOVEL - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	4						
MOUTH/THROAT/DENTAL AGENTS							
cevimeline hcl cap 30 mg (Evoxac)	3						
chlorhexidine gluconate soln 0.12% (Peridex)	1						
clotrimazole troche 10 mg	2						
EQL TRAVEL TOOTHBRUSH/ TOO - sodium monofluorophosphate paste 0.15%	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
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)	4						
NAFRINSE DAILY/NEUTRAL - sodium fluoride for soln rinse 0.05%	4						
NAFRINSE WEEKLY - sodium fluoride for soln rinse 0.2%	4						
nystatin susp 100000 unit/ml	2						
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	4						
PARODONTAX - stannous fluoride paste 0.454%	4						
pilocarpine hcl tab 5 mg (Salagen)	2						
pilocarpine hcl tab 7.5 mg (Salagen)	2						
SENSODYNE COMPLETE PROTEC - stannous fluoride paste 0.454%	4						
SENSODYNE RAPID RELIEF - stannous fluoride paste 0.454%	4						
SENSODYNE REPAIR & PROTEC - stannous fluoride paste 0.454%	4						
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-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)	2					•	
stannous fluoride conc 0.63% (Gel-kam oral care ri)	2					•	
stannous fluoride gel 0.4%	2					•	
triamcinolone acetonide dental paste 0.1%	2						
ANORECTAL AGENTS							
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine rectal lotn 2.5-1%	4						
CORTIFOAM - hydrocortisone acetate rectal foam 10% (90 mg/ dose)	4						
hydrocortisone acetate w/ pramoxine rectal cream 1-1% (Analpram-hc)	3						
hydrocortisone enema 100 mg/60ml (Cortenema)	3						
hydrocortisone rectal cream 1% (Proctocort)	2						
hydrocortisone rectal cream 2.5% (Anusol-hc)	2						
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine rectal foam 1-1%	3						
RECTIV - nitroglycerin oint 0.4%	4						
UCERIS - budesonide rectal foam 2 mg/act	4						
DERMATOLOGICALS							
acitretin cap 10 mg (Soriatane)	3						
acitretin cap 17.5 mg (Soriatane)	4						
acitretin cap 25 mg (Soriatane)	3						
acyclovir oint 5% (Zovirax)	3						
ADAPALENE - adapalene lotion 0.1%	4						
adapalene cream 0.1% (Differin)	3						
adapalene gel 0.1% (Differin)	3						
adapalene gel 0.3% (Differin)	3						
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	3						
AFTERTEST TOPICAL PAIN RE - benzocaine stick 10%	4						
alclometasone dipropionate cream 0.05% (Aclovate)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
alclometasone dipropionate oint 0.05%	2						
ALTABAX - retapamulin oint 1%	4						
AMCINONIDE - amcinonide cream 0.1%	3						
AMCINONIDE - amcinonide lotion 0.1%	3						
AMCINONIDE - amcinonide oint 0.1%	3						
APEXICON E - diflorasone diacetate emollient base cream 0.05%	3						
AUGMENTED BETAMETHASONE D - betamethasone dipropionate augmented gel 0.05%	2						
azelaic acid gel 15% (Finacea)	3						
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	3						
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	2						
betamethasone dipropionate augmented lotion 0.05%	3						
betamethasone dipropionate augmented oint 0.05% (Diprolene)	2						
betamethasone dipropionate cream 0.05%	2						
betamethasone dipropionate lotion 0.05%	2						
betamethasone dipropionate oint 0.05%	2						
betamethasone valerate aerosol foam 0.12% (Luxiq)	3						
betamethasone valerate cream 0.1% (base equivalent)	2						
betamethasone valerate lotion 0.1% (base equivalent)	2						
betamethasone valerate oint 0.1% (base equivalent)	2						
calcipotriene cream 0.005% (Dovonex)	3						
calcipotriene oint 0.005%	3						
calcipotriene soln 0.005% (50 mcg/ml)	3						
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	3						
CALCITRIOL - calcitriol oint 3 mcg/gm	3						
CAPEX - fluocinolone acetonide shampoo 0.01%	4						
ciclopirox gel 0.77%	3						
ciclopirox olamine cream 0.77% (base equiv)	2						
ciclopirox olamine susp 0.77% (base equiv)	2						
ciclopirox shampoo 1% (Loprox shampoo)	2						
ciclopirox solution 8% (Penlac Nail Lacquer)	2						
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	3						
clindamycin phosphate foam 1% (Evoclin)	3						
clindamycin phosphate gel 1% (Cleocin-t)	2						
clindamycin phosphate lotion 1% (Cleocin-t)	2						
clindamycin phosphate soln 1% (Cleocin-t)	2						
clindamycin phosphate swab 1% (Cleocin-t)	3						
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	3						
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	3						
clobetasol propionate cream 0.05% (Temovate)	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
clobetasol propionate emollient base cream 0.05%	3						
clobetasol propionate gel 0.05%	2						
clobetasol propionate lotion 0.05% (Clobex)	3						
clobetasol propionate oint 0.05% (Temovate)	3						
clobetasol propionate shampoo 0.05% (Clobex)	3						
clobetasol propionate soln 0.05% (Temovate)	2						
CLOCORTOLONE PIVALATE - clocortolone pivalate cream 0.1%	3						
CLODERM - clocortolone pivalate cream 0.1%	4						
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)	2						
clotrimazole w/ betamethasone lotion 1-0.05%	3						
CONDYLOX - podofilox gel 0.5%	3						
CORDRAN - flurandrenolide tape 4 mcg/sqcm	4						
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 pref syr 150 mg/ml (300 mg dose)	5	•	•		•		•
COSENTYX "PREFERRED" - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	5	•	•		•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	5	•	•		•		•
COSENTYX SENSOREADY PEN "PREFERRED" - secukinumab subcutaneous soln auto-injector 150 mg/ml	5	•	•		•		•
crotamiton lotion 10% (Eurax)	4						
DENAVIR - penciclovir cream 1%	4						
DESONATE - desonide gel 0.05%	4						
desonide cream 0.05% (Desowen)	3						
desonide lotion 0.05%	3						
desonide oint 0.05%	2						
desoximetasone cream 0.05% (Topicort)	3						
desoximetasone cream 0.25% (Topicort)	2						
desoximetasone gel 0.05% (Topicort)	3						
desoximetasone oint 0.05% (Topicort)	3						
desoximetasone oint 0.25% (Topicort)	3						
desoximetasone spray 0.25% (Topicort)	3						
diclofenac sodium gel 1% (Voltaren)	2				•		
diclofenac sodium soln 1.5%	3				•		
DIFLORASONE DIACETATE - diflorasone diacetate cream 0.05%	3						
diflorasone diacetate oint 0.05%	3						
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	•	•		•		•
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	•	•		•		•
econazole nitrate cream 1%	2						
ECOZA - econazole nitrate foam 1%	4						
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	4						
ERTACZO - sertaconazole nitrate cream 2%	4						
erythromycin gel 2% (Erygel)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
erythromycin pads 2%	2						
erythromycin soln 2%	2						
EURAX - crotamiton cream 10%	3						
EXELDERM - sulconazole nitrate cream 1%	4						
EXELDERM - sulconazole nitrate solution 1%	4						
fluocinolone acetonide cream 0.01%	2						
fluocinolone acetonide cream 0.025% (Synalar)	2						
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	3						
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	3						
fluocinolone acetonide oint 0.025% (Synalar)	2						
fluocinolone acetonide soln 0.01% (Synalar)	3						
fluocinonide cream 0.05%	2						
fluocinonide emulsified base cream 0.05%	2						
fluocinonide gel 0.05%	2						
fluocinonide oint 0.05%	2						
fluocinonide soln 0.05%	2						
FLUOROURACIL - fluorouracil soln 2%	3						
FLUOROURACIL - fluorouracil soln 5%	3						
fluorouracil cream 5% (Efudex)	3						
flurandrenolide cream 0.05% (Cordran)	3						
flurandrenolide lotion 0.05% (Cordran)	3						
flurandrenolide oint 0.05% (Cordran)	3						
fluticasone propionate cream 0.05% (Cutivate)	2						
fluticasone propionate lotion 0.05% (Cutivate)	3						
fluticasone propionate oint 0.005%	2						
gentamicin sulfate cream 0.1%	2						
gentamicin sulfate oint 0.1%	2						
halcinonide cream 0.1% (Halog)	3						
halobetasol propionate cream 0.05%	3						
halobetasol propionate oint 0.05% (Ultravate)	3						
HALOG - halcinonide cream 0.1%	4						
HALOG - halcinonide oint 0.1%	3						
hydrocortisone butyrate cream 0.1% (Locoid)	2						
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (Locoid lipocream)	3						
hydrocortisone butyrate lotion 0.1% (Locoid)	3						
hydrocortisone butyrate oint 0.1%	2						
hydrocortisone valerate cream 0.2%	3						
hydrocortisone valerate oint 0.2%	3						
imiquimod cream 5% (Aldara)	2						
IMIQUIMOD PUMP - imiquimod cream 3.75%	4						
isotretinoin cap 10 mg	3						
isotretinoin cap 20 mg	3						
isotretinoin cap 30 mg	3						
isotretinoin cap 40 mg	3						
KERYDIN - tavaborole soln 5%	4		•		•		
ketoconazole cream 2%	2						
ketoconazole foam 2% (Extina)	3						
ketoconazole shampoo 2% (Nizoral)	2						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
LEVULAN KERASTICK - aminolevulinic acid hcl for soln 20% (stick applicator)	3						
lidocaine hcl soln 4%	2						
lidocaine hcl urethral/ mucosal gel prefilled syringe 2%	2						
lidocaine hcl urethral/ mucosal gel 2%	2						
lidocaine oint 5%	3						
lidocaine patch 5% (Lidoderm)	2						
lidocaine-prilocaine cream 2.5-2.5%	2						
LINDANE - lindane shampoo 1%	3						
LULICONAZOLE - luliconazole cream 1%	4						
LUZU - luliconazole cream 1%	4						
malathion lotion 0.5% (Ovide)	3						
MENTAX - butenafine hcl cream 1%	4						
methoxsalen rapid cap 10 mg (Oxsoralen ultra)	2						
metronidazole cream 0.75% (Metrocream)	3						
metronidazole gel 0.75%	3						
metronidazole gel 1% (Metrogel)	3						
metronidazole lotion 0.75% (Metrolotion)	3						
MIRVASO - brimonidine tartrate gel 0.33% (base equivalent)	4						
mometasone furoate cream 0.1% (Elocon)	2						
mometasone furoate oint 0.1% (Elocon)	2						
mometasone furoate solution 0.1% (lotion) (Elocon)	2						
MUPIROCIN - mupirocin calcium cream 2%	2						
mupirocin oint 2%	2						
naftifine hcl cream 1%	3						
naftifine hcl cream 2% (Naftin)	3						
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	4						
nystatin cream 100000 unit/gm	2						
nystatin oint 100000 unit/gm	2						
nystatin topical powder 100000 unit/gm	2						
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2						
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2						
oxiconazole nitrate cream 1% (Oxistat)	3						
PANDEL - hydrocortisone probutate cream 0.1%	4						
PANRETIN - alitretinoin gel 0.1%	3						
permethrin cream 5% (Elimite)	2						
PICATO - ingenol mebutate gel 0.015%	4						
PICATO - ingenol mebutate gel 0.05%	4						
pimecrolimus cream 1% (Elidel)	3						
PLIAGLIS - lidocaine-tetracaine cream 7-7%	4						
podofilox soln 0.5% (Condylox)	2						
PREDNICARBATE - prednicarbate cream 0.1%	2						
PREDNICARBATE - prednicarbate oint 0.1%	2						
PSORCON - diflorasone diacetate cream 0.05%	4						
REGRANEX - becaplermin gel 0.01%	4						
SANTYL - collagenase oint 250 unit/gm	3						
selenium sulfide lotion 2.5%	1						
silver sulfadiazine cream 1% (Silvadene)	2						
SKLICE - ivermectin lotion 0.5%	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	5	•	•		•		•
SORILUX - calcipotriene foam 0.005%	4						
SPINOSAD - spinosad susp 0.9%	3						
STELARA - ustekinumab inj 45 mg/0.5ml	5	•	•		•		•
STELARA "PREFERRED" - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	•	•		•		•
STELARA "PREFERRED" - ustekinumab soln prefilled syringe 90 mg/ml	5	•	•		•		•
sulfacetamide sodium lotion 10% (acne) (Klaron)	3						
SULFAMYLON - mafenide acetate cream 85 mg/gm	3						
SYNERA - lidocaine-tetracaine topical patch 70-70 mg	4						
TACLONEX - calcipotriene-betamethasone dipropionate susp 0.005-0.064%	4						
tacrolimus oint 0.03% (Protopic)	3						
tacrolimus oint 0.1% (Protopic)	3						
TARGRETIN - bexarotene gel 1%	5	•	•				•
tazarotene cream 0.1% (Tazorac)	3						
TAZORAC - tazarotene cream 0.05%	4						
TAZORAC - tazarotene gel 0.05%	4						
TAZORAC - tazarotene gel 0.1%	4						
TEXACORT - hydrocortisone soln 2.5%	4						
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	•	•		•		•
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	•	•		•		•
tretinoin cream 0.025% (Retin-a)	3						
tretinoin cream 0.05% (Retin-a)	3						
tretinoin cream 0.1% (Retin-a)	3						
tretinoin gel 0.01% (Retin-a)	3						
tretinoin gel 0.025% (Retin-a)	3						
tretinoin gel 0.05% (Atralin)	3						
tretinoin microsphere gel 0.04% (Retin-a micro)	3						
tretinoin microsphere gel 0.1% (Retin-a micro)	3						
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	3						
triamcinolone acetonide cream 0.025%	1						
triamcinolone acetonide cream 0.1%	1						
triamcinolone acetonide cream 0.5%	2						
triamcinolone acetonide lotion 0.025%	2						
triamcinolone acetonide lotion 0.1%	2						
triamcinolone acetonide oint 0.025%	1						
triamcinolone acetonide oint 0.1%	1						
triamcinolone acetonide oint 0.5%	2						
TRIANEX - triamcinolone acetonide oint 0.05%	3						
ULESFIA - benzyl alcohol lotion 5%	4						
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	5	•	•				•
VECTICAL - calcitriol oint 3 mcg/gm	4						
VERDESO - desonide foam 0.05%	4						
VEREGEN - sinecatechins oint 15%	4						
ZYCLARA - imiquimod cream 3.75%	4						
ZYCLARA PUMP - imiquimod cream 2.5%	4						
ZYCLARA PUMP - imiquimod cream 3.75%	4						
MISCELLANEOUS PRODUCTS							

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ANTISEPTICS & DISINFECTANTS							
IODOSORB - cadexomer iodine gel 0.9%	4						
ANTIDOTES							
CHEMET - succimer cap 100 mg	4						
deferasirox tab for oral susp 125 mg (Exjade)	5	•					•
deferasirox tab for oral susp 250 mg (Exjade)	5	•					•
deferasirox tab for oral susp 500 mg (Exjade)	5	•					•
FERRIPROX - deferiprone oral soln 100 mg/ml	5	•					•
FERRIPROX - deferiprone tab 500 mg	5	•					•
FERRIPROX - deferiprone tab 1000 mg	5	•					•
JADENU - deferasirox tab 90 mg	5	•	•				•
JADENU - deferasirox tab 180 mg	5	•	•				•
JADENU - deferasirox tab 360 mg	5	•	•				•
JADENU SPRINKLE - deferasirox granules packet 90 mg	5	•	•				•
JADENU SPRINKLE - deferasirox granules packet 180 mg	5	•	•				•
JADENU SPRINKLE - deferasirox granules packet 360 mg	5	•	•				•
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	2				•		
naloxone hcl inj 4 mg/10ml	2						
naltrexone hcl tab 50 mg	2						
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	3						
VISTOGARD - uridine triacetate oral granules packet 10 gm	4						•
VIVITROL - naltrexone for im extended release susp 380 mg	5	•					•
DIAGNOSTIC PRODUCTS							
KETOSTIX - acetone (urine) test strip	4						
METOPIRONE - metyrapone cap 250 mg	4						•
ONETOUCH ULTRA BLUE - glucose blood test strip	1				•		
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	1				•		
ONETOUCH VERIO TEST STRIP - glucose blood test strip	1				•		
MEDICAL DEVICES							
ACCU-CHEK AVIVA - blood glucose calibration - liquid	4						
ACCU-CHEK COMPACT PLUS CL - blood glucose calibration - liquid	4						
ACCU-CHEK FASTCLIX LANCET - lancets kit	3						
ACCU-CHEK FASTCLIX LANCET - lancets	3				•		
ACCU-CHEK GUIDE CONTROL L - blood glucose calibration - liquid	4						
ACCU-CHEK MULTICLIX LANC - lancets kit	3						
ACCU-CHEK MULTICLIX LANCE - lancets	3				•		
ACCU-CHEK SAFE-T-PRO LANC - lancets	3				•		
ACCU-CHEK SAFE-T-PRO PLUS - lancets	3				•		
ACCU-CHEK SMARTVIEW CONTR - blood glucose calibration - liquid	4						
ACCU-CHEK SOFT TOUCH LANC - lancets	3				•		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	3						
ACCU-CHEK SOFTCLIX LANCET - lancets	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ACCUTREND GLUCOSE CONTROL - blood glucose calibration - liquid	4						
ACTI-LANCE LANCETS 28G - lancets	3				•		
ACTI-LANCE LITE SAFETY LA - lancets	3				•		
ACTI-LANCE SPECIAL SAFETY - lancets	3				•		
ACTI-LANCE UNIVERSAL SAFE - lancets	3				•		
ADJUSTABLE LANCING DEVICE - lancet devices	3						
ADVANCED MOBILE LANCET 30 - lancets	3				•		
ADVOCATE LANCETS - lancets	3				•		
ADVOCATE LANCETS 30G - lancets	3				•		
ADVOCATE LANCING DEVICE - lancet devices	3						
ADVOCATE RAPID-SAFE LANCI - lancet devices	3						
ADVOCATE SAFETY LANCETS - lancets	3				•		
ADVOCATE SAFETY LANCETS 2 - lancets	3				•		
AF LANCETS SUPER THIN - lancets	3				•		
AGAMATRIX ULTRA-THIN LANC - lancets	3				•		
AIMSCO TWIST LANCETS 32G - lancets	3				•		
AIMSCO TWIST LANCETS 33G - lancets	3				•		
ALLERGIST PACKAGE - allergy tray kit 1 ml 26 x 1/2"	4						
ALLERGY SYRINGE/1ML/27G X - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
ALTERNATE SITE LANCING DE - lancet devices	3						
AQUA LANCE ADJUSTABLE LAN - lancet devices	3						
AQUALANCE LANCETS UL - lancets	3				•		
ASSURE COMFORT LANCETS UL - lancets	3				•		
ASSURE HAEMOLANCE PLUS HI - lancets	3				•		
ASSURE HAEMOLANCE PLUS LO - lancets	3				•		
ASSURE HAEMOLANCE PLUS MI - lancets	3				•		
ASSURE HAEMOLANCE PLUS NO - lancets	3				•		
ASSURE HAEMOLANCE PLUS PE - lancets	3				•		
ASSURE LANCE LANCETS - lancets	3				•		
ASSURE LANCE LANCETS 21G - lancets	3				•		
ASSURE LANCE PLUS SAFETY - lancets	3				•		
ASSURE LANCE SAFETY LANCE - lancets	3				•		
ASSURE LANCETS - lancets	3				•		
AT LAST LANCETS - lancets	3				•		
AURORA LANCET SUPER THIN - lancets	3				•		
AURORA LANCET THIN 23G - lancets	3				•		
AUTO-LANCET - lancet devices	3						
AUTO-LANCET MINI - lancet devices	3						
AUTOJECT 2 - injection device - misc	3						
AUTOLET II CLINISAFE - lancets kit	3						
AUTOLET IMPRESSION LANCIN - lancet devices	3						
AUTOLET LANCING DEVICE - lancet devices	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
AUTOLET LITE CLINISAFE - lancets kit	3						
AUTOLET LITE STARTER PACK - lancets kit	3						
AUTOLET MINI - lancet devices	3						
AUTOLET PLATFORMS - lancets misc.	3						
AUTOLET PLUS - lancet devices	3						
AUTOPEN - injection device for insulin	3						
AUTOPEN - injection device for insulin	4						
BD ALLERGIST TRAY SYRINGE - allergy tray kit 1 ml 27 x 1/2"	4						
BD ALLERGY/SYRINGE/NEEDLE - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	4						
BD ECLIPSE NEEDLE 27G X 1 - needle (disp) 27 x 1/2"	3						
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	3						
BD ECLIPSE NEEDLE/27G X 1 - needle (disp) 27 x 1/2"	3						
BD FILTER NEEDLE W/5 MICR - needles & syringes	3						
BD KLATSKIN BIOPSY - needle (disp) 16 x 4"	4						
BD LANCET ULTRAFINE 30G - lancets	3				•		
BD LANCET ULTRAFINE 33G - lancets	3				•		
BD MICROTAINER LANCETS - lancets	3				•		
BD PEN MINI - injection device for insulin	3						
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	4						
BD ROSENTHAL BIOPSY - needle (disp) 16 x 1-5/16"	4						
BD SAFETYGLIDE ALLERGY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	4						
BD SAFETYGLIDE ALLERGY SY - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
BD 1/2ML TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2"	3						
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	4						
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
BD 3ML SYRINGE LUER-LOK T - syringe (disposable) 3 ml	3						
BD 5ML SYRINGE LUER-LOK T - syringe (disposable) 5 ml	3						
BULLSEYE MINI SAFETY LANC - lancets	3				•		
BULLSEYE SAFETY LANCETS - lancets	3				•		
CARDIOCOM LANCING DEVICE - lancet devices	3						
CAREONE ADVANCED LANCING - lancet devices	3						
CAREONE LANCET THIN - lancets	3				•		
CAREONE LANCET ULTRA THIN - lancets	3				•		
CARETOUCH LANCING DEVICE - lancet devices	3						
CARETOUCH SAFETY LANCETS/ - lancets	3				•		
CARETOUCH TWIST LANCETS 2 - lancets	3				•		
CARETOUCH TWIST LANCETS 3 - lancets	3				•		
CLEANLET LANCETS 28G - lancets	3				•		
CLEVER CHEK LANCETS ULTRA - lancets	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
CLEVER CHOICE ANTI-STATIC - spacer/aerosol-holding chambers - device	3						
CLEVER CHOICE COMFORT EZ - lancets	3				•		
COAGUCHEK LANCETS - lancets	3				•		
COMFORT ASSURED LANCETS M - lancets	3				•		
COMFORT ASSURED LANCETS S - lancets	3				•		
COMFORT LANCETS - lancets	3				•		
CVS LANCETS MICRO THIN 33 - lancets	3				•		
CVS LANCETS MICRO-THIN 33 - lancets	3				•		
CVS LANCETS ORIGINAL - lancets	3				•		
CVS LANCETS THIN 26G - lancets	3				•		
CVS LANCETS ULTRA THIN 30 - lancets	3				•		
CVS LANCETS ULTRA-THIN 30 - lancets	3				•		
CVS LANCETS 21G - lancets	3				•		
CVS LANCING DEVICE - lancet devices	3						
CVS ULTRA THIN LANCETS - lancets	3				•		
DIATHRIVE LANCETS - lancets	3				•		
DIATHRIVE LANCETS ULTRA T - lancets	3				•		
DIATHRIVE LANCING DEVICE - lancet devices	3						
DROPLET LANCETS ULTRA THI - lancets	3				•		
DROPLET LANCING DEVICE - lancet devices	3						
DRUG MART ADJUSTABLE LANC - lancet devices	3						
DRUG MART LANCETS THIN - lancets	3				•		
DRUG MART LANCETS ULTRA T - lancets	3				•		
DRUG MART ON-THE-GO LANCE - lancets	3				•		
DRUG MART UNILET LANCETS - lancets	3				•		
DRUG MART UNILET MICRO TH - lancets	3				•		
DUANE READE LANCET ALTERN - lancets	3				•		
DUANE READE LANCET SUPER - lancets	3				•		
DUANE READE LANCET ULTRA - lancets	3				•		
E-Z JECT LANCETS - lancets	3				•		
E-Z JECT LANCETS COLOR - lancets	3				•		
E-Z JECT LANCETS SUPER TH - lancets	3				•		
E-Z JECT LANCETS THIN 26G - lancets	3				•		
E-Z JECT LANCETS 21G - lancets	3				•		
E-ZJECT LANCETS MICRO-THI - lancets	3				•		
EASY COMFORT LANCETS - lancets	3				•		
EASY COMFORT LANCETS TWIS - lancets	3				•		
EASY COMFORT LANCETS 30G/ - lancets	3				•		
EASY MINI EJECT LANCING D - lancet devices	3						
EASY MINI LANCING DEVICE - lancet devices	3						
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	4						
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 18 x 1"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 18 x 1-1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 19 x 1"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 19 x 1-1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 20 x 1"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 20 x 1-1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 21 x 1"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 21 x 1-1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 22 x 3/4"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 22 x 1"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 22 x 1-1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 23 x 5/8"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 23 x 1"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 23 x 1-1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 25 x 5/8"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 25 x 1"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 25 x 1-1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 26 x 1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 27 x 1/2"	4						
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 30 x 1/2"	4						
EASY TOUCH FLIPLOCK SAFE - syringe/needle (disp) 3 ml 18 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 1 ml 25 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 1 ml 26 x 3/8"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 1 ml 27 x 1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 20 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 20 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 21 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 21 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 22 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 22 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 23 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 23 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 25 x 5/8"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 3 ml 25 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 5 ml 20 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 5 ml 20 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 5 ml 21 x 1"	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 5 ml 21 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 5 ml 22 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 10 ml 20 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 10 ml 20 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 10 ml 21 x 1"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 10 ml 21 x 1-1/2"	4						
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 10 ml 22 x 1-1/2"	4						
EASY TOUCH FLURINGE FLIPL - syringe/needle (disp) 1 ml 25 x 5/8"	4						
EASY TOUCH FLURINGE FLIPL - syringe/needle (disp) 1 ml 25 x 1"	4						
EASY TOUCH FLURINGE SHEAT - syringe/needle (disp) 1 ml 25 x 5/8"	4						
EASY TOUCH FLURINGE SHEAT - syringe/needle (disp) 1 ml 25 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 24 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 16 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 16 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 18 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 18 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 19 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 19 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 20 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 20 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 21 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 21 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 22 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 22 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 23 x 3/4"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 23 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 23 x 1-1/4"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 23 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 25 x 5/8"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 25 x 1"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 25 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 26 x 3/8"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 26 x 1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 26 x 5/8"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 27 x 1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 27 x 1-1/4"	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
EASY TOUCH HYPODERMIC NEE - needle (disp) 27 x 1-1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 30 x 1/2"	4						
EASY TOUCH HYPODERMIC NEE - needle (disp) 30 x 1"	4						
EASY TOUCH LANCETS 21G/PR - lancets	3				•		
EASY TOUCH LANCETS 23G/PR - lancets	3				•		
EASY TOUCH LANCETS 26G/PR - lancets	3				•		
EASY TOUCH LANCETS 26G/PU - lancets	3				•		
EASY TOUCH LANCETS 26G/TW - lancets	3				•		
EASY TOUCH LANCETS 28G/PR - lancets	3				•		
EASY TOUCH LANCETS 28G/PU - lancets	3				•		
EASY TOUCH LANCETS 28G/TW - lancets	3				•		
EASY TOUCH LANCETS 30G/BU - lancets	3				•		
EASY TOUCH LANCETS 30G/PR - lancets	3				•		
EASY TOUCH LANCETS 30G/PU - lancets	3				•		
EASY TOUCH LANCETS 30G/TW - lancets	3				•		
EASY TOUCH LANCETS 32G/PR - lancets	3				•		
EASY TOUCH LANCETS 32G/PU - lancets	3				•		
EASY TOUCH LANCETS 32G/TW - lancets	3				•		
EASY TOUCH LANCETS 33G/TW - lancets	3				•		
EASY TOUCH LANCING DEVICE - lancet devices	3						
EASY TOUCH SAFETY LANCETS - lancets	3				•		
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 3 ml 21 x 1"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 3 ml 21 x 1-1/2"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 3 ml 22 x 1"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 3 ml 22 x 1-1/2"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 3 ml 23 x 1"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 3 ml 25 x 5/8"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 3 ml 25 x 1"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 5 ml 21 x 1-1/2"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 5 ml 22 x 1-1/2"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 10 ml 21 x 1-1/2"	4						
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 10 ml 22 x 1-1/2"	4						
EASY TOUCH SHEATHLOCK SYR - needles & syringes	4						
EASY TOUCH SYRINGE BARREL - needles & syringes	4						
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	4						
EASY TOUCH TUBERCULIN SHE - syringe/needle (disp) 1 ml 26 x 5/8"	4						
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	4						
EASY TWIST & CAP LANCETS - lancets	3				•		
EMBRACE LANCETS ULTRA THI - lancets	3				•		
EQL COLOR LANCETS MICRO T - lancets	3				•		
EQL COLOR LANCETS 21G - lancets	3				•		
EQL SUPER THIN LANCETS 30 - lancets	3				•		
EQL THIN LANCETS 26G - lancets	3				•		
EZ SMART BLOOD GLUCOSE LA - lancets	3				•		
EZ-LETS LANCETS 21G - lancets	3				•		
EZ-LETS LANCETS 23G - lancets	3				•		
EZ-LETS LANCETS 26G SUPER - lancets	3				•		
EZ-LETS LANCETS 28G ULTRA - lancets	3				•		
EZ-LETS LANCETS 30G - lancets	3				•		
FC FEMALE CONDOM - condoms - female	A					•	
FC2 FEMALE CONDOM - condoms - female	A					•	
FEMCAP - cervical cap 22 mm	A					•	
FEMCAP - cervical cap 26 mm	A					•	
FEMCAP - cervical cap 30 mm	A					•	
FIFTY50 SAFETY SEAL LANCE - lancets	3				•		
FIFTY50 UNILET LANCETS 33 - lancets	3				•		
FILTER NEEDLE THIN WALL 5 - filter needle 18 x 1-1/2"	4						
FINE 30 - lancets	3				•		
FINGERSTIX LANCETS - lancets	3				•		
FORA LANCETS - lancets	3				•		
FORA LANCING DEVICE - lancet devices	3						
FORA LANCING DEVICE/CLEAR - lancet devices	3						
FREDS PHARMACY AUTOLET LA - lancet devices	3						
FREDS PHARMACY UNILET LAN - lancets	3				•		
FREESTYLE LANCETS - lancets	3				•		
FREESTYLE LIBRE 14 DAY/RE - continuous blood glucose system receiver	4			•	•		
FREESTYLE LIBRE 14 DAY/SE - continuous blood glucose system sensor	4			•	•		
FREESTYLE UNISTICK II LAN - lancets	3				•		
GENTEEL BUTTERFLY TOUCH L - lancets	3				•		
GENTEEL CONTACT TIPS/BLUE - lancets misc.	3						
GENTEEL CONTACT TIPS/CLEA - lancets misc.	3						
GENTEEL CONTACT TIPS/GREE - lancets misc.	3						
GENTEEL CONTACT TIPS/ORAN - lancets misc.	3						
GENTEEL CONTACT TIPS/RAIN - lancets misc.	3						
GENTEEL CONTACT TIPS/VIOL - lancets misc.	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
GENTEEL CONTACT TIPS/YELL - lancets misc.	3						
GENTEEL LANCING DEVICE/BU - lancet devices	3						
GENTEEL LANCING DEVICE/GL - lancet devices	3						
GENTEEL LANCING DEVICE/PL - lancet devices	3						
GENTEEL LANCING DEVICE/PR - lancet devices	3						
GENTEEL LANCING DEVICE/ST - lancet devices	3						
GENTEEL LANCING DEVICE/WI - lancet devices	3						
GENTEEL LANCING KIT/BUTTE - lancets kit	3						
GENTEEL NOZZLES - lancets misc.	3						
GENTLE-LET GP LANCETS - lancets	3				•		
GENTLE-LET LANCETS GENERA - lancets	3				•		
GENTLE-LET LANCETS SAFETY - lancets	3				•		
GENTLE-LET PLATFORMS 2.4M - lancets misc.	3						
GENTLE-LET PLATFORMS 3.0M - lancets misc.	3						
GLOBAL INJECT EASE LANCET - lancets	3				•		
GLOBAL LANCING DEVICE - lancet devices	3						
GLUCOCOM LANCETS 28G - lancets	3				•		
GLUCOCOM LANCETS 30G - lancets	3				•		
GLUCOCOM LANCETS 33G - lancets	3				•		
GNP LANCETS - lancets	3				•		
GNP LANCETS MICRO THIN 33 - lancets	3				•		
GNP LANCETS SUPER THIN 30 - lancets	3				•		
GNP LANCETS THIN - lancets	3				•		
GNP LANCETS THIN 26G - lancets	3				•		
GNP LANCETS 21G - lancets	3				•		
GNP MICRO THIN LANCETS 33 - lancets	3				•		
GNP SUPER THIN LANCETS/30 - lancets	3				•		
GOODSENSE COLOR LANCETS M - lancets	3				•		
GOODSENSE LANCETS MICRO-T - lancets	3				•		
GOODSENSE LANCETS ULTRA-T - lancets	3				•		
GOODSENSE LANCING DEVICE - lancet devices	3						
H-E-B INCONTROL ADVANCED - lancet devices	3						
H-E-B INCONTROL LANCETS M - lancets	3				•		
H-E-B INCONTROL LANCETS S - lancets	3				•		
H-E-B INCONTROL LANCETS U - lancets	3				•		
HAEMOLANCE - lancets	3				•		
HAEMOLANCE LOW FLOW LANCE - lancets	3				•		
HAEMOLANCE PLUS - lancets	3				•		
HAEMOLANCE PLUS HIGH FLOW - lancets	3				•		
HAEMOLANCE PLUS LOW FLOW - lancets	3				•		
HAEMOLANCE PLUS MAX FLOW - lancets	3				•		
HAEMOLANCE PLUS PEDIATRIC - lancets	3				•		
HEALTH CARE LANCING DEVIC - lancet devices	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
HEALTHY ACCENTS AUTOLET I - lancet devices	3						
HEALTHY ACCENTS UNILET LA - lancets	3				•		
HY-VEE LANCETS - lancets	3				•		
HY-VEE THIN LANCETS - lancets	3				•		
HYPOLANCE AST LANCING KIT - lancets kit	3						
IN TOUCH LANCING DEVICE - lancet devices	3						
IN TOUCH STERILE LANCETS - lancets	3				•		
INJECT-EASE - injection device - misc	3						
INJECT-EASE AUTOMATIC INJ - injection device - misc	4						
INPEN 100/BLUE/LILLY - injection device for insulin	4						
INPEN 100/BLUE/NOVO - injection device for insulin	4						
INPEN 100/GRAY/LILLY - injection device for insulin	4						
INPEN 100/GREY/NOVO - injection device for insulin	4						
INPEN 100/PINK/LILLY - injection device for insulin	4						
INPEN 100/PINK/NOVO - injection device for insulin	4						
INSULIN SYRINGES-VARIOUS	3				•		
J-TIP KIT W/VIAL ADAPTERS - injection device - kit	4						
KINNEY LANCETS - lancets	3				•		
KINNEY THIN LANCETS - lancets	3				•		
KROGER LANCETS - lancets	3				•		
KROGER LANCETS MICRO THIN - lancets	3				•		
KROGER LANCETS SUPER THIN - lancets	3				•		
KROGER LANCETS THIN - lancets	3				•		
KROGER LANCETS THIN 26G - lancets	3				•		
KROGER LANCETS ULTRATHIN - lancets	3				•		
KROGER LANCETS 21G - lancets	3				•		
KROGER LANCING DEVICE - lancet devices	3						
LANCET DEVICE ADJUSTABLE - lancet devices	3						
LANCET DEVICE WITH EJECTO - lancet devices	3						
LANCET TRANSPORTER CASE - lancets misc.	3						
LANCETS - lancets	3				•		
LANCETS MICRO THIN 33G - lancets	3				•		
LANCETS SAFETY SEAL 21G - lancets	3				•		
LANCETS SAFETY SEAL 26G - lancets	3				•		
LANCETS SAFETY SEAL 28G - lancets	3				•		
LANCETS SAFETY SEAL 30G - lancets	3				•		
LANCETS SUPER THIN 28G - lancets	3				•		
LANCETS THIN - lancets	3				•		
LANCETS TWIST TOP - lancets	3				•		
LANCETS ULTRA FINE - lancets	3				•		
LANCETS ULTRA THIN - lancets	3				•		
LANCETS ULTRA THIN 30G - lancets	3				•		
LANCETS 26G TWIST TOP - lancets	3				•		
LANCETS 28G - lancets	3				•		
LANCETS 30G - lancets	3				•		
LANCETS 30G TWIST TOP - lancets	3				•		
LANCETS 30G/TWIST TOP - lancets	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
LANCETS 31G TWIST TOP - lancets	3				•		
LANCETS 33G UNIVERSAL DES - lancets	3				•		
LANCING DEVICE - lancet devices	3						
LANCING DEVICE ADJUSTABLE - lancet devices	3						
LANZO - lancet devices	3						
LEADER ADVANCED LANCING D - lancet devices	3						
LEADER LANCETS COLORED - lancets	3				•		
LEADER SUPER THIN LANCET - lancets	3				•		
LEADER THIN LANCETS - lancets	3				•		
LIBERTY MEDICAL LANCETS 3 - lancets	3				•		
LIBERTY MINI LANCING DEVI - lancet devices	3						
LIFESCAN UNISTIK II LANCE - lancets	3				•		
LIFESCAN UNISTIK 2 DEEP P - lancets	3				•		
LITE TOUCH LANCETS - lancets	3				•		
LITE TOUCH LANCING PEN - lancet devices	3						
LITETOUCH LANCETS MICRO T - lancets	3				•		
LIVE BETTER ADVANCED LANC - lancet devices	3						
LIVE BETTER LANCET SUPER - lancets	3				•		
LIVE BETTER LANCET ULTRA - lancets	3				•		
LONGS LANCETS STANDARD - lancets	3				•		
LONGS LANCETS THIN - lancets	3				•		
LONGS LANCETS ULTRA THIN - lancets	3				•		
MEDICHOICE PRE-SET SAFETY - lancets	3				•		
MEDICHOICE SAFETY LANCET - lancets	3				•		
MEDICINE SHOPPE LANCETS - lancets	3				•		
MEDICINE SHOPPE LANCETS T - lancets	3				•		
MEDISENSE THIN LANCETS - lancets	3				•		
MEDLANCE PLUS EXTRA LANCE - lancets	3				•		
MEDLANCE PLUS LANCETS - lancets	3				•		
MEDLANCE PLUS LANCETS LIT - lancets	3				•		
MEDLANCE PLUS LITE LANCET - lancets	3				•		
MEDLANCE PLUS SPECIAL LAN - lancets	3				•		
MEDLANCE PLUS SUPERLITE 3 - lancets	3				•		
MEDLANCE PLUS UNIVERSAL L - lancets	3				•		
MEDLANCE PLUS/LITE 25G - lancets	3				•		
MEDLANCE/EXTRA - lancets	3				•		
MEDLANCE/LITE - lancets	3				•		
MEDLANCE/UNIVERSAL - lancets	3				•		
MEIJER COLOR LANCETS UNIV - lancets	3				•		
MEIJER LANCETS - lancets	3				•		
MEIJER LANCETS THIN - lancets	3				•		
MEIJER LANCETS UNIVERSAL - lancets	3				•		
MEIJER SUPER THIN LANCETS - lancets	3				•		
MICROLET LANCETS - lancets	3				•		
MICROLET NEXT - lancet devices	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
MICROTAINER SAFETY FLOW L - lancets	3				•		
MINI LANCING DEVICE - lancet devices	3						
MM LANCING DEVICE - lancet devices	3						
MM TWIST LANCETS - lancets	3				•		
MONOJECT ALLERGIST TRAY/P - allergy tray kit 1/2 ml 28 x 1/2"	4						
MONOJECT ALLERGIST TRAY/P - allergy tray kit 1 ml 28 x 1/2"	4						
MONOJECT FILTER NEEDLE 18 - filter needle 18 x 1-1/2"	4						
MONOJECT FILTER NEEDLE/20 - filter needle 20 x 1-1/2"	4						
MONOJECT FILTER NEEDLE/5U - filter needle 18 x 1-1/2"	4						
MONOJECT HYPO/ALUM HUB/ LU - needle (disp) 14 x 1"	4						
MONOJECT HYPO/ALUM HUB/ LU - needle (disp) 14 x 2"	4						
MONOJECT HYPO/ALUM HUB/ LU - needle (disp) 16 x 5/8"	4						
MONOJECT HYPO/ALUM HUB/ LU - needle (disp) 16 x 3/4"	4						
MONOJECT HYPO/ALUM HUB/ LU - needle (disp) 25 x 1-1/4"	4						
MONOJECT HYPO/ALUM HUB/ LU - needle (disp) 25 x 2"	4						
MONOJECT HYPO/ POLYPROPYLE - needle (disp) 30 x 3/4"	4						
MONOJECT HYPODERMIC NEEDL - needle (disp) 30 x 3/4"	4						
MONOJECT INTRODUCER NEEDL - needle (reusable) 18 x 1-1/4"	4						
MONOJECT LIFESHIELD BLUNT - syringe/needle (disp) 3 ml 18 x 1"	4						
MONOJECT MAGELLAN SAFETY - needle (disp) 21 x 5/8"	4						
MONOJECT MAGELLAN SAFETY - needle (disp) 23 x 5/8"	4						
MONOJECT MAGELLAN SYRINGE - syringe/needle (disp) 6 ml 18 x 1"	4						
MONOJECT PISTON SYRINGE/C - syringe (disposable) 140 ml	4						
MONOJECT PISTON SYRINGE/L - syringe (disposable) 140 ml	4						
MONOJECT PISTON SYRINGE/R - syringe (disposable) 140 ml	4						
MONOJECT STANDARD HYPODER - needle (disp) 14 x 1-1/2"	4						
MONOJECT STANDARD HYPODER - needle (disp) 26 x 1-1/2"	4						
MONOJECT SYRINGE/LUER LOC - syringe/needle (disp) 3 ml 20 x 3/4"	4						
MONOJECT SYRINGE/LUER-LOC - syringe (disposable) 140 ml	4						
MONOJECT SYRINGE/ STANDARD - syringe/needle (disp) 3 ml 25 x 1-1/4"	4						
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	4						
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1/2 ml 28 x 1/2"	4						
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
syringe/needle (disp) 1 ml 28 x 1/2"							
MONOLET LANCETS - lancets	3				•		
MONOLET OPD LANCETS - lancets	3				•		
MONOLETTOR SAFETY LANCETS - lancets	3				•		
MPD SAFETY LANCET 21G/1.8 - lancets	3				•		
MPD SAFETY LANCET 28G/1.8 - lancets	3				•		
MPD SAFETY LANCET 30G/1.8 - lancets	3				•		
MPD SAFETY LANCETS 23G/1. - lancets	3				•		
MULTI-DRAW NEEDLE 21GX1" - blood collection needle 21 x 1"	3						
MULTI-DRAW NEEDLE 22GX1" - blood collection needle 22 x 1"	3						
MULTI-DRAW NEEDLE/20G X 1 - blood collection needle 20 x 1"	3						
MULTI-LANCET DEVICE - lancet devices	3						
MULTI-LANCET DEVICE 2 - lancets kit	3						
MYGLUCOHEALTH MGH SOFTLAN - lancets	3				•		
NORDIPEN DELIVERY SYSTEM - injection device - misc	3						
NOVA SAFETY LANCETS 23G - lancets	3				•		
NOVA SAFETY LANCETS 28G - lancets	3				•		
NOVA SUREFLEX LANCETS - lancets	3				•		
NOVA SUREFLEX LANCING DEV - lancet devices	3						
NOVOPEN ECHO - injection device for insulin	3						
OMNIFLEX DIAPHRAGM - diaphragms	A					•	
OMNITROPE PEN 10 INJECTIO - injection device - misc	4						
OMNITROPE PEN 5 INJECTION - injection device - misc	4						
ON CALL LANCETS - lancets	3				•		
ON CALL LANCING DEVICE - lancet devices	3						
ON CALL PLUS LANCETS - lancets	3				•		
ON CALL PLUS LANCING DEVI - lancet devices	3						
ONETOUCH CLUB LANCETS FIN - lancets	3				•		
ONETOUCH COMBO PACK - lancets	3				•		
ONETOUCH DELICA LANCETS E - lancets	3				•		
ONETOUCH DELICA LANCETS F - lancets	3				•		
ONETOUCH DELICA LANCING D - lancet devices	3						
ONETOUCH DELICA PLUS LANC - lancet devices	3						
ONETOUCH DELICA PLUS LANC - lancets	3				•		
ONETOUCH FINEPOINT LANCET - lancets	3				•		
ONETOUCH LANCETS - lancets	3				•		
ONETOUCH SURESOFT LANCING - lancets misc.	3						
ONETOUCH ULTRA CONTROL - blood glucose calibration - liquid	1						
ONETOUCH ULTRA MINI - blood glucose monitoring kit w/ device	1						
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	1						
ONETOUCH ULTRALINK SYSTEM - blood glucose monitoring kit w/ device	1						
ONETOUCH ULTRASOFT LANCET - lancets	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ONETOUCH VERIO - blood glucose monitoring kit w/ device	1						
ONETOUCH VERIO CONTROL SO - blood glucose calibration - liquid - high	1						
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	1						
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	1						
ONETOUCH VERIO MID CONTRO - blood glucose calibration - liquid	1						
ONETOUCH VERIO SYNC BLOOD - blood glucose monitoring kit w/ device	1						
PC LANCETS SUPER THIN 30G - lancets	3				•		
PEN NEEDLES-VARIOUS	3						
PENLET II AUTOMATIC BLOOD - lancets kit	3						
PENLET II REPLACEMENT CAP - lancets misc.	3						
PERFECT LANCETS 30G - lancets	3				•		
PERFECT PRESSURE ACTIVATE - lancets	3				•		
PHARMACIST CHOICE ULTRA T - lancets	3				•		
PHARMACY COUNTER LANCETS - lancets	3				•		
PIP LANCETS/28G - lancets	3				•		
PIP LANCETS/30G - lancets	3				•		
POCKET CHAMBER - spacer/ aerosol-holding chambers - device	3						
POCKET SPACER - spacer/ aerosol-holding chambers - device	3						
PRECISION THINS GP LANCET - lancets	3				•		
PREFERRED PLUS LANCETS CO - lancets	3				•		
PREFERRED PLUS LANCETS SU - lancets	3				•		
PREFERRED PLUS LANCETS TH - lancets	3				•		
PRESSURE ACTIVATED SAFETY - lancets	3				•		
PRO COMFORT LANCETS 30G - lancets	3				•		
PRO COMFORT LANCETS 31G - lancets	3				•		
PRODIGY LANCING DEVICE - lancet devices	3						
PRODIGY PRESSURE ACTIVATE - lancets	3				•		
PRODIGY SAFETY LANCETS - lancets	3				•		
PRODIGY TWIST TOP LANCETS - lancets	3				•		
PSS SELECT GP LANCETS - lancets	3				•		
PSS SELECT PLATFORMS - lancets misc.	3						
PSS SELECT SAFETY LANCETS - lancets	3				•		
PUSH BUTTON SAFETY LANCET - lancets	3				•		
PX ADVANCED LANCING DEVIC - lancet devices	3						
PX LANCET AUTO INJECTOR - lancet devices	3						
PX LANCETS ULTRA THIN - lancets	3				•		
PX LANCETS ULTRA THIN 28G - lancets	3				•		
QC ADVANCED LANCING DEVIC - lancet devices	3						
QC LANCETS SUPER THIN - lancets	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
QC LANCETS ULTRA THIN - lancets	3				•		
QC UNILET LANCETS 28G/ULT - lancets	3				•		
QC UNILET LANCETS 33G/MIC - lancets	3				•		
RA E-ZJECT COLOR LANCETS - lancets	3				•		
RA E-ZJECT LANCETS THIN 2 - lancets	3				•		
RA E-ZJECT LANCETS ULTRA - lancets	3				•		
RA E-ZJECT LANCETS 28G - lancets	3				•		
RA LANCING DEVICE - lancet devices	3						
READYLANCE SAFETY LANCETS - lancets	3				•		
REALITY LANCETS - lancets	3				•		
REALITY TRIGGER LANCETS - lancets	3				•		
RELION LANCETS - lancets	3				•		
RELION LANCETS MICRO-THIN - lancets	3				•		
RELION LANCETS STANDARD 2 - lancets	3				•		
RELION LANCETS THIN 26G - lancets	3				•		
RELION LANCETS ULTRA-THIN - lancets	3				•		
RELION LANCING DEVICE - lancet devices	3						
RELION LANCING DEVICE - lancets kit	3						
RELION THIN LANCETS - lancets	3				•		
RELION ULTRA THIN LANCETS - lancets	3				•		
RELION ULTRA THIN PLUS LA - lancets	3				•		
RELION 2-IN-1 LANCET DEV - lancet devices	3						
RELION 2-IN-1 LANCING DEV - lancet devices	3						
REXALL LANCETS ULTRA THIN - lancets	3				•		
RIGHTEST GD-L500 ALTERNAT - lancets misc.	3						
RIGHTEST GD500 LANCING DE - lancet devices	3						
RIGHTEST GL300 LANCETS - lancets	3				•		
SAFE-T-LANCE LOW FLOW 25G - lancets	3				•		
SAFE-T-LANCE NORMAL FLOW - lancets	3				•		
SAFE-T-LANCE PLUS SAFETY - lancets	3				•		
SAFESNAP ALLERGY SYRINGE/ - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
SAFESNAP TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						
SAFESNAP TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
SAFETY LANCET 21G/PRESSUR - lancets	3				•		
SAFETY LANCET 28G/PRESSUR - lancets	3				•		
SAFETY LANCETS - lancets	3				•		
SAFETY LANCETS 21G - lancets	3				•		
SAFETY LANCETS 28G - lancets	3				•		
SAFETY LET LANCETS - lancets	3				•		
SAFETY SEAL LANCETS 28G - lancets	3				•		
SAFETY SEAL LANCETS 30G - lancets	3				•		
SAFETY-LOK SAFETY SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
SAFETY-LOK TB SYRINGE PER - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
SAPS HEALTH CARE TWIST TO - lancets	3				•		
SAPS HEALTH TWIST TOP LAN - lancets	3				•		
SAPSCARE TWIST TOP LANCET - lancets	3				•		
SB LANCETS THIN - lancets	3				•		
SB LANCETS ULTRA THIN - lancets	3				•		
SECURESAFE ALLERGY TRAYS/ - allergy tray kit 1 ml 27 x 1/2"	4						
SELECT-LITE DEVICE/LANCET - lancets kit	3						
SELECT-LITE LANCING DEVIC - lancet devices	3						
SHOPKO AUTOLET LANCING DE - lancet devices	3						
SHOPKO ON-THE-GO COMFORT - lancets	3				•		
SHOPKO UNILET LANCETS SUP - lancets	3				•		
SHOPKO UNILET LANCETS ULT - lancets	3				•		
SIDE BUTTON SAFETY LANCET - lancets	3				•		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	3						
SINGLE-LET - lancets	3				•		
SM MICRO THIN LANCETS 33G - lancets	3				•		
SM TRUEDRAW LANCING DEVIC - lancet devices	3						
SMART DIABETES VANTAGE LA - lancet devices	3						
SMART SENSE COLOR LANCETS - lancets	3				•		
SMART SENSE STANDARD LANC - lancets	3				•		
SMART SENSE SUPER THIN LA - lancets	3				•		
SMART SENSE THIN LANCETS - lancets	3				•		
SMARTEST LANCETS 28G - lancets	3				•		
SOLUS V2 LANCING DEVICE - lancet devices	3						
SOLUS V2 PRESSURE ACTIVAT - lancets	3				•		
SOLUS V2 TWIST LANCETS 30 - lancets	3				•		
SPACERS-VARIOUS	4						
STERILANCE PA - lancets misc.	3						
STERILANCE TL - lancets	3				•		
SUPER THIN LANCETS - lancets	3				•		
SURE COMFORT LANCETS 18G - lancets	3				•		
SURE COMFORT LANCETS 21G - lancets	3				•		
SURE COMFORT LANCETS 23G - lancets	3				•		
SURE COMFORT LANCETS 28G - lancets	3				•		
SURE COMFORT LANCETS 30G - lancets	3				•		
SURE COMFORT LANCING PEN - lancet devices	3						
SURE-LANCE FLAT LANCETS - lancets	3				•		
SURE-LANCE LANCETS 26G - lancets	3				•		
SURE-LANCE THIN LANCETS 2 - lancets	3				•		
SURE-LANCE ULTRA THIN LAN - lancets	3				•		
SURE-PEN - lancet devices	3						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
SURE-TOUCH LANCETS UNIVER - lancets	3				•		
SURELITE LANCETS - lancets	3				•		
SYRINGE/LUER SLIP/5ML - syringe (disposable) 5 ml	3						
SYRINGE/LUER SLIP/60ML - syringe (disposable) 60 ml	3						
TECHLITE AST LANCETS - lancets	3				•		
TECHLITE LANCETS - lancets	3				•		
TECHLITE LANCETS 30G - lancets	3				•		
TGT ADVANCED LANCING DEVI - lancet devices	3						
TGT LANCET ALTERNATE SITE - lancets	3				•		
TGT LANCET MICRO THIN 33G - lancets	3				•		
TGT LANCET SUPER THIN 30G - lancets	3				•		
TGT LANCET THIN 23G - lancets	3				•		
TGT LANCET THIN 26G - lancets	3				•		
TGT LANCET ULTRA THIN 28G - lancets	3				•		
TGT LANCET ULTRA THIN 30G - lancets	3				•		
TGT LANCING DEVICE - lancet devices	3						
THINLETS GP LANCETS - lancets	3				•		
TODAYS HEALTH ADVANCED LA - lancet devices	3						
TODAYS HEALTH SUPER THIN - lancets	3				•		
TODAYS HEALTH ULTRA THIN - lancets	3				•		
TOOMEY SYRINGE - syringe (disposable) 70 ml	3						
TOPCARE LANCETS MICRO-THI - lancets	3				•		
TRAVEL LANCETS ADVANCED 2 - lancets	3				•		
TRAVEL LANCETS 30G - lancets	3				•		
TRUE COMFORT TWIST TOP LA - lancets	3				•		
TRUEDRAW LANCING DEVICE - lancet devices	3						
TRUEPLUS LANCETS 26G - lancets	3				•		
TRUEPLUS LANCETS 28G - lancets	3				•		
TRUEPLUS LANCETS 28G SUPE - lancets	3				•		
TRUEPLUS LANCETS 30G - lancets	3				•		
TRUEPLUS LANCETS 30G ULTR - lancets	3				•		
TRUEPLUS LANCETS 33G - lancets	3				•		
TRUEPLUS LANCETS 33G MICR - lancets	3				•		
TRUEPLUS SAFETY LANCETS 2 - lancets	3				•		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	3						
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1"	4						
ULTILET CLASSIC LANCETS - lancets	3				•		
ULTILET LANCETS - lancets	3				•		
ULTILET LANCETS 33G - lancets	3				•		
ULTILET SAFETY LANCETS 21 - lancets	3				•		
ULTILET SAFETY LANCETS 23 - lancets	3				•		
ULTRA THIN LANCETS 28G - lancets	3				•		
ULTRA THIN LANCETS 31G - lancets	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
ULTRA-CARE LANCETS 30G - lancets	3				•		
ULTRA-THIN II AUTO LANCET - lancets	3				•		
ULTRA-THIN II LANCETS 28G - lancets	3				•		
ULTRA-THIN II LANCETS 30G - lancets	3				•		
ULTRALANCE - lancets misc.	3						
UNILET COMFORTOUCH LANCET - lancets	3				•		
UNILET EXCELITE - lancets	3				•		
UNILET EXCELITE II - lancets	3				•		
UNILET G.P. LANCET - lancets	3				•		
UNILET G.P. SUPERLITE LAN - lancets	3				•		
UNILET GP 28 ULTRA THIN - lancets	3				•		
UNILET LANCET - lancets	3				•		
UNILET LANCETS MICRO-THIN - lancets	3				•		
UNILET LANCETS SUPER-THIN - lancets	3				•		
UNILET LANCETS ULTRA-THIN - lancets	3				•		
UNILET SUPERLITE LANCET - lancets	3				•		
UNISTIK CZT COMFORT - lancets misc.	3						
UNISTIK CZT NORMAL - lancets misc.	3						
UNISTIK PRO SAFETY LANCET - lancets	3				•		
UNISTIK SAFETY LANCETS 28 - lancets	3				•		
UNISTIK SAFETY LANCETS 30 - lancets	3				•		
UNISTIK TOUCH SAFETY LANC - lancets	3				•		
UNISTIK 1 - lancets misc.	3						
UNISTIK 2 - lancets misc.	3						
UNISTIK 2 COMFORT - lancets misc.	3						
UNISTIK 2 EXTRA - lancets misc.	3						
UNISTIK 2 NEONATAL - lancets misc.	3						
UNISTIK 2 NORMAL - lancets misc.	3						
UNISTIK 2 SUPER - lancets misc.	3						
UNISTIK 3 - lancets misc.	3						
UNISTIK 3 COMFORT - lancets misc.	3						
UNISTIK 3 EXTRA - lancets misc.	3						
UNISTIK 3 EXTRA SINGLE US - lancets misc.	3						
UNISTIK 3 GENTLE - lancets	3				•		
UNISTIK 3 NEONATAL - lancets misc.	3						
UNISTIK 3 NORMAL - lancets misc.	3						
UNIVERSAL 1 LANCETS THIN - lancets	3				•		
UNIVERSAL 1 LANCETS ULTRA - lancets	3				•		
UNIVERSAL 1 LANCETS/33G/M - lancets	3				•		
V-GO 20 - insulin infusion disposable pump kit	4						
V-GO 30 - insulin infusion disposable pump kit	4						
V-GO 40 - insulin infusion disposable pump kit	4						
VALUE PLUS LANCETS STANDA - lancets	3				•		
VALUE PLUS LANCETS SUPER - lancets	3				•		
VALUE PLUS LANCETS THIN 2 - lancets	3				•		
VALUE PLUS LANCING DEVICE - lancet devices	3						
VALUMARK LANCET SUPER THI - lancets	3				•		

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
VALUMARK LANCET ULTRA THI - lancets	3				•		
VANISHPOINT ALLERGY SYRIN - allergy tray kit 1 ml 27 x 1/2"	4						
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
VIDA MIA AUTOLET LANCING - lancet devices	3						
VIDA MIA UNILET LANCETS S - lancets	3				•		
VIDA MIA UNILET LANCETS U - lancets	3				•		
VITALET PRO LANCETS - lancets	3				•		
VITALET PRO PLUS LANCETS - lancets	3				•		
VIVAGUARD LANCETS - lancets	3				•		
VIVAGUARD LANCING DEVICE - lancet devices	3						
WALGREENS ADVANCED TRAVEL - lancets	3				•		
WALGREENS COMFORT ASSURED - lancets	3				•		
WALGREENS LANCETS - lancets	3				•		
WALGREENS THIN LANCETS - lancets	3				•		
WALGREENS ULTRA THIN LANC - lancets	3				•		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm	A					•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 65 mm	A					•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 70 mm	A					•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 75 mm	A					•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 80 mm	A					•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 85 mm	A					•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 90 mm	A					•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 95 mm	A					•	
1/2ML ALLERGIST TRAY INTR - allergy tray kit 1/2 ml 27 x 3/8"	4						
1/2ML ALLERGIST TRAY REGU - allergy tray kit 1/2 ml 27 x 1/2"	4						
1ML ALLERGIST TRAY INTRAD - allergy tray kit 1 ml 26 x 3/8"	4						
1ML ALLERGIST TRAY INTRAD - allergy tray kit 1 ml 26 x 1/2"	4						
1ML ALLERGIST TRAY INTRAD - allergy tray kit 1 ml 27 x 3/8"	4						
1ML ALLERGIST TRAY REGULA - allergy tray kit 1 ml 26 x 1/2"	4						
1ML ALLERGIST TRAY REGULA - allergy tray kit 1 ml 27 x 3/8"	4						
1ML TB SYRINGE/25G X 5/8" - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						
1ML TB SYRINGE/26G X 3/8" - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	4						
1ML TB SYRINGE/27G X 1/2" - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
1ML TUBERCULIN SYRINGE DE - tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1"	4						
1ML TUBERCULIN SYRINGE DE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						
1ML TUBERCULIN SYRINGE DE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	4						
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1"	4						
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	4						
1ST CHOICE LANCETS SUPER - lancets	3				•		
1ST CHOICE LANCETS THIN - lancets	3				•		
1ST CHOICE LANCETS ULTRA - lancets	3				•		
1ST TIER UNILET COMFORTOU - lancets	3				•		
PHARMACEUTICAL ADJUVANTS							
glycine diluent for injection (Sterile diluent for)	5	•					•
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)	2						
BENLYSTA - belimumab for iv soln 120 mg	5	•	•				•
BENLYSTA - belimumab for iv soln 400 mg	5	•	•				•
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	•	•		•		•
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	•	•		•		•
CELLCEPT - mycophenolate mofetil cap 250 mg	4						
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	4						
CELLCEPT - mycophenolate mofetil tab 500 mg	4						
cyclosporine cap 25 mg (Sandimmune)	3						
cyclosporine cap 100 mg (Sandimmune)	3						
CYCLOSPORINE MODIFIED - cyclosporine modified cap 50 mg	4						
cyclosporine modified cap 25 mg (Neoral)	2						
cyclosporine modified cap 100 mg (Neoral)	3						
cyclosporine modified oral soln 100 mg/ml (Neoral)	3						
DEPEN TITRATABS - penicillamine tab 250 mg	3						
IMURAN - azathioprine tab 50 mg	4						
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	4		•				
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	4		•				
mycophenolate mofetil cap 250 mg (Cellcept)	2						
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	3						
mycophenolate mofetil tab 500 mg (Cellcept)	2						
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	3						
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	3						
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4						
MYFORTIC - mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	4						

Drug Name	Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limits	ACA	Limited Distribution
NEORAL - cyclosporine modified cap 25 mg	4						
NEORAL - cyclosporine modified cap 100 mg	4						
NEORAL - cyclosporine modified oral soln 100 mg/ml	4						
NULOJIX - belatacept for iv infusion 250 mg	5	•					•
penicillamine cap 250 mg (Cuprimine)	4		•				
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